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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. 1

THURSDAY, FEBRUARY 27, 1964

The Honourable David A. Croll, *Chairman.*

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

WITNESSES:

United Church of Canada: Mrs. J. L. Halpenny, Special Assistant in Senior Adult Work, Board of Christian Education; Reverend J. Ray Hord, Secretary, Board of Evangelism and Social Service; Dr. M. C. MacDonald, Secretary, Board of Home Missions.

Canadian Mental Health Association: Dr. J. D. Griffin, M.A., D.P.M., General Director of the Association; Dr. Charles A. Roberts, Chairman of the National Scientific Planning Council of the Association, Executive Director of Verdun Protestant Hospital.

APPENDICES

A—Brief from The United Church of Canada

B—Brief from The Canadian Mental Health Association

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

20432-1—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.

20432-1—1½

MINUTES OF PROCEEDINGS

THURSDAY, February 27, 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*), Blois, Fergusson, Gershaw, Grosart, Haig, Hollett, Inman, Jodoin, Lefrançois, Macdonald (*Brantford*), McGrand, Quart, Roebuck, Smith (*Kamloops*), Smith (*Queens-Shelburne*) and Sullivan.—17.

In attendance: Mr. R. E. G. Davis, Special Consultant to the Committee.

On motion of the Honourable Senator Haig, it was Resolved to print the briefs submitted by the United Church of Canada and the Canadian Mental Health Association as Appendices A and B, to these proceedings.

The following witnesses were heard:

United Church of Canada:

Mrs. J. L. Halpenny, Special Assistant in Senior Adult Work, Board of Christian Education.

Reverend J. Ray Hord, Secretary, Board of Evangelism and Social Service.

Dr. M. C. MacDonald, Secretary, Board of Home Missions.

Canadian Mental Health Association:

Dr. J. D. Griffin, M.A., D.P.M., General Director of the Association.

Dr. Charles A. Roberts, Chairman of the National Scientific Planning Council of the Association, Executive Director of Verdun Protestant Hospital.

At 12.30 p.m. the Committee adjourned until Thursday next, March 5, 1964.

Attest.

D. M. Jarvis,
Clerk of the Committee.

THE SENATE

SPECIAL COMMITTEE ON AGING

EVIDENCE

OTTAWA, Thursday, February 27, 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: The committee is now called to order. We have before us today two groups, the United Church of Canada, and the Canadian Mental Health Association. We are going to hear from the United Church of Canada first. Will someone move that the briefs under consideration today be made part of the record?

Senator HAIG: I so move.

Hon. SENATORS: Agreed.

The CHAIRMAN: The motion is carried. I think the following will be the method of operating, if it meets with your approval. I am assuming and I think properly so, that all members of the committee have read the brief. We have with us Dr. N. MacDonald, Secretary of the Board of Home Missions; the Reverend J. Ray Hord, Secretary of the Board of Evangelism and Social Service; and Mrs. J. L. Halpenny, Special Assistant in Senior Adult Work of the Board of Christian Education. I am informed that most of the work of the group has been done by Mrs. Halpenny. I propose that each one of the representatives take an appropriate time—and I have discussed this with them—for the purpose of elaborating on the brief at this time, taking various aspects of it, and then the questioning will start. I will call on Dr. MacDonald to introduce the matter and to tell us something about it.

Dr. N. MacDonald, Secretary, Board of Home Missions: Mr. Chairman and members of the Senate Committee, first of all, may I express our very sincere appreciation of your kindness in giving us this opportunity to present this brief on behalf of the United Church of Canada. As the Chairman has indicated, Mrs. Halpenny did most of the work, which is characteristic of women, although sometimes the men get the credit. She is representing the Board of Christian Education of the United Church of Canada, a board which has a very wide range of responsibility because it provides the religious and other programs that are related to all phases and all ages, but has a very particular responsibility in the realm of those who are in the age group. Mr. Hord is representing the Board of Evangelism and Social Service. His department does a great deal of research and examination and investigation into the problems of this nature. Also, Mr. Hord can speak from a very special point of view, because they are operating over 20 senior citizens homes, and are tremendously interested in that aspect. He will enlarge upon that. I represent the Board of Home Missions. We exist for the weaker areas. I therefore have worked all over Canada. On the frontier we administer hospitals, institutional centres, many organizations that are related to the work of the aged and aging in various areas.

Mr. Chairman, I understand that your gracious invitation will give us each a chance to deal with the respective recommendations, and I shall not take any more time than this, except to say what this brief deals with and whom we represent.

The CHAIRMAN: Then I will call on Mrs. Halpenny.

Mrs. J. L. Halpenny (Special Assistant in Senior Adult Work, Board of Christian Education): Honourable sirs, this is an opportunity we welcome as we have said before. I am going to speak for just a moment about our first recommendation, which has to do with what this committee might do. I know you will be making a report and publishing findings, and we would like you, in your report, to emphasize certain things that have to do with the increased leisure time that so many of our population have or are looking forward to having, and what provision might be made to help them make purposeful use of that leisure time and enjoyable use of it as well.

We know there is a number of centres in various parts of Canada, and Dr. MacDonald might be mentioning the large centre that is being developed in the First United Church, Vancouver, under the church; but the church cannot do this on its own entirely. We need the help of governments, and so we are suggesting that there be financial assistance, and that communities be encouraged to accept this and to use what provision there is.

I understand, Mr. Chairman, that at present there is no provision for federal assistance in establishing centres, but we feel that perhaps this could be something that could be considered as a project of the Centennial Celebrations in 1967, Confederation year. Perhaps some such assistance might be extended to communities, because, after all, Confederation was made to work by the people who are now in the over 65 group.

We find in centres that are already established there is a need for professionally trained leadership, to conduct the program in a centre and also to help other centres in the community. We know there is a great deal of friendly visiting going on for older people, but in many communities it needs to be co-ordinated. Also we know there is need for information and referral services. Many older people are suffering hardship because they do not know what resources are available, and they need counselling. We in the church are constantly being approached by older people who want this kind of service.

You might say, "How is this going to be accomplished?" Perhaps one of the best ways is through encouragement of community committees or councils in communities where they can be representative not only of the churches but also of other agencies in the community.

I might just mention the committee that has been established right here in Ottawa which, I think, is a very good pattern. They have representation on an interfaith basis—the Council of Jewish Women, the major Protestant denominations, the Roman Catholic Church—but also they have the Victorian Order of Nurses, the Good Companions Centre, the City Health Department, the Red Cross, and so on and so forth. They are launching forth into a program which will recruit and train friendly visitors and co-ordinate this service to older people. This seems to us to be a pattern that might be extended to other communities.

Of course, we are also looking forward to the Canadian Conference on Aging that is proposed for 1966. We hope this committee—as I am sure it will —will stand behind this conference. The findings of your committee will be of great value to them. Also we hope you will make your report available to all of us, because we are looking to these hearings to give us guide lines as to how we might proceed in programs for older people.

I would like also to speak on the recommendations on page 3, and particularly about No. 7, where we speak about the need for further research. We mention two examples where this research would be very valuable. First of all, with regard to a meals-on-wheels service. As you know, there is very little of this in Canada at present. There is a small project being carried on in Brantford which is in co-operation with the Red Cross and chapters of the I.O.D.E.

In Turner Valley in Alberta the teenagers decided they would like to see that the older people in their community had Christmas dinner and meals over the Christmas holidays, so they undertook, in co-operation with the hospital, to deliver a meal to older people in their community. This is a small project.

In Halifax I believe they are almost on the eve of launching a project.

I have participated in the delivering of meals-on-wheels in Stepney, England, and this summer I had the privilege of talking to social workers in Scandinavia, particularly about projects they have there. In the United States they serve meals to about 1,000 older people through meals-on-wheels services in various parts of the country.

In Canada we have not really done very much about this yet. Our Canadian constituency is a little different, so we feel that before we start launching into such projects, perhaps it would be a good idea if we had some research done on what kind of meals-on-wheels service is suitable and would be acceptable by the older people in Canada. We are a multi-cultured people in Canada, and our diets are different, and it would need to be carefully studied.

In the National Council on Aging in the United States, they are carrying on quite a study on portable meals. They have representatives from the caterers, from the public health people who are interested that the meals be delivered in a way that would be sanitary and for the good health of the people and that would be fully nutritious.

We hope this committee might give some consideration, perhaps, to securing a grant for some agency which would institute some research on meals-on-wheels.

Then also we are suggesting we need research into family relationships and living arrangements in the course of the life cycle. I found I could not discover even how many older people are living with at least one child or children in Canada. These figures, as far as I was able to ascertain, are not available. We know from the witnesses you have had before you and your committee, Senator Croll, that this is a problem you are concerned with, that we are all concerned with. We know that in our modern living conditions the place of the older person in the family has changed, but we are very strongly of the opinion they still have a good contribution to make to family life. We know, for instance, that Peter Townsend in his book, "The Family Life of Older People," points out that if many of the processes and problems of aging are to be understood, older people must be studied as members of families, and this means the extended family. So this kind of research would not only give us information as to the three-generation family living, but to other problems of older people.

We have a family life program in our church in which we try to emphasize that respect for older people starts in the two-generation family. So this has to cover the cycle of family relationships in order to find out what we want: What motivates the care for older people in the two-generation family? How can it be carried on?

We know families like to live separately, and older people like to be independent in their living arrangements as long as possible; but we are very gratified to know that that does not mean there is no friendly intercourse between

the generations. These things we want to know: How can an older person change her role? If a grandmother goes to live with her children, how can she change the role she now has? If she has been the parent, in the new family arrangement she must often assume the relationship of a child, because her daughter or son takes over the role of the parent. That is what I would like to speak about with regard to the recommendations, Senator Croll.

Dr. MACDONALD: Mr. Chairman and members of the committee, the particular part that I would like to emphasize is the page 3 recommendations, 2(a) and (b); and this is found in the body of the report on page 17.

As I mentioned earlier, we in the United Church of Canada are operating nine hospitals and we hope to extend that figure even further. We operate in the frontier areas. One of the things brought home to us, and we have 20 medical doctors serving full time as medical missionaries in our hospitals, and between 50 and 60 nurses,—the largest hospital is at Lamont in Alberta—and annually we hold a conference of our doctors and the question constantly being put before us is that of the care of the chronically ill and the provision of care for those cases that might be indicated as rehabilitated cases.

We must remember that because of the nature of our constituency we are serving the people who come there who are people, for the most part, of very, very limited means. The time comes when they cannot be kept in under the acute hospital plan—they must go out. But where do they go? They return home often to a home with exceedingly limited facilities, to homes that are inadequate to care for the old. When you consider the hospitals at Bella Coola and Queen Charlotte Islands you must remember it means removing them a long distance from their relatives. Often they go home to spend the remainder of their days in pathetic circumstances and without proper care.

The other situation is of those who must be discharged from the acute hospital but if they had proper care many of them with a program of rehabilitative care would make a long stride towards recovery and usefulness. Under present conditions so many are returned home from a hospital where they got good care to a home where there is little or no care at all provided.

We have suggested as a pilot project that at three of our hospital centres we should see if something can be done about the chronically ill or the rehabilitated. Here again I might mention Lamont, Alberta. We have a 100-bed hospital there and a school for nurses. The Government is going to undertake an auxiliary hospital there. We have donated the land and we hope to have a hospital for 50 or 60. We have six doctors at Lamont and people will get adequate medical attention there. They will be in the hospital compound there. They will be in that atmosphere and we will be able to provide for them medical care. At Hazelton, British Columbia, we have a hospital that accommodates about 50 patients. We would like to have a chronically ill unit there also. We believe our plant is large enough, we have three medical doctors there. Another situation we are working on is Burns Lake in British Columbia. We have recently opened up a hospital there that cost $250,000. There are two doctors there, and it lends itself excellently to a chronically ill unit. Another one we have opened up is at Eriksdale, Manitoba. Here again there will be two medical doctors to look after these cases.

We operate, under our Board, some 60 to 70 institutional centres. These are special centres that have a special ministry to perform, because the people that we have there are a great body of people of 65 years and over. We also have the transients. One of the things our system has not done too much for is the care of transient old persons. Mrs. Halpenny referred to our work in Vancouver. Here our staff interviewed from 75 to 90 daily. These are all old people, and 85 per cent of them belong to nowhere. Yesterday I was talking to Dr. Ross, the head of that centre. We have 15 people working there.

We are rebuilding there and it is going to cost another half million. The rest of the unit will be completed this fall at a cost of $415,000. Then we intend to add a hospital accommodating 60 persons which is going to be devoted to the single old man who is one of the hardest persons to make provision for. Then there is the Fred Victor in Toronto of which you will probably have heard and recently the department came to us and said they would be glad to co-operate with us if we would provide a unit in our building for the care of the single old man, the hardest person to find accommodation for. We have a unit there that accommodates 65 of these persons. It has demonstrated its value many times over.

It is rather pathetic that one of the things we have discovered is that a large percentage of these transient single old men are alcoholics. They are victims of frustration and despair. More can be done along these lines. We feel that the Church can only illustrate or demonstrate in a limited area what can be done and where the problem is of greatest concern. We are anxious to co-operate with the governments, both federal and provincial, to do our part in caring for this situation which is the responsibility of the citizens of Canada.

I could elaborate more on the program we try to carry out at the centres. Let me give an illustration of what we do. At our church on Saturday evenings I have been there when we look after 75 to 150 senior citizens. This is the only break they have, to go to church, to get away from the dingy room they occupy. They come at 7 o'clock in the evening and it is hard to get them away at midnight. They are given sandwiches and doughnuts, and there is a reading room there for them. There are game facilities. On four days during the week they have contact with our program and with our staff, and we are finding more and more demands for that kind of service.

I make a special plea for the single old-aged drifter. He moves west, and on one occasion I asked one of them why he gravitated towards Vancouver and he said "If you have to sleep outside, under a newspaper it is easier in Vancouver than it is in Winnipeg or anywhere else." It is a sad commentary that there is more of this than any of us realize. I think their situation is the concern of society and the Church.

I think I have covered the points I wanted to make and if there are any questions I should be glad to answer.

The CHAIRMAN: Reverend Hord.

Rev. J. R. Hord, Secretary, Board of Evangelism and Social Service, United Church of Canada: Backing up Dr. MacDonald, on the question of poverty and hurt people in our society I would like to comment on President Kennedy's remarks that 20 per cent of people in United States could really be termed poor. Further we have the recent articles in "Newsweek" dealing with poverty in the United States. Now as I understand it, in the world situation, the United Nations reports refer to the growing gap, that is to the fact that the rich are getting richer, the affluent are becoming more affluent, and the poor are getting poorer. But this process is also going on within our won society, within our own type of economic system, through automation and technology. This is at a time when the general standard of living is rising. There are more people being pushed out of work earlier. There are more people being hurt so I would back up what Dr. MacDonald has said not only about the drifters, but also his reference to the areas of special need among older people.

Now by way of introduction to our particular responsibility of the Board of Evangelism and Social Service, I wonder if you would refer to point 5 on page 3, that more homes with residential care and self-contained units be erected for senior citizens and that financial assistance be made available through loans.

Now back in 1952 our general council set forth a policy statement that the care of elderly folk primarily rests with families, secondly with the Government, because if there are people who cannot help themselves you need the resources of Government to adequately meet this need; but our church instructed the Board of Evangelism and Social Service to open and to develop what they called certain model homes, to pioneer in this field, and, perhaps, to give some lead to Government and to alleviate this need. To date we have some 22 homes for senior citizens, the largest of which is the Griffith-McConnell home in Montreal, the funds for which have been donated by the late J. W. McConnell up to $4 million when the next unit is completed.

Out in Vancouver we have housing for about 250 to 275 people, chiefly in N.H.A. housing—self-contained units—and extensions are going on because there is a continual waiting list.

I would just like to point out in this regard that our waiting lists, Mr. Chairman and members of the committee, are chiefly in our large centres of population. But, we have built homes out in smaller cities or smaller towns where we do not have the same size of waiting list. It is very difficult to get people from within Toronto for example to live outside of Toronto. You cannot drag them out. It is almost impossible to get people from the City of Hamilton out of Hamilton. We have two lovely homes at St. Catharines and Waterloo, but we are not getting people from the big areas of population such as Hamilton, Toronto to live in them.

So, we hope that this will be kept in mind, that people like to stay in the big cities if they have been used to them. We may have been nostalgic about our childhood out on the farm, but it is very hard to get people, to move from the big towns.

We have double units which rent for $55 to $100, and our single units rent from as little as $55 to $115 depending on the cost, the overhead and so on.

Now, we would praise our provincial governments for their grants for the erection of these homes. The only point I would like to make here is that these grants have not been increased for many years while the cost of construction has gone up regularly. I would also think that if we are going to get more nursing homes that the Government grants have to be increased according to the cost of construction and the running of these homes. We would certainly praise the N.H.A. mortgage which makes it possible to amortize these over 40 years. Those are the main things I would like to say about homes under No. 5.

I wonder if I might say a word about No. 6, that consideration be given to including a section in the National Housing Act designed to assist older people in purchasing or maintaining their own homes. I think there is a great gap here, Mr. Chairman, in our legislation, and I hope that this has been drawn to your attention. We came across a section of the U.S.A. Housing Act which encourages older people to live in their own homes, or to purchase their own little houses, and to maintain their own independence through assistance. You see, they need assistance in just the same way that a younger family needs assistance in order to purchase a little house, or in order to maintain it. Let me read this section of the U.S.A. Housing Act. I can provide it to you; I do not believe it is in our brief.

MRS. HALPENNY: Yes, it is.

Rev. Mr. HORD: Is it? The U.S.A. Housing Act contains three main provisions designed to achieve the ends I have mentioned: (1) Facilitate the purchase of housing for older people; (2) Facilitate the financing of rental housing projects by the elderly; (3) Make public low rental housing more available to older persons. Towards the above ends they suggest, and they

make provision for it, (1) make it possible for relatives, friends, and others to make down-payments on a house being purchased by a person over 60 years of age. That is, if the elderly person is not regarded as a good risk, why could not someone else sign for him and back him up? (2) Make it permissible for a third party to be co-signer of a mortgage; (3) Finance private rental housing for elderly people by non-profit organizations; (4) Instead of having to be judged on the basis of their economic soundness projects should be evaluated on the financial soundness of the sponsoring group—that is, rather than pinning it down on the individual when he had a group behind him backing him up; (5) Give priority of opportunity of renting units in the event of urban renewal or public improvement displacing elderly people. That is, give prior consideration, in many cases, to elderly people in rental housing units. (6) Provide special assistance in facilitating financing of repairs to, and renovation of, property to meet the reduced needs of elderly home owners.

In this regard many families would like to have the grandfather or the grandmother with them, but they do not have the room. They would be very pleased to add, maybe, a section to their houses if they could afford it, but this would increase the mortgage payments, you see, and they would need an extra mortgage. This might require the re-zoning of residential property for what you might call duplexes. This might be required in order to build an added apartment for an elderly person. This type of regulation should be looked into, Mr. Chairman. If a community were very strict you might have to re-zone this residential property so that a family could add a unit, and also get the extra mortgage money which would be available to a duplex unit rather than to a single family dwelling.

Our Church has been strong in its leadership, and we have run against, as I have discovered, some opposition.

On page 2, section II, the United Church of Canada recommends:

> 1. That a comprehensive National Health Insurance program be established in co-operation with the Medical, Dental, Nursing, Pharmaceutical and related professions.

At our General Council in 1952 our Church called for a national health plan —comprehensive, contributory and as universal as possible. We repeated this request in 1954, and again very strongly in 1960.

Now, could I just look at these words? I find that this is a very delicate problem right now with the doctors, and that is very unfortunate. For example, the Saskatchewan experience has left deep-seated wounds between the doctors and the Government. But, may I just look at these words that we have set forth in our proposal. We call for a national health plan. Secondly this means there must be a uniformity of coverage amongst our various provincial plans, otherwise a person moving from Vancouver to Montreal is going to be handicapped if there is not the same type of coverage in both provinces. If he has been paying into one plan for many years and then he moves and finds he is not covered, or is only partially covered, that is not sufficient.

When we say the medical health plan should be contributory we do so in the belief that the average Canadian citizen has a sense of pride in that he wants to feel he is paying his way. However, he cannot pay the full medical costs, or the full premium. For example, the proposed Ontario bill suggests a maximum charge for a family might be $192. Well, how many average families could pay that? But, they could pay a reasonable premium, and the rest would have to be subsidized out of taxes. Is there anything the matter with that? We say: Keep as many people contributing as possible, and keep the premiums down even though you have to subsidize the plan quite largely out of taxation.

We say the plan should be comprehensive. We believe that it should be broad in its coverage. It should not only include medical costs and surgical costs but also, and especially for the older people, it should include medication costs and drug costs. You all know what the cost of drugs that many elderly people have to use are. They just do not have the income to pay for them. Certainly the plan should cover this type of costs.

I would hope that it would look after regular medical check-ups, because we know that an ounce of prevention is worth a pound of cure and is much less costly.

When we say the plan should be voluntary, we have been very strong on this point. We believe it requires full support of doctors, nurses, hospitals, as well as the Government and the public.

In regard to pensions, item 4, there is necessity for portable private pensions. We have come out strongly also in support of a national pension fund, which supplements the basic old age pension, and we hope that this will soon be passed.

I make a special plea that there is a needy group between 60 and 70 years of age who do not come into the special assistance for age 65 where they sign a means test. You can go on, in the proposed new plan, at 65 if you sign a means test. This person will be looked after. But there is the widow who is left with an insurance policy, taken out a number of years ago, it is low and it is not meant for today according to present living costs. There is the worker at 55 or 60 who is pushed out of a job and who cannot secure another one. It may be just part time work, a partial income, or he has some savings. Does this mean he should spend the little savings he has accrued through the years. Often this is at a time when it may be that some of the children are in university or something like that. It is just at this time where they have employment difficulty.

What about the people who are ill and cannot hold a job. Some people get arthritis, asthma, chronic illness, at 55 to 60. These people are most independent, they want to keep their homes, they do not want to give up the home, but they have to pay full taxes and full charges. There should be relief for this group of 60 to 70 who are borderline cases, who want to keep their homes. The relief could be according to the income level. This might be done by a cancellation of education tax, or a cancellation of that portion of the pension plan which is over $75, or something like that.

In speaking of this type of person, and we have all sorts of them in our society, I make a strong plea for the intermediate group of 60 to 70 who just have a marginal income. They want to be independent and be in their own homes but the income is not sufficient.

The CHAIRMAN: In page 6 of your brief you say:

> The primary responsibility rests and should continue to rest with the immediate families concerned.

I am somewhat concerned about the attitude of children towards responsibility for their parents. Would you like to talk to that for a moment?

Mrs. HALPENNY: We all agree that the primary responsibility rests with the family. We have to realize that family situations are changing. I was interested in a recent article which asked the question "Has family responsibility declined?" which is partly your question, Mr. Chairman. The general opinion is that this is not so. They know that there are factors which make it apparent perhaps, but we have to realize that people are getting married younger, that people are becoming grandparents younger. You sometimes have parents of two generations, where people are 45 years old and have four grandparents,

that they have this kind of responsibility for. We also have people retiring at 65 who have parents living, and when their income is cut in half they may still have financial responsibility for a parent.

We do not want to take away from the families their responsibility for their older people, but we know they need assistance. We feel that, especially in the church, this concern needs to be developed as children are growing up in the home. Dr. Abraham Heschel, whom you know quite well, Mr. Chairman, has written some fine material on this matter. He has pointed out the need for the right kind of realization in a three-generation family, that it depends upon the insights that children and parents share as they grow up, the attitude of respect for the wisdom and the contribution that the older people can make, that it is the inner experiences that are part of family life that will carry over into the three-generation family situation.

Dr. MACDONALD: May I introduce two others: Reverend Mr. Taylor, Minister of McLeod Stewarton United Church and Mr. Robert Hart, Chairman of the Senor Citizens' Committee of the Ottawa Presbytery. They might wish to speak.

The CHAIRMAN: If the occasion moves them, this is the opportunity.

Rev. Mr. HORD: I think most elderly people do not particularly want to leave their families.

The CHAIRMAN: That was not my point. My point was the responsibility. We hear of this time and time again, everyone hears of it. I heard of it yesterday. There were three children. One of the sons was willing to do everything he could but he was a man of low means. The other two happened to live away from the city where the older folks were located. Those two sometimes do not write, and sometimes do not call even when they are in the city, yet they are people of decent means. Sometimes they send in some money at Christmas, and sometimes they do not even do that. Now, explain that to me, will you Mr. Hord?

Rev. Mr. HORD: I think that comes right back to page 6 of the brief at the top of the page, that our culture sprang out of a society which was based on respect for the aged—"Honour your Father and your Mother that your days may be long", that parents are persons and they should be objects of love.

The CHAIRMAN: I appreciate what you say. As a matter of fact, I underlined it and read it very carefully; but are these youngsters or these young children relying more on the state today than they did yesterday to look after their people?

Rev. Mr. HORD: I think they are, Mr. Chairman, and that is taking one of the basic difficulties here, that you are not necessarily placing the responsibility on those who are best able to carry it, but on those who out of conscience and concern and maybe are very unable to carry the responsibility. The problem is how do you begin to enforce a principle that is not assumed voluntarily of this kind. The plain fact is, and I can say this out of our experience, that we find it very difficult so far as our institutions are concerned to have this principle carried out. If they can get the state or if they can get the church to carry this load, that seems to be the disposition.

Mrs. HALPENNY: It may be that the further study I suggested in the brief on family relationships would help us. None of us seems to have the answer you are looking for at the moment.

Rev. Mr. HORD: I think we must realize that this is a very changing social order, and that parents with say four children going to school, with some going on to university, have heavy responsibilities for their own children. At the same time I do not think there is any excuse for children incarcerating

a father or a mother in a home or similar institution. I think it is shameful, and I think we should state it very bluntly, that we have no patience with this type of thing.

Senator SULLIVAN: May I interject with a remark? Do you not think it is the case, that if we provide all these auxiliary services and facilities, the families will naturally shirk their responsibility?

The CHAIRMAN: Well, I think Dr. Sullivan intended that just as an observation.

Senator ROEBUCK: May I have a moment? I have before me a most interesting letter from a lady on this subject, all the way from British Columbia, in which she says:

> In your studies I hope that you will take up one or two things which often—too often—wreak hardship on an elderly woman suddenly deprived of her husband after forty or fifty years of marriage. I have noted that very often she remains in a state of shock for some time, which fact with also her inexperience of business, makes her an easy prey of relatives and friends. Quite often these people are actuated by the kindest of motives but they are also often mistaken. The chief idea seems to be to hurry her out of her home which she has lived in for many years, and which for her had many fond associations and the second, very often I grieve to say, is for the children to seize upon what small provision has been left to her in the way of insurance by putting forward their needs and promising to make it up to her by either "paying interest" or "taking care of her." The results are usually disastrous, as I have only too often seen.

She goes on to say:

> I know of two cases in which the widow was left the beneficiary of a trust fund for her lifetime with the children the residuary legatees. In both cases the children assumed that the money was theirs and the fact that they were depleting their mother's income did not prevent them from claiming sums of money from time to time as their "right". Legally of course they could not do so but the average woman has no idea of law and little means of protecting herself. I do feel strongly that the insurance should in many cases be invested in an annuity or in some way that the children cannot get it from her.

Mrs. HALPENNY: May I say that this is one thing about which a great many people are concerned, that we do not have enough protective services for older people for just this kind of situation. Somehow we have to find in co-operation with the legal profession, or in some way, that there will be this kind of counselling available, because we all know that older women, especially those left with a small amount of money, sometimes become victims of the high promoter, and that kind of thing.

Senator ROEBUCK: Yes, and of their own children.

Mrs. HALPENNY: Yes, sometimes, exactly. We are unveiling some very serious things about family relationships here, Mr. Chairman, and certainly we should all be very concerned and work together to better them; because it is certainly a shame for our generation to have to admit this, but we do need those protective services for older people to look after this kind of thing. You can advise such people about their investments and as to an annuity, as has been suggested, but there is something very wrong, it seems to me, if exploitation is prevalent.

Senator ROEBUCK: If we had some way of turning attention to the responsibility of the children for the care of their older relatives, it would be a great public service.

Mrs. HALPENNY: Yes; and perhaps you will say that in your report.

Senator ROEBUCK: We certainly will. I know of an instance where some widow was going to give $1,000 to each of her daughters, and I intervened. I told them it was all wrong, that they had no business to deplete their mother's income in that way. They thoroughly agreed with me. But did they take the money? Sure they did.

The CHAIRMAN: Senator Grosart?

Senator GROSART: Do any of the tests that are used in connection with housing or the rent to be paid take into account the means of relatives?

Rev. Mr. HORD: A number of our homes, of course, are directed to persons who do not have too many means, and we will be judicious methods inquire about their family connections as well. We must realize that some elderly people do not have too many family connections and that there is not affluence behind them. Now, we would be inclined to take that kind of person who does not have too much means as against one who does. So we do not have a strict means test usually.

Senator GROSART: Are there any legal tests of this nature, that is, where you have community housing, where the rents are on the basis of the ability of the senior citizen to pay? Do you know of any legal inquiry beyond the ability of a person to pay?

Rev. Mr. HORD: There is Regents Park, in Toronto. Of course, this is not under the church by any means, although we operate in that centre. The rental is based on income ability. One of the strange things that occurred when the changeover from a broken down area took place, was that a lot of these people who were practically slum dwellers, rather than choose the new environment where rentals were reasonable and within their income, too many of them went elsewhere and created slums in another area, which is an indication of the sickness of many of these people. So far as we are concerned, the Board of Home Missions, many of our people are those who are destitute of means. We deal with the transient, and with people completely destitute.

The CHAIRMAN: Dr. Gershaw?

Senator GERSHAW: Mr. Chairman, the presentations have been very good this morning. I wonder if Mrs. Halpenny can answer a question? In a community of say 25,000 persons, let us say there are a number of old people who are not really given proper nourishment. Mrs. Halpenny spoke of meals for people of that kind. Can she suggest who would supply the meals and deliver them and who would prepare them?

Mrs. HALPENNY: I speak from experience I have had, Senator, in the work of "Meals-on-Wheels", at the Royal Foundation of St. Catherines, in Stepney, England. They have a centre there from which emanates services for older people in the community. They have a homemaker service; they have a library service.

The CHAIRMAN: Do you mean the community has?

Mrs. HALPENNY: Yes.

The CHAIRMAN: The municipality?

Mrs. HALPENNY: The Borough of Stepney supports it. Now, the Borough of Stepney provides the van which carries the meals fitted with a steel box in the middle, with bricks underneath to keep the meals warm. They have a caterer who provides the meals, because they cook for 4,000 industrial workers every day, and for the older people on the side. They are planned by a person who is a nutritionist, and they are good meals. They are delivered by volunteers. The churches take turns. They have a van that takes kosher food. The Presbyterians take it one day, the Anglicans another, and so on, and they deliver the meals.

In that way not only are they assured of a well-balanced meal once a day, which will keep an old person very comfortable, but what is equally important is the services that go along with it. There is somebody ringing the doorbell every day at noon, and if I am worried I am going to take a stroke or something is going to happen to me while I am alone, I know I will not be alone too long. Suppose you need your glasses changed or your pension cheque cashed, these things need to be done too. If your apartment is not very clean, they can send a homemaker in the next day to help you with that. To me the side issues of the meals-on-wheels program are as beneficial as is the actual meal itself. You have to have them delivered, planned well and delivered while they are hot. Many of the service clubs are interested in this, and perhaps provide a van. Of course, we have a welfare state in England and there is more money available. They tell me people can be released from hospitals sooner, that they save on other expenses, and that really if you have the initial money it is not as expensive a proposition. The older people pay towards the meals. As we went in with the meal they had their 10 pence sitting on the table. Each one pays that, and the borough makes up the difference to pay the caterer.

Senator FERGUSSON: I was interested in the transient old people. In the homes where you have these people do they stop being or becoming drifters, and become permanently established in these homes?

Dr. MACDONALD: A few of them do. In Fred Victor in Toronto about 100 appear every day, and a great many of them are repeaters. Meals and overnight lodgings are provided free. To say whether they stop being drifters, I think we have assisted where we have a program like welfare industries. We have our welfare industries in Vancouver. There is a staff of 35, the majority of whom are old people themselves. Unfortunately, some of them at 45 years of age are regarded as old people or unemployable. If they are taught a trade and something they can do, we find a good many of them are restored to employment. Here is another problem, and it is one of the acute problems, to be put on the shelf at 45 years of age. These people age faster than others, and it is almost impossible to get employment for them.

Senator FERGUSSON: When you speak of the welfare industries, is that a sort of shelter workshop?

Mr. MACDONALD: Yes.

Mrs. HALPENNY: We did not mention it when presenting our recommendations, but I hope you will not forget No. 8 among the recommendations on page 4, about the counselling service.

The CHAIRMAN: As a matter of fact, I think it is fair to say the counselling service of the unemployment bureau has been strengthened considerably in recent years, and is doing an excellent job. We are paying a great deal of attention to that.

Mrs. HALPENNY: That is fine.

Senator GROSART: Mr. Chairman, on page 20 there is reference to the problem that has come before the committee before, in these words:

> Adequate space for lounge and social activities should be assured even if it must be at the cost of less lavish buildings and furnishings.

Would the experts say that in all large housing units for senior citizens there should be provision for a common room?

Rev. Mr. HORD: I would say, definitely. This is a "must", to get them out of their rooms and associating together, talking and laughing, and they should have a recreation and games area.

Senator GROSART: To go one step further, would you say that in the provision of these housing units so far there has been a general lack of imagination or consideration of the specific needs of old people?

Mrs. HALPENNY: I do not believe the Government grant is available for space for lounge and recreation facilities, and you have to secure that.

You remember the hearing we had in Toronto, Senator Grosart. This was brought up, and I have had people phoning me from some of our housing projects, saying, "Can you tell us where we can have a meeting, because we have not nearly enough room here?" Perhaps they have 300 people in a building, and they want a little club of their own. Perhaps there is a basement recreation room, but it is full all the time with people playing bridge, and so on. They want to meet as a smaller group. This is emphasized to us, and we need to change our attitude and realize that recreation for older people is sometimes as necessary as any other accommodation we can give them.

Senator GROSART: The crux of the problem appears to be that the Government loan is not available for anything other than the actual dwelling unit.

Senator SULLIVAN: I do not think anybody could disagree with what has been presented this morning. I think you have to divide this whole problem into two aspects, as a medical doctor. First of all, you have the elderly, healthy individual. A living example, sitting at the end of the table, is proof that regular exercise is a contributing factor to the health of the aging individual; and no one personifies it better than Senator Roebuck.

The CHAIRMAN: And tomorrow he will be 86. Let us congratulate him now.

Senator ROEBUCK: Thank you. I take a bow.

Senator SULLIVAN: Secondly, you have the problem of the individual who is sick. That is where the auxiliary or ancillary hospitals are a necessity, because the general hospitals today are loaded with older people who are occupying beds that should be left open for emergencies and surgical cases. That is the big problem that confronts us.

However, it may interest the gentlemen present to know the statistics recently produced by the Catholic University of Washington reported that in 1962 71 per cent of men and 67 per cent of women over 60 were ill less than six days in the preceding year, while over half had not been confined to bed for a single day.

The elderly person—and I trust I will have an opportunity to speak in the Senate on this in another connection—is a very fine individual. Mentally he is much brighter than his younger counterparts. One of the authorities for that statement is no less a person than Dr. Wilder Penfield.

I have one other question to ask the reverend gentleman. I wish he would explain a little more fully to me, as a doctor, what he means by "comprehensive national health insurance".

Senator ROEBUCK: You will be here for some time.

Rev. Mr. HORD: Well, I did say a word about "national", about "contributory," "comprehensive" and "voluntary".

Senator GROSART: Could I just interpose a question there? I was going to ask you about your use of the word "voluntary". How do you reconcile that with the adjective "universal"?

Rev. Mr. HORD: I do not want to get into a controversy in this particular field.

Senator GROSART: This is not the controversial aspect. I am interested in knowing how you think it should be put—on a voluntary basis or on a compulsory basis?

Rev. Mr. HORD: Out in Alberta now I think in many instances they have a very good scheme, but there are still 300,000 people who are not covered by the plan. Who are they? I would venture to say, again, these are marginal people who want to remain independent, and they do not want to participate in the Government scheme, but they are the very ones that would be hurt with a major illness, surgery, or something. We have gone through all this all through our young Canadian history, in our free-enterprise system. You remember the time the parents did not want to use pasteurized milk. They did not want to get their kid inoculated or have them go to school to 12 years of age, 14 years of age—and now 16 years of age. We sent them to school because we believe every child should have an education.

I would say that in a similar way, whether we like it or not, we are going to come to a position where we have to see that everybody has the right to medical care whether they can pay for it or not.

The CHAIRMAN: May I just say that Dr. Hord presented the position of the United Church, which is not new. It was their position in 1952; it was their position in 1954; it was their position in 1960: It is their position in 1964. There are a great many people who share that view, but that is just one aspect of the problem that we are studying at the present time, and he has presented it fairly and emphatically.

Rev. Mr. HORD: I intended to present this much more emphatically than some of our leaders do, because, as in every church, we of course are a very free and independent church, and there are a lot of people in the United Church of Canada who don't go along with our official stand.

The CHAIRMAN: The Chairman, who should not express views, shares your views entirely.

Senator GROSART: The gentleman did use the word "voluntarily". I am asking if he means that in the sense I mean it, that is that one can opt out of a universal comprehensive plan.

Rev. Mr. HORD: I apply the word "voluntarily" more in the sense that we must get the doctors with us. But I do not think people should be able to opt out if they are going to face crippling illness, or if they are going to be a problem to society. I think in those circumstances we should try to get them in.

Senator GROSART: I agree, because it seems that those who had opted out would be the ones who might find a need of medical services without the means to pay for them.

Mrs. HALPENNY: May I ask Senator Sullivan about his reference to how healthy older people are and why is it that the kind of medical insurance we have now commercially will not take people over sixty-five—at least most of them?

Senator SULLIVAN: I cannot answer that.

The CHAIRMAN: There are some questions you have difficulty about and some that we have difficulty about. But it is hoped that the combined wisdom of the Committee on Aging will be able to come up with a solution.

Dr. Hord, have you at your fingertips the type of grants you receive from the governments?

Rev. Mr. HORD: My memory is that it is $2,500 in some provinces like Ontario, and in some others it is $2,000. We don't however, get anything in, for example, Nova Scotia. As a church we have not been able to get into Nova Scotia because the Government will not support us. When it comes to renovation of buildings, if you buy an older building and fix it up you get $650 for renovation.

The CHAIRMAN: On page 14 you say "Some older people who need supplementary aid do not know that it can be secured from provincial governments." I can understand that. But how do we get that through to them?

Mrs. HALPENNY: This is a problem of information for our welfare services and our counselling services. From what we have been able to ascertain there are four, at least, provincial governments who have this plan, but I know that in Ontario when the Ontario Welfare Council were studying this a few years ago they found that there was merely a percentage of people who were eligible for supplementary aid who applied for it. Now we have got to use publicity means to help them know this because we do hear stories of the distress of people who are living in a room and paying so much of their pension for rent, and for expensive drugs, and so they have not any money to properly eat, and they would be eligible for supplementary aid towards rent and drugs. But it means a means test. We know there are difficulties here. I questioned three of our ministers who work in the inner city about the means test, and they said the crucial factor often was the person doing the interviewing. If that person has a sympathetic attitude towards older people, and their problems, and I don't mean that they should be very gullible, but if they have a sympathetic attitude with people making applications, they don't object to a means test basis under those circumstances.

The CHAIRMAN: May I ask this question; the brief emphasizes leadership, and all of us share the view that that is important. What are you doing to train leaders in the age group we are concerned with, and the second part of the question is is your training for leadership done among younger people rather than older people?

Mrs. HALPENNY: If I may speak first, as far as my program on the Board of Christian Education is concerned, we have two annual conferences each year, one in Ontario and one in Nova Scotia, where we have a two-day course for people who are given training in leadership in church groups, and sometimes to our professional church workers. The people attending that course will often be presidents of senior citizens' clubs or the treasurers. We have had very good co-operation from Government in this regard. For instance, in Tatamagouche in Nova Scotia the governments of Nova Scotia and New Brunswick have sent their deputy ministers of health and welfare, in the past two years, to these conferences. They have spent a day with us explaining what is available for older people in those provinces. We are hoping to extend this kind of thing in the other provinces. These have been what we might call pilot projects.

Then with regard to literature, we have an annual bulletin which has just been produced, and which has all kinds of suggestions for programs and what can be done to help. One of the things we have suggested in the issue just off the press is that these groups should write to the Senate Committee on Aging and give their ideas, because I know you want to hear from the older people themselves, particularly those who have difficulty living on their pensions. I hope you will hear from some of them. We have 414 groups across Canada in our churches.

Senator FERGUSSON: I am interested in friendly visiting. The United Church does that. Do you train your visitors, or do you appoint some suitable person and let them do the visiting?

Mrs. HALPENNY: We hope they are trained because we strongly recommend this. I should say that the Ottawa Welfare Council have been of great help in the project which I mentioned in Ottawa. Furthermore we have in Toronto 40 women who are taking a course for three different nights being conducted

by one of our chaplains. They are going to visit in nursing homes. We have had nine nursing homes tell us that they will be very glad to have visitors from the Church.

Senator GROSART: The United Church operates 22 homes for senior citizens. I presume other churches do the same and other voluntary groups also. In addition we have provincially provided homes. Is there any co-ordination between these facilities and the waiting list you referred to? Does anybody sort people out and say "You should be at Sunset Lodge" operated by the provincial government, for example?

Rev. Mr. HORD: I don't believe there is.

Senator GROSART: There is no co-ordination between the waiting list and the facilities available?

Senator QUART: May I ask a question; I am interested in the project of meals on wheels. You mentioned a project in St. Catharines, Ontario, and you mentioned that they pay something for this facility. Supposing a person who is not in need financially, but who would want to apply to have that facility, and who would pay the amount of the meal, would that person be considered eligible to receive this?

Mrs. HALPENNY: They are eligible in some instances. In Lansing, Michigan, in the United States, they have a sliding scale. I know the situation you speak of. There are so many older women who say they like to stay in their own apartment but it is too much trouble to do shopping and to prepare meals. And they would like to have this facility. But I don't think we should subsidize such people.

The CHAIRMAN: Is there anything further you would like to say or do you feel you have had an opportunity to say what you wanted to say this morning?

Dr. MACDONALD: Mr. Chairman, I think you have been very generous.

The CHAIRMAN: Let me, on behalf of the committee, thank you for your concern, which we share with you. Thank you for your contribution, and I assure you that you have been most helpful. We are very grateful to you.

Senators, we have before us now a brief from the Canadian Mental Health Association. Appearing before us are two witnesses, and perhaps I should tell you something about them.

On my right is Dr. J. D. Griffin. He is the General Director of the Canadian Mental Health Association, the headquarters of which is in Toronto. He was born in Hamilton, and educated at the University of Toronto. He was a lecturer at the School of Social Work, University of Toronto, for ten years. During the war he was senior consultant in psychiatry to the Director General of Medical Services in Canada. He is a medical doctor, and a specialist in psychiatry, and he is a member of the Council of the American Psychiatric Association. He has been a consultant to industry, education and the C.B.C., with reference to mental health matters. He is a member of the National Advisory Committee on Mental Health to the Minister of National Health and Welfare.

Next to him is Dr. Charles A. Roberts, who is a world figure. He was a consultant on the World Health Organization. He was born in Newfoundland, and educated at Dalhousie University. He was formerly Superintendent of the Hospital for Nervous and Mental Diseases at St. John's, and also Superintendent of the General Hospital at St. John's.

Dr. Roberts became chief of the Division of Mental Health with the Department of National Health and Welfare, where he remained for several years. During this period he became also principal medical officer in charge of health

insurance, carrying on as chief of the mental health division at the same time. Since 1957 he has been medical superintendent, and now he is Executive Director of the Verdun Protestant Hospital in Montreal. Among other things he is now the Chairman of the National Scientific Planning Council of the Canadian Mental Health Association. For ten years or more he has also been secretary of the Canadian Psychiatric Association. He is a medical doctor and a specialist in psychiatry, and is one of Canada's leading authorities on the administration of psychiatric services.

We are very proud to have both of these distinguished gentlemen here this morning. I will ask Dr. Griffin to open the discussion and to supplement his brief. We will follow the same procedure as before.

Dr. J. D. Griffin, General Director of the Canadian Mental Health Association: Thank you, Mr. Chairman and Senators. Perhaps I might say, sir, as was suggested in the last submission, that many elderly people in Canada who are anxious to speak to you can speak for themselves. We are here, in a sense, this morning to speak for a large number of older people from whom you will never hear. These are the people who do not speak for themselves. We represent the Canadian Mental Health Association which, as you know, is a voluntary national health organization dedicated to working for mental health and against mental illness. We are active in all provinces of Canada.

Perhaps I might say just a word about the problem as we see it. I am sure you have had many presentations before this committee about mental health—about those factors that detract from healthy living among older people. You have no doubt heard, in spite of Dr. Sullivan's suggestion, about the extent of frailty, illness and disability amongst the older people. You know that many of the diseases that occur in older people tend to become chronic, and that their resilience of recovery is slightly less. You have heard about the decreasing status that older people have in a country that is geared culturally to youth. You have heard about the lower incomes that the older people have and on which they have to subsist in a country of rising affluence and prosperity. All of these factors are, of course, important from the point of view of mental health. I want to talk to you about mental illness in Canada, just to put you in the picture.

We know that there is evidence to show that at any one time in our country about 8 per cent of the older people—that is, those over 65 years of age—are suffering from mental disorder and disability. Putting it in another way, a third of those older people who are chronically sick—a third of this group—are suffering from mental disorders many of them mixed with physical disorders as well.

Here is another statistic that I think should be of interest to you. Each year there are admitted to our mental hospitals and psychiatric institutions about 30,000 patients. That is, 30,000 patients each year. Of this group 20 per cent are over the age of 60, and of this 20 per cent only 15 per cent are discharged. There is an accumulation that is growing. In other words, in spite of the inevitable difference that death rates make to this age group there is a growing accumulation of people in the older age groups in our mental hospitals. There are now, for example, more than 8,000 people in our mental hospitals and institutions who are over 70 years of age. This represents an increase of 22 per cent in the last five years.

Let me put it in another way. Of these people in this age group that come into hospital only 17 per cent leave during the first year of their treatment. Of those that come into the mental hospitals who are under 70, 81 per cent leave during the first year. This is another way of saying the same thing.

The fact is that there are large numbers of people who are mentally disabled and disordered who are being admitted to our mental institutions often hundreds of miles away from where they live or where they have been living, and there they spend the rest of their days.

This is a problem that I think you will agree is of serious concern to us. We feel that our mental hospitals are becoming more and more institutions for the aged, and we feel that there are much better plans for handling this kind of problem than those presently in existence anywhere in our country.

Now, sir, with this introduction may I turn the discussion over to Dr. Roberts, who is chairman of our professional advisory group.

Dr. C. A. Roberts, Chairman of the National Scientific Planning Council of the Canadian Mental Health Association: Mr. Chairman and Senators, I welcome this opportunity of speaking or talking with you this morning about the problems as we see them in the aged groups, the problems of mental illness, and the problems of maintaining mental health in those groups. My comments will be rambling because I want to speak from my own experience and feeling about this matter rather than putting it in the form of a presentation.

First, I would like to place on your record, if I may, a paper on the Care of the Aged Mental Sick, by Dr. L. Cosin, Clinical Director of the Geriatric Unit of the United Oxford Hospitals in England. I think he is an outstanding figure in Great Britain in geriatrics. This paper happens to cover many of the points with explanations that were presented in the first brief you heard this morning. This is one of the most precise presentations I have seen, and I would like to quote a few remarks from it:

> In the past century the industrial revolution gave way to the technological revolution, and this is rapidly yielding to the revolution of automation.
>
> As a result not only are the industrially incompetent people finding it difficult at all ages to get employment but even the industrially competent in the age group 45-65 will find it increasingly difficult.

There is every indication to ensure that all people approaching retirement, difficult in the future. The paper continues:

> It is necessary to ensure that all people approaching retirement, with illnesses needing more than a dose of episodic care, need a geriatric preventive health service based not only on diagnosis and medical treatment but also the prognosis of the rate of restoration of social and industrial competence, individually assessed. This implies the replacement of the narrow prognosis of the general physician and psychiatrist by the much broader prognosis of the geriatrician with the continuing support of the specialist in the fields of public health and social medicine.

Dr. Cosin makes a point which I think is extremely important. He points out:

> In the last two or three centuries, progressive arrangements have been made to receive members of the community who fail to satisfy current standards. 1. Hanging for sheep stealing or for even less severe offences has been replaced by committal to prison. 2. Instead of burning "witches" and "heretics", individuals suffering from mental illness, including those designated as psychopaths or sociopaths, are now cared for in mental hospitals. 3. The pious provision by monasteries of shelter for the financially destitute and socially incompetent in 16th century England has given way to the workhouse or poorhouse, and later the chronic sick hospital.

He points out that a few centuries ago it was common to hang people for stealing sheep or even for less serious offences and that during the dark ages and in the early Renaissance period people were burning witches and heretics and most of these were old people whereas now we have progressed to the point where people who are mentally ill are placed in mental hospitals. He also pointed out that for centuries the monasteries and other religious bodies were providing for socially incompetent people and that this has progressively given way to the workhouse or poorhouse and later to the chronic sick hospitals. In a most significant statement he says that "With each of these three methods of disposal any guilt the community might feel was housed conveniently out of sight."

I would like if I may to use what I observed in a previous discussion to illustrate the extent of the rejection, and the unwillingness to accept the problems of psychiatry and mental health. We heard a presentation this morning which dealt with some of the most important points of preventive mental health treatment, we heard of the relationships in the family, we heard of the maintenance of family groups, of proper housing conditions and so on, and also about chronic illness. We know from many studies in Canada and in the United States that in this case about one third of the chronically sick people in these circumstances have some mental disorder, are in mental hospitals, homes for the aged and so on. Yet not once this morning did anyone say that there existed a problem of psychiatric consultation, mental illness or preventive psychiatry for the aged. I do this to illustrate the extent to which our society is rejecting the recognition that there is such a thing as mental illness and that there is need for psychiatric treatment. This is not a suggestion of psychiatrists or people who know, but there are combined problems where you have people aging and also isolation, disability, where medical care should include the psychiatric aspect. I think this is a very good example of the way in which the mentally ill are being rejected.

I should like to say a few words about the duty to take care of dependent people. Years ago the attitude was that of the Lady Bountiful basket, when society tended to take care of people, doing things as necessary. This has been replaced by the philosophy of cash and cash allowances, on the basis that these people will be able to maintain a certain amount of independence and self respect. We have gone through this period, increasing the allowances, in the hope that these people will maintain themselves in the community.

The point I want to make is that when I first started in a mental hospital we were concerned about the conditions of aged people. Many people assured us that with the introduction of the universal old age pension many of the problems would be overcome. Then these people would be able to maintain their self respect, they would be able to live independently and so on. I fear that the problem of people in that category is increasing. This is a point that economists and social planners could deal with much better than I can, in regard to the kind of allowance that should be provided. By a provision from central resources of $75 or $100 a month, is it really possible for these people with marginal allowances, to set aside $5 or $10 in order to take care of their health needs. I have an increasing impression from our observations, that these people are living so marginally that they cannot plan to meet their own needs.

I believe that the problem is increasing because we insure—and I like to say "insure" rather than getting into insurance—provision of adequate services for these people.

I am not anxious to discuss how this should be provided, whether it should be by the individual, or the responsibility of government, or professional.

I think there has been a failure to insure that marginal people, and progressively more so in the aged, have available to them such things as medical care, meals on wheels and such things essential to them.

The second area of concern came up several times this morning. It is the matter of co-ordination. I think it is perfectly apparent in many of our communities that we are not effectively co-ordinating the services for the aged. I am aware that there are people who do not like the feeling of being co-ordinated, and so on, but I wonder how much longer our society can go on without co-ordinated services. We know that there are people in general hospitals who are chronically ill and who should be in a chronic hospital; we know that there are people in chronic hospitals who are acutely ill and should be transferred to a general hospital; we know that there are people in homes for sick people and who are not chronically ill; yet there are people in chronic hospitals who should be well cared for in a mental home. We know there are in the mental hospitals physically ill people who should be in chronic hospitals and we know that there are in chronic hospitals people who are medically ill. The position is getting so confused that it is almost impossible to make any planned arrangement for aged patients. When the question arises it becomes one of trying to find a vacancy wherever you can find one, whether it is an appropriate place or not. I think this is in the area of social planning. However, I am fully convinced that someone has to arrive at the point of concluding that we cannot go on without effective planning and co-ordination.

We may well be over constructing institutional facilities. One wonders about the increasing use of available funds for constructing more and more homes in which to isolate people, while they are not providing the kind of health care, meals on wheels, social assistance, and so forth, that may keep them in the community.

One must realize that a hospital bed can cost from $10,000 to $20,000 to build, and that it costs anywhere between $6 and $50 to care for a patient in a hospital, one wonders why there is reluctance to use some of the money available, to provide services, rather than large institutions with continuing operating costs.

In regard to discussions about hospital insurance, which should come first? Could we insure adequate community services as a first step, or hospital care? There are many factors that encourage the institutionalizing of people. When we reviewed, in one particular hospital, 450 admissions, to consider this question of whether or not the families, the younger people, are taking responsibility for the older parents, we arrived at the categorical conclusion that the young people may well be taking a responsibility far beyond what should be reasonably be expected of them. We could find no evidence that they were failing in their responsibilities. There were many cases where people had quit work in order to look after these people for months. We found many cases where families in, say Montreal, were getting financial assistance from brothers in Vancouver from sisters in Toronto, to maintain them. We found almost no evidence to support any general statement that young people are not trying to look after the old people. A similar study was carried out in one of the largest mental hospitals in New York and arrived at the same conclusion. There are many difficulties. It is easy to say one may send the older people to a hospital, but this has only meaning if it is a case of doing so for three months or a year and it adds to the efforts to make alternative arrangements. We feel that there is very little evidence that the younger people are not trying to keep the older people in the community.

We want to emphasize that there is very little research in geriatric care and we feel that before commitments are made too heavily there is the need

for greater research. There is much evidence that social or psychological isolation is perhaps the greatest factor in breakdown, that aged people who keep on working and active are not so likely to break down, but aged people living by themselves break down very easily. This is not solely a matter of economics, because there are some well to do families who isolate the aged people and give them excellent care but who do not deal with the psychological involvement in continuing their activities in the family. So it is psychological as well as economic isolation; and we would be very anxious to see research which would give us over a period of a few years what the effect is of transplanting our people from a home to a hosiptal and whether it would be better to treat many more in the home rather than in long-term institutions for the chronically ill. In mental hospitals the experience is that many will deteriorate purely because of the institutional setting because it is not a normal way of life. That is why we stress the need of research. I think that pretty well covers the kind of general remarks I would like to make.

I would also like to mention, however, that we have had a program running concerning psychiatric cases for four years with organized geriatric service, and we have not experienced an increase in the number remaining in the mental hospitals; we have as many in the hospital as we had five years ago. There has been a developing program of foster homes, where the foster parents are paid at a reasonable rate, and by providing after care service in the sense of free medication and free medical care, and we have been able to move many people from the institutional setting into the community again. Also we have some hundred people working in sheltered workshops. I think it is simply amazing that a person who a year before was confused and upset and went to a mental hospital, makes such good progress and is able to participate quite a bit in affairs.

The CHAIRMAN: Just to start the ball rolling again, I would like to ask a question. You said, Dr. Griffin, that we should have much better plans. Would you like, perhaps both of you, to elaborate on that?

Dr. GRIFFIN: Yes, sir. The association which we represented last year brought out a blueprint, as we call it, for psychiatric services in our country; and the one key recommendation that is contained in this report and goes through the whole thing is also reflected in this brief this morning, that is, the necessity for providing the kind of treatment which is appropriate for the individual at the particular time and in the particular phase of his illness which he has, and at the place of his residence where he lives, in so far as this is possible. We have seen so many, many people with mental illness taken away from their community, from their setting, from their village, transported hundreds of miles to a mental institution. This is point number one—treatment facilities, as far as possible, should be provided where people live.

Secondly, there should be a range of services. Too often it is the idea that once you get a patient into an institution, whether it is a home for the aged or a mental hospital, that is it. People seem to forget that patients change and can get better to a degree, that their needs for this kind of service change; and so we ought to have a flexible system in addition to a range of facilities which will allow continuity and care from one facility to another, or better than that, a service of consultation and treatment that is available to the patient wherever he is. So that is just as important as it is for meals on wheels. In a sense, we should have psychiatry or doctors on wheels; and psychiatry really emphasises the point which Dr. Roberts made, that this is not only psychiatry, that psychiatry for the aged must be integrated closely with the rest of medicine. This is another point brought out in this report, by the way, Mr. Chairman, that psychiatry for too many years, indeed, for a hundred years, has been regarded not only by the people of our country but by the medical profession itself, as something set apart, something that is different from

ordinary medicine. Now we know that there are psychiatric aspects of many, many people who are apparently physically ill, and so the internists and surgeons are beginning to work very much more closely with the psyciatrist; and the psychiatrist likewise is beginning to see that everything is not psychiatry. They are beginning to work together.

Dr. ROBERTS: The only thought that comes to my mind is one which came up before. I think there is a large group of older people of marginal needs who because their means are so limited will not call for help, and this is where the matter of ensuring care becomes important. We have many cases where, when you investigate them, you find that the call has not been made which was required of the person. Upon investigation, we sometimes find that they knew six weeks before they should have gone to their doctor, but would not do so and became finally so sick that some neighbour has had to care for them, and they have reached a level of function that you cannot treat them in a home. I would stress the importance that some medical care be available to those people.

The CHAIRMAN: Dr. McGrand?

Senator MCGRAND: I have several questions. Dr. Griffin, first of all, I think you said that 8 per cent, which is about one-third, of our old people are mentally ill.

Dr. GRIFFIN: Eight per cent is not one-third. One-third of all the people who are ill among the aged group.

Senator MCGRAND: What type of mental illness is this, and how much of it is due to the environment in which they live, and what preventitive measures would be the logical ones to keep this sort of thing from developing? That is the first question.

Dr. GRIFFIN: I think I will refer that question to my colleague, who is actively in the business of treating these patients.

Dr. ROBERTS: I think it is surprising, it is to me, at least, that we still find that with a fair number, the primary reason is nutritional. When you restore adequate diet the mental illness clears up. We have just received, from the United States Mental Public Service, unfortunately, information on a five-year research program to investigate this aspect. This again emphasizes the whole problem of medical research in this country.

Dr. DAVIS: What is the name of the hospital you have in mind?

Dr. ROBERTS: The Verdun Hospital. It is impossible to get the funds necessary to carry out these research programs in this country, and we feel it is possible to develop a preventive program. Many of the vitamin B group is coming out to be very important in mental health in the aged; and we are setting up in cooperation with industries some welfare homes, general mental hospitals, to run controlled groups in various categories. A number of retired people are going to be placed on these vitamins to overcome their nutritional deficiencies. Also, it has become recognized that many depressions and excitements are the same as in younger people, and this is where the great danger is of these people being sent very quickly to either a hospital for the chronically ill or to a nursing home, and do not get proper treatment. A considerable number of patients respond to treatment qualitatively as do young patients, and it is being found that the deterioration of aging, and arteriosclerosis, have not been so great in its effect as we thought them to be when we have restored the environment. For instance, let us take the case of forgetfulness of old people. Much of this is apparently due to failure of input. If these people stay active and involved and fully occupied with their families, their forgetfullness becomes far different from when they had been visited in a room, at which time they would ask, "What day is it?". They would ask that because

they were not really interested whether it was Monday or Saturday. They may have stopped going to church, have no friends. They would tell you that it was morning because they had just got up. Then you would start asking them if they could identify things. For instance if you asked them who the Prime Minister was, they had lost interest in political affairs three or four years ago; perhaps they didn't even read. When they are taken into a social setting with a proper input given them much of the memory failure disappears.

Senator McGRAND: In other words, they had become vegetated?

Dr. ROBERTS: Yes, and they become progressively lower, unless they receive a stimulus.

Senator McGRAND: I have another question. This morning you emphasized the need of old people for expensive drugs. I hear that so often, the need for expensive drugs. Now, what expensive drugs do old people need that are really necessary, and which should be seldom used? How could you just discuss this point of drug addiction of the normal person for a minute?

Dr. ROBERTS: If you take the aged, I say the first "drug" needed is adequate diet, because then they are getting adequate protein-vitamin intake. Much of the drugs administered is to correct inadequate intake of these things normally present in a full diet. When we come to anti-depressants it could cost $5 to $10 a month, indefinitely.

Senator McGRAND: These people are in their own home or apartment, getting all these expensive drugs.

Dr. ROBERTS: There are more anti-depressants and tranquilizing drugs sold on prescription than are used in all the hospitals, and the average doctor is prescribing for the slightly disturbed older person. If they think there is depression present they use some anti-depressant. I think that drug administration in the psychiatric field is very common. You could put an old person on vitamin B_{12}, but if the patient has to pay for a drug and the doctor as well, this could be quite a continuing expense. Diabetes is far more common in the older age group, and we have a large number of people on insulin at that stage.

Senator McGRAND: Insulin is pretty well paid for by the provinces.

Dr. ROBERTS: I happen to live in one province where it is not; but I think you are right generally.

Senator McGRAND: There are people who take other things, tablets, for diabetes, for milder cases?

Dr. ROBERTS: Yes, and I would suspect, in our experience, it is the prolonged taking of relatively inexpensive drugs that adds up. I do not think it is a catastrophic amount like $50 a month, but $2 or $3 or $4 every month that adds up.

Senator McGRAND: Is that the approach to take? Is this drug therapy the logical treatment or the right treatment?

Dr. ROBERTS: I think I would bow to your judgment. I understand, as far as the average person in our society who comes to a doctor sick is concerned, if you are going to be a real doctor you had better give them a prescription. In the psychiatric field we cannot establish and maintain a proper contact with the patient if we just talk, so doctors usually prescribe something that one hopes is cheap and non-dangerous, to maintain the proper relationship between doctor and patient. I am not aware of a great problem existing regarding the cost of drugs for the aged. I would not emphasize it.

Senator McGRAND: One further question. You know, the chairman yesterday told Dr. Gershaw and me to ask these questions.

The CHAIRMAN: To ask questions, your own questions.

Senator MCGRAND: What is your opinion on the question of elderly people living—I do not say, with their families, but in association with their families? It seems to me that this deterioration that so often takes place is not going to develop if they live, not with their family, but in association, very close association, and being very closely attached to their family.

Dr. ROBERTS: I would think this is probably the single most constructive thing we could do, if we could develop the right attitude and environment and physical circumstances to creat a proper association. If it gets too close it can produce its own tensions. We say to the family, "Why not have your mother living within a block of you, because you are paying two or three bucks a week on baby sitters?" And grandmothers are good baby sitters.

Senator ROEBUCK: And grandfathers.

Dr. ROBERTS: There are instances where people go to the old person to get a baby sitter.

Senator MCGRAND: On research, what proportion of money is spent on medical research? What is the proportion between the physical diseases and the reasearch on mental diseases?

Dr. GRIFFIN: As I recollect in the last figures I am aware of, sir, it is about $7 million or $8 million from various sources in Canada that are being spent currently on medical research. I would say that less than $1 million is being spent on mental illness, mental health and related problems.

Senator MCGRAND: It is about 10 per cent?

Dr. GRIFFIN: Yes, about that.

Senator MCGRAND: And what proportion would you say of our illnesses, putting the medical and physical together—there is a medical and physical element in the mental, and there is a mental element in the physical—what proportion of mental and physical is the content of what we call illness?

Dr. GRIFFIN: That is a really tough question, Mr. Chairman. It depends on the standards you are going to use to assess mental and physical illness. Taking a leaf from the practice of the family doctor and his consultation room, we have evidence that from 30 to 50 per cent of the people who come to see him with illnesses are people suffering primarily from psychiatric and mental disorders. That is a hint of the kind of thing we are up against.

Senator MACDONALD (*Brantford*): You said one-third of those who were ill over 65, that was caused by mental illness?

Dr. GRIFFIN: Had mental disorders, senator.

Senator MACDONALD (*Brantford*): I take it from that that percentage, one-third, was greater with older people than with young people?

Dr. GRIFFIN: This is probably true. This one-third of the older age population that are sick are people who are being treated by medical doctors either at home or in hospitals. The population at large, of course, very often, as Dr. Roberts has indicated, goes on with a certain amount of morbidity of illness, without getting treatment at all, and a great part of this is mental.

Senator MACDONALD (*Brantford*): Do I take it from what you have said that psychiatric treatment is not effective with older people? I recall you said that—I have forgotten the figures, but 80 per cent of those who go into mental institutions over age 65 stay there.

Dr. GRIFFIN: Yes, sir.

Senator MACDONALD (*Brantford*): If the psychiatric treatment were effective with them, I would think that more would come out.

Dr. GRIFFIN: I wish Dr. Roberts would speak to this, but I think the point is simply this, our mental hospitals by and large have not yet geared themselves to an active treatment program involving all the kinds of social as well as psychiatric and pharmacological—that is the drug end of the treatment—as has Dr. Roberts in his own institution at the Verdun Protestant Hospital. It is one of the hospitals in Canada doing a first class job in the treatment of the older mentally ill. You will remember he said that by contrast to the general experience across the country, in his institution there has not been this rise in percentage of older mentally ill.

The CHAIRMAN: Dr. Roberts?

Dr. ROBERTS: The one-third you mentioned in the older group that are mentally ill, these are mentally ill. The other question referred to what proportion of patients in general have a psychiatric problem. There is a difference between an asthmatic who has a psychiatric problem as compared to saying, "This person is mentally ill." I think there are far more mentally ill in the geriatric population than the younger. We admit 100 persons per thousand a year in the younger population, whereas in the older population it is much worse than that. In many instances in this country, it is not because the treatment is ineffective, but because treatment is not given. If you look at the number of doctors, registered nurses and occupational therapists, the fact is treatment is not given. If we can develop the ratio of doctors and nurses we can hope to get results. This is the problem, to bring treatment resources to bear. We do not know how much more we could accomplish if we could get the resources with which to do it.

Senator MACDONALD (*Brantford*): Is not it a fact that psychiatric treatment given in these institutions to younger people below the age of 65 is more effective than psychiatric treatment given to older people?

Dr. ROBERTS: Yes, but there is a prevailing philosophy. If you have 1,500 patients, 100 beds for acute cases and 200 for people 65, 75, 80 years old, and three doctors, the three doctors are going to be working on the acute cases, and perhaps somebody is giving half an hour a day to make sure that emergencies with old people are taken care of. This is not an adequate concentration of resources. This is quite different from the resources we have for the active treatment of other illnesses.

Dr. GRIFFIN: In the case of older people who find themselves in mental hospitals, and who find their way to the back wards and are forgotten, we question whether so many should have been admitted in the first place. If we had a chance to work with them for three or six months before this became the only thing left to do, we might have prevented many of these admissions altogether.

Senator SULLIVAN: Dr. Griffin, wouldn't you say in the teaching hospitals across Canada that the liaison between the medical branch and the psychiatric branch are now much better than they were? At least it is like that in my own hospital.

The CHAIRMAN: He said that.

Senator SULLIVAN: Then you say on page 4 that "Programs in Western Europe and the United Kingdom would indicate that the first essential in a comprehensive program for the care of these patients is an adequate assessment service." What would you say as to the system in the United States?

Dr. ROBERTS: I wouldn't say they are better there than we are.

Senator SULLIVAN: Are they as well off as we are?

Dr. ROBERTS: About the same.

Senator SULLIVAN: What about the United Kingdom?

Dr. ROBERTS: The same does not apply.

Senator SULLIVAN: What about Holland?

Dr. ROBERTS: In regard to medical care for chronic cases they are better off than we are.

The CHAIRMAN: I am going to ask this question although I think I already know the answer, but I should like to get it on record. Why is this?

Dr. ROBERTS: The social setting is different. It is difficult to say if the same things happened here as happened there whether or not we would get the same results. For one thing a great amount of the resources of the country is going into these things. I cannot understand why a prosperous country cannot afford proper care for these people. If we can afford a World's Fair and to build bridges and everything else I cannot see why we cannot afford to provide services for these people.

The CHAIRMAN: Taking a look at the whole of the country, do you see any rainbows in any part of the country with respect to the problem we are discussing?

Dr. ROBERTS: I think we have some very good pilot projects developing, and some very good training programs. There have been very considerable improvements in physical medical care and of course there is an increasing interest in geriatrics. If we could get another push as we got back in December of 1948—if we could get some further stimulus like that it would be of great assistance. At that time people became more concerned with this problem, and a further stimulus of that nature would have a major effect on the recruitment of people into this field. If the funds are made available people will come into the field where there is status and respect. I don't mean to say that government should of necessity pay for this but it should give impetus. I was in this field when the impetus came—to the extent of $4 million or $5 million—and it had a terrific effect in creating an impact, and we have 10 times more psychiatrists now than we had in 1948. I think something constructive would have a tremendous effect on the environment and attitude.

The CHAIRMAN: Are there any particular problems of which we should take note in this matter?

Dr. GRIFFIN: If I might refer to one example. Dr. Roberts mentioned earlier about getting the people out of hospitals into foster home care. In Manitoba this has become a well recognized project. It was organized in conjunction with the Canadian Mental Health Association. Foster homes were found in the community and the patients were carefully placed in these homes, and as a result a whole ward of some 250 was emptied in the mental hospital and many of these older people were comfortably placed in foster homes. But the important thing is that that was not the end of it. There was continual follow-up. These people were looked after and brought to what we call our White Cross centres for recreational and social activities. They became part of the community again.

The CHAIRMAN: The province undertook it?

Dr. GRIFFIN: The province paid the cost for these homes.

The CHAIRMAN: Where did the leadership come from?

Dr. GRIFFIN: Voluntary associations.

The CHAIRMAN: From associations and people associated with you?

Dr. GRIFFIN: Yes.

Senator HOLLETT: I take it the stimulant you refer to is of a monetary nature from the Government?

Dr. GRIFFIN: Money demonstrates real interest and intent, and the two things must go together.

Senator GROSART: On this same subject, and referring to the bottom of page 10, there is a statement with which I think we all agree: "What is required is a rational plan for their further development, co-ordination and integration." That is dealing with community services. If you gentlemen could point the finger at the persons who should be instituting this rational plan—would it be generally in the medical, federal, provincial, municipal or other level? I hope you won't say all of them because somebody has to start a rational plan and I would like to know who is responsible for it.

Dr. ROBERTS: I would think if we had adequate co-ordination with health and welfare the responsibility for this would be at the local level. I think it is also unfortunate that for reasons not clear to me health and welfare departments which look after the dependent people who cannot care for themselves —I think it is unfortunate that in hierarchies like this there is not sufficient co-ordination at the local level, and I think somebody in charge—that it is at that level that leadership should be taken. The kind of thing we have in Ottawa with the Welfare Council setting up a local body—this is where leadership should be. The responsibilities of higher government is to see that this is done and to give assistance, but the real push is down at the local level.

Senator GROSART: By that you mean municipal?

Dr. ROBERTS: Municipal and county.

Dr. GRIFFIN: We put great store in the activities of people who are living normally where the problem is. But in most cases there is a serious lack of funds with which to do anything. I think one of the problems is that the provinces to whom these people are looking for money are reluctant to give money without at the same time wanting to control and run the services. This is where I would suggest there might be study given to the province being able to give money to local groups to operate. This is a difficulty because governments don't like to do this. But it makes a lot of sense from a human nature point of view.

Senator GROSART: You mean voluntary groups?

Dr. GRIFFIN: Not necessarily, but I think voluntary, municipal and official groups have got to co-ordinate their efforts. It is not a question of either/or—but this is beginning to happen, I am glad to say. A case in point is in my province where you have an interaction of responsibility which means the Government recognizes the voluntary service has a certain responsibility, but by the same token we also recognize the Government has certain powers and certain roles to play in consultation and supervision and providing leadership.

Senator GROSART: But isn't this a national plan? Everybody has responsibility. You say that often an aged person needing help in this field goes to the wrong place and gets wrong treatment which costs the community a lot of money. Who is going to take the responsibility of seeing that the needs of these aging people are going to be properly related to the facilities available? Who is going to do it? We are a committee and we have to make a recommendation. So what are we going to say? Are we to say there should be more co-ordination?

Dr. ROBERTS: It is very doubtful if one can say to a community "You will do this." A government may pass a law which says "You will stop driving at 60 miles an hour,"—but until one has the community attuned to a particular thing it is not going to happen. Ideally, I would think in our society the Government representing the people has the responsibility of taking the leadership in bringing together all the people concerned, and to work out a rational plan to get a co-operative program going. This is really what has happened in countries like Holland where there are all kinds of agencies working together. It is not a Government organized program; it is an amalgamation.

To answer your point, it does take Government agencies to stimulate services of this kind. I think a combination of the two is necessary; that government has the responsibility to do the co-ordinating, to take the leadership, and so on, and then to exploit the full value of having local people and local agencies getting on with the job. I think one of the dangers we have to watch for in this country is that of more and more central financing and by which we tend to lose local initiative. The British through their committees have done a good job of keeping the administration of the hospitals at the local level even though the hospitals themselves are nationalized.

Dr. GRIFFIN: You know, in Ontario for a long, long time tuberculosis hospitals have been operated by local boards, in much the same way as our general hospitals are operated, but they are paid for by provincial subsidies and grants and so on. In contrast, our mental hospitals are by and large operated by the provincial governments. They are not operated by local boards. This is a fundamental difference. Psychiatry and mental illness are once again shut off in a compartment by themselves. This is a government service, and is not at all like the other medical services.

In Ontario, as an example, I see a trend towards reversing this. Ontario has set up two or three small local community mental hospitals, leaving the control and the management of these hospitals in the hands of local boards. The provincial Government has the obligation of keeping them up, as they do now, but the initiative and the whole management is kept in the community. This, I think, and so do we all, is desirable.

Senator ROEBUCK: I want to ask, Mr. Chairman, whether failing hearing plays an important part in this business of mental deterioration, and, if so, whether it is possible to do something along that line of approach. What is being done elsewhere? What is being done in England, for instance, in the matter of supplying hearing aids? The development of hearing aids has been very great of late, but the price of them is excessive. I actually know of charges of as much as $250 for a hearing aid. What relationship has failing hearing to the troubles you gentlemen have been describing, and what can be done about it?

Dr. ROBERTS: I think, Sir, that vision and hearing, as they start to fail, make real much of the isolation that older people feel. There is no doubt that an older person going deaf makes him become somewhat paranoid. They are not sure whether they are talking about them, and, if so, they are not sure of what you are saying about them. We have seen such cases, and we have seen the extent of the disability decrease when you give them proper hearing. There is no doubt about this. The same is true of vision. If their vision is restricted they cannot see around them. The same thing happens. How this can be provided against is difficult to say. Obviously, buying hearing aids in bulk and providing them is cheaper than giving the patient a prescription and having him obtain them himself, but this is getting into the area of policy.

Senator ROEBUCK: What is being done elsewhere?

Dr. ROBERTS: In our case, if a person is indigent then we buy them and give them to them.

Senator ROEBUCK: What is being done in Britain, for example?

Dr. ROBERTS: In Britain they give them hearing aids, and they give them glasses. There are some charges, but they are so minimal that they are not significant.

Senator ROEBUCK: Are there any statistics that you can quote with respect to the cost of doing this?

Dr. ROBERTS: Not that I am aware of.

Senator ROEBUCK: This is something we should look into.

Senator SULLIVAN: We provide hearing aids through the outpatient department of St. Michael's hospital. The Toronto Hearing Society provides them. I have provided quite a few myself to indigent people. Your statement about paranoia is correct.

Dr. ROBERTS: Do they get an examination in time, and do they get the hearing aid in time? I think once we have identified these people we can find a hearing aid for them somewhere.

Senator SULLIVAN: Certainly.

Senator FERGUSSON: I notice one thing in the brief that I would like to know a little more about. On page 5 in the first paragraph you say that not all older patients are senile—with which I agree, of course—and not all classes of senility are hopeless. To what extent is a person who has become senile capable of rehabilitation? I have always thought that once there is senility, it continues.

Dr. ROBERTS: There is a class of people who suffer from what is known as senile dementia, which has some post-mortem findings. But, there is no relationship with the organic findings and the extent of the illness we see when the person is alive. It is becoming apparent that when these people are involved in living much of this senile dementia disappears. It may be almost a protective device. A person who has ceased to be stimulated suffers from memory failure. Such persons keep talking about the past because that is all they know. We feel that much of this can be overcome, but we will not know the answer to the question until we get more programs.

Senator FERGUSSON: It is not hopeless?

Dr. ROBERTS: No.

Senator MACDONALD (*Brantford*): Could I ask one question, Mr. Chairman?

The CHAIRMAN: Certainly.

Senator MACDONALD (*Brantford*): Could we be told whether there are psychiatrists in almost all of the hospitals across Canada?

Dr. ROBERTS: In the mental hospitals?

Senator MACDONALD (*Brantford*): No, in the general hospitals.

Dr. ROBERTS: Not at all. I think there are at the most 35, and there are another 100 or so various clinics operating from part to full time. The recommendation that we have made is that every general hospital of 200 beds or more should have at least a psychiatric service. Now, when we say "a psychiatric service" we do not mean that they must have a great big psychiatric unit, but they must at least have a psychiatric consultant on the staff who can deal with such patients. We are far from having psychiatric services spread across the country. If you take Newfoundland, for example, I think there is only one psychiatrist there outside of the city of St. John's. Once you leave Victoria and Vancouver I believe there is only one psychiatrist in the remainder of the province of British Columbia.

Senator MACDONALD (*Brantford*): This service is confined to the big cities?

Dr. ROBERTS: It is getting better, Sir, because the prepaid medical plans have been very much improved. It is now likely that in these smaller towns a psychiatrist without a salary will be able to make a go of it. With these plans covering psychiatric illnesses we will obtain a better spread of psychiatrists than we have at present.

Dr. GRIFFIN: Sudbury has just acquired a psychiatrist.

Senator GROSART: What about training in psychology and psychiatry in the average medical course?

Dr. ROBERTS: The highest I know of is in one four-year program there are 400 hours. This is a major course in psychiatry, but I think there is no medical school which has less than 100 hours. This has been changing very rapidly in the last ten years.

Senator MACDONALD (*Brantford*): Your recommendation is that there should be a psychiatrist in every hospital with at least 200 beds?

Dr. ROBERTS: We feel that that is the least we should recommend.

Senator MACDONALD (*Brantford*): To whom has that been recommended?

Dr. ROBERTS: That recommendation has been made to the Government on a number of occasions.

Dr. GRIFFIN: It is made in this report, and we made it to the Royal Commission.

Dr. ROBERTS: We have made this recommendation to all organizations in the hope that something will come of it.

The CHAIRMAN: So, we have made, or we are making, progress?

Dr. ROBERTS: I think yes, Sir, we are making progress. There is no question about that. But, the need I would stress is for research and pilot projects, and some emphasis by all levels of government—not any one government—on the importance of this problem, and of the importance of studies so that we can get people working in the field.

The CHAIRMAN: Doctor, you mentioned you were conducting some research, and I think you said you were getting the money from the United States. I did not follow that at the time. I presume you are getting it from the United States Government?

Dr. ROBERTS: That is right.

The CHAIRMAN: And yet our own Government will not make that sort of provision?

Dr. ROBERTS: I do not think it is a question that the Government will not. There is only so much money available, and the demands for that sort of money are two or thre times the amount available. I do not think it is a matter that the Government will not support this particular piece of research, but rather that they can support only so much with the money voted.

The CHAIRMAN: Why could not the American Government have this work done in, say, Louisiana? Why do they come to you in Quebec and have you do it?

Dr. ROBERTS: We go and ask, Sir.

The CHAIRMAN: I presume the Americans are not very backward in asking?

Dr. ROBERTS: They have always, in their medical research, supported a great deal outside the United States.

Dr. GRIFFIN: May I just add to this and say that now for the first time we are beginning to find the attitude is beginning to change in the United States. We have been given formally to understand that within a year or two this kind of support from the United States Government for research carried out in Canada will come to an end.

This means that many of our research projects will be seriously handicapped or discontinued altogether. The amount of money made available for mental research and mental illness in the United States has gone up tenfold in the last few years, whereas the money available in Canada from our federal Government has remained relatively unchanged during that time.

The CHAIRMAN: Is there anything else either of you would like to say to this committee, whose ears are wide open and listening?

Dr. GRIFFIN: Nothing but to say thank you for a very fine hearing.

The CHAIRMAN: Let me say, on behalf of the committee, that we are very proud to feel that two Canadian boys who are recognized specialists in one of the great sciences should come before our committee in the manner you did and speak the way you did, with the knowledge that you have. We are most appreciative for the information that you gave us this morning and we thank you very profusely.

Whereupon the committee adjourned.

Appendix A

BRIEF
of the
UNITED CHURCH OF CANADA
to the
SPECIAL SENATE COMMITTEE
on
AGING

February 1964

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I.

RECOMMENDATIONS

I. *For Action by the Senate Committee on Aging*

The United Church of Canada recommends:

1. That when reporting to the government the Senate Committee on Aging emphasize the need:

(*a*) for more opportunities for group fellowship for Senior Citizens including centres for recreation, social and service activities on a non-sectarian basis;

(*b*) for making full use of financial assistance available from Provincial and Federal Governments in establishing such centres;

(*c*) for professional staff trained to give leadership in such activities;

(*d*) for co-ordinated regular visiting services that will more adequately reach isolated older people;

(*e*) for Information and Referred Services.

2. That the Senate Committee on Aging support the Canadian Welfare Council in their plans for a Canadian Conference on Aging similar to those held in the United States of America.

3. That the findings of the Senate Committee on Aging be made available for distribution.

II. *For Action by the Federal and Provincial Governments*

The United Church of Canada recommends:

1. That a comprehensive National Health Insurance program be established in co-operation with the Medical, Dental, Nursing, Pharmaceutical and related professions.

2. That since amelioration of the plight of the chronically ill is a matter of major importance, there be in addition:

(*a*) provision for more homes with nursing care, infirmaries, units of hospitals, and geriatric centres where highly skilled technical nursing care is provided;

(*b*) provision for intensive rehabilitation services.

3. That governments recognize the need and encourage churches to appoint chaplains on an interdenominational basis to serve in geriatric centres, homes and hospitals.

4. That in providing the old age security pension the government continue to have in mind the needs of older people for housing, food, medical care, drugs, transportation, and some recreation.

5. That more homes with residential care and self-contained units be erected for senior citizens and that financial assistance be made available through loans.

6. That consideration be given to including a section in the National Housing Act designed to assist older people in purchasing or maintaining their own homes.

7. That further research be made possible in order to fill the gaps in our knowledge about aspects of aging and prepare guidelines to assist communities, groups and families in thinking, planning and acting to advance the well-being of older people.

Example 1. We need research on the need, feasibility and desirability of a meals-on-wheels service. This might be similar to the Portable Meals Study under the National Council on Aging in the U.S.A.

Example 2. Family Service Agencies should be supported in conducting studies on such subjects as family relationships and living arrangements in the course of the life cycle.

8. That in order to assist older people find employment:
   (*a*) branches of the National Employment Service include counsellors trained to advise older workers;
   (*b*) there be vigorous and continued effort to encourage the hiring of older workers;
   (*c*) that industrial and business concerns be encouraged to provide training or re-training opportunities for older workers desiring part-time employment.

9. That consideration be given to the setting-up in some Department of the Federal Government of an Office on Aging similar to the Office on Aging in the Department of Health, Education and Welfare of the United States.

Among the duties of such an office would be:
   (*a*) to keep under review both the problems and opportunities of older people;
   (*b*) to co-ordinate the work in aging carried on by all departments of the government;
   (*c*) to work with provincial committees on aging and voluntary agencies including universities and other educational institutions;
   (*d*) to strengthen and extend existing services;
   (*e*) to retain and extend the concern for older people which motivated the appointment of the Special Senate Committee on Aging.

II.

INTRODUCTION

The United Church of Canada was gratified to learn of the formation of this Special Committee of the Senate of Canada set up "to examine the problem 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."

The United Church welcomes this opportunity to review its program and to present the views of its members on the needs of elderly persons, and how these needs may be met more adequately. As a Church we are not only concerned for the older persons within our fellowship but for all senior citizens in the community. It is our concern that they may discover purpose and meaning in their latter years as in every other stage of their lives.

The United Church of Canada has an extensive relationship with older persons through its pastoral ministry in 2,731 pastoral charges which include 5,774 preaching places, with 2,470 full-time ministers and chaplains. There

is, moreover, an increasing awareness that the ministry of the Church is not limited to the ordained clergy but belongs to the whole membership both clerical and lay, older people as well as younger, and extends through a whole network of activities and relationships for every age of life.

III.

THE BIBLICAL AND THEOLOGICAL BASIS OF OUR CONCERN FOR THE AGED

The Judeo-Christian culture sprang out of a patriarchal society which was based on respect for the aged. Our regard for elderly citizens is reflected in the decalogue of Moses: "Honour your father and your mother that your days may be long in the land which the Lord your God gives you."

Moreover we believe that it is not merely as parents, but as persons, that all older people command our love, respect and care in the spirit of the great commandment to love our neighbour as ourself. It is part of our faith that the strong shall bear the infirmities of the weak.

Christian theology affirms that each individual is of infinite worth in the eyes of God, whether he be young or old, rich or poor, strong or weak.

IV.

A STATEMENT BY THE FIFTEENTH GENERAL COUNCIL REGARDING THE CARE OF SENIOR CITIZENS (1952)

A special commission set up by General Council (the highest court of our Church) to study the responsibility of the Church for senior citizens, issued the following statement which we include only in part:

2. A Christian society must take responsibility for the care of its elderly people. The primary responsibility rests and should continue to rest with the immediate families concerned. If they cannot or do not provide homes for them, then homes must be provided on a community basis. It is not practicable, nor is it the duty of the Church, to undertake total responsibility in this field. Rather the State, through its various levels of government, must take major responsibility for the erection and maintenance of homes for the aged and infirm. Where they are established, citizens as taxpayers contribute to their cost. The Church has a special responsibility to help to create a Christian atmosphere in such homes, and may itself operate a few model homes.

3. The elderly people of our country may be divided into three general groups, (*a*) Those who are financially, physically, or mentally unable, properly to care for themselves, (*b*) Those who are partially incapacitated, (*c*) Those who may not be helpless physically, or financially. Care of all these people should be the responsibility of the various levels of government, but the Church must minister to their spiritual needs, and we recommend: (*a*) That the Board of Christian Education be instructed to draw up a suitable programme to meet their spiritual needs. (*b*) That the Church concern itself with the conditions of existing homes for elderly people. (*c*) That the Church stress the importance of the proper segregation of those who are physically, or mentally ill. (*d*) That the Church have some part in establishing model homes, for those who are physically and mentally capable."[1]

V.

MINISTERING TO SPIRITUAL NEEDS

The First National Conference on Aging held in Washington, D.C., in 1950 brought together representatives of almost every agency interested in the welfare of the aging. Protestant, Jewish, and Roman Catholic delegates listed the older person's spiritual needs as follows:

1. Assurance of God's continuing love
2. The certainty that life is protected
3. Relief from heightened emotions (especially guilt, grief, fear)
4. Relief from the pangs of loneliness
5. A perspective (for life) that embraces time and eternity
6. Continuing spiritual growth through new experiences
7. A satisfying status in life as a person
8. A feeling of continuing usefulness[2]

To help older people meet these needs is the unique responsibility of the Church and Synagogue.

Here are some ways by which the United Church tries to carry out this responsibility.

Assurance of God's Continuing Love and a Perspective that embraces Time and Eternity

Our first resource is the Bible. We know that many older people find comfort in reading and listening to such passages as this from Isaiah 46:4.

> "Even to old age I am He,
> And to gray hairs I will carry you.
> I have made and I will bear;
> I will carry and I will save."

The Church is concerned with older people as persons in their own right, just as they are, with all their cares and joys and quirks and questions. The older person's problems about death and immortality or his hope of building a better world here and now, are not outside its concern any more than are his material wants.

We rejoice in the increased life expectancy, in the success of medical science in overcoming or mitigating many of the disabilities of the later years, and in every means whereby active, intelligent participation in society can be maintained. Nevertheless death is ultimately unavoidable. Life has meaning but much more modern thought is based upon the assumption that death is the end of everything meaningful, with the result that many of those who are most keen on facing facts tend to shun any consideration of this inevitable fact. The Christian tradition asserts that death itself has meaning and that it is not the ultimate end.

Relief from pangs of Loneliness and *Status in life as a Person*

One of the first and most important steps in helping older people to meet these needs is to assure that they have opportunity to participate in Corporate Worship.

> Strength and beauty are in His Sanctuary. Here, in the worship that the church maintains, years are no hindrance. The old person is neither rejected nor neglected. He stands with every one else on the footing of being a child of God, a person in the full sense, equal in dignity

with all who surround him. His vision is lifted from the things that are passing, in which he may suffer loss, to the things that are eternal, in which he finds hope and comfort and strength, and a brave outlook on life.[3]

Most congregations provide transportation and ensure that the older people are seated where they can see and hear comfortably. Thus the Church makes available to the older person its unique contribution, the worship of God. When age or infirmity makes attendance at church impossible this ministry is still carried on through radio or by the minister in person.

Pastoral Care

The Church has always exercised a pastoral ministry among its members. Every ordained minister is called as a follower of the Good Shepherd to the care of the flock which is entrusted to his charge. When a minister of The United Church of Canada is inducted into a pastoral charge the presiding minister says "Receive this Cure of Souls which is both ours and yours."

In a busy pastorate many ministers are not able to visit their members as often as they would like but they do keep in close touch with the elderly, the sick and shut-in. In an age when many families are separated, with parents living alone in their own home or apartment, it is all the more important that the Church show a warm personal concern for elderly people and impart to them the message and comfort of religion.

New Experiences and a Feeling of Usefulness

All of our studies and experiences confirm our belief that older people need to be continuously related to the whole normal life of the community and the Church as far and as long as possible. Thus continuing spiritual growth and a feeling of usefulness are provided for many through participation in the on-going program of the congregation. Older people serve as members of Session, on Committees of Stewards and in The United Church Women or A.O.T.S. Men's Clubs.

In preparation for the New Curriculum which the United Church is launching this autumn, hundreds of adult study groups have been set up. These often include senior adults.

VI.

RESPONSIBILITY OF THE BOARD OF EVANGELISM AND SOCIAL SERVICE AMONG SENIOR CITIZENS

Homes for Senior Citizens Operated by The United Church of Canada

The United Church of Canada owns and operates twenty-two Homes for Senior Citizens located at strategic centres across our country from St. John's, Newfoundland, to Victoria, British Columbia. Some twelve hundred guests reside in these homes.

Most of our homes include single or double rooms with private or shared bathrooms, regional lounges, and central dining room and recreational areas. They range in size from small units which accommodate fourteen guests to the Griffith-McConnell Home in Montreal which when completed will accommodate some three hundred guests. There are no admittance conditions on the basis of race or religion, though a certain health standard must be met. Many of our homes have facilities for the care of temporary illness but there is only one Infirmary. It is in conjunction with our home in Montreal.

From our experience with our Church homes we have learned:

(1) That life in an institutional home providing as nearly as possible the conditions of a congenial family home, can be very effective in prolonging and improving the physical and mental health of the aged.

(2) That the choice of staff is most important—work with the aged requires dedication and aptitude as well as training.

(3) That older people prefer to stay in a locality they know.

(4) That elderly people are glad to help one another which is in itself excellent therapy.

(5) That for the mental health of older people stimulating interests are important.

(6) That a residential home for elderly persons should have an infirmary or at least some provision for the care of temporary illness.

(7) That there are not enough homes to take care of the aged and chronically ill who need them.

VII.

RESPONSIBILITY AND PROGRAM OF THE BOARD OF CHRISTIAN EDUCATION

The General Council has charged the Board of Christian Education with the responsibility of giving leadership to the local church in its ministry to older people in the congregation and community. This is in line with the purpose of Christian Education ..."That persons at each stage of their lives may know God as he is revealed in Jesus Christ, serving him in love through the worship and work, fellowship and witness of the Church in the daily life of the world".

The Board of Christian Education has at present over four hundred groups for senior adults on its national registry. These groups vary greatly in size, function and organization. There are Bible Classes, Study Groups, Retired Men's Clubs, Women's Fellowships, Golden Age Clubs, Day Centres and Drop-in-Clubs. Here older people in the community also find acceptance and fellowship.

Programs differ but each makes a group experience possible and provides a sense of belonging which is important. Moreover, three generations live more contentedly if the grandparent has social contacts and interests outside the home. Personal ills and problems are forgotten in the fellowship of the group.

Some groups stress recreation, others service to the congregation and community. Many make contributions of time, talents and money and assist in the Church's outreach at home and abroad. Groups provide senior adults with opportunities for fellowship, spiritual growth, recreation and learning experiences. All such programs must be closely related to the total program of the congregation and not a means of segregating older people.

The Senior Adult Committee distributes a Bulletin annually to registered groups and interested individuals. This contains suggestions for programs and projects. Pamphlets have also been issued by this committee on such topics as Health, Investments, Using Our Extra Years, Organizing a Group, Camping, Visiting and Devotional materials.

Conference for Leaders

Training Centres for lay leadership in the church hold annual conferences for workers with, or leaders of, Senior Adult groups. We hope to see this opportunity extended. "A real challenge awaits those in local comunities who take seriously the needs of old people to get together to do something constructive and productive—not merely activities to keep them occupied."[4]

In addition to leadership given to groups one responsibility of our Senior Adult Committee is to keep the whole constituency of the Church informed about the needs of older people, how to prepare for old age and how the Church may work with community agencies.

Visiting

Some older people do not wish or cannot belong to a club or organization. Some are not able to participate in a program outside their homes. Regular visits bring cheer and a sense of belonging to the church fellowship.

In their later years most older people must face the loss of loved ones and be reconciled to playing a less active role in society. The visitor from the Church carries the concern of a group of people. Behind the visitor is a congregation that cares. We have learned that visitors need to be carefully selected and prepared for this friendly service which in many ways is unique and calls for a special kind of tact, sympathy and devotion. Regularity is important, and sometimes a daily telephone call brings welcome reassurance.

Surveys have confirmed that many older people want contact with the church. In 1959, under the Age and Opportunity Bureau in Winnipeg, 249 senior citizens in a downtown area of approximately one square mile were interviewed. Thirty per cent requested a visitor from the Church. In London in a survey under United Community Services of a similar area, "33% felt neglected by the Church. They thought churches should have special groups for the aged, provide transportation and increase clergy and lay visits."

The United Church in its resource materials emphasizes the responsibility of a visitor from the Church. We realize that visitors should have information about services available to older people in the community and resources to assist in alleviating distress caused by ill health and/or insufficient income. Some older people who need supplementary aid do not know that it can be secured from provincial governments. As the amount of aid is determined through an individual assessment of need it is important that interviewers and administrators be persons who understand older people and are in sympathy with their problems.

The Senior Adult Committee pioneered in sponsoring a consultation in November 1962 as a pilot project. Representatives of a wide variety of community agencies met with volunteers from women's and men's organizations to discuss "How can the professional worker and the volunteer achieve a genuine partnership, mutual understanding and respect?" It pointed to the role volunteers can have in developing the self-confidence of senior citizens.

Some other interesting projects are under way. The Inter-Faith Committee of the Ontario Society on Aging has been working with representatives from churches, synagogues and community agencies in Ottawa on a pilot project to recruit and train visitors for lonely older people. The Ottawa Welfare Council has been of great assistance in making this possible. This kind of co-operative effort should be a step towards co-ordinated planning in reaching lonely older people.

Organized groups of United Church Women in communities across Canada are very interested in visiting, providing friendly contacts and opportunities for older women to contribute their time and talents. The Christian Citizenship

and Social Action Committee of the Board of Women is receiving reports on a survey which it has been conducting to determine the relationship of United Church Women to community agencies. Five out of six areas reporting to date have indicated they are co-operating with agencies serving older people.

The Church and the Family

A background paper prepared for the White House Conference on Aging in 1961 reminds us—"Like our overall culture, organized religion has, during the past decades, been amazingly youth-centered. Only very recently has there been, except for persons in institutions, a focus on the problems and opportunities of age"... Yet basic to all religious thinking is the concept of the family—both the biological family and the extended family of the religious community."[5]

We have heard a great deal about the breakdown of the three-generation living pattern. Reasons given are early marriages and general improvement in economic status. Choice is clearly a determining factor. The members of the Senate Committee who met with senior citizens in Toronto in January will remember that several emphasized "We do not want to live with our children if we can live independently."

Two relevant reports of surveys were presented at the Sixth International Congress of Gerontology in 1963, one conducted in Vienna,[6] the other, which was nation-wide, in the United States.[7] Both summarized the usual pattern of living arrangements for older people as follows: older people and their adult children usually maintain separate households; at the same time 60% of older people live in close proximity (i.e., with or nearby) to at least one child. This close physical proximity makes it possible for extended family relationships to flourish.

The Two Generation Family

The Church realizes that the quality of family relationships in a home when children and youth are growing up will have a great influence on what relationships will be in the family when it is extended. Concern and respect for parents and older relatives are important attitudes to develop.

The Board of Christian Education through its Family Life program and literature seeks to strengthen the family in developing Christian attitudes. The Christian Home monthly magazine, the principal publication for parents, carries frequent articles and stories related to this theme.

The Three Generation Family

The Information and Opinion Survey published by the Province of Saskatchewan reports that 7.4% of people 65 years and older live with their children but this rises to 12.9% when a parent becomes widowed or separated.[8] Miss Ethel Shanas found that 4 out of 10 widowed persons in the United States who have children live with a child.[7] When this happens, sometimes the problems obscure the advantages. Dr. Mabel Ross reminds us of the role of the grandparent.

> "The place of the older person in the family and home is an important one and is essential to the full life of all generations. It becomes the responsibility of the older generation to bring to the family the less concrete but more enduring qualities of family life—values, standards, ethics."[9]

However, we have much to learn about how this situation can be a satisfying and happy experience for both generations. Dr. Louis Kaplan in

addressing the opening session of the Sixth International Congress of Gerontology in 1963 stressed the need for research in the field of parent-child relationships. He asked the pertinent question "How can older people graciously surrender the role of head of the family?"

The Canadian Conference on the Family to be held in June 1964 may provide us with some answers.

Congregations are encouraged to plan program events such as Family Nights at the church which include grandparents. The Christian Home magazine devoted a complete issue to The Three Generation Family. There were several articles on living arrangements including a reference to a Granny Apartment. This is a self-contained unit built into, or attached to, the house of a married son or daughter. The granparent is near the children but has privacy when it is desired.

VIII.

RESPONSIBILITY OF THE BOARD OF HOME MISSIONS

Out of its wide experience in doing Social Service work and carrying on varied programs in every type of community across Canada, i.e., rural, urban, inner city, distant frontier and the more isolated localities of our great nation, the Board of Home Missions of The United Church of Canada is convinced that one of the most neglected areas of responsibility is the care of the chronically ill (especially the aged) and the provision of rehabilitative services. The need is pressing in every region of the nation but particularly in the more remote and frontier regions. The United Church of Canada has eight hospitals in frontier communities and employs eighteen Medical Doctors as Missionaries. Recently, the Medical Superintendents of all these hospitals have emphasized the serious need for proper physical facilities for the care of the chronically ill, so many of whom, under present and existing conditions, must end their days in neglect and pathetic loneliness.

The same stress is laid on the need for rehabilitative institutional care for those who cannot be looked after under the Acute Hospital Policy but who, if they are to make progress toward recovery, must be given the proper treatment and supervision necessary for relief and restoration. The Board of Home Missions of The United Church of Canada has made approaches to officials concerned, with a view to trying out Pilot Projects in the care of the chronically ill and those requiring rehabilitative treatment at three United Church Hospital centres.

It should be pointed out that, as part of its total hospital and healing ministry program, The United Church of Canada now employs fifteen full-time Hospital Chaplains as well as a score or more part-time Chaplains who are engaged in Hospital, Sanitoria and other forms of chaplaincy service, and, further, that a major portion of the work of these Chaplains is devoted to the care of aged, destitute and lonely senior folk who need not only spiritual oversight but also friendship, understanding and, in most cases, someone to intercede for them so that their plight may be made known to society.

The Board of Home Missions has responsibility for over sixty Institutional Centres across Canada. These Institutions give a marked degree of attention to work among older people—especially in the major Cities of Canada. They carry out programs designed to minister to the needs of older people of very limited means, as well as those who have little or nothing of this world's goods. Such programs, which provide for the spiritual needs in many cases, include relief work, providing or arranging temporary shelter for the destitute, clothing centres, reading materials and reading rooms, and welfare industries.

IX.

NEEDS THAT MUST BE MET IN CO-OPERATION WITH OTHER AGENCIES

The Church cannot of course meet all the needs of older people. However, the Church can encourage a climate of concern in the community and co-operate with agencies which are equipped to provide needed services.

1. *Housing*

Although many municipalities have been providing low-cost housing for senior citizens, there would appear to be a need for more accommodation for the single older person. A few years ago the United Church ventured into the field of providing low-rental apartments for senior citizens with the assistance of Provincial and Federal Governments. This proved so worthwhile that we now have these apartments in eight centres. We found that the greatest need was for suites for single persons.

The location of housing projects for this age group is important. It should be near transportation, churches, shopping and postal facilities if the residents are to keep and increase their contact with the community. Adequate space for lounge and social activities should be assured even if it must be at the cost of less lavish buildings and furnishings. These facilities might be made available for the use of non-resident groups of older people in the community for meetings or recreation.

There is need for the Federal Government to give some consideration to the special needs of the elderly by including in the National Housing Act a section designed to assist them in purchasing or maintaining their own homes.

Such a section might:

(*a*) make it possible for relatives, friends and others to make down payments on a house purchased by a person over 60 years of age;

(*b*) provide special assistance in facilitating the financing of repairs or renovation of property to meet the needs of elderly home owners.

2. *Health Services*

In 1952 the General Council resolved to "urge all responsible government authorities in co-operation with the medical, dental, nursing and related professions to move as quickly as possible to the establishment of an integrated and contributory National Health Insurance program". In 1954 this position was re-affirmed and in 1960 the General Council resolved to "urge the Federal Government in co-operation with the medical, dental, pharmaceutical and related professions, to establish a comprehensive National Health Insurance program."

Amelioration of the plight of the chronically ill is a matter of major importance.[10] Repeatedly families tell us "We have searched the streets trying to find a nursing home we can afford where we can be sure that mother will receive good care". The Associated Nursing Homes Incorporated of Ontario have stressed the following urgent needs: (*a*) the licensing and inspection of all nursing homes, (*b*) more high standard nursing home accommodation, (*c*) educational programmes for nursing home personnel, (*d*) low interest long term loans for new homes and for enlarging and remodelling others.[11]

We heartily support this statement.

We realize that Home Health Services if adequately developed can provide care and treatment in a familiar family setting. We appreciate the contribution of such agencies as the Victorian Order of Nurses and Home Care projects carried on in co-operation with hospitals.

As recreation is an important factor in maintaining good health there is need for more Social and Recreational Centres. Here older people may receive couselling, companionship and the means to enrich their lives by the development of skills and interests and by the enjoyment of purposeful activities. In some centres serving both young and old, senior citizens assist with games or crafts. Some professional staff is necessary although volunteers have an important role. Substantial assistance from governments is required in most communities in setting up and maintaining such centres. We suggest that such assistance might be made available as a Confederation Year project.

3. *Ancillary Services*

Here one starts with the fact that most older people prefer to live independently in their own homes as long as possible. A United Nations Study Group held in England in 1961 to consider the "neds of the Elderly at Home and in Residential Care" reported: "All were agreed that the majority of old people were happier in their own homes and that they should be helped by domiciliary services to remain there as long as possible".[12] The attention of this Senate Committee has been drawn on several occasions to the need for ancillary services. The Canadian Conference on Social Work in 1958 listed these as Homemakers' (Home Aide) Services, Meals-on-Wheels, voluntary Visiting, Case Work and Counselling.

(*a*) Counselling and Information Services

We are pleased that counselling services are being provided by a variety of persons and agencies, professional and non-professional—doctors, social workers and psychiatrists, to mention only the more prominent examples. In this connection we might mention that an increasing number of our ministers are taking clinical training in counselling.

There is need for Information and Referral Services to ensure that older people know what is available to assist them in securing services best suited to solving their problems.

(*b*) Home Aide Services

"A Home Aide Service is the providing of carefully supervised part-time housekeepers to older people on a long term basis. The workers are selected for their skills and ability to get along with others. They do housework, cooking, shopping, laundry and personal services or whatever is needed to make old people comfortable." [13]

Home aide services are well established in United States, Great Britain and other European countries. They are available in about fifty large communities in Canada. Fees are charged according to the family's ability to contribute. The Canadian Red Cross Society operates and finances the largest number of these programs. Other sources are community chests or United funds. However if funds from such sources are withdrawn it causes misunderstanding, even hardship, to those who have become accustomed to using the service. An example is the pilot project under the Visiting Homemakers' Association in Toronto. Many calls are still being received as a result of this project. Older people anxious to maintain their home or apartment frequently enquire from us how they can secure this help.

(*c*) Meals on Wheels

The service of delivering a hot meal to older people who are unable to cook properly for themselves has proven its value in many communities. In England it was started during the war by the Women's Voluntary Services. It has been continued and expanded as a service to thousands of older people. The recipient pays part of the cost of the meal, the vehicles are sometimes donated,

the Borough Councils make generous grants, and Churches often supply the volunteers to man the vans. Meals in bulk are delivered to some Day-Centres. Old people living alone look forward to someone coming each day. Friendships are established and the volunteers delivering the meals often help in other ways. Additional benefits are better health and shorter terms in hospital.

Several European countries, Australia, New Zealand and a number of American cities provide meals-on-wheels services.

In Toronto the Needs and Resources report has recommended "that consideration be given to the development of a meals-on-wheels service as part of a comprehensive home care program for the aged".[14] In Winnipeg, plans are being developed for both homemakers and meals-on-wheels services. The churches will likely be co-operating in the delivery of the meals. In Brantford the Red Cross and the I.O.D.E. have been co-operating in the first program, as far as we know, in Canada. At Christmas, meals were delivered from Turner Valley hospital in Alberta by teen-agers.

X.

EMPLOYMENT AND FINANCIAL SECURITY

Employment

Aging persons feel the need for a slackening of pace and a decreasing pressure of responsibility in work. Some look forward to full retirement. Probably the majority wish to continue in their usual work, people for whom enforced retirement is unwelcome and disrupting. In some cases opportunities for continued service with a decreased work load have been provided. We are pleased to say that the Church is well served by a large number of its clergy, who, having reached the age for official retirement, take positions as assistant ministers or ministers of small churches.

The United Church encourages adult groups of all ages to include Planning Ahead for Retirement in their programs. Literature and a filmstrip are available as resources.

Aging persons who are seeking employment find themselves up against tremendous discrimination. Many large firms have set the upper hiring age at 45 years—some at 35 years! Older persons wander unsuccessfully from plant to plant, day after day, month after month, until a feeling of worthlessness seizes them. Some years ago the National Employment Service devised a type of counselling which restored morale to these frustrated job-seekers and allowed two-thirds of them to obtain jobs they liked. Now that N.E.S. has increased its staff we expect that a select number of trained counsellors will be available in each of the principal cities of Canada to do this valuable work. Certainly it is more economical and more humane to find work for middle-aged and older persons than keep them in idleness. We welcome government action in providing incentives for the hiring of older workers.

Financial Security

We approve the modern trend that has given greater security to later life, particularly through Old Age Security legislation. We believe that it is important that this pension should be increased periodically to keep pace with the cost of living. We also welcome the prospect of a government co-ordinated system on a contributory basis. To achieve the purpose of the government such pensions must be portable.

The United Church of Canada has a pension plan for all employees, Ordained and Lay. The retirement age is sixty-eight years for male members and sixty-five for female members. On retirement, a pension for life is paid based on the member's accrued credit. In the case of a male member, two-thirds of this amount is continued to the surviving widow.

Also, The Department of Pensions operates for The United Church of Canada a community for its retired employees at Beamsville, Ontario, known as Albright Gardens. This is a low rental project and at the moment consists of individual cottages. In the planning stage is a Central Building, equipped with most up-to-date facilities, to provide total care for approximately one hundred and twenty persons in single and multiple dwelling units.

XI.

CONCLUSION

"The current developments in the field of the aging need to be related to the existing social institutions of our society; such social institutions as the Church can play a significant role in assuring a more satisfying life for our increased aging population."[15]

In this Brief we have outlined some ways in which The United Church of Canada is trying to fulfill that role through its own program and in co-operation with other churches and national, provincial and municipal agencies.

The United Church looks forward expectantly to the findings of the Senate Committee on Aging. We hope that these will include recommendations which will result in more effective co-ordination of the many efforts that are being and ought to be made on behalf of older people, and assure more efficient use of all the resources available to enrich their lives to the end. We desire to continue and extend our co-operation with other agencies along these lines.

Respectfully submitted,

THE UNITED CHURCH OF CANADA

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APPENDIX B

BRIEF

on the

MENTAL HEALTH ASPECTS OF GERIATRIC SERVICES

Prepared for Presentation to the

SENATE COMMITTEE ON THE AGED

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January 1, 1964.

THE MENTAL HEALTH ASPECTS OF GERIATRIC SERVICES

Section A Summary of Recommendations

Section B Discussion

Section C The Canadian Mental Health Association—
background information

SECTION A

SUMMARY OF RECOMMENDATIONS

1. There is a great need for the co-ordination and integration of available services and interested professional personnel in order to provide good care for the ailing aged.
para. 5.

2. A wide range of small facilities are needed located regionally or locally close to the place in which the aged clients live.
para. 6

3. These should be administered locally.
para. 7.

4. The range of facilities should include 1. short-term settings such as the general hospital, 2. long-term settings such as the convalescent hospital, nursing home and residential institution, and 3. domiciliary settings of various kinds.
para. 8.

5. Provision should be made at all levels for medical consultation services which among others should contain psychiatric specialists. The psychiatric consultation services should be a responsibility of the psychiatric services in the community.
para. 12.

SECTION B

DISCUSSION

1. The aging population in Canada poses many problems with important mental health implications. The overall position of services for the care of geriatric patients would appear to be unsatisfactory. Programs in Western Europe and the United Kingdom would indicate that the first essential in a comprehensive program for the care of these patients is an adequate assessment service. As the diagnostic problems are multiple such a service would most logically be developed in relation to a general hospital. The primary consideration in the staffing of such a service is not the type of physician to be involved but rather to place the proper emphasis on the need for multiple participation of physicians, psychiatrists and other specialists as indicated by the individual case to ensure accurate diagnosis and treatment. In addition, the provision of adequate chronic hospitals, nursing homes, home care and so on would probably materially alter the situation which now exists in the mental hospitals.

2. The population of those patients in mental hospitals who have become "chronic" and thus permanently disabled and dependent is aging and is producing a major internal geriatric problem for these hospitals. At the same time there is an increase in the proportion of older patients being admitted to psychiatric in-patient services in recent years.

3. We deplore the present widespread practice of referring to all these patients as "senile". Such an attitude develops helplessness—on the part of the staff, the patient, and the relatives. It also prevents the development of proper services for the patients and thereby provides continued hospital care without hope of rehabilitation. Not all older patients are senile, not all classes of senility are hopeless, not all arteriosclerotics are permanently totally handicapped. A more hopeful attitude must be developed and appropriate treatment must be provided for these patients.

4. Geriatric populations contain patients with a wide range of diagnoses, a wide range of disabilities from minor to severe and a complex inter-mixture of physical and psychological disorders. Furthermore, the severity of the patients' complaints may fluctuate considerably. Periods when an individual may require hospital care for physical infirmity or psychological disturbance may alternate with periods when domiciliary care suffices. The changing needs of geriatric patients constitute one of the major difficulties in their management. Lack of good planning, appropriate segregation and adequate services probably cause many psychiatrists and mental hospitals to be involved in the care of the large numbers of aged patients who could be better looked after in some other setting.

5. Co-ordination and integration of available services is essential because of the wide range of problems this group of patients presents. The emphasis upon team management is crucial. Internal medicine, surgery, urology, psychiatry, social work, psychology and community rehabilitation are only a few of the professional services that must be integrated and co-ordinated in the care of the aged.

6. Decentralization of services is important. A wide range of small facilities is needed for the aged, but whenever possible these should be located regionally to allow patients to be returned to home care as quickly as they can so that their relatives can look after them. In large segregated institutions or residential settings far from their home communities and their families, the chances of return to home or domiciliary care are reduced or lost forever.

7. Thus, geriatric services should be developed and administered on a decentralized basis, providing opportunities for local communities to assume necessary responsibility. This local or regional responsibility would extend not only to provision of types of setting, but also to co-ordination and integration of the entire regional or community services. Unless geriatric services become the responsibility of local authorities it is unlikely these patients can be maintained in a community.

8. The wide range of disabilities presented by the aged makes it necessary to provide facilities for the easy and rapid movement between the various settings required for treatment. The advantages of having different facilities is lost unless they are so co-ordinated and integrated that a patient may be moved from one service to another easily. The following are examples of such facilities:—

I The General Hospital—short-term care

(*a*) From time to time the aged patient will need admission to an acute unit for diagnosis and treatment of a physical or psychiatric abnormality. For this, he should be admitted directly to a general hospital bed or to a short-term geriatric unit in close proximity to the general hospital. The exact arrangement will probably depend on the size of the community and the number of acute geriatric beds required. The aim will be to accomplish diagnosis and treatment in a relatively short period and then return the patient either to his home or to the long-term care unit from which he came.

(*b*) Acute units for the aged must not only be closely integrated with the medical and rehabilitation services of the hospital, but must also have access to occupational therapy and activities programs. Geriatric patients put to bed with primary emphasis on their physical disability even during the acute hospitalization, have less chance of becoming mobile again.

II Long-Term Care Facilities

A number of different long-term settings are required, depending on the degree of psychiatric or physical disability of the patient and the resultant degree of medical or psychiatric care needed.

(*a*) Long-term hospital care. Some patients will show a sufficiently severe degree of disabling but chronic disorder to require continuing medical care on a long-term basis. Such patients may be looked after in a long-term hospital setting in which the concentration of the medical staff is reduced, but in which medical care is a major feature. It is likely such units will have to be not only medical but also psychiatric. This may be arranged, for example, by having separate units for long-term medical and long-term psychiatric care, but these could just as well be carried out on separate wards in the same building.

(*b*) *Long-term residential care.* For a number of aged, the severity of the disabilities will not be so great as to require continuing medical and nursing attention. With minimum assistance, they maye be able to look after themselves, or at least to live outside the units for the aged. Such residences should have a regular medical and public health nurse visiting, together with continuous attention to activities, socialization, and general amenities including such items as "meals on wheels".

(*c*) *Domiciliary settings.* There has been some confusion about the precise meaning of domiciliary. In this brief domiciliary care means the care of an individual in his own home, or the home of relatives or friends or in a foster home. Many aged individuals or aged couples look after themselves in such settings, but they may require a fair degree of support and supervision by developed community services providing assistance for meals and housekeeping and special attention to the provision of activities and socialization. These various services could be provided to the domiciliary patient in much the same way as they are provided to residential patients.

9. Domiciliary care of the aged in foster homes or with their families is somewhat different. They may be in such a setting with a considerably greater degree of disability than is possible in a domiciliary setting on their own. The aim of the whole geriatric program should be to maintain as much domiciliary care as possible.

10. To do this a number of principles must be observed. First, consultation services and acute hospital care must be readily available to the family or the foster home so that they do not feel they are going to be stuck with someone they cannot look after. Second, occasional relief should be offered to the family so that from time to time they can go away on a holiday and get a period of respite from their responsibilities. Third, the continuing provision of special services such as a visiting nurse to give injections, advice in providing activities for the aged in the home, social service assistance in solving day to day problems, etc., may be needed.

11. A major factor in making domiciliary care possible may be provision of day centres, to which the aged may go for activity and socialization. This can provide a significant part of life for the aged person and may also be what is needed to enable the family or foster family to tolerate and care for him.

12. Important at all levels is the provision of a psychiatric and medical consultation service. Such consultation services are provided in hospital as a matter of course, but often are lacking in the longer care settings. Instead of admitting the patient to hospital for assessment, it is obviously better to have the psychiatrist go to the patient in the residential or domiciliary setting and, in conjunction with the other medical and social services, decide whether

acute hospitalization is really what is required. The consultation and domiciliary visiting services, therefore, become a major ingredient in the geriatric program. They ensure early diagnosis, the development of rational treatment plans, and they may avoid moving the elderly individual when it is not necessary. Provision of these consultation services will be a major responsibility of the psychiatric services in a community. They may be linked with other psychiatric consultation services, and should certainly be closely integrated with community social services, public health nursing, and general practice.

13. The program of care should be designed and supervised with psychiatric insight. It is important, for example, for the aged population, including those with senile changes, to have activity and work programs within their competence. Unless all these integrated community services are available none of the individual elements can function effectively. When cared for at home the changing clinical condition of the patient may be overlooked. He may develop further disability which could be prevented by use of integrated services. There are considerable resources in the community even now. What is required is a rational plan for their further development, co-ordination and integration.

SECTION C

THE CANADIAN MENTAL HEALTH ASSOCIATION

Background Information

1. Organized attempts to arouse widespread public support for a more humane care of the mentally ill in Canada followed similar efforts in the United States. Under the leadership of Dr. Clarence Meredith Hincks, the Canadian National Committee for Mental Hygiene was organized in 1918 and subsequently the group was incorporated under the Companies Act.

2. In 1950 the name of the organization was changed to the Canadian Mental Health Association and its by-laws amended to permit the establishment of provincial divisions and local branches. This was, then, the beginning of the voluntary citizen movement as we know it today. There are now organizations in nine provinces and some 125 communities with a total membership of well over 100,000.

3. The purposes of the Association remain basically the same as they were in 1918; to ensure the best possible care, treatment and rehabilitation of the mentally ill, to promote practical programs designed to prevent mental illness and to protect and promote mental health.

4. To work towards its objective, the Association has developed a four-point program across the country.

Information and Education: to provide a broad basis of understanding about mental illness and mental health. To promote interest and concern and to correct persistent misconceptions.

Research: to encourage the development of career scientists working in the mental health area and ultimately to find new knowledge about treatment and prevention.

Services: to mentally ill patients and their families through help with referral, voluntary visiting and social programs in hospital, and the establishment of social rehabilitation centres.

Social Action: to promote the study of present strengths and weaknesses in the mental health services and to develop practical plans to improve these services in co-operation with the professions and governments.

THE CANADIAN MENTAL HEALTH ASSOCIATION

NATIONAL SCIENTIFIC PLANNING COUNCIL

Membership — 1963/64

Chairman — Dr. C. A. Roberts, Verdun, P.Q.

Representing Provincial Divisions

Nova Scotia	Dr. R. O. Jones, Halifax
New Brunswick	Mr. R. A. Craig, Saint John
Prince Edward Island	Dr. M. N. Beck, Charlottetown
Quebec	Dr. Alastair MacLeod, Montreal
Quebec	Dr. Marcel Berthiaume, Montreal
Ontario	Dr. Paul Christie, Toronto
Manitoba	Dr. Harry Prosen, Winnipeg
Saskatchewan	Dr. Neil Agnew, Saskatoon
Alberta	Dr. D. Easton, Edmonton
British Columbia	Dr. Alex Richman, Vancouver

Members-at-large

Mrs. Dorothy Burwell, Toronto	Dr. W. A. Hawke, Toronto
Dr. F. C. R. Chalke, Ottawa	Mr. A. M. Kirkpatrick, Toronto
Dr. Frank E. Coburn, Saskatoon	Dr. Mary Lawrence, Toronto
Dr. John Dewan, Toronto	Dr. Denis Lazure, Montreal
Dr. L. P. Gendreau, Ottawa	Dr. Heinz Lehmann, Verdun
Miss Ray Godfrey, Toronto	Dr. A. Miller, Toronto
Rev. A. M. Guillemette, Montreal	Dr. Clarence Pottle, St. John's
	Dr. Aubrey Shane, Halifax

Liaison with C.P.A.	—Dr. Paul Christie, Toronto
Liaison with D.N.H.W.	—Dr. Morgan Martin, Ottawa
Liaison with C.M.A.	—Dr. W. B. Spaulding, Toronto
Liaison with S.S.W.	—Dr. Rita Lindenfield, Toronto
Liaison with C.P.A.	—Dr. James Tuck, Toronto

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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. 2

THURSDAY, MARCH 5, 1964

The Honourable David A. Croll, *Chairman.*

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

WITNESSES:

Canadian Labour Congress: Mr. A. Andras, Director of Legislation; Mr. Joseph Morris, Executive Vice-President; Mr. Russell Irvine, Assistant Director of Research; Mr. A. I. Hepworth, Assistant Director of Legislation.

National Council of Jewish Women of Canada: Mrs. Abe Levine, National Chairman of the Field Service Committee; Mrs. Julia Schultz, Executive Director.

APPENDICES

C—Brief from the Canadian Labour Congress

D—Brief from the National Council of Jewish Women of Canada

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

20434-7—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.

20434-7—1½

MINUTES OF PROCEEDINGS

THURSDAY, March, 5, 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*) Blois, Brooks, Fergusson, Gershaw, Grosart, Haig, Hollett, Inman, Lefrançois, McGrand, Quart and Sullivan.—13.

In attendance: Mr. R. E. G. Davis, Special Consultant to the Committee.

On Motion of the Honourable Senator Blois, it was Resolved to print the briefs submitted by the Canadian Labour Congress and the National Council of Jewish Women of Canada as Appendices C & D to these proceedings.

The following witnesses were heard:

Canadian Labour Congress: Mr. A. Andras, Director of Legislation; Mr. Joseph Morris, Executive Vice-President; Mr. Russell Irvine, Assistant Director of Research; Mr. A. I. Hepworth, Assistant Director of Legislation.

National Council of Jewish Women of Canada: Mrs. Abe Levine, National Chairman of the Field Service Committee; Mrs. Julia Schulz, Executive Director.

At 12.20 p.m. the Committee adjourned until Thursday next, March 12th, 1964, at 10.00 a.m.

Attest.

D. M. Jarvis,
Clerk of the Committee.

THE SENATE

SPECIAL COMMITTEE ON AGING

EVIDENCE

OTTAWA, Thursday, March 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: Honourable senators, we have a quorum. The first brief we will deal with comes from the Canadian Labour Congress. Copies of the brief have been distributed and read, and I will entertain a motion to have the brief incorporated as an appendix to today's proceedings.

On a motion duly moved it was agreed that the brief of the Canadian Labour Congress be included as an appendix to today's proceedings.

(*See* appendix "C".)

The CHAIRMAN: We have here, representing the Congress, four gentlemen, and I will tell you a little about them as I call out their names.

Andy Andras has been director of the Department of Legislation and Government Employees of the Canadian Labour Congress since 1957. He formerly held the post of Assistant Research Director of the C.L.C. during 1956 and 1957. He is the author of "Labour Unions in Canada—How They Work and What They Seek", and a number of union handbooks dealing with the Unemployment Insurance Act, union security, parliamentary procedure, the job of a shop steward, collective agreements and education. Mr. Andras is a member of the Unemployment Insurance Advisory Committee, the National Advisory Committee on Rehabilitation of Disabled Persons, the National Committee of the Public Welfare Division of the Canadian Welfare Council, the Committee on Aging of the Canadian Welfare Council, the Advisory Board of Canadian Welfare, journal of the Canadian Welfare Council, and the Board of Directors of the Group Health Association of America.

Mr. Joe Morris, sitting next to him, on his right, is Executive Vice-President of the Canadian Labour Congress. He first became active in the Vancouver Island Unemployed Workers' Association. When the International Woodworkers of America was founded in 1937 he was a member and served as shop steward. In 1949 he was elected Second Vice-President of the I.W.A. District Council. Two years later he was elected First Vice-President, and in 1953 was elected President, an office which he held until his election as Executive Vice-President of the Canadian Labour Congress in 1962.

Russell Irvine is Assistant Director of Research for the Canadian Labour Congress. He studied for his Doctorate of Philosophy in Economics at the Massachusetts Institute of Technology, and passed his general examinations for the degree in June, 1960. He has conducted economic research into questions of manpower and automation during employment by the federal Department of Labour, Ottawa, for three summers.

Mr. Hepworth is Assistant Director of the Legislative and Government Employees Department of the Canadian Labour Congress. He has been very active in the field of education, and has had a long-standing connection with the Canadian Association for Adult Education.

Those are the gentlemen representing the Congress here this morning. Mr. Andy Andras will elaborate on the brief before we start questioning.

Mr. A. Andras, Director of Legislation, Canadian Labour Congress: Mr. Chairman, honourable senators, may I first of all commend you on behalf of the Canadian Labour Congress for the interest you have shown in the subject of aging. The Canadian Labour Congress can think of few subjects as important as this at this period of time. May I say at the start that the Canadian Labour Congress is a major Canadian labour organization which represents over one million Canadian trade union members who, together with their families, make up probably one-fourth of the Canadian population. I make this point to indicate that our interest is not a narrow self-interest, but that we are a representative body of Canadian men and women, and we have the same interest in aging as any other group in the community because we obviously hope that all of our members will in due course enter that period known as the geriatric years, and that the environment in Canada will be such as to make those years of benefit and pleasure to them.

We feel that the question of aging is a particularly relevant one today, in the mid-twentieth century, because actually this is about the first time in the history of our species that aging has truly become a universal phenomenon, at least in the Western world. We have always recognized the fact of aging, and we have been taught as part of our traditions to respect those who are older than we are. This is part and parcel of the Judaeo-Christian tradition. In point of fact there were not many people who grew to be old in the terms we understand. It is only in this last generation or two that we are confronted by the fact that a relatively large proportion of the population in Western society can be described as aged. For many, many centuries we looked to three score years and ten as the desirable life span; it was desirable, I presume, because very few people reached it. Nowadays a much larger number of people achieve that age and survive it.

I may put it in this way, that the life expectation for those who achieve, say, age 65 is not much greater now than it was, say, 30 or 40 years ago. The expectation advantages accrue to those who are, even as I speak, in the process of being born. The new babies of today have a much greater life expectation than my generation had, but then we were born quite some time ago—at least that applies in my case.

This is the major revolution that has taken place. But for those of our generation the change is this, that we have succeeded in preserving people for longer periods of time, and we have succeeded in bringing more people to that point which we now describe as being old, or elderly, or aged.

In every census figure we get nowadays a substantial proportion of older people form part of the population. This is a matter of very considerable social and economic significance to us. We must bear in mind that all the people of this country, 18 million or 19 million of us, must be fed, clothed, sheltered, looked after from the point of view of health and recreation, and so on, and all must be provided by the efforts of those who are in the labour force. In other words, the six million or so who work for a living have to look after not only themselves but the other 12 million who are housewives, children, students, the retired, the ill and so on.

To the extent that we are successful in preserving life, which is something we are always concerned about, then that becomes a problem and a greater burden on the working population. Perhaps I should not use the word "burden"

because I don't mean it in an invidious sense. I mean it simply in practical terms of production of wealth in this country which must take into account the fact that we are going to have a large number of people from now on who are going to live a fairly long time after retirement, and who have to be looked after, and in our opinion they have to be properly looked after. I mean properly in an economic sense, and properly in a sense that they should be treated as human beings and not as parasites, or as the old man of the sea riding on our shoulders.

In our submission to you we say that the needs of old people are not any different from those of other age groups except in degree. I am referring now to paragraph 6 on page 2. Like everyone else, the aged need food, shelter, clothing and health care as the basic necessities. We go on to say that in our opinion it is not enough to provide the aged with the bare necessities of life, that is to say just exactly enough calories to stay alive, just enough shelter to keep the frost out, just enough clothing to keep looking respectable, and just enough health to drag themselves wearily through life. This, in a country like Canada with a high standard of living, is not good enough. We make the case that a very considerable proportion of the older people of our country are in fact confronted by a situation in which their standard of living can be described as a subsistence standard rather than what we would like to see, and what we describe as a health and decency standard.

I admit it is difficult to measure these terms in absolute dollar amounts, but I am sure social workers do so for means test cases. But it seems reasonable to assume that as living standards rise, the concept of those subsistence as well as health and decency standards tend to change in accordance with the ability to produce more goods, and to distribute the wealth among the population.

In paragraph 7 we have attempted to give statistical information about the quantum of the old age assistance payments under the act, and the number of people who at a given date in 1963 were in receipt of old age assistance. At that point the number in round figures was 104,000. The amount of benefit ranged by province from $58.73 to $62.93. We quote the figures not only because we think they are inadequate, but because we think it is important to indicate how close to the maximum these people are able to come having survived a means test. We would be disposed to argue that where a considerable portion of the population is able to obtain the benefit very close to the maximum, through a means test, the result is that the need for the means test become academic. There is already a presumption of need established.

We go from that point to our next one, that it would be desirable for the older people in our community and for the economy of the country as a whole to provide what is now described as old age security not at age 70 but at a younger age. Mr. Irvine can elaborate in more detail on this point. We propose, and this has been a matter of Congress policy for some years, that the current $75 be made available at age 65 instead of 70. We say this because of the reason I have mentioned, and also because we have reason to believe that there is a steady withdrawal from the labour force beyond the age of 65, and that by the age of 67 that withdrawal is on quite a large scale. There is need between 65 and 70, because a good many people have withdrawn from the labour force either because they have been compelled to do so or because they have had to and their own resources are so limited that they must apply for a means tested income maintenance program.

We recognize in our brief the value of the planned retirement benefit program, such as the $75. It has certain advantages, one of them being it is paid without the means test, and it is paid on the presumption of need, and for those for whom it is not necessary the Government can recover it through the income tax device. However this has one significant weakness, and that is

that any such benefit, whether it happens to be old age security or family allowance, tends to be put at a relatively low level. It is put at a level where they are not creating a disincentive. For example, in terms of old age security the maximum is such it will not induce people to withdraw from work.

It should not be cheaper to be idle than to work, if I may put it in those terms. We therefore welcome the proposal to introduce the Canada Pension Plan. The plan is still in the form of an outline brought down in the first instance by the Minister of National Health and Welfare, and more recently by the Prime Minister himself. It is in effect the skeleton of a proposal and we are waiting to see the bill. But the principle is quite clear, and while we are critical of some of the details of the plan we are pleased with the principle of a contributory wage-related pension program.

The unfortunate part is that such a program must start with those still in the labour force. The result is that those who are now 69 or 70 or beyond will not benefit from that program unless they happen to continue in the labour force and make contributions. This means really that a very small number of the relatively older people can contribute, and a considerable number of older people will not derive any benefit from the Canada Pension Plan. This, in our opinion, underlines the importance of making the $75 old age security available at 65.

In our submission we point to the aspect of private pension plans. We draw attention to the fact in paragraph 11 on page 4 that these plans at the present time are roughly one-fourth of the working force, a little better than one-fourth because it is 28 per cent, as I recall.

We would make this point; the fact that a pension plan is in existence in an establishment does not necessarily mean that all the people in the establishment are covered by it. Furthermore, it does not follow that the introduction of a private pension plan in any working place will mean that all those employed there will emerge ultimately with a pension.

A common weakness of pension plans is the lack of effective portability. There are other factors that make pension plans defective as income maintenance programs. I say this even though we recognize their value in our own Congress, and our unions bargain for private pension plans. We consider them to be an important supplement or addition to what is otherwise available, but unfortunately they cover only a limited number of the population, and unless they are to be exposed to considerable improvement they will continue to be relatively weak as a means of providing security in old age. This is particularly true in the case of those workers that show relative mobility. The worker who joins a firm at the age of 20 or 25 and stays until he is 65 will retire on a pension regardless of how stringent the conditions of the pension plan are, but the worker who does what the economists and political scientists think he should do—that is, be active in pursuing employment, and move from place to place—is the one who may most heavily be penalized by virtue of his mobility. In other words, he pays a high price for the contribution he makes to a fluid economy.

We are aware of the fact that the regulation of private pension plans is *ultra vires* the Parliament of Canada—at least, so we have been told, and our own constitutional advisers confirm this. We would like to see honourable senators make some recommendation regarding the importance of a more careful supervision of private pension plans, even though this falls within the provincial domain. There is still a fair amount of authority under the Income Tax Act. It may well be that an effective effort between the Government of Canada and the Governments of the provinces will lead to an improvement in the quality of these plans.

Starting at page 5 of our brief, in paragraph 15, we deal with the question of employment opportunities. I can put it briefly in these terms; it was the

opinion of the Canadian Labour Congress that all those able and willing to work should be afforded an opportunity to engage in useful employment. We do not sympathize with the proposition that people should be compelled to withdraw from the labour market against their will, and there is evidence on the basis of studies made in this country and other countries that a very considerable number of workers who are retired at age 65 would, if given the opportunity, continue employment for another year or so.

In the United States, for example—and this is not in the brief, but I recall this simply from my reading—the average age of retirement for males under the Old Age Survivors and Disability Insurance Act was 67 even though 65 was the age of normal retirement.

We are convinced that there will be greater employment opportunities for older workers in a full employment economy. That is to say, there is a direct and clear relationship between the state of the economy and the opportunity for older workers to find employment. I say "to find employment" because we have this curious and almost paradoxical situation; the older worker is less likely to lose his employment than is a younger one because of his seniority and his experience but once he has lost his job his chances of finding a new one are very substantially reduced. This is why we say that if older workers are to stay in the labour force as employees and not as unemployable workers then a full employment economy is required. When the economy is soft there is then a tendency not only not to hire older workers but to impose pressures on those working to withdraw particularly if they are entitled to a pension because there is a tendency to say: "Let us keep the jobs for those who are still raising families and who have greater obligations."

Let me stop here and put in a parenthetical remark. With respect to the older worker I have not defined the term "older". In our brief we submit that the term is difficult of definition because we do not accept a chronological measurement of aging. In other words it does not follow that a man of 65 is an old man. There are people who are old at 50, and there are some who are as bright as a new dollar at 75. This business of using the calendar is really unworthy of us. We suggest in our brief that it would be a major contribution if this committee were to undertake the establishment of a yardstick of aging that is more objective than the chronological one. We need a yardstick that will measure aging on the basis of physiological changes, and once we had such a yardstick it would open up new vistas in our concept of aging.

In terms of employment opportunities a worker is old at 45. In terms of normal retirement he is old at 65. In terms of old age security he is old at 70. So, right now we are using a variety of yardsticks in this country.

In any event, what we are trying to suggest to you, beginning at the bottom of page 6 of our brief, is that there is an ample body of evidence that indicates that a worker of 45 or 50, or 55 or 60, is a good worker from the point of view of the employer; that such workers have a great many advantages in terms of skill, experience, responsibility and regularity that offset any of the other factors, either theoretical or real, that employers, have in their minds when they refuse to hire a man who is over 45 years of age.

There is a fallacious notion that it is costly to hire an older worker because of the pension cost. Now, it is perfectly true that in a contributory unit of benfit pension plan, for example, the employer's cost is significant as of age 50, but it is unreasonable to argue as though the employer were hiring exclusively workers of 50 years of age and over. The employee mix, as it were, in any establishment should be such as to preserve a reasonable average age, and permit the employer to hire a reasonable proportion of older workers. This would keep his pension costs within reasonable balance.

In any event, the pension cost is not the only factor that confronts an employer when he hires workers. If the worker is skilled, is responsible, and does a good job, then these are advantages that should be weighed against the possible increase in the pension cost.

Further studies to which we draw your attention, beginning with paragraph 21 on page 8, show that it is possible to train and retrain older workers; that their capacity for learning is still very much alive, and that, therefore, they are still potentially as good employees as younger men and women in their twenties and thirties.

We also deal in this section of the brief with the role that older people generally should play in the community. We point out that they can engage actively in their older ages in the social and recreational life of the community; that they can participate very well in and profit from adult educational programs because they are mentally alert and are still capable of learning. The literature on the subject is quite ample, and there is no reason to believe that people who have gone beyond the half century mark suddenly lose all capacity to acquire new knowledge and experience. That just is not so.

I move now to the next section of our brief, and I hope I am not talking for too long a time, Mr. Chairman. In our schools, institutions and our congress we get conditioned to speaking for an hour at a time, and if I am not careful I might do that and thus deprive ourselves of the question period. I shall endeavour to cut this short.

In our section on housing, beginning at paragraph 33, we refer to the fact, without statistical background, I should say, but on the background of common knowledge, that a considerable number of those who have retired, particularly those on old age assistance and also a very large number who are on old age security, are not properly housed. We say this with a great deal of certainty because all the evidence about housing since the end of the Second World War has shown that the residue of unsatisfied need is among the low-income groups, and undoubtedly those who have to rely on old age assistance or old age security are the low-income people.

In the case of the elderly the problem is compounded by the fact that they may be leading lonely lives, that they may have no friends or relatives about, and that the housing that they have is physically not suited for them. They may have housing at the top of a house when they should be on the ground floor; they may require kitchen facilities when they have only a one-burner range in their rooms; the room may be too cold when they need rather more heat than younger people; or they simply may not have any good housing at all, the housing available for them may be third rate.

We have suggested that the Government, the community, should contemplate the erection of public housing. We say, in paragraph 33 of our brief:

> There is a strong case to be made for public housing designed especially for the needs of the aged. Such housing should be designed not only for comfort but for convenience of location so that the aged should not be isolated from the main stream of community life and from their relatives, friends and neighbours.

In other words, we do not want ghettoes for the aged; assuming that housing is to be built for them, they should be close to their friends, to the church that they are accustomed to going to, to neighbourhood stores that they have been shopping at, to their families, to transportation facilities and the like.

We would not like to see them placed in geriatric villages, where they sit by and watch one another pass from the picture and where seeing other people becomes a major expedition that has to be planned for weeks in advance.

In our brief we have tended to emphasize income maintenance but we also emphasize the point that the aged, particularly those who have retired, should receive income in kind as well as in cash. We deal with this under the heading of health and institutional care, which is part of your terms of reference, beginning in paragraph 35. We make reference to the visiting homemaker services, meals on wheels, the need for various forms of shelter of a quasi health nature such as nursing homes, convalescent homes, homes for the aged, etc.

We have dealt very briefly with this, because you had other and very competent representations made on the subject by the Ontario Council of the Aging, and so on.

Finally, Mr. Chairman and honourable senators, we make very brief reference to social services—because there again you have had competent representations. I would merely say that we believe there should be a good range of social services available to the aged, because in many instances they have special problems, counselling problems and the like, and there should be a sufficiency of skilled social workers to help them in this respect.

I hope, Mr. Chairman and honourable senators, that we have given you a reasonable resume of our position; and we will be pleased to answer any questions. Thank you very much.

The CHAIRMAN: Mr. Andras, senators will ask questions and you arrange whoever wants to field them. Suppose I start, and break the ice.

On page 6, you say:

> When jobs are scarce, there is inevitably the tendency to preserve jobs for those to whom wage income is their only means of security and to urge or force retirement on those to whom pensions are available. The expansion of private pension plans and the enactment of the Canada Pension Plan are bound to strengthen this attitude.

I think I know what you are saying. Would you like to expand on that? What are you meaning to say?

Mr. ANDRAS: When jobs are scarce we have a situation where the jobs available are held by people of high seniority, if I may use a trade union term. At the same time, the people with the greatest equity in pension plans in those establishments where there are direct plans, or with the Canada Pension Plan, where they have an accumulation of equity—the tendency would be on the part of the workers to say to those people: "You should really withdraw, you can afford to retire, your children are grown, why don't you leave the job to us with less seniority and more likely to be laid off?"

We say this is the case when you have a relatively high rate of unemployment, giving a scarcity of work—and this is not likely to be the case.

The CHAIRMAN: Let me see. Assuming that between private pension plans and the contributory pension plan and the security pension plan, that a man has an adequate pension, adequate by any standard, by your standard, by my standard, how important then is a man of 60 to 64, or 65 to 69, in the labour field?

Mr. ANDRAS: I can put it to you this way. During the Second World War, after 1941, when we began to have full employment, employers in this country were willing to take people into employment they would never have considered at other times; and many people previously considered unemployable suddenly became employable.

We need not go to that extreme, but if the economy is very dynamic, if we have a very low rate of unemployment, say 3 per cent, then it becomes not only desirable but virtually essential to keep in employment people in their mid sixties, because without them we are going to have a shortage. If we get

down to 3 per cent—on this I refer you to my colleague, Mr. Irvine, you are getting into frictional unemployment, in other words, just short time term unemployment, and any able bodied person is a good employee. In the case of those 65 to 70, let us say, if they are competent physically and mentally, if they are willing to work—and this is a point I want to emphasize, that those who want to retire should be able to retire at what is known technically as the normal retiring age—but if they are willing and able to work, normally they should be permitted to do so. It is good for the country and good for them.

The CHAIRMAN: That is not quite my point, although you are handling it well. I am picturing now the man that you spoke about, whose family had grown up, two people alone and with some years in advance. They have got enough money to get by on, comfortably. Automation is having a certain effect upon the work force of the country. Production is essential and necessary. How important do they become to our productive capacity?

Mr. ANDRAS: As automation advances, and as our productivity increases, and if we make the necessary adjustments, say, through a shorter work week or other packages of leisure for people, then the need for that many workers becomes less urgent—if that is your point, and I see it fairly well, then there may be a greater disposition to want to persuade such people to retire, on the part of the community.

The CHAIRMAN: I see the discussions at the higher level, particularly in the United States, and some in this country, continue to talk of a group of people for whom, "we will have to provide and who are not really in the labour force except in times of emergency". Have you had any discussion on these things?

Mr. J. Morris, Executive Vice-President, Canadian Labour Congress: There is a problem which many of us tend to overlook. This is a question of distribution of occupation. There are some occupations where it might be considered practicable to urge people to retire at any age earlier than 65, but it would not be practicable to urge people in other occupations to retire. We are faced with different contributory work spans and they determine or influence the work load of the particular occupation. We do not look at things arbitrarily as 65 being a retirement age in all industries. There are some people working in industries who quite conceivably are burnt out physically at 48 or 50 years of age, occupations where there is a tremendous work load, such as in mines and occupations like that. Where people are working at a desk or in a normal sedentary occupation, they may not be burned out until 75 or 80. There is the odd case of a person working in high load industry that doesn't become burned out until 75 or 76, but these are unusual physical specimens. This would have to have a certain bearing, and no work has been done to an appreciable degree in this field. Looking at it from the point of view we are discussing, a study may change the whole approach of organizations in Canada to this question of aging.

The CHAIRMAN: Then are you saying in effect, Mr. Morris, that the white collar job for the older worker is more preferable than the blue collar job?

Mr. MORRIS: I didn't say that. Nobody knows that.

The CHAIRMAN: Well, I ask you that question.

Mr. MORRIS: Nobody knows that. No reasonable studies have been made to ascertain whether a person can live a normal fruitful life longer and make more contribution to the productive capacity of the nation in one occupation or another; but I think this is something that ought to be done.

Senator MCGRAND: You mentioned a physiological change rather than the calendar should be used to determine when a person should retire. Who is going to compile and put together a standard of retirement under that system?

Is it a matter of labour, or has it been labour or management which has inaugurated the system of stopping work and setting retirement at 65?

Mr. ANDRAS: I believe it was Mr. Bismarck who was responsible for that in the first place. I don't know if the story is apocryphal or not. The story goes that he was confronted by strongly developing opposition in the social democratic party in Prussia in the eighties, and he decided that, "If you can't beat 'em, join 'em", and he said he would introduce social legislation. He asked, "At what age are most people dead?" The answer came back, "65, Your Excellency". To which he said, "Very well, set 65 as the normal age for the state pension plan". Apparently somehow at some point in the past 75 years, age 65 was stated as a normal pension age.

Senator MCGRAND: Just previous to that you said that full employment is essential in order that these people of 65 or over should be retained. Now, I would like to know how you are going to maintain full employment in a world where technological changes—where automation is pushing ahead of this question of shorter work weeks. This may not be a question which is suitable on a committee on aging, but since you are here as a labour group, it is an opportunity to ask the question.

Mr. ANDRAS: I will ask Mr. Irvine to reply to that question.

Mr. Russell Irvine, Assistant Director of Research, Canadian Labour Congress: Our feeling is that, granted technological changes are taking place very rapidly, perhaps more attention has been given by, say, the Department of Labour, to technological unemployment than it warrants right at the moment. We have felt that a large part of the Canadian unemployment problem is due to the inadequacy of effective demand for goods and services to keep up the productive capacity of the country, and also inadequacy of effective demand for goods and services in relation to those who are now employed and for the growing labour force. Furthermore, we feel that proposals such as the Canadian Pension Plan, proposals such as we have made in this brief, for $75 for everyone at 65 years of age—measures like those help to maintain full employment. We appreciate that technological change some time in the future may make many jobs redundant, that no matter what we do to expand, you may still have large redundancies, and that then we must have other policies to deal with them and may have to revamp our whole concept of full employment, or the relationship between employment and income. However, in the meantime we still feel that Canada is not exploiting her full potential to provide full Canadian employment, even granting that technological changes are taking place.

Senator MCGRAND: Yes, but it seems to be the philosophy that we have got the purchasing power to use up all the things that can be produced by this high speed technical industrial machine. Do you not think that this industrial machine can be speeded up to the point that regardless how much money you give people they are not going to be able to consume the production, unless they wear or use a thing for a few days and throw it away?

Mr. IRVINE: I think there is this possibility; but I do not think we have fully explored the potential. For example, I took a trip to Sweden, where they have through a careful plan of mental and physical policies maintained full employment for the last 17 years. The unemployment which has been left over, they are clearly able to identify as technological unemployment, and they are able to take steps to deal with it, or adjust to a day when they may have to completely revise the whole concept of employment.

Senator MCGRAND: What percentage of that employment in Sweden, other than its own production, is related to outside industries?

Mr. IRVINE: I do not have those figures offhand; but Sweden's export trade has a percentage of gross national production about the same as that of Canada, or 20 per cent.

Senator SULLIVAN: Dr. McGrand has just about taken the questions out of my mouth which I was going to ask, Mr. Chairman. However, could I be given any reason, from a labour point of view, why this arbitrary age of 65 has been adopted? There is no medical reason for it whatever.

Mr. ANDRAS: There is this point, senator. Under the Income Tax Act, for example, if an employer wishes to introduce a pension plan and get it registered for income tax purposes, the plan must specify the age at which an employee otherwise entitled can retire if he so wishes. It has got to include a so-called normal retirement age. In Canada, out of the thousands of plans that exist, the vast majority specify age 65, either for both men and women, or 65 for men and 60 for women; but the reason that age was picked as a retirement age is a matter of law or regulation.

Mr. A. L. Hepworth, Assistant Director, Legislation Department, Canadian Labour Congress: Mr. Chairman, it seems to me, with regard to the question raised, that we are confronted with a brand new concept of the possibility of human beings going on to do a great deal more than before.

Senator SULLIVAN: That is the point.

Mr. HEPWORTH: Whether it was Bismarck who was responsible or not, I don't know, but I suspect that the age of 65 was taken as rather in the nature of a mark-off point, a borderline for a man to attain to, because we tend to go to those solutions which we can see in writing and are fixed. Dr. Roby Kidd, who appeared before this committee, I believe, has gone into great detail on surveys, and done considerable research with respect to the human potentiality. It seems to me that this is a new concept, and I would say right off the bat that we certainly don't know who is going to come up with any fixed standard on this. We simply say that this is surely something that is being explored and that is worth exploring.

Senator SULLIVAN: You may be interested in the fact, Mr. Chairman, that it has been the custom of heads of departments in universities, particularly in the faculty of medicine, to retire their heads at 62, but now with the great need of postgraduate training, and before they start into work, and so forth, they are considering now advancing that age to 65, and I think rightly so. I think later we shall find that the physiology of the brain is much better at those ages than in the young, and I hope to have the opportunity to enlarge on that during this session of Parliament.

Mr. ANDRAS: I was just going to draw your attention to the statement in our brief, in paragraph 7, that the Government of Canada itself recognizes an age for that purpose by making a $500 income tax exemption at a given age.

Senator INMAN: I was interested in the statement that when a person retires at 65, or retires before 65, many of them deteriorate rapidly. If such is the case, I was wondering if they could be given some other employment for a few years. I am thinking particularly of bank managers who must retire at 59. They say "60", but they retire the year before, and after an active life they go looking for something to do, and have nothing to do, and they die just from lack of interest.

Mr. HEPWORTH: I think it is quite true that if we do not find something for retiring people to do, or if they do not find it themselves—whether it is paid employment or something in which they are interested—they may tend to deteriorate.

Senator INMAN: Particularly in the case of that category of person, I know of some who have retired early like that and have gone out to obtain employment, but they would be taking the place of a younger man with a family.

Mr. HEPWORTH: The brief experience I have had in this regard is many years ago, with the Canadian National. Many of the men who went from the Canadian National at the arbitrary age of 65, then, did not have anything in life but their work. I never saw a survey of this, but it is within my own knowledge, and it seemed to me there were so many who simply sat around and died much earlier than they should have.

I think the point has been made before you, and it has been made in here as well, that this points up, it seems to us, the importance of alerting people—someone has suggested at between ages 40 and 45—to the need to start thinking about their retirement long before they reach retirement age. It is very difficult. Most of us want to put off thinking about it at this time. It seems to me this is part of the answer to the question you raise, that we should have people thinking about what they are going to do when they retire.

The CHAIRMAN: Mr. Hepworth, while you have opened up the question let us follow that for a moment. I read the brief, and I missed it, or it is not in the brief.

Let me give you a little background. There are, I presume, in this country at the present time management-labour councils, to the extent of about 4,000.

Mr. ANDRAS: Committees.

The CHAIRMAN: Yes, committees. Am I too high?

Mr. ANDRAS: There is quite a number.

The CHAIRMAN: I think the Deputy told me over 4,000. Now, since you are bargaining for our labour force, what are you doing about planning for and counselling these people on retiring? What is anybody doing in this country on that problem?

Mr. HEPWORTH: I think I have to say—and others perhaps will after this—that, first of all, we are not doing anywhere near what we should. There are two or three of the bigger unions in this country who have launched programs, and you heard from one of these, the Auto Workers, Mr. Odell,—

The CHAIRMAN: And the Steelworkers.

Mr. HEPWORTH: And the Steelworkers as well; and there are one or two others. They are now taking a very active part in this kind of pre-retirement education or orientation—call it what you will. In some cases this is done in co-operation with management. As far as the Congress itself is concerned, we hope to see our education program broadening out to take care of this. But the short answer certainly is, there is not nearly enough being done. I do know quite a number of firms have moved a long way from the day when, in my experience anyway, they sent out a letter two or three years ahead and said, "You can have the choice of straight life guarantee or joint survival", and the man let it sit there, and that was about the extent of the advice to him about retirement.

The CHAIRMAN: You see, you have the facilities, because I gave you a foundation in the question. You are people talking about labour-management business, whatever it may be—grievances, and so on. Throughout the very same people are involved. You are the education man by the way, are you not?

Mr. HEPWORTH: Yes.

The CHAIRMAN: Instead of the U.A.W., instead of the Steelworkers—who are two important unions, but only a portion of the whole—why is not the

Congress making this part of the ritual on these various committees, so it seeps down to the people?

Mr. MORRIS: In our educational program we laid quite a lot of emphasis on the development of education programs and the training of our people to fill their leisure hours and things like that. But the provision of the facilities, it seems to us—and this is the position we have always taken—for education activities or for other things which are designed to teach people to take up their leisure time—and we think of leisure in two contexts here, there is the leisure they will have after they retire, and the increasing leisure they are going to get, we believe, in the future through the reduction of hours per day or hours per week, or number of work days per year—these are all part of the problem of technological change which, so far, we have not been able to get either management or Government to sit down and discuss with the movement. We have all kinds of ideas and have had a lot of discussion amongst ourselves, but up to now we have not really made any impression on the other two necessary partners we would have to have in attempting to solve this problem. I think we do a great deal of work alerting our own people through our educational program about these problems. But up to now, when you start raising these issues across the bargaining table, management says these are not the subject of bargaining because they are not wages and working conditions.

The CHAIRMAN: But "wages and working conditions" today have a very broad meaning.

Mr. MORRIS: Much broader than they used to have.

The CHAIRMAN: Yes, much broader. They do not include just dollars and cents because they are becoming not so important as many other things at the bargaining table. They sort of take care of themselves. I am not suggesting this be part of the bargaining process, but in the course of discussion of matters involving the individual—and there are many. The question I ask is what has been done before they retire? Perhaps there is much you can do after they retire, and I do not suggest that, but before they retire, what has been done to discuss in detail these people who are to retire in two or three years who are going to face a new set of problems?

Mr. MORRIS: A great deal has been done with those people who participate in educational programs of the Congress. There has been a lot of material submitted in the publications of the Congress and of various unions, but the absorption of this material would depend entirely on the inquisitiveness of the person reading it. It is only on very rare occasions you find some management person now even willing to discuss anything with respect to their employees after they terminate their employment with the company, so the agency, the sponsoring agency, we believe, to achieve anything meaningful in this field would have to be the Government who would participate with both parties in discussions. Up to now we have not been engineering any discussions.

The CHAIRMAN: The thing you have always opposed is the Government poking its nose into these problems.

Mr. MORRIS: It is not a question of interference. We have always said on the question of discussions between management and labour that the Government should fulfil a very necessary function, and that is the function (a) of bringing the parties together, and (b) keeping them far enough apart so they can enter into some sensible and reasonable dialogue.

Senator MCGRAND: Mr. Chairman, this perhaps does not deal directly with this problem, but it is in the overall picture of the care of old people in the context of land use. If we go back to this highly mechanized industrial machine, it demands high wages but few workers. What will be the effect of this con-

tinuing drawing of people away from the land? Every community is demanding more and more secondary industry, more and more payrolls, and where will you draw the line on denuding the rural communities of their population, where it is an inexpensive way of taking care of old people.

Life on the land provides an inexpensive way of providing housing, and of providing a certain portion of food and a certain portion of contentment. Now in the future how can the land compare with the industrial machine, or have you given any thought to where life on the land and life in the industrial centres balance?

Mr. ANDRAS: I think there is one factor you must bear in mind. Canada has never been a country with a peasant population. It is a country where people have farmed, as a way of making a living, and, by golly, there is quite a difference. It has a culture and economic values. On the other hand Canada and the United States as in the case of all Western industrialized countries have had a consistently diminishing farm population because of the growing efficiency of agriculture as an industry. Every census figure in Canada shows that the farming population is diminishing. This is going to continue because the farms are getting bigger, the machines are getting bigger and the capital investment is getting bigger.

Senator MCGRAND: That is not an answer.

Mr. ANDRAS: You are asking if we should try to get old people back on the land.

Senator MCGRAND: No, I am speaking of maintaining them during their lifetime. However going back to the fact that Canada has no peasant population, I should say that there are many farmers in New Brunswick and in Nova Scotia who live on an income of less than $1,200 a year.

Mr. ANDRAS: That is still not a peasant class. They consider themselves to be farmers. They do not consider themselves to be peasants in the European sense. The answer of course is to provide some measure of security for them on the land. We are labour people, obviously, and farming is a bit out of our purview, but we want to see the farmers make a good living out of farming.

Senator MCGRAND: Every time I pick up a newspaper or listen to a speech there is always a demand for more industry and to get people off the land and let them enjoy the highly mechanized industrial machine with high wages.

Mr. MORRIS: But the agrarian section of our economy from the point of view of employment has shrunk from 40.9 per cent as it was in 1901 down to roughly 10.3 per cent in 1961. In 60 years the percentage of the population employed in agrarian pursuits had shrunk to that extent. What Andy says is true—farming is becoming a big industrial undertaking, except in some sections of the country such as New Brunswick and Nova Scotia where they still have small farms, and farmers are not operating in the same way as they are operating on the Prairies, where they use greater and more efficient mechanical equipment.

The CHAIRMAN: Any further questions? Senator Hollett?

Senator HOLLETT: First I would like to commend the Congress on this brief. I think it is an excellent one. On page 9 there is stated "We believe that programs for retired workers should be community orientated." I agree with that entirely. I wonder if there were any suggestions as to how we could go about orientating it on a community basis.

Mr. HEPWORTH: I think what we are concerned with here is involving all the resources of the community that can be used in the effort to make life not just an existence but to make it useful and palatable for our older citizens. This means community organization. It might mean, for example, the Legion, or any kind of fraternal voluntary organization. It doesn't mean organizations like

ours, or the trade unions taking sole initiative. We don't want to make this entirely a union organization—we would like to see the resources of the community used in this. We don't want to have any semblance of a ghetto situation.

Senator HOLLETT: In the paragraph before you say "The Canadian labour movement conducts a considerable education program." Are you doing education along those lines?

Mr. HEPWORTH: We try to. A good deal of education programming is carried on by the Congress, as a congress, and also a good deal is done by the unions themselves.

Senator HOLLETT: In various communities?

Mr. HEPWORTH: Yes.

The CHAIRMAN: Senator Grosart?

Senator GROSART: I wonder if there isn't some inconsistency in the position taken by labour generally, or by the Congress. The suggestion is that the retirement age should be upped, and yet there is the position taken that the work week should be lower. Isn't there an inconsistency here?

Mr. ANDRAS: We have not said the retirement age should be raised. What we have said is that people should not be superannuated at a given age merely because they have arrived at that given age.

Senator GROSART: Isn't that the same thing?

Mr. ANDRAS: No.

Senator GROSART: You say people should not be forced or urged to retire. Surely this is advocating a higher retirement age?

Mr. ANDRAS: No, we say if a man or a woman wants to retire at 65 they should be free to do so.

Senator GROSART: You speak of a compulsory retirement age of 65.

Mr. MORRIS: We made it our official position before the International Labour Organization a year and a half ago and we stated that arbitrary retirement was not a valid system in the circumstances in which we operate. We believe there are some industries where because of the work load a person should be permitted to retire at an age lower than 65. There are others where because of the work load it is profitable to keep them working beyond 65.

Senator GROSART: You stated that before, and I understand that. I am not speaking of the individual, and we all agree that there are people who should be allowed to go on working until they are 80. I am speaking of our overall economy. The union has taken the position, and I think rightly so, that one of the ways of coping with automation is to cut down the working week.

Mr. MORRIS: This is not completely the thinking of all trade unions. I think, before you go on to develop this, that the position taken by some sections of the union movement is as you state, but it is not adopted completely as a policy by the entire movement.

Senator GROSART: Doesn't the Canadian Labour Congress, which represents a large section of wage earners, take the position that labour is in favour of a shorter working week?

Mr. MORRIS: Generally, yes.

Senator GROSART: Again I say if you take this position, the overall hours of work available in a man's lifetime, and this applies to all who are eligible for the work force—if you take this position doesn't it make for inconsistency? Why say "Keep people on," and at the same time say "Shorten the work week." We are talking about total hours of work available to our citizens and to everyone who wants to work.

Mr. ANDRAS: I don't think we should accept the notion of a static number of working hours, and we don't. I should say this, that even though we say a shorter working week can help to solve the problem of unemployment, this is merely one measure for dealing with it. The Senate had a brief of ours to the Committee on Manpower and Employment where we gave this in detail. What we do say is this, that this country is a rich country to the extent that it can produce goods and services, and the more of these we have the richer we are, assuming we distribute them equitably. I think we should strive for a full economy, and in such an economy the opportunity of finding work for older people would tend to disappear. Nevertheless in the case where workers reach the age and wish to retire, they should be able to do so. But if they want to continue working, the economy should be able to afford them an opportunity to maintain themselves in employment.

Senator GROSART: I agree generally, but we are addressing ourselves to the problem of creating full employment. Our problem is to see under the present and foreseeable circumstances what we can do to help solve the problem of older workers.

Mr. ANDRAS: One of your terms of reference is the employment opportunities of the older worker. We are suggesting to you that if you want to ensure older workers employment opportunities then you should look very carefully at the problem of employment in general.

The CHAIRMAN: Are there any further questions?

Senator FERGUSSON: Mr. Chairman, I would like to say that Mr. Andras and the witnesses with him on behalf of the C.L.C. have given us a wonderful elaboration of their brief. Two of the questions that have been asked are among those that I have noted down to ask. I think I have enough information with respect to them, but I would like to go into another area and ask if we can be given some suggestions on the matter of housing. As is said in the brief the National Housing Act provides ample opportunity for governments at all levels to take action in this regard, and you say that what is needed is a strong, imaginative program of housing for the aged. This is at page 11.

Mr. ANDRAS: Yes.

Senator FERGUSSON: What I would like to ask is: Can you give us any practical idea of how this should be done? Central Mortgage and Housing Corporation has certainly done all it can. They have been working hard to make people aware of this. There is an excellent idea that has gone out to everybody who wants to take it up, and yet there is still this great need. People do not seem to be making use of the facilities that the Government has already put before them. Who should organize this strong and imaginative program for the aged?

Mr. ANDRAS: I think we have to have a change in our judgment of values on the whole subject. Perhaps I anticipated your question, Senator, because this morning I took the last four years' reports of the C.M.H.C.—that is, the reports for the years 1958 to 1962—and I found that they built 3,369 units for the aged plus 154 low-rental units through apartment conversion. This was in 1962. So, you have roughly 3,500 units. Well, this is not a very impressive figure. The problem is partly this, that although the legislation is upon the books there has been no aggressive action on the part of the senior government which pays the bulk of the cost.

The municipalities will not act unless the provinces and the federal Government say: "We will give you 90 per cent of the cost". They are frightened, and I do not blame them, because their financial resources are extremely limited. In fact, the whole mess of municipal financing is obsolete. This means, therefore, that not only do you have to have the statute on the

books but you have to have somebody going around to the municipalities and the provinces and saying: "Look, this is not going to cost you very much. If the municipalities will take the initiative in planning for the elderly the cost will be covered almost entirely. This will look after your assistance and welfare needs. It will give you new and good housing in place of some of the slums or blighted housing that you now have", and so on. This is one answer—

Senator FERGUSSON: May I interrupt you there? The Government has set this up. It is available now. Do you think it is up to the Government to say: "Please take advantage of what we offer you"?

Mr. ANDRAS: I think in this case, yes. I think you have a large population of older people to whom housing is a serious problem. The statute is there, and the money is there. I think in a case like this there should be a kind of a public servant who will make it his business, under instructions from the Crown, to go and peddle the act, as it were, to the provinces, and the municipalities.

Senator FERGUSSON: Would this not be a new departure for the Government?

Mr. ANDRAS: I think there are enormous opportunities for the Government to do unique things. I have no prejudices or inhibitions about the role of Government. I think in our kind of a free society the Government is an essential part of our whole structure of life. I think the National Housing Act is a matter of prestige for our Government. I think the country is proud of this legislation, but I think also we should do something more than make it what it almost is now, namely, a dead letter.

The CHAIRMAN: Thank you very much, gentlemen, for your thoughtful brief. We appreciate it. You have been helpful to us.

The CHAIRMAN: We have a change of scene. Instead of having to look at four formidable men, we are now looking at two lovely ladies. I will introduce them to you.

Mrs. Abe Levine is from Toronto. She is a past president of the Toronto section of the National Council of Jewish Women of Canada. She is a past national vice-president, and is at present national chairman of the field service. She is very active and has many community interests, but the welfare of the aging and aged has been for a long time one of her primary concerns. She is a member of the board of the Ontario Society on Aging.

Mrs. Julia Schulz is executive director of the National Council of Jewish Women of Canada. She is an immigrant who did voluntary work after the war in Austria where she worked as a camp welfare officer for the American Joint Distribution Committee. She came to Canada in 1950, and she joined the United Jewish Welfare Fund with which she held the office of director of social planning.

In 1957 Mrs. Schulz took a leave of absence and went to Austria, where she worked in Vienna with the influx of Hungarian refugees. She stayed there for six months. She joined the National Council of Jewish Women of Canada as the national executive director in 1959, which post she holds at the present.

You have all received the brief, and have read it. Will someone move that it be placed on the record?

On a motion duly moved it was agreed that the brief of the National Council of Jewish Women of Canada be included as an appendix to today's proceedings. (See appendix "D")

The CHAIRMAN: Mrs. Levine will speak first.

Mrs. Abe Levine, National Chairman of the Field Service, National Council of Jewish Women of Canada: Mr. Chairman and honourable senators, I do want to express appreciation on behalf of the organization we represent for your allowing us to appear before you today to share with you some of the problems that our organization has been concerned with for many, many years.

Although we are mostly in a recreational program we were asking ourselves before we launched into it whether, because we are living in a success and youth loving and worshipping society, we were perhaps failing our older people. This was the beginning, and we started to form these recreational clubs for older people. We now have nine sections across Canada, with 17 Golden Age Clubs in operation. These accommodate about 3,000 people, but in the 15 years since we started them we had had a personal relationship with over 9,000 older people. I am referring here to not only a personal relationship with the people who have joined our clubs but with the people who could not attend due to ill health, lack of economic means of getting there, lack of proper clothes to wear, and thus a feeling of not being a part of an ongoing community. Because of this we have become concerned with the whole person and not with just the aspect of aging.

This means that we are concerned with whether these citizens get proper medical attention. If they have to be institutionalized we are concerned that the institutions are places where they can live out the last chapter of their lives as meaningfully as possible.

In our association with older people we have recognized that when you get older you do not want to be segregated. This is a part of our brief that we would like to emphasize. We deplore segregation. We want integration for older people.

What we mean by that is when you are building an educational program through our university extension courses, or through any other means, you should include courses that will interest and excite and encourage older people in the educational field. Older people do not want to be placed on the shelf or to sit in a rocking chair waiting to die. They want something exciting offered to them, and something exciting to strive for.

These are things we are terribly concerned with. We are very grateful that we now have this committee that shares this concern, and we hope that appropriate action will be taken as soon as your findings have been studied.

Page 4 of our brief deals with employment and recreation. I might say that Mrs. Schulz will cover anything that I skip. In respect to employment I think what we are most concerned with now is not what we retire from but what we retire to, and that means, of course, the training and retraining programs for employment; but it also means that we have to face the fact that a great number of us are going to have many, many hours of leisure time, and the question is: How can we best use this to serve our country, to serve our people, and to be alive and useful to our families?

So, we must have more day care programs and sheltered workshop programs. We must have the opportunity to do volunteer work in our own community. There are organizations that must be set up because we do know that the older person, as he or she gets older, gets more frightened, and they are afraid to take that first step into something new. That is why we are so anxious to see a Canadian or a national geratological society that will work hard for the aging people in Canada.

If you have to send an older person to one place for a medical examination or a doctor, and then tell them they have to go to another place in order to get glasses, if they need glasses, and to another place to get their dentures, they become so confused and so worn out that all they want to do is to retire to their own little rooms and wait to die. I think, too, that we have to be very concerned with the dignity of the older people, not only in life but in dying.

We can ask ourselves medically whether we are doing too much to keep older people alive when we should perhaps be letting them bow out gracefully.

In the field of recreation, of course, I must say that many workers, volunteer workers, as well as YMCA and YMHA, are providing a recreational program, but they are not in the original planning concerned with all age groups. They stop at a given line and wonder if they might include a few old people in this particular program. This is wrong planning.

We note also, from some of the wonderful work done in recreation, that old people in wheel chairs are bowling, dancing and playing golf; and the old people who are not in wheel chairs, who are in groups, are going to horse races and playing cards and doing all the things they did when they were younger. This is one of the things we are trying to protect ourselves against, having these people do these things merely because they reach a certain age. We want to have studies in our families and, therefore, there must be more counselling services. We know that most of the family agencies will not take on older people in their counselling services, because they have not got the staff and if they attempted to do so they would be so overwhelmed by older people needing counselling services, and they could not look after the families and younger people. So they say they cannot take them on. There is a marvellous program, there is the carry-home program, the home-makers program, which through lack of funds had to be cut off. This is a sad statement.

We know what the older people need, what they want, and what they should have and yet we do not keep on with this because we have not the funds to do so. Someone has to see it is done.

Now, if you turn to page 5, under D, "Help and Institutional Care", you will see that one of the things which concerned us greatly is the need for more and better equipped and certainly licensed nursing homes for older people. If any one of us took the time and trouble to visit nursing homes, if we really went into them to see the conditions under which those older people must exist until they die, he would be absolutely amazed and horrified. I do not refer to all nursing homes, but I refer to some of them; and nursing homes do not have to be licensed to exist as such, but even when they are licensed they are not too well supervised.

Therefore, we urge that in our planning for the aged we do provide licensed, well staffed, well trained staff. Here is a great gap in our services to the aged, both in the medical profession and the nursing profession, and they are the first to admit that they have not got an adequate training program for people who have to care for the old.

It is difficult to find a dentist or a general practitioner who has been trained to deal with the forgetful older person, and the forgetful older person, even though forgetful, is very much a human being. We must be very much concerned about them.

That is why we again stress that a Canadian Gerontological Society would take up each aspect of this need for older people, put them under one roof and be concerned about them.

Certainly in the field of housing, which was mentioned a little while ago, we realize it might be less expensive to take people out into the rural areas, but we think they should not be cut off. They want to be close to their families, to the streets, to the people, to shopping. It is rather sad the way we put them on the shelf away out there and forget about them, saying rather smugly that we are doing a wonderful job, that we have this beautiful home for the aged or this beautiful housing development for the aged. It is not fair, it is not right, and we should look at it and do something about it.

Now, again speaking to the brief, if you would turn to page 6, I would like to bring your attention to the third paragraph which states:

> An individual does not become a faceless part of a group, nor a group nor an individual a different species of the human race, by reaching a certain chronological age. Giving individuals opportunities to be productive and to lead useful lives as long as they are mentally and physically able to, benefits not only the individual but society as a whole.

"Society as a whole" is what I wish to emphasize, because certainly when there is an old person in a family which is in a depressed state and very likely who is called senile, merely because they are so depressed, that family is certainly involved. It means that the relationships in that family become very, very difficult. Therefore, we are doing more harm to our whole society by ignoring this very necessary "last chapter" group of our society. I hate to call these people "older" or "senior citizens". I call them the "last chapter". I guess they would not like that, either.

Again referring to our brief, on the page under "National Projects," I know that Mrs. Good appeared before as a witness and she did mention a new project introduced by the National Council of Jewish Women about a new program.

No doubt, you would like to know what happened to "new horizons," which is a neighbour program where we try to involve older people in volunteer part-time jobs. As yet, our 15 sections have not been implemented to the degree that we would like to report here. I think that if we came next year we would report much more. But as this is a democratic organization, our council of women, certainly our sections have carried out research study (*a*) to make sure they are not duplicating this service, (*b*) to make sure it is feasible and (*c*) to set up a good committee to implement it.

The sections are in the process of doing research, survey and study, bringing it to the attention of the entire community, not only to council members but to the entire community. Their general meeting discusses these things and the type of help that can be given to older persons.

I hope that if we have the opportunity of reporting next year, it will be a more positive report. As it is, it is just in the planning stages.

I will ask Mrs. Schulz to continue and bring other parts of our brief to your attention.

Mrs. JULIA SCHULZ: Mr. Chairman and honourable senators, I would like to take up this point of education, which was discussed at some length. We have suggested that it be included in the areas of study, in addition to the five areas that were pointed out. This is education for and by older people.

Most of our knowledge is really based on the reports we get from our Gerontological Fellows. It is in the brief and you have perhaps read it, that we had a program giving fellowships to people in a strategic position. We have changed from the school of social work to hospital administration, to people in public health. We enabled them, through these fellowships, to travel into countries where they feel and we feel that some of the services are more advanced and the whole field of the care of the aged is more advanced.

One of these people, Miss Lola Wilson, who was a director of the committee in Saskatchewan, in her report mentioned the Bureau of Education of the University of the State of New York. This is not in the brief. We feel that something like this could be set up, because some education is done with members of the union, some education is done with members of the National Council of Jewish Women, and so on and so forth. Perhaps this could be compressed and concentrated, if you are interested a little in what this does. Shall I give a summary?

"The Bureau of Adult Education, New York State Education Department was the first such department in the United States to become involved in aging. It has become concerned in all cross-levels of work with all State departments and within the community affected by the economic, health, social, labour status, etc., of the aged. The Bureau is participating in pre-retirement education and in education generally for aging, about aging, and of the aged."

I think this is terribly important.

"An active program to bring the public schools into the program of education of the aged and about aging has been developed."

Then she goes on to describe how it is subsidized by various levels of government, and so on.

The other interesting thing I should mention here is that two major points are stressed "by those engaged in this on-going program of education for the aged and aging."

She continues: "In attempting to meet the educational needs of the aged and aging, there must be concern for total needs—economic, health, social, leisure time activities, etcetera.

No community should develop a public school educational program for the aged and aging unless there has first been set up a community council on aging so the total needs of the aging will be known.

Community service is featured highly in all the New York State education programs for the aged and aging organized by the Bureau of Adult Education."

So that this is something we would like to stress very much, that some concerted effort radiating from a centre place be done, not in educating the aged but in educating the total public so that a change of attitude can be brought about.

Senator HOLLETT: Communitywise.

Mrs. SHULZ: Yes. On the economic needs, I do not need to elaborate, because there were other witnesses, and also today it was pointed out that except perhaps in rural areas, if $75 per month constitutes the sole income of a person, it will only provide for substandard living today. While man does not live by bread alone, nevertheless, he cannot live without bread. We feel that perhaps a uniform level is very difficult to establish, but we do feel that in various parts of Canada an authoritative study of the cost of living would be an essential first step in assessing the necessary minimum income for individuals. There might be parts of rural Canada where $75 might be sufficient. Certainly in urban centres it is not.

So far as housing is concerned, it is our understanding that the Canadian Welfare Council is in the process of completing a survey on the housing of the elderly financed by the Central Mortgage and Housing Corporation, and we hope that the findings of the study of the Canadian Welfare Council will be very useful in planning. But just to give examples of how really the new knowledge and the new insight is not being put into practice, there have been plans submitted to Toronto, and we have commented on them, for a housing complex for a thousand old people in the east end of Toronto. It will be a high-rise apartment building. This is a light industrial area of Toronto. It does not seem likely that people have lived there. Secondly, those old people have probably never lived higher than in a second storey, and to live 11 or 12 storeys up would be frightening at least to them.

Other housing schemes seem to be absolutely beyond the means, again, of this group of invisible poor. These are the people we do not see in recreational centres or anywhere at all. Most of them have to live on the $75. These form the invisible group of older people.

There is a beautiful housing project by the Peterborough Kinsmen Club, which takes into consideration all the knowledge of what a housing project

should be, except that the rent is $44 for a single person and $55 for a couple, plus utilities. Now, out of $75 per month you cannot pay a rent of $44.

With regard to social services, here again it is our feeling that there are many services here, there and everywhere, but somehow if they could be co-ordinated and social agencies and voluntary agencies could get together, we feel that much more could be achieved. There are a lot of good intentions, but we do not feel that they are being channelled into the most effective use of efforts and money. We feel that it is deplorable, for instance, that the Canadian Welfare Council has not found money to set up and staff a section on the aging and aged. Even if a full-time person were appointed, it might be a start. We feel there should be a national association that could provide a place where people who may want to do something can go for information. For many other reasons it would be a very important step. We feel that many of the elderly require no more or different services than any other aging people of the community.

As to the guiding principles, I cannot see that we have said anything new. Anybody who has kept up to date on the literature about aging and the aged could come to the same conclusion.

I have mentioned the travelling fellowships. I would like to mention the newest project we have instituted in our attempt to have the greatest possible impact with the limited funds we have. Unfortunately, our financial and other resources are limited. However, it was the recommendation of some of our former fellowship recipients that perhaps we should now move into another field, that there is not enough knowledge and not enough attention paid to the rehabilitation potential of older people. After a stroke, or any other incident which happens in old age, doctors, nurses and other people keep the patient as comfortable as possible, and there is little attention given to the rehabilitation potential, and they suggest that we might sponsor short rehabilitation courses for nurses. There are such available in the United States, but so far as we know, there are none available in Canada so far. We have offered a sponsorship to two universities in connection with a school of nursing, one of which was the University of Manitoba in Winnipeg, and the other, McMaster University in Hamilton.

The course in rehabilitation nursing in Winnipeg has just been completed, and I would like to say how the people feel about it.

This is a field that requires a great deal of work at the present time for the improvement of patient care. Seventy-five registered nurses attended the institute. They represented hospitals, schools of nursing, schools for practical nurses, public health nursing agencies, nursing homes, and institutions for extended care services. While the majority of registrants were from the Greater Winnipeg area, rural hospitals and health units in Manitoba were well represented. Five registrants from Alberta attended the Institute representing three different hospitals in Calgary, Edmonton and Whitelaw.

Through these 75 registered nurses, we hope to reach many more, and hope that it will have a greater impact than it otherwise would have.

Our resolution to the federal Government requested the Canadian Government to continue and increase support to the provinces through grants. The requests are as follows:

To request the Canadian Government to continue and increase its support to the provinces through the health grants in the establishment of geriatric health centres for medical and welfare counselling;

To request the Canadian Government to support the provinces in encouraging local housing authorities to integrate housing developments for the elderly into the general community areas;

To request the Canadian Government to give active support and encourage the idea of a National Conference on Aging.

This is apparently in preparation and will be held in 1966.

As to these recommendations, I will make comments if necessary but I do not want to take up too much time of the committee.

It is just our feeling that a national association or geriatric association, or whatever it might be called, would draw the proper attention to the aged group, that it needs really the same kind of services, and that it is not a special species of the human race, that it has the same basic needs for usefulness, for affection, for minimum living standards and so on; and that it would encourage voluntary agencies, as well as any other agencies, to co-ordinate their efforts and to give guidance. The field is enormous. We should start somewhere in a concentrated way, and it is felt that if there were such a national association in that direction, these aims could be achieved. We make some suggestions as to the income of this fund, which we feel is quite realistic.

If I may now read just one short paragraph from one of our former recipients, he says at the end of his report that he has travelled so many countries, and goes on:

> Anthropology has acquainted us with aboriginal tribes that practice the abandonment of the elderly. As the tribe moves on, the elderly are left behind to die in peace. Has modern society changed in this regard at all? Are not the elderly still being abandoned? The children get married and move off; eventually the state can look after them. Has not the medical profession abandoned them? Mrs. A has had a stroke. There is nothing further we can do for her here; she will have to go to a nursing home or a hospital for incurables. Hasn't management abandoned them? Well Joe, you are 65 today, have a good time on your pension. Has not welfare abandoned them? Mrs. B. has had a severe heart failure. She has no income of her own but for a hundred dollars a month we can place her in a nursing home. She'll be looked after there. Perhaps abandonment is not the exact word. Segregation would be better. Some years ago there was a song "Over the hill to the poorhouse" or "Down the road to the Old Person's Home." Just because we dress the home up in modernistic architecture, have we changed things at all? In other words, is the segregation policy for the elderly or senior citizen any different from the aboriginal practice of abandonment?

I think that is about all I feel I can add to the brief.

The CHAIRMAN: Any questions? Senator Grosart?

Senator GROSART: You have made no mention in your brief about any federal agency operating in this field. The suggestion has been made there should be a federal agency set up which, I suppose, would be complementary to the national association you are proposing. Have you any views on the degree of active interest being taken by the federal Government in this?

Mrs. SCHULZ: As far as the welfare is concerned, that is under provincial jurisdiction and this is, perhaps, why there are big inequalities, and why it is so difficult in some instances for the older person to move after his family or children, because in that province the requirements for welfare assistance might be very different. As far as I know, at the moment the only federal aid is the old age security payment, and because most of the other things, education, welfare and so on, come under provincial jurisdiction we have felt that a national association, as envisaged here, would include a government representative.

The CHAIRMAN: On page 11.

Mrs. SCHULZ: Yes, on page 11:

> It is envisaged that the proposed national association be governed by an independent Board of Directors, constituted of representatives of governments; organizations interested in and active in the field of geriatrics and gerontology and qualified individuals.

Senator GROSART: But you speak of the inequalities from province to province and community to community. Is not this one of the very serious problems that has to be looked at nationally?

Mrs. SCHULZ: I think it is a very serious problem, particularly with the high mobility of younger families. It might add additional hardship to the older person. He cannot either follow his family or feel that if he does he is going to be in a worse condition than he was in the province from which he moved. But we feel only if there is a national survey—so we know what the cost of living in the various provinces and the various areas is—can one take any stand and make any suggestions how this equality or some uniformity in welfare measures could be acheived.

Senator GROSART: Is there any tendency on the part of elderly people to move into those areas such as the City of Toronto where facilities are much greater for looking after them?

Mrs. SCHULZ: I have no facts, but just for psychological reasons, I would say yes.

Senator SULLIVAN: It is hard to get elderly people to move.

Mrs. SCHULZ: Yes, it is certainly hard to get elderly people to move, but if the family moves away they would be glad to move with them.

Senator SULLIVAN: I appreciate that.

The CHAIRMAN: We have had some suggestions before the committee that it would be advisable to establish as one of the agencies of the Department of National Health and Welfare a department of aging, which we have not at the present time. Is that what you are saying in your recommendation? Is that what you have in mind?

Mrs. SCHULZ: No, this was not really what we had in mind. We had in mind a national association governed by an independent board.

Mrs. LEVINE: It would be concerned with all aspects of aging, and not just the health of the aged.

The CHAIRMAN: When I said "health and welfare" it is concerned with more than that, it is concerned with all aspects of aging. However, it would at least be guided by the department of Government with some responsibility.

Mrs. SCHULZ: We feel that the educational program is terribly important. The question is, could such a department take all these on?

The CHAIRMAN: You have no idea how fast we can take on civil servants.

Mrs. LEVINE: We have recognized it is not only the three levels of government but volunteers and voluntary organizations that must work hand-in-hand if we are to meet the many needs, because there are not enough professional people and money to provide all the staff needed, and we feel very strongly you should work arm-in-arm with voluntary organizations and the three levels of government.

Senator GROSART: This is the point I am making, because in page 3 you refer to the need for uniformity; on page 5, lack of guidance and direction; on page 6 you say that only co-ordinated community planning and action can do this job. Who is going to co-ordinate this if it is not the federal Government? In my view, a national association is not going to do it. They are going to suggest we do all sorts of things.

Mrs. SCHULZ: They would not have the power to enforce anything. Is that what you are asking?

Senator GROSART: That is right. They will merely come along and ask governments, "You do this," and your national association will do what every national association does, they will say, "The federal Government should be doing this; the provincial Government should be doing this; and the community should be doing this." That is why I am asking you who could really co-ordinate this job?

Mrs. LEVINE: Is the gerontological set-up in Saskatchewan under Government sponsorship?

Mr. DAVIS: It reports to the Legislative Assembly and is financed by the Government, but it is an independent body.

The CHAIRMAN: When it is financed by the provincial government, or any other government, it is not too independent.

Mrs. SCHULZ: If it is completely financed—

The CHAIRMAN: Just a minute please. Let us for one moment follow what Senator Grosart was talking about. For instance, health is a matter for provincial governments under our constitution. But you would be amazed at the amount of influence the Department of Health and Welfare has as a result of the grants they give. They say, "Meet a certain level and you can have the grants, but if you do not reach that level you do not get so much in grants." They do not want to control, but they influence, and properly so. Some organizations have come along and said, "We have to have some place to rally around. We have not a national flag, so we have to have something in the Department of Health and Welfare, an agency. John Doe will be the head of the agency on aging, and he will correlate and co-ordinate, obtain information and know what it is all about." Meanwhile the Government is paying the shot, as is normal. From there on it extends out, so the work this committee is doing may be carried on by some department of Government as a result of the work we are doing now and may continue to do. You do not like that, I gather. Why?

Mrs. SCHULZ: Something discussed by previous witnesses comes to mind. There are funds, and why does not the federal Government see to it they are used—funds for housing—

The CHAIRMAN: Despite all the talk, the federal Government does not go around tossing out funds. They want to know they are properly used and who is using them.

Mrs. SCHULZ: The feeling is that an association would be aware of these grants, and they could see to it that these were used. It is not the giver's responsibility to say, "Please take advantage of it." But it is the feeling that such an association would be aware of all the possibilities and would make municipal and provincial, voluntary and other agencies aware of what is available.

Senator GROSART: I am not opposed to the idea, but we sit here week after week and hear national associations coming here and saying, "We know what should be done; and now we are asking you to get it done." That is my point. The national association is not going to get the job done. It is going to know what should be done, but it is going to come with briefs as every national association is doing. That is why I am asking who will do the job of co-ordinating. We had that in connection with Senator Fergusson's question. Somebody said that somebody should go out to the community and say "Why not build?" The national association will pass the resolution, and the resolution will go before the county council in Toronto, and you know what happens to those resolutions.

The CHAIRMAN: The point made by the labour people this morning is something that should not be lost sight of. They said Central Mortgage and Housing Corporation is a credit to the country but nobody is using it. It is available. And they said we should get somebody out of Government to co-ordinate this. All the others have said to us in connection with the problem of aging that there should be some responsibility in some department of Government and the job will be done.

Mrs. LEVINE: May I ask a question here? The Canadian Mental Health Association has brought about through education the situation where the community and the Government is aware of the many needs of mentally ill people. Now this is particularly a voluntary association. It is not connected with Government. They would be partially Government financed.

Senator BROOKS: Would there be any parallel between the Canadian Institute of the Blind and, say, the Canadian Institute for the Aged?

Mrs. SCHULZ: I think it would probably be more closely related to the Canadian Mental Health Association. It is not envisaged, an Association, as a direct service.

The CHAIRMAN: When Mr. Griffin and Mr. Richards were here one of the things they said they needed above everything else were Government grants.

Mrs. LEVINE: The point I am making is who did the study and research? What people in Government would you have do all that in this one area? Where would you get the communities behind you as these associations did through their educational programs? This is a question of education. Government help is certainly needed to finance it because it cannot project any program without Government help. But if Government did it alone, the education of communities in our society as a whole, would be very slow because they haven't got the people to work for them.

Senator INMAN: I should like to mention the fact that in various parts of the country conditions are different. Where I come from we have a great many large farm homes where the owners are interested in the aged. They take them in and board them at very reasonable rates. The older people are very happy because they do little chores around the place and they are regarded as being useful members of the family. They have good meals, they are well taken care of, they are near doctors and hospitals, and they are taken to church. Generally speaking, they are very well looked after.

Senator MCGRAND: It may not happen in Toronto but it could happen in Pembroke.

Mrs. LEVINE: It may well not happen there.

Senator MCGRAND: You mentioned the voluntary work. Is this a fair question? Have you any idea of the number of days and hours that members of your group gave in volunteer work on this thing?

Mrs. LEVINE: We should have it. We give credits for so many hours of work, and we really should have the figures, but I don't think we have it at our fingertips.

Senator MCGRAND: I just wonder what the figures might be. Because I know other volunteer groups do work in connection with mental health.

Mrs. SCHULZ: I can tell you approximately how many volunteers are involved across the country in this project.

Senator MCGRAND: When I said hours or days I meant can you give us an idea of what percentage of work is paid for in this organization and what is done voluntarily?

Mrs. SCHULZ: Well in most smaller sections it is done by volunteers. In the larger sections, like in Montreal there are six groups, and in Toronto there are five, it is done in co-operation with other agencies, and the council finances it partially. But it also provides volunteers. This is a situation which varies from community to community. In some communities it is done on a 100 per cent basis voluntarily, and in others it is perhaps 50-50.

Mrs. LEVINE: Here the Ottawa Council sponsors two recreational clubs for older people, and one has started, very successfully, a workshop for the men in that group, and they make wooden articles all the year round. Some are sold to people who give orders, but they also make things for a sale which is held once a year. This proved to be a very successful venture. I would now like to see something in the same nature for women.

The CHAIRMAN: In your brief you spoke of nine sections across Canada. Where are they?

Mrs. SCHULZ: Toronto, Montreal, Calgary, Edmonton, London, Ontario, Hamilton, Winnipeg, Vancouver and Regina.

Senator GROSART: Do they take responsibility only in that particular municipality, and the outlying areas are not covered in any way by your work?

Mrs. LEVINE: No.

Senator QUART: I wonder if we should refresh our memories as to the situation when the dependents' service board was set up for War Services. It was a government body, and it was a very expensive business setting it up, and I remember very well attending meetings and sitting on the board. It had been suggested that social agencies right across Canada should be subsidized to do this work rather than rent other properties, and have stenographers and set up all this expensive machinery. I think if you look back at that time the Government would have been much better off to have subsidized the existing agencies for the supplementary allowances and so forth of service people than to have set up what they did. If I remember correctly we had Mr. Pembroke on loan to us and we gave him quite a hard time. If you look back at the record I think you will find that more money was spent on the machinery of setting up this organization than had been actually given out in supplementary allowances.

Certainly I can speak for Quebec, where this was set up on Mountain Hill. We went up four storeys, and there was no elevator. I can remember at that time we had so many pregnancies, and I can remember saying that if the baby was not born on the first floor it would certainly be born before reaching the fourth floor. And if anybody had a heart condition they would be dead by the time they got upstairs. The Government has records of this. Instead of setting up a Government body should we not go back and examine the findings at that time? George Davidson, who succeeded Charlotte Whitton, could probably give us a little insight into that. It must be on record somewhere and instead of setting up a Government body why not take a group of organizations together and form some kind of a committee with the existing agencies and volunteer groups and work from there? In that way the money could be used for giving actual help to the aged rather than in setting up expensive machinery.

Senator MCGRAND: You mean if these volunteer groups are subsidized to some extent by Government money it is better than to set up an office and have it run by the bureaucracy of a department?

Senator QUART: Definitely. I can tell you there were no federal agencies in Quebec, and we had very, very many volunteer organizations. We remained on at full strength, and being a volunteer I know how we had to scratch in order to save even an envelope.

Mrs. LEVINE: When our society was set up immediately after the first national conference on aging, which was the first conference on aging in Canada, there were 72 recommendations from five workshop groups. After we have the recommendations what do we do with them? The Ontario Welfare Council was not set up to deal with questions of aging at that time, and they agreed to set up a separate society to deal with these 72 recommendations. A board was set up in that way by taking one from here and one from there, and it is now an arm of the Ontario Welfare Council, to which it rightfully belongs. However, at that time they had a great deal of work to do with respect to the 72 resolutions. This is how we envisage a Canadian society on aging—or call it what you may—will work. It will be concerned with all aspects.

Senator QUART: There is an extraordinary number of volunteers who would fall in with that idea. There is an endless pool from which they can be drawn.

Mrs. SCHULZ: You could probably interest more . . .

Senator QUART: Yes, but there is always a fall-off in the number of volunteers once there is something very official set up. When that happens the volunteer feels: "Should I go in and help in this or that office?"

Mrs. LEVINE: I have in my hand here a clipping, the headline of which reads: "Forbid nursing home to lock up patient". This concerns an unlicensed nursing home in which it was found they were giving old persons sedatives, locking the door, and not seeing them for hours. The owner of the nursing home was forbidden to lock up a patient, but was not forbidden to have a nursing home. She can go on having a nursing home forever, under our law.

Senator MCGRAND: I think you will find that in many of these nursing homes where there are no qualified nurses a patient will be given a sedative to ease the discomfort of a bed sore.

The CHAIRMAN: Are there any other questions?

Senator GROSART: I would be the last one to suggest the setting up of a bureaucracy. The point I am making is that someone has to co-ordinate. The best example I can give is that of the problem of the veterans. I do not think anyone would suggest that if the veterans' affairs were left to voluntary organizations such as the Canadian Legion, which has done great work on behalf of the veterans, that the treatment of the problems of veterans would have been as well organized as it has been under the Department of Veterans Affairs which has taken on all the responsibility. All I am suggesting is that there should be at the federal level somebody responsible for co-ordinating.

The CHAIRMAN: Of course, I do not know what the committee will recommend, but it is as inevitable as tomorrow that we will have to establish an agency in our government to deal with the special problems of aging. The Americans have done so, and we must do so. But, whether that will be recommended or not, I cannot say at this moment. Such an agency will be necessary, as Senator Grosart has put it, for the purpose of co-ordinating whatever there is going on in the country today.

Senator QUART: During the war the voluntary services all came under Major General LaFleche. There was a sort of co-ordinating agency at that time.

The CHAIRMAN: Yes, but the point I am making is that you cannot do it without volunteers in this country. But, on the other hand, the volunteers can go only so far without financing from the Government. There is a place for the Government here, and that is something we will discuss at the appropriate time.

Senator BROOKS: During the war you could get people to do all sorts of things, but once the war was over it was amazing to see how quickly their interest died.

The CHAIRMAN: Senator Brooks is a former Minister of Veterans Affairs, so he knows what he is talking about. Are there any more questions?

Senator FERGUSSON: Mr. Chairman, I would like to express my admiration of the work that has already been done by this organization, particularly in the field of education. The travelling fellowships are certainly giving leadership in the sort of things we should be recommending people to undertake.

On page 9 you say that a seminar open to Section Community Services personnel was scheduled for January 1964 in Winnipeg for the further training of volunteers. Can you tell us anything about that? Was it successful? Is there any difficulty in getting volunteers to attend these seminars?

Mrs. SCHULZ: Is there any problem? Yes and no. We never get as many as we would like to get, but you must not forget that a number of our people are young women, and it is not so easy for them to leave their homes for three or four days, and in respect of such seminars they have to commit themselves to the entire period. It is either the whole or nothing.

We feel it was very successful because those who participated in the seminars from all the sections went back to the sections, and they are now heading up projects, or the exploration of projects, in the field of aging. We feel that it was very successful.

Mrs. LEVINE: It actually gave an understanding of how to conduct a survey, and it pointed up the need for the higher horizons program in respect to the aged that we have spoken about.

Senator MCGRAND: Who put up the $17,000?

Mrs. LEVINE: The National Council of Jewish Women.

Mrs. SCHULZ: That was allocated over a period of years.

The CHAIRMAN: Are there any further questions? May I say on behalf of the committee what a delightful experience it has been for us to know that people like you are aware of and are concerned about a problem that is troubling this country. What you have told us today has been very helpful. It will be a matter of record, and it will be read by a great number of people across Canada. We thank you very much.

The committee adjourned.

APPENDIX "C"

PROPOSED BRIEF TO THE SENATE COMMITTEE ON AGING

Mr. Chairman, Honourable Senators:

The Canadian Labour Congress which appears before you to-day is the major trade union centre in Canada. It represents more than one million wage and salary earners throughout Canada. We wish to emphasize, however, that the Congress has not come here in pursuit of any special interest but because it believes that aging has become a problem of concern to all Canadians and the terms of reference of your Committee are such as to invite representations from us as representative of an important segment of the Canadian population. We commend the Senate for its interest in this important subject. We look to important results from your deliberations.

2. Aging is a phenomenon inseparably associated with life itself which has taken on new significance during this century, more particularly in the industrialized West but increasingly so throughout the world. There have always been some who have survived to what was considered in their generation a ripe old age and for many centuries the biblical three scores years and ten were regarded as a desirable life span. But for a great many it was never attained nor did it seem attainable. A high rate of infant mortality, the rigors of a hard working life, the incidence of disease and inadequate living standards made life unduly short for very many over a long span of human history. The aged were few relative to the general population and represented in effect the survival of the fittest.

3. The twentieth century has created a revolution in average life expectations. It has produced, probably for the first time in human existence, large numbers of those who can be described as aged and who on the average have a longer life than those who were considered old by previous standards. To restate this somewhat differently, many more people are now surviving to old age than ever before. This is plainly evident in the growth of the percentage of population who are 65 years of age or over. (We use age 65 as an arbitrary cut-off point. We do not subscribe to the notion that age is to be measured by the mere passage of time.)

4. This change is a reflection of the many other changes that have taken place since the beginning of the twentieth century or thereabouts. There have been major advances in the medical sciences. Improvements in sanitation, working conditions, nutrition, education and other such factors have added to general well-being. More equitable distribution of wealth through transfer payments and improved living standards among working people, (thanks in part to the efforts of trade unions) have added their contribution. We would therefore expect the continued presence in our society of a considerable number of people in what has been aptly described as their "geriatric years".

5. The fact that the aged will now always be with us in considerable numbers poses problems both social and economic which presumably have led to the establishment of your Committee. We propose to deal with your terms of reference in the order in which they have been indicated to us.

Economic Needs of Older People

6. Essentially the needs of old people are not any different from those of other age groups except in degree. Like everyone else, the aged need food, shelter, clothing and health care as the basic necessities. In a relatively

prosperous country like Canada, however, they should be able to anticipate a standard of living which includes more than mere necessities. A bare subsistence standard for the aged should therefore not be Canada's goal. To the extent that it has been no more than this, there is need for substantial improvement.

7. The data derived from the administration of the Old Age Assistance Act in Canada indicate a considerable proportion of those age 65 to 69 are in receipt of old age assistance and that the average amount received is very close to the maximum attainable. As at March 31, 1963, the percentage of recipients to population 65 to 69 years of age ranged from 13.12 per cent in a relatively prosperous province like Ontario to 52.93 per cent in Newfoundland, that is, from about one in eight to better than one in two of that age group. At June 30, 1962, the first month for which an average based on $65 a month could be calculated, average monthly assistance across Canada was $61.09 (Source: Report on the Administration of Old Age Assistance in Canada for fiscal year ended March 31, 1962, Department of National Health and Welfare.) At September 30, 1963, average monthly assistance in the provinces ranged from $58.73 to $62.93 and the number in receipt of assistance totalled 103,890 (Source: The Labour Gazette, November 30, 1963 issue.) These figures indicate that a very considerable number of elderly Canadians live at or close to the bare subsistence level, enhanced by the number which must rely exclusively on old age security after age 70. The low standard of living which these measures provide is reflected in the fact that a number of provinces have found it necessary to supplement benefits under both on a means test basis. The $500 exemption provided under the Income Tax Act on the basis of age alone, over and above any other exemptions, is a further indication of the Government's recognition of the limited resources of the aged.

8. In view of these circumstances, the primary economic need of older people is adequate income maintenance. This applies to those who have withdrawn from the labour force as well as those who for whatever reason have never been in it. The course of events has proved conclusively that for large numbers of Canadians it is next to impossible during the period from school leaving until retirement to set aside adequate resources for old age. It is clear that the state must intervene on their behalf as it has been doing through the aforementioned social legislation. It is not necessary in our opinion to justify this legislation in this day and age. We are concerned with its adequacy. The increase in old age security benefits to $75 from $65 was a welcome improvement. We presume that in due course the provinces will have entered into agreements with the federal Government to increase the maximum in old age assistance to the same amount. But we question whether even this amount can satisfy more than the minimum needs of those whose income is limited exclusively or almost so to these social benefits. It does not require elaborate statistical studies to be aware of the fact that a very considerable number of the aged live in inadequate housing, are ill-fed, insufficiently cared for medically, and deprived of opportunities for normal social intercourse and recreation. This is true not only of those relying on social benefits, but those with some additional resources as well. For them, old age is not the golden age. We believe that present programs require further improvement and supplementation.

9. The proposed Canada Pension Plan, despite its obvious limitations, offers a promise for those whose retirement is still some years away. But for those who are too old to benefit from it or can do so only marginally, something more immediate must be done. We consider, in the first instance, that age 70 is too high an age for eligibility for old age security. The high ratio of those between 65 and 69 who submit to a means test in order to get old age assistance is

indicative of the need for a lower age of entitlement. Old age security should be made available at age 65, supplemented if necessary by old age assistance on the basis of need rather than means. To the extent that this would make benefits available to those not in need of them, the income tax is a handy device through which unnecessary benefits may be recovered.

10. We recognize the limitation of flat rate benefits, based as they are on average rather than individual need, but we consider that they have other advantages which make them attractive. This need not however, preclude improvement in the method of providing such benefits, including periodic review and automatic protection against loss of real purchasing power as the result of price increases. We believe that the payment of $75 a month as of right at age 65 would have beneficial results for the aged and for the community at large. It would encourage the retirement of those who should retire because of declining energies but are unable to do so for lack of means. It would enable others to continue at work and build up resources for the time when retirement would occur. It would eliminate the necessity for administering a means test to many thousands of persons whose resources are so limited as to make such a test nothing more than an invasion of privacy.

11. Some reference should be made to private pension plans since these presumably are aimed at providing an annuity at the end of working life as an employee. Despite the fact that they have existed for many years, private pension plans in Canada to-day cover little more than about one in four of the work force. Even this degree of coverage is no indication that all those now covered or those who may be covered will necessarily emerge at the terminal point of their working careers with pensions. The features of private pension plans are such, notably the restrictions on portability, that workers may establish little or no entitlement despite a long working life. We feel that there is at the present time a place for private pension plans but that they must be strengthened if they are to be effective, particularly in the case of the more mobile worker. This means more liberal eligibility and vesting requirements, together with assurances of solvency. Needless to say, pensions should bear a reasonable relationship to earnings prior to retirement to avoid a drastic drop in income upon retirement.

12. Unfortunately the supervision and regulation of pension plans does not appear to come under the federal domain, except to the limited degree provided under the Income Tax Act. We do not feel, however, that this should preclude you from making comments and offering suggestions as to how private pension plans may be strengthened.

13. We deal in greater detail below with the health and institutional care needs of the aged. We would at this point merely emphasize our concern about the difficulties which face older people in the cost of health care. We are strongly in favour of the provision of health services through a comprehensive public program of health care financed through taxes. Such a program would relieve the needy aged of the consequences of the high cost of health care since presumably the burden of cost would be distributed equitably among the population as a whole. This is a matter of utmost importance to the aged in view of the fact that there is a strong tendency for chronic illness to accompany the aging process, hence a greater need for medical and institutional care. If the period of retirement is to be one of relative security, the aged must be freed from the heavy burden of having to look after health needs out of their limited resources.

14. There has been a considerable interest in the development of recreational facilities for the aged and we deal with them in some detail below. We wish at this point merely to emphasize the importance of recognizing that

economic well-being includes more than the ability to purchase the necessaries of life. We were pleased to note that this was implied in your terms of reference.

Occupational opportunities available to the Aged, including paid employment, community participation, education and recreation

15. It is a well established fact that aging is a physiological process. The passage of time alone does not result in aging in the sense in which we use the term here. With the passage of years a person becomes older but not necessarily aged, if he is still in full possession of his physical and mental faculties. Conversely, there are those who by all standards have become aged even though in a chronological sense they are still relatively young. Age alone therefore should not be a measuring device to be used to determine whether or not a person should be allowed to continue in employment or not. More objective tests are needed and it is our hope that one of the by-products of your Committee's efforts will be research into the establishment of such criteria. But even success in this regard may not necessarily lead to an expansion of employment opportunities for older workers or extend the period of employment for those at work who have reached what is considered to be normal retirement age under pension plans. The state of the economy inevitably becomes a factor in any consideration of job availability. When the Canadian Labour Congress appeared before the Senate Committee on Manpower and Employment, it took a strong position on the need for measures to effect a full employment economy. Our position to-day remains unchanged. In the context of this submission, we are convinced that only when there are enough jobs to go around will there be expanded employment opportunities for the older worker and for the worker who wishes to continue working even though he has become entitled to retirement on pension. When jobs are scarce, there is inevitably the tendency to preserve jobs for those to whom wage income is their only means of security and to urge or force retirement on those to whom pensions are available. The expansion of private pension plans and the enactment of the Canada Pension Plan are bound to strengthen this attitude. We submit to you, therefore, that if older workers are not to be discriminated against with regard to jobs, the economy must be in a state which will make such workers attractive to employers. We are opposed to compulsory superannuation of employees, whether or not there is a pension plan in effect. We believe that workers should be permitted to work as long as they are fit and willing to do so, just as they should be free to retire if they wish to and have reached normal retirement age under their pension plan.

16. There is a considerable body of folklore about the diminishing value of the worker as he grows older. As a result, employers have been reluctant to hire older workers or to retain them after the age of, say, 65. Misconceptions about the performance of older workers have been refuted by a number of studies made in Canada and elsewhere. There has been similar refutation of the notion that the pension cost of hiring older workers are of such proportions as to preclude their employment. We refer, for example, to the first and second reports of the British National Advisory Committee on the Employment of Older Men and Women (1953 and 1955 respectively); The Problem of the Older Worker, Information Branch, Department of Labour, Ottawa, 1952; Pension Plans and the Employment of Older Workers, Department of Labour, Ottawa, 1957; The States and Their Older Citizens, US Council of States Governments, 1955. There are many other studies which could be cited. It is clear from these and other studies that there is no reason either for discrimination against older workers or for automatic termination of employment at some prescribed age. It seems clear, however, that as long as employers will be able to pick and choose

in a labour market in which there are more would-be workers than jobs, there will be a tendency on the part of at least some employers to choose younger men and women in preference to older ones.

17. There are, however, indications of an awareness in the business community that older workers can be employed, with profit to employer and employee alike, just as we have found that men and women with some physical disability can be very productive. In addition, these workers often bring to the job qualities of reliability, patience and persistence sometimes lacking in younger persons. A number of factors have contributed to this realization; some of these have already been referred to in this submission.

18. The Federal Government recently launched its Older Worker Employment and Training Incentive Program. Under this program the Department of Labour undertakes to pay up to $75.00 a month to employers for each eligible older worker hired by them for a new job between November 1, 1963 and March 31, 1964. To be eligible a worker must be aged 45 or over and he must have been unemployed for at least six of the previous nine months. The Government's announcement stated that the program was designed to help overcome reluctance to hire older workers and to assist them to gain up-to-date knowledge and experience needed for jobs in modern industry.

19. It is too early to assess the effectiveness of such a program. A recent news release of the Department of Labour indicated that by the end of January, approximately 1,000 applications had been received and roughly 700 of these met all the requirements and had been approved. Not known at the moment are the ages of those who have obtained work under this program.

20. Reluctance on the part of many employers to hire men and women past 40 years of age is based in part on the lack of modern education and skills necessary in this period of great change. For many individuals, this lack can be repaired, given the opportunity for study and further training. Of equal importance with opportunity is surely some assurance by those who employ that employment will be available.

21. The retraining of older workers (those over 40) still in industry lends weight to the conclusion that money and effort expended in training programs pay dividends. In this connection a Study made in the United States last year has some significance. (Bulletin No. 1368, Industrial Retraining Programs for Technological Change—A Study of the Performance of Older Workers, U.S. Department of Labour.)

22. The Study covered some 2,200 workers in occupations which included production workers in an oil refinery, maintenance mechanics in an airline, engineers, technicians and craftsmen in an aircraft factory and operators in a telephone company. The four firms which co-operated in making the study were faced with problems related to technological change and one of the objects was to see if older workers could be successfully integrated into retraining programs. The Study showed no factual basis to justify establishment of barriers against the entrance of older workers into training programs. Young trainees seemed likely to respond more readily and learn more quickly when courses were short and emphasis was on the rapid acquisition of perceptual-motor skills. But in longer courses, older workers more often performed as well or better than younger workers. Although this study relates to an experiment conducted with employees still on the job it does throw new light on the subject and of course indicates the need for further research and experimentation in this field.

23. The point of emphasis here, reiterated time and again before this Committee, is that the older person should not be considered as having come to a

dead end simply because he has left the world of regular work. We have learned a good deal about the human animal within the last few years, in relation to his abilities, his health, his potential and his motivation. You have already had placed before you considerable testimony regarding the capacity for further learning and activity of older people, notably in the submission made by Dr. Roby Kidd.

23. We do not wish to take the time of the Committee by reiterating this but would simply like to say that such evidence confirms a good deal of what we have learned in the trade union movement about the great potential for thought and action that lies within our membership. Our principal difficulty must surely lie in our ability to release latent capacity by removing uncertainty and instilling confidence; by providing opportunities for service within the movement and outside of it; and by making sure that education and training opportunities are at hand for those able and willing to take advantage of them.

25. The Canadian labour movement conducts a considerable education program. Although we have not as a movement been able to devote much time and effort up to this point in the assessment of needs and the provision of services for older members of unions and those about to retire, positive steps in this direction are under way.

26. As part of this program labour will be concerned with the total community in which the older worker now lives i.e., his place of work, and the community outside of the place of work in which he functions as a citizen. We believe that programs for retired workers should be community orientated. We believe that in addition to enquiries which are launched by Parliament, as in this case, provision should be made and the resources should be found for investigations in many fields and that these investigations should be conducted in part by government, in part by organizations concerned with the older people in the community, or perhaps jointly on a co-operative basis.

27. With respect to education, there should be programs which are concerned with both the pre-retirement period and the post-retirement period of employees. It has been said that men and women should start to think about and plan for their retirement at the age of 40 or 45. This may be difficult, because of our reluctance to face up to an occasion which seems quite far removed. However, programs should be encouraged to the end that those about to retire are fully informed regarding their economic status after retirement e.g., pensions and other benefits, their health and maintenance of it, budgeting in a new situation, programming of the extra time they will have, and their relationships within their own family, with friends and neighbours, and with the community itself.

28. Such programs may be launched or sponsored by many groups. Both management and unions have a direct responsibility here but the resources of the community outside of the place of work should be increasingly employed if we are to have as useful and as comprehensive a program as possible.

29. With respect to the post-retirement period, this Committee has already been made aware of the resources that exist within this country. The concept of "continuous learning" is becoming more firmly established every day. Within our midst, among both young and old, we find increasing evidence of talents and skills which should be tapped for the enrichment of those directly concerned and for the betterment of Canada itself. Such talents and skills range through all of the arts, the humanities and through technology and we must seek them out. We join with others who have appeared before you in affirming confidence in our ability to find suitable teachers, instructors and guides in these many fields of endeavour.

30. We would recommend that in the planning of recreational and educational programs every attempt should be made to involve senior citizens who will be participants in such programs. Such participation at the planning stage is not only important for the success of the programs contemplated, in itself it is an activity which can engage the attention of many older persons.

31. It would appear to us that the environment in which such education and recreation takes place is exceedingly important. Wherever possible the location should be such that the older person feels himself in an environment already familiar e.g., a church hall, a community centre in which he has been an active participant, a union or lodge hall, or a school provided the facilities are suitable for use by an adult.

32. With recreation for the aging, as with education, we believe it essential to assess the real needs of the older person and wherever desirable see that special needs are met by special measures, facilities or programs. The modern community in Canada has facilities for recreation. Even in areas, both urban and rural, not richly endowed with either facilities or personnel, considerable progress has been made in providing recreation for those in the community who wanted them. Despite this there has not been any considerable effort to provide recreation for older persons as a group. There are many agencies, however, which can play a role here. Not least of these are the churches, community centres, fraternal and social organizations, economic organizations such as those representing management, labour, farmer and co-op interests, and so on. Here again one would hope that participation by those for whom such programs are intended will be looked upon as essential for success.

Housing

33. While cash income commends itself for a number of reasons including freedom of choice and action on the part of the recipient, it does not follow that cash benefits are the only way by which the aged may be helped to enjoy an adequate standard of living. Income in kind constitutes a valuable addition. We have in mind such items as housing, health care services, transportation, recreation and so on. No statistical evidence is required to support the assertion that a great many pensioners are housed in quarters which are far from satisfactory. Since in many cases ill-health requires close confinement to home, the discomforts and disadvantages of poor housing are compounded. There is a strong case to be made for public housing designed especially for the needs of the aged. Such housing should be designed not only for comfort but for convenience of location so that the aged should not be isolated from the main stream of community life and from their relatives, friends and neighbours. It should obviously be made available at a cost which pensioners can pay even if this means an element of public subsidy. Housing of this sort already exists to a minor extent in various parts of Canada but it is still limited in scope and does not reflect effective recognition of a large scale problem. The National Housing Act provides ample opportunity for governments at all levels and for private associations to take action in this regard. What is needed is a strong, imaginative program of housing for the aged. Such a program needs active encouragement by governments and support by social agencies and other organizations interested in the welfare of the aged.

34. We do not suggest to you that all retired people are in need of public housing nor that private, self-contained homes will suit the needs of all of the aged. We appreciate the fact that a good many retired couples will continue to live in their own homes in which they have reared their families. Others will continue the pattern of living in rented flats or other facilities which are adequate for their needs and within their means. But there remain those to

whom the cost of shelter creates a major problem or those whose shelter needs constitute a special problem otherwise. For those whose incomes are insufficient to obtain good shelter except at the sacrifice of other necessities, we have proposed public intervention on their behalf. For those who because of their particular status—widowhood, ill-health, those without close family or friends, for example—special accommodation should be considered. Illustrations of such facilities already in existence have been drawn to your attention by the Section on Aging of the Ontario Welfare Council. We join them in urging the need for variety in facilities to meet the different requirements. In this regard, we consider housing to be not merely a facility but in the context of the aged population a form of social service.

Health and Institutional Care

35. The position which the Canadian Labour Congress has taken, as evidenced by its submission to the Royal Commission on Health Services, would, if implemented, relieve the aged (and others as well) of the fear and burden of the cost of health care and provide the necessary personnel and facilities to make such care available if and when required. We do not wish to take up the time of your Committee in repeating at great length what is already a matter of public record. We wish to take this opportunity, however, of emphasizing the importance of certain services which while ancilliary in nature are none the less essential to the well-being of the aged and deserve greater attention than they now receive. We have in mind, to cite one major example, the visiting homemaker service. This has been defined as "A community service that employs personnel to assist in the home where there are children, old people, convalescent patients, those acutely or chronically ill, or disabled persons. Its primary function is the maintenance of household routine and wholesome family living in times of stress" (Report of Study Committee on Homemaker Services, published by the Welfare Council of Greater Winnipeg, 1961). We draw from the same source the following eminently sensible observation that: "The economic advantages of such services to the community are immediately obvious; it is much cheaper ... to keep an older person in his own home than to build and maintain institutions."

36. The value of the visiting homemaker service has been amply demonstrated in other countries. It has been in effect in Great Britain, Sweden and the United States for a number of years, and its importance is receiving growing recognition in Canada. (See, for example, "Social Home Help Services in Sweden", by Margareta Nordstrom, in October, 1963, issue of International Labour Review.) Another service which commends itself is the provision of meals for those elderly people who cannot easily look after themselves in this respect and who suffer from malnutrition and consequential disabilities as a result. We refer to "Meals on Wheels" introduced in England 25 years ago and the "Luncheon Club" system for the ambulatory. We urge that in your studies you give favourable consideration to these and similar services to provide a wider range of creature comforts to the aged who find it difficult to fend for themselves.

37. There is also the question of institutional care. This embraces a variety of facilities: homes for the aged, hospitals, convalescent homes, sanatoria, nursing homes and the like. In view of the evidence already before you concerning the increase in health care needs that accompany aging (your own Proceedings, No. 6), we consider that adequacy of institutional facilities is a self-evident proposition. The problem becomes one of making the most effective and economical use of existing facilities and their extension and variation according to need. We urge here too that your deliberations give the proper emphasis to this aspect of the problems of aging.

Social Services

38. There are in Canada many agencies, voluntary and otherwise, which devote themselves in whole or in part to the care of the aged. Some have already appeared before you and others undoubtedly will. We therefore refrain from comments of an extensive nature. We wish merely to emphasize our agreement with the need for skilled social services for the aged. The wide range of such services becomes clearly apparent with any review of the problems attendant upon aging and withdrawal from work and other intensive activities. We look to the continued role of the social agencies and their beneficial effect in this important field of human activity.

Conclusions

39. We have emphasized the growing importance of aging as a social and economic phenomenon. We have attempted to underline some of the major problems which a relatively large segment of older people in the population brings to the fore. We have made suggestions as to solutions. Basically these call for a dynamic economy, adequate living standards and a humane approach. They call, above all, for a proper understanding that aging is part of the life process, and that for the aged life should be as secure and meaningful as our human and physical resources can provide.

40. Once again we commend you for your initiative in entering into a study of this important matter. We look forward to your findings with interest, and express the hope that they will mark a new stage in the attitude of our country to those of our people who have entered into the sunset of their years.

Respectfully submitted,

Canadian Labour Congress,
Claude Jodoin, President,
Donald MacDonald, Secretary-Treasurer,
William Dodge, Executive Vice-President,
Joseph Morris, Executive Vice-President.

Ottawa, March 5, 1964

APPENDIX "D"

January 1964

TO:

The Special Committee on Aging,
Room 182F,
The Senate of Canada.

FROM:

National Council of Jewish Women of Canada.

The National Council of Jewish Women of Canada would like to express its appreciation for being given the opportunity of presenting its views on the well-being of the aging and the aged to the Senate Committee.

Preamble

The NCJW of Canada is the senior Jewish Women's organization on the North American Continent. In Canada it represents approximately 6,500 members, organized into 15 Sections, in 15 cities across Canada with a National Office located in Toronto. It is affiliated with the International Council of Jewish Women representing over 500,000 Jewish women in 19 countries.

Through an integrated program of education, service and social action, it provides essential community services and educates the individual and the community to their responsibility in advancing the welfare of the total community.

Perhaps an explanation would be in order for the lack of documentation as suggested by the Senate Committee in the way of case records, statistics or scientific survey findings. This is because we do not consider it to be the responsibility of voluntary organizations such as ours, nor do we have the staff facilities or budget, to conduct surveys except with regard to the activities and program of the organization.

For general statistical data and scientific information we have relied on organizations such as the Canadian Welfare Council, the Dominion Bureau of Statistics and professional organizations. On the other hand we have attempted, based on the information available to us, to meet unmet needs of the aging and the aged, commensurate with the limitation and in accordance with the aims and purposes of the organization.

Accordingly this organization has established recreational programs, carries educational programs for its membership and the general public re attitudes towards the aging and the aged, granted travelling fellowships for professionals in the field, has worked and is working for more adequate legislation.

Our longstanding concern with the problem, posed partly by the rapid increase in numbers of the aged population and partly by carry-overs of attitudes from a different era, has led us to the study of and familiarity with the progressive thinking of sociologists and experts in allied disciplines and with the findings of many scientific surveys. Therefore we feel qualified to submit the considered views of this organization related to the well-being of the aging and the aged, in Canada.

MAJOR AREAS OF STUDY

Designated by the Senate Committee

While the main interest of the NCJW of Canada is in the field of social services, we are cognizant of the fact, that all five areas designated for study

by the Senate Committee are of equal importance for the total well-being of the aging and aged population, and would like to suggest that the Senate Committee include in its areas of study, education for and by older people.

May we take the liberty of commenting on each designated area of study.

A. *Economic Needs*

It seems evident by simple arithmetic that even $75 per month (old age security payment) if it constitutes the sole income of a person, will only provide for substandard living today.

Additional financial assistance if available, is under provincial and/or municipal jurisdiction, consequently varies from place to place. This may cause additional hardship in cases, where it would be beneficial for elderly people to move, for instance to be near children or family.

While we are cognizant of the fact that the cost of living also varies with the locale and that this may create problems, in an attempt to equalize living standards, some degree of uniformity in welfare measures and social legislation is a desirable goal.

An authoritative study of the cost of living in various parts of Canada would be an essential first step in assessing the necessary minimum income for individuals.

The recent increase in federal assistance, is an encouraging sign of the realization of the economic plight of some of the older people.

B. *Employment-Recreation*

There seems to be a serious social lag between the facts of life, which is that many more people not only live longer but are healthy and vigorous longer than in the past and the still prevalent stereotypes of old people, incapable and undesirous of continuing to live active and useful lives.

The NCJW of Canada noted with satisfaction the efforts of the Federal Department of Labour to combat discrimination against older workers, which incidentally on the labour market may mean people of 40 years and over.

However prevailing stereotypes are hard to overcome—a concerted educational campaign may bring the desired results.

The use of recreational facilities are often limited by the financial resources of the people in question, furthermore the term recreation needs reinterpretation in a society faced with the prospect of increased leisure time for all.

Although there are a number of recreational programs carried by various church and voluntary groups and municipalities, its appears indicated that an assessment be made of the whole concept of leisure time and the meaning of recreation in an automated society. The age group in question is the first to be hit by enforced leisure and could conceivably be regarded and used as pioneers in the constructive use of leisure time.

C. *Housing*

There seems to be every indication that there is still a shortage of adequate housing facilities at a price, people with drastically reduced income can afford and people with physical limitations can make use of.

It also appears that in planning for housing for the elderly, insufficient recognition is being given to the new insights into the psychological aspects of segregated housing for any group of people, and for the community as a whole.

D. *Health and Institutional Care*

The cost of adequate care is prohibitive for non welfare cases and not enough emphasis seems to be on prevention, rather than treatment. Some form of comprehensive medical care insurance seems to be the solution.

While it is generally recognized and has been proven, that institutional care is neither desirable nor desired by the great majority of the aging and the aged, furthermore that it is the most expensive type of care for the community, the development of home care services, which would enable them to stay out of institutions, is developing very slowly. Home care services should of course include medical and nursing care in the home, homemaker services and others.

E. *Social Services*

While there are many kinds of programs geared to the well-being of the aged and aging, carried by many groups in many areas, these seem to be rendered on a hit and miss basis rather than on a planned and coordinated one.

The basic reason seems to be lack of central guidance and direction, to channel the great amount of goodwill and good intentions into the most effective use of efforts and money.

Even in the few localities where there are central community planning agencies, lack of funds or distribution of funds, prevents these agencies from giving effective leadership in developing the necessary community programs and services.

A notable example seems to be the Canadian Welfare Council, which to date has not found money to set up and staff a section on the aging and aged.

GUIDING PRINCIPLES

It seems to this organization that with the available amount of research findings and new insights, with regard to the psychological social and physical needs, of a new type of elderly people, in a new kind of society, certain principles as guide lines for the formulating of social policy and planning should not be too difficult to develop.

May we offer some suggestions for consideration.

People of all ages have some basic needs, varying requirements and different aspirations.

An individual does not become a faceless part of a group, nor a group or an individual a different species of the human race, by reaching a certain chronological age.

Giving individuals opportunities to be productive and to lead useful lives as long as they are mentally and physically able to, benefits not only the individual but society as a whole.

Excluding a number of people at an arbitrary age from the stream of life and segregating them, is a waste of skills and accumulated life experience.

Physical and mental deterioration, often but not necessarily a concomitant of the aging process, can be prevented or at least slowed down considerably, by not putting people on the shelf, at an arbitrary chronological age.

The approach to the well being of the aged and aging should take into consideration the person as a whole, instead of being a fragmentized approach.

The varied aspects of the well-being of the aging and aged and the increasing size of this group of the population, suggest that only coordinated community planning and action will bring about the necessary changes in attitudes, in services and in social legislation, which are part and parcel of a satisfactory solution of society's problem with the growing number of senior citizens.

A pre-requisite for sound planning is a thorough knowledge of the needs of the people in question, who are the only authentic source of this knowledge, and therefore should participate in decisions affecting their well-being.

NCJW ACTIVITIES

The NCJW of Canada has attempted to meet some of the demonstrated needs of the aging and aged on a scale commensurate with its limitations and in accordance with the program of the NCJW which is based on education, service and social action.

These activities include national and Section projects in all three areas of the total Council program.

NATIONAL PROJECTS

Travelling Fellowships

Believing that only through concerted and coordinated community efforts of private and public agencies, supported by the understanding of the general public of the plight of a growing group of our population, promises any hope of effectively coping with the problem, the NCJW of Canada has sought out professionals in strategic positions and encouraged them to increase their knowledge in the new and fast developing field of geriatrics and gerontology, through the granting of fellowships for post graduate studies. Professionals of accredited schools of Social Work, Hospital Administrators of hospitals with geriatric wings or units and public Health Officers were the recipients of these grants, during the past years, in the total number of 24 to the total amount of $17,000.

These fellowships were meant to and provided an opportunity for professionals with special interest in gerontology, to visit countries with more advanced programs and services in certain aspects of this field.

Periodical reports of the recipients career and of the opportunities for applying what they have learned, attest to the value of this project. In some cases provincial governments have matched the NCJW grant, which it is felt is another indication of the merits of this project.

Courses in rehabilitation nursing

It was upon recommendation of some of the NCJW fellows that this organization has now embarked on sponsoring two short term courses for nurses (practitioners) in rehabilitation nursing, in cooperation with the Extension Department of McMaster University, Hamilton and the University of Manitoba, Winnipeg, in the summer of 1964. To the best of our knowledge such courses are not available in Canada. It is the belief of this organization that through these courses:

(*a*) nurses will better recognize the rehabilitation potential of older patients and thus will be able to make a meaningful contribution to the well-being of senior citizens;

(*b*) the need for and the effectiveness of such courses will be demonstrated and that more such may be made available in the future, sponsored by Universities, Governments or other interested agencies.

SECTION PROJECTS

Education

Since about 1950 this organization has tried to alert its membership and the general public to the predictable growth of the aged population and to the problems arising from this, through general meeting programs, bulletins, newsletters, releases and cooperating with other interested organizations.

To evaluate and to enrich the program of the Golden Age Clubs (see under Service) and to give an opportunity to Council members to learn more about the physical, psychological and social needs of the people they are serving, Miss G. Landau, Director of the Hodson Centre, Bronx, New York, has been sent by NCJW on a cross country tour. Miss Landau's knowledge and experience was offered as a community service to the general communities where there are Council Sections and was widely used and appreciated.

A booklet containing suggestions for the development of «Golden Age Clubs» has been prepared by the National Program Committee of the NCJW. Its third revised edition is still being used widely and requests for same are still being received from as far as the U.S.A. Training courses for Council volunteers serving the aging and the aged are held periodically in the Sections.

A Seminar open to Section Community Services personnel is scheduled for January 1964 in Winnipeg for further training of Volunteers serving their communities.

Service

Recreational programs

In early recognition of the fact that one of the most crippling diseases of aging and the aged is boredom and loneliness, the NCJW of Canada pioneered (since 1948) in establishing recreational programs for senior citizens. At present there are 17 Golden Age Clubs in 9 Sections across Canada sponsored by the NCJW, (some in co-sponsorship with other organizations) serving approximately 2500 to 3000 older citizens.

New Project

At the Biennial Convention (Calgary May 1963) a project was adopted which aims at activating the elderly and placing them into remunerative or voluntary jobs according to the needs, the ability and qualifications of the individual. A complete guide for study and action for the implementation of this project, prepared by Mrs. Jean Good, has been circulated to the Sections.

Social Action

1. A National Resolution passed at the recent Biennial Convention (Calgary May 1963) reads as follows:

Whereas the National Council of Jewish Women of Canada through its Gerontological Fellowships and the encouragement of the establishment of Senior Citizen Clubs has demonstrated a longtime interest in problems related to the aging; and

Whereas it is recognized that the older population is increasing in numbers and it is in the interest of the nation that older people have the opportunity to participate fully in the economic and social life of the community in accordance with their desires and ability;

Therefore Be It Resolved:

(1) to commend the Canadian Department of Labour and support its efforts to remove unjustified prejudice against older workers and to educate the public generally and employers in particular with a view to eliminating arbitrary age limits in employment practices;

(2) to request the Canadian Government to continue and increase its support to the provinces through the health grants in the establishment of geriatric health centres for medical and welfare counselling;

(3) to request the Canadian Government to support the provinces in encouraging local housing authorities to integrate housing developments for the elderly into the general community areas;

(4) to request the Canadian Government to give active support and encourage the idea of a National Conference on Aging.

2. Financial support up to $1000 was pledged (if needed) to the Canadian Welfare Council toward a planning meeting, to establish the desirability and the feasibility of such a National Conference.

It is with pleasure that we note that such a Conference is being planned by the Canadian Welfare Council for 1966.

Recommendations

1. *National Association*

In order to plan and carry out a nation wide educational program, to facilitate the coordination of planning and the achievement of a measure of uniformity in welfare services and legislation across provincial boundaries, it is recommended:
That a national association on aging and the aged be set up with provincial branches.

Purpose of the association to include:

(*a*) to conduct a study of the cost of living across Canada and assess the necessary minimum income for individuals;
(*b*) to assemble, publicize and make available as required, the facts regarding the situation of older people in various parts of Canada;
(*c*) to assess gaps in services and to suggest and encourage action to fill the gaps;
(*d*) to bring together public and private agencies, voluntary organizations and individuals to stimulate coordinated planning and action;
(*e*) to promote and (if necessary) finance a research project re: implications of enforced full time leisure and its productive use;
(*f*) to present pertinent facts of the advantages of home care both to the community and the individual and to stimulate communities to set up such services.

Structure

It is envisaged that the proposed national association be governed by an independent Board of Directors, constituted of representatives of Governments; organizations interested in and active in the field of geriatrics and gerontology and qualified individuals.

2. *National Foundation*

To establish a Canadian Foundation for the purpose of:
(*a*) financing above mentioned national and provincial offices;
(*b*) supplementing the income of people living solely on Old Age Security payments, up to the amount of non-taxable income, provided that this amount is based on the minimum adequate cost of living. (This at the present time does not seem to be the case, at least in most urban centres)

Income

Potential sources of revenue for the Foundation:
(*a*) Grants from all levels of Government;
(*b*) Charitable Foundations (possibly for specific projects)
(*c*) Sponsoring organizations (Membership fee, contributions)
(*d*) Individual contribution and bequests.

It is conceivable that many people, receiving Old Age Security Payment, which may be a negligible amount in view of their total income, might be stimulated, through appropriate promotion, to contribute this amount to the Foundation.

Respectfully submitted,

Mrs. N. I. Zemans,
National President.
Mrs. Julia Schulz,
Executive Director.

List of material available from NCJW.

1. Formal reports of recipients of fellowship grants:
   (*a*) Mrs. J. D. Chaisson
   A Pilot Study of the Good Age Club in Toronto 1955;
   (*b*) Lola Wilson, report re Gerontological Fellowship 1961;
   (*c*) Dr. F. Jackson
   Report on a visit to Scandinavia and Great Britain, 1962;
   (*d*) Informal reports of some of the other fellowship recipients.
2. Miss G. Landau
   Report of Survey of Programs for Older Adults sponsored by the NCJW of Canada, 1958.
3. National Program Committee NCJW of Canada
   Suggestions for the development of "Golden Age Clubs".
4. History of NCJW of Canada gerontological fellowships recipients and the implications of this project. Compiled by Miss MacIver, 1963.

Second Session—Twenty-sixth Parliament

1964

THE SENATE OF CANADA

PROCEEDINGS OF

THE SPECIAL COMMITTEE OF THE SENATE

ON

AGING

No. 3

THURSDAY, MARCH 12, 1964

The Honourable David A. Croll, *Chairman.*

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

WITNESSES:

The Jewish Home for the Aged and Baycrest Hospital:
Mr. Sam Ruth, Administrator; Mr. Walter Lyons, Administrative Assistant.

The Canadian Home Economics Association:
Mrs. H. Beverley Reichert, Chairman of the Foods and Nutrition Committee; Miss N. Frances Hucks, Supervisor of the Foods and Nutrition Extension Branch, Ontario Department of Agriculture.

APPENDICES

E—Brief from The Jewish Home for the Aged and Baycrest Hospital

F—Brief from The Canadian Home Economics Association

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

20436—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.

20436—1½

MINUTES OF PROCEEDINGS

THURSDAY, March 12, 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*), Blois, Fergusson, Gershaw, Grosart, Hollett, Inman, Jodoin, Lefrançois, McGrand, Pearson, Quart, Roebuck and Sullivan.—14.

In attendance: Mr. R. E. G. Davis, Special Consultant to the Committee.

On Motion of the Honourable Senator Blois, it was Resolved to print the briefs submitted by The Jewish Home for the Aged and Baycrest Hospital, and The Canadian Home Economics Association as Appendices E and F to these proceedings.

The following witnesses were heard:

The Jewish Home for the Aged and Baycrest Hospital:

Mr. Sam Ruth, Administrator.

Mr. Walter Lyons, Administrative Assistant.

The Canadian Home Economics Association:

Mrs. H. Beverley Reichert, Chairman of the Foods and Nutrition Committee.

Miss N. Frances Hucks, Supervisor of the Foods and Nutrition Extension Branch, Ontario Department of Agriculture.

At 12.20 p.m. the Committee adjourned until Thursday next, March 19th, 1964, at 10.00 a.m.

Attest.

D. Jarvis,
Clerk of the Committee.

THE SENATE

SPECIAL COMMITTEE ON AGING

EVIDENCE

OTTAWA, Thursday, March 12, 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 we have a quorum. We have two briefs today, a submission by the Jewish Home for the Aged and Baycrest Hospital, and Baycrest Day Care Centre, and The Canadian Home Economics Association. Will somebody move that the briefs under consideration today be printed?

Senator BLOIS: I so move.

Hon. SENATORS: Agreed.

(*For texts of briefs see appendices E and F.*)

The CHAIRMAN: We have first of all Mr. Sam Ruth, Administrator, The Jewish Home for the Aged. He obtained his education at the University of Chicago in hospital administration. He is a fellow of the American College of Hospital Administrators, a member of the American Hospital Association, a member of the Ontario Hospital Association, and a member of the American Gerontological Society. He is a director of the Ontario Association of Homes for the Aged, Chairman of the Geriatric Study Committee of the Ontario Association of Homes for the Aged, and a member of the Committee on Long Term Care, Ontario Hospital Association Chairman of the Board of Examiners for Region No. 17, American College of Hospital Administrators.

Mr. Lyons is the Administrative Assistant, Jewish Home for the Aged. He is a graduate of McMaster University, the School of Social Work of the University of Toronto, and School of Social Work of the University of Pennsylvania. He is a member of the Canadian Association of Social Workers, and the Ontario Association of Social Workers. He has been a case worker with the Child Welfare Branch, Department of Health and Welfare, Government of Manitoba, 1943-45, Jewish Family Services, Philadelphia, 1945-49, and Supervisor, Family Service Department, Jewish Family and Child Services, Toronto, 1949-56. Mr. Ruth.

Mr. Sam Ruth, Administrator, The Jewish Home for the Aged and Baycrest Hospital, Toronto: Mr. Chairman, honourable senators, if I might be permitted, now that I have greeted you, to remain seated I would appreciate that.

This brief was submitted on behalf of our organization by Mr. Posluns, President of the Board of Directors, who has spent many years working on behalf of our organization. Mr. Posluns could not be present. Therefore, this brief is being presented by Mr. Lyons and myself. You have had a large amount of statistical and other data submitted by previous groups. We had the advantage of reading the other briefs printed and so have tried to avoid duplication.

I would like to get on to the brief itself. We have tried to adhere to the form you gave us. At this stage we would like to go into our recommendations and then work back on this.

Mr. RUTH: On page (i) we have a summary of findings and recommendations. We make five recommendations upon which we will elaborate. The first is the establishment of capital grants for the development of nursing homes. The second is the development of financial assistance programs to cover people in need of nursing home care. We have placed great emphasis in our report on the nursing home situation. Because we live in metropolitan Toronto I think we have reflected what we see in that area, but we do think that our comments hold true for certain other parts of the province and the country. Our third recommendation is the development of suitable housing for the aged; fourthly, financial assistance to homes for the aged; and fifthly, capital grants to homes for the aged.

In our introduction we try to state the necessity for groups working together, and that there was no single organization that could do the whole job. We want to explain this further as we go through our brief.

On page (1) we indicate the objects of the Baycrest Hospital quite tersely, I think, and of the Jewish Home for the Aged and the Baycrest Day Care Centre. We believe in the development of a day care centre, or a day care program. This is one of the unique contributions we have made in the field of care for the aging in Canada. We would like to elaborate a little bit more on this as we go through our brief. I have here a paper that was published in *Social Group Work with Older People* entitled: "Agency Administration and Planning of Services", by Elias S. Cohen. I think the point he makes here ties in with the development of our day care program.

> The notion of goal formulation is, in my opinion, even more critical in terms of the differential approach to clients. Agency administration will be measured against the achievement of the goals established. Service to the client will be determined by his need and the realistic goals set to meet that need . . . Furthermore, we can then be properly concerned with "overproviding" or "underproviding" for the person's need. For example, an arthritic old man may live happily and comfortably with a daughter and son-in-law, both of whom work. His increasing problems of getting about and fixing his noon-day meal seem to confine and isolate him, not to mention deprive him of midday nourishment. To leave him alone may indicate future deterioration. To secure homemaker service or meals-on-wheels may meet his need for a noon-day meal, but will probably fall short of resolving the problem of his growing isolation and consequent withdrawal. Either of these solutions would, in my opinion, fall short and thus "underprovide." On the other hand, removal to a home for the aged with good opportunities for socialization might solve both his noon-day meal problem and the problem of his withdrawal. However, is he getting precisely what he needs? Not really. He is getting *more* than he needs. He requires help and service during all or part of the day when his daughter and son-in-law are at work. He may require transportation, he may require participation in a group service program two or three days a week and meals-on-wheels two or three days a week. But he does not need twenty-four hour, seven-day-a-week care, and he does not have to leave what I postulated as a satisfactory family relationship with daughter and son-in-law.

Out of this kind of thinking came our own day care program. We have a long waiting list. There are over 250 applicants for a home that can take care of 200 residents, and we have to do something for the people who are waiting.

If we provided the transportation, we believe people would come into our home for an entire day and have nourishing meals, counselling, would participate in group work and recreation, meet with their peers, and engage in all of the activities available to them. In fact, most everything is provided with the exception of medical care. They have their own doctors. We make sure they are examined by their own physician every six months. What we provided was a full day's activity for them. If they had a satisfactory home it would have been wrong to bring them in to a home for the aged.

We think that over-providing for older people, or giving them more than they need, can be harmful to them individually. This is our attempt to provide a kind of intensified Good Age Club.

Day care costs the home $3 per day for the program and two meals. Two-way transportation costs $2 per day per person. The cost is approximately $5 per day, which is not cheap when you get down to what people can afford. Obviously the pensioner cannot afford this program, and this is where the voluntary organizations meet certain costs. Our Women's Auxiliary raises over two-thirds of the cost of this program, and people pay only what they can afford to pay. Some people pay as little as 25 cents a day, and some pay nothing. In fact, we might say that the program extends the purchasing power of the individual, because those who have their pensions pay very little, or nothing. Since they eat two meals a day at the home this gives them a chance to stretch their dollar.

We integrate the programs in the home and the hospital with the day care program. In this way we can utilize our group workers. If we have a program going on we can bring these people into it. What we are doing is just making use of physical facility for many more than the people who live there.

On pages (2), (3), (4) and (5) we discuss the integrated programs of the home with various other agencies. I believe in your Proceedings No. 3 Mrs. Jean Good mentioned some of the integrated programs of the Baycrest Home, Mount Sinai Hospital and the Jewish Family and Child Service. These indicate the need for organizations to work together. We have endeavoured to show how we do work together in some of the integrated programs.

We have indicated that this grouping of agencies avoids the need for the individual to make a new contact with each individual organization. The organizations, by working together, save a good deal of time and learn a lot about the person they are trying to assist.

Then we go on to deal with what more should be done. We would like to go into our recommendations and then carry this back to what more should be done. I think there is a tie-in there.

On page (11) our recommendations are: 1. Establishment of capital grants for the development of nursing homes; 2. Development of financial assistance programs to cover people in need of nursing home care.

We would like to take you back to page (6), and review why we made these recommendations. Nursing home care is the biggest problem in health care in our community. One of the anomalies in the growth of our health facilities has been that whereas hospitals, rehabilitation centres, homes for the aged, and foster homes for children and older people have been the responsibility of either municipalities or organizations incorporated not for profit, nursing homes rarely are the responsibility of municipalities or non-profit organizations. Nursing homes have been developed, with few exceptions as profit-making ventures, and appear to have been forgotten by charitable groups and by government groups.

The need was there. I do not know if we should do anything but thank the individuals who went into nursing home operation. At least, they provided

a service, but the service they provided had to rest upon their ability to make a profit. Kindhearted as they might be, they do not want to show a loss at the end of the year. Their cost has to be geared to what the traffic will bear. We firmly believe that this kind of system cannot develop good nursing home care. Municipalities in some cases will pay $150 a month for nursing home care, but a private operator could not work on that. This is just the financial aspect.

From the program point of view, a small nursing home, isolated by itself, cannot give good care both medical and social, provide recreational activities, occupational therapy and other services. We firmly believe that some level of government should be involved in giving building grants to organizations who are in the health field. Once an individual gets into a nursing home he might spend a year or two, three or four years, there, and it is the rare person who can afford to pay for good long-term nursing care. We believe that the nursing home should be integrated with health units such as hospitals. In this way you can assure that once the individual is transferred from a short term hospital to a long term hospital his care is continued. We are concerned when we discharge someone to a nursing home. We have had to readmit several of them because they went down pyschologically and physically. These homes should be developed in conjunction with acute, short term or long term hospitals, with continuity of care and proper medical services.

Specifically our recommendation on this is that there be building grants made available. We know that the government gives grants towards the construction of hospital beds on a federal level and also on a provincial level. There are no building grants for nursing homes.

I have a study here that the Metropolitan Hospital Council did. It is a study on the number of people they had in their respective hospitals that could be discharged—acute hospitals, chronic hospitals, convalescent homes. In each case we found that there was a backlog. Some people were in the wrong facility. They could have been moved on, if there were enough facilities to take care of them. However, the long term hospitals were crowded, the convalescent homes were crowded, the acute hospitals were crowded.

If a person is in a chronic hospital he is covered by hospital insurance. If that person is moved to a nursing home he will have to pay for it himself or apply for public welfare assistance. Well developed nursing homes, under the sponsorship of the hospitals or working with them is one necessity. Secondly, there is a need for some form of insurance. I do not propose to say what it should be, whether it should be tied in with hospital insurance or tied to some other form of insurance, or a new kind of insurance. It is impossible for the average person to sustain himself in a nursing home without being hit very hard financially.

We have indicated on page 11 that the Metropolitan Toronto nursing home charges vary from $5 to $20 per day. Yet we estimate it costs a minimum of $10 a day for good nursing care and we think that the $10 is a minimum.

As an example we have a special care unit in which we take care of the aged who are forgetful and also have some nursing problems. It takes two and a half hours nursing care per day to take care of these people in our special care section. The nursing cost alone in the unit equals $5 a day so we took a minimum of $10 to take care of a person in a nursing home. We feel quite strongly about this. The various levels of government must be involved if we are to make the best use of the hospital beds, instead of backing up people in more expensive beds.

We are not experts in housing. A good deal has been said by various witnesses. Where we get into housing is through the problems of people who have applied to the Jewish Home for the Aged for admission. We know that some people could be maintained in an apartment house if there were added facilities

in the unit, so that they could obtain one prepared meal a day, to ensure that they eat properly. We also feel some nursing care is necessary at times.

They still have enough drive and mental capacity to live by themselves. They cannot maintain themselves completely in an isolated apartment or home. They should not be admitted to a home for the aged when an apartment building with day services might very well meet their need.

In reading the act on housing, sections 16 and 36 do not seem to cover single individuals. Yet in many housing developments they have found that the need for single apartments is about 75 per cent and for the two-people apartments 25 per cent. Single individuals can maintain themselves in a one-room apartment. Experience in the United States has been that there is a much greater demand for one individual to live in an apartment than for two. Yet our law here seems to be for a family unit.

There is also another factor of communal facilities. Various organizations in the United States and elsewhere have come around to the point of view that apartment buildings are good, and a number of people could maintain themselves in these apartment buildings if there were communal dining rooms, recreation rooms and arts and crafts and so on. Our Housing Act does not disallow you from building these, but you get no help with mortgage money if you do build. Once again we recommend that they be liberalized to allow these facilities.

Finally, it is our impression that section 36 was written up solely for governments to act. In other words, if the Government wanted to build a housing unit, it could. This does not allow a non-profit organization to be involved in developing an apartment project under section 36. We know that in an apartment dwelling we would have a number of people who could not afford to pay rent and we would not wish to exclude them.

The act recognizes that there would be a loss and the two levels of government pick up the loss on rentals.

We believe that if this were extended to allow partnership of non-profit organizations in the health and welfare field with the Government, we could do much more for the individuals, by integrating it with health and welfare units. The individuals could take in the day care program and the health services, and so on. We would recommend that section 36 be reviewed on this point.

Now number 4—Financial assistance to homes for the aged; and number 5—Capital grants to homes for the aged.

I am not familiar with the various laws throughout the provinces in Canada. There are different reimbursement patterns both on capital grants and also on operating assistance. So we do have a bias for Ontario as we present this brief here.

In Ontario we have homes chartered under the Homes for the Aged Act and the Charitable Institutions Act. The municipal institutions are assumed their operating expenses. The charitable institutions have been assisted a great deal. The growth pattern has been wonderful. The same growth pattern has taken place in our operating grants. I believe it was eight or ten cents a day ten years ago, and now it is $5.00 per day, depending on whether there is nursing assistance, and so on.

The only problem is that costs are getting beyond this point of our reimbursement pattern. There has been enough publicity on hospital beds and the costs and the share of various governments in getting this. The problem of raising funds from the community becomes more difficult. As an indication, you might get about 50 per cent of your money from the Government, and raise approximately the other 50 per cent from the community. Beds cost $15,000 to $20,000 each. This will vary. Homes for the aged beds, if tied in that way, are getting to the point of $8,000 or $10,000 to build and develop with proper

ancillary services. If we receive $2,500 a bed, that leaves a shortage of approximately $7,500. While the hue and cry about hospitals is certainly justified, we feel there is a need just as great to develop homes for the aged under the Charitable Institutions Act, with proper grants.

So we make the plea once again for capital grants for homes for the aged beyond provincial level. We stress this point because as we develop each facility properly, it will allow us to place the patient in the facility that best meets his need. It is a question of not only saving money, but the fact that the individual is in the right place, which is very important.

Research programs: We find difficulty in securing government funds for pilot projects, and we have been quite fortunate in receiving support from the Atkinson and Gerstien Foundations; but we feel that the government, at whatever level it is supposed to be—and I am not too familiar with tax basis—should have money available for the development of pilot projects.

To get back to financial assistance for homes for the aged, we hope that consideration could be given to the building grants, and also the matter of operational expenses. With regard to operational expenses—and I am not quite sure how we are going to get there—we believe the ultimate would be the development of appropriate pension plans. An appropriate pension plan gives the individual the choice of selecting the kind of service he would like to have, and that someone can determine whether or not he needs it. The lower the pensions are, the more a man might be forced to avail himself of any kind of facility in order to get a roof over his head. With some amount of money to purchase, he might be more selective where he goes. Some people, it should be pointed out, might be admitted to homes because of lack of money and not on account of any apparent need.

We attempted to show in the brief what voluntary organizations have done and can do in the field of aging.

There is no question in our minds that the boards of directors and the professional staffs of our voluntary organizations can do much more to improve the quality and range of services available to our aging population. However, because of changing social patterns and because of the increasing number of people of 65 and over, we find that voluntary organizations cannot properly meet all the needs of our senior citizens in an effective manner. In fact, it is becoming worse. Therefore, it is our belief that if the recommendations as set forth in this brief were implemented, we would retain the pioneering, the verve and the financial support of our voluntary organizations. This, complemented by government assistance in planning a co-ordinated system of health and welfare services, as well as the continuing and increasing financial support from governments, will give us the best of both systems. This we believe most sincerely.

Senator ROEBUCK: You say you have a shop, and that people work in that shop, and that you are paying them wages. What work can be done?

Mr. LYONS: The Jewish Vocational Service gets the contracts, and our residents do packaging and simple assembly work for the hardware industry, packaging articles that you buy in hardware stores such as screws and nuts and bolts, which are packaged in various sizes. Women who use hair rollers keep them in plastic tins, and our residents package them. There are many simple packaging and assembly jobs which people can do.

One of our projects was a fairly simple assembly job for a welding operation used for the Gardiner Expressway. A piece of metal was put in a ceramic socket for use by electric welders, and thousands of these were turned out. There are many operations which can be done by machine or by hand, and there are people to do them by hand. The hourly rate is low. The actual cost of running the shop is not covered by the income we receive. The entire amount

we get from industry only covers the pay of those residents who do the work. The rate is 25 cents an hour.

Senator ROEBUCK: Do these people do woodworking?

Mr. LYONS: That is part of the work in the occupational therapy shop. In that shop you choose what you want to do and when you want to do it. On the other hand, in the sheltered workshop you work for a maximum of 2 hours a day but you are responsible to work just like any worker. You report on time and you leave on time; you don't choose what you want to do, you are told what to do, and are responsible for a certain minimal rate of production.

Senator MCGRAND: In other words, these people are still retained in industry, is that it? Or are they people who have not had any previous training?

Mr. LYONS: Both. These are people who have been in industry, but not necessarily in this kind of work; and these are people who were housewives. I think it has been demonstrated over and over again that people's capacity to do work does not disappear at a chronological age. The whole idea is to adapt the kind of work to the limitations of the individual. The sheltered workshops of the Canadian National Institute for the Blind are an outstanding example of what can be done. I think the existence of places like the Rehabilitation Workshops operated by the Jewish Vocational Service of Toronto and the contracts they obtained from industry show there is a large untapped field. Many more people could be employed in such work. However, you cannot expect this to be a self-supporting project. It requires some kind of support to get it going and for the administration and supervision. If there is support and encouragement from various levels of government for a variety of these kinds of projects—whether a sheltered workshop, or day care, or lesser forms of care than the total care of a hospital—you have a much greater chance of having voluntary organizations developing them.

This is where I think the role of Government comes in. I do not say the Government should do all things. But I think we have to call a spade a spade. Most of these projects are going to require money. There is a limit to what you can get from the United Fund Campaign, as we all know. It requires extra encouragement and support usually from Government to make some of these projects grow. Then private funds can come in and support it. Then you do not get everything loaded on to Government.

Senator MCGRAND: There is co-operation from industry and labour, because it is regarded as occupational therapy? You are not interfering with the technology of the day and automation?

Mr. LYONS: Sir, I would be perfectly frank. I know there is no opposition from labour now. I think with regard to sheltered workshops for people with all kinds of handicaps we, in Canada, are horribly behind. You have no idea until you see what can be and is being done in other places for retarded people and for those with all kinds of handicaps. There may be some trouble with labour if it becomes very extensive, but I think this can be overcome. We are all intelligent human beings and can finally work out some kind of understanding.

Mr. RUTH: I would like to add, we have labour representatives on our Board of Directors, and they are fully aware of what we are doing, and we have their encouragement.

Senator MCGRAND: I have a lot of questions. Going back to this nursing home development. On page 6 you speak of private nursing homes. What is the comparative cost of the treatment provided by private nursing homes and the nursing institutions that are municipally owned or sponsored by volunteer

groups? What is the cost of maintaining these people? I ask that question because there is a tendency to place people in the place where they can get by on the least amount of money. And when you are answering that question you can answer this one as well: What effect have these private nursing homes in maintaining the mental stability of the patient?

Mr. RUTH: I think I will take the first question, and let Walter Lyons take the second one. I think this is a wonderful question you have given us to work on. Of the municipal nursing homes, I have no experience. I do not know of any municipal nursing home. All homes I am aware of in our area are private nursing homes, where they are reconverted houses, and a few are instances where they were built as nursing homes.

Mr. LYONS: These are so-called nursing homes. The municipal homes for the aged do have nursing care sections.

Mr. RUTH: There are a few charitable institutions too. We are extending the kind of care we give in the home for the aged where, in essence, we are giving nursing care beyond what is found in the average nursing home.

Mr. LYONS: The real burden of what we are saying here is that when a person requires care out of his home—and there are graduations of care, from the "acute hospital", down—and especially long-term care, they require all the services, including making sure they get adequate preventive medical care. Not just medical care after they have become sick, but a preventive medical program. It is scandalous that in some nursing homes a person will lie around and get sick, and only then they get the doctor. I do not blame the nursing homes, because you have to have a very skilled staff to watch them, and you have the problem and expense of getting the doctor. They often do not have diagnostic equipment, or access to a lab. A preventive medical program is required. They require all the things that make it possible for a person to live a normal life.

It was a mistake and a fallacy to believe that a person sick in bed has no interest in life. True, they could lose interest, but we have demonstrated over and over again in the Baycrest Hospital, and elsewhere, that people sick in bed and crippled are interested and can be mentally stimulated and interested in learning, in new experiences and so forth. We have had people in wheel chairs who thought they had no more life left in them, and they have been taken on outings, sometimes on a picnic, and we have invited their families to come, their grandchildren. They have said, "I cannot do this; I am too sick." You may require the support of the doctor to do it, but with help they can do it. They can even go to the theatre.

You cannot judge what a person can do on the basis of whether they say "Yes" or "No"; but it is a matter of how much you try. With all these things built in the cost of long-term nursing care has to be pretty well comparable to what it is in a municipal home for the aged that provides nursing care. I have not the exact figures as to what the private nursing home cost is. I know they went to the municipality of Toronto and asked for an increase of up to $6 a day, and they still have not got it. I claim that with $6 a day all you can do is finance public psychological slums—not physical slums, but psychological slums. People cannot live a normal life. They can sit mesmerized by TV, but they cannot live a normal life. Nobody is standing up for these people, and these are the quietest people in the world. They sit in nursing homes and rot by the thousands.

Senator MCGRAND: Your feeling is that these nursing homes, or whatever you call them, whether they are private or anything else, where people are taken in with different degrees of incapacity—that these should all be part

of an overall hospital complex which deals with the acutely sick, the chronically sick, the people who need something more than being a captive in their own homes—it should be part of an overall complex?

Mr. LYONS: You cannot expect but a very small proportion of the population to finance long term nursing care on a level that is suitable having regard to the cost of provision of good nursing care. Non-profit organizations use all the cost-cutting advantages of joint purchasing, and this kind of thing. This is what needs to be done and it needs to be built into long term nursing care together with the sharing of medical facilities and diagnostic facilities. This seems to suggest a logical tie-up between nursing homes and existing health facilities. By relating it to existing facilities you could keep down the cost, which would be an encouragement to development.

Mr. RUTH: This paper was written by Mr. Liswood, representing our own doctors and the Board of Directors on the integration of our organizations. When we went to buy drugs we wanted to buy at the lowest cost, and we have the expert advice of a large department in an acute general hospital. We do joint purchasing. We have all the expert medical care you have in a general hospital, in our home for the aged and Baycrest hospital.

In the nursing homes generally they don't have the required diagnostic equipment. When you can work together in this way it works out quite well. Our system is developed in such a way that our methods for different procedures at Baycrest are set up in the same way as at Sinai Hospital. It is like going to another extension or another floor of Mount Sinai Hospital. The acute general hospital must radiate their knowledge to the nursing homes.

Mr. LYONS: If I might add a word, I wouldn't want anything I have said to reflect upon the nursing home operator. The ones I have met have been excellent and have been working their heads off to do the best possible job. However the traffic will not bear the cost for them to develop the kind of service they want. There are, of course, a few who specialize in very expensive care, and I must say they give very good care.

Mr. RUTH: I want to go a step the other way. They have filled a void, at a certain time, but I wonder now if this is the kind of development we should have in our various provinces of this country—if the development of nursing homes should be left to private enterprise. I wonder if the kind of development we have in our hospitals would not be more appropriate for nursing home care. We should thank these people for filling the void, but now with regional planning of hospitals we want medical centre hospitals and community hospitals which would include the development of nursing homes tied in rather than allow the situation to grow as it is.

Senator SULLIVAN: I have a few questions to ask, but I think this presentation is exemplary. It is a model. I think the gentlemen are to be highly congratulated. I am fully cognizant of the situation at Baycrest Hospital. This is a move on the part of New Mount Sinai Hospital and Baycrest. I think possibly in Metropolitan Toronto the only two large hospitals that have done this have been St. Michael's Hospital with Providence Building, and St. Joseph's with Our Lady of Mercy. I think this is going to be the solution to the problem of long term patients in general hospitals, as well as caring for the aged and so forth. I could not compliment these men more highly and I know they are developing one of the finest departments of geriatrics on the continent.

Senator GERSHAW: I would like to pay tribute too to so much work on a voluntary basis. It is very enlightening. I am sure we have all appreciated this presentation.

Mr. RUTH: I should say that we could not do very much without a board of directors which allows us to experiment and give us the money to work with. We have been encouraged by the board who have supported us in our experiments.

Senator HOLLETT: May I ask one question? How many people have you in Baycrest Home, and in the area you serve what is the percentage of people who need care in your hospital? Are there many more that must be taken care of?

Mr. RUTH: We have 87 people in our hospital and 200 in our home and approximately 75 to 80 in our day care program. These numbers grow every day. Our waiting list for the home is 250, and we admit 45 to 50 every year to the home. There would be many more but they feel they have to wait too long. I should mention that Baycrest Home is nonsectarian. But we have not been getting applications from others because they know we have a waiting list. If Baycrest indicated there were vacancies many more would come in. Riverdale Hospital has added some beds too.

Mr. LYONS: We have 87 beds in Baycrest and admit 225 people a year. Mr. Ruth's figure of 45 to 50 was for the residents.

Senator HOLLETT: The need is greater than the numbers you can take care of?

Mr. RUTH: We could discharge people from there more quickly if we felt there were other facilities for giving proper nursing care to them.

Senator FERGUSSON: I would like also to commend the witnesses on the brief and on the oral presentation. I think it was wonderful. Senator McGrand spoke of nursing homes and this is a subject in which I am interested. As former Health Minister of New Brunswick, he covered the points I wanted to make. However I should like to ask if the nursing homes referred to require a licence before they are allowed to function. I know you can deal only with Ontario.

Mr. RUTH: In Ontario there is a suggested standard, but the licensing is done by the municipality.

Senator FERGUSSON: Who sets up the standard?

Mr. RUTH: Each municipality has its own standard. A standard has, of course, been suggested by the Province of Ontario, but the municipality may or may not follow through on the suggested standard.

Senator FERGUSSON: You spoke about integration for the homes and hospitals. Would this be welcomed by hospitals?

Mr. RUTH: It would be welcomed by most hospital administrators. I think the answer to your question is yes, because parent bodies in the American Hospital Association and in the Ontario Hospital Association have formed a committee on the long term care and I know that one of their aims will be—and I am on that committee—the integration of services of the hospital and nursing homes. If it isn't welcomed by some people it is because they are not up to date on what should be done for individuals. The individual needs integration and we should do it.

Mr. LYONS: I think it is important to know it is not always necessary that the hospital itself do it all. An independent group can work integration with a hospital. I would like to point out to the senators that I think Mr. Posluns' contribution in the introduction—the philosophy he stated—is extremely important in looking at all the services. Perhaps I might be allowed to quote from this. He says:

> For many reasons, society has accepted a greater responsibility for social problems that formerly were the problems of the family. When this responsibility is translated into services for the aged, we are faced

not only with the question of whether we have programs of sufficient size and depth, but whether we have programs that are properly related to each other, as well as to the actual needs of the older person.

Then he takes housing as an example, and states how a person will build housing but not look at the other needs of the tenants in the house. He thinks that it is somebody else's responsibility. Mr. Posluns says that we fragment our services rather than try to coordinate them and bring them together. If we build a good housing project we think we have done a good job, but we have not, because the people in the housing project change. They get older and they get sick. If we built in a service to protect them there then we would not have such a huge waiting list as we do for homes for the aged.

In other words, we should try to bring the preventive and curative and activating services to where the older person is. People like to stay in their own homes. If we had a centre in each district which provided medical services, the activating services and teaching services, there would be fewer people wanting to get into homes for the aged. Dr. Roby Kidd has given an excellent talk on this.

If we had a centre from which there would be friendly visiting, and if there was a centre from which there were meals-on-wheels—if we had these services where the people really live, and if they had access to them, we could keep many people in their own homes for a longer period.

Senator FERGUSSON: I would like to ask if, in your opinion, it would be possible to provide that nursing homes come under our hospitalization legislation.

Mr. RUTH: I would hope that that is a vehicle. If we could have it done in that way then that would be fine. I would like to see it done in one way or another. I am not sure which vehicle should carry it. We seem to get into this area of health and welfare with a line between the two of them. Even though there is a great deal of co-operation, one side will say: "This is health," and the other side will say: "This is welfare".

If hospitalization insurance could be extended to cover this kind of care then it would be wonderful, because insurance basically should be for catastrophes, and I cannot think of a more catastrophic thing financially for a person than to be in a nursing home for a long period of time. You can usually pay for a tonsilectomy, but it is more important to be covered for two or three years' of care in a nursing institution.

Senator GROSART: Are the qualifications of a hospital for grants so rigid that without any further legislation the hospitals could not take over or build nursing homes and still qualify for grants?

Mr. LYONS: Hospital insurance—

Senator GROSART: I am not speaking of hospital insurance. I am speaking to your statement on page 11, that the government should establish a form of building grants such as is now in practice for the construction of hospitals. What I am asking is: Is the definition qualifying hospitals for grants so limited that if the hospitals had the initiative they could not go out and build new nursing homes, extend their own facilities, or take over existing homes and still qualify for the grants?

Mr. RUTH: I believe it is, but I hope I am wrong.

The CHAIRMAN: Wait a minute. There is a point here. Is the nursing home not an extension of the hospital?

Mr. RUTH: No, we are providing only for hospital care, and once a person needs only nursing care we are obligated to discharge that individual. Many times they need more care than can be given them in a home for the aged.

The rules are established by the Ontario Hospital Services Commission. We know that some homes for the aged have applied for grants in respect to the operating aspect, but they have been refused. There is no question in the minds of the Commission that for insurance purposes they are definitely not eligible, and I think the same is true for grant purposes.

Senator GROSART: You are talking about two different things here. I am not speaking of the Ontario hospital grants; I am talking of the federal hospital grants which are fairly extensive, and which have done a tremendous job with respect to developing hospitals. I will not pursue the question because I think it is an entirely legal one.

The CHAIRMAN: Yes, we can get the answer from our own department.

Senator INMAN: I have just one question. I was wondering in your homes, with respect to those people who go out, whether they are allowed to do a little work when they are out?

Mr. LYONS: There is perfect freedom in a home for the aged. I think increasingly, if you are going to select a person who needs a home for the aged, you have to really think in terms of criterion. To me it is a scandal that a person has to be admitted to a home for the aged because he has no other home, or because he has not the means to live outside because he does not have a big enough income. They should be provided with the income. Congregate living is not a usual form of living, and it has certain disadvantages. Therefore, people admitted to homes for the aged are going to be more and more debilitated. The amount they can do is not very much, but the only limitation upon them comes from their own physical limitation.

Senator INMAN: I am thinking of persons who cannot live by themselves, for instance, but who are able to go out and do light work. I used to obtain help in the way of washing dishes, and things of that nature. It was more or less aid. Are they allowed to work?

Mr. LYONS: Yes, we have some people going out baby sitting from the home.

Senator MCGRAND: Previous briefs presented before this committee have stressed the high cost of drugs for the aged. What is your experience in a well-run institution with respect to the use of these expensive drugs we have heard so much about?

Mr. RUTH: In our own home for the aged drugs are included in the cost. There is no extra charge to the individual. From a study done in our own home it was found that most people had two or three chronic illnesses and were on multiple medications. Many people get more than that. The only answer we have is that they are provided to all of our residents and, of course, the patients in the hospital get them. There is no question but that drugs taken on a continuous basis are expensive. An older person with a number of chronic illnesses not only uses drugs, but uses them on a continuing and sustaining basis.

The CHAIRMAN: I have just this question. Both of you talked of fragmentation and the lack of co-ordination. What do you picture as being the ideal situation? Where should the authority come from, and who should do the co-ordinating?

Mr. LYONS: I see this as coming really in two ways. I think that we cannot conceive of one central authority co-ordinating it all. I think what we have to encourage by legislation, by financial inducement and by education are private organizations, municipal organizations and government organizations to look at themselves in relation to the people around them. It will be wrong, if the only day care program in Canada in a home for the aged remains ours. I think this is something that has to be developed elsewhere. Our people

are no different from other people in the communities. It requires inducement and education to get the organizations not to say, "Let us run a nice simple non-complex setup here," but to look beyond at both the clientele they are serving and the clientele they are not serving, and see what they can do to extend the use of their institutions and facilities as broadly as possible.

Most of them are afraid of this, for two reasons and very good ones. First, it introduces a lot of headaches and, secondly, where are they going to get the money. If there were encouragement and education to do this, I think we might branch out existing services to serve a wider variety of people. Certainly, institutions with buildings need to ask themselves how can they be used for the people around them? Incidentally, as is pointed out in the brief, you may have people in institutions use other facilities outside.

The CHAIRMAN: At the local level? I wondered if that was what you were saying. I do not want to put words in your mouth.

Mr. LYONS: Mr. Chairman, I think it has to be at the local level. There is no question, because you cannot have it too far removed but I think there is need for provincial level as well, so that you will not have development in one place which does not occur in another.

What about the small place that has not the big facilities of a large city? It has additional problems, because you do not have facilities. People will say they want to keep their people in the neighbourhood with the family. This is a good principle, but there are exceptions. Every small place cannot afford to support a chronic disease hospital with diagnostic facilities necessary. An institution has to be of a certain size to make it economical to operate. You can have too small an institution and then you really cannot afford to put in facilities, because they are not used enough. There are limits to this. I think that even in a small place it is possible to build up a complex of related services, one that relates to another, nursing homes, hospitals, diagnostic centres, and other services, which come out and serve people in their homes.

In small places it is just as possible to do it as in big cties. In fact, in big cities you would have to break the city up into areas, because no one could relate the big mass we have in Toronto and it has to be done in sections. I think that is why we have developed our services, because we are relating to a section of the community. I think it is possible to have this in small places if there is co-operation and education and if there is high level planning, encouragement, and financial help.

This is the second level. In answer to your question, Mr. Chairman, I think there is a planning level in the local community and at the provincial level, to stimulate the growth of these things in the community. People do not know of the possibilities or they are afraid of the possibilities. If they can be helped financially and by education they will develop it. I will give one example. In the legislation in Ontario there is provision for sharing costs of nursing care in the home and very few municipalities have picked this up, partly because the municipalities do not want to add to their costs and partly because most people in the municipality had no idea that such legislation exists.

The CHAIRMAN: Have you anything to add, Mr. Ruth?

Mr. RUTH: The place to start is on the local level.

Senator GROSART: This is the question to which we have been trying to find an answer in all our meetings, and we have not got it yet. I know we have dealt with inducement, co-operation, planning, the need for planning, the building up of a complex and stimulation. We are all agreed on that. This is one of the big jobs we have in this committee. We have to say that

somebody should be doing this. Somebody has said it should be "at the local level". Whom do we mean? At the local level? We have been saying this for years. On whom should we, as a committee, hang this responsibility? We cannot say just "the local level" because this does not exist in practical politics. There is no such thing as "the local level", unless you say "the city council" or "the municipal council" or "the provincial government" or something like that. Can you help us on that?

Mr. RUTH: The group in Metropolitan Toronto was concerned with the shortage of hospital beds, and the firm of Agnew Peckham and Associates were employed to do a study of hospital facilities. We know that out of this group will come a recommendation—I have not seen it, but I think they will recommend that a planning board be developed, and I think this will include not only hospital people, because they have a vested interest, but a group of people in the community, working with the local level of government, to plan hospital facilities.

The day before yesterday, at a meeting of the Ontario Hospital Association on Regional Planning there was not a person who did not agree with the regional planning of hospitals and health facilities. To try to be specific, that this is done at the local level by a group of people in concert with the municipal government.

Senator GROSART: That is very interesting, because the fact of the matter is that this is the approach which has always been taken when we see there is a problem. When there is a great need for education we think of schools, facilities and teachers. When we need water, we say we should set up a public utility and give them responsibility. All our other needs are finally solved by tagging the responsibility on somebody, either elected or appointed. In this great area of the needs of the aged, it seems that we have taken an entirely different view from that which we have taken of the needs of youth. That is why I am interested in someone telling us who should be the public utility—should it be the school board, the voluntary planning board? We have a very good one in Toronto, but it has not authority.

Mr. RUTH: If the voluntary planning board does not do it, the Government has a duty to push it to do it.

Mr. LYONS: When you are talking about education, you are talking about something which is quite different and which can be made definite. When you are talking about the aging you are talking about all people with all the range of needs. We do not have any one body in this community which is responsible for the welfare of youth. We do have a body responsible for the education of youth. I am in a little disagreement with the senator on this, only in this respect. I do not really think that the problem is who will do the planning. If we wanted to find a group to do the planning and say we have some resources, we will find the appropriate body in each community which could do this. It may be a combination, as Mr. Ruth says, in one community of the existing organizations with the Government and so on, and in another community it may be the county board, but we will find it if we have the go ahead and the resources.

Senator GROSART: I will have to go back and ask, "Who gives the go ahead?"

Senator ROEBUCK: I have one question. I have before me the recommendations and I would appreciate that the witnesses cannot perhaps answer this question, and I will not criticize them if that is the case. I read (1) capital grants for the development of nursing homes; (2) financial assistance; (3) development of housing; (4) financial assistance for homes for the aged; (5) capital grants. How much money does that involve? Have you considered this at all?

As I say, the question is difficult, but we have to be practical on this committee, you know, and we hope that our recommendations will be read by people who are responsible, as well as by the general public.

We are going to have to formulate some propositions. It is all very well to enumerate a lot of very fine objects to be served by money. But we have to think about where the money is coming from, and how much, and so on. Have you gentlemen any information along those lines?

Mr. LYONS: I would say, first, in reply to this, that obviously I do not have any idea at all. I do not think we can answer the question until we have really made a survey of the need for nursing home care, who should be in a nursing home and so on. We do not even have the information necessary to be able to say how many nursing homes should be built, what size and of what kind, because the need of nursing home care is relative to the availability of other services. If we had a meals-on-wheels and a home care program, maybe we would not need to have some person in a nursing home. It is very important it be pointed at that the need for this more expensive kind of care is relative to the proliferation of supporting services that keep people out of this kind of care.

The CHAIRMAN: I think you have said that you do not know.

Mr. LYONS: Right.

The CHAIRMAN: If there are no more questions, may I say that a few of the senators have already expressed their appreciation for your answers, and for the very sound and reasoned brief you have presented. I think you have helped us a great deal, particularly in your emphasis on one aspect we have not touched on too well before, dealing with the nursing homes. We are both thankful and appreciative. Thank you very much.

We now have appearing before us representatives of The Canadian Home Economics Association. First, Mrs. H. Beverley Reichert, Chairman of the Foods and Nutrition Committee of The Canadian Home Economics Association. Mrs. Reichert received her education at the University of Toronto, specializing in food chemistry. She was a biochemist of the Caven Memorial Research Foundation for three years, and has been senior nutritionist of the Milk Foundation of Toronto since 1958. She is a member of the Toronto Home Economics Association, the Ontario and Canadian Dietetic Associations, Ontario Educational Association, Toronto Nutrition Committee, and Chairman of the Foods and Nutrition Committee of the Canadian Home Economics Association.

With Mrs. Reichert is Miss N. Frances Hucks, Supervisor of Foods and Nutrition, Home Economics Service, Extension Branch, Ontario Department of Agriculture. She also was educated at the University of Toronto. She was on the teaching staff of McDonald Institute, Guelph, for two years. She was assistant food editor of *Chatelaine* Magazine for nine years, and nutritionist of the Milk Foundation of Toronto and the Associated Milk Foundations of Canada for twelve years.

Miss Hucks is a member of the Toronto Home Economics Association, the Canadian Home Economics Association, the International Federation of Home Economics, and the Toronto Nutrition Committee.

Mrs. Reichert, I believe, will speak first.

Mrs. H. Beverley Reichert, Chairman of the Foods and Nutrition Committee, the Canadian Home Economics Association: Mr. Chairman and honourable senators: the brief which we are presenting to you today deals essentially with the nutritional needs, food costs and community services related to providing or preparing meals for the aged.

When we talk about food costs for an elderly person it seems only appropriate that we should start by talking about that person's nutritional needs, and existing food habits. From this we can progress into food costs, and then go into a field which was mentioned this morning, those community services in a community which could provide, or in some cases already do provide, for the old person.

In our definition, we have decided not to touch on nursing homes, or homes for the aged because we felt this is a field that was large in itself, and that in order to do justice to the job ahead of us, we drew our own limits and did not go into this question. The two briefs to be presented this morning will perhaps complement one another.

At present, the Food and Nutrition Committee of the Canadian Home Economics Association is in Toronto. Fortunately we have very good contacts with other members of our association across Canada, and we have been able to build up a good deal of information or obtain a good deal of information from these people, especially on community services. This is the point of view from which the brief has been prepared.

With regard to nutritional needs and food requirements, from study of scientific data there is no evidence to suggest that the old person requires anything especially different from the normal adult. The only difference in this particular case is the fact that their calorie requirements are less. This is due to the fact that there is a decrease in the rate of metabolism of the body processes. (The process of aging goes on, incidentally, from the day one is born.) It is also due to the fact that elderly people are necessarily less active. From the latest figures of the Canadian Dietary Standard as shown on page four, paragraph 14 of the brief, we find that the recommendation for the calorie level for elderly people over 65 years of age is, for women 1500 to 17000 calories; for men, 1800 to 2100 calories per day, which is about 500 calories less than a young adult for each of these categories. We examined the individual nutrient requirements, and the figures are given here for your information; but generally speaking these quantity requirements of the individual are the same as for the normal young adult. Of course, the food nutrient or nutrients can be obtained from food; they do not need normally, under general health conditions, to be obtained from anything else. Canada's Food Guide, the single page, of which you have a copy, can be obtained from the local department of health, and it describes in a general way the five food groups that supply us with the proper nutrients, and if we select foods from each of the groups every day, we can be assured of being adequately fed or nourished. There is no need, under normal health circumstances, for anything else besides these foods.

The CHAIRMAN: That is very interesting. We will put Canada's Food Guide on record.

Mrs. REICHERT: Proceeding to page six of the brief, studies have been done in great proliferation in the United States, and to some limited degree in Canada, as to the dietary requirements; in other words, what are the elderly people eating, and also biological studies to determine their so-called nutritional status, and it is certainly apparent that they are not eating properly. In a survey of our population groups, as for instance in Ontario, where a study of teen-age habits has shown that they also are not measuring up to Canada's Food Guide as far as food intake is concerned, at least, not with respect to our protective foods. With the older age groups, from these studies we realized that on their own they are not eating properly, and secondly the biological tests where they have been done do bear out that they are, on the average, not eating well. It is unfortunate that we have not been able to obtain a great deal of information on the Canadian eating habits of old people. There just doesn't seem to be anything much, although we do not know the Department of National Health and Welfare, Nutrition Division, was doing a survey across Canada in the last three years on the eating habits of the old people, but these results are not at present available. They should be available soon because we understand the survey is complete or almost complete.

What is the source of so-called eating habits of old people? People in general form their eating habits in their younger years, and by the time a person reaches eleven or twelve his or her habits as far as food is concerned, as in other things, are well formed. As Mark Twain said "Habit is habit, not to be thrown out the window, but to be coaxed downstairs one step at a time." It is more desirable to form good habits in youth than to try to change them once they are formed. There are a number of things which influence how we eat. We develop our habits in childhood, and as we proceed through life certain circumstances influence us. And with older people cooking facilities is one thing that would influence how a person would eat and also whether they are living with a family or at home, their nationality, and perhaps the problem of dentures, which would make a difference as to whether they could manage more solid food or not. There is also the question of the physical ability to cope with shopping and of course meal preparation affects how well they eat.

On the subject of food costs, to determine how much it would cost to eat properly, Canada's Food Guide was used.

The CHAIRMAN: This is on page 9.

Mrs. REICHERT: The list of foods that was drawn up to provide the necessary food intake for a day, a week or a month was patterned after Canada's food guide, and on the basis of 1,800 calories per day. On page 10 you have a list of the food items, how much of each is required, and the price, and this price has been derived from the Dominion Bureau of Statistics price index for October 1963, so that this is a Canada-wide average. From calculating the food list for one week and multiplying by the factor of 4.3 and allowing for the fact that a person is living alone and therefore is not able to shop in large quantities and take advantage of the economy of this method of buying and the certain high percentage of food wastage, we figure that one person living alone could possibly purchase the proper amounts of food for $25.26 a month. This, however, assumes a couple of things; it assumes they have a good knowledge of nutrition and good buying practices, and it assumes all meals are eaten at home, and it assumes they have a good basic knowledge of how to go about this particular problem.

Now for a couple, of course, you can do things a little more economically and per person you would expect to spend $22.45 per month. These are minimum figures. They do not allow for any extras or any whims. They allow only for bare minimum purchases. On that basis you can do it on this amount of money.

On page 11 a comparison is given between the figures for monthly food costs with this particular list, and from the figures that have been given and secured from other sources where this kind of calculation is done. For example in Halifax, from the Nutrition Division of the Nova Scotia Department of Health, we find it is $26.53 monthly for a man living alone and somewhat lower for a woman. The other figures are more or less comparable. All of these were calculated for a healthy person. At the moment I cannot give any further details but perhaps Miss Hucks can elaborate a little.

Miss HUCKS: Perhaps it is better for you to finish first.

Mrs. REICHERT: You can see the figures devised from this list for Canada are used to calculate the minimum food allowance.

Now Mr. Ruth and Mr. Lyons expressed the view that it was perhaps desirable from a number of points of view to maintain the person in the community, and if there are certain community services which will provide among other things facilities, in one way or another, for proper food perhaps a person can remain an integral part of his or her own community for a longer period of time before they require, if ever, to become a resident of a home for

the aged or a nursing home. We also have taken into consideration the points of view that have been mentioned, and the number of services available in the community that could, or might, or already do, provide meals. One is a homemaking service. The Visiting Homemakers Association in Toronto did a pilot project on this basis of homemakers for older persons in the years 1957 to 1960. They did this in Toronto in a defined geographical area. They found the service to be particularly valuable during this period and 139 clients were served. Some of them paid for the services according to their ability. Those who could not afford the services obtained them free. It was noticed that 57 per cent of the clients requested the homemaker to prepare food. This is more than half. Forty-one per cent asked the homemaker to shop, and food shopping was the type most needed. The encouragement of good food habits was an integral part of the service, and many of the clients ate good meals because the homemaker prepared them.

Homemaking services are provided in a number of centres in Canada. The Red Cross provides homemaking services to families with children and to old people. There are 29 centres of the Red Cross in Ontario alone that serve families and the aged. Two branches of the Red Cross in British Columbia and two branches in Nova Scotia provide such a service. Visiting Homemakers serve the aged in both Hamilton and Ottawa, but this agency in Toronto serves only families with children. Winnipeg has a family bureau which provides homemaker service to families and to old people. The Homemakers Association in Toronto does not serve older persons but only families with children. Their 3-year project was terminated because of lack of funds. There may be others in Canada, but these are the ones we were able to find out about.

The CHAIRMAN: Would it be possible to elaborate on that?

Mrs. REICHERT: I think they were united services.

The CHAIRMAN: When you said they were terminated because of lack of funds I thought you might elaborate on that.

Mrs. REICHERT: I cannot give any more information than that.

There are two provinces in Canada which have legislation for homemaking and nursing services, enabling the municipalities to purchase the services of a homemaker in the particular municipality. The province will reimburse the municipality approximately 50 per cent of the cost of the service. The homemaker can come from an already existing agency, or she can be a person in that community. This depends on the size of the community as well.

There is an interesting side line to homemaking services, and that is that older people can be very often employed as homemakers for other old people. Both older people obtain great benefits from this arrangement because they get companionship, sympathy and understanding between the individuals involved.

There are many day centres or clubs, but these are chiefly social and recreational. This is a very widely developed type of community service, especially in the large municipalities. There are, unfortunately, very few of these day centres or clubs that actually have facilities for even the most meagre preparation of meals. There is a great deal of variation as to how these social clubs operate. Some operate five days a week, and some only operate one day a week, and so on.

The Second Mile Club in Toronto has only limited kitchen facilities for simple refreshments such as coffee, tea and toast, but an excellent example of what can be done in this field of day centres is the Good Companions Club here in Ottawa where two meals are provided to the people coming to the club. This club operates six days a week. We mention this in paragraph 57 on page 12.

For people coming to the centre lunch is provided for 25 cents and dinner for 40 cents. However, it has been found that people will not come just for a meal; that they have to be lured to the centre for other things, and then the meal has to be provided incidentally.

The CHAIRMAN: Will bingo help?

Mrs. REICHERT: Certainly.

In Toronto in 1953 there was an acute need for meals for old people. The Red Cross provided a dietitian, and one of the churches donated facilities for a hand-out meal, but the people just did not come. They were too proud to come for a handout.

We were very interested to learn about the day care centre in connection with the Jewish Home for the Aged. This really did seem ideal. People come to this day care centre, as you have learned, for occupational therapy and work, and are provided with two meals a day. This allows a person to remain with his or her own family, and still be looked after by a community service.

In Ontario there is Special Home Care where the Ontario Homes for the Aged Act in their regulations provide private home care in the community where needed, and this allows an older person who is in good health to live in a private home which operates in conjunction with the municipal homes for the aged. Legislation providing for special home care requires certain standards for healthy physical surroundings, and so on, but there does not seem to be too much set down in the way of food services.

A project that has been mentioned at this session, and at some of the previous ones, is Meals-on-Wheels. This is very well developed in the United States and in England, and in other countries such as New Zealand and Norway. It consists of meals to clients who are homebound and usually aged, but not always necessarily so. This is mentioned on page 14.

Usually voluntary organizations take a large part in, or instigate, such a project. This project has to be tailored to the needs of the individual community, and it arises out of the needs expressed within the particular community.

One of the interesting details of this is the fact that in spite of the large size of some of the municipalities that are served there are not that many people at one time being served, although this certainly seems like a worthwhile type of thing to do.

For example, Syracuse in New York has about 50 recipients at one time. This takes approximately 15 volunteer workers per day to help with the delivery of the meals.

The meals-on-wheels service has only been instigated in one centre in Canada, and only very recently. This is in Brantford, Ontario, where the Red Cross and the local chapter of the I.O.D.E. initiated the service in November of last year. They served ten or twelve persons at a time, and they provided one hot meal a week. Even at that they feel from doing this that they have contributed substantially to the well being of some of these older people in their community. Incidentally, the population of Brantford is about 38,000.

There are several other centres which have investigated the possibilities of meals-on-wheels projects. One is Winnipeg which, since the writing of this brief, has overcome its financial difficulty in getting the project started. It has now to decide which of the agencies is going to do it, and it anticipates going ahead. In Halifax the Soroptimist Club has done some research into this project, and they anticipate beginning meals-on-wheels.

With respect to page 15 I would just like to mention our conclusions. They are:

1. The nutritional needs of the older person are similar to those of the young adult, with the exception that the calorie requirement is lower.

2. Many of the older people in our population in Canada are not eating properly.

3. A healthy mental attitude to old age, and in old age, is conducive to well-adjusted and physically healthy old people. The mental and physical health of an individual affects appetite and food intake, and food intake, on the other hand, affects the general health of the person. The one complements the other.

4. People who, through education, have more knowledge do make better food selections.

5. Adequate food can be easily obtained and at relatively low cost, providing that the person is aware of its importance, and has a good basic knowledge of food shopping and food preparation.

6. Few of the existing community services make any provision for the serving of meals or the furnishing of help in solving food problems.

Our recommendations are on page 16:

1. Provinces should be encouraged to make use of federal health grants for research, including surveys, in nutrition and foods for our Canadian population over 65 years of age.

2. Publicity be given to the results of the Canada-wide geriatric survey of the Nutrition Division of the Department of National Health and Welfare, when those results become available. That these results be used as a stimulus to the education of all age groups as to the importance of food for general good health throughout life. It would naturally follow that this would exist in older age.

3. Volunteer and other agencies who provide service to older people, especially homemaker service, be encouraged, by municipal and provincial welfare councils, to:

(*a*) Train homemakers in the care of the older person, especially with regard to nutrition, food habits and special diets;

and

(*b*) promote the extension of the program of day centres and clubs to give practical information in the form of demonstrations, short talks and discussions on such topics as shopping ideas, easy to prepare menus, new foods and budgeting.

(*c*) Use be made of local professional persons, e.g. home economists, dietitians and nutritionists, at least on a consultation basis, in doing these two things.

4. Provincial departments of education give consideration to the emphasis of the following subjects in the curricula for secondary school students, both boys and girls:

nutrition
food purchasing and money management
family relations.

5. Federal and provincial assistance to municipalities be extended for the benefit of the aged, and full use of such assistance be vigorously promoted along such lines as:

Meals-on-Wheels
Homemaking Services
Provision for meals for the older person at day centres and clubs.

6. Government funds be made available for the extension of services of homes for the aged to include day centres such as The Jewish Home for the Aged, which would provide recreation, occupational therapy and meals to elderly persons in the community.

7. Use be made of mass media, such as television, radio, newspapers, especially community newspapers, to give clear, concise and convincing information on simple food facts, food shopping, and the importance of food to overall health. The Nutrition Division of the Department of National Health and Welfare, and the Consumer Section of the Federal Department of Agriculture could provide the facts, and Provincial Health and Agriculture Departments, and municipal health departments should promote the use of such information within their own areas.

8. The Food and Drug Directorate assume even closer scrutiny of food quacks, and quick-cure promoters, especially those that take advantage of the more vulnerable older person.

It is true that the older people, just because they are old, are perhaps more interested than the younger people in maintaining good health. They do become vulnerable to these people. It was noticed in yesterday morning's paper, the Toronto *Globe and Mail,* that there is a Senate Investigation Committee in the United States, in Washington, investigating just this very thing. About $500 million a year is extracted from the public in general, by the quack promoters who are promoting useless pills and so on, and books that are based on not very sound nutritional information but which try to persuade a person that they will be better off and perhaps can cure some of their diseases and their tired blood if they buy their product or book and so on. There is a lot of this mis-information and sometimes it is a very smooth racket. They know the intricacies of the law and they can skim along very nicely, and you cannot pin them down, you cannot get them, they know the loopholes and take advantage of them.

Miss HUCKS: One thing we had in our minds when preparing this was that so much of the information about the care and attention to the older aged group is that one rather assumes that they are sick. We are thinking of the healthy aged person and not the institutionalized, the one who does need help, information and companionship and so on, and it is not the easiest group to reach. We did try to keep this in mind. The point of course is that many older citizens are not really old in spirit or practice and they manage very nicely. There are a great many of them living in their own homes, looking after themselves, not requiring assistance, but in some communities welcoming compansionship, social types of clubs. Through those we felt that a number of these people would be reached, if information about food were required and desired by them.

Senator MCGRAND: Is there any difference in the value of the amino acids derived from vegetable or from protein? You mention that in one particular place, the lack of protein that people take. Is there much difference in the value of the amino acids and the protein?

Mrs. REICHERT: Yes, there is. There are eight essential amino acids which are a sort of integral part of the protein molecule; and animal proteins are what we call complete proteins, in other words they provide all of these essential amino acids in the right proportion—certain cereal proteins do provide amino acids but they do not always provide all eight. They could be very low in one or two. Wheat is low in lysine which is an essential amino acid and if you consume an incomplete protein from a cereal or vegetable source, with a complete protein, the amino acids in the particular complete protein fulfil the requirements for amino acids. Therefore, the animal protein enhances the value of the cereal protein.

Senator McGRAND: Why is it these old people have a tendency to neglect cheese and meat and they eat a tremendous amount of bread, and it is not just always a question of poor dentures?

The CHAIRMAN: Is it money?

Mrs. REICHERT: It could be money, it could be convenience.

Senator McGRAND: Is it that the bread comes so easily, as toast and so on?

Miss HUCKS: It is there, it is sliced and one has only to spread butter on it.

Mrs. REICHERT: When these old people were young, cheese was not eaten as much as it is now.

Senator GERSHAW: The nutritional needs are very well set out. I would like to hear some comment on the quantity of fat. I know some people who do not take fats at all because they are afraid of arteriosclerosis. It says here that calories up to 25 per cent can be of fats and the reason it is not higher is because of impairment of the liver. I would like to know what your idea is as to the relationship of animal fats and arteriosclerosis.

Mrs. REICHERT: This is a very good question. From the scientific evidence available to date and probably you are aware that there are many who are promoting the idea that we should change our diets to vegetables, vegetable fats and so on,—however, you will find that the authorities on nutrition will tell us that the middle of the road is still the best way. In other words, there is really no scientific evidence to prove that people should go about changing their diets helter skelter on their own, just in case they might get arteriosclerosis when they get older.

I think on the other hand of a doctor examining an individual patient and who might feel that a particular person may require a less saturated fat or less animal fat diet, and this is certainly to be followed in this case. But for an ordinary individual to change his food habits, to get rid of animal fat, it deprives him of more nutrients than if he continued the regime and followed Canada's Food Guide. Unless the doctor tells you, you should continue to eat a normal selection of foods.

Senator McGRAND: Do you still regard milk as the ideal food? I have heard of some articles which say that milk may be a cause of a lot of the trouble in the human body, because human beings are the only ones who consume milk after the weaning age, and all through these years it made a mistake, in drinking so much milk.

I ask that question because we know that margarine has replaced butter to a great extent, has it not? There is no mistaking that at some time we are going to have produced a substitute for milk. They have it, but it is not on the market, but it could be available, I think, when the appetite develops for it. Do you know anything about that?

Mrs. REICHERT: Your question is, should we be continuing to drink milk?

Senator McGRAND: Should we develop the idea of a milk substitute?

Mrs. REICHERT: Is there really any need to do so?

Senator McGRAND: Milk now is about 25 cents a quart.

Miss HUCKS: Whole milk. Skim milk is cheaper; and skim milk powder is cheaper still; and you still get the nutrients there.

Mrs. REICHERT: Nutrient-wise, if you wish to balance the milk proteins against the others such as meat, you will find that milk is cheaper. And at the moment there is no other means of getting calcium.

Miss HUCKS: Yes, and without it we cannot get enough calcium.

Senator McGRAND: Milk still is the best?

Mrs. REICHERT: That is our thinking.

Senator MCGRAND: What about Metracal?

Senator GROSART: There is an apparent contradiction which I am sure you can explain. We had some professional evidence here the other day which indicated that, of old people entering mental hospitals with some symptoms of senilitude or apparent senility, that 30 per cent could be very quickly discharged by an adequate reinforcement of their diet. Now, your brief states that the requirements of older people are about the same as those of a young age. You also indicate that these deficiencies have occurred because of eating habits over a long period of time. My question is, what percentage of all people of 65, including ourselves here, could benefit materially in respect to our aging by an adequate reinforcement of our diet?

Mrs. REICHERT: I think that is something for the individual doctor to determine on an individual basis. You cannot rate it by a certain percentage of population. Also it is not going to correct the eating habits which caused the inadequate nutritional state, to begin with.

Senator GROSART: I am giving you particular statistics that 30 per cent would be discharged from hospital, and this was evidence given by one of the outstanding men in the field, that 30 per cent of persons with apparent senility could be discharged from hospital—I believe he said in a month. That was very startling evidence to me.

The CHAIRMAN: That was stated by Dr. Roberts, I believe.

Senator GROSART: You have said, and I think it is a contradiction of what is in your brief, that most old people are trying to live on inadequate diets.

Mrs. REICHERT: Yes.

Senator GROSART: Surely, then, there must be a high percentage who can have their aging situation improved by going on adequate diet.

Miss HUCKS: The inadequacy of many of the diets of older people is not marked enough to cause clinical disease, really. It would result in a lowering of efficiency, with perhaps very few physical symptoms apparent.

Senator GROSART: Possibly quite pronounced mentally.

Miss HUCKS: I had a limited period of experience in a mental hospital; and new admissions to that hospital in many cases were physically very much under par. They were always treated physically before they started giving mental treatment. They were examined and given special foods, or additional foods, or whatever might be indicated. Certainly the improvement in their mental attitude would be apparent. It would not be complete, necessarily, but improved physical condition was looked after first, and then they went at the mental aspect.

Senator GROSART: Would that not apply to some of the percentage figures in the appendix to the brief, as for instance item No. 8, which states that of 200 individuals over 65 years of age, 68 per cent were more than 10 per cent overweight, and all through you have statistics showing a very high level of obesity, which certainly in older people is going to lower their efficiency and add very greatly to other problems, such as weight and so on. That is why I am pursuing the question. Is there not a tremendous field for improvement in the level of diet adequacy in the education and care of old people?

Mrs. REICHERT: Definitely so.

Miss HUCKS: And every other age level too, sir.

Senator GROSART: I agree.

Senator MCGRAND: To follow upon Senator Grosart's question. Of course, these inefficiencies due to lack of adequate diet when linked up with boredom and loneliness, goes on and becomes a mental deterioration.

Miss HUCKS: It is a vicious circle, the more bored a person is, the less interested he becomes in his food.

Senator GROSART: And the more you eat the wrong foods.

Miss HUCKS: Yes. The attitude is taken that it doesn't matter—"I am a little hungry",—and that is it.

Senator MCGRAND: I was quite serious when I asked that question about Metrecal.

Mrs. REICHERT: With regard to Metrecal, it provides about 900 calories a day. Now, you can lose weight with that. No doubt. Roughly speaking, the average caloric requirement is 2300 or 2400 calories, and you can expect to lose about two or three pounds a week on Metrecal; but what does Metrecal do for the poor eating habits that caused the weight, to begin with?

Miss HUCKS: And who wants to live on it for ever?

Mrs. REICHERT: It does not do anything; and as a nutrient it is more expensive than food.

Senator MCGRAND: For people who need a supplement, would Metrecal serve as the supplement?

Mrs. REICHERT: It could, because Metrecal was first used as that when it was first put out. It was originally a supplement for inadequate eating. Then they got the idea of weight reducing later.

Senator FERGUSSON: I have a couple of questions to ask. At the foot of page 6 of the brief it is stated:

> A noteworthy observation from nearly all of these studies is the prevalence of malnutrition in the form of overweight.

Then on page 7:

> Another worker, A. B. Chinn found that among those of relatively high income, extremes of under and over nutrition were handicaps to rehabilitation.

Could you elaborate a little?

Mrs. REICHERT: Overweight is considered a form of malnutrition and certainly you can become overweight by not eating properly.

Miss HUCKS: And that tendency for the older citizen, to take tea and toast and jam, stresses the carbohydrate, starchy foods, which in sufficient quantities will put on weight, but not supply the nutrients required.

Senator FERGUSSON: When you state on page 7 "extremes of under and over nutrition were handicaps to rehabilitation", do you mean that people lose their interest in becoming rehabilitated if they do not obtain adequate nutrition?

Mrs. REICHERT: It would affect their mental attitude, certainly.

Miss HUCKS: And if carried to an extreme over a period of years, as mentioned earlier, it is very difficult to change habits, particularly such personal habits as eating.

Senator FERGUSSON: And certainly, I suppose, when a person eats the wrong foods, which they like very much?

Miss HUCKS: Especially when they have been eating them all their lives, and it is difficult to try to improve their eating habits.

Senator FERGUSSON: But it is not hopeless; it can be done?

Miss HUCKS: Oh, it can be done, but sometimes it seems hopeless.

The CHAIRMAN: We heard a great deal of talk from people in the earlier hearings about meals-on-wheels and how well they were doing in Britain, and how well in other parts of the world. Then we heard about Brantford, which you reiterated today. We also heard about 14 centres in the United States. When

you speak of Philadelphia, a city of about one million people, Rochester and Syracuse, with populations of 250,000, you state that the average number of recipients at any one time was 24. In Ontario, Brantford, with a population of 38,000, 12 persons are provided with one hot meal a week. Where is the need, when we get down to 24 recipients in a city of one million persons? What is wrong?

Mrs. REICHERT: I think it requires a fair number of people per person to do these projects as they are now being carried out. I do not think it would be impossible that if they were taken in on a more highly organized basis that you could serve more people with that personnel.

The CHAIRMAN: Let us just take Brantford, served by the Red Cross and the I.O.D.E. You could not have two more devoted groups.

Mrs. REICHERT: No.

The CHAIRMAN: And there you have 12 people at the cost of 50 cents a meal, and if they can't pay they will be looked after. Are there not in cities of 40,000 more people who would need that service or use it?

Mrs. REICHERT: I would think there would be if they are able to handle it.

The CHAIRMAN: You mean that is all they can handle. Is that what you are saying?

Mrs. REICHERT: Yes.

The CHAIRMAN: There is a greater need but help is not available?

Mrs. REICHERT: Yes.

Senator GROSART: There is another factor that you have drawn to our attention and that is that people don't know about these services.

Mrs. REICHERT: That is true, particularly in some of the municipalities. But in centres like Toronto the Metropolitan Social Planning Council, and also the Winnipeg council make a tremendous contribution to the co-ordination of these organizations in their community. Also in Ontario there is an Ontario council which acts as a co-ordinating centre for distributing information to some of the service organizations. These bodies could do much to promote the idea of meals on wheels.

The CHAIRMAN: Any further questions?

I may say on behalf of the committee to both of you how delighted we are and how pleased we are and how pleasant it was for us to have you sit here and hold your own with these fine old family doctors who have been around a long time and who are such distinguished men and who know this subject very thoroughly. This is a very specialized subject and you can rest assured the brief was read by all of us with a considerable amount of interest. This is a neglected field, and you have done much to help people know about it. It will go out in the minutes, and people are reading the minutes, but whether they do anything about it or not we don't know. On behalf of the committee we thank you very much.

The committee adjourned.

APPENDIX "E"

THE JEWISH HOME FOR THE AGED
AND BAYCREST HOSPITAL

3560 Bathurst Street, Toronto 19, Ontario—Telephone Russell 1-3501

President, A. Posluns; *Vice-Presidents,* F. Godfrey, A. Levine, J. I. Oelbaum, B. Sadowski, M.B.E., S. L. Shendroff; *Treasurer,* A. Ginsburg; *Honorary Secretary,* H. S. Rosenberg, Q.C., *Administrator,* Sam Ruth.

February 14th, 1964.

Mr. John A. Hinds, Secretary,
Special Committee on Aging,
Senate of Canada,
Ottawa, Ontario.
Dear Mr. Hinds:

This Brief is being presented on behalf of the Baycrest Hospital, the Jewish Home for the Aged and the Baycrest Day Care Centre. These 3 organizations are set up under separate Charters, but they are located in one building and are operated under one central administration.

We have had the privilege of reading the reports of the witnesses who appeared at the first seven proceedings held by the Special Committee of the Senate on Aging. These witnesses covered a good deal of statistical material and presented a panorama of facts and needs about our aging population. These points mainly revolved around the aging person and how he was maintained, and how he attempted to maintain himself, in the general community.

Therefore, we will attempt to highlight those areas of care that are needed once the aged person faces difficulty in maintaining himself in the community. Even though we will place great emphasis on institutional care provided by the homes for the aged, chronic hospitals, nursing homes, etc., we also will attempt to show that properly designed programs for the aged can deter admissions to homes for the aged, nursing homes, chronic hospitals, etc.

To achieve these purposes, we will base our Brief on the experiences we have gained by trying to meet the needs of the people who have applied to our hospital, home for the aged, and Day Care Centre for assistance.

We would appreciate an opportunity to appear before the Senate Committee on Aging. We would hope to elaborate on our presentation as well as to answer any questions the committee members might have re our recommendations, or any other facts presented in our Brief.

This Brief is presented on behalf of the Jewish Home for the Aged, Baycrest Hospital, and the Baycrest Day Care Centre by:

A. Posluns,
President.

A BRIEF
TO
THE SENATE OF CANADA
SPECIAL COMMITTEE ON AGING
Presented by:
MR. A. POSLUNS, PRESIDENT
Jewish Home for the Aged,
Baycrest Hospital,
Baycrest Day Care Centre.

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INTRODUCTION

Out of our experience we have gained an understanding of the problems which are created in the lives of older people, not only because of the lack of services, but also because of the fragmentation and lack of coordination between existing services.

For many reasons, society has accepted a greater responsibility for social problems that formerly were the problems of the family. When this responsibility is translated into services for the aged, we are faced not only with the question of whether we have programs of sufficient size and depth, but whether we have programs that are properly related to each other, as well as to the actual needs of the older person.

Take housing for example. Public housing programs, and the legislation which undergirds them, are related to one aspect of the aged person's need,

mainly shelter. But the person for whom these apartments are intended also have health, recreational, educational, dietary and other needs. As we will point out later in greater detail, these needs can, and should, be reflected in housing for older people by including facilities for health examination, educational programs, vocational, recreational and workshop activities. The extent to which these facilities should be planned into the housing project is dependent upon the availability and the proximity of these services and whether the tenants in the housing development are able to make use of services outside of their apartment as they become older and more feeble.

These services, once planned for people in the housing project, should also be available to older people in the immediate neighbourhood so they too can make use of them, thereby, enabling them to remain in their own homes, in their own neighbourhood for longer periods of time. The idea that the development of these facilities in an apartment is the concern of someone else, other than housing authorities, is an example of the kind of fragmented thinking we have in developing services for the aged people.

The same problems occur in setting up recreation services which restrict themselves to one-sided needs and do not build in health educational services, vocational services and community projects such as Friendly Visiting, etc.

No one organization or service can attempt to meet all the needs of an individual. However, if an organization looks to the community to see how the community's services can supplement the organization's services, they will be on the road to offering a more comprehensive program for their clients. It also behooves the various organizations and institutions to look at themselves to see how they can make their services and organizations available to people in the community, thereby making a better use of existing resources as well as developing a more integrated approach, designed to meet the actual needs of aged people.

We believe, as we will attempt to show, in this paper, that by paying attention to the individual needs of older people that we have been pushed to adopt this approach. It is not reflected in all aspects of our work, but we feel we have established a good foundation for it.

Objectives and Explanation of Existing Programs

(i) *Baycrest Hospital*

The Baycrest Hospital is an 87 bed, fully accredited, chronic disease hospital. It admits patients in need of rehabilitation, terminal care and extended care. One of the outstanding aspects of the Baycrest Hospital is its formalized integration with an acute general hospital. (see appendix A).

(ii) *Jewish Home for the Aged*

The objective for the Jewish Home for the Aged is to give care to aged people who are in need of a protective environment. People in need of this care would include those with senile dementia; those in need of extended nursing care and assistance in activities of daily living, as well as those people who cannot cope with independent living because of social problems. The average age of admission is 82. The Home is faced with a waiting list of 250 people. Only 40 people can be admitted each year. Because of our waiting lists, and because we feel premature admission to a home for the aged can be harmful, we have assigned qualified case workers to counsel and assist those people who have requested admission to the Jewish Home for the Aged. We were not only able to assist people while they were awaiting admission, but we also found we could improve upon their social, physical and mental health. Out of this grew the Day Care Program which is detailed in the next section.

(iii) *Baycrest Day Care Centre* (see appendix No. 2 for detailed explanation)

At this time, we would like to state that not only the Day Care Program, but all of our programs have been established not as single solitary units, but as part of a fabric, each one interwoven with the other for the benefit of the individual.

II INTEGRATED PROGRAM OF BAYCREST HOSPITAL, JEWISH HOME FOR THE AGED, BAYCREST DAY CARE CENTRE WITH OTHER AGENCIES.

These organizations are associated with, and work with, such planning organizations as the Ontario Hospital Association, the Hospital Council of Metropolitan Toronto, Ontario Association of Homes for the Aged, Social Planning Council of Metropolitan Toronto, Ontario Welfare Council. We also are closely associated with the United Jewish Welfare Fund which acts as the planning body for the affiliated Jewish agencies in Metropolitan Toronto.

In addition to these planning organizations, we also have established working relationships with other hospitals and agencies to assure comprehensive care for the individuals we are responsible for, as well as to assist the agencies give better care to the individuals they are responsible for. We also have developed formalized working relationships with the following organizations in Metropolitan Toronto:—

(i) *New Mount Sinai Hospital*

For full details see *Appendix No. 1.*

(ii) *Jewish Family and Child Services*

Through experience gained by processing hundreds of applications for admission to the Jewish Home for the Aged, we found a number of applicants could be taken care of in their own home setting provided some additional supports were made available for the individual. However, we realized that something probably triggered the request. These requests are normally not made because of a single problem of the individual, but because of problems faced by the total family. Therefore, if we are able to review with the applicant what is wrong, and what he needs, we are usually able to work out with him a living plan that suits his actual needs. Should a home for the aged not be necessary and there still is some problem that has to be met, for his continued living in the community, we have established a working relationship with one family agency, The Jewish Family and Child Services, to ensure a continuity of care. In this way, both organizations can assure their older clients that they get the best of both organizations with a minimum of intrusion upon their privacy. It also makes the best use of skilled personnel, which obviously are in short supply. The Baycrest Day Care Centre assists the clients of the family service by admitting people in their Foster Home Program to the Day Care Program. The Jewish Family and Child Services assists some of the people on our waiting list by providing counselling services as well as helping them to remain in the community by providing Foster Homes.

(iii) *Jewish Vocational Services*

Even though the Jewish Home for the Aged has developed effective programs in arts and crafts, occupational therapy, and recreational therapy, we still found that we did not reach a number of people through these activity programs. Some people feel a lack of accomplishment unless they are rewarded financially for their efforts. We felt a Sheltered Workshop could meet the needs of many of these people. We wanted to avoid duplication of effort and facilities. Therefore, we requested the staff of the Jewish Vocational Services to assist us in establishing a workshop on our

premises. The Jewish Vocational Services is responsible for general supervision and the procurement of work. Our workshop started with some ten people, it now has thirty. When these people are given jobs, even though they are routine in nature, they feel a real sense of accomplishment as each payday rolls around.

(iv) *Young Men's & Young Women's Hebrew Association.*

We developed a working relationship with the Young Men's and Young Women's Hebrew Association in order to make use of their gym and health facilities. Even though we had the facilities to incorporate these services on our own premises, the men prefer going out as it gives them a feeling of participation in the overall community. This program is supervised by our staff but carried out by trained volunteers. Needless to say, our men feel invigorated when they come back, as they cannot help but recapture thoughts of their youth as well as feel a greater enjoyment of life.

Summary of Integrated Programs

The prime reason for detailing our program of integration was to indicate that no one organization can, or should attempt to meet the needs of all our aged population. However, a group of organizations working together on behalf of the client, can assure the individual a variety of graded services when he needs them in an effective and efficient manner. This grouping of agencies avoids the need for the individual to make a new contact with each individual organization—the organizations, by working together, save a good deal of time and learn a lot about the person they are trying to assist.

III What More Should Be Done?

From our own personal view, each of the programs we have indicated in the Home, Hospital, and Day Care Centre have to be increased in size. We also know that there are new views and approaches that we can take for rendering more effective and comprehensive care in our Home, Hospital and Day Care Centre. Therefore, in this section we will attempt to generalize and indicate what should be done on an overall basis.

(i) *Improvement of Housing Facilities*

Most of the witnesses have indicated the need to increase the housing units for senior citizens—with this we concur. However, housing for senior citizens, to be effective, must include central kitchens, central dining rooms, recreation rooms, health facilities and a trained staff. (*See appendix No. 3.*)

(ii) *Improvement of Nursing Home Facilities*

One of the anomalies in the growth of our health facilities has been that whereas hospitals, rehabilitation centres, homes for the aged, and foster homes for children and older people, have been the responsibility of either municipalities or organizations incorporated not for profit, nursing homes rarely are the responsibility of municipalities or non-profit organizations. Nursing homes have developed, with few exceptions, as profit making ventures. Therefore, the group of people in need of long term nursing care normally find themselves in a private nursing home. We all know there are exceptions to the rules, but it appears from our experience, and the experience of others, that with rare exceptions, nursing homes do not offer comprehensive programs for the people who come to them. It is understandable in our present system that when

nursing home proprietors are in the field to make a profit, they would naturally gear their services to what the traffic will bear, rather than to the establishment of comprehensive programs.

Therefore, we must consider some means whereby the development of nursing homes may become the responsibility of, or associated with such non-profit organizations as hospitals, homes for the aged, or other related facilities.

There are many of us who feel that if the nursing care facilities were improved, that there would be more rapid discharge of people from long term hospitals. The result of this is that patients are being kept in long term hospitals who might be taken care of in nursing homes. It then follows that the long term hospitals are blocked and cannot admit people from acute general hospitals. Therefore, we are not getting the best use out of our existing facilities. By the improvement of our nursing home situation we believe there would be a better flow of patients to the facilities that can give them the type of care they need.

(iii) *Increase in Pension Funds*

We believe enough has been said about this. All we would like to add is that the better the Pension Fund, the more choice the individual will have in selecting services in his retirement years.

(iv) *Research and Pilot Projects*

There are many things that we have tried, and many things that we would like to try to improve the work of our Home and hospital and Day Care Centre. However, like other homes and agencies, we face a shortage of funds. Therefore, we would recommend that some department of government should have money available to dispense to organizations who have projects worthy of study and development. Even though we look to governments for assistance with pilot projects, we believe we also have a duty to solicit private funds as well as to request Foundations for support in this matter. We have done this and we have had private Foundations support study projects in diabetes, Day Care, and work with our waiting list.

(v) *Financing of On-going Operating Expenses*

Private philanthropy, whether it be the United Community Fund, religious orders, sectarian groups, or through financial contributions by dedicated Boards of Directors cannot keep pace with the mounting financial demands to properly meet the needs of residents in homes for the aged. The aged people will suffer unless improved means of financing individuals in homes for the aged are not found. Even though there is a positive trend in Ontario for the assistance of charitable institutions, many charitable institutions face large deficits, and some are holding back the development of fuller programs. Therefore, means of financing these programs, whether they be through higher pensions, or by extending hospital insurance to include homes for the aged and nursing homes, or by better subsidies to homes for the aged, etc. must be implemented.

IV What Future Program Should Consist of

Generally, the basis of programs for the aged person should be to assist him to live in the community as long as he can by extending the supportive programs of the Home and when care in his own home is no longer possible we should provide a graduated system of care, making possible movement from one form of care to another as need dictates.

In addition to the programs we have developed at the Jewish Home for the Aged, Baycrest Hospital and the Baycrest Day Care Centre, we hope in the future to:—

(1) Maintain and improve the health status of the applicant, through educational materials and programs for the applicant and his family, as well as requiring regular periodic medical examinations for all applicants while awaiting admission, from their own physicians.

(2) Expand the levels of care provided by the institution by building an apartment which would meet the needs of those who require somewhat more service than is normally associated with existing Senior Citizens low rental housing projects, but who require less care than that provided in a home for the aged.

(3) Eventually develop an out-patient department of the Baycrest Hospital which would include nutritional services and to combine this type of health care and treatment with the social program of the Day Care unit.

(4) Increase the capacity of the Day Care program and combine it with a Day Centre to serve not only those people on the waiting list, but also those people who do not need or desire admission to the Home, but would benefit by the program.

(5) Extend the Sheltered Workshop to include hospital patients, discharged hospital patients, day residents, applicants and other aged and chronically ill people in the community. It can act as a deterrent to some of the breakdowns that seem to be a consequence of retirement. It may, coupled with the other ambulatory services, lessen the need for institutional care of some aged people.

(6) Develop a trained group of volunteers to visit the isolated homebound aged applicant, to assist the applicant while he is awaiting admission by providing such services as shopping trips, counselling, watching his health status.

(7) Consideration will be given to establishing small cooperative boarding homes associated with the Home, for those people who have the capacity to manage in a small group and who could, and should, share in their own daily living requirements, yet do not need some of the protections of congregate living.

(8) Develop, in conjunction with the New Mount Sinai Hospital, the Jewish Family and Child Service, the Jewish Vocational Services and the Young Men's and Young Women's Hebrew Association a broad and varied family life education program for the aged people and their families.

(9) Develop, in conjunction with other organizations, educational programs, workshops, and institutes to better prepare those people who work with the aged.

Recommendations

1. Establishment of capital grants for the development of nursing homes.

We have indicated in the body of this brief that the nursing homes are one of the few levels of health and welfare that have not been developed to any degree by non-profit organizations or by municipalities. We believe that nursing homes can offer better and fuller services if developed by such non-profit organizations as acute general hospitals, convalescent hospitals, long term hospitals or homes for the aged. Therefore, we believe that the

governments should establish a form of building grants such as is now in practice for the construction of hospitals, so non-profit health organizations can extend themselves into this field.

2. Development of financial assistance programs to cover people in need of nursing home care.

At the present time, the cost of care in nursing homes in Metropolitan Toronto varies from about $5.00 to $20.00 per day. It is our own belief that to provide proper nursing care and related services such as arts and crafts, occupational therapy, recreational therapy, etc., would cost a minimum of $10.00 per day. This amount if paid over an extended period would be impossible for most families. Therefore, we would like to recommend that some form of insurance, whether it be an extension of the hospital insurance program, or some new form of insurance that would provide for extended nursing care be implemented so that proper care can be given to people in nursing homes as well as to avoid the heavy financial drain that this would place on families.

3. Development of suitable housing for the aged.

Under the National Housing Act (specifically Sections 16, and 36), no provision is made for mortgage money for communal facilities such as kitchens, dining rooms, recreation rooms, nursing facilities, medical facilities, etc. We believe that to build an apartment house without communal facilities such as communal kitchens, dining rooms, recreation rooms, etc., would only in a sense be constructing a unit where older people will have nice physical facilities but in a sense will be imprisoned in their own rooms. By building apartments with the facilities mentioned above, we would actually develop a place for people to live and a place where a good deal of meaning could be added to the lives of the people. This kind of apartment building, as we have described, would forstall admissions to homes for the aged because of the type of services provided. Therefore, we request that the present law covering the development of low cost housing be amended.

It is also suggested that section 36 of the National Housing Act be amended to include non-profit organizations. It is our understanding that at the present time, this Act restricts the sponsorship of apartment house projects under this section to government organizations. We believe an incentive would be given to the development of low rental apartments if Section 36 were liberalized. If this amendment were made, it would then become possible for any home for the aged to develop an apartment house suite on its site, thereby making available to the residents of the apartment building a wealth of services that would assist them in leading healthful and productive lives.

4. Financial Assistance to Homes for the Aged.

Some form of financial assistance by Federal, Provincial or local authorities, or the combination of the three of them, should be made available to assist homes for the aged in:

(i) operational expenses

(ii) research programs

(iii) pilot projects

5. Capital Grants to Homes for the Aged.

In Canada, voluntary organizations have shown courage, initiative, and enterprise in the development of health and welfare programs. Homes for the aged, sponsored by charitable and sectarian organizations have been a definite part of this pattern.

However, many homes for the aged will not be able to continue their effective work if they are not assisted on a broader scale by governments. Therefore, in addition to the suggestions made in the previous recommendation we strongly urge that the Federal government initiate building grants to assist in the construction of homes for the aged. Such grants are in effect for hospitals; the need for grants is equally as great for our homes for the aged. As of this time, Ontario government grants meet $\frac{1}{3}$ of construction costs of homes for the aged.

SUMMATION

We have attempted to show in this Brief what voluntary organizations have done and what voluntary organizations can do in the field of aging.

There is no question in our minds that the Boards of Directors and the professional staffs of our voluntary organizations can do much more to improve the quality and range of services available to our aging population.

However, because of changing social patterns and because of the increasing number of people 65 and over, we find that voluntary organizations cannot properly meet all the needs of our senior citizens in an effective manner. Therefore, it is our belief if the recommendations as set forth in this Brief were implemented that we would retain the pioneering, the verve and the financial support of our voluntary organizations. This, complemented by government assistance in planning a co-ordinated system of health and welfare services, as well as the continuing and increasing financial support from governments, will give us the best of both systems.

Appendix No. 1

A PROGRAM OF INTEGRATED MEDICAL CARE

As organized between a general hospital and a home for the aged with a long-term hospital division.

SIDNEY LISWOOD, M.B.A., M.P.H.* and SAM RUTH, M.B.A. Toronto, Ont.

Until quite recently the degree of concern shown for patients with long-term illness and for the care of the aged was reflected by the fact that little, if any, organized medical care was provided for them—with notable exceptions such as the program at Montefiore Hospital and the Home for Aged and Infirm Hebrews in New York City. The attitude that not much could be done by way of rehabilitation of supportive therapy was the prevalent one and, accordingly, these categories of patients became the backwash of medical and social management. Fortunately, there were those who refused to accept this thesis, such as Dr. E. M. Bluestone and Dr. Ernest P. Boas, who wrote in his book *The Unseen Plague* as follows: "Chronic disease ranks with old age and unemployment as a factor affecting society. It is futile to patch up the individual stricken with chronic illness without giving thought to the ways in which our social and economic system aggravate the disease, or in which disease brings social destruction in its wake." These pioneers recommended and established various patterns of providing medical care and encouraging the recognition of the social factor. These included:

1. Voluntary physicians giving their time free of charge to meet the basic medical needs of the patients and residents.

2. The employment of a full-time physician.

3. Employment of a part-time physician.

4. Using the out-patient departments of acute general hospitals for ambulatory residents.

All of these pioneering attempts, pertaining to the care of in-patients, had one glaring weakness. The institutions attempted to recruit their own medical staff. Since there was very little or no teaching or research done in these institutions, they encountered difficulties in attracting physicians to their staffs. Another very important point is that physicians are attracted to hospitals because they are given bed privileges. Since these hospitals and homes for the aged, especially in the early days, were devoting their time to the care of indigent patients, this very important incentive, bed privileges, was of no value to physicians.

A new concept of medical coverage became necessary to ensure proper medical care for residents and patients of homes for the aged and chronic hospitals. Therefore, on behalf of the Jewish Home for the Aged and Baycrest Hospital, Toronto, a detailed survey of the medical needs of the chronically ill and the aged was made. The following recommendations resulted: "The medical program of the Jewish Home for the Aged and Baycrest Hospital should be integrated with New Mount Sinai Hospital to the fullest extent. It is premature at this point to define the limits of his integration, but careful consideration should be given at the proper time to the suggestion of maximum integration, *i.e.*, that the medical staff of the New Mount Sinai Hospital should be responsible for the medical program at the Jewish Home for the Aged and the Baycrest Hospital."

**Mr. Liswood is administrator of New Mount Sinai Hospital, and Mr. Ruth, administrator, Jewish Home for the Aged and Baycrest Hospital.*

The New Mount Sinai Hospital is an acute general hospital encompassing all the medical and surgical facilities needed to care for patients. Therefore, it should not be necessary to describe in great detail their method of operation. Since, in our opinion, the Jewish Home for the Aged and Baycrest Hospital offer a different type of care to residents than is normally found in these types of institutions, it will be meaningful to describe their medical program.

Physical Facilities

The Jewish Home for the Aged and Baycrest Hospital are basically two distinct operations but they are housed in one building. The Home for the Aged section is composed of 136 beds for the well-aged and a special section of 40 beds for senile patients. The well-aged residents may be considered as those people who appear to be self sufficient, apparently not in need of, or who may refuse, nursing service, and who require a minimum of medical attention.

The senile group may be described as those who are mentally deteriorated, in need of 24-hour nursing care and surveillance. They may present mild psychiatric problems.

The hospital section, which is located on the third floor of the institution, has all the facilities of a small acute general hospital, other than provision for obstetrics and paediatrics. The hospital section is devoted to the care of the long-term patient, including those whose disability may be pathological, who require nursing attention for prolonged periods of time as well as active medical care and follow-up medical care.

Principles of Medical Integration

The Jewish Home for the Aged and Baycrest Hospital, in drawing up the basis of their integration with the New Mount Sinai Hospital, adopted the following principles to ensure the highest possible quality and quantity of medical care to its residents and patients.

Membership on the medical staff of the new Mount Sinai Hospital shall include an obligation to the medical staff of the Baycrest Hospital and the Jewish Home for the Aged and the medical staff requirements of the latter institutions shall be provided by the staff of the New Mount Sinai Hospital. The staff members of the Baycrest Hospital and the Jewish Home for the Aged shall be drawn from staff members of the New Mount Sinai Hospital and primarily shall be under the jurisdiction of the physician-in-chief of the Baycrest Hospital and the Jewish Home for the Aged and ultimately under the jurisdiction of the respective chief of service of the New Mount Sinai Hospital.

Physicians from the general practice group and consultants of New Mount Sinai Hospital shall serve Baycrest Hospital and the Jewish Home for the Aged for the purpose of performing admission examinations and administering general medical care.

The physician-in-chief of the Baycrest Hospital and the Jewish Home for the Aged shall be recommended by the Board of Directors of the New Mount Sinai Hospital in conjunction with the Board of Directors of the Jewish Home for the Aged and Baycrest Hospital to co-ordinate all medical services at the latter. He shall represent the Baycrest Hospital and the Home on the New Mount Sinai Hospital Medical Advisory Council and, in the performance of his duties, he shall be under the jurisdiction of and directly responsible to the Medical Advisory Council of the New Mount Sinai Hospital.

The Medical Advisory Council of New Mount Sinai shall annually recommend a Medical Committee of the Baycrest Hospital and the Home and this

committee shall be responsible to the Council. In order to take advantage of the highly developed skills of the chiefs of the medical departments of Mount Sinai Hospital, all departments of the Baycrest Hospital, as applicable, will be co-ordinated with corresponding departments at Mount Sinai Hospital. For example, the chiefs of radiology and of surgery, et cetera, at Mount Sinai shall hold the same positions at Baycrest.

In addition to the medical coverage afforded by the attending men and consultants, two interns from New Mount Sinai Hospital shall serve at the Home and Baycrest Hospital for a period of one month. They will be directly responsible to the associate physician-in-chief.

The Board of Baycrest Hospital and the Home shall appoint a committee composed of members of the Board and members of the Medical Committee and this joint committee shall deal with matters in connection with the medical care program of that institution.

Medical Staff Organization

After the above principles were formulated by the joint committee of the New Mount Sinai Hospital and the Jewish Home for the Aged and Baycrest Hospital, it then became necessary to develop a medical staff organization. Within this framework, the organization and duties of the medical staff are:

1. Physician-in-chief, whose main duties are to represent Baycrest Hospital and the Home on the New Mount Sinai Hospital Medical Advisory Council as well as help to formulate policies for the medical staff.

2. Associate Physician-in-chief and Director of Geriatric Studies, whose functions are: to direct the clinical activities in Baycrest Hospital and the Home with special emphasis on geriatrics which includes daily rounds with the interns; weekly rounds with medical personnel; lectures to nurses, orderlies, patients and residents of the Home and also to lay groups.

3. A group of consultants in nearly all fields of medicine from the New Mount Sinai Hospital who serve on a rotating basis.

4. A group of attending doctors from the general practice division of the New Mount Sinai Hospital, who serve on a four-months rotating basis.

5. Two part-time physicians who are appointed for one year. They have the responsibility of caring for the residents in the Home and the senile section.

6. Two interns from the New Mount Sinai Hospital who spend one month at the institution on a rotating basis.

7. In addition to the medical services offered, a dental department was also found to be a vital need in our institution. It is staffed by members of the Dental Department of New Mount Sinai Hospital.

Staff

In order to assist the physicians in carrying out the medical program, a skilled staff, trained in their specialties, was recruited. This staff consists of the following full-time personnel: hospital administrator; a director of nursing, who supervises the work of 14 registered nurses, 49 certified nursing assistants, practical nurses, nurses' aides and 14 orderlies; a dietitian; occupational therapist; two physical therapists; director of social services, assisted by two case workers; recreation worker; volunteer director; and a laboratory technician. In addition to the above complement, there is a half-time pharmacist and a half-time x-ray technician.

Evaluation of Program

This program has now been in effect for two years. Therefore, it is believed that an assessment of the value of the integration can be made at this time. The first two years elicited the trials of an evolving program. Many of these have been overcome and additional changes will be made in the future. Because of this program, the following results can be seen:

1. Excellent routine care of the patients given by the interns, and general practitioners, on a 24-hour basis.

2. A very high quality of medical attention because in addition to the work of the general practitioners and interns, each of the specialty sections of the New Mount Sinai Hospital rotate their specialists through the Jewish Home for the Aged and Baycrest Hospital. Not only are these men always available for consultation, by the intern and the general practitioners staff, but they have scheduled times for visiting ambulatory patients and residents.

3. Since the chiefs of the various sections of the New Mount Sinai Hospital are available to the Home and Baycrest Hospital, the rich resources of a large acute general teaching hospital can be used.

4. When patients become acutely ill, or in need of general surgery, the New Mount Sinai Hospital assures the Jewish Home for the Aged and Baycrest Hospital of in-patient facilities whenever they are necessary.

In summing up the advantages of integrated medical services of a Home for the Aged and a chronic disease hospital with an acute general hospital, it can be said from our experience that it would be difficult to afford the patients and residents the quantity and quality of care given by the interns, general practitioners and specialists of the New Mount Sinai Hospital, if the Jewish Home for the Aged and Baycrest Hospital had to rely and depend upon its own resources.

Another important side effect of the medical integration has been the whole-hearted support and co-operation of non-medical key department heads of the New Mount Sinai Hospital as well as its administrative staff. Since the New Mount Sinai Hospital is a much larger organization than the Jewish Home for the Aged and Baycrest Hospital, it can, in many cases, attract non-medical department heads who have a higher degree of technical proficiency than would be available to institutions the size of the Jewish Home for the Aged and Baycrest Hospital. Many of these people have given of their time and effort to help the Jewish Home for the Aged and Baycrest Hospital develop its program.

The advantages to the New Mount Sinai Hospital and its staff, although not as tangible as the ones to the Home and Hospital, are very real and important. The New Mount Sinai staff physicians experience an educational program in geriatrics through excellent teaching rounds as well as weekly seminars held under the supervision of the associate physician-in-chief. An additional benefit to the physicians is the day-to-day experience of caring for older chronically ill patients in a controlled atmosphere. This resource of clinical experience in geriatric medicine is not readily available to physicians in the average general hospital. Therefore, their association with the Home and Baycrest is of help to them in assessing the illnesses of their own aged private patients.

In addition, there are certain obvious advantages to the general hospital in having available resources of the home for the aged and the long-term facility. There exists a free flow of patients between the two institutions and many patients who would necessarily remain in the general hospital because of the lack of adequate community resources are transferred to Baycrest Hospital when they no longer require the services of the general hospital. This is possible

because we are secure in the fact that the medical social and emotional management of the patient will be of a high order. Thus the institutions, the patients, and the community, are the beneficiaries of mature planning and well organized programming.

Appendix No. 2

THE JEWISH HOME FOR THE AGED
3560 Bathurst Street, Toronto 19, Ontario

DAY CARE

Extends the facilities of the Home to many aged people who are awaiting admission
"At the Home during the day; in your own home at night" ..... makes possible .....

"JUST WHAT THE DOCTOR ORDERED"

Anti-depressant

Meaningful social contact; where old friendships can be renewed and new ones made with a variety of people of similar age.

A Healthy Outlook and a Sense of Accomplishment

The interest and stimulation of a variety of activities designed to keep older minds and bodies productively and healthfully occupied.

Vitamins

Two nourishing meals per day with special diets provided according to physicians prescription.

A Sense of Security and Belonging

From the time the Day Resident enters the Day Care lounge or is met at his front door by our driver, everything is done to enable him to feel wanted and safe with the group and the staff within the Home.

When the Day Resident finally enters the Home as a permanent resident, he or she, has the security of being in a place with whose program and staff they are thoroughly familiar.

Freedom to Choose and the Existence of Alternatives from Which to Choose

Through Day Care the applicant obtains *some* of the protection of living in the Home. Usually, this removes the sense of desperation with which some older people seek admission to the Home.

This makes it possible for the applicant and their family to examine short, or long range alternatives to living in the Home.

The Understanding and Support of One's Family

From the beginning, the family of Day Residents are involved in explaining the program, in reaching a decision to attend, in making arrangements regarding transportation and fees. Families are kept informed of progress and are regularly invited often with grandchildren, to special family Day Resident affairs.

THE "WHO" AND "HOW" OF ADMISSION TO DAY CARE.

Who is eligible

Applicants on the waiting list of the Jewish Home for the Aged:

(1) Whose need for the program has been determined by the Social Service Department.

(2) Who have been certified as physically fit for the program by their own physician. (must be renewed at least every 6 months)

Applicants must be physically and mentally well enough to look after their personal needs themselves; get to and from the dining room; look after their own clothing in a locker. Persons requiring a wheel chair or a walker are eligible if they can meet the other requirements.

How to apply

The Social Service Department will process the application.

— give forms to be filled out.
— explain the program to the applicant and family.
— prepare the applicant to understand privileges and responsibilities.
— arrange for introduction to Day Care worker and for trial visits.
— work out days of attendance, transportation and financial arrangements.

How Often to come in

The program is in operation *four* days per week from October to April and *five* days per week from May to September.

How to get there

Families are expected to provide transportation whenever possible. Where this is impossible, transportation is provided by the Home.

When to come

The Day Resident is expected to be at the Home between 10 and 10:30 a.m., and will usually leave at 7:00 p.m. Other times of arrival and departure may be worked out on an individual basis.

Cost and Fees

Day Care costs the Home $3.00 per day for program and two meals per day. Two way transportation costs $2.00 per day per person.

Applicants and their families are expected to pay what they can towards the cost before community funds are used. This is determined in confidential interviews with the social worker.

As with admission to the Home itself, no applicant for Day Care is excluded for lack of financial resources.

The Women's Auxiliary of the Home raises money through its Annual Theatre Night to pay for those unable to meet the full cost.

Program

Meals

Two meals are provided (at 11:30 a.m. and 6:00 p.m.) with special diets as prescribed by the Day Resident's own physician.

No medical or nursing care is provided by the Home to Day Residents.

Rest

Couches are provided for resting. The hour between 12:30 and 1:30 is reserved as quiet time in the Day Care Lounge.

Activities

Day Residents are introduced to crafts, music, discussions, outings, concerts, games and other activities designed to create a wholesome social atmosphere and to promote stimulating and enjoyable experiences. The Day Residents have their own club with elected officers to carry some of the responsibilities. Many Day Residents participate in recreation and occupational therapy programs with the regular residents of the Home. Some stay on occasionally for special evening programs.

Who is in charge

At least one Day Care worker, in charge of the program and Day Resident activities, is on duty at all times. In addition she helps the experienced and inexperienced Day Residents with their problems of adjustment. In this, she has the active co-operation of the social worker who receives regular reports on the Day Residents progress and problems.

Sabbath Care . . . an extension of Day Care.

This service is available from Friday afternoon to Saturday evening for those Day Residents who are unable to celebrate the Sabbath satisfactorily in their present living arrangements. The Day Care Lounge is converted to dormitory style sleeping accommodation for this purpose.

Applications are made through the Social Service Department.

Holiday Accommodation . . .

For those unable to celebrate Religious Holidays in the traditional manner in their own homes.

Dormitory living-in accommodation is provided for applicants to the Home and non-applicants, depending on availability of space.

This service is available during Rosh Hashonah, (2 days) Yom Kippur (1 day) Succot (2 days) Simcat Torah (2 days) Passover (8 days) and Shavuoth (2 days).

Details, plus an application form may be obtained by writing or calling:

Secretary for Holiday Accommodation, Jewish Home for the Aged, 3560 Bathurst Street, Toronto 19, Ontario. Ru 1-3501

The full fee, for each of the above programs, is $10.00 per day, with individual arrangements for those unable to pay the full cost. No transportation is provided.

Appendix No. 3

Excerpt from AGING, December 1963,
United States Department of Health, Education and Welfare

WELFARE SERVICES TO BE AVAILABLE TO ELDERLY IN PUBLIC HOUSING

An agreement to make a wide variety of services available to elderly people in public housing projects was signed October 24, 1963, by Mrs. Marie McGuire, Commissioner of Public Housing, and Dr. Ellen Winston, Commissioner of Welfare.

Under this "Memorandum of Understanding," the Public Housing Administration, Housing and Home Finance Agency, has increased the allowance of space for health and social services, as well as educational and recreational programs, in public housing projects for the elderly. And the Welfare Administration, U.S. Department of Health, Education, and Welfare, has agreed to approve State Welfare plans that provide health and welfare services to tenants, with Federal funds paying 75% of the cost of the services.

Most public housing for the elderly is designed to accommodate a wide range of low-income older people from those who are well to some who require one or more of a variety of supportive services.

Because many health problems of older people who live alone are caused by their failure to prepare nourishing meals for themselves, PHA will also approve local public housing projects that include central kitchens and dining rooms. In general, PHA agrees to provide financial assistance to cover the cost of central kitchen and dining facilities adequate to serve all public housing tenants in dwelling units which do not include private facilities. Heretofore, all units have included kitchens.

APPENDIX F

BRIEF TO THE
SPECIAL COMMITTEE ON AGING
OF THE SENATE OF CANADA

Submitted by

THE CANADIAN HOME ECONOMICS ASSOCIATION

78 Sparks Street, Ottawa, Ontario

March 12, 1964

This brief was prepared and submitted, on behalf of the Canadian Home Economics Association, by the members of the steering committee of the Foods and Nutrition Committee of that Association. The aforementioned committee consists of the following persons:

Miss Helen Finnegan, Ontario College of Education, Toronto, Ontario.

Miss Frances M. Hucks, Home Economics Service, Ontario Department of Agriculture, Toronto, Ontario.

Miss Josephine Peckham, Toronto Board of Education, Toronto, Ontario.

Miss Marjorie Phillips, Faculty of Food Sciences, University of Toronto, Toronto, Ontario.

Mrs. Myra Smithies, Ontario Department of Welfare, Toronto, Ontario.

Mrs. Annetta Turner, Don Mills, Ontario.

Mrs. Beverley Reichert, Milk Foundation of Toronto, Toronto, Ontario. (Chairman).

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Summary

This brief endeavours to elucidate factors pertaining to food costs for older people, as requested of this Association on November 19, 1963.
Three specific and influencing areas are examined, namely:

I. Nutritional needs and food habits of the elderly.

II. Food costs.

III. Community services related to providing or preparing meals for the aged.

From the evidence gathered in the above specified areas, the following conclusions and recommendations are made, in the light of the purposes and objects of the Special Committee of the Senate on Aging.

The main conclusions and recommendations are as follows:

1. The maintenance of the older person in his own home in good health, and as an independent and active member of the community, is most desirable.

2. The achievement and retention of general good health and well-being of old people is greatly dependent upon adequate nourishment.

3. With the exception of the decreased need for energy or calories, the nutritional requirements of the older person are practically the same as for the younger adult.

4. In spite of the fact that adequate food can be obtained at relatively low cost, many older people in our population are not eating adequately.

5. There are a number of community services that could successfully provide nourishing meals for the older citizen, but few actually do.

6. Good food practices at any age are dependent on the education of the individual.

7. Through education, a basic knowledge of nutrition and foods can be obtained, both by the general population, and by persons actively involved in community services. Ways of achieving this are recommended.

8. Means for extending community services to insure more adequate nourishment and therefore better health of the aging population are also recommended.

Definitions

(*a*) *The Canadian Home Economics Association*

The Canadian Home Economics Association is a national organization of professional home economists. The objectives of this Association are as follows:

1. To promote the welfare of the Canadian Home and to serve the community life of Canada.

2. To develop standards within the field of Home Economics.

3. To bring about a closer co-operation among Home Economists in the different fields of Home Economics.

4. To co-ordinate the aims and objectives of all local and provincial Home Economics Associations.

5. To encourage and aid investigations, research and surveys and to make available reports, pamphlets, and other publications relating to Home Economics.

6. To further co-operation between the Association and other Canadian Associations interested in the welfare of the Canadian home.

(b) *Home Economics*

Home Economics may be defined as the discipline that relates all basic sciences and humanities involved in the understanding and management of food, clothing, shelter, and human relations in the family, community and nation.

(c) *A Home Economist*

A Home Economist is one who holds a university degree in home economics and applies this professional knowledge in the fields of education, dietetics, nutrition, business or research.

Definition of the Scope of this Brief

This brief examines each of the following specified areas:

I. Nutritional needs and food habits of the elderly.

II. Food costs.

III. Community services related to providing or preparing meals for the aged.

In the case of nutritional needs, food habits and food costs, the brief presents the current scientific data and the cumulative knowledge and experience of the members of the Canadian Home Economics Association. It also gives information on available community services related to providing or preparing meals for the aged.

Introduction

Food is the most important factor contributing to the total health and well-being of a person. Food cost is an important item in the total budget, including that of the elderly. With these two facts in mind, as each designated area is examined, reference will be made where necessary to other influencing and related factors. Conclusions will be drawn, and recommendations made on this basis.

I. Nutritional Needs and Food Habits of the Elderly

This section examines current scientific publications and survey data concerned with the nutritional requirements of the elderly, and the information is compared with the food intakes. Areas of insufficiency are noted, as well as possible reasons for the insufficiencies.

(a) *Nutritional Needs*

There is no evidence to suggest that nutritional needs of healthy men and women of 65 years of age and over should differ markedly from those of younger normal adults. Review of published reports on this subject from both Canada and the United States shows a consistency in the views held by experts on both sides of the border.

(i) *Food energy needs*

Canadian workers, McHenry (1) and Pett (2) agreed with most American opinions that calorie needs are lessened with advancing age, due to both decreased activity and lowered basal metabolic rate.

For persons over 65, and who lead a fairly leisurely life, the 1963 Dietary Standard for Canada recommends:

1500 to 1700 calories per day for women
1800 to 2100 calories per day for men

Kobrynski (3) suggested that not more than 60% of the total calories should come from carbohydrates (starches and sugars), and not more than 25% from fat. Many old people show a decreased secretion of digestive juices and impaired biliary function, so many have poor tolerance for fat-rich foods.

At the First Ontario Conference on Aging (4) it was agreed that protein and calcium were the most critical nutrients in geriatric nutrition.

(ii) *Protein needs*

Protein needs are probably the same as for younger adults. A serving each day of meat, fish or fowl, along with a glass of milk and some cheese, will fill the daily requirement.

The daily requirement recommended is 40 grams of protein, if of animal origin, and higher if of animal and cereal or vegetable origin. Protein is required to make up for tissue loss from normal wear and tear, to build up new tissue after a wasting illness of trauma, and to supply amino acids essential for synthesis of enzymes and certain hormones.

(iii) *Mineral needs*

Calcium is necessary in many processes in the body. Without an adequate dietary calcium source such as milk or cheese, this element is withdrawn from the bones to supply other body processes. Bones depleted of calcium become porous, and fracture easily.

McHenry pointed out that intakes of 0.5 to 0.6 grams of calcium per day should be adequate for normal persons over 65. Kobrynski suggested that older people with depleted reserves might need twice this amount in order to reach a positive calcium balance and to retain calcium. Equal supplies of phosphorus are advised. However, phosphorus occurs in a wide variety of foodstuffs, and it can be assumed for all practical purposes that most persons have sufficient intake of phosphorus.

Canadian and American workers agree that an iron intake which is slightly higher than that recommended for younger adults would be needed by the older person. Regular inclusion of eggs, green leafy vegetables, liver and bread would help provide these needs.

For older persons, it is recommended that iron intakes should be 6 to 10 milligrams per day.

(iv) *Vitamin needs*

The normal adult quota of vitamins should be continued throughout life. These include vitamin A from butter and yellow and green leafy vegetables, vitamin C from fresh fruits and vegetables, and the B complex from whole grain cereals, meat and milk.

(v) *Fluid needs*

Fluid intake is important in the elderly, as the sensation of thirst is often impaired. Eight cups per day are recommended (milk, tea, coffee, water etc.)

Summary of Nutritional Needs

1. Calories—lower than for younger person:

1500 to 1700 calories per day for women over 65
1800 to 2100 calories per day for men over 65

The caloric needs would be higher for a more active person.

2. Protein—same as for younger adult—approximately 40 grams per day, as supplied by meat, fish, fowl, eggs, milk and cheese.

3. Calcium—0.5 to 1.0 grams per day, as supplied by milk and cheese.

4. Iron—6 to 10 milligrams per day, from eggs, leafy green vegetables, liver and bread.

5. Vitamin A—4000 International Units, from butter and yellow and leafy green vegetables.

6. Vitamin C—30 milligrams per day, from fresh fruits and vegetables.

7. B Complex Vitamins—from milk, whole grain cereals, and liver.

8. Fluid—8 cups per day of any drink such as milk, tea, coffee, water.

Canada's Food Guide

"Canada's Food Guide" is available to all persons in Canada upon request from local Departments of Health. Conscientious adherence to the suggestions in this publication should ensure adequate nutrition for all age groups.

CANADA'S FOOD GUIDE

These foods are good to eat. Eat them every day for health. Have three meals each day.

Milk: Children (up to about 11 years), 2½ cups (20 fl. oz.); adolescents, 4 cups (32 fl. oz.); adults, 1½ cups (12 fl. oz.); expectant and nursing mothers, 4 cups (32 fl. oz.).

Fruit: Two servings of fruit or juice including a satisfactory source of vitamin C (ascorbic acid) such as oranges, tomatoes, vitaminized apple juice.

Vegetables: One serving of potatoes. Two servings of other vegetables, preferably yellow or green and often raw.

Bread and Cereals: Bread (with butter or fortified margarine). One serving of whole grain cereal.

Meat and Fish: One serving of meat, fish or poultry. Eat liver occasionally. Eggs, cheese, dried beans or peas, may be used in place of meat. In addition, eggs and cheese each at least three times a week.

Vitamin D: 400 International Units, for all growing persons, and expectant and nursing mothers.

(Approved by the Canadian Council on Nutrition, 1961)

(*b*) *Dietary Studies*

Data in the previous section have indicated that although total food or calories should be reduced with age, the food must still provide all the essential nutrients. The elderly person, therefore, must obtain more nutrients from less food, increasing the necessity for high nutritive value in the food selection.

In recent years a number of studies have been carried out, both in Canada and in the United States on the food intakes and nutritional adequacy of the meals of the elderly citizen. A noteworthy observation from nearly all of these studies is the prevalence of malnutrition in the form of overweight. A survey of 100 men and women 65 years of age and over, living in a low to moderate economic area in Boston revealed that 48% of the men and 57% of the women were 10% or more above their desirable weight, as judged by figures taken from the Metropolitan Life Insurance Company tables (5). Another worker, A. B. Chinn (6), found that among those of relatively high income, extremes of under and overnutrition were handicaps to rehabilitation. Several other studies (7), (8), indicated prevalence of overweight in the elderly subjects examined. Obesity in these subjects could have been acquired prior to old age, but it may have resulted from the continued intake of a high caloric diet, when lowered physical activity, as a result of retirement, had decreased the caloric need. Also contributing to the problem of obesity in the elderly patient are changes in his body compartments, consisting of increased body fat, and diminished muscle mass. Underweight in the elderly is most often observed in the individual who

is chronically ill, and is rare in the otherwise healthy person. Obesity and poor food selection seem to go hand in hand. Goodman (9) claimed that among patients admitted to nursing homes in Cleveland, the most common underlying cause of malnutrition was poor lifetime eating habits, not lack of money. It is apparent, therefore, that total food or calories should be reduced, but in doing so, it should be emphasized that the food must provide more essential nutrients in less volume, with fewer calories. Regional studies have indicated the particular need to appreciate that, as emphasis is put on weight control among our middle-aged population, it is imperative that diets restricted in calories offer adequate amounts of all nutrients to meet human needs.

Most dietary studies include a record of one or more days' meals, and/or biological tests to determine the nutritional status of the individual. Some general observations are worthy of note.

The nutrients most likely to be inadequate in the diet of the older person are protein, calcium, iron, and B vitamins and vitamin C. This statement is borne out in the findings of the following studies.

In California, the San Mateo study (10), the largest investigation of its kind in the United States, revealed that the 577 persons in the study over 50 years of age, in good health and in most cases living in their own homes, showed a trend towards a lowered intake of protein and iron with age. Intakes of vitamin C and calcium were also low. Foods which supply these items include milk, fruit, and green and yellow vegetables.

A co-operative study of State Agricultural Experimental Stations of the United States Department of Agriculture on the food intakes of 2189 women, showed a downward trend with age in average intakes of calories, protein, calcium, vitamin C and vitamin A (11). Other United States studies bear out these findings (12) and (13).

A Saskatchewan study in 1956, carried out by the Provincial Health Department and the Department of National Health and Welfare, revealed that 64% of 130 persons (all over 65 years of age) neglected citrus fruits and tomatoes; 56% of the persons neglected vegetables (other than potatoes) and 57% neglected whole grain cereals, although 85% had "above minimum" intakes of bread. Only 7% of the diets could be classed as good; 44% were classed as fair, and 43% were borderline. Another Canadian pilot survey (4) of elderly citizens in two income categories (pensions only, and pensions plus) indicated that although those persons with more income do, on the whole, have better food habits, there were still many in the "pension plus" groups whose intake of some nutrients failed to reach even the minimum amounts for good nutrition. Half the persons in both groups did not have even the minimum of one glass of milk per day. Both groups were low in cereal consumption and both neglected cheese. Tomatoes and citrus fruits were neglected by the low income groups, although these were somewhat less neglected by the "pension plus" persons.

A Canada-wide survey on the nutritional status and food intake of older citizens has been conducted by the Nutrition Division of the Department of National Health and Welfare. To date, the results are not available.

(c) *Factors Affecting Food Habits*

Food habits in the elderly are partly those developed since childhood, therefore, firmly established, and partly those of circumstances surrounding the individual. Habits formed in earlier years are hard to change, and are closely related to cultural, religious and social customs. Nationality, tradition and often food fads dictate the eating pattern.

One conditional factor that influences the type of food eaten is chewing difficulties, which are usually due to lack of dentures or to ill-fitting ones. This most often relates to meat, and may account for a poor protein intake. The

type of living accommodation is another factor in food choice. Loneliness is one of the greatest deterrents to healthful eating, and if the individual lives alone, in one room, poor cooking facilities may aggravate the disinclination to cook for only one person. If boarding, there is little choice of menu, and if in an institution, mass psychology can promote the copying of good or bad eating habits.

Noise and confusion can disturb the comfort and contentment conducive to good eating habits in the elderly.

The physical ability to cope with shopping and meal preparation will noticeably influence the choice of foods.

The older age group is particularly susceptible to the wiles of the food faddist and the quick-cure claims of the quack promoter. Thus, in an ill-advised effort to improve health, the person may be apt to eliminate such important foods as meat, cheese or "acid" fruits. The individual's general knowledge of nutrition, and thus his ability to appreciate the nutritional needs and choose foods wisely, is largely a matter of education. A study by Charlotte Young (14) revealed that those people with higher educational levels made better food choices than those with limited education.

II. Food Costs

Nutritional needs of older people may be met by selecting foods according to Canada's Food Guide. In order to estimate current costs of foods which will supply adequate meals for individuals, social and health agencies across Canada select representative foods from each of the groups in Canada's Food Guide, and check local prices periodically.

Such a food list is given below with a minimum of "extras" included to improve variety and palatability. The amounts are suitable for elderly persons who are relatively inactive, are based on recommendations in Canada's Food Guide, and will provide approximately 1800 calories per day. Prices are those compiled by the Dominion Bureau of Statistics for October 1963 (15) and where prices for specific foods are not available from this source, the quarterly price list (October, 1963) from the Visiting Homemakers' Association in Toronto was used.

SUGGESTED FOOD LIST WITH AMOUNTS AND PRICES FOR ONE ELDERLY ADULT FOR ONE WEEK

Food	*Amount*	*Price*
Milk—Fresh, whole	2 qt.	48.2 cents
Meat, fish poultry	2 lb.	102.2 cents
Eggs, Grade A large	4	23.5 cents
Dried beans, peas, nuts	3 oz.	5.0 cents
Whole grain cereals	6 oz.	7.1 cents
Bread—White, sliced	1½ lb.	25.8 cents
Fruit—as source of vitamin C.	2 lb.	35.8 cents
—Other	2 lb.	49.3 cents
Potatoes	2 lb.	9.0 cents
Vegetables—yellow and green	¾ lb.	6.9 cents
—Other	2 lb.	31.2 cents
Fats and oils	10 oz.	25.3 cents
Cheese—plain, processed	2 oz.	9.4 cents
Refined cereals—macaroni, flour etc.	3 oz.	6.1 cents
Sugar	6 oz.	6.0 cents
Other sweets (jams etc.)	6 oz.	11.7 cents
Tea, coffee, condiments	—	32.4 cents
		434.9 cents

At $4.35 (rounded figure) per week, the monthly allowance for adequate food would amount to $18.71 (4.35 x 4.3).

For persons living alone, allowance is increased by 35% to allow for higher cost of purchasing food in small quantities and the waste involved in cooking; for a couple, the allowance is increased by 20% (16). Therefore:

For one person living alone, monthly food allowance $25.26
For a couple, monthly food allowance per person $22.45

(NOTE:—The figure for persons living alone would probably be slightly lower for a woman and slightly higher for a man.)

Although the above foods would maintain good health, they obviously do not allow for a luxurious pattern of eating. Also, they presuppose at least a basic knowledge of nutrition and good buying practices and it is assumed that all meals are prepared and eaten at home.

Figures obtained from several sources are given below and may serve as a comparison with the average figures for Canada:

Comparison of figures given for monthly food costs

Source	Monthly Allowance
Canada (see above)	$ 25.26
Halifax—(Nutrition Division, N.S. Dept. of Health)	26.53-31.17
Montreal—(Montreal Diet Dispensary)	30.28-36.07
Toronto—(Visiting Homemakers' Association)	25.54-28.50
Regina—(Province of Saskatchewan, Department of Welfare and Rehabilitation)	28.50
Vancouver—(Nutrition Services, Metropolitan Health Services)	26.25-31.05
U.S. Department Agriculture—Food for Older Folks—Home and Garden Bulletin No. 17, 1963 revision	25.80-32.25

N.B. Where two figures are given, the lower is for a woman, the higher for a man.

III. COMMUNITY SERVICES RELATED TO PROVIDING OR PREPARING MEALS FOR THE AGED

Introduction

The late Dr. E. W. McHenry stated three basic needs of the elderly; food, warmth and companionship. The maintenance of the elderly person in his own home in the community is more desirable than institutionalization from a number of points of view. Paramount to the achievement and maintenance of a healthy state in the later years in life is the provision of adequate food, adequate both in amount and in quality. The previous sections have outlined the basis for this need. Certain community services have been developed in Canada that do, or could assist the elderly person in obtaining adequate nourishment.

(a) Homemaking Services

The homemaker service is among the most important of community services for the non-institutional care of the elderly. Its function is to help the elderly person remain at home by providing a trained and supervised homemaker to give part time assistance in household tasks such as cleaning, meal preparation

and shopping. As has been indicated, the elderly person living alone generally does not eat adequately. The trained homemaker can provide counselling on economical shopping and food budgeting, and can do shopping for the client. In addition, the client can gain advice on management of special diets, as well as benefitting from meals prepared by the homemaker.

A three-year Visiting Homemaker Pilot Project was conducted during 1957-1960 as a service especially for the aged, by the Visiting Homemakers' Association of Toronto. A total of 139 clients were served. 57% of the clients requested the homemaker to prepare and cook food.

Shopping was a problem for 41% of the clients, and food shopping was the type most needed. The encouragement of good food habits was an integral part of the service, and many of the clients ate good meals because the homemaker prepared them. They had been eating poor meals, choosing easily prepared foods because they did not enjoy eating alone or because they were too tired or too unwell. Fees were charged according to ability to pay.

Homemaking services are provided in a number of centres in Canada. Local branches of the Red Cross provide homemaking services to families with children, and to old people. There are 29 centres of the Red Cross in Ontario alone that serve families and the aged. Two branches of the Red Cross in British Columbia, and two branches in Nova Scotia provide such a service. Visiting Homemakers serve the aged in both Hamilton and Ottawa, but this agency in Toronto serves only families with children. Winnipeg has a Family Bureau which provides homemaker service to families and to old people.

At least some provinces in Canada (e.g. Manitoba and Ontario) have legislation enabling a municipality to purchase the service of a homemaker and the province will contribute financial assistance. Although this legislation is being used more extensively each year, there are still centres where there is a need, yet the municipalities are not taking full advantage of the legislation.

(*b*) *Day Centres*

Day Centres, or "drop in" Centres and Clubs for the senior citizen are perhaps one of the most widely developed community services for the elderly. Most of these emphasize recreational, social and educational activities, with little or no food service. For example, the Second Mile Club, Toronto, has only limited kitchen facilities, where simple refreshments such as coffee, tea and toast may be prepared, or a can of soup heated. However, a shining example of what might be accomplished through such centres is The Good Companions Day Centre, Ottawa, where two meals are provided daily, six days of the week. These are nutritionally balanced and consist of dishes not easily prepared on a hot plate in a single room. People living alone may eat regularly at the Centre at the cost of 65¢ per day. It is obvious from the number using these facilities that this method of supplying a hot meal is more acceptable than the one tried in Toronto in 1953. The need for an inexpensive hot meal for older people in a rooming house district, at that time, was very acute. One of the churches donated the use of its rooms, and the Red Cross paid a dietitian to have the meal prepared. However, people refused to come for a "handout".

On the other hand, if the meal is incidental to the social, recreational or employment activities, the good food is enjoyed in a companionable and relatively quiet atmosphere. This is possible in Day Centres. One Centre (Second Mile Club, Toronto) reported that even sandwiches brought from home are enjoyed more when eaten, and sometimes exchanged, with congenial companions. The Women's Patriotic League in Toronto provides a

Women's Sheltered Workshop where elderly women find employment in skilled sewing, and unskilled contract work. A hot meal is served to the workers at noon. The needs for companionship, employment and food are all met here.

(c) Day Care Centre

Elderly persons, on the waiting list for one old age home (Jewish Home for the Aged, Toronto), are brought to a Day Care Centre at the home each day and participate in services and activities of the home. These include both recreation and occupational therapy. The mid-day and evening meals are provided. Expansion of these Day Care facilities to others in the community is anticipated.

(d) Special Home care (Ontario only)

Under the Ontario Homes for the Aged Act and its regulations, private home care in the community is possible. This allows an elderly person in good health to live in a private home which operates in conjunction with Municipal Homes for the Aged. Legislation providing for Special Home Care requires certain standards for healthy physical surroundings, but there are no dietetic standards set, or no specific provision for advice on meal planning other than to the home.

(e) Meals-on-Wheels

The United States, England, New Zealand, Norway and Sweden have well developed "Meals-on-Wheels" programmes. In 1961, there were reported to be 14 centres in the United States with such a service (17).

This service consists of delivery of meals, hot (or in some instances, cold) ready for the table, to the home-bound who, in the majority of cases, are also elderly. Usually volunteer organizations, such as a local women's group, or the Red Cross have initiated the project, arising from needs expressed in the community. In some centres a nutritionist or dietitian supervises the menus and food preparation.

Those served benefit nutritionally and also exhibit greatly improved morale. They look forward to a visit from the sympathetic volunteer who delivers the meal, and often the volunteer finds the table already set—even to a fresh flower arrangement in the centre.

In the 14 centres in the United States, which include such large cities as Philadelphia, Rochester and Syracuse, the average number of recipients at any one time was 24, and ranged from 6 in Dayton, Ohio, to 55 in Rochester, New York. The recipients paid a fee according to their ability. Most services provided one hot meal a day; a few, two meals, and usually the service operated 5 days a week.

In Canada, only one such service of this nature is known, and that is in Brantford, Ontario. The Brantford Red Cross, and a local chapter of the I.O.D.E. initiated the service in November, 1963. The service provides one hot meal a week to 12 persons, at a cost to the recipients of 50¢ per meal.

In 1961, the Welfare Council of Great Winnipeg reported on investigations into the need for Meals-on-Wheels in that area, and recommendations were made for inauguration of the project. The Committee on Homemaker Services of the Welfare Council of Great Winnipeg has done a great deal of research for the project, but the programme is at a standstill due to the lack of financial backing.

The Halifax Soroptimist Club has spent a year investigating Meals-on-Wheels, and latest reports indicate that they hope to begin a pilot service by fall of 1964.

Conclusions

1. The nutritional needs of the older person are similar to those of the young adult, with the exception that the calorie requirement is lower.

2. Many of the older people in our population in Canada are not eating properly.

3. A healthy mental attitude to old age, and in old age, is conducive to well-adjusted and physically healthy old people. The mental and physical health of an individual affects appetite and food intake, and food intake on the other hand affects the general health of the person.

4. People who, through education, have more knowledge, do make better food selections.

5. Adequate food can be easily obtained and at relatively low cost, providing that the person is aware of its importance, and has a good basic knowledge of food shopping and food preparation.

6. Few of the existing community services make any provision for the serving of meals or the furnishing of help in solving food problems.

Recommendations

1. Provinces be encouraged to make use of Federal Health Grants for research, including surveys, in nutrition and foods for our Canadian population over 65 years of age.

2. Publicity be given to the results of the Canada-wide geriatric survey of the Nutrition Division of the Department of National Health and Welfare, when those results become available. That these results be used as a stimulus to the education of all age groups as to the importance of food for general good health throughout life.

3. Volunteer and other agencies who provide service to older people, especially homemaker service, be encouraged, by Municipal and Provincial Welfare Councils, to:

(*a*) Train homemakers in the care of the older person, especially with regard to nutrition, food habits and special diets; and

(*b*) Promote the extension of the programme of day centres and clubs to give practical information in the form of demonstrations, short talks and discussions on such topics as shopping ideas, easy-to-prepare menus, new foods and budgeting.

(*c*) Use be made of local professional persons, e.g. home economists, dietitians and nutritionists, at least on a consultation basis, in (*a*) and (*b*).

4. Provincial departments of education give consideration to the emphasis of the following subjects in the curricula for secondary school students; both boys and girls:

nutrition
food purchasing and money management
family relations.

5. Federal and provincial assistance to municipalities be extended for the benefit of the aged, and full use of such assistance be vigorously promoted along such lines as:

Meals-on-Wheels
Homemaking Services
Provision for meals for the older person at day centres and clubs.

6. Government funds be made available for the extension of services of homes for the aged to include Day Centres (e.g. The Jewish Home for the Aged, Toronto), which would provide recreation, occupational therapy and meals to elderly persons in the community.

7. Use be made of mass media, such as television, radio, newspapers, especially community newspapers, to give clear, concise and convincing information on simple food facts, food shopping, and the importance of food to overall health. The Nutrition Division of the Department of National Health and Welfare, and the Consumer Section of the Federal Department of Agriculture could provide the facts, and Provincial Health and Agriculture Departments, and Municipal Health Departments should promote the use of such information.

8. The Food and Drug Directorate assume even closer scrutiny of food quacks, and quick-cure promoters, especially those that take advantage of the more vulnerable older person.

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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. 4

THURSDAY, MARCH 19, 1964

The Honourable David A. Croll, *Chairman.*

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

WITNESSES:

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.

APPENDIX

G—Brief from the Government of Saskatchewan

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

20488—1

THE SPECIAL COMMITTEE ON AGING

The Honourable David D. 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.

20488—1½

MINUTES OF PROCEEDINGS

THURSDAY, March 19, 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*), Blois, Fergusson, Gershaw, Grosart, Haig, Hollett, Jodoin, Lefrançois, Macdonald (*Brantford*), McGrand, Quart, Roebuck, Smith (*Queens-Shelburne*), and Sullivan.—15.

In attendance: Mr. R. E. G. Davis, Special Consultant to the Committee.

On Motion of the Honourable Senator Haig, it was Resolved to print the brief submitted by the Government of Saskatchewan as Appendix G to these proceedings.

The following witnesses were heard:

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.

At 12.00 noon the Committee adjourned until Thursday, April 16, 1964, at 10.00 a.m.

Attest.

D. M. Jarvis,
Clerk of the Committee.

THE SENATE

SPECIAL COMMITTEE ON AGING

EVIDENCE

OTTAWA, Thursday, March 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: Gentlemen, I see a quorum. This will be our last meeting before the Easter recess.

Senator GROSART: Mr. Chairman, I shall have to leave at 10.30 to attend the first meeting of the Internal Economy Committee. It also is an important committee. Before excusing myself, I wish to say that this is a wonderful brief and I wish to compliment those who are responsible for it.

The CHAIRMAN: On behalf of the committee, I have already done so.

Honourable senators, in order that you may know him, those of you who did not serve in the House of Commons with Mr. Nicholson, let me tell you something about him.

The Honourable Alexander Nicholson was a member of the House of Commons in 1940 and 1945, representing the Mackenzie constituency. He was re-elected in 1953 and 1957. In 1960 he was elected to the Saskatchewan Legislature and was appointed Minister of Social Welfare and Rehabilitation.

In January of 1960 an Aged and Long-Term Illness Survey Committee was established in the Province of Saskatchewan. The committee sat for three years and brought in a report on July 18, 1963, a copy of which you will find in the library. That report is a bench mark in the field of the study of aging.

It was a pilot project, in which Miss Wilson did much if not most of the guiding under the direction of the committee.

Miss Lola Wilson is a westerner. She graduated in general nursing and public health nursing from the University of Toronto School of Nursing and later studied at the University of Alberta for preparation in teaching, supervision and administration. She spent two and a half years as Administrator and Health Director of the Jewish Children's Home and Aid Society for Western Canada with headquarters in Winnipeg.

From 1950 to 1957 she was Executive Secretary, Registrar and Director of Placement Service for the Saskatchewan Registered Nurses Association. From 1958 to 1963 she was Director of the Aged and Long-Term Project for the provincial government. From July 1, 1963 up to now she is the Director, Interim Project on the Aged and Long-Term Illness.

Miss Wilson was appointed by the Government of Canada as one of the 20 Canadian observers to the White House Conference On Aging.

Before I ask for a motion to print the submission by the Government of Saskatchewan, may I say that the brief came with a letter addressed to me from the premier's office, dated March 19, 1964. A copy of this letter is attached to all the copies of the brief which have been distributed.

May I have a motion to print the brief?

Senator HAIG: I so move.

The CHAIRMAN: The motion is supported, and carried.

(*See* appendix "A".)

I have indicated to the honourable minister just what our practice is here, and he is aware of it. You have the floor, sir.

The Honourable Alexander Malcolm Nicholson, B.A., Minister of Social Welfare and Rehabilitation, Province of Saskatchewan: Mr. Chairman and honourable senators, I want to say that I thank you very much for the introduction you have given us. It was my good fortune to sit in the House of Commons with the Chairman of your committee, and also Senators Gershaw, Roebuck and Macdonald. One of the compensations of being in public life is that in addition to the friends you make in your own particular party, you make very good and lasting friends in other political parties. While you are not always quite successful in winning them to your particular viewpoints, you come to agree that it would be a pretty dull world if we all saw exactly the same way on a great variety of problems. So it is a pleasure for me to be with you this morning.

I would like to thank you on behalf of Premier Lloyd, my colleagues of the Government of Saskatchewan and myself, for providing this opportunity for us to share with you some of our thinking about the needs of old people in our society. It is usual I know to speak about the problems of old people—and they do have problems; but so has every other age group. Now while I suspect we will use the term "problem" many times this morning, I think you will agree with me that these "problems" really represent challenges—challenges to our ingenuity and initiative in finding solutions.

As stated in our submission, we have not attempted to describe in any detail the programs, services and facilities for the aged in Saskatchewan. This has been ably done in the "Report and Recommendations" of the Aged and Long-Term Illness Survey Committee.

If honourable members would like to have copies of this for their own personal use, we shall be glad to make additional copies available to you.

This was a public committee established by our government in 1960 to gather together needed information and make recommendations for future developments.

May I say that I am not reading the brief, which has been printed. Rather, I am making a few introductory remarks in the hope that these remarks will bring us to some of the items in the brief which will be of special interest to you and to the Government of Saskatchewan. I would like to apologize for our submission not giving credit to the federal Government for their sharing in this interesting project. It was a pilot project in Canada with two-thirds of the cost carried by the federal Government. I therefore apologize that this acknowledgement was not included in our submission.

We have endeavoured to suggest what we believe might be done, particularly at the federal level, to assist in arriving at more acceptable programs and services for the aged. I hasten to add, honourable senators, that in no way do we wish to imply that we believe the federal Government is solely responsible for finding solutions to all the areas where problems exist and are of concern to the aged—economic, occupational opportunities, health, welfare, education, recreation. Indeed, we believe responsibility must be taken by the individual, family, community and government at all levels. In so far as government action is concerned, we are well aware that constitutionally many of

the program areas involved with the problems of the aged are a direct responsibility of the provincial governments. However, as stated on page 6 of our submission:

> ...with the increasing complexity of society and programs there is more and more overlapping so that more and more programs have become shared responsibilities. It should be our continuing aim through joint action to secure a greater integration and rationalization of the various programs as they affect the aged on both federal and provincial levels.

In respect to federal responsibility *per se,* we suggest the necessity of federal action regarding four major areas of policy, as expressed on page 5 of our submission:

(1) Maintenance of full employment and a satisfactory rate of growth in the national economy.

(2) Broad federal support of various general welfare programs which can be classified into two forms: (a) Direct federal programs such as Old Age Security and the Canada Pension Plan; (b) Financial assistance for provincially administered programs such as the National Hospital Insurance Plan and public assistance.

(3) Equalization of general fiscal capacities of all provinces, so that they may more adequately meet their responsibilities with respect to the needs of the aged.

(4) Involvement in certain matters of special concern to the aged, for example, control of drugs and co-ordination and promotion of research into the problems of old people.

I am not going to spend time at this point reviewing population data or labour force statistics concerning the aged. This material is contained in the document submitted to you. Suffice it to say that in Saskatchewan almost 9.3 per cent of our total population is aged 65 and over, as opposed to 7.6 per cent for Canada as a whole.

Senator Fergusson will be interested in the table that establishes that while women belong to what has been alleged to be the weaker sex, women in Canada live longer than the males, and that they live longer in Saskatchewan than in Canada as a whole. This is rather surprising, in view of the theory that the frontier and pioneer conditions did put an intensive strain on people, but I suppose good living and frugality have been factors. Certainly the women of Saskatchewan have a longer life expectancy than the women of Canada as a whole.

In our own and in earlier submissions made to you, the questionable virtue of compulsory retirement at a fixed age, obsolescence of the skills of older people in a modern technological age, the difficulty experienced by workers aged 40 to 64 in finding employment once they lose their jobs—not to mention those aged 65 and over—have all been discussed. We believe you will agree, Mr. Chairman, that much of the pressure to get older people out of the labour force is the continued existence of large-scale unemployment. The solution, in our view, is to provide more employment opportunities for everyone through full employment policies, which can only be implemented by the federal Government. While admittedly many people aged 65 and over want to retire, many do not for a number of different reasons. It is important to remove the barriers to employment that prevent people willing and able to work from making their contribution. Where suitable kinds of work for older people are available, employers must be convinced of the wisdom of retaining or hiring older workers. The educational approach adopted by the Department of Labour of Canada is to be commended.

Coupled with a highly skilled guidance and counselling program to avoid costly and disappointing errors, older workers (including those aged 65 and over) who can be retrained, should be when this is required.

Old people who do remain in the labour force are, in most cases, more likely to be able to meet their economic needs and retain the standard of living to which they have grown accustomed than the vast majority of those who leave the labour force, for whatever reason. The large percentage of elderly persons requiring supplementary allowances of some form attest to this. Old Age Security does assist to meet at least the basic minimal needs of those aged 70 and over. Since, however, a majority of people retire between the ages of 65 and 69, the majority without pensions of any form, these individuals are forced to seek Old Age Assistance and are subject to a means test. In respect to Old Age Security we believe the whole plan should be subjected to a thorough review. We believe

(*a*) Old Age Security benefits should be paid in full, or at least in part, to all people when they reach 65 years of age;

(*b*) the needs of old people should be carefully determined and that Old Age Security in conjunction with a Canada Pension Plan should be raised to a more satisfactory level;

(*c*) some technique should be devised to provide for increases in Old Age Security in accordance with rising standards of living as determined by suitable criteria.

Mr. DAVIS: This is on page 10, is it?

Hon. Mr. NICHOLSON: Yes.

Our government has supported the introduction of a federally-sponsored, earnings-related Canada Pension Plan at the earliest possible date. We were, however, disappointed in the changes recently proposed in the plan. I might say that our brief was prepared before the legislation which has just been introduced in the House of Commons. For example, the reduction in earnings-related benefits from 30 to 20 per cent of lifetime pensionable earnings; and the introduction of a retirement test for those wishing to draw a pension before the age of 70. In our belief people between the ages of 65 and 69 years ought to be able to claim an earnings-related pension as a matter of right, and should not be subjected to any tests whatsoever. In addition, I might add that we would have preferred to see the earnings limit set at $6,000. Such a measure would reduce the drop in income between earned and retirement income. It would also provide more than a bare minimum of pensions. A shorter time to maturity would also be welcomed by us.

We believe old people should be encouraged to live independently for as long as possible. In order to accomplish this goal independent housing at a rent which old people can afford is one essential requirement. The National Housing Act with the necessary complementary provincial legislation has provided many of the necessary opportunities for responsible community groups to build independent housing for old people. To date in Saskatchewan, however, this housing has, with one exception, all been non-profit in nature. The one exception is a subsidized project. While we anticipate that more projects under both methods of financing will be built, as pointed out in our submission there is need to encourage more economic-rental housing developments for the middle-income group of old people.

I am sure, Mr. Chairman, that the broadening of the terms of the National Housing Act to allow for certain developments presently hampered for lack of adequate financial assistance as outlined in our brief will come up for discussion. I shall, therefore, only briefly state our recommendations at this time. The National Housing Act should

(*a*) make available non-amortized improvement loans to allow elderly home owners to improve their homes or alter them so that they are suited to their physical needs;

(*b*) make loans to buyers wishing to purchase older homes which often cannot now be disposed of by elderly home owners due to the problem of finding a buyer who can finance the purchase;

(*c*) permit any responsible group to build sheltered accommodation on its own merit where beds are needed without the requirement that it be built in conjunction with independent housing;

(*d*) remove the requirement for provincial guarantees on loans for the construction of sheltered accommodation;

(*e*) provide loans for the construction of the housing component of nursing homes as apart from the health and welfare components.

I might mention that we have very happy arrangements in Saskatchewan with the Central Mortgage and Housing Corporation. We have made guarantees; but we have not been required to pay any money on these guarantees. The sponsoring communities have found these very acceptable projects. The three levels of government are participating, but our creditors do need to know from time to time the extent of our commitments. Although we have made sizeable guarantees we have not been required to make good.

Before leaving this statement about housing I wish to make a special comment about urban renewal developments. It is our conviction that plans for urban renewal should have as specified requirements that provision for the relocation of displaced persons, who are all too often aged persons, be developed within the plan. Failure to incorporate this arrangement into the plan should result in loss of financial assistance from public funds.

The need for adequate health and welfare services for the aged has been stressed many times before this committee. It will be reiterated many times again. Our document has dealt at some length with this need. At this time, therefore, I am only going to comment briefly.

We believe that the federal government can play a vital role in the fields of health and welfare through

(1) Provision of financial support to the provinces from national resources in order to stimulate and maintain continuing support of programs and services for the aged as follows:

(*a*) Support of adequate health insurance programs for all the people of Canada, as in the case of hospital care, in such matters as medical care, dental care, out-patient services, drugs and appliances;

(*b*) Prevention of physical and emotional illness and social breakdown;

(*c*) Rehabilitation of the aged with physical, mental and social handicaps or disabilities to the maximum degree possible;

(*d*) Development of community ancillary services which will contribute to the health and social well-being of the aged;

(*e*) Development of adequate institutions, including minimum building standards, and of programs and services essential for a good quality of care within such institutions, including minimum standards for their operation; such institutions to provide care on a short-term or long-term basis to those aged persons who cannot be cared for in the community.

(2) Support of geriatric and gerontological research.

(3) Provision of expert technical and consultative services to national agencies and organizations, the provinces, and to provincial agencies and organizations.

(4) Facilitation of inter-provincial consultation, dissemination of information, and co-ordination of services.

We hope that there will be some discussion upon these very important issues.

Mr. Chairman, I would like to suggest at this point that the crux of this whole area of concern about the aged and aging is *education*. If we expect to influence community attitudes so that needed funds for the essential development of programs, services, and facilities for the aged will be made available, if we expect to strengthen the family's responsibility towards its aged members, if we expect to develop a new awareness in the aged themselves of their own responsibilities and roles, we must have education. Nothing is more essential if we are to devise a community milieu which allows our senior citizens, not just of today but over the coming years, to live and grow and make a continuing contribution to society. To accomplish this—I think that if you turn to pages 38 and 39 in the submission you will find a rather extended comment which I think is important—on pages 38 and 39:

> There is need to educate people for aging to prepare them for the adjustments which must be made in the later years. Education regarding the aged is needed to develop an awareness by the general public, employers and children of the problems and challenges faced by old people. Such education will influence community attitudes and actions with respect to the problems of the aged and aging. The aged require education to give purpose to their lives in retirement, help them maintain the best possible physical and mental health through the best use of the leisure time which becomes theirs when they leave the labour force, and parhaps even provide a means of earning additional income. Not only does education for those who need and want it enrich the lives of senior citizens, but it enables them to continue their usefulness in a democratic society. Those engaged in certain professional fields or giving leadership in community activities need education which will help them improve their understanding of the needs of old people. In all of these efforts the aged themselves must be involved as teachers and leaders. The nation should take advantage of the experience and skills of the older people in our population.

This is the end of the quotation on these two pages.

The opportunities for developments in educational services for the aging are seemingly limitless. Our submission offers some suggestions. We believe that the federal government can make a significant contribution by providing leadership in exploring possible ways of achieving educational programs in respect to aging. The immediate needs would seem to be to

(*a*) work with national agencies and organizations, including employers and labour unions, and through the appropriate bodies in the provinces to establish pre-retirement preparation programs;

(*b*) develop manuals and guides for programs in pre-retirement preparation;

(*c*) work with national organizations and through the appropriate provincial agencies and organizations to establish educational programs about aging and for the aged.

As part and parcel of every aspect of developing programs, services and facilities for the aged there will be need for expert technical and consultative personnel. In addition there is a great need for service personnel. Training programs must be established. Experimentation will be needed to develop the best kinds of programs. The federal government can lend assistance in both establishing consultative and advisory services to assist those trying to establish a variety of kinds of programs and services, and in working with universities, technical schools, and other educational agencies and organizations to establish experimental training programs.

Research and fact finding must be continuing activities if we are to improve our ability to deal with the complex and complicated problems associated with an aged and aging society. The federal government can assist in the development and improvement of programs and services for the aged by

(*a*) supporting research activities in the fields of geriatrics and gerontology and as occasion dictates even initiate such research;

(*b*) providing a means whereby the results of research and of experimental and demonstrational programs and services can be disseminated.

In concluding this statement, Mr. Chairman, I would be remiss if I did not report upon a development our government will be undertaking April 1. It is not mentioned in our submission.

A central agency, to be known as the Division of Services for the Aged, is being established. Although my own department will undertake the "housekeeping duties" associated with administration such as procurement of supplies, looking after the payroll, and the like, this new division will be under the guidance of an interdepartmental committee. Representatives on the interdepartmental committee will consist of senior personnel from those departments of government most intimately concerned with the problems of the aged—education, health, labour, welfare, treasury, etc. Arrangements are that reports to government will be submitted through me as Minister of Social Welfare and Rehabilitation. Miss Wilson, who is with me, will direct this new division. An advisory committee, composed largely of people from the community, will be appointed. We think that it is essential that the widest possible participation by the community should be involved at the earliest possible date in the general planning.

In broad terms the objectives of the Division of Services for the Aged will be:

(*a*) To ensure continued perspective of the whole range of needs of the aged and co-ordination in meeting this range of needs through work being undertaken within official agencies, within voluntary agencies, and between official and voluntary agencies.

(*b*) To develop new programs and services working with the agency or organization, whether official or voluntary, that seems best able to undertake the development envisaged; to explore new types of developments both by way of experience gained elsewhere and through experimental and demonstrational programs; to encourage research through other agencies or organizations; and to carry on research as a part of the continuing program of the central agency itself.

(*c*) To provide an informational, educational, advisory and consultative service to individuals and communities where approprite, and to agencies and organizations, both official and voluntary.

We believe the Division of Services for the Aged can do much to further the development of programs, services and facilities needed. I suspect if I were to ask Miss Wilson to add a final sentence she would say: "Yes, but not just developed for the aged, but developed *by* and *with* the aged."

I might mention in conclusion that we were delighted to hear last summer that Senators Fergusson and Inman were planning on visiting Saskatchewan to see some of the work we have done. We regret very much that illness prevented this visit. I should like, however, to extend to this committee an invitation, or to any subcommittee, to visit Saskatchewan before you conclude your hearings. I hope Senator Roebuck may have long enough in our province to do some painting of the Saskatchewan landscape while he is there, and we will promise that the red carpet will be put down for any or all of you who might find it possible to visit Saskatchewan before concluding your hearings.

I would like to say how much we appreciate the fact that Mr. Davis has made his services available in working with this important committee in discussing one of the most interesting topics to be discussed in Canada for a long time. Thank you for the opportunity of appearing before you this morning.

Senator ROEBUCK: One thing I am sure of, if I went out there I could get some good portraits.

The CHAIRMAN: We have had Mr. Nicholson's submission and his comments on the brief. Just to start the ball rolling, you spoke to us of the central agency. I presume that that is the outgrowth of the report or implementation of it.

Hon. Mr. NICHOLSON: Yes, I might say Miss Wilson is with me and while it doesn't appear in the brief, as I mentioned earlier the fact the federal government did share in the work of this study wasn't a determining factor in deciding we would do the study, it does place the provincial government in a stronger position, as you can see, for any program if they can say this has the blessing of the federal authority. I think we might hear some comments from Miss Wilson at this point regarding the movement from the time this report was submitted to cabinet to the present day.

Miss L. Wilson, Director, Interim Project on the Aged and Long-Term Illness, Province of Saskatchewan: If I may, I think perhaps you might be interested if I might comment a little further back than just from the time this report was produced. It didn't happen that the committee came into being overnight or that a sudden decision was made to introduce a program for the aged through a central planning group in Saskatchewan.

In 1958 I went to the Economic Advisory and Planning Board. My appointment was a result of a recommendation in a report developed and submitted to cabinet from a then inter-departmental committee on nursing homes that we did not have enough factual information developed about our aging population, and that we needed to begin to develop this information.

In June of 1959, as a result of my going to the Planning Board in February of 1958, a decision was made to hold a provincial conference on aging—the third in Canada. As a result of that conference where 127 representatives from many different agencies, organizations, government and so on came together, including federal representatives, our government in its wisdom accepted a recommendation made by this conference that a public committee should be established. In January, 1960, therefore, what is known as the Aged and Long-Term Illness Project came into being. This, as I say again, was a slow growth. This project had three arms. A public committee—

Mr. DAVIS: What does "public" mean there?

Miss WILSON: It was a public committee with representation drawn from 16 agencies and organizations. The Government asked 16 agencies and organi-

zations, three of which were Government departments, to suggest the name of an individual they would like to see appointed to this committee. Examples of these agencies are the Saskatchewan Chamber of Commerce, the Urban Municipalities Association, the Rural Municipalities Association, the Roman Catholic Church, the Protestant Churches, the Provincial Council of Women, the Saskatchewan Federation of Labour, and the College of Physicians and Surgeons. Let us not forget they asked the Pensioners and Senior Citizens Organization, and we were fortunate in having their president sit with us for the years during which we operated.

This public committee had 16 voting members. In addition there was a chairman, a vice-chairman and a secretary, all without voting power. This committee operated, as the Honourable Mr. Nicholson has said, for three years. They brought in their report last July.

There was, of course, a second arm to this project, namely, a secretariat. There was a third arm also, because throughout this entire program an inter-departmental committee, which has always remained in existence but which has had changes of name as we have progressed, always remained as a focal point in providing guidance and direction to the director of the project in the event that there was any duplication of effort, or any problems created by the secretariat taking on something that realistically belonged to a specific government department. We had excellent working relationships with no problems.

This project officially came to an end on June 30, 1963. One and one half years before the end of this project the public committee became concerned about what was going to happen in respect to the carrying on of their work when they had finished. They knew an inter-departmental committee was there, but the secretariat was only authorized to the end of June, 1963. Again, the Government took a step which I think is to be commended. They had not seen this report and they had no chance of reviewing it to find out what the public committee was recommending, but they established what is known as the Interim Program on the Aged and Long-Term Illness, the life of which was to be only nine months from July 1, 1963 to March 31, 1964. We are officially out of this program on March 31.

However, in that period of nine months the Government had an opportunity to study the report of the public committee, and to receive reports from its inter-departmental committee as to ways in which this program might be developed. In their wisdom they have as of April 1, 1964 elected to set up a Division of Services for the Aged within government. It will be directed, as the honourable Mr. Nicholson has said, by an inter-departmental committee which will be widely representative of the departments of labour, education, health, welfare, treasury, the Economic Advisory and Planning Board, and, we hope, also perhaps the Departments of Agriculture and Municipal Affairs. Members include deputy ministers and heads of branches. They have a chairman, of course, who is now from the Welfare Department but formerly the chairman came from the Health Department. The chairman could be from any of the departments represented. We will now, instead of reporting through the Minister of Public Health, be reporting through the Minister of Social Welfare. I might say that during this program we have not always reported through one minister. I think this point is very important.

Saskatchewan, through its public committee in 1961, held the first conference in Canada between labour, government and management to talk about the employment and retirement of older workers. When the report of this was completed by the public committee it would normally have been tabled through the Minister of Public Health in view of the fact that our project was ad-

ministered within that department, and the Minister of Public Health normally reported for us. But he elected to have us present our report through the Minister of Labour, and this was done.

There has always been this freedom. There has always been this fine working relationship, and as of April 1 we expect it to continue.

I think, Mr. Chairman, that is all I would like to say at this time.

The CHAIRMAN: What you have said, Miss Wilson—and said very well—was that having made the recommendations which appear in the report and which are, I think, almost 140 in number, you did not stop there, but you are now implementing those recommendations that the Government thinks should be implemented? Is that what you have said?

Miss WILSON: We will begin, if I may answer, Mr. Nicholson, to implement those that have been approved by government. I would hasten to add that all the recommendations were not made to government. Many voluntary agencies are involved, and we hope to work with them. I think that this is a major role of this organization that we are now going into.

The CHAIRMAN: Yes, but I think the point I wanted to make is that something is being done about the recommendations. That is true, is it not?

Hon. Mr. NICHOLSON: Yes, that is right.

Senator HAIG: Mr. Chairman, might I ask a question? Where does the voluntary agency fit into this proposed division?

Hon. Mr. NICHOLSON: Would you care to answer that, Miss Wilson?

Miss WILSON: Do you mean in the continuing organization, sir?

Senator HAIG: Yes.

Miss WILSON: Within the framework of the official central body, to be set up within the framework of government, there will be an advisory committee. We have not as yet established the way this will be done, or how we will get its members. Presumably it will be done in a similar way to that used to establish the Survey Committee in 1960. We would expect to have a widely representative advisory committee that will include the voluntary agencies, but one of the strengths of all the work that has been done from the very outset of this development has been the work done by the central office within government through the years in the development of relationships with voluntary agencies, and in working with them.

For example, in Saskatchewan during the work of the public committee —this three-year development which went on and which resulted in the "Report and Recommendations," by the Aged and Long-Term Illness Survey Committee—one of the secretariat's assignments was to go out across the province and organize regional conferences within 12 potential regions that we elected to use. Conferences were held in ten of them.

We did not go in and say: "You must hold a conference". We went in to the community and, having arranged with one official in that community to invite people to a meeting, we said to them: "Do you think this kind of thing is desirable in your area? Would you feel that a conference of this kind to talk about the problems of older people would be desirable, and, if so, how would you like to organize it?" They set up their own committees. We simply worked as advisers and consultants.

Out of this has grown in each of these areas a continuing committee on aging. Some of them are not very active, but the machinery to activate them is there, and we hope we will stimulate that machinery in this on-going development. Indeed, we expect some quite exciting opportunities to allow us to do this.

Senator HAIG: The reason I am asking, Mr. Chairman, is that in our province, and in Winnipeg especially, there is a relationship between the

Government agency; or department and the voluntary agencies such as the service clubs, church groups, the Age and Opportunity Bureau, and the Notre Dame Day Centre which endeavour to prevent overlapping of certain work, or to fill a need in what I call the professionnal field and directing it to a voluntary agency whether it is a church, a service club or just a group.

Hon. Mr. NICHOLSON: Mr. Chairman, I might mention that in Saskatchewan, particularly in the last 10 years, since we started planning for Saskatchewan's Golden Jubilee, en 1955, we have had a great deal of interest in programs for the aging. We have had excellent organization in many communities. In Assiniboia for instance, which is one of the original centres, at a Rotary meeting, it was said: "I think Assiniboia might do something to mark the 50 years of Assiniboia." It was decided that "Tom Ross be a committee of one". This was seconded and carried.

Senator HAIG: It was probably he who suggested the idea.

Hon. Mr. NICHOLSON: Yes. The next day, another old timer said: "I could not sleep last night when I realized that your worth-while suggestion was decided upon wtihout any discussion." Mr. Ross said: "We now have a committee of two".

This would involved about 30 different communities in a housing project that does provide an opportunity for elderly people to spend their last days in the Assiniboia district.

It is not hard to get enthusiasm about building a project in one town, but to raise the money to establish it on a wider area basis, requires a large undertaking.

We have had good co-operation of many persons. Sometimes service clubs pool their resources and provide for the type of housing as developed at Assiniboia. The cost is shared, 8 per cent by the local communities, our government makes an outright grant of 20 per cent, and 72 per cent is loaned by the Central Mortgage and Housing Corporation.

The getting of the 8 per cent requires a great deal of community work. In some places a number of service organizations have come together to provide that 8 per cent and take responsibility for the management. We have had an exciting development in working with voluntary groups throughout the province.

Senator HAIG: May I ask the speaker some questions in connection with housing. Do you prefer the housing development to be outside the city, say in the suburbs or rural parts, as opposed to downtown housing, close to shopping centres and the other amenities of urban life?

Hon. Mr. NICHOLSON: Again, these are matters we discussed with the local authorities. We have been pleased that there has been a great deal of interest in providing houses in places like Assiniboia and Shaunavon and Zenon Park, places you have never heard of, say where people leave farms but prefer to live in the locality where they have been living rather than go to Regina or Saskatoon.

In the cities, the local people negotiate to get the best location. The elderly people prefer to be fairly close to bus and transportation lines and not too far from shopping centres. The locations are always negotiated.

We think it is important to involve the three levels of government in the planning. The senior levels are able to draw attention of one community to the mistakes made in other communities.

To answer your question, the preference would be to have the facilities serviced by buses and schools and not too far from churches, although in communities where they are some distance from these facilities, community

organizations are most co-operative in providing transportation for people to go to the church of their choice and to provide entertainment for them on special occasions.

Senator GERSHAW: I know our guest speaker has much experience in conditions of this kind and I would like to have on record his opinion as to what we could recommend, in order to do something for the loneliness of older people. On a farm there is always something to do, but, as he says, many of the older people are moving into the cities, to apartments. What is the suggestion as to what we might encourage, in order to help these people pass the time so that they may not be so lonesome?

Hon. Mr. NICHOLSON: This is a very good question and this is one of the points that our department tries to get across in the community, when these projects are undertaken.

For example, at Melville, there is a very competent matron, who is long experienced and has very good ideas.

The first time I was there, in September or October, these elderly people were busy making Christmas presents. I said "This is early to be worrying about Christmas." They said: "Yes, but there is a missionary in Africa from this town and the only gifts they get, come from here. We have to get our presents away by the end of this month. Christmas is a great institution and the people are coming here to help prepare for it. These people cannot afford to take sick a month before Christmas. They fear they would lose out on some of the activities."

They have been successful in having a great variety of organizations in this community recognize the problem that these old people were very active in the community for many years and now that they are away from their life on the council or school district, life is lonely. But we try to involve various organizations in the community, to get them to recognize these elderly people as being members of the community who should be recognized as having a role in the community and who do want some recognition.

Senator SULLIVAN: What do you mean by "these people cannot afford to get sick"?

Hon. Mr. NICHOLSON: They would not want to be in bed if they were well enough.

Senator SULLIVAN: What type of people? Psychiatric cases?

Hon. Mr. NICHOLSON: No, they are elderly people who can stay up a day longer. They do not want to be away—

Senator SULLIVAN: If they are busy, they are not physically incapacitated.

Hon. Mr. NICHOLSON: That is right. I did not want to give the impression they could not afford to. They would not want to miss the activities over the Christmas period if they were well enough to stay around.

Senator SMITH (*Queens-Shelburne*): I should like to hear some further comment from Mr. Nicholson or perhaps from Miss Wilson in regard to nursing homes. It seems to me that this is something which is important in this study we are making. I have some questions on this.

Are you doing anything in your province with regard to government organizing or government sponsoring of nursing homes, or do you leave that part of the care of aged people to operation by private people on a profit basis?

Hon. Mr. NICHOLSON: We have a variety of programs in the province. You know the shared arrangement I have mentioned—8 per cent by the community.

Senator SMITH (*Queens-Shelburne*): That was for housing.

Hon. Mr. NICHOLSON: Yes. In some of these communities, people who were 75 are now 85 and these communities would like to provide for the people the

same solid care that grandma and grandpa would have in the community, but they are not able to provide this in this shared program. In a few communities the people have moved in this direction to provide nursing accommodation where the costs are shared 80 per cent by the community and 20 per cent by the province. This places a heavy burden on the particular community. They argue effectively that if these people went to a hospital, the federal and provincial governments would share on quite a generous basis in building and maintaining the hospital. These people, maybe in Carnduff, prefer to be there rather than in Regina.

We have a geriatric centre in Swift Current, in Regina, and in Melfort.

In Saskatoon we have an arrangement with the Tuberculosis sanatorium for the accommodation of a limited number of patients. These are all centres recognized by the federal Government as long-term care hospitals. They share in construction grants and maintenance costs.

We have one additional geriatric centre in Wolseley which does not measure up to the standards required for a long-term case hospital. It is operated entirely by the provincial government but we have quite a long waiting list for admission to these geriatric centres I have mentioned.

We think the federal Government should be sharing in the extension of care for this group who do not require active hospital treatment, but who are not able to do their own housekeeping and are not able to live in a hostel—sheltered accommodation.

Mention is made in our report of the hostel. This probably has a different connotation in other provinces in Canada. We have used this term for these housing projects which are there. If we have 20 self-contained housing units for couples we can have a hostel with 20 beds where the last survivor is expected to move when the husband or wife passes on. Meals are served in this facility. But there comes a point where the person is not able to go to the dining room, but does not require active hospital care. We have some problems in dealing with this particular aspect in the province.

The CHAIRMAN: Did you intend to speak about nursing care, Senator Fergusson?

Senator FERGUSSON: Partly. On page 33 of the submission it is stated that "The Government of Saskatchewan would support a high priority for the establishment of such programs as organized home care, volunteer visiting, homemaker services"; and others are mentioned. Have you included services like meals-on-wheels?

Hon. Mr. NICHOLSON: Not yet. This is a recommendation that is receiving high priority; but I think I would like Miss Wilson to make some comments because she has visited some of the establishments in the United States where these programs are operating. We expect to be moving in this direction, but I would like her to make comments concerning that, senator.

Senator FERGUSSON: Organized home care, I suppose, might involve a certain amount of home nursing. Do you have V.O.N.?

Hon. Mr. NICHOLSON: Yes, we have V.O.N. and have a limited program of home care, but it is quite limited. I think you will appreciate Miss Wilson's comments on meals-on-wheels, which is receiving high priority.

Senator FERGUSSON: I think you have done a tremendous lot. I am not being critical.

Hon. Mr. NICHOLSON: We still we feel we have a long way to reach our objective.

Miss WILSON: I have two comments to make, one in answer to your question. Then I am extremely anxious to say something about loneliness, if I may.

The CHAIRMAN: You may.

Miss WILSON: First, concerning organized home care and visiting nurse service done, there is a difference. Visiting nurse service as through the Victorian Order of Nurses you are familiar with. In order to have an organized home care program you must have two essential components, namely, medical care and nursing care, and these must be a continuing part of that program. In addition, the community then elects to establish the other kinds of services that they find they need in their community, for example homemaker service. I believe we have at the moment three plans of organized home care in our province, with one or two more in the planning stage. We have one at Moose Jaw. They have visiting nurses through V.O.N. and general practitioners and consultants involved in the medical care component of the program; they also have some homemaker service, and are doing a very limited amount now of meals-on-wheels within this. In Saskatoon, the University Hospital has organized a home-care program for some of their patients who can leave hospital. Also in Saskatoon, at the University Hospital, is another program for psychiatric patients. We have done little in Saskatchewan with meals-on-wheels. There is an element of it in Moose Jaw, but it is small. There is much to be done in this field. I think that in Saskatchewan we are going to need special kinds of techniques to make meals-on-wheels programs practical in a province so largely rural, and where we often have the difficulties of long and cold winters. That is the one side. But these kind of things are exciting, because they are so practical and so possible in communities that have imagination and are willing to develop a plan. Planning then, Senator Haig, through the continuing community committees on aging we hope will avoid overlapping.

Now about loneliness. Loneliness is a very subjective thing, as you know, Mr. Chairman. Peter Townsend has found from his studies, and this has been duplicated in our experience in Saskatchewan through our Information and Opinion Survey of Senior Citizens, that the number of old people who were truly lonely is not really as high as people suppose. There is a difference between loneliness and segregation. Segregation may be self-imposed, and if it is, such people will not welcome your interference. Peter Townsend found this. If the segregation is imposed by the community, that is a different thing, as you know so very well. In that case, you may be involved with the one-room dwellers, and the lack of finances, and so on. Women are more likely to be lonely than men. Our survey showed, as did that of Peter Townsend, that when people said, yes, they were lonely, this may be due to many reasons. Parents may be lonely, for instance, when their children go to camp for summer. In old age, with the death of one's peers, loneliness is something felt by all but the degree differs. Loneliness is a subjective kind of thing. Unless a person can deal with it himself, then other kinds of things must be provided, such as day centres. I want to stress that. If there is one thing we need to develop in Canada across this country more than any other, apart from education, it is day centres for old people. In the United States there are over 700 day centres, and what this has done for their old people is incredible.

The CHAIRMAN: What is a day centre?

Miss WILSON: A day centre is not just a place where a person goes for recreation or to be amused. It is a facility, if it is really functioning, which we interpret as a place when people can go every day, five days a week. I will tell you why later. They can go every day, probably from nine to five. They have an opportunity in a day centre not only for recreation and companionship, but if the program is really functioning as it should, elderly folk who go there have an opportunity to make a contribution to the community themselves, and to grow. It is in these kinds of programs that we are seeing the most exciting kinds of developments and new approaches to education for aging, and for the aged; because some of these centres are beginning to see

now that they can be more than just a centre for old people; they can also bring the family together here, and so you do have periodically opportunities for family education. The children come, and the day centre can become more or less of a family centre. Why is it that the better ones seem to have a five-day program? It is because, and I think, we should be realistic about this, during the earlier years, when we have worked from nine to five, we have always filled our evening hours, and even the leisure moments during our working hours, and we should not expect to have to fill every hour of the day for aged people. We must realize that some of this must be done by the old people themselves. We can help them, but they must also begin to find ways of doing this themselves, and they have to be part and parcel of the planning for the program of the day centre. The William Hodson Centre in New York only operates five days a week. It was the first day centre in the United States, and indeed on this continent. I understand that it has been operating for 18 years, and will be celebrating another birthday this year. It only operates five days a week, because they believe the family should have a responsibility, and that neighbours or friends should help the old people too on the weekends, and holidays. They apparently do not operate at night, at least very often. But the important thing is that elderly people should become part and parcel of the plan. Some professional staff is needed but only to offer help, not to do the job. The centres should not just offer a card-playing activity and diversional activities. Old people must also be allowed to make a contribution to the community, and meanwhile they should grow.

Senator HAIG: They should organize it themselves, too. I am very happy to hear your remarks about these centres, Miss Wilson, because we have one in Winnipeg—the Notre Dame Centre. The director told me once, when I attended a meeting there, that people who go there run the organization. They have their own president and officers. They have art, painting, and sculpture classes, and so on; they also have a rhythm band. The director told me that the theme he tried to get across is that the people who go there organize it themselves, and that it is not a director or the government, or anybody else, who does so.

The CHAIRMAN: Who establishes and pays for these day centres, not only elsewhere but in Canada?

Miss WILSON: It is done in many ways.

We have no policy on this in Saskatchewan. We are trying to set up one centre now, but at the moment it is still really only a recreation centre. As a matter of fact, we have two such specially built recreation centres. I think, again coming back to the best ones, they are community-oriented, and the community should feel not only a responsibility for these, but a part and parcel of their development—but so should the old people. Again, in most you will find the old people do a great deal in helping to finance them, not so much through the payment of membership fees but through sales projects of many kinds. They begin to feel a very great responsibility for their centre. Several in Chicago could be taken as an example. Among other kinds there is one federation of centres, and they get what we would call United Appeal money, and I believe get some city or municipal grants. Voluntary agencies also help in their finance. Many centres have been started in their initial stages by foundations doing research. I think we are going to have a long way to go to find the many ways they might be financed. Two Cosmopolitan Clubs in Saskatchewan have been instrumental in building the facilities for the two centres which have been built solely for old people. These are primarily in program stage at the recreation level. They have not gone to the day centre level.

Senator HAIG: Mr. Chairman, you raised the point about financing. With regard to the one in Winnipeg the secretary is paid by the City of Winnipeg

Welfare Department. The funds are, some from the Winnipeg Foundation, some from a voluntary committee which raises money by various means. That is the way that is financed. The director there, Mr. Brown, feels that if a person can afford to pay five cents or 10 cents a month, or per day, membership fees, or for tea and cookies, they should pay; but there is no set membership fee. Money is not a criterion of admittance to this group.

The CHAIRMAN: I was trying to get a starting point. Would either of you like to comment on this: Are service clubs—and I am thinking of Rotary and that sort of club that usually undertakes some project of one kind or another and they do very well at it—do you foresee that some of these clubs might well undertake in various communities such undertakings as we have been discussing? Is that the sort of thing they might do?

Miss WILSON: Yes, I think so. There are all kinds of variations. There are service clubs. Some communities have women in the community who will take two or three older folk that come in perhaps three days a week for lunch and dinner.

The only thing that limits us in the developments we can undertake is our own imagination. Each community is going to have to take a look at its need. There will be a community where meals-on-wheels will not be practicable but luncheon club arrangement may be, where volunteers go into, say, a church and cook a meal, for example, three days a week. By the way, the recipients should always pay something for their meals. I think, since everybody has to eat, we should make some charge.

Senator ROEBUCK: The other day I raised the point of the responsibility of the younger people, of the children towards the older people; and I gave some evidence of younger people sponging on the old ones and getting rid of them, and that sort of thing. Do you find any problem like that in Saskatchewan?

Hon. Mr. NICHOLSON: I think we would have the same problems in Saskatchewan that are found elsewhere. Here is where we think educational work should be done. There is the suggestion that service clubs should take an interest. Miss Wilson has mentioned the Cosmopolitan Clubs in Moose Jaw and Saskatoon. They built and presented debt-free, two excellent centres. Initially these are planned for recreation, but I think they are now thinking in terms of a more active program. In the United States and Great Britain, where they have moved in terms of meals-on-wheels, there has been a remarkable response from younger people. When they become involved, whether it is one week a year or every Saturday, it is at regular times; and they have had wonderful co-operation. Many young people are finding that the people who are eligible for meals-on-wheels, two days a week, two meals or one meal a day, are part of the community. They become very much involved in considering these people as part of the community. So I think if we can challenge the various groups in the community to enter this field, then we will do well.

Senator ROEBUCK: Do you think the young people would take part if they were given an opportunity to do so?

Hon. Mr. NICHOLSON: Yes, we find there is very good co-operation. In Regina we have recently lost one of the men of Louis Riel's day. He was adopted for the last ten years of his life by a very well-known Regina family. The young people in that family will never forget the association they had with this very interesting person. He had many interesting yarns to tell them. This family feels their horizons have been broadened by adopting somebody with no relatives in the city. He was adopted as their "grandfather".

Senator MCGRAND: I have a great many questions I would like to ask, but I wanted to follow up something first with Miss Wilson. I understood her to say that women are more lonely than men as a rule. That is, when considering people living alone?

Miss WILSON: No, I did not necessarily mean they are living alone.

Senator MCGRAND: Did you say women are more lonely than men?

Miss WILSON: Yes, according to our survey based on what the old people told us—both men and women.

Senator MCGRAND: I was under the impression it was the other way, that women do so many little things around the home that they are kept busy. It seems to me there is a need to educate people to aging and to prepare them to adjust themselves for later years. It is pretty hard to take a person of 65 of 70 years and teach him to adjust himself for the next 10 years. It is difficult to teach an old dog new tricks. It seems to me that if you are going to reach this point where old people can live a fruitful existence, you have to start very young. It is something you have to start with in youth. If you can teach a young person to live a fruitful and productive middle-age, he has prepared himself for old age that is coming on. Is that right?

Miss WILSON: That is right. There are several points in this. First of all, the best preparation he can adopt for aging is a life-long preparation. Let us all be agreed on that. But we have people at various stages that really have not had too much preparation yet. This is a big educational field.

Senator MCGRAND: It is a long-term program.

Miss WILSON: Yes, a very long-term program. We have to start now with the young people; but I do not think we can forget our older people at middle age. We have to try to convince the 40 years old group it is time to do something about pre-retirement preparation. It is very difficult. They want to know what you are talking about. They are not going to retire for a long time.

Senator MCGRAND: They think that, because when they were 18 or 20 they were told they had the world very nearly to do what they liked with. It is the early training they got as to their responsibility, that is why they think that at 40.

Miss WILSON: This may be true, but we cannot neglect this 40 year old group. If we do, if we are only going to leap into this program now, today, with the infant, it is going to be 65 years before we are going to begin to get anything out of what we think we are putting in. We are going to have to go into this in stages.

Senator MCGRAND: I am thinking of what you are going to do in the next 20 or 30 years, in the long-term program.

Miss WILSON: I think we should not be influenced too much by the consideration of problems we are going to be faced with. We have problems now. We are going to have to begin to do a program, and take it in stages and steps. I have talked to 40 years olds—and this is true actually in many groups—with regard to pre-retirement preparation. We cannot give to the 40-year-old the same pre-retirement preparation which you give to the person who is aged 60, and we have to have different stages in this, because they have different area of need at different stages of planning. When we start talking to children in kindergarten we are not going to talk about retirement. First they must be taught how to live. This is a whole educational process we are going to have to establish and we must remember too that we don't know even a small part of the answers. This whole field is so exciting because we are breaking new ground, and we are going to have to find the ways. This is why now is the time we are going to have to begin this experimentation, exploration, and here the federal government has such an important role.

Senator MCGRAND: You said "Now is the time." There are quite a few questions I would like to ask. You mentioned that persons of 65 or older use 82 per cent more physicians' services than does the group aged 45 to 64. I would like to know just why that is, and how you arrived at those figures.

The CHAIRMAN: What page is that, Doctor?

Senator McGRAND: Well, I don't know the page, but it is in there anyway. And at the same page you say "Persons of 65 and over compose less than 10 per cent of the total population, but account for approximately one-half of the long-stay cases in general hospitals."

Miss WILSON: That is right.

Senator McGRAND: That to me is probably what happens, but I don't see how it is justified.

Miss WILSON: In preparing this submission we drew very heavily on this document, because this had been tabulated and the information—

Senator McGRAND: I have been relying on it heavily for the last 20 minutes.

The CHAIRMAN: What document is that?

Miss WILSON: "Report and Recommendations" by the Aged and Long-Term Illness Survey Committee.

Senator McGRAND: On page 36 there are some tables. In the group of 45 to 64 you have actually 6.4 per cent calls per day, but when you get down to accidents in the cases of people of 55 and over you quote 9 per cent. Then you take diabetes, death from diabetes in the group from 45 to 64 and that is 2 per cent, and in the group of 65 and older it is even somewhat less, 1.8 per cent, which is approximately the same figure. Now when it comes to suicide—

Miss WILSON: I think you had better start over again.

Senator McGRAND: I am trying to find out how you arrive at and what is the cause for these long stays in hospitals.

Miss WILSON: Let us start at that, because we have been talking about a number of different things, about accidents, deaths from malignant diseases and cardiac conditions. First of all the one figure we talk about in the three sets of figures we have in this document, the Report to the Senate Committee on Aging, on page 30, these are simply examples, so let us start with this document now. Let us turn to the "Report and Recommendations" by the Aged and Long-Term Illness Survey Committee. First of all, as you know, there is very little known about the health status of aged people in the community, or anybody in the community for that matter. Our mortality figures are basic references and so we had to turn to several sources in this study in Saskatchewan to try to determine something that would allow us to do some comparisons.

Senator SULLIVAN: Name one source.

Miss WILSON: The Saskatchewan Hospital Services Plan records. But these were all hospital admissions. These are sick people. Then these tell you nothing about the community health status nor could we get any inkling from these data of the utilization in communities of medical services. We turned to the Swift Current health region which has had, since 1947, the first prepaid medical care plan to cover the total population on the North American Continent. They have built up a fair body of statistics. That region by the way had a population in 1961 of 56,896, and this is, therefore, the total medical care program potential coverage in that area.

Now it was in that region that the only set of statistics was available to give us the utilization by the 40 to 64 group, and those aged 65 and over. Again you would agree that there is a difference between need and demand, a very great difference, and this we couldn't measure. But in the development of day centres, in some experimental work that has been done in the United States—and this is referred to in the "Report and Recommendations", with actual figures given in the chapter on "Health and Welfare" under the section

on "Ancillary Community Services", on pages 168 to 171—it was found that when elderly people became involved in the day centre program they ceased using the doctor's waiting room as their *recreation centre*. The utilization of the doctor's time and facilities dropped by 40 to 60 per cent, not always in the best interests of the patient, because they became so interested they forgot to go for necessary medical appointments.

Senator McGRAND: They forgot to take their pills?

Miss WILSON: They forgot to take their pills. They forgot to make the return trip to the doctor. This has been shown in actual studies, which have been made, and there is probably a lot more evidence which might be collected. Day centres are important.

In regard to the other figure you questioned, the total population aged 65 and over in Saskatchewan represents less than 10 per cent of the total population. In other words 9.3 per cent of the population of Saskatchewan is 65 and older.

Senator SULLIVAN: How many bodies were used in this?

Miss WILSON: 85,570. This is the total population of Saskatchewan aged 65 and over.

Senator McGRAND: You will notice that on page 29 you say:

> There is abundant evidence that the aged require a high level of health services. The "Canadian Sickness Survey, 1950-51" showed that the group aged 65 and over—

and so on. Did you take any of your statistics from the Canadian Sickness Survey or—

Miss WILSON: Well, sir, as you know, this is somewhat outdated now. I am speaking of Canada, and not Saskatchewan, when I say that in 1951 the population of 65 years of age and over represented 7.6 per cent of the total population. Yet, the elderly people had almost double this proportion in terms of bed, complaint, and disability days.

Senator McGRAND: But you are basing your statements on information which you agree is outdated.

Miss WILSON: Yes, it is, although we still use it. We refer to it because it is the best—

Senator McGRAND: How was that sickness survey carried out in Saskatchewan?

Miss WILSON: As you know, the Canadian Sickness Survey was done on a sampling basis across the country. In Saskatchewan there was a special collection of data. A special sample was taken in the Swift Current area because that was the only area with a medical care plan in the 1950-51 period when the Canadian Sickness Survey was made. As I understand their objects, they were trying to discover—

Senator McGRAND: I agree. I went through all that.

Miss WILSON: We have not had access to tabulated data on the Swift Current area, so we were unable to use it.

Senator McGRAND: I know what they did. They selected an area of maybe a thousand people, and they got a nurse or a school teacher to call up the people on the telephone and ask them: "How are you feeling today?" On such information most of this sickness survey is based, although in someplaces it was carried out a little better than that.

Miss WILSON: We did not use the survey extensively. As you know, the statistics for the Saskatchewan Hospital Services Plan started with the implementation of the plan in 1947. From 1951 on their statistics have become

increasingly good. We have now a great deal of comparative data. You see, we say here that while almost ten per cent of the toal population of Saskatchewan is aged 65 and over, that ten per cent represents 50 per cent of the utilization of long-stay beds in general hospitals.

Senator McGRAND: That is the point I wanted to know about.

Miss WILSON: The data covering long-stay cases in general hospitals is taken from the Saskatchewan Hospital Services Plan records. There are also those data relating to the leading causes of death from the statistics prepared by the Vital Statistics Division of the Department of Public Health.

Senator McGRAND: Then, you get this information from the hospital report?

Miss WILSON: Yes.

Senator McGRAND: But a person may stay in a hospital for 20 days longer than he or she needs to stay, and that goes down in your record as if it were something that was essential. You cannot help that, can you?

Miss WILSON: I would suggest, sir, that people stay in our hospitals only until the medical profession indicate it is time for their discharge.

Senator McGRAND: I am well aware of that.

Senator SULLIVAN: As a medical man I say that that is something.

The CHAIRMAN: Senator Haig?

Senator HAIG: In your discussions and programs and so on, have you found a need for a counselling service for the aged, especially in regard to financial difficulties, dietetic services, recreation and psychiatric services?

Miss WILSON: I think there is an urgent need for counselling, and, again, it should be part and parcel of a day centre program. You must have professional staff in a day centre—a staff that can counsel. It is said in the "Report and Recommendations" by the Aged and Long-Term Illness Survey Committee that perhaps in relation to nutrition and in relation to the social needs of people, the day may come when counselling in these areas will become a part of the preventive program which will be established through doctors' offices and clinics.

Senator HAIG: You see, we have had people come here and tell us that the older people have been gypped, if you can call it that, financially. Some older people stay in single rooms, and do not have a proper diet. Some of these recreational centres and church groups supply a certain amount of recreation, as you have explained, but what do you do for the person, or a husband and wife, who are old and who start getting—I do not like the word "senile"—a little slow in their thinking? What does the Government or the other services supply in that field? I think there is a need for it, and that is why I am asking the question.

Miss WILSON: I am not sure how all of them can be counselled. There are, of course, within the welfare department social workers. These people are in short supply, but they are doing a good job within the limits of the time they have available each day. The demands upon them are very great, however. The public health nurses are doing a good job, but very often the neighbours of these older people do not know whom to call. Here is a place for the volunteers. I think we need an army of volunteers. I do not mean we want volunteers rushing all over the community and going in every direction, but I think perhaps we could use them on a block system. Such volunteers could be friendly visitors who would visit elderly people even if it is only for five or ten minutes a day.

The CHAIRMAN: But, Miss Wilson, the question asked by Senator Haig was this: If somebody is becoming senile, what do you do? Who does what

at that stage? These people are normally people who will have no great means, not too much of a family, and they are becoming senile. The doctor says that such and such a person is becoming senile, and recommends that he or she be seen by a psychiatrist who says: "Yes, that is true". What happens at that stage?

Miss WILSON: Well, sir, I do not think you can solve all these problems within our resources today. I think that this has to be dealt with on an individual family basis. Let us start there.

The CHAIRMAN: I said that this person had no family.

Miss WILSON: Well, the church will have a contact. There will be friends.

Senator HAIG: To whom is that contact referred? Let us say that this lady or gentleman, or couple, go to a church or a Sunshine Club. All right, that person is getting a little unhappy to deal with, to use a polite term; I do not know the technical term. Where does that person go? Are they referred, that husband or wife or single person? Are they referred to the welfare department?

Miss WILSON: I think it depends on the situation in the community. It may be the welfare department. They might be referred to the minister or the doctor to get help. Here again is where I think we need an information and reference centre which could help them to find resources. We have talked about these problems in Saskatchewan. We think there should be some central agency, and it does not necessarily, and perhaps it should not, be a Government set-up.

Senator HAIG: I fully agree.

Miss WILSON: I think this is a case where every community needs them and we are saying that the rural communities should have them.

The CHAIRMAN: Miss Wilson, let us get an understanding. You say this should not be a Government agency. A person is senile. Assuming that they have a son or daughter, who is not too well off and who cannot look after them, are you suggesting that someone outside the Government should have responsibility of looking after that person?

Miss WILSON: No, sir, this is not what I mean.

The CHAIRMAN: Then, what do you mean?

Miss WILSON: I mean that this information and reference centre does not need to be run by the Government.

Senator HAIG: That is what I am referring to also.

Miss WILSON: The information and reference centre may be set up by a voluntary agency, but it may be to a Government agency that a client is referred. The centre may refer a person to the Victorian Order of Nurses, or to the minister or the priest or it might be to a doctor.

Senator MCGRAND: We did not finish our little discussion, that patients stay in the hospital as long as the doctor orders or keeps them there. I said I agree, if that is so, but the doctor is often in a difficult situation. Some of these people just do not want to go home. They are in a hospital, they are getting their bed and board and they are collecting the old age pension just the same. The longer they stay there, the better they feel about it, and their families more or less go along with this. This is what I am trying to find out— why those people stay in the hospital so long. I doubt if some of it is justified.

Miss WILSON: First of all, I would hate to think it was very much abused by anyone. I do not think we know the amount of abuses, however. This is the doctor's individual conscience. He has to settle this between what he wants to do for his patient and what he needs to do for the hospital. This is very

difficult. However, I think our statistics on long-stay cases would not sort out this problem. We can only give you how many days they stay, and for what reason we cannot tell you.

The CHAIRMAN: Let me follow Senator Sullivan's point. Taking the evidence before this committee by some people recently, it was that it would appear to be advisable to build nursing homes as a wing to hospitals and cover them under the hospital plans. Think of it for a moment and then say what you think.

Hon. Mr. NICHOLSON: There is a difference of opinion on this subject. The elderly people who live in sheltered accommodation, where we have the three levels of government participating, would prefer to be in this situation, if they could remain there. This has been the most congenial home they have had. They would prefer to be there rather than in a hospital set-up. If they need active hospital care, of course they go to a hospital. The communities that move into this field do not want to run hospitals but they would like to be able to provide nursing care.

The CHAIRMAN: The hospital facilities?

Hon. Mr. NICHOLSON: Not necessarily hospital facilities, but living accomodation—

The CHAIRMAN: And medical assistance?

Hon. Mr. NICHOLSON: They would like to have the sort of care that grandma and grandpa would have in the home, that is, breakfast taken to bed, some help with dressing or undressing if necessary, but they would not be expected to be competing with the community hospital.

The CHAIRMAN: Miss Wilson had a short discussion with Senator McGrand here for a minute or two, indicating that these older people were receiving a great deal of medical attention. The point these people made was that if the nursing home was there, the medical attention was next door or available, the doctors were always very busy people but the nursing was available and the other facilities may be made available on a common basis. That was the point they were making. What do you think? That is the point I am trying to make—I am asking if it has some merit—and what is your experience.

Hon. Mr. NICHOLSON: Before asking Miss Wilson to comment, I would say that our experience over the years would indicate that a number of those people who live alone, for example, develop careless cooking and eating habits. When they go into one of these hospitals and have three good meals a day, there is a marked improvement in their health and they probably do not need to go to hospital, where they would have to go, if they continued to live the isolated life in the community. As we move in this direction, I think we will greatly reduce the number of elderly people who will be occupying hospital beds for extended periods—by having community facilities, day centres and increased hostel accommodation in the community, where meals are provided, and association with groups of people. Perhaps Miss Wilson would care to comment on the question of nursing home accommodation, which has been discussed here?

Miss WILSON: This is a wide area where we have a long way to go in experimentation as to which is the best way, whether it should be within the hospital complex or outside it. We need more experimentation on this. We need to improve our rehabilitation. Perhaps we can get many of these people out of the nursing home and into sheltered accommodation. We need to improve our home care. Many of these people could be cared for in the community without the need for even a nursing home. Finally, our nursing home beds probably are in the shortest supply, in Saskatchewan, of all the beds for the various levels of care that we need. Until we get more of these beds and get

some organized home care, and can move patients through a complex of care, until we have places to discharge them, where they can get the proper kind of care, I do not think we have the answer.

We know we need more nursing home beds, we know of our need to develop better physical re-activation programs, we need more home care.

Senator HAIG: These nursing homes you are thinking of, are they licensed or supervised by the Government?

Hon. Mr. NICHOLSON: Yes.

Mr. DAVIS: Are they commercial?

Hon. Mr. NICHOLSON: Yes, there are some commercial. They are quite limited, but the majority of them are licensed. Non-profit nursing homes receive Government grants.

Senator HAIG: What about the home where you have a lady or a man developing a house and where they take in elderly people? Have you any licensing as to fire prevention or sanitary accommodation?

Hon. Mr. NICHOLSON: They are supervised by the Fire Commissioner for the province and they are licensed by the department.

Senator MCGRAND: Is the need for home nursing developing, is it on the increase or not?

Miss WILSON: We have four centres where the Victorian Order of Nurses operate: Saskatoon, Regina, Moose Jaw and Prince Albert. In Moose Jaw and Saskatoon they are involved in the organized home care programs as well.

Senator SULLIVAN: I have a lot of questions to ask. I have enjoyed Miss Wilson's nursing lecture, being a medical man. What you are referring to, Mr. Chairman, was the "longer stay" question as regards the nursing home.

The CHAIRMAN: I was following the evidence given here.

Senator SULLIVAN: I will content myself.

Senator FERGUSSON: I do not agree with the wording of Senator Sullivan's remarks now about what Miss Wilson had to say. I am deeply impressed by the dynamic enthusiasm she shows for her work. I am sure she is a great help to the deputy minister. As to its being a lecture, to me a lecture always seems to be something tiresome.

The CHAIRMAN: Senator Fergusson, I assure you that that was not intended and it was not said in that sense. Senator Sullivan was describing her enthusiasm. Are there any other questions? If not, I have some questions. On page 4, the submission says, "At the same time the activity of private voluntary organizations has also increased while the role of the family has been declining." What do you mean by that?

Hon. Mr. NICHOLSON: In Saskatchewan, for the first part of the century, we were primarily a farming community, and it was customary for three or four generations to reside in the same farm holding, and the elderly folk had a continuing responsibility. With mechanization and the movement from the farm to the larger community, this pattern has changed, as the people have moved to the urban communities they are now living in quite a different set up, and the role of the family is different from the earlier period. Miss Wilson, have you any comment to make on this?

Miss WILSON: No; I think the situation is as Mr. Nicholson stated it. Today we see the role of the family declining, but I do not think it is because the family wants it to decline.

The CHAIRMAN: The evidence we have heard before this committee is to the effect that children are not taking the responsibility that they did in an earlier generation toward their parents. What is your experience?

Miss WILSON: First, I think that society is very different today. You are aware of these changes, the movement of population, smaller homes, the reaching out for independence by our senior citizens. I think Old Age Security has helped this along, old people are now able to maintain their own independent living better than they could have in the past. They are reaching out, too, for an independent existence. I do not think that the three or four generation family was necessarily the happy kind of relationship we are inclined to feel it must have been. Secondly, I come back again to the honourable minister's statement on education. I have a feeling that we are going to have to bring our children and young people into situations where there are old people. Now they are living very much in areas, often new suburban areas, where they do not even see old people. At one of our conferences we heard of a church with a membership of 2,000 people which had never had a funeral. Here I think we have to make a situation where children, if they are separated from their grandparents, or if they have no grandparents, are given an opportunity to have a relationship with older people.

Senator MCGRAND: That is what I meant when I said you have to start with youth.

Miss WILSON: I wonder if you can spare me the time, Mr. Chairman, to tell you about a program that is going on in the Bronx in New York. I suppose there is no area where it would be more difficult to institute this kind of program. Again, I say that the day centre is the central development we need. At the day centre there, the old people themselves wanted to become involved with young people; and so they said, "What can we do to help the schools?" There is a research project now going on in a high school. The director of the day centre with some of the oldsters went to the school. As I understand it, at first it was felt by the school people that this was rather a useless venture. However, the first thing they did attempt to do was to bring the children and the old people together into a relationship. The old people began to participate with the students in their social studies. The children were fascinated. Then some elderly men began to help some in the woodworking classes—this was all voluntary—and they were able to help the woodcraft teachers. Some old people repaired furniture, an activity concerning which nothing too much had been done for years. Obviously all the old people were not all able to participate at the same level. However, this venture is growing into a fabulous thing. Both the old folk and the young folk had an orchestra. The young people would play for the old people and the old people would play for the young people. Then the leader of the orchestra of the old people said, "Let's put them together." But the young people said, "Oh, they won't be able to play our music." But they did play their music, and now they play regularly together. These are the kinds of things we are missing by not bringing our old people and young people together.

The CHAIRMAN: This has been a most interesting morning. Mr. Minister, I would like you to convey to the premier of your province our appreciation and our thanks for taking the pains to prepare so careful a brief. I want to thank you for the honour you have paid us by coming here to discuss this matter with us. Miss Wilson, your bubbling enthusiasm, and your knowledge, has made a great impression upon this committee. On behalf of the entire committee, I thank you most sincerely.

Hon. Mr. NICHOLSON: On behalf of Miss Wilson and myself, Mr. Chairman, thank you very much for the invitation to come here.

The committee adjourned.

APPENDIX "G"

Submission
to
The Senate of Canada
Special Committee on Aging
by the
Government of Saskatchewan

REGINA, SASKATCHEWAN
March 19, 1964

PREMIER'S OFFICE
Saskatchewan

March 19, 1964.

The Honourable David A. Croll,
Chairman,
Special Committee on Aging,
The Senate of Canada,
OTTAWA, Canada.

Dear Sir:

The Government of Saskatchewan welcomes the opportunity of presenting a submission to the Special Committee on Aging of The Senate of Canada.

The problems of our older citizens are of concern to all levels of government. The report of the Aged and Long-Term Illness Survey Committee, appointed by the Government of Saskatchewan in 1960, presents the problems of old people in Saskatchewan and outlines the present programs and services available to meet their needs. This work has not been duplicated in the attached submission since you have copies of the "Report and Recommendations" prepared by the Aged and Long-Term Illness Survey Committee. Instead, in the present submission, we have endeavoured to set forth the ways whereby we believe the federal government can assist in helping to find some of the solutions to the problems of aged people.

We respectfully present our suggestions for your consideration.

Yours sincerely,
W. S. Lloyd.

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INTRODUCTION

We would like to thank you for the invitation to submit to this committee of the Senate our view on the problems of ageing. The establishment of the committee is evidence of the concern being felt in many quarters about the present and future lot of our senior citizens. The Government of Saskatchewan shares this concern and wishes to assure the members of the committee of its full co-operation in trying to find the best possible solutions to the problems that confront many of the aged in Canada.

In this submission we first outline briefly what we believe to be the factors that make this matter a particularly important one today. We refer to the general role of the private and public sectors in dealing with the problems of the aged. We discuss the nature of the general responsibilities of the various levels of government in respect to these problems; and then turn to consider in some detail what we believe might be done, particularly at the federal level, to assist in finding solutions.

Significance of the Ageing Population

Two trends have, in our view, combined to make the problems of the aged members of society of urgent importance. The first is the steadily increasing proportion of aged people in the population. The second is the profound social and economic changes that have reduced the role of the aged person in the family and in the world of work.

Changes in the proportion of old people in the population have been significant. Table 1 shows that in Canada persons aged 65 and over have increased from 4.6 per cent of the total population in 1911 to 7.6 per cent in 1961. In Saskatchewan the change has been even greater. Here the proportion of people aged 65 and over has risen from 1.7 per cent in 1911 to almost 9.3 per cent in 1961. Until 1951 the proportion of the population aged 65 and over had been considerably lower in Saskatchewan than for Canada as a whole. Since 1951 the situation has been reversed.

Table 1. Number and Per Cent of Persons Aged 65 and Over in Canada and Saskatchewan, for Selected Years

	CANADA		SASKATCHEWAN	
Year	Persons Aged 65 and Over	Per Cent of Total Population	Persons Aged 65 and Over	Per Cent of Total Population
1911	333,763	4.63	8,462	1.72
1921	420,244	4.78	17,150	2.26
1931	575,831	5.55	31,011	3.36
1941	767,815	6.67	46,252	5.16
1951	1,086,273	7.75	67,213	8.08
1961	1,391,154	7.63	85,570	9.25

Source: Dominion Bureau of Statistics, census data.

This change reflects in large part the increasing life expectancy of people in both Saskatchewan and the rest of Canada. Table 2 shows that in the 25 years from 1931 to 1956, the life expectancy for women has increased about 10 years in both Saskatchewan and Canada as a whole, while the life expectancy for men has increased by somewhat over six years in Saskatchewan and almost eight years in Canada. Life expectancy in Saskatchewan has consistently been higher than that for Canada; and this is now being reflected in the higher proportion of the aged in the Province.

Table 2. Life Expectancy in Canada and Saskatchewan, for Selected Years

	CANADA		SASKATCHEWAN	
Year	Males (In Years)	Females (In Years)	Males (In Years)	Females (In Years)
1931	60.00	62.10	63.47	65.49
1941	62.96	66.30	65.43	68.19
1956	67.61	72.92	69.80	74.10

Source: (1) *Canada Year Book,* Dominion Bureau of Statistics, 1962.
(2) *Vital Statistics Annual Report,* Department of Public Health, Province of Saskatchewan, various years.

For Saskatchewan the very sharp rise in the proportion of the aged population is only partly explained by the increase in life expectancy. In 1911 and 1921 the Province had the population structure of a newly settled area. There was a high proportion of people in their twenties and thirties and relatively few old people. This pronounced bulge of young people in the population pyramid has now shown up in a sharp increase in the number of old people.

Throughout Canada the rise in the proportion of aged people in the population has been slowed down in the last few years by the high post-war birth rate and the substantial post-war immigration of younger people. In the immediate future, the rate of growth is likely to be less than it has been in the past if the birth rate is sustained and the number of young married couples increases.

The second factor tending to make the problems of the aged a more important matter for consideration by governments is the changed role of the aged person in society. The change from an agricultural to an industrial economy has been an important factor in the decreasing numbers of three-generation and four-generation families. This has deprived old people of an assured home for their remaining years where they could still perform a useful function. Hand in hand with this has been a changed attitude towards family responsibility for the aged. At the same time, the rapid advance of technology has made obsolescent some of the occupational skills of older people. Without action by society as a whole, more and more old people would be compelled to rely upon their own resources when their capacity to earn a living has been limited not only by their increased age, but also by the very nature of industrial changes.

Objectives for the Aged

The Aged and Long-Term Illness Survey Committee appointed in Saskatchewan in 1960 has pointed out in its report that:

> Ageing persons . . . have many of the same fundamental needs that all other persons have—to be secure emotionally and to be loved and wanted; to be a part of a group and to have status within a group; to have self-esteem and personal dignity; to be secure economically; to have an outlet for, and recognition of, their accomplishments.*

It should be the aim of society to enable the aged to overcome the problems associated with advancing years and to meet these fundamental needs. In spite of what has been done, however, we are still far from achieving this. There are many old people in Canada who have failed to share fully in the general improvement of living conditions. Their lot is poverty. Even some of what has been done to assist the aged has been done in such a way that it may have aggravated rather than relieved their problems. All programs should be designed to maintain to the maximum extent possible the physical, mental and financial independence of our aged citizens to enable them to play their most effective role in society.

* *Report and Recommendations,* Aged and Long-Term Illness Survey Committee, Province of Saskatchewan, 1963, p. 25.

Roles of the Public and Private Sectors

The roles of the public and private sectors in meeting the needs of elderly people have been changing as the needs have increased and as social attitudes have been modified. Initially the role of public institutions in the care of the aged was small. Public involvement in social welfare problems as a whole was equally small. Economic and social misfortunes were met by the family, by private charity, or sometimes not met at all. The very size of the problems to be solved in the more complex society of today has led to a growing involvement of public agencies in the field of welfare for the aged as in other areas. At the same time, the activity of private voluntary organizations has also increased while the role of the family has been declining.

It is not easy to draw a clear dividing line between the areas where governmental and private agencies function. There is much overlapping and a variety of devices for co-operative action. Public action is necessarily involved in broad and costly programs such as those to maintain income levels of the aged, and to provide medical and other forms of care for those aged people who can no longer look after themselves. Private agencies are more likely to operate in meeting cases of special need either in a community or through special programs. Many institutions for the aged are administered by private agencies with financial support from government.

Responsibility and Jurisdiction of All Levels of Government

All levels of government have responsibilities in respect to the ageing citizen. The aged person, like any other person, is affected by a whole range of governmental actions whether on the local, provincial or federal levels. But in some areas of policy the aged are particularly affected. Since this submission is directed to a special committee of The Senate of Canada, we shall direct our comments primarily to matters of federal responsibility; and we suggest that the necessity for federal action arises regarding four major areas of policy.

First is the responsibility of the federal government to maintain full employment and a satisfactory rate of growth in the national economy. The Government of Saskatchewan believes that the objectives stated by the federal government at the 1945 Federal-Provincial Conference on Reconstruction are still relevant today. The federal government assumed "a broad federal responsibility, in co-operation with provincial governments, for establishing the general conditions and framework for high employment and income policies, and for support of national minimum standards of social services".* Involved is the necessity for compensatory measures if full employment is not realized. As will be made apparent in the sections on "Economic Needs" and "Occupational Opportunities", full employment is of importance to older people as well as to the younger members of the labour force.

The second area of federal responsibility is concerned with broad federal support for various general welfare programs. This can be in two forms: direct federal programs such as Old Age Security and the Canada Pension Plan as now provided for under the British North America Act, and federal financial assistance for provincially administered programs such as the National Hospital Insurance Plan and public assistance.

The third area of federal action is the equalization of general fiscal capacities of all provinces, so that they may more adequately meet their responsibilities with respect to the needs of the aged.

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* *Proposals of the Government of Canada*, Dominion-Provincial Conference on Reconstruction, August 1945, p. 8.

The fourth area involves certain matters of special concern to old people. These include the control of drugs, which can only be dealt with on the federal level; and the need for co-ordination and promotion of research into the problems of the aged which may be most economically handled on the federal level.

We recognize that there are definite provincial responsibilities. In fact, constitutionally, many of the program areas involved with the problems of the aged are a direct responsibility of the provincial governments. On the other hand, it must be admitted that with the increasing complexity of society and of programs there is more and more overlapping so that more and more programs have become shared responsibilities. It should be our continuing aim through joint action to secure a greater integration and rationalization of the various programs as they affect the aged on both federal and provincial levels.

The remainder of this submission will be devoted to an examination of specific problem areas. A comprehensive and detailed analysis of the issues and problems of ageing, as well as numerous recommendations are contained in the report of Saskatchewan's Aged and Long-Term Illness Survey Committee, July 1963. Copies of this report have been submitted to the Special Committee on Aging of The Senate of Canada. We have based our submission largely upon this report and the studies done in association with it. In addition, we have sought to evaluate the adequacy and the possible implications of selected existing, and contemplated, public programs. As already pointed out, emphasis will be placed upon programs of national scope which we believe should be undertaken by the Government of Canada.

Although the different areas of investigation, namely, (a) the economic needs of older people; (b) the occupational opportunities available to them; (c) housing; (d) health and welfare; (e) educational services; and (f) technical services and research, will be treated separately, it is realized that the implied distinction may be somewhat artificial and that these areas are interdependent. For example, the responsibilities of governments regarding housing, health and welfare services and educational services will be basically influenced by the economic status of the aged. The need for these services will exist under all circumstances; but the demand for direct public participation may be diminished if retired persons enjoy a more satisfactory degree of financial security. In some instances governments may confine themselves to licensing and supervisory roles and assistance to voluntary organizations.

ECONOMIC NEEDS

Income Status of the Aged

It is a fallacy to believe that old people do not need as large an income as do younger persons. While it is true many of the expenditures associated with the earlier years of life decline, others do not; indeed, some may be increased.

At the present time many of those who have reached or are approaching retirement lack the material assets for reasonably comfortable living on an independent basis. Often they are poor as a result of forces over which they, as individuals, had little control. Such factors as inflation, the effects of depression and war, and rising unemployment in recent years have deprived many people of the opportunity to accumulate savings for their old age. They cannot continue working indefinitely. Indeed in 1961 only 17.2 per cent of people aged 65 and over were in the labour force.* Many elderly people must therefore depend upon a variety of public programs for assistance.

* *Census of Canada*, Dominion Bureau of Statistics, 1961.

Estimates of income from all sources (including income from wages and salaries, investments, transfer payments, etc.) on an age basis are available only for the non-farm sector of the population. Since many of the aged in Saskatchewan and other prairie provinces have a rural background, these statistics have only limited usefulness. A sample survey conducted by the Dominion Bureau of Statistics in 1957 revealed that 44.3 per cent of non-farm heads of families and unattached individuals aged 65 and over in the prairie provinces had cash incomes of less than $1,000 per year.† This compared with a figure of 24.3 per cent for Canada as a whole.‡ The average income in 1957 of families with heads aged 65 and over was $2,535 for Canada, and only $1,830 in the prairie provinces.*

The percentage of heads of families and unattached individuals in Canada in 1957 with incomes of less than $1,000 was 3.2 per cent, 4.5 per cent and 8.6 per cent for the age groups of 30-39 years, 40-49 years and 50-64 years respectively. Average income for these age groups was $4,350, $4,932 and $4,512 respectively. When compared with an average income of $2,535 for Canada and $1,830 in the prairie provinces for families with heads aged 65 or over this indicates that the income of older people is much below the general average.

Some indication of the deficiencies of basic programs such as Old Age Security can be obtained from the number of aged requiring social aid to satisfy even their basic minimal needs. In 1963 in Saskatchewan, 23.1 per cent of persons aged 70 and over received a supplemental allowance to their Old Age Security.†† Until 1961 all recipients of the Old Age Security Supplemental Allowance were subject to a means test.‡‡ Supplemental allowances were first introduced in Saskatchewan in 1944 to supplement the federal-provincial Old Age Pension provided on the basis of a means test. The Province of Saskatchewan subsequently changed the eligibility for this allowance to a needs test.** This change, undertaken on the basis of eligibility standards related to financial status, applied to more than one-half of all applicants for supplemental allowances. It was found that payments to those on the needs test were, on the average, significantly higher than before the change.

In our opinion, the economic needs of the aged can best be met by maintaining and extending the opportunities for the employment of older workers, broadening the resources for maintenance of income in retirement through Old Age Security and a contributory pension scheme, and implementing programs such as a national medical care insurance program which reduce the financial needs of older people.

Suggested Changes in Old Age Security

In 1952 Old Age Security, the tax-supported, flat-rate system of federal pensions for persons aged 70 and over, replaced the former system of Old Age Pensions available on a means test. The principle of a pension of the Old

† Unpublished data, Dominion Bureau of Statistics, supplied through correspondence.

‡ Research Projects Section, *Distribution of Non-Farm Incomes in Canada by Size No. 13-512 (1957)*, Research and Development Division, Dominion Bureau of Statistics, Ottawa, Canada, 1959.

* A later survey in 1959 showed a somewhat higher average income for elderly people in Canada but a higher proportion of families with less than $1,000 per year. Information for the prairie provinces was not obtained for that year.

†† (1) *Annual Report*, Department of Social Welfare and Rehabilitation, Province of Saskatchewan, 1962-63.

(2) *Population Estimates (Age and Sex)*, Dominion Bureau of Statistics, 1963.

‡‡ *Means Test*: An applicant may receive assistance providing his total income and assets do not exceed fixed amounts. Since 1963 in Saskatchewan, a single person is eligible if his income, including assistance, does not exceed $1,260 per year and his cash assets do not exceed $1,000. For a married person the income ceiling is $2,220 and the assets $2,000.

** *Needs Test*: A monthly budget is calculated with each applicant and assistance is granted if the applicant's personal resources are insufficient to meet his calculated needs.

Age Security type is now widely accepted. The need for it will persist in spite of improvements in, and the greater availability of, earnings-related pension schemes.

We believe that Old Age Security should have four favourable characteristics. First, it should draw support from the widest possible tax base. Second, it should be administered in such a way that it does not conflict with our accepted social purposes. For example, it will not offend the personal dignity of beneficiaries if all people can expect a pension as a matter of right. Third, it should be adequate to meet the essential needs of all aged citizens; and it should bear some continuing relationship to the purchasing power of the currency and to changes in the productivity of the nation as a whole. Fourth, it should be available when the majority of people do in fact retire.

Old age Security does satisfy generally the first requirement of drawing on a wide tax base, although we have some reservations about the precise formula by which federal revenues are allocated to the Old Age Security Fund. The second requirement is met by making Old Age Security available as a matter of right.

We do not believe, however, that Old Age Security as presently constituted is adequate by itself to meet the needs of aged citizens. We have already indicated what the Government of Saskatchewan has done to supplement the income of many recipients of Old Age Security. Other provinces have taken similar action. It is true that with the latest increase to $75 per month, Old Age Security has increased by 64.5 per cent in constant dollars since 1952. This is after deflating the pension by the general consumer price index, which may not in fact accurately reflect the consumption habits of old people. We believe that this change merely reflects how much more inadequate Old Age Security was in 1952 than it is now. There is no reason to believe that the now existing rate is adequate to fulfill the role it should play.

We propose that the level of Old Age Security be subjected to a thorough review. The needs of old people should be carefully determined and in conjunction with a Canada Pension Plan payments should be raised to more satisfactory levels. Once this has been done, some technique should be devised to provide for increases in accordance with rising standards of living as determined by suitable criteria.

Old Age Security is now available only to persons aged 70 and over. Since most people have retired before the age of 70 years it fails to meet the fourth requirement. As shown in Table 3 while almost 87 per cent of males from the ages of 55 to 59 years are in the labour force*, only 47 per cent of males between the ages of 65 and 69 years are still working. The same situation prevails for women.

Table 3. Labour Force as a Percentage of the Population for Selected Age Groups in Canada, 1961

	Age Groups			
Sex	55-59	60-64	65-69	70+
Males	86.6	75.6	47.4	19.9
Females	27.9	20.3	11.9	3.9
Total	58.0	48.0	29.9	10.6

Source: *Census of Canada,* Dominion Bureau of Statistics, 1961.

* In 1961 in the Census of Canada the labour force included all persons aged 15 and over who were reported as having a job of any kind, either part-time or full-time (even if they were not at work), or who were reported as looking for work during the week prior to enumeration.

Moreover, it seems certain that a majority of older people leave gainful employment due to forces beyond their control. From isolated studies undertaken in the United Kingdom and the United States of America, it appears that in the case of workers aged 65 and over poor health can be identified as a major reason for retirement. The following reasons were given in a survey done in Meriden, Connecticut: poor health—50 per cent; cannot get work—20 per cent; not interested—17 per cent; other reasons— 12 per cent.* If these figures are typical then it is certain that the majority of old persons abandon gainful employment as a result of forces beyond their control.

It is a serious defect in our present arrangements for Old Age Security that little allowance is made for this gap between actual retirement and the beginning of flat-rate pension payments. Old Age Assistance is available only on a means test to those aged 65 and over. During the 1961-62 fiscal year the federal and provincial governments made payments of just over $61 million to approximately 100,000 persons aged 65 to 69.† The permissable income to qualify for Old Age Assistance is very low, and many old persons are doubtless deterred from applying by the "charity" aspects of the program. They are thus compelled to draw heavily upon any existing savings, and as a result will suffer a lower standard of living for the rest of their lives.

The proposed Canada Pension Plan will eventually help to fill the gap just described. But the plan has a fairly long maturity period and consequently can only be regarded as a long-run solution. Immediate consideration should be given to lowering the eligibility age for full or partial Old Age Security benefits. In this connection the recent federal proposal to provide Old Age Security at age 65, even on an actuarially reduced basis, is a useful forward step.

Canada Pension Plan and Private Pension Plans

Improvements in the Old Age Security program do not remove the need for a contributory pension scheme. We strongly supported the principle of a federally-sponsored, earnings-related Canada Pension Plan as advanced by the Government of Canada last year. This plan came close to the standards held desirable by the Government of Saskatchewan. Our reservations were of a minor nature. To reduce the drop in income between earned and retirement income, and in keeping with our previously expressed views on the desirability of providing more than a bare minimum of pensions, we would have preferred to see the earnings limit raised from $4,000 to about $6,000. Further, we would have welcomed a shorter time to maturity.

We have already expressed to the Government of Canada our disappointment of the changes they have proposed in the Canada Pension Plan. We stated our opposition to the reduction in earnings-related benefits to 20 per cent of lifetime pensionable earnings and urged its restoration to 30 per cent. We regretted the introduction of a retirement test and the slowing down of the implementation of the plan. It is our opinion that a person between the ages of 65 and 69 years ought to be able to claim an earnings-related pension as a matter of right, and should not be subjected to any tests whatsoever. Furthermore, people in this age group should be allowed to draw some pension at the earliest opportunity, and not after a delay of several years.

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* Quoted in: *Report and Recommendations*, Aged and Long-Term Illness Survey Committee, Province of Saskatchewan, 1963, p. 61.

† Department of National Health and Welfare, *Annual Report—For the Fiscal Year Ended March 31, 1962*, Queen's Printer, Ottawa, Canada.

The introduction of the Canada Pension Plan may mean some adjustment for private pension plans, but in our view, its impact has been exaggerated. It is our belief that many individuals will continue, or newly elect, to make additional provisions for their future.

The attractiveness of private pension schemes could be improved if such features as vesting and portability were incorporated into the plans. Federal and provincial legislation, to be enacted within the areas of constitutional jurisdiction may be needed to bring this about. In addition, governments could provide further assistance and encouragement, by accepting responsibility for the administration of some deferred or "frozen" pension rights.

At the present time only a small proportion of Canadians are covered by pension plans. We trust that this situation will improve with the introduction of the Canada Pension Plan and the increasing use made of employer and private retirement schemes. A number of years will pass, however, before the different plans become fully operational and before a majority of old people will enjoy satisfactory benefits.

National Health Insurance Plans

It is our conviction that any attempts to deal with the economic problems of the aged on a national scale, for example, by means of Old Age Security and a Canada Pension Plan, will remain incomplete without a comprehensive national health insurance program as an essential and integral part. Old people are subject to more illness than the rest of the population. At the same time they are the least likely to be covered by existing health insurance plans. In these circumstances a severe illness could force them to exhaust their savings and incur heavy debts, jeopardizing their standards of living for the rest of their lives. We consider this question in greater detail later in this submission.

OCCUPATIONAL OPPORTUNITIES

The Government of Saskatchewan subscribes to the view that the activities and challenges of a purposeful occupation contribute to happiness and the mental and physical well-being of people of all ages. Loss of work is often one of the most difficult adjustments for older people to make. While the benefits referred to may be obtained from unpaid work, for many older people gainful employment continues to be a necessity. The continued existence of large-scale unemployment in Canada is, however, leading to pressures to get older people out of the labour force. The solution, in our view, is to provide more employment opportunities for everyone through the full employment policies which can only be implemented by the federal government.

Employment Situation of Older People

Table 4 indicates that about one-fifth of people aged 65 and over are members of the labour force. This varies from somewhat under seven per cent for women to about 28 per cent for men.

Table 4. Per Cent of the Total Population in the Labour Force by Sex and Age Group in Canada and Saskatchewan, 1961

	Age Groups						
Sex	25-34	35-44	45-49	50-54	55-59	60-64	65+
CANADA							
Male	94.0	94.1	92.8	90.6	86.6	75.6	28.4
Female	29.5	31.0	33.9	32.7	27.9	20.3	6.6
Total	62.2	62.5	63.8	62.4	58.0	48.0	17.2
SASKATCHEWAN							
Male	94.4	95.4	94.6	93.1	90.1	80.1	34.2
Female	26.9	29.6	32.4	31.1	25.8	17.0	5.1
Total	61.7	62.9	64.4	63.9	60.6	50.8	21.2

Source: *Census of Canada,* Dominion Bureau of Statistics, 1961.

It will be noted that a higher proportion of older people in Saskatchewan are in the labour force than for Canada as a whole. This difference would appear to be due to the still predominantly rural background of older people in Saskatchewan. In 1961, 58.7 per cent of the employed older people aged 65 and over in this Province were engaged in agriculture, as against 24.3 per cent in the whole of Canada.* Farmers, of course, are not subject to any formal retirement policies and can withdraw from the labour force at their own discretion.

It is also important to examine the situation of those between the ages of 45 and 64 years. With few exceptions these people must continue working to build up any economic security for themselves. More specifically, the success or failure of any contributory pension plan depends upon the ability of workers to retain gainful employment for a sufficient number of years to build up their equity in the plan. Unfortunately, there is some evidence that even middle-aged persons find it increasingly difficult to re-enter the labour force if for any reason they are forced to leave it.

There is a steady decline in the proportion of males in the labour force after the age of 44 years, although this is counterbalanced by the increase in female employment. After the age of 55 years the decline in the employment of both males and females becomes relatively sharp, as is shown in Table 4.

Table 5 indicates that when older persons lose their jobs they remain unemployed longer than younger persons.

Table 5. Relative Importance of Long-Term Unemployment Among Males in Different Age Groups in Canada, 1961

Age Groups	Long-Term Unemployment* as a Per Cent of the Total Unemployed in Each Age Group 1961 Average
Males under 25	14.9
Males 25-44	15.9
Males 45 and over	23.3
Males all ages	17.3

* Long-term unemployment refers to men who are without work and have been seeking work for seven months or more.

Source: *Unemployment in Canada,* Dominion Bureau of Statistics, 1962, Tables and Charts.

Attitudes and Policies Which Reduce Employment Opportunities for Older Workers

We do not suggest that it is necessary to provide employment opportunities for all older people. Only some of the people aged 65 and over are actually willing or able to work, or require work to fully meet their economic needs. But it is important to remove the barriers to employment that prevent people willing and able to work from making their contribution.

It is probably true that many older workers are the victims of age discrimination. Many employers appear to be guided more by chronological age than by the ability of an older person to do a certain job. Whenever this is the case the remedy must be sought in programs designed to educate employers, and to convince them of the wisdom of retaining or hiring older workers. We endorse the educational approach such as that adopted by the Department of Labour of Canada. We doubt the effectiveness of attempts to outlaw age discrimination by legislation.

* *Census of Canada,* Dominion Bureau of Statistics, 1961.

In many cases the judgment of employers with respect to the retaining or hiring of persons of advanced age is influenced by the fact that older workers cannot enter their pension plan. The adoption of a Canada Pension Plan should eventually ease this problem but it will not eliminate it. Compulsory retirement policies are also obstacles to the employment of older workers. Again we believe that educational programs to demonstate the soundness and desirability of more flexible hiring and retirement practices are preferable to legislation.

The fact that many older workers experience difficulties in securing or retaining employment may be due to causes other than those outlined so far. Other factors are the changing capacities of people as they grow older and the continually changing requirements of industries. Sometimes it may be possible to adjust the job to fit the worker, but more commonly it will be a question of training or retraining persons to better equip them to handle a given job.

It is our opinion that it is not invariably right to try to "further educate" and "retain" everybody indiscriminately. Screening processes should be instituted to evaluate the health, social needs, wishes and capabilities of older workers who have lost their employment, or are in danger of doing so. This is a field where highly specialized guidance and counselling services are urgently needed to avoid costly and disappointing errors. In Canada the number of persons qualified to assume such responsibilities appears to be quite inadequate.

In a great number of cases vocational training would indubitably enhance the chances of older workers to remain employed, or to find new employment. The program of vocational education, now carried out under a federal-provincial cost sharing agreement, is clearly a step in the right direction. In the Technical and Vocational Training Agreement, the capital construction grants are available for only a three-years' term. While the time limit has been extended, it does not permit provinces to take longer-term circumstances into account in planning an efficient joint program of technical and vocational training.

The Department of Labour of Canada carries out employment and labour market reviews, and undertakes manpower and occupational analyses. This research is highly important, and basic to any intelligent planning of vocational training. We appreciate this service and trust that it will be further expanded to meet the needs of a highly mobile labour force in an increasingly technological age.

It is not enough to prepare people for a job. It is equally important to place them in employment. Some of the difficulties of middle-aged and older workers could be reduced through a strengthening of the placement function of the National Employment Service. Equally essential, however, is the need to increase and strengthen counselling services. With respect to the latter, we are thinking of a highly personal approach designed to stimulate the confidence and initiative of the unemployed worker. The potential usefulness of this approach has been demonstrated by a successful counselling program for older job applicants in Toronto.*

In any contemplated program it is essential to match the supply of labour to requirements. This applies not only with respect to certain aptitudes and skills, but even more so with respect to the general availability of employment opportunities. Little is accomplished if duly trained and adapted people remain without work, or can only obtain employment with the help

* Scott, W. G., "N.E.S. Older Worker Counselling Service" in *The Labour Gazette*, December 31, 1960.

of costly incentive schemes and at the expense of other, presumably younger, workers. The last statement is not meant as a criticism of the federal "bonus" program. Instead it should merely serve to underline the futility of partial and makeshift remedies, bound to fail unless they are part of a comprehensive and co-ordinated attack upon unemployment.

HOUSING

The aged, like other groups in the population, require adequate housing, at a price which they can afford to pay. Elderly people, however, face particular problems in respect to housing. One major problem stems from their generally lower income status. Another results from their need for special arrangements because of increasing frailty as age advances. This does not mean to suggest that all old people need institutional care. It does mean that a variety of different kinds of facilities, programs and services will be essential if the needs of aged people in society are to be met.

"Housing" in this section will be limited to those types of living accommodation which allow for independence of action, and impose no supervision or restriction of movement. Examples would include living in one's own home whether owned or rented, in an apartment, in a rooming house, boarding house, club or hotel. In discussing the financing of housing, however, we will deal in somewhat broader terms as these relate to certain types of congregate living which should be included under the National Housing Act.

There appears to be little doubt that old people want to live independently. The Aged and Long-Term Illness Survey Committee conducted an Information and Opinion Survey of Senior Citizens in Saskatchewan in 1961. Participants were asked where they would like to live if they could live wherever they wished. Of the 1,210 persons who responded to the question, just over 84 per cent wished to live in their own house, apartment or room with light housekeeping facilities. An additional one per cent of the remaining respondents wanted to live independently, although they might not have been doing so at the time of the survey. Therefore, whenever feasible, public programs should be devised to enable old people to live independently for as long as possible.

The federal government can play a vital role in providing adequate housing for the aged. It can use its money and credit creating capacity to provide the necessary funds. Indeed, only the federal government can provide the long-term credit essential to a national housing policy. We will suggest a number of changes in the National Housing Act that we believe will help to provide more adequate independent housing for elderly people. In addition, we believe the National Housing Act should include improved provisions for loans to provide sheltered accommodation (hostels, lodges, homes for the aged); and provisions for loans to construct the housing component, as separate from the health and welfare components, of nursing homes. These various suggestions will be considered in detail later.

Home Ownership

According to the 1961 census data, in Saskatchewan 86.7 per cent of households with heads aged 65 or over were living in owner-occupied homes. For Canada as a whole the corresponding figure was only 77.0 per cent.

Housing which may appear highly undesirable to an evaluator may seem quite satisfactory to an old person who has lived there all his life and recognizes this as home. The desire of old folks to remain in their own homes must be respected so long as certain minimum standards of health and safety are maintained. Two problems may therefore confront us. The first has to do with

maintaining elderly people in dwellings which have become dilapidated and in need of major repairs. The second is that many homes are not suitable for old people, particularly those who suffer any major physical deterioration. A need is thus seen for both the improvement or rehabilitation of independently owned housing and for alterations.

Even with low incomes, many aged home owners could improve or make needed alterations to their homes if non-amortized improvement loans were available. Old people would be helped to remain in their own homes in familiar surroundings while at the same time gaining improved living conditions. We would urge that home improvement loans to elderly people should be available under a program whereby repayment of the principal of the loan could be deferred.* The repayment of loans would be assured upon the death of the home owner or other disposition of the property. Meanwhile, the entire community would benefit from the home improvements undertaken.

Another problem confronts the elderly property owner. Although he may want to sell his home which is no longer suited to his needs, there is a problem of finding a buyer who can finance the purchase. The National Housing Act makes no provision for loans to finance such an arrangement. The elderly property owner may feel it necessary to remain in his home merely to protect his investment. We suggest that the National Housing Act should be reviewed to consider measures to alleviate this problem.

Rental Housing

Since the income of most elderly people is fixed, increases in rent bring difficult problems for them. While, as suggested earlier, steps should be taken to provide adequate pensions to allow the aged to meet increased costs, there is still an important place for specific action to provide low-rental housing for the aged. The Government of Saskatchewan has welcomed what has been done under the National Housing Act to provide non-profit, limited-dividend and subsidized housing.

In Saskatchewan, the success in providing housing for old people which they can afford is a direct result of federal-provincial-local co-operation in which local community effort has played a large part. The reward for such effort has been in helping more aged people to remain living independently in their own community. Indeed the provision of low-rental housing for aged persons on low incomes represents a major specific development for the aged. There will be, as of March 31, 1964, a total of 1,087 couple dwellings and 259 bachelor suites completed or under construction. These represent 48 projects in 40 different communities. Sponsors include municipalities, churches, lodges and service clubs.

All but one of the housing developments for the aged in Saskatchewan have been developed under arrangements provided through Section 16 of the National Housing Act. This section allows for both limited-dividend and non-profit developments. Projects for elderly persons are all the latter type. Loans to meet 72 per cent of the costs of construction are available through the Central Mortgage and Housing Corporation. Mortgages are amortized over a period of 40 to 50 years. Non-repayable construction grants equalling 20 per cent of the costs of approved projects constructed by municipalities or other non-profit organizations are made by the Province. The sponsoring group is responsible for raising the remaining eight per cent of the costs. These arrangements have proven highly satisfactory and very popular in communities to provide low-rental housing for their aged population.

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* Similar recommendation made by the President's Council on Aging in its *Report to the President*, December 16, 1963, Washington, D.C., U.S.A.

Section 36 of the National Housing Act provides for two kinds of developments. First is subsidized housing. Only one of our subsidized housing projects contains one-bedroom units set aside for elderly couples. Financing is on the basis of loans with 75 per cent provided through the National Housing Act. 20 per cent by the provincial government, and five per cent by the municipal authority. The mortgages through the three levels of government are amortized over a period of 50 years. Rentals are subsidized also by the three levels of government on a 75-20-5 per cent basis. Rents are established on a sliding scale and are related to dependents and income. Rents vary from area to area depending upon local charges for services and other similar costs.

The second type of financing available under Section 36 of the National Housing Act provides for what is called "economic-rental housing". No grants or subsidies are involved. Financing is through loans made by the three levels of government on a 75-20-5 per cent basis with mortgages amortized over 40 to 50 years. Loans are established on the basis of the cost of construction and services supplied. Rents are set when the mortgage agreements are drawn up and can only be changed by agreement of all three governments involved. It is suggested that projects for economic-rental housing should allow for some selection in both size and type of accommodation, as well as some range in rentals, to meet individual needs and desires.

Economic-rental housing seems to us to offer a demonstrable means of helping aged folk in the middle-income group. Perhaps to a greater extent than any other income group these old people are having difficulty in meeting the rising costs of living and the problems associated with inflation. They have no access to any social assistance and their savings are frequently being depleted. They require housing to meet their needs but do not need either subsidization of their rents under subsidized-housing developments or the low rents established under limited-dividend housing. It would, of course, be hoped that the rental problems for the middle-income group will be solved, at least to some extent, if other suggestions made earlier are adopted, for example, the Canada Pension Plan and the escalation of Old Age Security to meet rising costs of living.

As we have said, elderly people cannot now adjust to rising rents resulting from increases in the cost of living, since in most cases their income are fixed. If old people living on moderate incomes are to be helped to avoid falling into the low-income group, with a further possibility that they will require public assistance of some form, it seems realistic to give them whatever assistance can be offered, particularly when this assistance represents no permanent outlay of public fund. To finance housing under public sponsorship is more economical than to finance it under private auspices where there is a profit motive. The need to maintain old people in a state of independence demands concentrated effort and the best use of resources. Economic-rental housing for those in the middle-income group seems both a worth while effort and a good use of resources.

In respect to Section 36 of the National Housing Act, we believe there should be complete flexibility in keeping with the needs of the community, in the kinds of housing units constructed. For example, instead of providing all or most of the units with two, three or four bedrooms, more units of smaller size, bachelor suites and one-bedroom units, would allow more elderly people to live in projects where their neighbours are young couples with children. Such an arrangement allows old people to remain part of a "normal" community environment, instead of segregating them in the "village" type arrangement. While some aged people may want the latter, experience seems to show that the majority of old people wish to remain in a more "normal" environment. In Oslo, Norway, for every 35 apartments for the use of other age groups, one apartment is set aside for aged persons.

Urban Renewal

All too frequently urban renewal plans are implemented with no thought given to the individuals and families being displaced. In many cases those displaced are aged people. Rents in the new development may be beyond their means. There is nothing left for these displaced persons but to crowd into already crowded and run-down areas thereby accelerating the pace of slum development in their new location.

Plans for urban renewal should have as specified requirements that provision for the relocation of displaced persons be developed within the plan.* Otherwise financial assistance from public funds should not be approved.

Sheltered Accommodation

"Sheltered accommodation"† means an institution where the following are provided: room, board, minimum domestic services and personal assistance and guidance from a minimum of general over-all supervision to extensive supervision and assistance including help in dressing, eating and bathing.

In Saskatchewan, because of a provincial guarantee, loans are available through the Central Mortgage and Housing Corporation for the construction of sheltered accommodation (hostels or lodges) provided self-contained units or bachelor suites are also built in conjunction on a ratio of one unit (self-contained or bachelor) to one resident accommodated in the hostel or lodge. Approved projects generally qualify for a loan equivalent to 72 per cent of the cost of construction, which amount when added to the provincial non-repayable grant of 20 per cent, permits a housing company to plan and build a project by raising approximately eight per cent of the total cost. The C.M.H.C. loan is amortized and repayable over 40 years. The present rate of interest is 5.375 per cent.

Since the C.M.H.C. will only make loans for the construction of self-contained housing units, the Government of Saskatchewan has endeavoured to broaden the arrangements through its guarantee of loans made for the construction of sheltered accommodation. Even with this broader arrangement, however, the C.M.H.C. will not make a loan to build sheltered accommodation unless such building is in conjunction with self-dependent housing units.

In our view the approach followed by the C.M.H.C. under the National Housing Act has been unnecessarily restrictive and lacking in flexibility. It places particular restrictions against providing for more frail elderly persons who need some measure of assistance and supervision.

Different communities have different needs. Through experience we have learned that some do not require self-dependent housing units but do need sheltered accommodation—or at least sheltered accommodation is the prior need. If, therefore, it is determined locally that only sheltered accommodation is to be built, some alternative method of financing must be found. The only alternative open to any sponsoring group is to raise 80 per cent of the total cost while receiving the remaining 20 per cent as a grant from the provincial government. Municipalities would resort to the sale of debentures, whereas church and charitable organizations would be required to borrow or raise the capital through donations, bequests, or some similar arrangement.

Churches, fraternal orders, service clubs, municipal groups and housing companies incorporated under municipal sponsorship have an interest in providing sheltered accommodation in local communities. Such interest should be encouraged. Provisions under Section 16 of the National Housing Act should be broadened to permit any responsible group to build sheltered accommodation

* Similar recommendation made by the President's Council on Aging in its *Report to the President*, December 16, 1963, Washington, D.C., U.S.A.

† See *Health and Welfare*, pp. 34-35 and *Definitions*, pp. 48-50.

on its own merit where beds are needed whether separate or in conjunction with self-dependent living accommodation and within the framework of approved community need as established for the development of this type of accommodation. Provincial guarantees should not be required.

Nursing Homes

"Nursing home"* means an institution where basic nursing care under medical supervision is provided to those persons requiring health services beyond the giving of personal care service but of a lesser nature than those provided in general hospitals or hospitals established for long-term care".

Three basic points of understanding must be made clear at the outset:

1. People are admitted to nursing homes due specifically to a need for health care component.
2. Nursing homes are long-term care institutions.
3. To date the National Housing Act has not made provision for loans in the financing of nursing homes.

Having enunciated these three basic facts, we now must advance a further very fundamental point. People admitted to any institution must first and foremost be provided with living accommodation—a place to eat and sleep; housing. There are certain health and welfare adjuncts necessary to provide the care needed by residents in some institutions. These should in no way detract from the obvious fact that the provision of shelter on a long-term basis is the first essential element inherent in such institutions.

We have already urged that the provisions under the National Housing Act regarding sheltered accommodation be broadened. We believe it is equally necessary to provide for the housing component in the construction of nursing homes through the National Housing Act. This Act provides for loans to finance private homes. Other combined federal-provincial arrangements are made to assist in the financing of hospital construction. It seems to us that in failing to provide financial assistance on some similar basis for the housing component of nursing homes, we are discriminating against those who, because of their need for some special services on a long-term basis, must seek living accommodation in nursing homes. These people fall between those who require care in institutions offering less specialized services (sheltered accommodation) and those who require the highly skilled care provided in either general or long-term care hospitals. To establish a provision in the National Housing Act whereby the housing component of nursing homes could be financed would not constitute any departure from already accepted policy. The Act allows for the construction of residences for students enrolled in universities. It makes no allowance for the construction of teaching facilities. To provide the living accommodation necessary in nursing homes through the National Housing Act, leaving the costs of construction of those facilities necessary to provide the health and welfare components within the institution to be met through other resources, seems to us a reasonable and realistic approach.

HEALTH AND WELFARE

Our major goal should be to keep old people living as independently as possible within the community for as long as possible. To accomplish this demands determined and planned effort so that they may attain and retain the highest possible level of health. A National Health Insurance Plan will be of major importance in such an achievement.

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* See *Health and Welfare*, pp. 34-35 and *Definitions* pp. 48-50.

The World Health Organization defines "health" as a "state of complete physical, mental and social well-being and not merely the absence of disease or infirmity". Obviously health affects and is affected by an aged person's economic status, social problems, housing needs, leisure-time activities. While recognizing that all of these aspects can and do affect the health of the individual, and will therefore assume significance as to the degree of independence he can achieve, for the purpose of this discussion "health" will be limited to the physical and mental health of the individual.

"Welfare" is accepted for this section in its broadest sense. The term is used to reflect the social needs of people. We have dealt with it in its more limited sense in relation to public assistance in the section on "Economic Needs".

Need of the Aged for Health Services

Good health is important at any age. For old people, however, it is of special significance. Diseases tend to become more complicated with old people and change may take place very quickly. Hospital stay is longer. Both a larger volume of hospital care and more complex services are required. Older people suffer disproportionately from long-term illness and are less able to bear its costs.

There is abundant evidence that the aged require a high level of health services. The "Canadian Sickness Survey", 1950-51 showed that the group aged 65 and over, while representing only 7.6 per cent of the population, accounted for about double this proportion in terms of disability, bed and complaint days. It also showed that the average number of days per period of illness increased steadily with age. In Saskatchewan in the Swift Current Health Region, where a comprehensive prepaid health service has been available since 1948, those aged 65 and over had 7,972.6 calls upon physicians' services per 1,000 beneficiaries in 1960, as compared with 4,375.9 calls per 1,000 beneficiaries for those aged 45 to 64. In other words, persons aged 65 and over use 82.2 per cent more physicians' services than does the group aged 45 to 64. There is, of course, a difference between need and demand. One further example is cited. In 1960 individuals aged 65 and over constituted 9.3 per cent of the total beneficiaries of the Saskatchewan Hospital Services Plan. Of the S.H.S.P. beneficiaries who were discharged from hospital in 1960, 5.2 per cent had been in hospital 30 days or more. One-half of these patients were aged 65 or over; and these aged long-stay patients represented slightly more than one-half (53.2 per cent) of the days of care related to all long-stay patients. Thus persons aged 65 and over compose less than 10 per cent of the total population but account for approximately one-half of the long-stay cases in general hospitals.

National Health Insurance Plan

A comprehensive health insurance plan is even more essential for the aged than it is for the rest of the population. The Government of Saskatchewan believes that there should be federal financial support on a basis similar to the National Hospital Insurance Plan for a national health insurance program for all the people of Canada to cover medical care, dental care, outpatient services, drugs and appliances. Associated with this should be financial support to the provinces from national resources to stimulate and maintain continuing support of programs and services for the aged. Examples include: preventive and rehabilitative programs, development of community ancillary services, and the construction of adequate institutions. Underlying these programs must be federal support for geriatric and gerontological research, provision of expert technical and consultative services, and facilitation of interprovincial consultation, dissemination of information, and co-ordination of services.

Federal financial support has spread hospital insurance programs from Saskatchewan and British Columbia to all provinces in Canada. We would emphasize, however, the need to include mental hospitals and tuberculosis sanatoria under the National Hospital Insurance Plan. The exclusion to date of these two areas of hospital care has special significance for the aged because a high proportion of those suffering from mental illness and tuberculosis are old people.

Although we acknowledge the importance of the National Hospital Insurance Plan, we believe that the basic need is to develop a broader program to provide health services to the people of Canada. Such a development is needed by the aged in today's society, of course. But early diagnosis and treatment of conditions found in the younger age groups today will alleviate, or at least reduce, many of the health problems of the aged tomorrow. The health status of the entire nation would be raised. We believe that only a public program with federal financial support can be expected to achieve such a goal.

Preventive Services

Prevention of illness in the aged must receive more emphasis. Although much is yet to be learned, even present knowledge and techniques are not being used. The treatment of acute illness suffered by the aged is provided by, and under the direction of, physicians. But few programs for the prevention of major health hazards have been initiated.

Multiphasic screening has been proven to be an effective preventive procedure. It is a process by which a number of tests are performed upon "healthy people" in an effort to detect full blown disease, or even more important, early signs of disease. Early diagnosis of such diseases as hypertension, diabetes, cardiac failure, kidney disease, malnutrition and mental depression is quite feasible. The beneficial returns from early diagnosis and its concomitant of early treatment reducing both the duration of illness as well as the possibility of chronicity cannot be doubted.

A number of special preventive programs are indicated with our present knowledge. Examples include nutritional supplementation for those individuals who receive inadequate diets, and introduction of a physical fitness program for the aged. In respect to the latter, it is disappointing that to date the National Advisory Council on Fitness and Amateur Sport, established under the Fitness and Amateur Sport Act (Bill C-131) and responsible for advising on the provision of grants to organizations and groups, as well as to individuals, for use in activities and recreation, has placed its emphasis primarily upon young people. While undeniably young people need fitness and recreation programs, we believe that the federal government should encourage the development of physical fitness programs for those whose physical fitness is unquestionably poorer than that of the younger generation.

The incidence of cancer in old people suggests the need for regular special examinations in certain aged groups for the early detection of this disease. Health education programs must be extended. To date health education for the aged has not been systematically developed.

Prevention and early diagnosis and treatment are the key-notes to improving the health and welfare of old people. The general health and welfare status of aged persons must be assessed. The family physician is an essential member of the health team and his services are important, but he is not in a position to provide an over-all health and social assessment of the elderly individual's requirements. His services should be supplemented by special psychogeriatric assessment clinics where the services of trained specialists in a number of fields are available.

Rehabilitation

The aged like any other group need physical, mental, educational, vocational, and social rehabilitation. In terms of aged persons, however, physical, emotional and social rehabilitation will be in highest demand. Physical reactivation and maintenance are being introduced into many of our institutional programs. There is need for major extension of services for physical rehabilitation to the aged living in the community.

Particular emphasis must be placed upon the rehabilitation aspects of the aged individual who is mentally ill so as to effect his return to, and satisfactory adjustment in, the community.

The National Vocational Rehabilitation Act and the agreements under this Act which have been signed with the provinces offer real promise in the rehabilitation of the aged.

Community Ancillary Services

The need for community ancillary services has been well documented in the "Report and Recommendations" of Saskatchewan's Aged and Long-Term Illness Survey Committee. The Government of Saskatchewan would support a high priority for the establishment of such programs as organized home care, volunteer visiting, homemaker services, private family living* (foster homes), day centres, day-care hospitals (or units), and information and reference centres.

The importance of community ancillary services cannot be over-emphasized. They allow the aged to remain a part of the community environment close to family and friends. Some can reduce the number of admissions of old people to institutions providing health care, or can facilitate earlier discharge, thus reducing the need for additional institutional beds. Community ancillary programs and services allow for the best use of resources, both human and financial. The needs of the aged are many, complex, and often costly. The best way of meeting these needs at the least possible cost must be found. Experience has shown that community ancillary services can offer some of the solutions to some of the problems. Only when such services have been developed will we be better able to make a more rational determination of actual institutional bed needs. National support for the development of community ancillary programs and services on a provincial or local level would give important impetus to their development. Their potential benefits would thereby come to be realized more quickly.

Institutional Care

While there will always be a need for institutional care for some aged persons, the objective of all provincial health and welfare departments should be to reduce the amount of such care and stress instead the development of those community ancillary services which will assist old people to remain in the community. Active support on a national basis should be given to help achieve this objective. If this objective can be achieved it would follow that limits could be placed on the number of beds in special institutional facilities in need of financial support from public funds.

In Saskatchewan we have established five levels of care to provide a guide for the development of comprehensive and integrated facilities, programs, and services. *Level one care,* which represents self-dependent living* in the community, has been discussed under "Housing". *Level two care* would be given

* See *Definitions,* Appendix I, pp. 224-225.

in sheltered accommodation* (hostels, lodges, homes for the aged). Supervision and necessary personal care services should be provided together with a program of simple rehabilitative measures. *Level three care* would be provided in nursing homes*. It would include basic nursing* care; medical supervision and simple rehabilitative procedures. As would be expected in terms of the kinds of people to be cared for in each, more beds will be required for sheltered accommodation and nursing home care than in long-term care hospitals* where levels four and five care would be given. *Level four care* includes highly skilled technical nursing* care provided on a 24-hour basis, regular and continuing medical supervision and simple rehabilitative measures. *Level five care* includes the application of intensive rehabilitative techniques, constant medical supervision, and the work of a team of special therapists.

Planning of institutional facilities to provide the special care as outlined must be done on a sound basis within the framework of approved community need. Such planning must take into account the needs of old people in respect to housing, sheltered accommodation, nursing homes, long-term care hospitals and general hospitals. In addition, the needs of the aged for care in mental hospitals per se, or in facilities for the care of the aged who are mentally ill or suffering from mental deterioration established as an integral part of the other types of institutions mentioned, must be taken into account. A failure to provide facilities in any one of these fields will put unreasonable pressures on other facilities. Inequities in benefits may also prevent the easy transfer of patients from one institution to another in accordance with their medical and social needs.

We have already discussed the facilities where the first three levels of care are provided. We now propose to deal with those specialized institutions, designated as long-term care hospitals, where levels four and five care are given.

In Saskatchewan, the maximum approved cost for the construction of a bed in a community general hospital is $10,000, in a regional general hospital $13,000, and a base general hospital $15,000. In other words, costs vary according to the complex array of programs and services to be provided by the institution. Our most recent experience in the construction of a long-term care hospital (the Swift Current Geriatric Centre) reveals a construction cost of approximately $12,000 per bed. The federal government provides a grant of $2,000 per bed towards the construction of general hospitals and long-term care hospitals. No increase in these grants has been made in over a decade, with the result that the level of federal grants towards building this type of facility has not kept pace with rising costs. We believe that a review of this situation is overdue.

Assistance by the federal government in establishing minimum standards as guide-lines in respect to the various institutions for the care of the aged would be a valuable contribution towards improved facilities. Further, the establishment of a common terminology to facilitate communication, comparative studies, and statistical analyses, would be of inestimable value. For example, the term "nursing home" does not have the same interpretation in all provinces; "geriatric centre" used to designate one specialized type of long-term care hospital is peculiar to Saskatchewan.

Exploitation of the Aged

Old people are a special target for swindles, hoaxes, and exploitation. Sophisticated promoters and quacks capitalize upon the infirmities of the aged through gross misrepresentations of drugs of all kinds, diets, appliances, and various cures advertised to cure or alleviate conditions which require competent medical diagnosis and treatment. Old people are especially prone to buy a large

* See *Definitions*, Appendix I, pp. 224-225.

variety of questionable remedies. This may be because they have not been satisfied by recognized or conventional treatment and still look with hope, or perhaps fear, to the future. It is possible that they are more suggestible and in the sunset of life more forcefully seek to stay young or find some miracle cure-all. Whatever the reason, elderly folk are swindled out of large sums of money each year, not only because they are sold worthless or questionable products, but also because they are insufficiently informed to be able to make proper and practical judgments.

There is need for a more thorough testing of drugs, so-called "health foods", and appliances. The submission by the Government of Saskatchewan on "Drugs and the Drug Industry" to the Restrictive Trade Practices Commission, July 20, 1961, recommended the establishment of a National Drug Research Laboratory. While as the name implies such an agency would be involved in basic research, an equally important function would be the analysis of existing and new drugs (and we would suggest other products such as health foods and appliances) in order to make authoritative public reports. Such an agency would be expected to exercise measures to inhibit high-pressure promotion of the various types of products under its jurisdiction. Indeed the Food and Drug Act should be amended to provide that no type of so-called "health product", drug or otherwise, may be sold in Canada unless certified by the National Drug Research Laboratory.

Experience would also lead us to suggest the need for special hearing and vision clinics in order to prevent the aged from being victimized by hearing aid and spectacle salesmen.

EDUCATIONAL SERVICES FOR THE AGEING

Education for ageing and of the aged is an aspect which has been to a large extent neglected until recently. Because of this we propose to deal with it at some length. First we will briefly outline the problem and the needs then suggest possible ways whereby the federal government might participate in the development of programs for education.

Graduation from school or university no longer signifies that an individual has "finished school". Today it is recognized that education is a lifelong process. It includes formal education during the early years of life, continuing learning in the professional technical or business career followed, continuing education in learning how to live so that the greatest satisfaction from the experiences of life may be achieved.

Training and retraining of older workers for employment for monetary gain within the labour force has been discussed in the section on "Occupational Opportunities". At this time we propose to discuss education as a "productive" element in the sense that it provides satisfactions, enjoyment and contributions to society in the later years.

When people retire from the labour force, those hours previously given to their job need not only to be filled but to bring fulfilment. The pattern for the remainder of the day will probably not change too much. Leisure-time activities and interests developed during the working life of the individual will likely continue.

Educational Needs

There is need to educate people for ageing to prepare them for the adjustments which must be made in the later years. Education regarding the aged is needed to develop an awareness by the general public, employers and children of the problems and challenges faced by old people. Such education will influence community attitudes and actions with respect to the problems of the aged and ageing. The aged require education to give purpose to their lives in retirement,

help them maintain the best possible physical and mental health through the best use of the leisure time which becomes theirs when they leave the labour force, and perhaps even provide a means of earning additional income. Not only does education for those who need and want it enrich the lives of senior citizens, but it enables them to continue their usefulness in a democratic society. Those engaged in certain professional fields or giving leadership in community activities need education which will help them improve their understanding of the needs of old people. In all of these efforts the aged themselves must be involved as teachers and leaders. The nation should take advantage of the experience and skills of the older people in our population.

Pre-Retirement Preparation

Pre-retirement preparation programs have been offered through the efforts of employers, labour unions, universities, churches, public schools, other community arrangements or through a co-operative development between two or more agencies. Where such programs have been organized their benefits are now beyond question. The fact remains however, that such programs are all too few.

Pre-retirement preparation programs offer an opportunity for individuals to plan in an organized fashion for their retirement years. They can assist people in adjusting to the idea of retirement and in so doing can set the stage for a more satisfactory adjustment in retirement. When a counselling-for-retirement program on a personal basis is coupled with the pre-retirement preparation program, the results achieved are even more effective.

There is need to establish more pre-retirement preparation programs. There is a need for the development of teaching aids, and manuals or guides. There is need to provide leadership and consultative services to help those wishing to begin such programs with the organization and implementation of the program; as well as to find the most effective type of program to offer in their particular situation.

Educational Status and Interest of Old People in More Education

Table 6 shows the level of achievement through formal schooling of persons aged 65 and over in Canada and Saskatchewan.

Table 6. Per Cent of Population Aged 65 and Over by Years of Schooling for Canada and Saskatchewan, 1961

	No Schooling	1 to 4 Years	5 to 8 Years	Partial High School (3 Years or Less)	Complete High School (4 to 5 Years)	Some University or its Equivalent	University Degree
Canada	4.8	17.0	46.7	18.1	9.5	2.1	1.8
Saskatchewan	9.0	17.8	47.9	15.7	7.1	1.5	1.0

Source: *Census of Canada,* Dominion Bureau of Statistics, 1961.

The picture presented in the above table might raise questions as to the likely interest of senior citizens in educational activities. In the Information and Opinion Survey of Senior Citizens in Saskatchewan, conducted by the Aged and Long-Term Illness Survey Committee, 17.5 per cent of 1,182 participants indicated a desire for further learning. Many reasons are given by old people as to why they want more education. Included are: "The need to be with people my own age for companionship and stimulation"; "I want to keep up with things to carry on intelligent conversations with my children and grandchildren"; "Travel and recreation are not enough. I need something to keep my mind active"; "I need to be challenged".

In the years to come a much increased interest by old people in continuing education can be predicted. This will result from the fact that more aged people will have achieved a higher level of education during their younger years. Indeed some studies have been done on this matter and support this view.* Admittedly, however, few elderly people are currently involved in educational programs. This could lead us to conclude that there is a great opportunity for the development of educational programs for older people, *or* we could conclude that old people are not interested in further education. The latter, however, is denied by the enthusiasm evidenced by old people participating in adult educational programs. It must therefore be concluded that there is a great unmet demand.

Examples of Educational Programs

In one day centre in the United States of America through the public school system two teachers are provided each week at specific hours. In the states of New York, New Jersey and California the state departments of education have helped the public schools on their own or working co-operatively with other agencies and organizations to set up special courses for old people at times convenient for them. The American Association for Retired Persons has organized an Institute of Lifetime Learning for its members. This is an experimental program, almost ready to commence its third session, and now offering 41 subjects listed under the broad headings of "Creative Maturity", "World Affairs", "Personal Development" and "Languages". The New School, located in New York City, is a new development which allows for retired business and professional people to share in a continuing educational program.

In Canada, because of its scattered population and with many old people living in small rural communities, the development of educational programs for the ageing population will present many problems. Television and radio broadcasting are, however, a responsibility of the federal government. Their role in offering educational programs such as are being discussed has not been explored. Exciting possibilities exist. Much has been learned in the use of these media in educational programs for youth, why not for the aged and ageing?

Special Problems

In Canada to date little has been done in providing adult educational programs for old people. Admittedly there is no barrier against them participating in adult educational programs that are organized. Experience elsewhere has shown, however, that many oldsters feel uncomfortable in groups composed largely of young people. About 40 per cent of old people want special groups. They want day-time programs as opposed to the usual night classes offered. Location and transportation pose problems. For many, tuition fees are prohibitive.

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* For example, Dr. Robert J. Havighurst, Professor of Education, University of Chicago, reported at the 1964 annual meeting of the National Council on the Aging of the United States of America upon a study done by the Committee on Human Relations at the University of Chicago. The study showed about 10 per cent of persons aged 55 and over had participated in 1962 in adult educational programs (excluded groups involved in reading of plays and similar activities classified as "social") as opposed to 33 per cent under the age of 35 years. On the other hand, in the group aged 55 and over which participated in educational activities, only about eight per cent had a grade school education while 40 per cent had a university education. Dr. Havighurst estimates that in the United States of America not over two per cent of persons aged 65 and over are engaged in programs for adult education and/or recreation, as opposed to 10 per cent in the United Kingdom and Holland where cultural development has had greater emphasis for generations.

The Need

It seems to us that pre-retirement preparation programs as well as educational programs about ageing and for the aged need to be developed. Work with both national and provincial agencies and organizations to establish appropriate educational programs should be undertaken.

The federal government can make a significant contribution by providing leadership in exploring possible ways of achieving educational programs in respect to ageing. At least during the experimental stage, national assistance will be essential if we are to develop a strong program rather than to have 10 provinces move into the field each going its separate way. There is need to learn from the experience of others and to seek consultation and assistance.

TECHNICAL ASSISTANCE AND RESEARCH

The foregoing sections of this presentation have stressed research in areas as yet largely unexplored. Both the need for research and technical assistance trespasses upon every major aspect of concern about ageing—economic, employment, training and retraining, housing, health, welfare and recreation.

The impact of the increasing number of persons in the aged 65 and over group in the population, as well as the continuing increase in the proportion of old people to the rest of the population in at least some of the provinces, is only beginning to be felt in Canada. The complex array of problems which result from this situation present a challenge which touches every citizen throughout the land. Much is yet to be learned as to the best methods to be used in providing solutions to the problems. It seems not unreasonable, therefore, to suggest that the federal government has a responsibility to provide leadership in finding these methods and in helping national agencies and organizations, the provinces, and provincial agencies and organizations to implemet programs and services which lend promise of providing ways to solve some of the difficulties which confront our aged and ageing citizens.

We now propose to outline some of the types of developments we believe the federal government can undertake. In no way do we wish to imply that the job is solely that of the federal government. It will be essential that developments be undertaken on a co-operative basis with the provinces, and with other agencies and organizations, both national and provincial. We believe, however, that with so much to be done in the whole field of gerontology, leadership in these various endeavours by the federal government will do much to spark action by other groups.

Technical Assistance

Some of the immediate requirements for technical assistance are briefly suggested:

(*a*) Consultative help is needed in establishing community ancillary services such as organized home care, meal services, homemaker services, volunteer visiting, day centres, information and reference centres.

(*b*) Consultative services to establish pre-retirement preparation programs and educational programs for the aged and about ageing are needed.

(*c*) Manuals and guides in many fields are required and will demand expert personnel for their development. For example, builders' guides for housing programs, guides and standards for furniture suitable for the aged, assistance to clothing manufacturers in clothing design for the mature figure, and pre-retirement preparation manuals.

There is a great need for expert personnel—consultative and advisory to assist agencies and organizations, at both the national and provincial levels, attempting to establish a variety of kinds of programs and services; and to provide technical assistance in the establishment of research programs in geriatrics and gerontology. Further, there is need to establish programs to train personnel for specific kinds of work. Two types of programs in respect to the training of personnel are offered as suggestions of the kinds of developments we have in mind.

First, the usual matron of a hostel, lodge, or home for the aged is not specially trained for the tremendous responsibilities she is going to undertake. Experience seems to show that these women are likely to be 35 years of age at a minimum. In Sweden to embark upon a career in this field requires graduation from a three-years' program. We do not advocate anything so ambitious to begin with. Possibly a six-months' course would be more realistic.

It cannot be considered likely that for the first few years the demand for the course would be too extensive. Its product will have to be tested in the actual working situation. Further, it cannot be anticipated institutions offering sheltered accommodation would immediately require those applying for a position as matron, or the present incumbents, to qualify through an organized program. Since, therefore, the number registering can be predicted to be small, one such program organized in Canada on an experimental basis would likely suffice. This will allow for a period of experimentation with the program and adaptation to needs. The establishment of such a program by the federal government in co-operation with the provinces at one central location in Canada to serve the needs of all the provinces would be a forward moving action.

Second, there are many older people who have the leadership ability to serve in community programs. With a program specially designed to develop specific skills needed they can provide valuable service in specified community activities where the personnel required is in short supply. It would seem a worth while effort to establish three or four such "senior citizens' service training programs" to learn the best kind of program to offer, the problems associated with such developments, the cost and other pertinent data.

As a matter of information one such program is known to us and is currently, after modifications and adjustments, ready for a third class. It is known as "The Training Institute in Community Service" and is operated as an experimental project by Senior Citizens Incorporated of Nashville, Tennessee and the Tennessee State Department of Mental Health and financed by a grant from the National Institute of Mental Health, in the United States of America. It should be noted that the minimum age for admission is 55 years. Candidates must have a high school diploma, a medical certificate of good health stating that he or she will be able to stand the stresses and strains of the training period and the future job, and some evidence of successful previous experience in working with people. Graduates are working both in paid work and as volunteers. They are currently engaged in such activities as developing a club for older people, providing a lip reading class, participating in a research project, organizing a day centre or directing branches of day centres, and helping to direct the tutoring service for drop-outs and potential college freshmen.

Research

The "Report and Recommendations" of Saskatchewan's Aged and Long-Term Illness Survey Committee dealt at some length with the need for research —basic or fundamental, applied, background or policy, and fact gathering by communities, churches and local agencies and organizations as an important aspect of program development. A fourth type of research which has come into

recent classifications is termed "operations research". It is concerned with making the best use of a particular process; and in terms of gerontological research would probably emanate from policy research.

Lack of factual information obstructs sound decisions about the development of programs and services for the aged. We need to map out what has been done and what is being done to determine precisely where the gaps lie. Priorities for research should be established. Clearly the federal government can play an important role in these activities. Working through universities and the various research agencies already established, such as the National Research Council and the Dominion Bureau of Statistics, much of the needed research could be accomplished. Support by the federal government, both technical and financial, of research in the fields of geriatrics and gerontology is needed. Upon occasion the federal government might initiate such research.

Dissemination of information as quickly as possible about on-going research and completed research is essential, if we are to avoid duplication of effort and make the results of research available rapidly to those who need it who are in the practical working situation. Again the Government of Canada can play an important role. Facilitation of inter-provincial consultation and co-ordination of services and research activities by the federal government would greatly enhance the possibility of developing more uniform programs and services for the aged across Canada.

CONCLUSION

We have outlined a wide range of public programs to assist our senior citizens. Some of these will be costly but we believe that our nation can, and must, undertake these substantial expenditures. This will be in the interest not only of the aged but of the whole community. Poverty cannot be tolerated in an age of abundance. Moreover, wherever it may exist it is a threat to the functioning at full capacity of our productive system. Since elderly people constitute a large part of the economically underprivileged, public action against poverty must include measures to assist them.

The importance of a co-ordinated approach on both the provincial and federal levels to the problems of the aged is apparent. We have indicated the extent to which we believe the administrative responsibility and financial burden should be shared by the two levels of government. We want to stress the need for flexibility in these arrangements so that appropriate changes may be made as conditions and circumstances change. Regular consultations among governments will be essential to achieve this.

We would emphasize that the economic programs we have referred to are not ends in themselves. The primary aim is to enable older people to continue as useful members of the community, proud of their role and continuing to grow in breadth and perception as human beings.

APPENDIX I

DEFINITIONS

Aged

The aged shall be considered as those persons who have reached the chronological age of 65 or over.

Basic Nursing

Basic nursing procedures are those activities which require the acquisition of fundamental skills and techniques to perform those duties and functions which relate to the safety, comfort and general welfare of the patient irrespective of his age, or of the disease from which he is suffering.

Disability

A disability is something that deprives of ability or power or that prevents one from doing something.

Geriatrics

Geriatrics is the study and treatment of the diseases of old age.

Gerontology

Gerontology is the scientific study of the problems of ageing in all aspects—biological, psychological, physiological, social and economic. In other words, gerontology is the scientific study of the phenomena of ageing.

Handicap

A handicap is something that puts one at a disadvantage; a hindrance.

Long-Term Care Hospital

Long-term care hospital means an institution providing prolonged care to persons requiring technical nursing and regular medical attention given on a continuing basis. (Examples are a geriatric centre; long-term care unit in a general hospital; a special hospital, e.g., mental hospital, tuberculosis sanatorium.)

Long-Term Illness

Long-term illness is sickness resulting from disease or impairments which require a long period of care, that is, care for a continuous period of at least 30 days in a general hospital, or care for a continuous period of more than three 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.

Nursing Home

Nursing home means an institution where basic nursing care, under medical supervision, is provided to those persons requiring health services beyond the giving of personal care service, but of a lesser nature than those provided in long-term care hospitals or in general hospitals.

Private Family Living

Private family living (often called foster homes for adults) means accommodation given to not more than two non-related adults in a private home, whereby such person (or persons) is treated as a member of the family to preserve his (their) personal autonomy as an individual and includes either

(*a*) room, board, minimum domestic services such as laundering and cleaning, and personal assistance and guidance to enable such person (or persons) to better manage himself (themselves) and his (their) affairs; or

(*b*) room, board, minimum domestic services such as laundering and cleaning, and personal assistance and guidance to such person (or persons) whenever necessary, for example, help in walking, getting in and out of bed, eating, dressing, preparing special diets and supervising self-administered medications.

Retirement

Retirement means leaving the labour force in its full sense, and that the individual will no longer be undertaking employment for remuneration.

Self-Dependent Living Unit

Self-dependent living unit means any accommodation for aged persons which enables them to live autonomously and independently of other persons, and includes, but is not restricted to, separate houses or units in municipally-owned housing projects and self-contained apartments.

Sheltered Accommodation

Sheltered accommodation means an institution where the following are provided:

(*a*) room, board, and minimum domestic services such as laundering and cleaning, and personal assistance and guidance to enable residents to better manage themselves and their affairs; or

(*b*) room, board, minimum domestic services such as laundering and cleaning, and personal assistance and guidance to residents whenever necessary, for example, help in walking, getting in and out of bed, eating, dressing, preparing special diets and self-administered medication. (Examples are hostels and homes for the aged.)

Technical Nursing

Technical nursing procedures are those activities which require, not only the acquisition of a skill, but at least a limited knowledge of underlying principles and the ability to exercise a reasonable degree of judgement.

Second Session—Twenty-sixth Parliament

1964

THE SENATE OF CANADA

PROCEEDINGS OF

THE SPECIAL COMMITTEE OF THE SENATE

ON

AGING

No. 5

THURSDAY, APRIL 30, 1964

The Honourable David A. Croll, *Chairman.*

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

WITNESSES:

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 Health and Welfare Committee. *United Jewish Welfare Fund of Toronto:* Mr. Benjamin Schneider, Executive Director; Mr. Albert Abugov, Secretary of the Social Planning Committee.

APPENDICES

H—Brief from the Canadian Chamber of Commerce

I—Brief from the United Jewish Welfare Fund of Toronto

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

20490—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 (*Queens-Shelburne*)
Hollett	Smith (*Kamloops*)
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.

20490—1½

MINUTES OF PROCEEDINGS

THURSDAY, April 30th, 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*), Blois, Fergusson, Gershaw, Grosart, Haig, Inman, Lefrançois, McGrand, Pearson, Quart, Roebuck and Sullivan. 13.

In attendance: Mr. R. E. G. Davis, Special Consultant to the Committee.

On motion of the Honourable Senator Haig, it was RESOLVED to print the briefs submitted by The Canadian Chamber of Commerce and the United Jewish Welfare Fund of Toronto as Appendices H and I to these proceedings.

The following witnesses were heard:

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 Health and Welfare Committee.

United Jewish Welfare Fund of Toronto:

Mr. Benjamin Schneider, Executive Director.

Mr. Albert Abugov, Secretary of the Social Planning Committee.

At 12.15 p.m. the Committee adjourned until Thursday, May 7th, 1964, at 10.00 a.m.

Attest.

Dale M. Jarvis,
Clerk of the Committee.

THE SENATE

SPECIAL COMMITTEE ON AGING

EVIDENCE

OTTAWA, Thursday, April 30, 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, we have a quorum.

On motion of the Honourable Senator Haig, it was agreed that the briefs of the Canadian Chamber of Commerce and the United Jewish Welfare Fund of Toronto and Communal Agencies be included as appendices to today's proceedings.

(See appendices H and I.)

The CHAIRMAN: On behalf of the Chamber of Commerce, we have three gentlemen appearing here this morning. Sitting on my right is Mr. Egerton Brown who is Chairman of the Executive Council of the Canadian Chamber of Commerce. He is Senior Vice-President of the Sun Life Assurance Company of Canada. He is graduated from the University of Toronto with honours in political science. Mr. Brown has served in several capacities with his company and was Vice-President, Personnel, before becoming Senior Vice-President in November 1963. He has been President of the Occupational Therapy and Rehabilitation Centre in Montreal, and he is a member of the National Advisory Council on Rehabilitation of Disabled Persons.

Sitting next to Mr. Brown is Dr. W. Harvey Cruickshank who is Chairman of the Canadian Chamber's Health and Welfare Committee. He is Vice-President, Public Relations of the Bell Telephone Company of Canada. Dr. Cruickshank started his career as a physician, joined the Ontario Department of Health, and after service with the Canadian Army Medical Corps during the last war went to the Bell Telephone Company in Montreal as Medical Director. In 1957, he went to Toronto as Vice-President and General Manager of the Toronto area, returning to Montreal and assuming his present position in September 1963. Dr. Cruickshank has an active community record. He was mayor of Baie d'Urfee, a Montreal suburb, and served as General Campaign Chairman of the United Appeal of Metropolitan Toronto.

Next to Dr. Cruickshank is Mr. W. J. McNally who is Manager of the Policy Department of the Canadian Chamber of Commerce and Secretary of the Health and Welfare Committee of the Chamber. He has, on a number of occasions, acted as adviser to the employer delegate attending the International Labour Organization Conference in Geneva.

You have the brief of the Canadian Chamber of Commerce before you.

Mr. G. Egerton Brown, Chairman, Executive Council of the Canadian Chamber of Commerce: Mr. Chairman and honourable senators, may I say, first of all, on behalf of the Executive Council of the Canadian Chamber of Commerce how impressed we are with the job that you are undertaking on behalf of this country of Canada. The thorough investigation which you appear to be making

into the problems of the aging is to be commended from all points of view, and we are delighted with the opportunity that you have afforded us to come before you today to discuss this question of aging. We have sought such an opportunity. We have recommended strongly that a survey of this sort be made of the welfare needs of Canada, looking at the total picture of Canadians and what they require and the guide lines which you are establishing may, we hope, lead to such a program being adopted.

You invited us to appear before you and we are glad to be here. The problems of the aging do have a bearing on the problems of the Canadian Chamber of Commerce and the policy of the chamber at a number of points.

As many of you know, the Canadian Chamber of Commerce is a national voluntary organization, made up of some 850 boards of trade and chambers of commerce. Here I should point out that those words are synonymous. The title "board of trade" is perhaps the older form of designation; the designation "chamber of commerce" the more modern one.

The 850 member boards are distributed across the country, representing all sizes of communities. In addition we have some 2,700 corporate members and some 25 association members. The 2,700 corporate members are widely distributed across the country and again are of all sizes. Therefore, when we come to you, we come on behalf of Canadians from all ranks of business and all portions of the country.

Seventy-five per cent of the 850 boards are from the communities of less than 5,000 people. Therefore you can see it is not big cities and it is not big business that come to you today.

This submission is presented on behalf of the Executive Council of the Canadian Chamber of Commerce, which is appointed by the Board of Directors, which is the governing body of the chamber.

The Executive Council, between board meetings, carries on the normal ordinary business of the chamber.

You have knowledge as to who we are. Mr. Cruickshank is Chairman of the Health and Welfare Committee. Mr. McNally is Manager of the Policy Department and it is my duty to act as Chairman of the Executive Council this year.

The brief that we have submitted to you points up certain problems. Perhaps I should bring this out at the beginning of our submission.

We think that it is important that we look at what Canada can afford, first. I was very interested to see the comments made before your committee by Mr. Andras of the Canadian Labour Congress, where he pointed out that six to seven million Canadians, the working population of the country, have the responsibility for the load to carry for all Canadians, be they children, be they students, be they the sick, or the healthy, be they retired or be they the housewives, as well as the working population.

The load is falling heavily on this group. Secondly, I should point out to you, as has been pointed out by the present Government, that the opportunities to combat and meet Canada's problems today, of unemployment and balance of payments, depend on the effectiveness with which we carry on our day to day work and compete at home and abroad in the markets of the world.

Last week it was my privilege to be a delegate from Canada meeting in the Federation of Chambers of Commerce of the Commonwealth in Trinidad, the discussion that we had there was most interesting.

The problems of the emerging nations within the Commonwealth, the part that the more developed nations can play were discussed and the needs that arise in both kinds of countries endeavouring to meet the economic problems that face us all and the educational problems that face us all.

I suggest, then, that our first comment to you is that we should determine what we can afford to pay in Canada for additional welfare needs.

Then where are those needs the greatest? Is it amongst the aging, is it amongst the disabled, or amongst the widowed or the orphan? Where does it fall heavily?

There are some studies going on, currently in this area. We have still to hear from the Royal Commission on Health Services. As to what they are going to recommend we do not yet know.

When we come to the question of the aging, we see their needs may fall in the area of income, it may fall in the area of medical care, or it may fall in the area of shelter or housing. Here I think in the terms of the question of facilities for the chronically ill or the incurable, when I speak of shelter or housing; or it may fall in the area of pensions.

Where these needs are greatest, you and your associates are endeavouring to determine—and we commend you to the task. Our brief goes on to refer to certain policies which have been adopted in plenary session by the Canadian Chamber of Commerce.

It first has to do with the employment of the older worker. Here we believe that the older worker has still his experience; in many instances he has his good work habits; and his good work attitudes, which can be of value if those are harnessed and employed at the work situation effectively.

Sometimes this means retraining, sometimes it means redirection—because, as our country moves forward, technology may make some skills obsolete and a new direction has to be found.

Accident or illness could create a requirement for that new direction. Dr. Cruickshank and I have seen this in the area of rehabilitation, what a contribution can be made in assisting individuals to move into a new line of work, where they can be productively healthy and happy.

We know that this question of the utilization of the abilities, the innate abilities of our older people is important.

We know that studies have been made and we could give further information if you so wish, regarding some of those studies, that bear out the thought.

This principle, this philosophy which we have stated and adopted in the Canadian chamber, has been brought to the attention of all our corporate members and to the organization members, that is, the chambers of commerce and boards of trade and, through them, to their employer members. This is part of a continuing process of educational effort which we have endeavoured to take on in this area.

Next we come to the question of health services. We made a very extensive submission to the Royal Commission on Health Services. That I believe is on the record and available to your research staff.

There are some points in it which perhaps could be re-emphasized. There are uncovered areas where, because of uninsurability or inadequate income some Canadians are not able to provide adequate medical care of themselves and their familites.

We think that the action which has been taken of a province such as Alberta, within the past year, has shown what can be done through co-operative effort between Government and private enterprise and done effectively and successfully. There may be questions you would like to put to us which arise out of this submission.

The general belief that we have is that, through competition and through continuing development of knowledge, we are getting a better and better cover for Canadians in this area of health services and that, while our base was already a very high one within the international framework, it has been carried further and has been developing in a sound manner.

The extension of services and of personnel is still a real problem in the country.

The progress which has been made in the area of rehabilitation, to take one example in the last ten years, has been, we think, outstanding. Yet there are gaps to which reference has been made and on which we are looking forward with keen interest to the report of the Royal Commission.

We come then to the question of old age security and here there are some points which we might make. One of them is that there is a tremendous diversity of resources amongst our aged people. This diversity occurs by areas, between rural and urban areas; it occurs by region, based on economy, the economy of the country and the changes in that economy that have occurred in the past years; it differs by ages, and here the reasons for the differentiation or diversity of the income can be attributed, perhaps in part, to the accident of the time of birth. Some have lived through the depression and the war and retired shortly after. Some retired during depression years. The incomes which they have, the resources which they have when they entered retirement, were entirely different to those who are entering retirement today.

In the meantime, the impact of inflation has reduced their position further. The exhaustion of their resources because of the demands for medical care and hospitalization and so on, have further impinged on what they now have.

Therefore, we might say that there seems to be a pattern under which the longer the time that has elapsed from the date of retirement to the date of measurement, the less the resources that the aged group have.

Again, we have had at work other things in our community which have aided the position of people coming into retirement. I refer to such things as the National Housing Act which, introduced some 27 years ago in 1936 or 1937, has afforded, I believe, something in the neighbourhood of three-quarters of a million Canadians an opportunity to have their own homes. We see now that people coming into retirement have their own homes bought and paid for in a way which was not true 20 or 25 years ago. All this suggests that, through the course of the years, there has been an increasing opportunity, which Canadians have seized, for providing for their own later years and doing it effectively.

Consequently, the flat grouping of all aged persons over a determined age as one group for needs, may not be the right course to be followed. We see that the available needs for saving for old age are being used to a much greater extent than was the case previously. We see that private pension plans have expanded tremendously in this period of 25 years that I speak of and that they, running concurrently at the time when the old age security program was running in the United States, have provided benefits for Canadians through private means which, when added to the very fine old age security program which we now have, puts the average Canadian in retirement in a better position financially than is his counterpart in other countries. The old age security program which we have now may have deficiencies. It has. It was a tremendous step forward from the needs-based program which was in effect prior to 1950, but it does no recognize and take sight of the fact that the average retirement age is somewhat less than 70 and that there is a gap between the time of withdrawal from the labour market and the arrival at age 70, a gap that has to be bridged in some way.

Furthermore, with the family pattern that we have in Canada, where in most instances the wife is somewhat younger than the husband, there is a further gap that has to be bridged from the time that the man arrives at the age 70 and qualifies for the old age security payment, and the time that the wife arrives at the age 70 and the joint benefit has become available. This, I might suggest, is a weakness.

Further, one might suggest that there was a weakness in our present old age security plan, in that there is not a survivor's benefit payable where the wife has not achieved age 70 at the death of the husband.

We have recommended strongly that this total picture of the welfare needs of the community be placed as a problem before a competent committee. This was a committee of people cognisant with the problems,—economists, social welfare persons, pension persons, lawyers, and so on, a group that could survey the whole question of welfare and how best the resources of the country can be used in this area, and if we can, after our present plans have fully matured, afford to devote more of our resources to this effort, then it should be done. Where is the need the greatest? Isn't this where we should put what money we can afford first? That, Mr. Chairman, in a nutshell, is our thought. I have perhaps done more talking than could be put in a nutshell, but I have tried to be as explicit as I could under the circumstances.

The CHAIRMAN: Perhaps Dr. Cruickshank has something to add.

Dr. W. Harvey Cruickshank, Chairman, Health and Welfare Committee, Canadian Chamber of Commerce: Mr. Chairman, honourable ladies and gentlemen, in submitting our brief we selected four elements of the problem of aging, not to suggest in any way that this would solve all the problems of aging. The whole question of belonging in the community, of course, is a very important consideration, which I am sure will be dealt with by other submissions to this body.

The question of priorities in welfare, I think requires the wisdom of Solomon, and certainly it is an extremely important problem which faces this country today.

On the employment side, we were disappointed to see that the incentive retraining scheme which was introduced has not been very successful. We certainly feel that the use of the skills in our oldest population is a very important consideration in the welfare of our country.

On the medical care side, we realize that certainly we are not closing our eyes to some gaps in deficiencies in our present problem. I think included in the area of deficiencies, are certainly the matter of shelter and care for the chronically ill and those with terminal illnesses—and our friends from Toronto I am sure are going to speak about the outstanding success of the Jewish Home for the Aged in that city—it is possible that the Royal Commission on Health Services will report more fully on this matter. But it would appear from our view, and I speak as a member of the Chamber of Commerce, that medical care is on a pretty high level in this country at the present time, and that beyond certain areas which can be met, I think, full well by government, that drastic changes would not be required.

On old age security, there has been since our submission a planned development which has apparently become acceptable to all provinces, and I would certainly like to see a committee of experts consider that in relation to the methods of financing and the methods of use of capital the matter of controls, and, again this matter of priorities.

Housing, we all agree, is an important consideration. I would like to see the housing handled in a manner which will foster the wellbeing of our senior citizens as well as the rest of the population.

Thank you, very much.

The CHAIRMAN: Mr. McNally, have you anything to add?

Mr. MCNALLY: I have nothing to add, Mr. Chairman.

The CHAIRMAN: Then senators may ask questions.

Senator ROEBUCK: Dr. Cruickshank suggested, Mr. Chairman, that the retaining scheme was not very successful. Is that not due to the fact that the necessity for training in automation has been vastly overstated, overemphasized? I ask the question for this reason, that during the war girls were going from school to look after huge machines. We have the most highly educated, advanced and mechanical population in the world, other than the United States. After all, automation is largely a matter of better tools. For instance, the men in the bush used to use an axe, which was very hard work. Today they use the chain saw, which has eliminated all that terribly heavy work, but no vast training is required on account of the change of tool. My question is, then, has not retraining been very much overemphasized and overstated?

Dr. CRUICKSHANK: I think automation certainly is applied to the tasks of low skilled content, before it is applied to any others. In that sense, I think the need for a higher level of skill among employees is going to persist.

Senator ROEBUCK: But that is not retraining, that is training.

Dr. CRUICKSHANK: That is training; but for the older people it may have to be retraining, sir.

Senator ROEBUCK: There is another question, Mr. Chairman, I want to ask. I see on the last page of the brief, which I read with interest, the question of housing discussed, and with regard to senior citizens it advocates that "Encouragement be given to the construction of housing for senior citizens." Is that not just a portion of the general housing question? The housing of older citizens is not very different from the housing of all other citizens. Have you considered the possibility of a change in the tax system, the taxation of land values, and forcing into use the speculative land areas held around cities and towns? Certainly this could be considered in respect to the City of Toronto and most of the municipalities you are interested in? The price of property, the cost of land on which to build houses has gone up to fantastic figures.

While you have said something about the service that the National Housing Corporation has rendered, it has done it at very great expense to the householder who has been carrying a mortgage on which he will have to make payments for the next 25 years or more. My question is: have you given consideration to what might be accomplished by driving these unused and highly priced lands into use by a change in municipal taxation?

Mr. BROWN: May I say this, sir, that my reference to the question of the purchase of homes by Canadians had reference particularly to the fact that it was only after the National Housing Act came into being, about 1935, that we came into a program whereby principal and interest could be amortized by equal monthly payments over the duration of the term, whether 15, 20, 25 years or whatever the term might be. Prior to that time the practice had been for interest to be payable half-yearly, and sizeable principal payments to be required half-yearly for the financing of a home purchased, out of the hands of the average Canadian head of a household, now, you suggest that what has been done has been done at very heavy cost.

Senator ROEBUCK: Yes.

Mr. BROWN: I suggest to you, honourable senator, that the cost has been very little above the average rental cost, and that for that the purchaser has accumulated an equity in the house, in the home, that he will have owned his own home at the end of the term of 20 or 25 years, or whatever term it might be. Certainly the experience within our company of our own employees going

into retirement, those who owned their own homes, had so much to do, had so many things that they wanted to do, that their prospect was a very bright one and a very good one from their point of view. So that I think that not only have we provided a capital resource for Canada but we have done something for the satisfaction of the individual by enabling him to own his own home, and to be completely free of expense when he comes to retirement. I presume you refer specifically, sir, to lands owned by speculators. Well, I think the forces of our competitive economy will work that out very quickly.

Senator ROEBUCK: It has not done so yet.

Mr. BROWN: In some areas in Canada this has been particularly noticeable, that options have expired, and they have not been taken up, on land that has been held by individuals. These options have expired because they have not been able to go forward. This also, I might point out, would not be an answer to providing housing for our older people who have lived in the cities, in the towns. Wherever possible they want to remain in the neighbourhood where they have their friends, and where they can move readily down town, or to shops, keeping their own personal activities viable. I do not think this has a bearing on the question we have discussed here.

Under the National Housing Act there is provision for lower rate assistance for a particular type of accommodation, when this is going to be built for older people, and we believe that not sufficient use has been given to this across the country, because it has not been sufficiently publicized. Not enough of these groups, religious and service groups and other central organizations, know what is available in this area. The suggestion is that perhaps some encouragement, some further publicity might be given in this area.

The CHAIRMAN: That confirms some of the other evidence we have before us. Let me ask you this. You said something about what they have got. There is a large life insurance company in the United States, whose name I will not mention, that sends out a monthly booklet. Apparently they keep records about Americans, such as whether a man owns his own home, has a car, or what is his income. Does your company have such records?

Mr. BROWN: We have not tried to isolate these about individual cases. We do know something about what has been going on, as for instance the resources of individuals going into retirement, based on the handling of pension plans. However, that is observable in the census of 1961, that statistics have been produced by the Government. We believe also that utilization of the information that is available in the income tax field—realizing that income tax reports are confidential—is possible. I do not suggest it can be done on an individual basis, but it could be done on a group basis. I believe that in 1960 we had to report our age, date of birth, etcetera on our income tax forms. They now have this information more specifically in a way that it could be identified and duplicated by age groups, even of retired citizens, to determine the resources of individuals.

The CHAIRMAN: We have been following that pursuit without much benefit up to date. I was wondering whether you had records and you say you have on a countrywide basis?

Mr. BROWN: I do know there is one man who has done a great deal of work in this area, and that is Mr. W. M. Anderson, Chairman of the North American Life. I do not know whether they will be called here, but he might be of some assistance.

Dr. CRUICKSHANK: You are familiar with the percentage of home owners by age groups. In the age group 45 years of age and over there are 1,771,603, or 62.6 per cent who were home owners. Of this number in the age group 65 to 69, 76.8 per cent were home owners. In the 70 plus group, 77 per cent were home owners. In the 55 to 64 age group, 68.7 per cent of the males had their own car and 36.6 per cent of the females had their own car. In the group 65 and

over, 51.2 per cent of males and 28.6 per cent of the females, owned their own cars. These are D.B.S. statistics.

The CHAIRMAN: We will have the D.B.S. representatives before us.

Mr. MCNALLY: It is taken from the document "Selected Statistics on the Older Population of Canada."

Senator MCGRAND: On page 4 you say: "Most Canadians can well afford to protect themselves against the cost of sickness." When you say "sickness" I suppose you do not mean hospitalization, which is pretty well provided for now. I would like to have some clarification as to the number of people, the percentage of people, who would be able to provide for themselves against the cost of illness.

Mr. BROWN: Further up on the page, in the same paragraph, we speak of the number of Canadians with medical or surgical insurance has increased from 5 million in 1955 to 10 million today. We have figures in 1961 which show that there were something like 9 million at that time who had provision for surgical benefits and some 8.5 million who had provision for medical services. A progression of those figures to the present brings this figure, we suggest here, to approximately 10 million. This is covered under group and other insurance plans and this is related to the problem of 18 million to 19 million population.

Senator ROEBUCK: Does that take in the 5 million families in 1955 and the 10 million families today?

Mr. BROWN: Yes.

Senator MCGRAND: That would be related to certain areas. We are speaking of Canada as a whole. Take a section of Canada where 65 per cent of the people who live on the land have an income of less than $1,200 a year. Those people cannot afford to spend much to provide themselves with medical care through insurance.

Mr. BROWN: I realize that, sir. You are speaking of $1,200 as their cash income. They have other income of course which does not appear in the picture. I am not going to get into a discussion, and I do not think you would want me to do so, as to the relevant merits of urban versus rural life, as to who may be the healthier, whether we in the cities are subject to other problems which those in the country do not meet. However, I think Mr. McNally has some information which bears on this question of average income.

The question the senator raised was the problem of the dispersal of health services across the country and the availability of them.

Dr. CRUICKSHANK: According to D.B.S., 27.6 per cent of those reporting are without income, with males comprising 369,252 of this total and females 2,420,083. As you point out, senator, there is a marked difference in average income on a geographic basis. It varies from a high of $3,789 in the Yukon to a low of $2,187 in Prince Edward Island. These are the average figures.

Mr. BROWN: The cost of medical care varies also in relation to those incomes, because the charges for medical assistance, and so on, are much higher in the big metropolitan areas than in the rural areas.

The CHAIRMAN: One of the things we hear, without attempting to lay any responsibility, is the fact that the man today has difficulty in obtaining a job if he is over 45 years of age. No doubt you have heard that?

Mr. BROWN: Yes.

The CHAIRMAN: What is the chamber doing to alleviate that situation? Is there anything that can be done or is being done that may held it some?

Mr. BROWN: Dr. Cruickshank and I shared jointly in a study that was made in Montreal about 10 to 12 years ago. At that time we endeavoured to find the answer. We were looking at the question of rehabilitation of the

physically handicapped, and with the assistance of the National Employment Service and Unemployment Insurance officials we looked at the caseload in Montreal to try to determine who these handicapped people were, who were out of work, and why they were out of work.

A program was set up for physical and psychological examinations, as well as the tabulation of the background material of this group. There were some 1,200 to 1,400 people that would be involved in the study. We found that the primary reason for unemployment was not the physical handicap but the lack of education, that those who had the greatest record of unemployment were those whose educational training, whose basic training, was at the lowest level. We have had this pointed out subsequently—I have heard this pointed out subsequently—regarding the unemployment picture, that we have today, that in many instances the unemployment is an outcome of the lack of training, the lack of education. We suggested to the Minister of Labour that, when he had the figures regarding this program to which Dr. Cruickshank referred, some review might be made there to determine, if it were possible, why these individuals had been out of employment for as long as six months or more. As you remember, under this program the individual had to be out of employment for at least six months prior to being put into a job. Was this again a question of education?

We believe that it is and that this is one reason why we have heard this question of the problem of employment of the people over 45 being so difficult, that it is the fact that they have not got the skill or the experience or the education to bring to the new job.

At times the question has been raised as to whether the private pension plan has worked against the employment of older people. Perhaps this has been the case. I think that there are companies who would not want to see an individual retired from their employment after 15 years of employment, with an inadequate pension, something on which the person could not live. They did not feel that on 15 years of service they could give them substantially more than they were giving to others who worked during a comparable period of time. For this reason there was some concern on their part about this employment of the older worker. If they were to bring them into a pension plan and try to provide a 50 per cent pension after 15 years of service, whereas providing a 50 per cent pension for other people after 33 years of service, they were perhaps doing the longer service employees an injustice—which is why the pension plan may be used as an excuse for not hiring in some instances.

The CHAIRMAN: We understand each other. What is running through my mind is this. Having in mind what you said, assuming we have the Canada Pension Plan, in which automatically he fits in after 10 years, when you add whatever he can possibly get on his private pension plan to that which he receives from the general public pension plan, then he does have a fair pension?

Mr. BROWN: I suggest, senator, that the attitude of many employers changed with the introduction of the flat rate plan in 1950. It became then a question in many instances of assisting to bridge the gap between retirement and the time that that plan became effective.

The CHAIRMAN: That is the old age security?

Mr. BROWN: That is right. In other words, this moral problem, if you like to call it that, for the employer, with regard to his old employees, became less acute with the adoption of the flat rate plan on an age basis rather than on a need basis. If it were on a retirement basis rather than an age basis, it would make it even simpler for operation.

Senator INMAN: I would like to ask a question arising out of a conversation I heard on the train the other morning. Has there been any survey yet, or is it too early for a survey to be made, regarding the employment of these older citizens? The conversation I heard between two gentlemen—one came from Montreal but I do not know where the other came from—was that these older people were not very satisfied; they wanted as much money, of course, as a well trained person would have in the comparable positions. I am just wondering how this is turning out.

Mr. BROWN: Are you referring to the employment of these particular 1,800 people?

Senator INMAN: We were just speaking of the employment of older people.

Mr. BROWN: They were speaking of the employment of older people generally?

Senator INMAN: The Government said the employer would pay a certain amount.

The CHAIRMAN: This is under the scheme of augmented pay, but this is something special. That was the scheme attempted just recently.

Mr. BROWN: I would suggest that these people who have been out of employment for six months or more may have problems in adjusting to a work situation, which a person continuing in the labour market would not have. Dr. Cruickshank is better able to speak about this. I just suggest that this may be the reason. With the older person in employment you are going to get different attitudes. Some of them are extremely healthy and others are not. This is because we are not all made the same—and thank God we are not.

Senator INMAN: I just heard this conversation and wanted to ask that question.

Dr. CRUICKSHANK: Are you referring to the plan introduced into industry?

Senator INMAN: I was thinking of the older people, people being brought back into part time employment, and how that plan may be working out.

Dr. CRUICKSHANK: I have been working in industry and dealing with the older turnover and I can speak about statistics of the value we see in senior people in work fostering. They are of inestimable value. Many of those have done a lot of work along these lines in Britain, where they have been attracted to part time or periodic employment and this has been quite successful.

The CHAIRMAN: Gentlemen, it is seldom that we get an opportunity to read your own words back to you. You did say that you thought that a committee of experts actively engaged in the fields of health and welfare, economics, law and pensions, and so on, would be very useful.

You did this morning state something so clearly that it left a real impression with me. You said we have got retirement at 65; old age security comes at 70; the woman is younger than the man; what can we afford; we have got a real gap there. Now, how do we bridge it? What is your thinking on it?

Mr. BROWN: We see that there is a gap where there is a private pension plan which provides for retirement, and it does not matter whether it is at 65 or at an optional age which the individual selects. But when he selects that retirement pension, and he is below age 70, in many instances, he asks that the private pension be increased from the date of his retirement to age 70, and then it be decreased from age 70 on, the amount of the increase and the amount of the decrease together being equal to the old age pension that will come at age 70. Then this will afford him a higher income on a level basis from the date of retirement forward.

Now, this is a form of integration that has been worked out on many private pension plans. The number of people who take it suggests that there is this need to breach that gap, and those who are retiring from the labour force, because they are self-employed or for other reasons, and have not been under a pension plan, have not got this facility of bridging this gap, unless they do it from their own resources.

The Government, as I said, took a wise step forward in 1950, when we went from a needs test basis to an age basis. The Government has now suggested—and this is a problem—that it is administratively possible to move from an age to a retirement basis. In other words, that it can be determined if the individual has withdrawn from the labour market at such a point. Now, if you can work forward the eligibility for the old age security to the date of retirement, that date of retirement being, shall I say, 65 or more, but not beyond 70, then you have by statute breached that gap.

I referred when I made these comments, sir, to the other problem, where this was handled on an individual basis and not on a family basis. The suggestion has been made that this benefit might be increased by the individual benefit by perhaps two-thirds. Present figures from $75 to $125 a month for a family, where the wife has also withdrawn from the labour market, and is perhaps, shall I say, over age 60. If he were aged 70 when she withdraws at 65, then the joint benefit could be $150. This is just a suggestion.

The CHAIRMAN: No, it is not a suggestion at all, Mr. Brown, because what you are saying is part of the bones of the new pension plan, as I read it.

Mr. BROWN: The new pension plan, its third edition, is not too clear to all of us just what is intended. We would like to think that we would have such an opportunity as we have had here, sir, of discussing it before it is formalized. That is what we have been seeking.

The CHAIRMAN: I can assure you that you will get it. As a matter of fact you will meet some of us on the committee.

Senator PEARSON: You mentioned a survey, Mr. Brown, in the educational field, in Montreal some years ago. Did you come to any conclusion which was the more beneficial, general education or a particular training?

Mr. BROWN: I think the conclusion we came to was that an individual should move along to at least grade 6 in the general education area. Many of them had not passed grade 2.

The CHAIRMAN: What do you mean by grade 6?

Mr. MCNALLY: Six years of schooling.

Senator PEARSON: In other words, a general education first, so that they can read and write.

Mr. BROWN: They can build skills on top of that.

Dr. CRUICKSHANK: I think less than 10 per cent of the unemployed had been to high school.

The CHAIRMAN: May I ask one more question. I hate to see these gentlemen go without getting all the information we can.

Mr. BROWN: I feel that I left your question unanswered, and I would like to suggest that in this area of health care, income, and so on, the Canadian Health Insurance Association would give you the information you seek. I do not know if they will be appearing before you or not.

Senator MCGRAND: You have answered the question. I was referring to regions of Canada. But your statement that medical care in rural communities was less than in the city is very much open to question.

Mr. BROWN: Well, I expect it would depend on the region.

The CHAIRMAN: Have you, from a broad view, seen any change in the attitude towards the aged people in the past 20 years?

Mr. BROWN: Oh, yes. My observation would be from what I have seen that there are a great many people who do not want to work a whole span of their life. They want time to do things they always wanted to do, yet in our communities, work is an indication of viability, of participation in the community, and hence the sort of thing Dr. Cruickshank referred to, part time, periodic work, responsibilities, can be attractive, much more attractive than continuation in the same post.

Again, let me suggest this—and here you get to the question of fixed or variable retirement ages—that if Canada is to remain dynamic, if it is to go forward, some of us who are advancing in years must give up our responsibilities and pass them on to younger men while they are young enough to learn to accept those responsibilities and thus make their contribution. Frankly, I was delighted to give up the very large responsibilities I had in the line administration work in our company last November, to take on a larger responsibility, so that a younger man could move in and learn. I realize I am talking like an old man, and I am not yet 60; nevertheless, that is the picture.

What concerns us in the Canadian Chamber of Commerce—and I come back to the first point I made—is this. The revaluation of the Canadian dollar in June 1962 was the culmination of a reduction in the reducing value of that dollar. At that time Canada gained considerably in trade advantage, and that showed up primarily in 1963 in the terrific growth we had that year. The control we had on imports helped us to maintain our internal price level. Imports went up in the last part of 1963, and the impact came on our price level at that time, and we started to see the cost of living rising in Canada. We are going to see this year, and we know it, some hard bargaining between management and labour in so far as the labour costs are concerned. If labour costs go up too much beyond the increase in productivity we are going to lower further the trade advantage we gained nearly two years ago. If in addition to that we find a floor on wages set in this country, and in addition to that again we have a further increase in taxes, be they federal, provincial or municipal, we are going to find ourselves in the position of being non-competitive in too many of the markets of the world, and that will have its effect on employment of people of all ages in Canada.

That is why I have to say on behalf of the Chamber, and I am not talking here in a private capacity, but as Chairman of the executive committee, we are concerned about the cost of fringe benefits in Canada. Where can we go? Because it is the viable economy of the country that has got to pay for it.

The CHAIRMAN: We do not argue with what you have said. However, it occurs to me that speaking specifically about welfare costs, they are 9.4 in Canada, 9.5 in the United States, 15 in Great Britain, and I believe 12 or 15 in Sweden.

Mr. BROWN: We quoted to the Prime Minister a figure of 9 for Canada, 8 for the United Kingdom and something like 7 in the United States. He countered with the suggestion that they were not quite correct, that it is difficult to determine what is included in these figures. He suggested that in Canada it was 9, in Great Britain 8 per cent of the national income, and in the United States 7. In other words, that of the three countries ours is the economy that needs the capital rather than the other two. You mentioned Sweden, Mr. Chairman. We have heard a lot about Sweden, but we have also seen how some of their chickens are coming home to roost.

The CHAIRMAN: I merely gave you the figures as they came to my mind.

Senator FERGUSSON: I should like to ask a question. I was at a meeting the other day, and a discussion took place about the use of the provisions of the Central Mortgage and Housing Corporation. I have always agreed, as Mr. Brown has said, that the reason more people do not take advantage of these provisions is that they do not know about them. At the meeting to which I have referred, one man who spoke apparently had considerable experience with groups who had been willing to put up the money required, the 10 per cent, if necessary, but had a great deal of trouble in getting the three levels of government to co-operate. It seemed that one level of government would agree, and perhaps one of the other levels or both would not agree with the first, so they had to go back and deal with the first level again. This caused a blockage. This was not for the lack of information, because people had the information but they just couldn't seem to make it work. The suggestion was made that perhaps some change in legislation might be brought about in order to ensure that representatives of the governments meet together and do some of the hard work first, such as buying a site, or getting the architectural plans prepared. I would like to know if this is just a local problem. The meeting I attended was in Ottawa, and the man who spoke about it named quite a number of cases where the apparent lack of co-operation had occurred.

Mr. BROWN: I think this is a local problem in too many communities across the country. There is the question of co-operation between levels of government, and this is not always easy.

The CHAIRMAN: Is there anything further to be said? No further questions? May I say on your behalf, honourable senators, how very pleased we are that you men came to speak to us. We have been impressed by the knowledge on the subject which you have acquired over the years, and your submission will be very helpful to us in coming to conclusions.

Mr. BROWN: May I say, Mr. Chairman, that if there is anything further you would like us to add, as you go over the record, we shall be very glad to hear from you.

The CHAIRMAN: Thank you.

We will now deal with the brief of the United Jewish Welfare Fund of Toronto.

We have here Mr. Benjamin Schneider, who is a graduate of Columbia University in the School of Social Work. He has had considerable experience in the public assistance field and in family agency administration. He was a consultant to community welfare federations, prior to assuming his present position as Executive Director of the United Jewish Welfare Fund of Toronto.

Mr. Schneider is accompanied by Mr. Albert Abugov, who has a degree from McGill University in the field of social work. Prior to assuming his social planning duties, he had experience in the field of children's services as well as having worked with the aged, on the staff of the Jewish Family and Child Service.

The brief is part of the record. Mr. Schneider, would you like to augment it?

Senator ROEBUCK: It is a splendid brief.

Mr. SCHNEIDER: Thank you very much. We welcome this opportunity to appear before you and speak with you for a few minutes about the place of the United Jewish Welfare Fund in the scheme of health and welfare services in our Jewish community. We think that in its small way it sets an example for an approach to planning and providing of services, whether it be in the field of aging or any other area of providing for health and welfare needs of our community on local, provincial or federal levels.

The United Jewish Welfare Fund is a co-ordinating body consisting of membership of Jewish communal agencies in the City of Toronto. It counts among its members the Y.M.H.A., the Jewish Vocational Service, the Jewish Family and Child Service and our educational system and a few other institutions whose functions are not particularly pertinent to the discussion on hand today.

The Welfare fund has a social planning committee which has on it, membership from all these agencies. Mr. Abugov is the permanent Secretary to this committee.

This committee examines the total needs of our Jewish community and attempts to develop priorities, and in the development of priorities seeks to isolate those specific areas of need that are most urgent and for which the financing may be available at the time.

If financing is not available, we then explore the opportunities for developing services and the necessary financing.

The value in the function of the United Jewish Welfare Fund as a co-ordinating body, is that it provides a central position in our community from which we are able to take a total look at what is going on in every segment of our community and then to bring the activity, experience and know-how together into one body, analyze it and then to develop an overall plan for meeting our health and welfare needs.

To be specific in terms of the care of the aging: Senator Croll, who is familiar with our progress, has asked that I make it very clear that the United Jewish Welfare Fund, with its member agencies, is associated with the Social Planning Council of Metropolitan Toronto, and we are beneficiaries of the United County Fund and United Appeal of Toronto.

Actually, in our planning we relate actively and participate in what is going on in the total general community.

I think you ought to know that we were actively involved in the development, planning and leadership of the Needs and Resources Study just conducted by the Social Planning Council of Metropolitan Toronto. Our lay people and also our staffs were involved in this process over the past three years.

Approximately in 1958 the United Jewish Welfare Fund conducted a study within the Jewish community to determine the general needs of the aging in the community. Out of this study came a number of recommendations which from time to time have been implemented in our own community. These findings are being implemented on the basis of the greatest need, and the availability of funds and also related to what is going on in the total general community, as well as at governmental levels.

Let me just cite for you some very simple examples of how we have been able to co-ordinate; and then I will come to our specific concern and recommendation.

We found that within our Jewish community and in the caseload of the Jewish Family and Child Services, there were a number of aged people who had limited work ability and yet had a tremendous desire for work. Out of this reality we were able to work with some of our agencies for the development of shelter workshop programs.

The brief refers to one specifically, which is conducted at the home for the aged, which is an internal operation, geared to the needs of the residents at the home. But the Jewish Vocational Service also has a shelter workshop which is more diagnostic in character in that it services a broad spectrum of people who are difficult to place in employment. This program serves young, middle aged as well as aged people; this is a program whereby some of the

older people in the community and some of the older people who had been receiving relief from the Jewish Family and Child Service are now being given limited employment and an opportunity to do work and make some money which supplements the income that they received from their pension and the Jewish Family and Child Services.

The planning by the United Jewish Welfare Fund had brought together the agencies to look at this program—the Jewish Vocational Service, the Jewish Family and Child Service.

This is a very simple example of co-ordination and yet it indicates the direction and the potential for co-ordinating services. When we deal with each aged person, we are not dealing with a segmented person, we are dealing with a totality. We all have one thing in common, we are all going to get older and we are all getting old in chronological terms, but as older people we have different needs.

In order to do effective planning for our aged community, we have to take a look at the totality of services and to provide for those things that make an aged person live as a productive person as long as possible and yet as comfortably as possible in the community so long as he is with us.

We feel that this means that an over-all look at the needs of the aging is a responsibility of government and that government can give the necessary direction and guidance to our national community and let this sense of direction filter down through the provincial and municipal governments, so that the same kind of over-all co-ordinated examination of needs takes place simultaneously on all levels of government at the same time.

I had a very interesting experience yesterday and I will just take one moment of your time to relate it.

A friend of mine who is associated with the Salk Institute for Biological Studies in San Diego, California came to my office in Toronto and spent three hours telling me of his new job on the administrative staff of the Institute. I was most impressed with one thing he told me. There is a man on the staff at the Institute who with others are thinking about the problems of our aging. They have agreed that on a medical basis it is very probable that people will be living to the ages of 90 and 100, more frequently than is true today. What they are trying to determine is, what do we do with people at this age? What is the purpose of sustaining life for this length of time if there is no proper planning for providing for them in the community when they reach the 70s, 80s, 90s and up to 100?

I think it is essential for people on all levels to do this kind of thinking and planning. We, as a forward looking group of people in the voluntary agencies and on a governmental level, must participate in this kind of thinking also. Whether we like it or not, ten years from today we will have to do exactly this kind of thinking and plan on an emergency basis rather than on a leisurely, careful, thoughtful basis. It is this thinking and planning that I submit is a responsibility of government because government has the capacity to bring together the considerable intellectual capacity and the know-how that exists in a country as great as Canada. That will serve as a supplement to my brief.

The CHAIRMAN: What do you say particularly on aging? What you have said is most interesting.

Mr. SCHNEIDER: Actually in the field of aging there is a need for an independent division, perhaps in the Department of Health and Welfare on a national level, to begin to do a more effective planning and co-ordinating job in the whole area of care of the aged. I think it is not sufficient for one area of government to be concerned just with a housing problem, because housing is not an isolated aspect of the needs of the aged. It is not sufficient to let the medical authorities take care of the health needs of our aging, because that

again is only one aspect of it. There is extensive discussion of the whole pension program under discussion but again this is only one aspect of the problem of the care of the aging and must be interrelated with health insurances needs and with medical insurances, hospital insurance, the institutional planning that is going on, the whole problem of vocational opportunities for aging. This requires an integrated approach. You cannot just consider each area on an isolated basis. There has to be an instrumentality devised to pool all this activity and to plan on an integrated organized basis.

We recognize that, in administration of various program aspects, it will be necessary to administer programs on a piece-meal basis, because it is physically impossible on an administrative level to get administration of all the pieces in one department or in one operation; but you can get a co-ordination and a bringing together and fitting together of all the parts, because in practice one service cannot operate by itself; it operates in relation to every other governmental or voluntary service that goes on in our community.

Senator ROEBUCK: I regret I must go. I should like to say to the witnesses that I have read the brief and I think it a magnificent document. I would like to hear the rest of the thoughts which shall be expressed in evidence, but I have to go now.

Senator PEARSON: The question I have in mind is the talk about co-operation from government levels and all the way down. I agree with the idea of co-operation with all different levels of government and the individual association; but do you not think it would be better that the arrangement or the start of these programs should come from the association itself, because the Government tends to be too rigid in what they set out to do. They set certain plans and that is the way it goes. If you had developed from the bottom up, with full co-operation of the Government of the different levels, I think you could develop this helpfully in the different communities from the bottom up rather than from the top down.

Mr. SCHNEIDER: I do not like to monopolize this presentation. Mr. Abugov might like to deal with that point.

Mr. ABUGOV: I do not think it is a matter of being from the bottom up or the top down. I think it has to go in both directions.

One of the problems we are faced with today is the lack of communication that exists between various levels of government and between government and the private sector. The Government, because of the nature of the needs of the present day, has moved in and taken over a very large role of service for the general population. Hence it is very important to develop a co-ordinated system and a program that fits in and meets all the needs. An aged person is not divisible, he is not divisible on the municipal level, the provincial level, the federal level, and the private level. These are basic needs. Probably first we require a means for communication, talking with each other about the needs of the aged. I agree with Mr. Schneider that the incentive and initiative will have to come from the federal level, because the federal Government has the financial resources and capacity to move programming into being, if not directly, then through grants. The Government also has the technical knowledge and staff to provide the information required for the development of these programs. But to get back to our first point, this information has to be shared, and the responsibility has to be shared. Also, I think this is a matter of trust. I think this is the strength of some of the agencies in the Jewish community; there is an acceptance of the role each other performs, and the realization that communication is essential if we are to work together for the needs of the older person.

Senator PEARSON: Do you not find a variation of problems in the community, which the federal Government, say, would never be able to handle, from the associations point of view, and is there not sometimes a difficulty on the part of those on the lower level to bring these matters to the attention of a more senior government? I feel that full co-operation is necessary, but that problems must vary in different communities.

Mr. ABUGOV: I quite agree with you, Senator Pearson. However, I think there has to be a planned, co-ordinated and integrated approach, and that this must be inclusive of the municipal level and the private sector.

Senator HAIG: On page 10 of your brief, gentlemen, you recommend that the Government assume greater responsibility for private funds for research development. I wish to ask, first, where would the money go? And, secondly, should it be given to existing programs; or, should departments of government, either provincial or federal, direct such research and planning?

Mr. SCHNEIDER: I think that primarily government has the responsibility for directing such research program and should utilize the existing facilities in the voluntary field to conduct certain kinds of research and experimentation; we may have the instrumentality that is conducive to research, operating on a voluntary level, but the same kind of instrumentality is available on governmental level. This is determined best by the kind of study and examination and experimentation you want to do. For example, the shelter workshop had been established in many communities throughout the United States. We had known that they functioned successfully, but for our community it was necessary to bring this know-how to the attention of our community and to get them to implement the program. There are instruments on your local and voluntary levels where you can put research money into a program, but I think the nature of the research is determined by the problem you face.

The CHAIRMAN: Senator Haig, much of the cost of research on the Special Study of Aging in Saskatchewan was paid for by the Department of Health here in Ottawa. They used it as a pilot project and underwrote it. I do not know how much they paid, they did contribute a great deal.

Mr. SCHNEIDER: That is right.

Senator GROSART: First of all, Mr. Chairman, I must apologize for running in and out, but I have been serving on another committee. But that certainly does not indicate any lack of interest on my part towards this very excellent project. I read the brief very carefully. I marked page 9 and page B-3, both of which deal with the subject we are now discussing. On page 9, under the heading, "The Role of Government," the brief says:

> A similar planning approach is required from the public as well as the private sectors of the community with regard to health and welfare services in the field of aging.

Again, on page B-3:

> Legislation (is required) to foster co-operative effort and development of services in public and voluntary agencies, . . .

In this discussion the two gentlemen present have come, I think, closer to the answer that I have been looking for in these hearings than anybody has given yet. However, it seems to me they are still putting the largest stress on "co-operation," "integration," and such words, which are not action words. If we look at the history of the assistance to the aged, and the many acts which have been passed since 1927, we find that all the great advances have been made by concrete federal Government action. That was the start of all old age pensions, of old age assistance, pensions for the blind, pensions for the disabled. When the Government does something of that kind, it usually

says, "if you will do such and such, we will pay part of the cost." What I would be most interested in hearing from these two gentlemen is some conception of a specific action the federal Government could take to bring about this co-operation in the field of assistance to the aged.

Perhaps I can say that as a committee, I think one of our functions is going to be to say to the federal Government, from the evidence we have heard here, there are certain things we think you should do; we may well be saying this to others, to provincial governments, to municipal governments and to communities.

From your experience, what would you say that the federal Government could do, which would be by legislation, of course, to translate the co-operation and integration of which you speak, into legislation. Now, perhaps that is an unfair question.

Mr. SCHNEIDER: It is a good question. Actually what we are doing right now is an example of that; you are going through the process with your Senate Committee on Aging, to explore on a country-wide basis, by consulting experts who give testimony on what they think is needed to provide proper services for the aging. When you take this material and put it together, you will become out with a series of recommendations that may be as long as these tables, but will undoubtedly cover the gamut of the entire field of aging. It then becomes your responsibility, as a senatorial committee to recommend to the Government legislation that would implement those programs that you consider based upon a review of the testimony heard before your committee, as well as a review of the recommendations of what is actually needed to fill the gaps in the services in our communities across Canada. This is your beginning. You may want to establish a permanent advisory committee, consisting of voluntary and governmental representatives to work on a series of recommendations on a continuing basis, constantly examining what you have found. This is integration, this is co-operation, and this is also action. You are doing it. The point is, will you take the necessary next steps to translate this into action?

Senator GROSART: I agree with that completely. But I am asking you from your experience what you would recommend. That is why I said it may be that I am not asking a fair question.

Mr. SCHNEIDER: I am not very clear as to what you mean when you say, "What do we recommend?"

Senator GROSART: Well, we are going to have to say that the federal Government should now do so and so. I am not suggesting that it should be an extension of old age pensions, that it should necessarily mean large expenditures of money. I think the evidence suggests that there is an area here in which the federal Government can do a real job in this area without any great expenditure of money. From your experience, what should we say to them? Let us put it this way: What is the first thing we should say to the federal Government they should do—just No. 1?

The CHAIRMAN: Have you not already said it?

Mr. SCHNEIDER: I really have.

The CHAIRMAN: Then please repeat it. I thought you had said it already.

Mr. SCHNEIDER: No, I know what the senator is talking about, I think.

Senator GROSART: Mr. Chairman, you said, "Has not Mr. Schneider already said this?" He said the federal Government should do something about arranging for co-operation and integration. If that is as far as Mr. Schneider would care to go, I am satisfied that is his answer.

Mr. SCHNEIDER: No, I have gone further than that, I have said to the committee that it is not enough just to talk about, and hear evidence about the

needs that exist, but this material should be taken and developed into concrete programs for presentation, to be followed through the necessary legislative process.

If you are talking about specifics in terms of programs, this I would have to relate to my own particular experience at the present time and possibly the needs, as we see them, in our Jewish community. The most striking thing any of us experience is the need for institutional care, because a visit to an institution and actually seeing nursing care cases and the bed cases has the strongest impact on us; but really these are numerically the smallest number of people in our total aging population. There is another part which is very important: What facilities do we bring to bear on our aging community to keep them out of institutions? I can talk of the need for the homemakers service which enables the aged person to remain in the community if this is provided on an "as needs" basis. I could talk about the foster care program of family agencies which have been used so successfully. This is a program to place an aged person into a private home and gives the aged person the quality of living with a family, as is done with children who are placed in foster homes. We find that aged people are able to make adjustments frequently in the home of strangers where they cannot make the same kind of adjustment in the homes of their own children.

Senator GROSART: I am not asking you at this particular time to tell us what the needs are. I think we are aware there are needs and that these needs must be met. What I am specifically asking you is to give us some guidance as to what the federal Government specifically can do to meet these needs. I am not quarrelling with the fact that these needs exist; we have plenty of evidence of that.

Mr. ABUGOV: I am not quite sure if I understand better than Mr. Schneider; or perhaps I do understand and I am afraid to approach the question.

I go along with what Mr. Schneider said in terms of preparing proper documentation as a result of what happens here, and the setting up of a technical committee of professional and lay people from all levels of government as well as the private areas, to begin to set a priority base as to where is the greatest need.

Senator HAIG: The committee will never get off the ground if they do that.

Mr. ABUGOV: And begin the implementation by assuming specific responsibility for these areas of need. Unless you have the total picture you are going to continue to deal with segments, leaving out important areas of need. For instance, a foster home program, which essentially is not an expensive service as compared with the placement of the aged person in an institution is preferable for some people than admission to a home for the aged, and certainly is less costly.

Senator GROSART: This still leaves the question as to who does it. We will establish needs; there is no question of that. We may go as far as to establish priorities, although my own inclination is I doubt that this is possible. I think the needs are so integrated one with the other that there is really no such thing as a particular priority. Added income may solve a lot of the other problems, but the handling of the shelter program when handling the others, or giving priority to the shelter program, I do not think that is going to be the right approach. I think we are going to have to say, "Here are the needs," and then it is our responsibility to say who does something about them, and who does what. What do you see the federal Government doing?

The CHAIRMAN: Senator Grosart, you not only ask a good question but you answer it very well. I understood him to say this—and I made a note of what he said—that the Government, meaning the federal Government, must take responsibility for leadership and direction in this field. I could be wrong, but those are the words I copied down. That is what he said.

Senator GROSART: I am sure the federal Government's answer would immediately be, "This we have done in a very large way," and the federal Government has given leadership and direction in this field, to the extent of old age pensions and many other things. They have given leadership and direction, but not enough.

Mr. ABUGOV: But this is in specific areas, there is no question about this, but I think what we are proposing to-day is that they begin to give leadership on the total, broad gamut of need, and by assisting other levels of government and the private agencies to fill the needs in the community.

The CHAIRMAN: We are talking about the needs of the aging and not welfare needs. That is what I hope you are talking about, and not general welfare.

Senator HAIG: May I refer to page 4 of the brief? First of all, you say that an aged person often feels the need for admission to a home for the aged. Is there any chronological age at which you find that happens, or does it just depend on their physical condition?

Mr. SCHNEIDER: This is not related to chronological age. Actually at the present time, if I am not mistaken—and you have had more expert testimony from the representatives of the Jewish Home for the Aged when they appeared before you—the admission age to the Home for the Aged today is in excess of 75. It is related actually to the physical condition and inability to cope with living in the general community any longer.

Mr. ABUGOV: I think the minimum age is 65 for admission to the Home for the Aged, but in fact the admission age is close to 80, if not over.

Senator HAIG: In your experience, do you find these aged people prefer a home for the aged or a foster home?

Mr. ABUGOV: I have had some experience in this area, and I think initially they request admission to the home for the aged because often they approach an agency at a point of crisis. They are somewhat overwhelmed by what appears to be a debilitating situation, and they want the feeling of total security. After the process of working this through I think many people are able to accept that they can still function in the community, provided there are certain safeguards offered to them, and provided they have the knowledge that when the need arises for institutionalization this service is available. I think people prefer to function in the community, but they get a bit panicky at different points in time.

Senator GERSHAW: There are gaps and needs in our welfare system. Would you agree that the means test, which is pretty generally applied now, should be applied to old age security—that is, to those over 70?

Senator GROSART: For the old age pension itself.

Mr. SCHNEIDER: I cannot agree the means test should apply. If a man during his lifetime has made contributions to an insurance program, I think it is improper to impose upon him a means test to derive benefits from an insurance program or a program of any kind to which he has been contributing during his productive years.

Senator GROSART: Do you feel there is some merit to the means test in the federal old age assistance program?

Mr. SCHNEIDER: No, as a matter of fact my feeling is that the means test at that point has a really limited value. Let me express it in another way; if you had for the past 20-30 years a contributory pension system, how many people reaching the age of 65 would fall into the category of not having made a contribution to this contributory system? You may find that a woman who had been a housewife during her lifetime is the person who has not made a

contribution. I think it is proper to ensure a proper standard of living for this person without requiring a means test. I think you have accepted the philosophy that the means test should not be required at a certain age, but who is to decide what that age should be? I think the decision is based on custom and funds available rather than any sound reasoning.

Senator GROSART: About 20 per cent of those eligible for old age assistance are in receipt of it. Would you say that the percentage would be much higher were it not for a social reluctance to submit to a means test? I think my figure is right, although it varies greatly from province to province.

Mr. ABUGOV: I believe the figure is correct.

Senator GROSART: That is in the latest reports of the old age assistance program.

Mr. ABUGOV: I personally feel, related to the limited experience I have had, that the means test as such is a great burden to many people. I am not sure how the new pension plan will affect the 5-year gap from 65 to 70.

The CHAIRMAN: I have seen the pension plan, as everybody has, and it was, I think, intended to bridge that gap by letting the man who leaves the field of employment at 65 collect a pension at that time of $51 on the old age security basis. That could be a little higher as he reaches 66 or 67 and eventually gets to his $75. That is the attempt to bridge the gap as I understand it.

Mr. SCHNEIDER: I think the senator was asking a slightly different question. I understand that the question he was asking was whether people are reluctant to submit to a means test in order to qualify, and I think the answer is obviously yes. There are many people with marginal incomes who out of a sense of pride or dignity refuse to expose their personal lives to an examination by others, whether or not they need the extra allowance from an old age pension system to enable them to live a little better than they can on whatever income they have available. I think this is real and understandable, particularly in the case of a person who has lived a productive life, and who has never had to have recourse to anyone outside of his immediate family for assistance. This is normal and understandable and would keep some people away. Is this the kind of thing that should determine whether or not a person who may have a marginal income should or should not receive this additional allowance from an existing pension system?

The CHAIRMAN: Dr. McGrand.

Senator MCGRAND: On page A-1 of the introductory statement you say:

> The family has the major responsibility for raising children and for preparing its members to fulfill the adult role.

And a little further down you say:

> This philosophy is fortified by the deeply laid traditions that Jews have developed in their way of living—

and so on. It seems to me that there has been a tendency on the part of certain families not to want the aged and young to meet—the children and grandparents to intermingle too much in one home. I have very strong views on that, but I was wondering what you could say about that statement: "This philosophy is fortified by the deeply laid traditions that Jews have developed in their way of living—" Could you discuss that a bit?

Mr. ABUGOV: I think this change is pretty common across the country. The brief submitted by the Jewish Family and Child Service indicates a change in the functioning of the Jewish family. There are a number of problems in communication and relationships. The point I wish to make is that the philosophy of the agency is one of seeing the family as a unit. The family is an interrelated group. This does not always necessitate that the aged

person live close to the younger members of the family, but that there is some kind of contact and concern, thereby enabling an identity and sustaining a sense of family.

Senator McGRAND: But the family just means parents and children.

Mr. ABUGOV: We are operating now on a 4-generation family. We have had a 2-generation family, a 3-generation and it is going to be a 4-generation family.

Mr. SCHNEIDER: There is another part of the question that is very important. It gets us into the area related to the development of urban living in our society. This has been a contributing factor to the breakdown of some of the family integration, particularly as we witness the mobility of families and individuals in families such as the children moving off into new cities. The distance and the lack of communication tends to place a severe strain on the relationships that were so strong when people lived in a compact unit within a small village, town or community. This is a real problem today in terms of family unity, and the breakdown of the traditional pattern of family relationships, whether it be in our Jewish community or in any other community.

Mr. ABUGOV: Though there is a change in pattern, I think the role of the family is still extremely important. We may have to adjust to this change, but the family is still the basis for a person's identity and relatedness to the community.

Senator McGRAND: Do you find that that is more pronounced in Jewish families or in Jewish family life than elsewhere?

Mr. SCHNEIDER: I do not know whether Mr. Abugov or I are qualified to answer that, or—

The CHAIRMAN: I would say that you are not. They are people like other people.

Senator GROSART: As an Irishman, Mr. Chairman, if I were asked that question I would answer: Yes.

The CHAIRMAN: What is your question, Senator Grosart?

Senator GROSART: In the sheltered workshop program—I am very interested in the account of that program, and I might say that I have some personal knowledge of it. Would it be possible for you to hazard a guess as to the percentage of aged persons needing to supplement their income, and who could do so substantially were there a well-established national program—a maximum program? What percentage from their own efforts, and having in mind the difficulties with unions, and so on, could substantially supplement their incomes?

Mr. SCHNEIDER: I would not hazard a guess in terms of a percentage. All I can tell you is that there are people who would take advantage of the opportunity.

Senator GROSART: This is an area which I think requires investigation because if the percentage is high then this may be one of the real answers to the problem. I do not know whether it is or not.

The CHAIRMAN: You said "substantially"?

Senator GROSART: Yes.

The CHAIRMAN: You put emphasis on that term?

Senator GROSART: Yes, to substantially supplement their income. I do not mean making just a few dollars from a hobby, or that sort of thing.

Senator FERGUSSON: I was very interested in the foster homes, and I had intended to ask you some questions but many of them have already been answered. However, since you brought up the subject I do notice that you say

that these are very satisfactory, and I would like to know if education is provided for the family of a foster home before any person is placed in it. Are there any standards that such a home would have to meet? I am not thinking of supervision. I note that you refer in one place to the fact that adequate supervision is—

Mr. ABUGOV: Yes, Senator, a considerable amount of investigation goes into the development of a foster home; into finding the kind of person who is prepared and able to accept an elderly person into his or her home and, in varying degrees, to accept that person as a member of the family. Of course, this involvement is related to the aged person's ability and willingness to move into this family grouping.

I might say that there is a thorough investigation prior to accepting a home as a foster home. When a particular person is being considered for placement an assessment is made as to the family's ability to handle the aged person. The social worker takes the client to the home and spends a considerable amount of time during the first few weeks in helping this person adapt to the new situation. The children—by this I mean the adult children—are seen by the agency. This is part of the agency's program so that the whole family is related to and takes responsibility for what is going on. The agency is involved in setting up a pattern for visiting and a pattern for payment, and the family when able assumes the costs of care. The agency continues as a part of the whole on-going process.

Senator FERGUSSON: Would you tell me if there is any difficulty in getting suitable foster homes?

Mr. ABUGOV: There is considerable difficulty.

Senator QUART: As you see, I have read the brief. I made many notes, but most of my questions have been answered. There is one thing that strikes me as being very important. It is mentioned on page C-4, a central registry similar to the one at the Stratford Festival. There are widows and widowers who prefer to live alone for a variety of reasons, and sometimes it is frightfully difficult to find places to suit their limited income. I think that is—

Mr. ABUGOV: It is handled in two ways—actually, three ways. The aged person or his family know of certain homes, or he is familiar with a certain district. Also, the Jewish Immigration Aid Society has a registry of homes with available rooms, and as well the Jewish Family and Child Service from their own experience in working with aged people know of certain vacancies which would be particularly suitable.

Senator QUART: There is just one other thing. I must have noted the wrong page, but you mentioned somewhere entertainment in these clubs for the whole family at one time. What is your experience along these lines? Do you think the younger people want to be with the older people, or vice versa?

Mr. ABUGOV: I think this is in referrence to the Y.M.H.A. brief. Perhaps I should not speak for them, but I think the concept they are advocating is that a "Y" which serves the total community is in a good position to serve the aged person because it enables him to be a part of the total on-going Y.M.H.A. program. He may utilize the Good Age Club where he meets with other aged people, but he can still benefit from the other services, the art programs, the swimming pools and the gyms—the whole gamut of their program.

Senator QUART: I see. I thought it was to have them there actually at the same time, and I was wondering how it would work out.

Mr. SCHNEIDER: No, the basic philosophy is that you are not segmenting the aged person from the total community. The point is that you want him to remain as part of the community, and whatever he does he does in the total scheme of things.

The CHAIRMAN: The words are:

> In such organizations as the Y.M.H.A.'s and the Y.M.C.A.'s the oldster finds that belonging and partaking of such services do not carry a stigma.

Senator QUART: On what page is that?

The CHAIRMAN: Page C-2. That is the point they were getting across.

Senator GROSART: Is this not related to the fact that in all urban centres you find that senior citizens tend to want to live in the downtown area for the same reason?

Mr. SCHNEIDER: More and more of them do because they want to live in the stream of things.

Senator GROSART: It seems to me that in past planning of old age programs homes would be set up away out in the country.

Mr. ABUGOV: I think this is a major problem. Transportation presents a difficulty for these people. They get a sense of isolation in being out in the suburban areas. There is nothing quite like downtown where the stores are, and where you meet people.

The CHAIRMAN: Then there is the shopping.

Mr. ABUGOV: A shopping centre does not quite fulfil the need.

Senator GROSART: I wish someone would tell me why with all the planning that has gone into this in the past with organizations and social workers we have always accepted the pattern of the Sunset Lodge being away out in the fields.

The CHAIRMAN: No, in the redevelopment of Montreal and Toronto and other cities—and you know Toronto very well—the people are being brought right back to where they started because that is where they want to be. It seems to me that they have changed their views, although originally most of these homes were out in the country.

Senator GROSART: I was just wondering how that sort of planning happened.

The CHAIRMAN: If we have no more questions may I say to both of you gentlemen that the very fact that questions were asked, and the knowledge and interest that the senators have displayed, is an indication that they are paying close attention to the briefs that are presented. The better the brief the better the questioning. This has been a good brief. It has been helpful; it has been challenging, and it has shown some initiative. We are appreciative of it. There were two briefs presented this morning, but you were poles apart.

Mr. SCHNEIDER: You must expect that.

The CHAIRMAN: I know. It is for us to find the right road, and it is not an easy task.

Thank you very much.

The committee adjourned.

APPENDIX "H"

April 17, 1964.

A BRIEF TO
THE SPECIAL COMMITTEE OF THE SENATE ON AGING

Submitted by
THE CANADIAN CHAMBER OF COMMERCE

The Executive Council appreciates the invitation to make a submission to the Special Committee of the Senate on Aging and expresses the hope that it can make a useful contribution to your study on the problems of the aging.

As an overriding comment we would suggest that we are unable to recommend what are the priorities of needs of older people. These may be in the area of income, of more medical care, of shelter or housing, or of pensions. There are many questions that bear on these areas and the Chamber believes that your committee has a unique opportunity to sort out these priorities.

We believe that the most helpful presentation we can make is to set out hereunder certain views derived from Chamber submissions that bear upon the terms of reference of your inquiry.

Employment of the Older Worker

The reference to the important area of Employment of the Older Worker is set out in the Chamber policy on Employment of Special Categories of Workers. This policy points out that the full utilization of Canada's manpower resources is essential for our economic advance and refers to the important contribution that the older age group can make to our nation's productive effort. The policy goes on to state "Studies have indicated that the older worker, if properly placed, can compare favourably in performance with other workers and can make a considerable contribution to the production of the country. Furthermore, the older worker group represents a reservoir of skill and experience that the country can ill afford to waste. The addition of older workers to our labour force would enlarge our productive capacity".

The studies that are referred to include, in the main, studies that have been done by the Federal Department of Labour. Other studies include surveys done by the New York Labor Department, universities and the National Association of Manufacturers. These studies relate to such considerations as productivity, absenteeism, accident proneness, job skills, and personal qualifications. The studies indicate that in all of these areas older workers perform effectively.

The Chamber distributed the foregoing declaration to its 2,700 corporation members and its over 850 Boards of Trade and Chambers of Commerce, and we believe that this distribution is helpful in bringing to the attention of our members the possibility of employing older workers. We have also co-operated in publicizing among our members the Older Worker Training and Incentive Program. Earlier we co-operated in publicizing the film "Date of Birth" and arranged for its distribution by acquainting our member Boards and Chambers with its availability.

Health Services

An extract from our policy statement on National Health and Health Services reads as follows:

> However, there are uncovered areas where some Canadians, because of uninsurability or inadequate income, are unable to provide adequate

medical care for themselves and their families. We approve the measures being proposed by the voluntary service and indemnity plans and some Provincial Governments to provide medical coverage to these Canadians. We believe that the contribution of Government at all levels should be confined to those who are unable to provide for themselves.

In respect of the foregoing, we have noted the proposals by the Canadian Health Insurance Association to the Royal Commission on Health Services designed to assist in the coverage of the so-called "medically indigent" as well as the Alberta Medical Plan which provides subsidies towards the cost of medical care. We understand that at the end of 1963 approximately 1.1 million Alberta residents out of a potential of 1.3 million were voluntarily covered. Government subsidies towards the cost of their medical care are being provided for approximately 150,000 residents.

In the submission of the Executive Council to the Royal Commission on Health Services, concern was expressed that there is a proportion of the Canadian population that is indigent. It was pointed out in that brief that with the advent of the Federal Hospital and Diagnostic Services Act practically all Canadians are covered for hospital care and to the extent that it was the cost of hospitalization that presented the biggest problem of payment for the individual in the past so much has the introduction of Canada's nationwide hospitalization program reduced the size of this problem. There remains, of course, the problem of paying for surgical and medical services for the indigent. It is our view that the necessary facilities should be made available to this group regardless of their inability to defray the cost of these services; indeed to a great extent this already is being done. We believe that it is possible for these services to be provided for this segment of the population without tampering with the present health services mechanism.

Private health insurance agencies are providing diversified and competitive methods of financing the costs of medical services for all who wish it and can afford it, with well over 100 organizations competing to provide such services. The number of Canadians with medical or surgical insurance has increased from 5 million in 1955 to 10 million today. The number with major medical insurance (comprehensive coverage) has increased from a negligible number before 1955 to over 3 million today. These figures form a firm basis for the conviction that voluntary insurance will continue to grow in the future and that Government activity in the field of medical care should be confined to areas of need. Underwriting techniques are constantly being improved to remove exclusions in contracts, to improve the quality and the quantity of insurance available to all Canadians and to cover impaired risks and older people. Many of these risks have in the past been considered uninsurable. These developments are all occurring in an atmosphere of healthy competition which provides the client with the best possible value for this health insurance dollar. Most Canadians can well afford to protect themselves against the cost of sickness. It is scarcely a valid criticism of health insurance that the indigents are not potential patrons. For the indigents, we advocate financial assistance by the Government if the expense of the illness is clearly beyond the means of the individual.

Canadians enjoy a higher living standard than do the inhabitants of most other countries. A large majority of Canadians have the resources to pay for adequate medical care if they elect to give it a high priority in their budgets. This is evidenced by per capita incomes and the possession of durable consumer goods. The growing acceptance by the Canadian people of volutary prepayment plans indicates a maturing judgment and an enhanced appreciation of their responsibilities in this field. In addition to the foregoing, adequate medical services and facilities must continue to be developed throughout

Canada and an increasing number of medical personnel trained, so that the Canadian people may be assured of proper medical care.

We are not closing our eyes to some gaps and deficiencies in our present system. Included in the area of deficiencies may be the matter of shelter and care for the chronically ill and those with terminal illnesses which do not require active hospital beds. It is possible that the Royal Commission on Health Services will report more fully on this matter. We would suggest, however, that Canada now possesses a firm basis on which Canadians will be provided with health care second to none. This can be done by strengthening and modifying our present voluntary system with Governmental assistance directed to those areas where medical expenses are clearly beyond the financial capacity of the individual and at the same time there will be preserved for all Canadians their invaluable personal freedoms.

Old Age Security

Despite the recent pension developments, it would appear that there is still room for considerable discussion as to what is the right course for Canada at the Federal and Provincial levels in the important area of old age pensions. The Executive Council has recommended on several occasions that this question be put before a committee of experts appointed jointly by Federal and Provincial Governments and composed of experts actively engaged in the fields of health and welfare, economics, law and pensions. Such a committee should be able to, in the course of a few months, determine what are the needs now and in the foreseeable future of our older citizens; what we, as a country, can afford to assist in meeting those needs and the form that should be adopted to provide for those needs. In the view of the Chamber, security for Canadians, after they have passed their working years, is of vital concern to all individual Canadians and to our economy as a whole. The Chamber recommends that the Government continue to co-operate with the provinces in standardizing pensions legislation throughout Canada and more particularly, and more urgently, that in order to achieve this a committee of inquiry such as recommended above be established to determine what are the prior needs of our older citizens in the total areas of health, of care, and of financial income. There are many questions that bear on these problems and the Chamber believes that the Government has a tremendous responsibility to find the right course among the many choices that are available. The studies of your committee undoubtedly will be a useful guide to the Government in this connection.

Housing for Senior Citizens

Under the National Housing Act, funds are available on generous terms for the construction of specially designed housing units for senior citizens. These projects are self-financing out of rental income. They can be constructed by municipalities or by religious groups, service clubs, or other organizations. It is the Executive Council's view that suitable publicity and encouragement be given to the construction of housing for senior citizens.

Yours sincerely,

G. Egerton Brown,
Chairman, Executive Council.

APPENDIX "I"

A BRIEF TO
THE SENATE OF CANADA
SPECIAL COMMITTEE ON AGING

Submitted by the
UNITED JEWISH WELFARE FUND OF TORONTO
150 Beverley Street
Toronto, Ontario

John D. Fienberg, *President*
Dr. Reva Gerstein, *Chairman, Social Planning Committee*
Benjamin Schneider, *Executive Director*
Albert Abugov, *Secretary, Social Planning Committee*

April 17, 1964.

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I. INTRODUCTION

As the co-ordinating and planning body of the Jewish communal agencies, the United Jewish Welfare Fund is committed to the effective development and integration of health and welfare services for the entire Jewish population. Because of the nature of this role, it was the opinion of the officers of the United Jewish Welfare Fund that the presentation to the Special Senate Committee on Aging should focus on the experience derived from working with member agencies in the co-ordination and integration of services for the Jewish aged population. Further, it is the conviction of the United Jewish Welfare Fund that the approach of the Toronto Jewish community toward the integration of services for the aged can be adapted to other regional and sectarian groups and governmental agencies in order to achieve a more effective service for the total aged population.

This brief includes separate submissions made by three member agencies of the United Jewish Welfare Fund, the Jewish Family and Child Service, the Jewish Vocational Service and the Young Men's and Young Women's Hebrew Association. To appreciate fully the breadth of this community program, it is important to refer to the material in an earlier brief made by the Jewish Home for the Aged and Baycrest Hospital to the Senate Committee on Aging on Thursday, March 12, 1964.

II. *ROLE OF THE UNITED JEWISH WELFARE FUND AND ITS RELATIONSHIP TO THE JEWISH COMMUNAL AGENCIES*

The United Jewish Welfare Fund was established 26 years ago to create a central body that would meet the financial needs of the participating agencies through a centralized fund-raising campaign and to create an instrument for orderly planning in the community. Though assistance in the financing of programs is an important factor in the establishment of a close liaison with the abovementioned agencies, it is noteworthy that in each instance the contribution by the United Jewish Welfare Fund to the budgets of these agencies is minimal. Perhaps the role of the United Jewish Welfare Fund might best be viewed within the framework of an historical concept of communal responsibility where planning has been considered an essential component in meeting the needs of the total Jewish community. Planning has made it possible to achieve a high degree of co-ordination resulting in a better quality of service.

Though this brief will deal specifically with the services in the Jewish community, the United Jewish Welfare Fund and the Jewish communal agencies are members of the Social Planning Council of Metropolitan Toronto and the Ontario Welfare Council and through these instruments co-operate in broad community planning for the aged.

III. *DETAILED STATEMENT BY THE JEWISH FAMILY AND CHILD SERVICE:—see appendix A.*

IV. *DETAILED STATEMENT BY THE JEWISH VOCATIONAL SERVICE:—see appendix B.*

V. *DETAILED STATEMENT BY THE YOUNG MEN'S AND YOUNG WOMEN'S HEBREW ASSOCIATION:—see appendix C.*

VI. *THE NATURE OF CO-ORDINATED SERVICES FOR THE AGED*

(1) *Broad spectrum of services*

The statements by the Jewish Family and Child Service, the Jewish Vocational Service and the Young Men's and Young Women's Hebrew Association as well as the earlier submission by the Jewish Home for the Aged, demonstrate the validity of the concept that the services for the older person should be based on community planning. Further, it is the belief of the United Jewish Welfare Fund that a community-wide program is essential to good service—the needs of the aged transcend the services of any one agency.

It has been the experience of those working with the aged that many of the needs of older persons are not basically different from the needs of other age groups. However, the older person frequently requires assistance in making changes in his way of living as a result of increased debilitation, loss of work opportunities, death of a spouse, sudden illness, etc. It is at such a traumatic period that the aged person often feels the need for admission to the Jewish Home for the Aged. If the anxiety of the aged person is dealt with and assurances are given that admission to the appropriate institutional facility will be made when necessary, he can be helped to find the service that best fills his particular need. For instance, an alternative to admission to the Jewish Home for the Aged might be the placement in a foster home operated by the Jewish Family and Child Service thus enabling the aged person to remain in the community. To follow through on our hypothetical but not uncommon example, the aged person can be helped further by vocational counseling and retraining at the Jewish Vocational Service Rehabilitation Workshop to enable him to regain those employment skills that would permit his return to the labour

force. It has been demonstrated that his social life can be enriched by participation in the Good Age Club at the Young Men's and Young Women's Hebrew Association, or perhaps he might benefit from several days a week in the Day Care Program at the Jewish Home for the Aged.

(2) *Integration of services*

The services in the Jewish community are developed with a regard to the establishment of an integrated community program. One does not suddenly become old, rather it is a gradual process that affects the older person in a variety of ways and with varying degrees of debilitation. Certainly the needs of a person who is still able to function in the community and to participate in a wide range of activities are far different from those of the aged person who has begun to show signs of mental deterioration or is severely handicapped physically.

The exclusion of one or more types of programming for the aged not only would create undue hardship for those in need, but also would be unsound financially. Without the services of a family agency to sustain an elderly person in the community, extensive institutional facilities would be required to service the aged persons who otherwise could not remain in the community.

Programming for the aged can only be effective if there is a full range of ancillary services related to the different stages of need. The aged person should be able to move through various programs utilizing those best suited to his requirements at any particular time. This gradualism in service related to the aged person's increasing dependency is essential if he is to retain maximum ability and capacity at each stage.

(3) *Servicing the aged person*

Many of the aged persons using the services of the Jewish communal agencies are cognizant of the close relationship that exists amongst these agencies and as a result are secure in the knowledge that the referral process will be smooth and the transition from one program to another will be related to need. The needs of an elderly person are not divisible, hence agencies require a flexibility that will enable a person to move comfortably into services as he might need them. It is for this reason that co-ordination is vital not only in planning, but also in the rendering of the service.

(4) *Evaluation of existing services—Study and Research for Future Needs*

The co-ordinated program as it operates in the Jewish community ensures that the varied skills and experiences of the professional staffs are utilized in the development of new services. This involvement is important in the creation of an integrated program. Not only does it provide for an extensive knowledge of the community services, but also it ensures that the decisions made are a reflection of community thinking both lay and professional.

VII. *RECOMMENDATIONS*

(1) The development of services should be a result of a co-ordinated effort, and as such should take into consideration the following areas:

(*a*) *Studies of Need*

Research and exploration are necessary to define the major areas of need.

(*b*) *Studies of Feasibility*

An examination of the availability of funds, existence of ancillary services to supplement a new program, cost of operations, etc.

(*c*) *Assessment of immediate and long-range priorities*

In consideration of a new program with its immediate and long-range objectives, thought must be given to the implications for other agencies offering services to the aged.

(*d*) *Co-ordination avoids duplication*

When services are integrated and co-ordinated, duplication of services can be prevented.

(*e*) *Integration of services*

Staffs and boards of several agencies working together for the provision of community-wide services, are better able to integrate their programs.

(*f*) *Evaluation*

Such a co-ordinated approach would provide the instrument for the evaluation of the total community program.

(*g*) *Programming*

Through a joint consultation process, programs for the aged could be considered in their totality and not in segmented units.

(*h*) *The Aged person as a member of the community*

A co-ordinated approach to planning would help the aged person retain his position in the total community.

(2) *Integration of Community Services*

The community cannot operate in segmented units, thus it is essential in the provision of services for the aged, that there be an integration of programs involving the sectarian agencies, general community agencies and the various levels of government. Integration requires a readiness to co-operate on the part of all levels of service, government as well as provide for mutual planning and joint consultation. There is a pressing need for a more effective co-operative effort. Evidence has shown that a segmented approach to programming for the aged is costly both financially and in terms of human life.

(3) *The Role of Government*

Government is in a unique position to give the leadership that is required in providing an integrated service for the aged. The role of government in such areas as education and urban renewal has been most dramatic. A similar planning approach is required from the public as well as the private sectors of the community with regard to health and welfare services in the field of aging. It will suffice in this instance to identify some of the areas requiring leadership by government:

(*a*) financial security
(*b*) housing
(*c*) adequate medical care
(*d*) development of sufficient institutional facilities such as chronic hospitals and homes for the aged
(3) recreation.

(4) *Research and Experimentation*

Research is an essential component in the development of any service program. The limited funds available to date for research and program experimentation in the field of aging have come primarily from private sources.

It is recommended that government assume greater responsibility in providing funds for research and program development.

April, 1964.

Appendix A

BRIEF

Prepared by the
JEWISH FAMILY AND CHILD SERVICE
Mr. Stephen E. Berger, *President.*
Mr. Jerome D. Diamond, *Executive Director*

Introductory Statement

The purposes, program and practice of the Jewish Family and Child Service are based on the belief that the family is the basic unit of our society. The family has the major responsibility for raising children and for preparing its members to fulfill the adult role. The personal experiences of growth that each individual has within his family needs to provide the foundation for satisfactory personality development as the individual passes through the various phases of his growth from birth to maturity. This philosophy is fortified by the deeply laid traditions that Jews have developed in their way of living and in the religious and ethical writings of the Bible, Talmud and Commentaries. Maintaining and transmitting this tradition of interest in contributing to harmonious family interrelationships, strengthening the positive values in family life, promoting healthy individual development and satisfactory social functioning of the family members of Jewish families is the central purpose of the Jewish Family and Child Service. No agency functions in isolation. The forty year development of this agency's work with families and children has been paralleled by growth in concepts and practice in the social and psychological sciences, as well as an important economic, social, and governmental changes of national and world scope.

There are about 88,000 Jews residing in Metropolitan Toronto who are eligible to use the services of this agency when and as needed. By indirection and extension government is said to be responsible for the health of the families in our community. Nevertheless, it is the Family Service Agencies, among them the Jewish Family and Child Service, who are directly and specifically charged with and chartered to do constructive things continually about the health of the functioning of our families either precedent to government's taking a role, or to obviate government's becoming needlessly entangled. This is a task which required not only development of services in depth and intensity, but of participation in programs of a broad social nature, in pioneering, research, social action, consultation to government, and to religious leadership, education, and many other roles.

I. DESCRIPTION OF THE AGENCY AND ITS SERVICES TO THE JEWISH AGED

The Jewish Family and Child Service is a multiple function agency, offering casework help to adults and children with problems of personal and family adjustment. In specific terms, the basic service given is therapeutic family consultation. The diagnosis and treatment of family disorders is accompanied by the use of specific tools, and aids consisting of financial assistance of an appropriate kind. Service to older adults and the aged includes the maintenance and supervision of 22 highly qualified foster homes (kosher) for aged and chronically emotionally disabled adults; family counseling to the adult children of the elderly; protective services of a social and legal nature

for those aged persons who require it; and the professional leadership of family life education groups of aged participants to deal with the social problems of aging. All services to the aged are keyed into the program of the Jewish Home for the Aged Day Care Services and the Baycrest Hospital. Out Patients Department Medical Services are given by the New Mount Sinai Hospital.

II. WHO OF THE AGED USE THE AGENCY

During 1963, 441 aged individuals and couples were given some substantial form of service. 26 of these were placed in our supervised foster homes. Only one-third of the aged clients received financial help of any kind. The remainder either had some assets of their own or were sustained by their adult children through arrangements made by the agency. Of those receiving financial aid most were eligible for governmental pensions or other financial assistance, but these were insufficient for subsistence and the agency supplemented so as to make possible either actual survival, or the meeting of necessary medical surgical and dental costs which otherwise could not be met by any resource. The aged clients of the agency represented the entire social and economic cross-section of the Jewish community, from the very poor to the well-to-do.

III. DESCRIPTION OF THE PROGRAM

A family caseworker is assigned to each aged applicant. Through a series of exploratory and evaluatory discussions which often include medical and sometimes psychiatric assessment, discussions with the living relatives of the aged person or couple, and through a direct investigation of the facilities for daily living in the individual's environment, a plan is evolved with the participation of the aged person himself. Resources in the community are then rallied to sustain the plan embarked upon.

At the core to such a plan is the philosophy of the Jewish people regarding the place of the aged in the community and in the regard of their children. It is the aim of the program to keep the individual aged persons functioning healthily and independently to the fullest. Great care is taken on the part of the assessment personnel not to undercut or threaten the simple, functional features of the lives of these aged, so that they do not unnecessarily become dependent. Respect is given to work capacities that under other circumstances would be considered merely marginal, but here may be used to salvage self-respect, rescue key family role, or retain physical agility. The Jewish Vocational Service counseling program and workshops play an important part in a rehabilitation service. The agency avoids making the program a mass hobby-shop endeavor, but rather in conjunction with the Young Men's and Young Women's Hebrew Association explores the habits and usage of its clients, so that recreational counsel may be given individual expression.

Follow-up work by the professional staff is then done with each individual family setting in which the aged person lives. All kinds of assistance are possible through this service. In one instance a hospital-style bed will make the difference as to whether an aged person remains at home or goes into an institution. In another, a careful analysis of the ways in which the relationships with his married children have shifted may assist an older person to recharge these relationships in a more enlivened way and so sustain his line of communication with the world around him. These morale factors are at the fore of service to the aged since they are the major determinants of life-prolonging processes.

IV. *NEED FOR EXTENSION OF SERVICE TO THE OLDER ADULT*

At present, this agency's department consists of a staff of five professional caseworkers of whom two and a half are fully trained and therefore are able to carry any kind of case assigned within the caseload. The remainder are relatively untrained staff, and so require special assignments and closer supervision. Experimentation with the use of a well-trained family counselor who is also a trained supervisor has confirmed our conviction that this service requires top-flight skill in working with the personal counseling of aged people.

In addition, our counseling program with the younger members of the family of aged individuals requires intensification. We need to increase the number of supervised foster homes for the aged we now have. We are also required to guard the standards which we have established for such homes since to a large extent the feasibility of these placements depend on the degree to which the aged individual, his family and the foster family can come to some agreeable resolution of personalities based on understanding the aged person and his problems. At present we are attempting to do with an untrained homefinder and with skimpy facilities for advertising and making home-seeking contacts. In addition, governmental resources for paying for these homes should be made available.

Another area of need is where nursing homes for the aged are used. At present our arrangements with private homes presents prohibitive costs. Two major problems are not being adequately dealt with yet:

(1) where short term care is required for the very aged, here the tendency is to institutionalize, medical experimentation with geriatric beds in the general hospital is required;

(2) terminal hospital places are needed so that home treatment can be more reasonably made available. If the terminal patient can have hospital place available when readily needed, then his home care can safely be extended. Many patients are prematurely institutionalized because families fear that when really needed terminal placement will not be ready.

Appendix B

BRIEF

Prepared by the
JEWISH VOCATIONAL SERVICE
E. Manning Sprackmon, *President*
Milton Friedman, *Executive Director*

The urge to work in western society is very strong. In Canada, as in other parts of western society, work plays a dominant role in the life of the average citizen. It gives form, dimension and meaning to his life and his role in society. For men, and increasingly for women, work has become the pivotal activity around which much of daily life orbits.

The reality of this view is reflected vividly in the tenacity with which our older citizens seek to remain employed and in the degree to which they resist retirement. Though logic may suggest retirement as the easiest and the most practical solution for the older worker in an economy of technology and automation, the psychological need of the senior citizen to work is real and, in a democratic society, his right to an equal opportunity to seek employment hardly can be questioned.

The horns of the dilemma facing Canada in relation to the employment of older workers are clear. On the one hand, technology is reducing manpower needs and changing skill and training requirements so rapidly that older workers easily become "vocationally obsolescent". Moreover, Canada's economy has not been expanding sufficiently to provide jobs for all persons seeking work, and to a large extent, older workers have been cast aside at the personnel office.

On the other hand, as indicated, Canadian society is strongly work-oriented. In such a society man tends to feel unworthy if he is unemployed. Occuping a non-productive status over a protracted period of time creates feelings of inadequacy and leads, very often, to mental and physical decline. In short, to deprive a man of the opportunity to work is to undermine the basic rationale of his life and to create serious health and welfare problems for society.

What can be done to equalize, to a more satisfactory degree, the job finding opportunities for our aging citizens? From its experience in offering vocational counseling, placement, rehabilitation and training services to men and women of all ages for the past seventeen years, the Toronto JVS respectfully submits the following recommendations for easing the vocational adjustment problems of aged persons. In putting them forward, we recognize that work is only one facet of life, albeit an important one, and that the total needs of Canada's aging population must be met through a comprehensive network of services affecting other facets as well.

Recommendation No. 1: Establishment of an Adequate Pension Program

The observations about the meaning of work in our society, outlined above, apply *more or less* to all aging persons. Those with low motivation to work and those with severe physical or mental handicaps are likely to accept retirement if an adequate pension is available. Priority, therefore, should be given to the establishment of an adequate economic base for retirement to enable such persons to leave the labour force, with dignity, and free Canada's vocational service facilities to concentrate their efforts on those who can benefit most from employment.

Recommendation No. 2: Expansion of Vocational Counseling Training and Placement Services

In an age of automation and technology, the older worker will require special counseling, training and job placement assistance if he is to compete on favourable terms with younger persons seeking work. Prompt expansion of the public and voluntary agencies, which now provides such services, is a prime requirement for helping the older worker meet the challenge which confronts him. Legislation to foster co-operative effort and development of services in public and voluntary agencies, therefore, needs to be formulated.

Recommendation No. 3: Amendment of Legislation to Provide Full Range of Rehabilitation Services for the Aged

Due to physical and emotional disabilities, some older persons are unsuited for work and become chronically dependent upon health and welfare agencies in the community. There is growing evidence that rehabilitation services can restore many such persons for productive roles in society. For the past two years the Toronto Jewish Vocational Service has conducted a special rehabilitation service focused upon chronically dependent individuals and the feasability of re-establishing such persons has been demonstrated. Some can be helped to find work in the regular labour market. Others can be assisted to remain productively employed in a sheltered work atmosphere.

Implicitly, much of the present legislation and agreements between the federal and provincial governments relating to vocational rehabilitation are focused upon younger persons who appear to have potential for regular employment. It is recommended, therefore, that legislation and/or agreements can be amended to ensure that a full range of rehabilitation services is available to older persons who have some potential for becoming employable under regular *or* sheltered conditions.

Recommendation No. 4: Provision of Public Funds for Sheltered Workshops for the Aged

The Toronto Jewish Vocational Service conducts a sheltered workshop on the premises of the Jewish Home for the Aged in Toronto (in co-operation with the Home) for the residents of the Home and neighbouring Baycrest Hospital. The objective of this workshop project is to offer aged residents and patients a meaningful daily activity and to deter the physical and mental decline which accompanies inactivity in old age. During the past year and a half, the value of the workshop project has proven itself. Unfortunately, public funds to construct or operate sheltered workshops are not available. Capital funds for rehabilitation facilities, provided under current Federal legislation, apply only to medical establishments. The interests of Canada's aging population would be advanced if funds were available to voluntary associations, which do not have medical treatment programs, to encourage the development of sheltered workshops for the aged.

Recommendation No. 5: Provision of Public Funds for Research and Demonstration Programs

Very little basic information is known about programs and techniques for assisting older persons with their vocational adjustment problems. There is need for research and demonstration programs to improve the lot of older persons. Legislation providing funds for research and demonstration programs to be carried out by public and voluntary organizations is a logical method for accomplishing this goal.

April 1964.

Appendix C

BRIEF

Prepared by the
YOUNG MEN'S-YOUNG WOMEN'S HEBREW ASSOCIATION

Ellis I. Shapiro, *President.*
Samuel J. Granatstein,
Chairman of the Board.
David Andrews,
Executive Director.

Introduction

The vantage point from which the Young Men's and Young Women's Hebrew Association views the needs of the senior citizen is primarily from their desires for recreational and leisure time activities. For close to 15 years this organization, in co-operation with the National Council of Jewish Women, has been providing recreational services to the ambulatory well-aged through social clubs known as "Good Age Clubs" and through specialized country camping programs. The experience with these programs has underscored the fact that the elderly person has an increasing amount of leisure time which, if not filled properly through wholesome and enjoyable activities, will tend to depress him and thus increase his problems in adjusting to his new status as a retired worker. The age group of 60 and over is by no means homogenious but, it is possible to identify the typical groups within this age span from the viewpoint of mobility:

(*a*) The type needing institutional care.

(*b*) The well-aged ambulatory person.

(*c*) The well-aged non-ambulatory person.

Naturally, each type requires its own aspect of recreational services. The individual requiring institutional care is best served by a home for the aged. The well-aged both ambulatory and non-ambulatory are usually served by recreational agencies.

Gaps in Service

A. ESTABLISHMENT OF ADDITIONAL RECREATIONAL PROGRAMS

Since the aged sector of the population is on the increase, a considerable number of additional clubs or centres will be required. The experience of the Y.M.H.A. indicates that recreational agencies serving a total family would be preferable to the establishment of separate centres for the aged. In such organizations as the Y.M.H.A.'s and Y.M.C.A.'s the oldster finds that belonging and partaking of such services do not carry a stigma.

The agencies serving this age span have learned that each level of sophistication or cultural background requires its own club, otherwise the senior citizen finds difficulty in making friends. This means that ethnic groups should be encouraged to launch such clubs as part of a network of service to the total community. Further, the planners of service clubs must also reckon with the fact that the increase in education will soon require clubs which would cater to the needs of the retired professional or business executive.

The location and nature of the clubs can best be determined by a planning body which has at its disposal the social and economic data as well as the distribution of the aged population in a particular community.

B. VOCATIONAL OPPORTUNITIES

Though there are many built-in obstacles to the development of job placement services for the elderly, nevertheless, a concerted effort should be made to establish an "Exchange" where older persons could register for such non-taxing jobs as baby-sitting, companion-housekeeper, dress-making and alterations, simple factory jobs, telephone solicitation, school guards, etc. This Exchange could be developed as a cooperative venture provided that some initial capital could be secured for administrative services.

C. LIBRARY SERVICES TO CLUBS

The various municipal library boards should be encouraged to provide either bookmobile or to ship selected books for loan to clubs for short periods of time.

D. HEALTH INFORMATION SERVICES

The organized groups of the elderly are uniformly interested in health information; especially when it can be given in simple and unfrightening terms. The medical profession could be encouraged to provide a panel of physicians who could present such lectures and discussions in English or in other languages.

E. HOME FINDING

There is a surprisingly large group of widows and widowers who prefer, for a variety of reasons, to live alone. Usually their source of income is limited and therefore they congregate in the lower income neighborhoods where rooms are inexpensive. Experience has shown that many of these living quarters are inadequate and do not have the minimum of facilities required by an older person. It is recommended that a central registry be developed, similar to the one at the Stratford Festival. This would list available facilities which have met the minimum standards.

F. THE NON-AMBULATORY PERSON

The problem of serving the non-ambulatory person desiring to be part of a club for the senior citizens is primarily that of transportation. In some instances it is the cost of the taxi which becomes prohibitive to the low income person. Governmental agencies administering supplementary funds or basic financial assistance should reckon with this disability and make allowances for transportation to recreational clubs.

G. GUIDANCE PROGRAMS

Governmental agencies, trade unions, and business corporations all have a responsibility for helping the retiree to adjust to his new status. In this connection a program should be encouraged to highlight the changes which can be expected through the cessation of work. This type of program would no doubt require carefully developed pamphlets and a skilled panel of discussants who would be available by invitation to organized groups.

H. CAMPING FOR THE ELDERLY

The extensive operation of camping services for the over 65 group indicate that there are many rewarding experiences in store for the senior citizen in proper country camps and in city day camps. Encouragement and guidance should be available from governmental sources to provide adequate camps and programs for this age group.

RESEARCH

The planning for future services in the recreational and informal aspect of work with senior citizens would be furthered by such research studies as:

(*a*) Housing needs for the elderly.

(*b*) Relationships in three generation families.

(*c*) Problems of retirement.

(*d*) Adjustments to loss of a spouse.

(*e*) The contribution which physical education could make to the well being of a person over 65.

April 17, 1964.

Second Session—Twenty-sixth Parliament

1964

THE SENATE OF CANADA

PROCEEDINGS OF

THE SPECIAL COMMITTEE OF THE SENATE

ON

AGING

No. 6

THURSDAY, MAY 7, 1964

The Honourable David A. Croll, *Chairman.*

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

WITNESSES:

The Canadian Welfare Council: Mr. B. M. Alexandor, Q.C., President; Dr. R. F. Malo, Chairman of the Committee on Aging; Mr. Reuben C. Baetz, Executive Director; Mr. Brian J. Iverson, Executive Secretary, Public Welfare Division; Miss Patricia Godfrey, Executive Secretary, Research and Special Projects Branch.

The Committee on Visiting Homemaker Services: Mrs. C. Douglas Allen, Chairman; Miss Kathryn R. Taggart, Executive Director, Association of Toronto; Mrs. William J. Robertson, Executive Director, Association of Ottawa.

APPENDICES

J—Brief from The Canadian Welfare Council.

K—Brief from The Committee on Visiting Homemaker Services.

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

20492—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
Dessuréault
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.

20492—1½

MINUTES OF PROCEEDINGS

THURSDAY, May 7th, 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*), Fergusson, Gershaw, Grosart, Haig, Hollett, Inman, Lefrançois, McGrand, Quart, Roebuck and Sullivan.—12.

In attendance: Mr. R. E. G. Davis, Special Consultant to the Committee.

On Motion of the Honourable Senator Haig, it was Resolved to print the briefs submitted by The Canadian Welfare Council and The Committee on Visiting Homemaker Services as appendices J and K to these proceedings.

The following witnesses were heard:

The Canadian Welfare Council: Mr. B. M. Alexandor, Q.C., President; Dr. R. F. Malo, Chairman of the Committee on Aging; Mr. Reuben C. Baetz, Executive Director, Mr. Brian J. Iverson, Executive Secretary, Public Welfare Division; Miss Patricia Godfrey, Executive Secretary, Research and Special Projects Branch.

The Committee on Visiting Homemaker Services: Mrs. C. Douglas Allen, Chairman: Miss Kathryn R. Taggart, Executive Director, Association of Toronto; Mrs. William J. Robertson, Executive Director, Association of Ottawa.

At 12.25 p.m. the Committee adjourned until Thursday, May 14th, 1964, at 10.00 a.m.

Attest.

D. M. Jarvis,
Clerk of the Committee.

THE SENATE

SPECIAL COMMITTEE ON AGING

EVIDENCE

OTTAWA, Thursday, May 7, 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 the briefs before us today of the Canadian Welfare Council and its Committee on Visiting Homemaker Services. May I have a motion that they be printed as part of our record?

Hon. Mr. HAIG: I so move.

Hon. SENATORS: Agreed.

(*For text of briefs see Appendices J and K to today's proceedings*)

The CHAIRMAN: We will commence with the Canadian Welfare Council's main submission and proceed in the usual way. They will make an opening statement and then submit themselves to questioning for a period of time. We will follow the same procedure with the Committee on Visiting Homemaker Services.

I will ask Mr. Alexandor, Dr. Malo and Mr. Baetz to come to the front, and I will tell you something about them.

Mr. B. M. Alexandor is president of the Canadian Welfare Council. He was educated at McGill and the University of Grenoble, France. He is a member of the Quebec and Ontario Bars. He has been active in the welfare field and has held offices with the Ottawa and District Community Chest, the R.C.A.F. Benevolent Fund, the Jewish Community Centre of Ottawa, the Perley Hospital at Ottawa, and, since 1955, the Canadian Welfare Council. He is a member of the National Council of the Canadian Conference on the Family.

Dr. Robert F. Malo, is the medical director of St. Vincent's Hospital, Ottawa. He is chairman of the Canadian Welfare Council's Committee on Aging and a member of the council's Board of Governors. He graduated from McGill and has practised medicine in northern Ontario, Ottawa, and in the Canadian Army during the war. He has been active in public affairs, including local council and education matters, the French-speaking Parent-Teachers Association of Ontario and the Regional Hospital Council of Ottawa, and was chairman of the Health Planning Committee of the Ottawa Welfare Council.

Mr. Reuben C. Baetz has been Executive Director of the Canadian Welfare Council since April, 1963. He received degrees in political science, history and social work from the universities of Western Ontario, Columbia at New York, and Toronto. He was director of the massive program of the Lutheran World Federation Service to Refugees at Geneva, and he became assistant National Commissioner for the Canadian Red Cross Society, from which post he moved to the Council. He was Executive Chairman of a group of national voluntary organizations sponsoring World Refugee Year in Canada, and among other activities is now Chairman of the Canadian Committee of the International Conference of Social Work.

Mr. Alexandor will speak, and the two other gentlemen will have something to say after, I understand, and they will all be available for questioning. I understand that they also have some reserves who are available for questioning.

Mr. B. M. Alexandor, Q.C., President, The Canadian Welfare Council: Mr. Chairman and honourable senators, on behalf of the Canadian Welfare Council, I want to emphasize our appreciation of the action of the Senate in establishing this special Committee on Aging and our belief in the valuable results that will accrue from your work. We are honoured to appear before you to discuss the C.W.C. submission that is already in your hands.

The composition, organization and areas of activity of the Canadian Welfare Council are described in the foreword to our brief. One of the Council's main functions, as you will have seen, is to maintain a continuing scrutiny of Canada's welfare and social security programs and make representations to influence action for their improvement. Examples of this function over the years are Council representations which exerted some influence on the framing of the Old Age Security Act, 1951—as mentioned in our submission—and of the Unemployment Assistance Act, 1956, and on the establishment of the federal welfare training and research grants program in 1960. The process of such influence is usually long and slow, of course, and, therefore, one of the Council's important responsibilities is to keep drawing attention to any of its recommendations that have not been implemented. So we welcome the opportunity to bring before you some results of the Council's study and experience over many years.

Members of your honourable committee will have made themselves familiar with our written brief so I do not intend to go over it in detail or even to summarize it. I prefer to leave as much time as possible for questions and discussion. Rather, I wish to highlight certain points in connection with the submission.

In the main areas covered—there are four of them, namely, Economic Needs, Occupational Opportunities, the Social Services, and Health Care—the question of housing has been left to a later occasion—our submission contains basic principles, both philosophical and practical; for example, the statements under "General Considerations" at the beginning of each section. While these are far from unique to the council, they are, we believe, presented here in a form that can perhaps provide an easily usable yardstick or touchstone for the Senate Committee's deliberations, even if—perhaps particularly if—committee members don't entirely, or at all, agree with them.

The Council's specific proposals for action are also very broad, related to policy decisions rather than to methods and machinery to carry them out; in the lingo of our profession, the "what-to-do's", rather than the "how-to-do's".

I should like now to draw your attention to three or four particularly important points in the content of our submission. First, you will have noted that the council—like many other organizations which have submitted statements to you—lays great emphasis on the importance to the aged person of what has happened throughout his life. This is the rationale for some of our proposals —for example, with regard to employment and to training—which may at first sight seem somewhat remote from the needs of the elderly. The extent to which each person can carry out his individual responsibility to provide as far as possible for his own old age must depend on what he is able to achieve in his earlier life and therefore, to a large degree, on the opportunities offered him by society.

But there is another side to the coin, and that is the need for measures that will help people who have not, for one reason or another, been able fully to help themselves. A good example is the member of the Ottawa old people's group, which appeared before you, who had worked for 40 or 50 years in

the same trade, had successfully raised and educated a family, and is now retired with no pension. Much of the provision for this need must of necessity be through public programs.

A predecessor of mine as president of the Canadian Welfare Council—and now a colleague of yours—Senator McCutcheon, once spoke at a council annual meeting of "the need which exists in modern industrialized society for substantial public welfare measures, along with all we can do through voluntary services." "No one argues today," he went on to say, "about the necessity for education under state auspices, and the same logic applies equally to collective provision against certain of the hazards of unemployment, sickness and old age. Private enterprise has great achievements to its credit from which we all benefit, but by its very dynamic nature it creates a number of social problems with which the community is required to deal."

This brings me to my second major reference to the council's submission, our recommendation for a federal Royal Commission on social security. This is at paragraphs 37 and 38, page 9 of our brief. As a national planning body, the council must take a long and an overall view of the social welfare field. We can go on tinkering with our social security system, which the Minister of National Health and Welfare recently called a "patchwork quilt," but the aged, as well as others, suffer when decisions are made piece-meal as a result of emergency considerations rather than in relation to the total social welfare programs and services, and on the basis of rational balance of needs and of economic considerations.

To refer again to Senator McCutcheon, about ten days ago he stressed, in a public address the importance of realizing that there is only so much in the public purse at any one time and, therefore, increases in welfare expenditures must be weighed against other expenditures Canadians may desire. In this connection, I should like to stress that people in the social welfare field, far from being the starry-eyed, ivory-tower individuals of popular myth, are the first to realize the hard, practical truth of such economics, and the necessity for priority decisions, however painful—as well they may, working constantly as they do on restricted budgets which continually force painful priority decisions. Quite apart from choices such as between expenditures for welfare vs those for defence, we need to face up to priority decisions on allocations of spending within the welfare field itself.

Canada has developed a fairly comprehensive social security program of which, on the whole, we need not be ashamed in comparison with other countries. However, the adequacy of the standards and rates of existing programs can certainly be questioned, and there are at least three major gaps that the council has identified at various times. These are: sickness cash benefits—provision against loss of income through sickness on a far wider scale than now exists, benefits for dependent survivors—which we can now hope will be part of the Canada Pension Plan and its provincial equivalent—and medical-parallel to hospital-care—this last obviously has the most direct importance to older people.

What is the relative importance of filling the gaps in relation to making existing programs more adequate? How much of the country's welfare budget —if we can decide what that budget ought to be—should be devoted to improving the lot of older people in relation to expenditures for our youth? The objective examination of such questions may well involve an "agonizing reappraisal" of much of our social philosophy and many of our social institutions. But such a stocktaking would be worthwhile if it led to the kind of coordinated planning and action for human need to which our society pays so much lip service but which it so often sacrifices to irrational expediency.

Having mentioned the Canada Pension Plan, I should like to comment on it a little further. Our submission records the council's belief in the need

for some form of contributory, in addition to the flat rate, pension, and that, if it is to be universal, it must be compulsory. We naturally welcome, therefore, the current developments in this direction.

The point I should like to stress here, however, is the long-term implications of the plan. It is impossible to assess them now, even if full details of the program were available. But in ten years or so we should be in a position—and ought—to examine and judge its impact on many aspects of our provisions for the aged. How adequate in the then circumstances will the payments under it, together with the flat rate pension, be? What effect will these have on the need for Old Age Assistance from sixty-five to sixty-nine, and for public assistance supplementation after age 70? Will there still be the same need for ancillary services to be provided through voluntary and/or government funds, or will people be in a better position to purchase these themselves? We can foresee the need for a systematic re-thinking then, as in the Council's recommendation for a Royal Commission now, of our total provisions for older people because of the new and important factor which the Canada Pension Plan will have injected into the situation.

Finally, I should like to emphasize the need for research, a point that is implicit throughout the council's submission and has been much stressed in other briefs to the committee. We all know the health field is crying out for research funds—and quite properly so—but it is a flourishing concern compared to the social welfare field. As Dr. Sherman said to you, referring to studies on aging: "It is all in the medical field. There are exceptions, but you could count them on the fingers of your two hands, all we have done in Canada". A promising start is being made under the federal Government's welfare grants program to which I have already referred, but the funds at present available for it are far too limited to provide more than just a beginning.

I should at this point mention that the council has developed a plan for a major study—taking at least three years—on poverty in Canada, for which it is currently seeking special financial support. Such a study could have very great value in the field of aging. Among other things, it could provide much sought after answer to that still elusive question: What is an adequate income in Canada for an old couple or single person? What, in actual experience, are the numbers of old people living "below the poverty line?" How does this in fact vary in different parts of the country, between urban-rural, small and metropolitan cities, etc. What actually is happening with regard to relatives taking responsibility for old people, and what are the factors militating for or against the assumption of this responsibility?

One fact we do know—we do not have enough of the facts. The C.W.C. study, if it can be undertaken, could help fill important gaps in our knowledge about old people's problems and needs.

Finally, I should like to end my statement by stressing what is said in the conclusion to the council's submission about the contribution the Senate committee can make to the first Canadian Conference on Aging, being organized by the Canadian Welfare Council, in co-operation with a group of other national organizations, for January, 1966. Here will be a national forum where the Senate committee's report and the material it has gathered, together with other material, can be examined and widely interpreted and from which it is hoped will emerge further guidelines and positive recommendations. Together, the work of the Senate committee and of the conference should provide a real breakthrough of the barriers limiting a good life for old people in Canada.

Mr. Chairman, may I ask Dr. Malo, who is chairman of our committee on aging, whom you have already introduced, if he would care to supplement what I have said.

The CHAIRMAN: Dr. Malo?

Dr. R. F. Malo, Medical Director, St. Vincent's Hospital, Ottawa: C.W.C. Committee on Aging: Monsieur le Sénateur, président du Comité, Mesdames et Messieurs les Sénateurs; Vous me permettrez n'est-ce pas, de vous saluer en me servant de ma langue maternelle.

Après tout, les salutations d'usage sont un acte de courtoisie envers les interlocuteurs. Et n'est-il pas logique de penser que cette courtoisie s'exprimera avec plus de clarté et de force dans la langue usuelle de celui qui la témoigne.

Et veuillez noter que ceci ne constitue pas une excuse, mais un désir sincère de vous rendre hommage.

Mr. Chairman, I had intended to speak off the cuff, but on second thought in order to save time I have decided to write down my thinking on one aspect of Mr. Alexandor's opening statement. I may say I have been informed of what he would say, and I am in complete agreement with this statement, but I would like to underline, so to speak, something that he has alluded to and which he has stressed to some considerable extent, and which I feel we could profit from by stressing a little more. I am referring to the suggestion that more research should be undertaken in the field of social welfare. We have had considerable research in the health field, and we all know how rewarding this has been, and while research in the health field is probably more dramatic than research in the welfare field would be, I believe it would not be any less rewarding for the one reason that it would apply to, I would say, a totality of the population, whereas in the health field it sometimes applies to a given group.

Now, this is a rather broad generalization, and you may well ask if I have something specific in mind; I have. We are all aware that the aging and the aged have needs and that these fall into several categories: social, economic, medical, etc. I do not intend going into that. However, we are also, perhaps, a little less aware that the six or six and a half million persons over 65 cannot be lumped together. These also fall into several categories: male, female, single, married, widowed, and each of these falls into a sub-category in regard to the varying economic and social facilities which they enjoy.

I say a little less aware, because although we know this in general terms, and no one would question it, our knowledge is lacking as to numbers and also as to distribution in the various geographical areas. So that what I am suggesting is that a detailed study of the Canadian population in relation to the various categories I have mentioned be undertaken.

I have no doubt that some, and possibly a good deal, of this knowledge is consigned somewhere, but what is needed is to have it collated into a coherent whole, where it could be used for references. For instance, I am sure that Mr. Baetz would find that very useful in the study he is planning. We would then be able to plan in an intelligent manner. Mr. Alexandor has stressed in his remarks the need for broad overall planning in the social welfare field, and we all agree on this, but I submit that the first step would be to have a detailed analysis of the population for whom we plan, something similar to what businessmen will call a market survey before they embark on some new process.

I will not delay these proceedings by illustrating from my own experience, at least one instance, in which such knowledge would have been very important, but if anyone so wishes, I will gladly do so later on this morning or at any other time.

In closing, I suppose this committee probably does not have the means at its disposal to do this study itself. However, I believe it is certainly within its terms of reference to recommend that it be done.

Reference has been made to the Canadian Conference on Aging to be held in January 1966, and I think if it were possible to have such a study by this time it would be of the utmost usefulness. Thank you.

The CHAIRMAN: Thank you very much Dr. Malo.

Mr. Reuben C. Baetz, Executive Director, Canadian Welfare Council: Mr. Chairman, honourable senators, I would like to comment on the recommendation made in several earlier submissions for some kind of national body on aging. This recommendation has taken on two main forms, one is a proposal for some type of federal Government agency which would deal exclusively with aging. The other proposal has been for the further development of some kind of national voluntary association.

As far as the federal Government agency proposal is concerned, this came up, for example, in the United Church brief. The recommendation there was that some department in the federal Government should set up a body similar to the office or the bureau on aging in the Department of Health, Education and Welfare in the United States. Now, the Canadian Welfare Council has not officially studied this idea, but it would seem self evident that if—and I would like to underline the if—such an office were to be set up, the Department of National Health and Welfare would be the best place for it, since it does, after all, take the major federal responsibility for the welfare of people in Canada at the federal level.

I do know that I have friends in some other federal departments who might not altogether agree with this point of view; however, we do feel that, if this bureau or the office on aging were to be housed somewhere in the federal Government, the most logical place would be the Department of National Health and Welfare.

This could supply an interdepartmental stimulation and an enabling function, for example, with the Department of Labour, many of whose programs also affect older people.

Certainly, too, the aging bureau or office that would be established or housed in the Department of National Health and Welfare could supply a valuable consultative function, and we are pleased in the Canadian Welfare Council, as is stated in the body of our submission, that the Department of National Health and Welfare is developing consultative services in various fields.

As far as the other proposal is concerned, that perhaps a national voluntary association might be established which would deal exclusively with the question of aging, you will recall, Mr. Chairman and honourable senators, that this thought was expressed in greatest detail in the submissions to date by the National Council of Jewish Women. This proposal by the National Council of Jewish Women is, of course, of great interest to us in the Canadian Welfare Council, because of our position as a national voluntary association which covers the entire spectrum, really, of social welfare in Canada. Obviously, the further development of the Canadian Welfare Council's functions in relation to aging would be one method of providing the national association that has been recommended. If we were to do this, it would have the advantage of avoiding setting up another national organization, and of being more easily able to co-ordinate the work with other areas in the field that are nationally within the council itself. We might also point out that in Ontario some years ago they did set up an Ontario Society on Aging, and after functioning for only a few years, it was felt desirable by those who knew the situation best that this Ontario Society on Aging be absorbed or merged with the Ontario Welfare Council. Perhaps this suggests something to us at the national level.

The Canadian Welfare Council has had a committee on aging for a number of years. First this was housed in our public welfare division, but from 1955 on there has been a standing committee of the board of governors which has terms of reference very similar to those suggested by the Council of Jewish Women. It is true that lack of financial resources, and we always get back to this, has resulted for some years now in lack of adequate staffing of our

committee on aging. If my predecessor and ardent and excellent fund raiser, Dick Davis, could not get the money for this, I do not know if we can. However, certainly, we have on paper the terms of reference for a rather broad program in aging. I may say that recently, however, in connection with the current project on the 1966 Conference on Aging, we do now have an establishment of at least one-and-a-half staff persons who are devoting full time, or who are devoting their main time, to the Conference on Aging and to the problems of aging. In addition there is a good deal of help from other staff members of the Council.

The Conference on Aging and, indeed, the report of your Senate Committee itself could very well create a climate here in this country which would make it possible for a much stronger Canadian Welfare Council section on aging, and one which would be much more permanent and which would be established as a part of the total Council program which would have a greater priority on our funds. We shall be bale to see better what can be done when the Conference on Aging has been held in January 1966, and also when we see what the findings of your Senate Committee on Aging will lead to.

On the problem of coordination and implementation through a voluntary organization or association interested in aging, Senator Grosart raised this point in the Jewish Council hearing, and certainly a national association could not itself do all the things that we would like to do. It might carry out the kind of study of costs of living and minimum income mentioned by the Jewish Council and again referred to by our president in connection with the study on poverty in this country, but things required to be done through legislation have to be put through these channels, and the money must come from these.

However, there are some things a national association could do, and one of them is that we could go after voluntary funds in a way that a government body could not. I might just give this one example: our Canadian Conference on Aging—and as the honourable senators know, we have the honour of having one of your colleagues, Senator Fergusson, as the honorary Chairman of this Conference on Aging—this conference at the present time is budgeting for $90,000. Of the $90,000 budget we hope to get $20,000 from the federal Government and another $20,000 from the provincial governments. However, the $50,000 balance will come from voluntary sources, so certainly when something is conducted under voluntary auspices there is always this advantage that you can tap or collect or attract voluntary funds as well as public funds.

I think, too, that a voluntary association could perhaps more readily and more freely act as a coordinator to coordinate the activities of levels, of all levels, provincial, municipal, and even federal, in this question of aging, perhaps much more so than an official body could.

Certainly, a voluntary agency or a voluntary association can always provide a much more neutral meeting place for public officials and voluntary associates.

I believe, Mr. Chairman and honourable senators, that in a national voluntary association such as the one envisaged here, one of its chief rôles would be that of public education as well as research and studies. However, public education is perhaps needed at this point in time more than anything else. We have to change some attitudes in this country about aging and it seems to me that a voluntary agency is often in a much better position to carry out this rôle than is an official body.

In thinking in terms of a federal bureau on aging, I think we have to think realistically and analyse or take into account the present climate that exists between federal and provincial bodies at an official level.

Perhaps in view of this climate we in Canada may have to rely to a greater extent on a more inefficient functioning of voluntary agencies which are a threat to no one but which move freely back and forth across provincial and federal boundaries.

So, I would think, in closing, Mr. Chairman, that there certainly is room for national organization for aging. Hopefully, there might be a bureau of aging established in the federal Government with certain functions, particularly in the field of providing consultative services. If it is within the federal Government, we think the logical place for it would be the Department of National Health and Welfare. We also feel there is a rôle for a national voluntary association in this field, and that one of its chief functions would be this matter of public education.

The CHAIRMAN: Thank you very much, gentlemen, we are now open for questions from the members of the committee.

Senator GERSHAW: Mr. Chairman, at page A-35 of this very comprehensive memorandum mention is made of the question of mental disability. We have to put in a report, and our guest speakers today are familiar with this whole problem. I would like to ask them how they would place the need for some help for those who are mentally disabled in relation to the various other things that have come to our attention. How would you class the needs in the field of mental illness in relation to the other needs which have come to our attention? Are they being neglected more than the others at the present time, and I am thinking of such things as housing, food, occupation and general welfare requirements?

Dr. MALO: Mr. Chairman and honourable senators, I think what is being referred to here is something that has already been started to a certain extent. As you are all aware, the mental institutions in the past have been mostly organized with respect to the custody of people. This goes back a number of years, but sometimes developments are inclined to be a little bit slower than we think they should be. The point has been made that we think there should be more treatment of people who are either on the verge of becoming mentally ill or who are mentally ill, rather than having them in larger institutions for custodial care where they would be more or less overlooked and forgotten, and where they might deteriorate. The underlying thought here is that this trend should be followed up and developed further, if possible. I think that is what the gist of this recommendation is.

Senator GERSHAW: At page A-32 in the middle of the page you say:

> Mental illness even today is all too frequently regarded as a crime to be punished, a sin to be expiated, a possessing demon to be exorcized.

Do you not think that the present tendency is away from that altogether; that we regard mental illness as any other illness? That is a pretty strong condemnation of our present attitude.

Dr. MALO: I grant you that this may seem like a very strong statement, but possibly it is dialectical in this sense that to underline something you make a statement somewhat more forcefully. At the same time, those of us who have dealings with patients at the crossroads, for instance, know that patients do not like being referred to mental institutions. You would be surprised at the number of people who consider that there is considerable shame attached to it, and who resist it strongly even when it is done for their benefit. They resent treatment in custody, and what have you. The statement itself may be rhetorical, but the substance of it, I think, is true.

Senator GERSHAW: There seems to have been a great change in the attitude lately. Mental illness seems now to be regarded as a disease as is any other illness of any other part of the body.

The CHAIRMAN: I point out that this is not the Canadian Welfare Council's statement, Dr. Gershaw. The statement you read was actually made by the Canadian Mental Health Association when they made their presentation to the Royal Commission. This merely repeats it.

Senator ROEBUCK: I do not think it is overstated, Mr. Chairman.

Senator GERSHAW: I have one other reference, and it is on page A-1. There you say:

> Most aged people are apt to fear change of any kind, but they are particularly apprehensive about reaching the stage of dependency that may force them to leave their homes and enter institutions.

My experience has been the exact opposite. There are long lists of people waiting to enter those institutions, and these people are very anxious to do it these days. I was wondering if that had been your experience too, or do they want to stay at home?

Dr. MALO: I do disagree, more or less. When the time comes for a person to enter an institution—for instance, I am fairly conversant with the problem, being the medical director of a chronic hospital. Those who have decided that they want to go to a chronic hospital are very willing to do so, but if we apply this thought to the population as a whole we find that there are many people who regard a chronic hospital as a place of last resort. We say "most aged people", and if we try to draw a conclusion from that particular sector of the aging we might consider this correct, as I believe it is.

Senator GERSHAW: Thank you, Mr. Chairman.

Senator MCGRAND: I want to follow up Dr. Gershaw's question. What about when you keep these people in circulation within their community rather than house them in a mental institution—that would call for considerably more supervision of their social needs than we have at the present time; is not that right?

Dr. MALO: Definitely.

Senator MCGRAND: And that is an important point?

Dr. MALO: I think that is something we should stress, and people should be kept there for as long as possible. However, it would require organization and the kind of planning I was suggesting in my statement whereby we would have a knowledge of numbers in any particular area. I think that is a correct interpretation. Does that answer your question?

Senator MCGRAND: Yes, but I thought you were referring to those people with a slight mental disability and who were being pushed off and housed—

Dr. MALO: Well—

Senator MCGRAND: I thought you were referring to a certain sector of mental illness.

Dr. MALO: Not that in that particular instance there. We are referring to the aged population as a whole, and that particular group—well, it becomes a matter of degree—all the way from very, very slight to very severe. Where the line is to be drawn becomes a matter of judgment.

Senator MCGRAND: At page 23 you say:

> The pattern of illness and disease is changing; the proportion of degenerative and chronic ailments has grown.

And then you go on to give some statistics that were derived from the Canadian Sickness Survey, 1950-51. There is some question about that. I want you to go into detail on the development of and the increase in degenerative and chronic illnesses that have apparently increased in number. What are they?

Dr. MALO: They result mostly from degeneration of the circulatory system, and the repercussions of that on the various organs. Most of the time they are caused by a breakdown in the arterial system of the body. The arterial system supplies the brain, the heart, the kidney and every other organ, although the three I mentioned are the most affected. As a result functional changes are brought about that have repercussions throughout the whole system. As a result of the major breakthroughs in medicine in the past 30 or 40 years as a result of which a greater proportion of the population lives to the age where these changes become operative—well, to that extent we have many more of these changes.

Senator MCGRAND: Then this proportion of degenerative and chronic ailments among the aging population has increased because man is able to live longer? That is all?

Dr. MALO: That is right.

Senator SULLIVAN: Mr. Chairman, Dr. McGrand took a question right out of my mouth. I would like to compliment the committee on its excellent presentation, and I would like to read into the record a few words from a condensation of the report of the American Medical Association's Committee on Aging, which vindicate entirely the last remark made:

> The conclusions of the committee are of interest to physicians who see more persons of advancing years as the average life span continues to lengthen and of intense interest to all who have reached or are approaching the 65-year "age of retirement."

That would contradict that which is found at the top of page 23, unless you explained it in the way you have.

The CHAIRMAN: He has, of course, explained it.

Senator SULLIVAN: Yes. On page A-20 paragraph 7(c) reads:

> Some resistance to the idea within the medical profession.

Well, I suppose there is resistance to all ideas in every profession, but I would like to know how you came to that rather bizarre conclusion.

The CHAIRMAN: When I went through this brief I marked that passage because I knew you would ask a question about it.

Senator GROSART: I wonder if I could ask Mr. Alexandor to re-read one sentence which came at about the three or four-minute mark? You said something about the "what to do's" and the "how-to-do's".

Mr. ALEXANDOR: Yes.

Senator GROSART: I did not quite get the whole quotation.

Mr. ALEXANDOR: I said:

> The council's specific proposals for action are also very broad, related to policy decisions, rather than to methods and machinery to carry them out—the "what to do's", rather than the "how-to-do's".

In other words, what we are saying in this brief is that we are just laying down what we consider to be a policy statement. We are not suggesting any special techniques or methods by which our recommendations are to be implemented.

Senator GROSART: In other words, you say your presentation to the committee is largely a list of unmet needs?

Mr. ALEXANDOR: Yes, and certain philosophical commentaries on what the existing situation is, and what developments might usefully be undertaken in the future.

Senator GROSART: That, of course, Mr. Chairman has been the approach taken by nearly everybody who has appeared before us, and it leaves me still in the quandary I have been in all along. I think we as a committee could sit down right now and write a very good brief on the unmet needs and the philosophy of the unmet needs, but I am concerned about the "how to" aspects of meeting these needs, because the more I look at the job we have the more I am convinced that this committee is going to have to say how to do these things, who does them, when, where, who pays for them, and where the money is coming from.

I noticed in reading your brief, particularly Parts A and B, that I kept running across the word "should". I went back and I said: "There are a lot of 'shoulds' here". To whom are these "shoulds" directed? Are they directed to the committee, the community at large, Governments federal, provincial or municipal, or to the voluntary services? As a matter of fact, there are 29 "shoulds" in twelve pages.

I would hope as a committee we are not just going to list some more "shoulds" and merely tell the Government, which will be the recipient of our report, that there are a lot of things that should be done. I would hope that we might from your experience, which is very broad—perhaps the broadest there is in this field—have the benefit of your thinking, not merely on what to do, but how to do it, because this is the essential problem in this field, as in all fields, whether education or fire protection or police protection or juvenile delinquency. We know the problem is there and we have had at least one suggestion, for example, that there should be a Royal Commission. I am sorry to say I would hope that there will not be.

The CHAIRMAN: On welfare services, not on aging.

Senator GROSART: I hope there won't be any more royal commissions for quite a long time on anything, for this reason; here we have a committee, the Committee on Aging. There is a committee on aging in Ontario. There is the Canadian Welfare Council and all of these wonderful organizations that are in one sense royal commissions; they are out finding facts, often doing more than most royal commissions. What I am going to suggest is that surely this is the business of this committee. I don't know whether we have the staff or not. Mention has been made of research. Again, "somebody should do it", somebody should recommend it. But who is going to do it? I suggest this committee is going to have to do it. We had a very interesting statement in this area from the doctor about things that are needed to be known. We have had the suggestion that the Canadian Welfare Council is going to engage on a three-year study. I would respectfully suggest that we go to work immediately on our own studies. They do not have to be a three-year study to come up with some sensible information that would be useful to those who should take action in this field immediately. I think we might have pilot studies which would answer in general some of the questions asked.

That brings me directly to the report around page A-3 and A-5. We have certain percentage figures which, if read in one way, might be misleading. An attempt is made here, I think, to assess the adequacy of home nursing, homemaker, housekeeper and other services. If a statement is available—

The CHAIRMAN: A homemaker specialist will be the next witness.

Senator GROSART: I am only using this as an illustration. We have a statement on A-3, about the sixth line,... "makes home nursing service available to about 76 per cent of that province's population". That is referring to British Columbia. Now I would ask does that mean that 76 per cent of the needs of the aged in this field of home nursing are being met or does it merely mean that in an area populated by 76 per cent of the people there are some kind of home nursing services?

Dr. MALO: I would think, senator, that is one of the questions that would be asked and would come out of the detailed analysis I have suggested earlier. I don't think we have the answer. What it does mean, I would interpret it to say, is that in an area representing 76 per cent of the area of British Columbia there are home nursing services. Whether that service is adequate to meet the needs of everybody, there is something we cannot answer.

Senator GROSART: This is home nursing only. Then there is on page 2 a very good reference to practical and in many cases legislative steps. I would like to know how we are going to assess the legislative steps that need to be taken, and by whom they should be taken. It is just a reference on the bottom of page 2. Has any study been made, a detailed study, of what has been called in this brief and elsewhere the "jungle" of legislation in the whole field of social welfare services and social security?

Mr. ALEXANDOR: Mr. Chairman, one of our reserves, Mr. Iverson, will be in a position to answer some of the questions raised by Senator Grosart.

The CHAIRMAN: Mr. Iverson is Executive Secretary, Canadian Welfare Council, Public Welfare Division. He was educated in arts and in social work at the University of British Columbia. He held positions with the B.C. provincial welfare department, and the municipal welfare department of Richmond, B.C. He knows something about money because before joining the Canadian Welfare Council he served for six years as budget director of the community chests and councils of Greater Vancouver.

Mr. Brian J. Iverson, Executive Secretary, Public Welfare Division, Canadian Welfare Council: Replying specifically to this question, I think there are two parts to the answer. First of all these statements by the Canadian Welfare Council itself that have been developed in and are reflected in this brief: there has been an assessment of the variety of legislation which has resulted in the conclusion that it is a patchwork. I believe the second part of the answer is that there has been no detailed, critical, analytical study of all legislation. In fact until last year, and Professor Morgan who appeared before you took this position, there had been no compilation in this country in any formal way of the legislation there was, apart from the analysis. So we do have a long way to go in this area.

Senator GROSART: Would you say such a study, taking in all levels of government, and I am speaking only of legislation, would greatly show up the legislative gaps which are in themselves a reflection of the needs?

Mr. IVERSON: I think this would occur. As Mr. Alexandor said, even by this crude look-see there are two or three areas where legislation would be required. This refers to sickness benefits and survivor's insurance, and also the standards involved. We are all facing one problem here and now, and that is that the new federal-provincial pension plan in Canada, the Canada Pension Plan, which has now been issued as a White paper but has not yet been introduced in the house, and we cannot visualize the impact of this because we have not studied it. But from the press releases it is thought that this legislation will tend to combine some of the legislation in the income security area. This will be a step in the right direction.

The CHAIRMAN: Be specific. What are you saying in effect?

Mr. IVERSON: If I may answer this way—we presently have old age security, old age assistance and blind and disabled benefits. We have a provincial general assistance program used in some provinces to some degree to supplement these other statutory payments. Now the plan that has been mooted, and I only am up on it to the 22nd of last month, offers a number of innovations, one of which is that there will be an option available to people of 65, or from 65, in which

not only their earned pension under the new plan but also a reduced proration of the statutory $75 a month of the old age security will be available. This will mean that over the period of the maturity of the plan a group of the population, presumably through these two sources of earned pension and prorated flat pension, will have a level of economic maintenance which will do away with the need for the old age assistance, and the need for supplementation. What I don't know is what the proportion of the population will be, or their earning level, and consequently who are the people who will be paid the difference which combined with the $75 will provide a standard of living which Canadians can be happy about. We don't know about this in detail because the actuarial report is not yet available. This is only one example and it only deals with economic security. It does not get into the whole matter of homemakers and housekeepers, etc.

The CHAIRMAN: When Mr. Alexandor made some glowing references to the pension plan, which I share completely with him, the question that ran through my mind was "Will money solve our problems?" That is the question I was going to ask him. You are starting to answer by saying that it is one of the needs.

Mr. IVERSON: I think the tenor of our whole brief is that while we all recognize that basic economic security is a necessary part of survival and living, the tenor of our brief is that this is not everything, but it is a base on which other things develop. For example, we have throughout urged the need for medical care in our brief, and made the observation that in a number of situations and in a number of groups of elderly Canadians and others, these benefits are not available, and they create a major hazard of growing old. If the basic economic security at 65 is at a sufficiently high level they will be able to purchase these services and they would relieve the pressure and leave services available for some other kind of scheme. This basic economic standard would be very important. It would provide not only for food, clothing and shelter, but could provide the ability to purchase other services that we feel all our citizens can enjoy. We cannot be sure that this new plan will make it possible. We haven't got all the data yet but we will have it in a few weeks.

The CHAIRMAN: What I am trying to find out is, assuming that all our people receive the maximum pension of $179, what effect would that have?

Mr. IVERSON: First of all, I must say that this won't happen unless you are proposing we have a flat rate pension of $175 at age 70. Because there is a large group of people who will not earn $5,000 a year during their lifetime, we would be talking in terms, say, of a monthly sum or pension of $110 or $120. This is going to be some improvement over the maximum old age assistance and supplementation available to some people in the same age group in some parts of the country. I think it is apparent that this level has not permitted people to purchase commercially the goods and services we want for Canadians. Until we have this detailed report to measure it in terms of significant proportions of the population we cannot make any statement.

The CHAIRMAN: You have made a reference to the 10-year plan. What did you mean by that?

Mr. IVERSON: Until ten years have elapsed the full effect will not be felt because in the transition period there will be no prorations.

The CHAIRMAN: They will be drawing?

Mr. IVERSON: Yes, but the full impact won't be known until things are stabilized and the full amount available to the retiring population.

The CHAIRMAN: As I understand it, a year after the pension plan comes into effect they will begin to draw.

Senator GROSART: I would like to compliment the witness because he is the first person I have come across who understood the pension plan. He shows remarkable knowledge of it, not only what it says, but of what it claims to be able to do. In this regard he is saying that if all senior citizents had an income equal to the average income of other Canadians many, but not all, of their problems would disappear.

Mr. IVERSON: I think the answer here is that you are asking a philosophical question. However they would be in a position to purchase the services they consider necessary.

Senator GROSART: I agree that is the answer. In other words they could pay for a housekeeper, home-nursing, meals on wheels, and so on.

Mr. IVERSON: That is right.

Senator GROSART: They could make some contribution if they needed meals on wheels and nursing care, if they had something like the average income, which is about $350 a month.

Mr. IVERSON: They would be in a better position toward this end.

Senator GROSART: So the economic problem of the aged is really the spread between the average national income per capita and the average income of those who need assistance.

Mr. IVERSON: We have argued our previous statements, because as Mr. Alexandor said, we are not too starry eyed and idealistic, that the level of benefit provided under statutory payments taken with other resources should not exceed the national per capita consumer spending, which, I think, is a rather more technical way of saying the average standard of living. From the point of social philosophy this basically has been our position.

Senator GROSART: Perhaps you are not in a position to answer this question: Speaking of the supplementary income, or supplementary assistance —we have on the Statutes of every Canadian province what appears on paper to place on relatives a statutory responsibility to assist their relatives who are aged and in need. Do you know if any attempt has ever been made to apply that? Has anybody ever been prosecuted, that you know of, for not looking after his relatives?

Mr. IVERSON: I cannot answer that specifically. I can give you a little information, but frankly I am not aware of the day-to-day administrative practice on this point.

Senator GROSART: Have you ever heard of a case?

Mr. IVERSON: Some years ago in British Columbia, the province where I worked in social welfare, there was a Relatives' Responsibility Act—this may not be the correct title—which was quite directly administered in relation to elderly people, as it happened, who had to be admitted to some type of government-run institution. At that point I do recall that we were obliged in the field to meet with the relatives and to discuss with them their capacities, and I think in some degree their willingness, to contribute toward the support of these elderly people. I am not aware if there were any prosecutions.

The CHAIRMAN: That is quite common in every province. There is always that. What Senator Grosart has in mind is: can you recall if an information was laid by the government, by the authorities against a son—for not contributing to the assistance of his parents?

Mr. IVERSON: I am sorry; I cannot recall that.

Senator GROSART: The reason I ask this is that we have have across this country today thousands of voluntary and paid workers who are close to the

problems of the aged. Now, these social workers do come before us and tell us what others should do. What would you think of the suggestion that all welfare workers in close contact should be advised of the laws that exist and instructed to lay an information wherever they find negligence on the part of relatives, on the part of sons and daughters, in respect to the needs of their parents? What would this do? It would give social workers a black name, I suppose.

The CHAIRMAN: At least.

Mr. IVERSON: Mr. Chairman, again this is almost a personal philosophy. However, I can again supply some information. If your question is designed here primarily for the matter of income maintenance and assistance programs, in all public welfare jurisdictions all social workers, fortunately or otherwise, are obliged to work under these laws, and these laws are made known to all field staff through manuals and directives, etc. Where the variation may come in is the degree to which senior administration insists on following the letter of law; and practices will vary, then, inasmuch as attitudes do change. Specifically, however, welfare workers are obliged to work with these things. It would be nothing new to them. If you are suggesting that there should be stronger administrative or policy directions to apply these things to the letter of the law, there might be a change.

I suspect that in the welfare field, the professional field, there is a reluctance to pursue this idea of relative responsibility, because it is more trouble than it is worth, to put it in crude terms. Here you have to qualify any answer by looking at such things as actual family income the size of the housing, the mobility of the population, and so on. All these factors affect the question and cause reluctance, I think, on the part of the professional worker to pursue it. In fact, he is happy not to have to.

Senator GROSART: This legislation might as well not be on the Statutes. I think that is what you are saying.

The CHAIRMAN: No, no. I think you are asking the wrong people to enforce it.

Senator GROSART: I am asking for an opinion from somebody who has had close contact with these problems; I think it is a legitimate question.

The CHAIRMAN: The point is that you are asking him and he says that social workers do not use it. He explained it, and that is all.

Senator GROSART: When you objected Mr. Chairman, I was saying that this legislation is not used.

The CHAIRMAN: Not used by them.

Senator GROSART: Or by anybody.

The CHAIRMAN: I do not think it is being used.

Senator ROEBUCK: It as least appears to have the object of making known what the obligations are. That is a value, whether it is ever used.

Mr. IVERSON: I would just like to add to my answer—if it was an answer—when I said the social welfare field, in the public welfare field, perhaps particularly, is happy not to have to enforce the Act, this is not only because, to use the senator's words, it is unpleasant, but because practice has demonstrated that it is unrealistic when you get down to demonstrating the capacity of a 35 year old man, a 35 year old married man with several children who has to contribute to the financial support of some special kind of home. Realistically, it just does not succeed.

The CHAIRMAN: Senator McGrand, have you a questtion?

Senator MCGRAND: Dr. Malo, as a director of St. Vincent's Hospital, you are closely associated with aged people who are in the hospital. From time to time

the question of expensive medication comes up, and on page A-38 it mentions a man whose wife required $18 a month for drugs, and I think there are cases where people are consuming a lot more. Now, drugs for old people would largely fall into these classes; high blood pressure, drugs to control coronary pain, the antibiotics, insulin, which I believe is usually free, the vitamins, and cortisone for arthritis. In what proportion do you find that classification? How do you classify these drugs in relation to the prevalence with which they are used? Can you do that?

Dr. MALO: The vitamins, I think, would be first.

Senator MCGRAND: You would put the vitamins first, would you?

Dr. MALO: I would think so, taking the group as a whole. After a case of diabetes there might be insulin in tablet form for diabetic therapy. Occasionally, there is a form of antibiotic as the case develops, and of insulin, in the course of a person's stay, and you run into some persons who would require a considerable amount. Just to illustrate, we had one case where there was a very, very severe skin condition which required two or three ounces a day of a lotion which cost, I think, $2.00 an ounce. That gives you an idea. Statistics which just came out yesterday revealed that at St. Vincent's Hospital, drug costs average thirty-six cents a day, which comes out to about $12 a month.

Senator MCGRAND: Do you use cortisone?

Dr. MALO: There is some used, but whether it is much now—

The CHAIRMAN: Gentlemen, this is very interesting, but do we need to go into these details?

Senator MCGRAND: I am asking him what I consider a very important question.

The CHAIRMAN: Go ahead.

Senator MCGRAND: This question of expensive drugs has got to be faced some day and I want to get an idea from your experience as a director of an institution which is confined largely to the care of old people, here we start to understand the use of these expensive drugs. I am under the impression that aspirins are as effective as cortisone in the treatment of arthritis, for example.

Dr. MALO: We are getting into a bit of a professional discussion.

The CHAIRMAN: Dr. Malo, do you agree or disagree with the senator? That is the point. You can do either.

Dr. MALO: I do and I do not.

The CHAIRMAN: That is very good.

Senator MCGRAND: I am trying to find out if there is a need for these expensive drugs. Can we not do with a little less? I was in a dermatology clinic—you were speaking of lotion that cost $2 an ounce—and they called cold water the wonder drug of dermatology.

Dr. MALO: That is true in many cases. We are trying to refer to one particular case which is apt to colour the argument to a certain extent. You ask, do I agree with aspirins? I do in some cases and in other cases I do not.

Senator MCGRAND: Is there any way of protecting these people who are living alone, or in some way spending such a high proportion of their income on drugs? That is what I am trying to get at.

Dr. MALO: To some extent that is possibly true. Now where is the line? We were mentioning classification of drugs a little while ago. Tranquilizers in institutions are really of great benefit, but they are very expensive.

The CHAIRMAN: Gentlemen, I think Senator Haig has a question.

Senator HAIG: On page 17, section 64, I read:

> Case work and personal counselling can be an important element in all service to the aging.

and section 65:

> It should be noted that trained personnel are essential in many of the services. They are in woefully short supply.

The question I would like to ask is this: In the social work field why is there not an interest in this work in the aging as there is in, say, children or other areas of social work?

The CHAIRMAN: Mr. Baetz?

Mr. BAETZ: I think at least a partial response to that is that there is a woefully short supply of social workers in any field of social work. It has been estimated that for every graduate coming out of schools of social work this year there are four vacancies. So I am not aware that there is a greater shortage of trained case workers, social workers, for the services to the aged than there is in any other field.

Senator HAIG: Thank you.

The CHAIRMAN: Gentlemen, we have had a very important and a very productive discussion, I say to you, Dr. Malo, Mr. Baetz and Mr. Alexandor, how much we appreciate the careful and full brief which we have received from you, and which we expected from your organization. It has been helpful. Your presentation has set us thinking on some new lines.

Thank you very much. I will now introduce to the committee our speakers for the Visiting Homemaker Services. First is Mrs. C. Douglas Allen, who is Chairman of the Committee on Visiting Homemaker Services. She is a native of Winnipeg which will interest Senator Haig. She is president of the Ottawa Visiting Homemaker Association, and has worked for some years with the elderly handicapped at the Good Companions, and she is on the Women's Auxiliary for Island Lodge, the new home for the aged which opens soon in Ottawa.

Next to her is Miss Kathryn R. Taggart, who is executive director of the Visiting Homemaker Association of Toronto. She is a graduate of Berkley College, University of California, and also of the University of Chicago. She has worked with the Travellers' Aid Service, UNRRA, and the American Friends Service Committee in Europe. Before going to Toronto she was with the Saskatchewan Department of Social Welfare and Rehabilitation, and was the Director of Regional Services.

Mrs. William J. Robertson is Executive Director of the Visiting Homemaker Association of Ottawa. She took her social work training at the University of Toronto, and she has held executive positions with the Toronto Metropolitan Y.W.C.A. and the Toronto Public Welfare Department, and most recently was casework director of the Ottawa Children's Aid Society.

Mrs. Allen will commence, and the others, of course, will have their opportunity to say whatever they wish.

Mrs. C. Douglas Allen, Chairman, Committee on Visiting Homemaker Services: Mr. Chairman and honourable senators, thank you for the opportunity of appearing before you this morning, and thank you especially, Senator Croll, for the concern and imagination which must have prompted you to have this committee established.

This statement of the National Committee on Homemaker Services substantiating the Canadian Welfare Council's brief, has recommended this supervised service for the elderly. We believe it would alleviate much of

the distress experienced today by so many of our aged population. As a citizen and the wife of a taxpayer I commend it to you for your earnest consideration.

I speak to you as a volunteer in the community, and the goal that I, with many others, seek is the same, namely, an improvement from a life of desperate loneliness and ill health to a life made unbelievably richer for everyone, because thousands of elderly people are not forgotten. I have had the pleasure and privilege of spending a lot of time with handicapped senior citizens, and I have learned from first-hand experience what some of their needs are and to what extent many of these needs could be relieved if the homemaker service were available to a much greater extent than it is.

Our professional friends are even more aware of the lack of community resources for frail, elderly people from their everyday experiences. Those professionally engaged in the field of social welfare, however, need the support and help of interested lay citizens. Our—and I mean the volunteers—interpretation of a situation which causes us concern may have more impact on a wider segment of public opinion than the very necessary studies and reports that are made by professional organizations.

It is revealing to try to find suitable living accommodation for an elderly person whose only source of income is $75 a month. It is sad to help blind or crippled persons to eat when you know that they ask for your help only because they do not wish to soil their clothes and could ill afford to have them cleaned. It horrifies one to learn that another friend can have a hospital visit only twice a week from his wife because of the expense of car fare. It shocks one to discover that another old friend has called a taxi to go to the hospital because she felt so wretched, and then has sat in the waiting room for four hours, too ill to summon anyone and too quiet and small to be noticed.

These sound like economic problems, but they are not entirely. Stories like these are legion, and many of them could be prevented, just as boredom and the fears that come with loneliness could be prevented, if a homemaker who becomes a friend were going to be there regularly.

I repeat that I am speaking to you as a volunteer. Your questions relating to the administration of a homemaker agency can be directed to Mrs. Robertson or Miss Taggart. Mr. Chairman, could I call on Miss Taggart to speak to us now about some of the problems that she comes up against in administering an agency?

The CHAIRMAN: Yes.

Miss Kathryn R. Taggart, Executive Director, Visiting Homemakers Association of Toronto: Mr. Chairman and honourable senators, I want to comment only on a few points that I think are of major importance in considering the homemaker services. The experience in our Toronto agency over 40 years, which is shared, I know, by Mrs. Robertson and other homemakers services throughout Canada, is the age-old problem of financing. Our concern is the way in which our sources of money dictate our program so that in effect today where homemaker services are provided they are largely provided to the extremes of the economy, so that you have your indigent or near-indigent people getting some assistance through the municipal welfare departments and you have your people with higher incomes able to pay for the service. These are the two groups that are getting it.

Most of our population that fall in between these two groups do not qualify for public assistance and they do not have the money to pay for the service and so in a very large measure they are not getting it. This is perhaps less true of Toronto than of some other places because our agency very early got

into the United Community Fund, and we have a larger share of income from it. It has, however, curtailed expansion considerably.

I thought that you might be interested in some estimates of need in this respect. Last week in Washington, D.C., a conference was held under the auspices of the National Council on Homemaker Services. This was organized a little over a year ago as a separate council, and Dr. Winston, who is the commissioner of Welfare in the Health, Education and Welfare Department in Washington, and who has been with the Homemaker Service for many years, hazarded a guess as to the requirements in the United States. It was an informed guess, and she said that 200,000 homemakers are needed in the United States, and they have at present 4,900. I think these figures are relevant to Canada because in studying the problem facing homemaker services, and comparing our population with that of the United States, I think it can be said that our need is a least one-tenth of that of the United States. In other words, we need 20,000 homemakers, and we have a very optimistic count of 700, which figure includes a good many occasional workers.

Another way in which this lack of financing has hampered our service—and this concerns me very much—is that it has caused us to stretch our dollars too far. We have depressed our service with low wages, and we have curtailed our service to new families. If, to do a preventive job, you should stay in a home for, say, six weeks and then you pull out after three weeks because you feel you have met the priority needs and there is a need elsewhere, you often find that you did not stay long enough and that the person who was ill breaks down again and you are needed a second time.

The other point I want to make—I think it is included in our brief—is that the Toronto agency at the request of the Toronto Social Planning Council undertook a demonstration project—a three year project—in 1958-60 in providing services to elderly people. It was a two-part study, including service to people in the community who needed help and service in the home care program. I think the homemaker service is one of the key services in home care. There was really no debate about the value of the service, and the study established the need, and any additional studies that have been done support this, but it was not until April of this year that we were able to begin to provide this service in a very small way. We have now about four to five weeks' experience in providing homemaker services in the expanded home care program in Toronto, and we have initiated an independent homemaker service in East York, which represents a very small part of the metropolitan population but which is a municipality that has a high proportion of elderly people. It is now estimated that about ten per cent of the population of East York are over 65 years of age, so this is where we have launched the program. One reason why we launched the program there was because the municipality asked us to, and offered to pay part of the cost of the service. We have not been able, for both financial and administrative reasons, to extend it to the rest of metropolitan Toronto, but that is our goal.

I want to make one other point, and this is particularly in answer to some of the questions raised by Senator Grosart when he was referring to the other brief. There is a good deal of concern, and I think legitimate concern, about family responsibility. Our three year study, first of all, projected the number of people over 65 needing help as between five and eight per thousand. This is less than one per cent of the population over 65 and who, in our judgment, based on our study, require homemaker service. We know from our experience that a large number of the remaining 99 per cent do need help, but this is being provided by families, relatives and neighbours. So, it is a small segment of that population that needs our help, but it needs it very badly.

The CHAIRMAN: Miss Taggart, what are you saying? Senator Grosart is not the only one who is concerned about the responsibility of the children for the parents. This is a matter for concern for all of us here. However, he raised the point. What I understand you to say now is that as a result of a study you came to the conclusion that the children were responding to their responsibilities almost to the point of 99 per cent.

Senator GROSART: I do not think that is what Miss Taggart said.

Miss TAGGART: No, I am saying that 99 per cent of the people did not require homemaker services from our agency, and that some of these 99 per cent were getting needed help from their relatives. Others of the 99 per cent probably did not need help.

The CHAIRMAN: We are not concerned with those who do not need help. We are concerned with those who do need help. Give us some guidance from the study. Put it in your own words. Tell us what the real situation is as you understand it with respect to that matter.

Miss TAGGART: I think a very large proportion of people are meeting this responsibility. One of the things we do when a person applies to us is to discuss with them the relatives who can help, and we often find that they are helping. In fact, one of the rather critical needs for homemaker services occurs where a relative has been helping to the point where she is almost breaking down. One of the handful we had in April was a woman whose mother is close to 100 years—she is not sure of her age—and she works all day to support herhelf and her mother. This is wearing her down, and she has to have help once in a while.

The CHAIRMAN: It strikes me that there are those in the family who contribute to the point of exhaustion, and there is a considerable percentage who avoid the responsibility. From the evidence we have heard it would appear that that percentage is a little larger than you suggest.

Miss TAGGART: I cannot give you a figure on this. I do think that the avoidance of responsibility makes us all a little angry so that we are inclined to exaggerate it.

Senator GROSART: May I say that I am not going to ask this question any more, because I am quite satisfied with the answer given by the previous witness which is to the effect that even legislation will not solve the problem. If people do not want to do it, if they want to avoid their responsibility, then I do not think there is any way by which they can be compelled by law.

The CHAIRMAN: There are children and children, and parents and parents, and I think that is about all you can say about the situation as of now.

Senator GROSART: May I ask one question of Miss Taggart? On the figures you have just given us it would appear that the need for homemaker operatives, if I may use that word, in Canada is about 20,000?

The CHAIRMAN: That is what she said.

Senator GROSART: That means one per thousand of population, and your estimate is that it is five percent of the citizens over 65. Am I correct there?

Miss TAGGART: No, this projected need for 20,000 homemakers in Canada would meet the need of families needing home care and the need of the elderly. It is a total figure.

Senator GROSART: What I am getting at is this: I am interested in the recommendations that this Committee must make. In a community of 10,000 you need so many homemakers and so many visiting nurses. Can we take it that the figure on the average—it would vary, of course, as between urban and rural areas, but do you say from your experience that a community of 10,000 should have ten homemakers available?

Miss TAGGART: The only basis we have for estimating this is the experience in Great Britain and some other western countries, where the ratio is about one homemaker to one thousand or two thousand of population.

Senator GROSART: The United Kingdom has approximately 52,000 homemakers in a population of less than 60 million? That works out at about that figure?

Miss TAGGART: Yes.

The CHAIRMAN: At page iii you give a table of information and against the side headings "Service refused" you say that the number of refusals in Toronto was 265, Hamilton 22, and Ottawa 9. Why would those services be refused?

Miss TAGGART: They are refused—we have listed the reasons for it—in Toronto, which is the agency I am familiar with, our demands so far outrun the supply that we have had to restrict our policy as to what we will do. The biggest ones are outside our policy but they still need services. Many of these are older people.

The CHAIRMAN: Outside policy and boundaries, but the need is there and you could not service them.

Miss TAGGART: That is right.

Mr. DAVIS: I wonder if we could get this clear—I understand in a number of agencies old people are outside policy. We are talking about a service that does not apply.

Mrs. ALLEN: Not entirely. What Mr. Davis said is true. Where homemaker services are established, very frequently they are established where the need is for service to families.

The CHAIRMAN: So that much of this is not applicable to old people.

Miss TAGGART: If I could add one point—one of the reasons the older people have been outside policy is this idea of stretching our dollars so thin. In the case of a post-hospital discharge of a mother with children the care may take two weeks or three but in the case of older people there is a sustained service over the years. If you have to stretch your dollars you eliminate the costly services although they may be the most important.

Senator GROSART: I am still interested in the question of "how". You say we need 20,000 homemakers and we now have 700. How should we get the 20,000, and who should be responsible for getting them? Would you say from your experience this should be a local community responsibility, a municipal responsibility, a provincial responsibility or the responsibility of the federal Government? How would you go about getting 20,000 homemakers if we made you dictator tomorrow?

Miss TAGGART: I can only give a personal opinion. It is my opinion this 20,000 will never be employed or put to work on voluntary dollars.

The CHAIRMAN: It will not be done by voluntary dollars?

Miss TAGGART: No. Perhaps you know that in Ontario we have legislation which provides for the province to pay to the municipality 50 per cent of the cost up to a certain maximum which represents maybe 78 per cent of the actual cost. This sharing is unfavourable in relation to alternate services. And unhappily I think it is fair to say that most municipalities think of expenditures in terms of their own dollars. If they give assistance for an old person to go into a nursing home, there is a federal share of the cost, so the municipal share is lower. We are at a disadvantage in the municipalities because the out-of-pocket expenses for their program is higher than for any other welfare program. I think unless there is a federal share in this, I am not hopeful.

The CHAIRMAN: Why a federal share? The province says "We are contributing to something we didn't contribute to before". Why didn't the municipalities pick that up?

Miss TAGGART: What do you mean?

The CHAIRMAN: I mean the Homemaker Services for which they get a provincial contribution. Do they want a federal contribution as well?

Miss TAGGART: I think they need a bigger inducement, because any other alternative service is cheaper.

The CHAIRMAN: It is just a recent act in Ontario. What was the alternative before it was passed? It was passed I think in 1958?

Miss TAGGART: Yes. There were the social aid general assistance funds, to the best of my knowledge. I have cleared this with the provincial people. It wouldn't, of course, come under unemployment assistance.

The CHAIRMAN: It was something special that had to expand. And somewhere in the brief the reference is made to the fact that the municipalities have not picked it up.

Miss TAGGART: Not to any extent. I think in the 1964 estimates it is something like $204,000.

The CHAIRMAN: You say the reason is you don't think the contribution is sufficiently inducing?

Miss TAGGART: That's right.

The CHAIRMAN: You say there should be something more added, and before that they expended thir own money in one way or another because they weren't getting it out of public assistance?

Miss TAGGART: That is right, but this new program has not got off the ground.

Senator GROSART: Are you saying that a municipality faced with a series of community needs is put in the position of selecting between them on the basis of the percentage of the federal grant they will get for this and that as against another?

Miss TAGGART: I think that is the situation.

Senator GROSART: This is important because a municipality can hardly be blamed if they put the bulk of their money into the cheapest one.

Senator GROSART: This is part of the "jungle", and we have been told here that there is no study of it. After all these years nobody has made a study of the legislation. It is a most amazing fact.

The CHAIRMAN: Mrs. Robertson, this is a question for you. On the second last page of the brief, under "Financing of Ontario Voluntary Agencies", you find that Toronto gets 79 per cent—almost 80 per cent—from the chest; Hamilton, 33 per cent, and Ottawa, 14 per cent. Forget the others—14, 15 and 57, from municipalities. These figures trouble me. Do they trouble you?

Mrs. ROBERTSON: Yes, they trouble us very much, and we spend a great deal of time being troubled. Part of the answer to that is related to a statement made by Miss Taggart, the Visiting Homemakers didn't come under the chest in Ottawa until about eight years ago and we are still new to the chest, and we have had to prove our worth, and therefore we have had only a small part of our income from the chest. Another point is that the municipality in Ottawa goes beyond the prescribed limitations set down under the act. The provincial act about which we have been talking says that 50 per cent of the costs, up to $8, would be paid by the province. In other words the municipality will pay $4. But at any rate $8 would be the top figure. Now the $8 figure which was set out in the act came into effect some years ago and costs have gone up considerably since that time. Many municipalities have taken this

as the top figure to be paid to Visiting Homemakers. They will not go above that. Ottawa has accepted the fact that it does cost considerably more, and they have a scale which they accepted from the local agency in 1961, and they will pay up to $13 in some circumstances. That does not apply to elderly services which we are talking about today. That means the municipality pays the $4 plus whatever else is required up to $8 for elderly people.

Senator ROEBUCK: That is $8 per day?

Mrs. ROBERTSON: Yes, therefore those contributions take a large proportion of our budget which comes from public funds. Presumably a larger portion would come from other sources in other places. Of course a small portion may come from the client who pays part of the cost, and there are some small fees we get from outlying municipalities. This is one of the points I was asked to mention that would come up in the course of our discussion. There are special difficulties in making any firm statements about the operation of Visiting Homemaker Services across the country. There are great variations across the country and even variations within the province itself. I would like to say a few words about how people get into the particular service in Ottawa which might clarify the matter a little bit.

Under the provincial act the emphasis for service is put on its being given at times of crisis or emergency, and this is pretty well adhered to by the municipality and by the welfare department who assess the clients. Therefore it cut down calls on the agency's ability to offer supportive service or preventive service at a time of critis or in a real emergency. When the Ottawa agency receives a request for Visiting Homemaker service it is from a doctor or from the client who has been advised to do so by a doctor, or some other source. We work very closely with other agencies. The person needing the service is interviewed by a representative of the Visiting Homemakers.

The first thing we have to do is to explore what other resources are available and ascertain if some member of the family can assist financially or with other assistance. I am thinking, for instance, of a case where a married daughter runs into her mother's home and gets lunch every day. Homemaker services may be given three or four hours a day to supplement this. And of course some financial assistance may be available from members of the family who are out of town. One of the reasons for doing this is that our own resources are so limited we try not to use them unless there is no alternative available. Then an assessment is made in regard to the financial situation of the clients themselves who sometimes agree to pay for the services. The total income is taken into consideration for this assessment.

Being a social agency we give recognition to some types of debts which may have been accumulated over a period of years through illness, for example, but of course we do not make allowances for large debts to local jewellers or similar types of debts which we occasionally come across. Then the need for special diets and for cooking is a particular problem. This is particularly so in the case of a person who is house-bound and cannot get out to shop, and cannot do the most economical shopping, or who may not have a place to store food properly. Furthermore in these cases food may have to be bought in smaller quantities.

We also recognize the principle of the client making some token payment. Some clients want to do this, and often to the extent of making an offer which they cannot carry out because of the size of their income. In some cases the payment may be 50 cents a day so that the client is made to feel independent and is doing his part to pay for the help he has to receive.

The situation is then referred to the local welfare department who make an investigation which may not accept the assessment of our agency. Their investigation frequently does not accept the need for clothing and there is no

allowance given for clothing. If it is an emergency situation lasting a week or two this is not a serious matter, but if it is going to last for years, then their attitude is unrealistic. They are not able to accept long-term debts although the debts may have accrued over the years because of the illness now causing the problem. Then the welfare department decides what part of the costs of the service they will pay to the agency. It may be the total cost, according to whatever their prevailing rate is, and it may be part of it, and they may decide it is not a suitable case for public assistance at all. In such a case they will refuse it.

At this point the agency has to make a decision as to whether or not they will provide the service and pay for it out of the voluntary chest funds. As you will see in the city of Ottawa there isn't much allowance available to pay out of the chest funds. Very often services must be withdrawn.

As Miss Taggart mentioned a moment ago we are very concerned about the quality of the services we are giving. We feel we are spreading ourselves too thinly. We are beset with the problems of people who have no other resources to help them. The service is frequently given and withdrawn, as Miss Taggart has mentioned, in order to give emergency service, quick service, to someone else who has greater priority.

In our brief, you perhaps remember a reference to the "A" family where services had to be withdrawn because of the assessment, and the indication that they should pay for these services. I learned just this morning that Mrs. "A" has been back in the hospital for treatment for sometime and is now awaiting discharge under the homemaker plan.

Under the homemaker plan, she will be given whatever services she needs for a maximum period of 50 days without any cost to her, and this will include visiting homemakers. However, at the end of 50 days that service will be withdrawn, and the family will again be faced with the problem of what to do after that point. It is not as if her condition is going to improve to the point where she will be able to care for herself completely at the end of 50 days of homemakers' service. It is in a situation like this that we feel that support of the service, in order to carry it on on the basis of one or two days a week, would be of much value.

Mr. Chairman, I have in mind two or three particular situations; you may or may not have time to go into these. I will be glad to go into them if you are interested.

The CHAIRMAN: Has the committee any questions?

Senator GROSART: I would like to ask a question. This refers back to the 20,000 figure for homemakers, which Miss Taggart suggested as an estimate of national requirement. This would be 250 for Ottawa, assuming that 250,000 is the population of Ottawa. How many homemakers do you have now?

Mrs. ROBERTSON: Fifty-four homemakers, and about a quarter of them work exclusively with elderly people.

Senator GROSART: So the 20,000 figure was that for elderly people or all requirements?

Mrs. ROBERTSON: For all requirements.

Senator GROSART: All requirements. So that you have 54 as against 250. Would 250 meet your needs?

Mrs. ROBERTSON: As of today 250 would more than meet the needs. There would be standing room only. I think that figure should be thought of in regard to the future and with expansion of the services in mind, because it is growing. Immediately, we could use 15 more homemakers today. I have not the slightest doubt that in the next few years 250 will not be too much, if we have the resources that go with getting them.

Mr. DAVIS: If it can be paid for.

Mrs. ROBERTSON: Well, that is what I say.

Senator GROSART: This is very interesting, because its implications carry right across the country as an indication of the statistical need. I wonder, if I may suggest to Mr. Alexandor that his group might find it possible to carry this figure into the other areas of special services.

On page 2 of the index some special services are listed: homemaker service, organized home care, medical social work, meals on wheels, friendly visiting, day care centres and clubs. These require personnel; and there are one or two others such as home nursing. Could your group come up with a guess as to the national requirement in bodies? I do not mean now; I mean at some other time—or perhaps now if you wish to take a shot at it.

Mr. ALEXANDOR: I don't know that I am brave enough to hazard a guess; perhaps the experts would be. I think what you have said, what comes out here, shows the need for more information.

To be specific, we referred to the Minister of National Health and Welfare as having said that we have a "patchwork quilt" of information. She said that there were 500 separate pieces of social welfare legislation in Canada right now. There are the federal Statutes, and the provincial and municipal. This was referred to as a patchwork quilt of information, and this certainly needs to be studied. In order to study we have to have people; in order to have people we must have money with which to train them. This is the bottom of the whole thing.

We should not be discouraged by thinking that no one is paying attention to this problem of research and training. The federal Government itself in 1960 introduced, or inaugurated, a federal research training grants program. I think the Department of Health is spending about a million dollars a year on investigations into the needs of training people for this kind of social work, of which the homemakers problem is only a part.

There are eight universities in Canada that have graduate schools of social work. Efforts are now being made to train people on lower than university level for doing the kind of work which homemakers need to do, and which is required in other fields in Canada.

What we need here is more information, which we, along with others, are prepared to find if we can get the money with which to do it, and the trained people to carry out the research work.

I should say this, Mr. Chairman, that we must not be discouraged by thinking we are not making enough progress. The progress in the last few years has been phenomenal in this country. Recently, I came across a report by Mr. Davis, who was the Executive Director of the Canadian Council for 17 years, in which he refers to his early days as a social worker, and if you compare the situation which existed then to what it is now, in terms of money alone, you can quote all kinds of statistics.

I think Mr. Baetz pointed out the other day that in 1912 or 1913, 15 million dollars was being spent in Canada on Health, Welfare & Recreation; in 1964, 3 billion dollars of public money is being spent ont it, and the public, individually, is contributing another 400 million dollars. Yet, in spite of that, there is still a need for integration and study to co-ordinate these things.

Senator GROSART: At the federal level we are now spending about 12 to 13 percent of the national income.

The CHAIRMAN: Oh! no, no. It is not that high.

Mr. ALEXANDOR: I think 11½ percent of the income—

The CHAIRMAN: Remember the witnesses who were here last week, the insurance people? We discussed this problem. My figure was 9.4 and they thought the figure was 10 something. However, it is in that level.

Senator GROSART: Well, I won't go beyond that. I have seen the official figure given by an official of the Council, who says Canada spends 12.1% of gross national income on social security services. Let me pursue this just for one minute. We all want more research, trained people and money, but we are faced with the fact that Miss Taggart's group have come up with some very important figures. *They have not spent a lot of money.* They have told us that the ratio is one percent of the total population needing homemaker services.

Miss TAGGART: No; one out of a thousand, I think.

Senator GROSART: It is the same thing—no, I'm sorry, one out of a thousand. I was taking the aged as ten percent, so my one percent is one percent of those over 65, taking the figure at ten rather than 7½ or 8% of total population. However, I am asking whether your group can give us some other comparative figures. Miss Taggart has given us the figures for Canada and has supported them very well from British figures. That is, one out of a thousand population, or 1 percent of the aged over 65. If we had these figures for other needs it would provide us with a guess, at least, and this would be helpful.

Mr. ALEXANDOR: We have one other expert, Miss Godfrey.

Miss GODFREY: I cannot give you figures off the top of my head. I am not certain, either, how far we could go in trying to provide this type of projection. I certainly feel we would be pleased to go back home and have a good look to see if we could come up with something. You must realize that while for homemakers we are able to do a certain amount of this, it is because we are taking a U.S. figure, the result of lots of research and information, and projecting it across Canada. We can look and see if we have information available; I am not aware if the same thing is available for other services. It might be perfectly possible to get this form the nursing people for home nursing. You might investigate that through your own people. We would be pleased to have a look at it to see how far we could go with the material on hand. I couldn't say right now.

Senator GROSART: You say "our own people." I am sorry to say that we, as a Committee, do not have them. I am sure you have far more people available. I regret this, and I hope before this committee goes much farther we will have our own people to do these jobs.

The CHAIRMAN: They are very much employed at the present time.

Senator GROSART: I know.

The CHAIRMAN: I thought, when listening to Miss Taggart, that the figure she gave was one of those welfare worker's utopian figures, full of hope and that sort of thing, and that the figure she set out, 200,000 for the Americans and 30,000 for us, was utopia.

Miss TAGGART: As the senator suggested, this exists in Great Britain and similarly in Sweden, I think, and most of the Western European countries.

The CHAIRMAN: There is a related figure in Great Britain?

Senator GROSART: This is a national figure in Great Britain. It is only utopian if you regard the meeting of some unmet in this field as utopian.

The CHAIRMAN: In Great Britain the source is different. You have the state in it. There is no provincial government. It is not on the kind of voluntary basis that you are dealing with, to any extent. I think the suggestion

you made was that one of the reasons it is not working is that the federal Government is not in it; and in Great Britain it is in it.

Mr. DAVIS: There is only one province in it.

The CHAIRMAN: It has been in it for a quarter of a century in Great Britain.

Miss TAGGART: I cannot say exactly. That is not too far off.

The CHAIRMAN: No, but it is part of the original scheme of things. It appeared in the Beverage Report, drawing on my memory—it is quite a few years back. That is one situation, but ours is a somewhat different situation. I have no objection to it at all. I think perhaps the point you raised is a very god one, and I would like to see the figure anybody could come up with that would be a comparable figure for all services.

Senator HAIG: Before you retire I think you should indicate page A-7, the first two paragraphs of that page. I want it recorded and noted that those are two very important paragraphs of this brief.

The CHAIRMAN: Is there anything further the ladies would like to say? Or is there anything you might want to add to the briefs?

Mrs. Robertson, you were talking about individual details.

Mrs. ROBERTSON: I think they would only support the discussions that were going on, and at this time I do not think they are very important.

The CHAIRMAN: I do not want to shut you off. Are there any further questions?

Senator QUART: When you mentioned Great Britain, is it not true—I think, Senator Croll, you sort of pushed the volunteers out a little bit, did you not? Is it not true that the W.V.S. supplied in Great Britain a terrific amount of volunteers? Could not something be done in Canada to supplement the paid services in order that it would not be necessary for the federal Government, the provincial governments, the communities and the rest of it, to put up so much money? Do you not think the volunteers would be glad to provide some definite approach to them where they feel they would be taken in?

Mr. DAVIS: In what capacity would you use them?

Senator QUART: For a meals-on-wheels program. In my own native Quebec City there is a branch of *La Société des infirmières visiteuses* which is a voluntary organization, and under the direction of Laval University a large group of girls have been recruited to contribute homemaker service. I am not just sure of the figures because this came up very quickly, but these girls of 17 or 18 from the high schools and colleges go around every Saturday morning and visit the homes and cook and wash windows and do all sorts of homemaker service. It costs nobody anything except the girls their time.

Mr. BAETZ: On a greater use of volunteers in the homemaker service, an interesting suggestion was made by one of our governors at a meeting when he said that more of our old people themselves should be organized and recruited to provide this kind of service.

Senator GROSART: May I revert to the previous brief and ask a question on home nursing of Dr. Malo? We have the statement that a study in British Columbia in 1961 showed that approximately 18,000 or 19,000 institutional days were saved by the provision of home nursing service.

Dr. MALO: What is the reference?

Senator GROSART: It is at page A-4 in the middle paragraph which is headed: "Necessity of Home Nursing Service for the Aged".

Dr. MALO: What is your question?

Senator GROSART: My question is: Assuming there was an adequate home nursing service in your community—the community of your hospital—what percentage of the present institutionalized patients could be discharged?

Dr. MALO: You are referring to the institution of which I am the director?

Senator GROSART: Yes.

Dr. MALO: This is just a guess off the cuff, mind you, but I would say probably ten per cent. Perhaps that is a little high. Let us say between five and eight per cent in an institution of 500 beds.

Senator GROSART: Would that be the general picture across Canada?

Dr. MALO: I could not answer that.

Senator GROSART: Can you estimate the percentage saving per patient as between institutional care and home nursing care?

Dr. MALO: I have not the facts with me that would enable me to answer that.

Senator GERSHAW: The cost is about $26 per day in hospital, and about $5 or $6 for home service.

Dr. MALO: Are you referring to the cost?

Senator GERSHAW: Yes.

Dr. MALO: In a chronic hospital the costs are less than those in an active treatment hospital. For example, our costs at St. Vincent's are $12.90 per day as compared with $26 or more in the active treatment hospital. Home care costs are still less than that, but that is not the only way to look at it. As you know, there is a big demand—I am distinguishing between demand and need—there is a big demand for hospital beds, and if people can be cared for outside of the hospital it would free many beds. Many people would still have to keep on coming into hospital for treatment, so there will be a need for building more hospitals. A certain proportion of hospitals will have to be built as the years go on, but that proportion could be kept down to a minimum providing there was service in other fields. I know of cases who have come to our hospital with respect to whom I am convinced that had there been sufficient care of a certain kind, and at the proper time, that admission would not have been necessary.

For instance, a good number of older people will deteriorate purely from nutritrional needs. They do not get proper balanced foods, and gradually they become weakened and are easy prey to some underlying condition in the system—to aggravation of some underlying condition—and as a result they have to be admitted to hospital.

I would like to say something in that connection that might correct an apparent contradiction in what Miss Taggart said regarding required needs, and what Mrs. Robertson said regarding needs in Ottawa. I must say that I am not able to document what I am about to say with actual figures but I gather this from my work on admissions to our hospital. We do not admit people to our hospital as applications are made. The applicants are screened, and I have come across a number of cases who, while they do not require hospital admission and who are not admitted as a result, would require some of the services that the homemaker service could give them if they had only known about them.

In a city like Ottawa where there is an excess of female population, and an excess of elderly spinsters, you find these people distributed throughout rooms here and there. They have a hot plate, and they do a little bit of something for themselves. They may not have reached the stage where they have actually applied for help, and they may not know about it. I am convinced that the number of those who need this service and who can benefit

from it is considerably greater than has been mentioned. How close that number would come to the Ottawa number implied by the estimate of 20,000 homemakers needed in Canada I do not know.

The figure of 20,000 in respect of England and Canada may require a bit of correcting also, because England, being a more homogenous settled area may require more than Canada requires. England, too, is possibly more industrialized, and it requires a higher average, whereas Canada has a large rural population—it is still large even though it is diminishing—and the figure with respect to Canada might require some correction one way or the other. I think if you look at the figures in that light the discrepancy will disappear to some extent.

Senator GROSART: I do not think there is much discrepancy, Doctor, but let me ask you one final question. We are all interested in knowing where the money is to come from. I am still speaking about the homemaker services. Is it reasonable to think that if ten per cent of the institutionalized patients could be discharged then there could be a saving of roughly 50 per cent per patient. I am taking the 50 per cent figure because I realize that many of the hospital services such as doctors and drugs would continue. Is it reasonable then to say that if nursing services could be provided for these people then 5 per cent of the total cost of your hospital (that is 50% of the 10%) would be available to provide home nursing service?

Dr. MALO: Well, if we accept that premise, I suppose so.

The CHAIRMAN: There are no other questions. May I say that this morning has been like many other mornings, and one of the compensations of being a member of this committee is in meeting nice people in the persons of the volunteers and the very competent trained personnel. We are very much impressed by you all. You know what you are talking about, and we learn from you. We thank you very much.

The committee adjourned.

APPENDIX "J"

THE CANADIAN WELFARE COUNCIL
SUBMISSION TO THE SPECIAL COMMITTEE
OF THE SENATE ON AGING

May 7, 1964

55 Parkdale Avenue,
OTTAWA

Brief to Senate Committee on Aging

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FOREWORD

Council Objectives and Methods

The Canadian Welfare Council is a voluntary association of public and private agencies and of citizen groups and individuals interested in policies and programs which affect individual well-being and social welfare in Canada. Its objective is to help ensure for the people of Canada social security measures and social services that are adequate in extent, of high quality, and soundly administered.

Broadly speaking, the Council works toward achievement of this objective in three ways. First, through such activities as correspondence, field trips and conferences, it provides machinery and staff services for consultation and advice to the social welfare field and for planning, co-ordination and consultation among social service agencies, other organised groups and individuals concerned with the staffing and management of health, welfare, and recreation facilities and services. Second, the Council, on its own initiative and on request, conducts continuing and special studies of social issues and problems, leading to the development of reports and findings, statements of standards, policy statements and briefs. Third, through the compilation, analysis and distribution of statistical and other data on social welfare services and problems, the Council provides an information, education and referral service in the field of social welfare.

Council Organisation and Membership

The structure through which the Council discharges the three functions set forth here is currently as follows:

There are four divisions—Corrections, Funds and Councils, Family and Child Welfare, and Public Welfare. Membership in one or more divisions is open to any member of the Council, and the overall direction of activities and program is determined in each division by a National Committee representative of the agencies and interested individuals in the particular field across Canada.

In addition to the divisions, there are two Commissions responsible direct to the Board of Governors: the Commission on Education and Personnel for the Social Services, and the French Commission.

Concerns and activities that do not fit readily into any one division or commission or that involve the interests of all sections of the Council's constituency are organised in a Research and Special Projects Branch. The Branch currently comprises standing committees of the Council's Board of Governors on Aging, International Social Service, Research, and the Welfare of Immigrants. Ad hoc committees are established for special short-term projects.

The direction of the Council's information and education activities is the responsibility of a Public Relations Branch which operates under the National Public Relations Committee of the Board. Office and general management is provided through an Administrative Branch. Overall direction of Council program and policies is the responsibility of the Board of Governors which is broadly representative, geographically and functionally, of the Council's voluntary and public agency, corporate, association and individual membership.

That membership includes some 470 social agencies and other citizen organisations, including business and organised labour, and about 1,200 individuals. A number of federal government departments, all provincial governments and most of the larger Canadian municipalities are members. In the voluntary field,

the membership includes national and provincial organisations and associations, and local agencies from every part of the country. The Council is also broadly representative in its membership of both lay and professional interests in the field of social welfare. The Council gets its financial support from members' fees, corporate and individual, from government grants, and from community funds.

Council Interest in Aging

The first major Council action in the field of aging was the presentation of a brief, in 1950, to the Joint Parliamentary Committee on Old Age Security. The legislation that followed this Committee's work was in line with Council recommendations.

Since that time, the Council has had a Committee on Aging: first as part of its Public Welfare Division, and later (1955) as a committee of the Council's Board of Governors. The Council has just completed a study on *Canadian Living Arrangements for the Aged,* commissioned by Central Mortgage and Housing Corporation. Its major current activity in the field is the planning and organizing of a first Canadian Conference on Aging, to take place in January, 1966.

The Nature of the Submission

The Submission has been prepared under the direction and guidance of the Council's Committee on Aging and was approved by the Board of Governors on March 19, 1964. Time did not permit the Council to develop a special new policy statement on aging for presentation to the Senate Committee. This brief, therefore, contains such existing policy statements of the Council as are considered still relevant to the needs of the aged in the light of developments since they were first made.

The chief Council documents on which the Submission is based are as follows (a copy of each is filed with the Secretariat of the Senate Committee):

Everyone Grows Old (1955). Pamphlet on community activities for the aged.

Social Security for Canada (1959). Submission to the federal and provincial governments.

First Priority: The Welfare of People (1961). Submission to the Special Committee of the Senate on Manpower and Employment.

Better Health Care for Canadians (1962). Submission to the Royal Commission on Health Services. (A summary of major findings, with recommendations, is available in English and French.)

In addition, some descriptive material from the Study on Living Arrangements already mentioned has been included in the Appendices. The full Study will be presented to the Senate Committee as soon as it is available in final form. It was prepared by Canadian Welfare Council staff, assisted by an Advisory Committee, and is not subject to ratification by the Council's Board of Governors.

THE CANADIAN WELFARE COUNCIL
BRIEF TO THE SPECIAL SENATE COMMITTEE ON AGING

Introduction

(1) "The only way to avoid old age is to die young—everyone grows older. Old age is not a club we can join or not, according to whether its aims and members appeal to us."

(2) The difficulty we seem to have today in accepting this simple statement is a striking feature of our North American society. In other times, old age was regarded as the ultimate attainment; old people were the authorities, the rulers, often merely because they were old, not necessarily because of intrinsic wisdom. Indeed, certain cultures carried the veneration of age even further; "ancestor worship" meant that you hadn't really got to the top until you were dead! And even today in some countries, old people are listened to and respected far more (apart from the exceptional such as a Churchill, a Toscanini, or an Albert Schweitzer) they normally are in our society.

(3) It is not the purpose of this document to analyse in detail the causes and rationale for this state of affairs. No doubt some of them may be traced to the fact that so few people in other days actually lived to be old, in anything like our concept of old age, and the feat in itself made the performer worthy of veneration. No doubt also three has been an inevitable reaction to the unreasonable authority (often amounting to tyranny) exercised formerly by many older people whether or not it was reinforced by law—the traditional stern "Victorian" father is a good example. Certainly, the social and material changes in our pattern of living—the great mobility of the population, the trend to urban living with its smaller houses and its lack of well-knit communities—have disturbed and often even eliminated the role of old people in family life. In short, whatever the reasons, the cult of old age has been replaced by the worship of youth, to an extent that may be out of all proportion even to the importance of future generations for a country.

(4) In the face of these changed conditions, serious thought should be given to the needs of older people in our society and how to meet these needs. Fortunately, a growing concern in this direction is becoming manifest. No doubt it is partly based on a realistic recognition of the fact that the proportion of old people in our population is increasing rapidly, and will, with improving medical and other services, undoubtedly continue to do so. In a society that is not prepared knowingly to allow people to die of starvation, this poses the very practical problem of devising measures to support the considerable number among the elderly who can no longer support themselves.

(5) Happily, many people now recognize also that concern cannot be limited to maintaining mere survival of the aged. Old people are not a different race from the rest of us. "Ask yourself what you want and need—there's your answer to what older people want and need." Interesting occupation, as much independence as possible, congenial and comfortable surroundings, companionship and the feeling of having an individuality and of being needed—these are everyone's desires. The tragedy of the old is that these things are so often unattainable—more so than for people in other age groups. To help the aged achieve these aims, or whatever modification of them is possible, is a task of common humanity for us all.

(6) It is this basic common humanity that pervades the Canadian Welfare Council's interest in the problems of the aging. The official policy positions of the Council that are dealt with in this Brief inevitably concern mainly the practical—in many cases, the legislative—steps that should be taken to improve the lot of the aged. But behind this approach lies the broad and realistic recognition of the dignity and worth of old people as individuals, not statistics, and of their common human needs.

(7) Elderly people cannot be considered in isolation from the rest of the community, and many of the Council's views on social policy, however broad, apply as much to the needs of the aging as to those of other people. For the aging, however, the significance of certain proposals may be *prevention* rather than amelioration—prevention, not of old age, of course, but of as many as

possible of the problems that may arise from it. A man does not suddenly become old on his sixty-fifth birthday, he "starts aging the day he was born." What people are able to do throughout life to prepare, educationally, economically, psychologically, and through all kinds of practical planning, for their later years, can make or mar a contented old age.

(8) The Canadian Welfare Council, and social welfare generally, has always emphasised the responsibility of the individual for prevention and amelioration of his own problems. Within the limits of his knowledge and capacity, each person has an obligation to maintain himself (and his family while dependent) through work, thrift, health care and planning for the future. However, what he will be able to do to prevent problems during his working life, and thus eventually in old age, will depend to a great extent on the opportunities provided by society along the road.

(9) In discussing the prevention of social problems, the Council has stated:

> The importance of prevention cannot be too strongly stressed. Preventive measures should include maintaining a high level of employment, employment policies that encourage the hiring of people of mature years, retirement measures that will allow people to work beyond the usual retirement age, vocational guidance and training, and the rehabilitation of the disabled. The number of people destitute and dependent upon general assistance could be greatly reduced by such measures.[1]

The Council has also stressed the preventive value of adequate and available health care and of counselling services.

(10) Prevention as well as amelioration of problems, then, the "whole man" rather than just the greybeard or granny, must be in our thoughts as we consider how the aged can best be helped to help themselves.

PART A. ECONOMIC NEEDS OF OLDER PEOPLE

General Considerations

(11) Older people suffer not only from the process of aging but often from the other major threats to the economic security of individuals: death of the breadwinner (e.g. for the widow), sickness and unemployment. In designing measures to meet these problems, the following are of particular importance.

A Healthy Economy

(12) Social security for all depends on the productivity of the community. A high level of employment—particularly in the crucial age from 40 to 65—is the first line of defense against the inability of people to provide for their own economic needs in old age. Income security measures should promote individual initiative and national productivity.

(13) Fluctuations in the purchasing power of the dollar make planned provision of income security extremely difficult. Measures to maintain monetary stability are especially important to the elderly who so frequently live on fixed incomes.

Standards of Living

(14) There should be an assured minimum income below which no one should be allowed to fall and which should be sufficient to maintain a minimum standard of health and decency. However, the level of benefits under universal

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[1] Canadian Welfare Council: Social Security for Canada, 1958, pp. 9-10.

statutory payments should not be so high that, taken with other resources, the average standard of living provided is beyond the level of national per capita consumer spending.

(15) The conception of what constitutes an acceptable living standard (for old people as for others) changes from time to time and from place to place. For example, what might be considered comparative affluence for an old age pensioner living with his family in a remote rural district could be near starvation for the man on his own in a metropolitan area. Income security measures should be reviewed and adjusted as required to keep them in line with current conceptions of living standards.

Costs of Illness

(16) Protection against the costs of illness (both in wage loss and in medical expenditures) should form part of the overall social security program. Ill-health can be one of the major causes both of inability to build up economic security during the working life and of catastrophic expenses in retirement.

Responsibility for Public Assistance

(17) The responsibility of government to provide public assistance should be stated in legislation. This would aid in securing impartial administration and lessen the number of people (including those retired after a life of hard work) who are unwilling to apply for assistance even under circumstances of real distress because they think it is begging.

Pensions

(18) Pensions are probably the most important direct method by which the economic needs of older people can be met. Major policy statements of the Canadian Welfare Council on this matter are as follows:

The Flat Rate Old Age Security Pension

(19) *a) The present flat rate pension at age 70 should be retained.* However, there should be provision for a continuing review and periodic consideration of adjustment in the amount, on the basis of adequate statistical data relating to such important factors as minimum needs and levels of expenditure of older people. In other words, changes in the universal flat rate pension should be determined regularly and rationally (e.g. on the basis of changes in cost of living, monetary inflation, urban-rural differences), not on the basis of particular pressures or political expediency.

(20) *b) Certain classes of people in the 65-69 age group should qualify for the old age security pension.* The possibility of an overall reduction in the age of eligibility for the universal pension has been considered by the Council but such reduction is not recommended in view of the higher priority the Council would give to other uses of the very large sums involved and because reduction would encourage able-bodied people in the 65-69 group to withdraw from the labour market and would also encourage empolyers to retire them.

(21) The people in this group who the Council considers *should* qualify for the flat-rate pension are those who can demonstrate that they have *permanently and involuntarily* left the labour market (e.g. recipients of blind and disabled persons' allowances, and persons with a recent record of no more than casual earnings.) Over the past several years, some 21 per cent of the new group qualifying for the universal pension at age 70 had previously been in receipt of old age assistance, available age 65-69, and an undetermined but much smaller number had been receiving other forms of assistance. The above recommendation would simplify this situation considerably.

Contributory Wage-Related Old Age Benefits

(22a) *Some form of contributory system in addition to the flat rate pension is necessary to enable those with adequate resources to purchase or contribute toward the purchase of higher retirement benefits.*

(23b) *If universal coverage is desired, the program must be compulsory, whether it is exclusively administered by government, by private plans, or by some combination of both.*

(24) The Council has strongly urged a thorough study of the question at the national level, and this now appears to be going forward through federal-provincial discussions and possibly through discussion of the draft bill by the special Joint Committee of the Senate and the House of Commons.

Private Pension Plans

(25) *Whether or not a compulsory contributory old age pension program is developed, appropriate federal standards should be set up for any private pension plans that are eligible for income tax deductions in any form.*[2] Many plans are sound both from the actuarial and the social point of view, but others have serious defects: for example, the provisions of a plan may encourage or actually require a worker to retire at an earlier age than is desirable.

Public Assistance

(26) Public assistance is the other major program for meeting the economic needs of the aging, whether they be those of old people from 65 to 69 with little or no means, or from age 70 who need assistance to supplement the universal flat rate pension. Public assistance is the final guarantee that such peole shall not lack the necessities of life.

(27) The following are the chief Canadian Welfare Council policy statements on public assistance generally:

Consolidation of Public Assistance Programs

(28) *There should be amendment of federal legislation to permit a unified program of public assistance, with federal sharing of aggregate costs, which could be implemented by the provinces as and when they so desire.* Assistance should be based on the *fact* rather than the *cause* of need. It should be available to anyone who can establish need whether or not he is drawing some other form of benefit, and regardless of race, creed, citizenship, length or place of residence, personal characteristics or individual "worthiness".

(29) In his opening address on November 26, 1963, to the Federal-Provincial Conference, the Prime Minister stated that the assistance programs (i.e. the so-called "categorical aid" programs jointly shared by the federal and provincial governments—old age assistance, and blind and disability allowances) "must be considered in relation to the more general welfare programs provided through Unemployment Assistance. Several provinces are, we appreciate, disposed to favour consolidation into one program. The federal government is willing to discuss that approach".

(30) The Council's proposal goes further than what the Prime Minister appears to have had in mind since it envisages the inclusion, in the unified and federally assisted scheme, of programs that are now solely provincial, e.g. medical care to recipients of social welfare benefits such as old age assistance. However, any constructive first step in the direction of a unified scheme

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2 A constitutional problem arose at one time over such standards but this can, the Council believes, be overcome.

would be strongly welcomed by the Council and would undoubtedly benefit the older people of Canada.

Standards In Public Assistance

(31) *Federal financial support for general assistance should be given only if the procedures for determining rates of assistance assure the recipient at least a minimum standard of health and decency.*

(32) The Council supports a flexible approach that would permit of adjustments according to provincial preferences and needs, even within a unified public assistance program. The amount of financial assistance which is provided under a general public assistance program must be determined in relation to the needs of the individual applicant and his family and the general cost of living in the particular area. However, as a number of studies have demonstrated, one effect of the need to allow for administrative flexibility at the local level is that the actual amount of assistance that is granted is frequently inadequate. Hence the Council's recommendation that federal contributions should be conditional upon at least minimum standards, to ensure an adequate minimum standard of health and decency and just and equitable treatment for all people in need, wherever they may live in Canada.

General Recommendations on Social Security

(33) Three other Council recommendations are pertinent and timely in relation to improving social security programs for the aging, as for other people.

Liaison Between Governments

(34) *There is need for machinery to ensure regular communication among provinces, and between provinces and the federal government, on all welfare matters of common interest.* There are encouraging signs from the November Federal-Provincial Conference of the establishment (through working groups and ministerial conferences) of improved means for continuing discussion of federal-provincial welfare matters.

Continuing Review of Programs

(35) *The federal government should establish a broadly representative body made up of people both in and out of the government service who are technically competent and experienced to give advice and counsel on welfare matters.* Many current difficulties in welfare reflect in part the lack of a clear and integrated conception of Canada's social security system as a whole. The proposed body would keep Canada's total social security program under constant review and advise on changes and improvements that might, from time to time, be desirable.

(36) Federal legislation has now been passed authorizing the creation of a National Council on Welfare, advisory to the Minister of National Health and Welfare. That Council would provide means for the federal and provincial Deputy Ministers of Welfare to meet, along with not more than ten other persons representing non-governmental concerns and competence in this area. So far, however, no action has been taken to convene this Council, or to define in detail its responsibilities. To do so would, we believe, enhance federal-provincial co-operation and assist both levels of government to advance in the welfare field along soundly planned lines.

(37) It seems clear that the National Council on Welfare is something of a mixture of the two permanent bodies proposed by the Canadian Welfare

Council. Only time can tell whether the National Council, together with the other arrangements now in view, will effectively fulfil the purposes envisaged by CWC in its recommendations.

Royal Commission on Social Security

(38) *A federal Royal Commission should be set up to study all aspects of social security for which the Federal Government has a direct or indirect responsibility.* The phrases "crazy quilt pattern" and "just growed like Topsy" that have often been applied to Canada's social security system are none the less true because they are hackneyed. The time is more than ripe to take a searching look at the measures we already have (many of them excellent in themselves but not necessarily completely fitted to our needs), at gaps in our system, at what are appropriate priorities and how they should be decided, and so forth.

(39) The Council would like to underline the complexity of many of the problems connected with the development of a fully adequate and integrated program of social security. Some of these problems are technical and financial. Others, equally important, have to do with human and social values.

(40) All this may seem somewhat far removed from the immediate concern with the aging. But as we have already stressed, the totality of our economic and welfare measures are vital both to the prevention and to the amelioration of the problems of older people. Only through a basic examination, followed by continuing vigilance, can we be certain that the kind of design and structure toward which we move in our social security system will satisfy both the needs and wishes of the Canadian people and take full account of the realities of Canadian life—and, we can add, of the economic needs of the aged.

PART B. OCCUPATIONAL OPPORTUNITIES

General Considerations

Employment Policies

(41) The ultimate objective of all Canada's manpower policies should be to ensure that every Canadian has the opportunity to engage in productive employment to the full extent of his or her needs, capacities, skills and potentialities. The importance to older people of having been able to maintain employment throughout their working lives is obvious. Such employment is crucial not only to their self-support and the support of their families during that period but to their personal financial preparation for retirement. How far that working life extends may depend on how well our programs and services meet the needs of groups in special circumstances or with special employment problems.

The Burden of Dependency

(42) Those from age 1 to 24 made up, in 1963, some 48 per cent of the total population. Until many more of this group become productive members of the labour force and taxable citizens, the burden of maintaining and educating the dependent portion of the population will be particularly heavy. Among this dependent group must be reckoned (at least for maintenance) many of the approximately 7½ per cent of the population who are 65 years of age and over. This "burden" has implications for the encouragement or otherwise of paid employment of older people, and for the desirability or otherwise of a relatively low pensionable age.

The Right to Retire

(43) On the other hand, "the right to retire needs to be established more widely and more firmly—and to be established on a sound financial footing."[3] Old people should not find themselves in the position of *having* to work when they no longer really have the capacity.

Retirement Activities

(44) People want to retire *to* not *from* something. There should be adequate opportunities for retired people to occupy themselves, if they so desire and have the ability, with participation in social and other recreational programs, in self-education, spiritual activities, etc.

Education and Training

(45) The importance of education and training in helping people to maintain productive employment and thus make economic provision for their old age cannot be overemphasised. Education can also be a vital factor in enabling people to plan for and enjoy their retirement activities.

Paid Employment

Older Workers with Insufficient Education and Skills

(46) Workers in the 45 to 65 age group who lack education and training or encounter occupational obsolescence have different problems than do young people. While their unemployment rate is substantially lower than the national average, it is maintained only at considerable financial and psychological cost. Many of them are forced downward in the occupational scale; others dare not seek better jobs for fear of losing their pension rights; still others are forced into temporary or part-time jobs or unemployment. And the jobless older person often has particular difficulty in getting work because of employer prejudice against him.

(47) Portability of pensions (e.g. as envisaged in the Ontario plan and the Canada Pension Plan, as at present existing in a few private pension plans, and as worked out by some municipal/provincial governments and the federal government for their own employees) will especially help the older worker. The federal payment of up to $75 a month for 12 months (under certain conditions) to employers of people over 45 is a good incentive, although experience appears to be showing that the regulations require revision to make it really useful. But much more should be done through fuller use of the Technical and Vocational Training Assistance Act and other legislation.

(48*a*) *More older people (along with younger ones) should be encouraged and enabled to enrol in training programs.* There has been a heartening increase in the number of unemployed given training under the Act: from 4,638 in 1959-60 to 38,459 in 1962. There have also been substantial increases in the numbers of adults receiving various kinds of training while on the job. But aggressive action is needed to enrol the thousands more people (many of them in the older group), either unemployed or in "dead end" jobs, who can benefit from further education or training. Such action should include provisions to enable the provinces to extend their general public assistance programs so as to cover when required, and when not already provided under some other program, the payment of living costs during periods of training or retraining.

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3 Report of the Director-General, International Labour Organization, 1962

(49) In addition, financial or other direct incentives may be needed to encourage people to take training. Physical and social (counselling and case-work) rehabilitation services for those who need help to maintain their self-respect and restore them to self-support need to be strengthened and made more available, with federal sharing in the cost of those not already shared. Barriers to training, solely on the basis of age, should be eliminated. At the same time, it should be recognized that older people may need to be helped to undertake work less demanding than their current or previous occupations.

(50b) *The solution of Canada's training problem requires as well the development of new training programs and arrangements.* There have been some interesting developments in other countries which Canada might well explore. Great Britain, for example, has had considerable success with a co-operative arrangement between employers and public authorities under which workers are employed in industry for four days a week and have the fifth day off to attend special educational and training classes. That country has also instituted special methods of training or retraining the elderly which have, in fact, been found to be equally useful for younger people. A determined and concerted effort is needed to develop imaginative and effective training arrangements and incentives in Canada from which many of our older people, along with our youth, can benefit.

(51c) *The National Employment Service should be strengthened so that it can play a more significant part in the whole field of employment needs.* To enable N.E.S. to act effectively, the staff and administration should be strengthened, particularly in the Special Services Section, an important resource for counselling, guidance and job placement of older people looking for work. Expansion of this Section and the extended use in it of personnel specially qualified (through recruitment and in-service training) is highly desirable.[4] There should also be the closest possible liaison and co-ordination between N.E.S. and the federal and provincial agencies concerned with training programs and facilities.

Workers at the Point of Retirement from Labour Force

(52) *Workers at the point of retirement from a job should have the conditions for an effective choice between remaining in or withdrawing from the labour market.* The conditions of a free and effective choice of occupation are as follows:

(53a) The worker who wants to withdraw from the labour market at the point of retirement from a job should have sufficient retirement income, in form of pension benefits and/or old age assistance or the old age security pension, to assure a reasonable level of living.[5] He should also have appropriate social services and community facilities, including housing, social centres for senior citizens and the like, to assure reasonable conditions of living and of satsfying social relationships.

(54b) The older worker who wants to remain in the labour market should have access to training programs and counselling and employment services adequate to assure the possibility of productive employment within the limits of his or her physical mental capacities.[6]

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4 We were pleased to note (House of Commons, Hansard, November 5, 1963, p. 4404) that 362 new positions had been added to the NES establishment. We have learned that 300 of these are placement officers and 62 are supporting staff (mainly clerical). The recent action placing the NES in the Department of Labour is also a forward step; this move was recommended by the Council and in the Report of the Committee of Inquiry into the Unemployment Insurance Act, November, 1962.

5 See Part A of this submission

6 See preceding section

Occupation In Retirement

(55) *There should be further development of ways and means by which older people can be helped to participate in community activities—recreational, cultural, educational and spiritual.*

(56) Many retired old people live out their time in a happy family life or have interests that keep them occupied and content. But for many others, old age is a lonely, boring period. "The older man is alone in his room with no chance to meet other people. The older woman, her family grown up and gone, finds herself no longer being needed. Isolation and the feeling of no longer being needed! Time with no work to fill it! These are the enemies that often come with leisure and with them come fright and sometimes loss of hope".

Preparation for Retirement

(57) Many men and women, poor or wealthy, who have been employed all their lives (and for that matter, women who have been occupied in home duties and caring for children) have never faced up to what they will do when these activities cease. Much could be achieved to solve the problem of occupation in retirement, and indeed of the financial, health care, housing, etc. adjustments that may have to be made, through programs of counselling and planning with people long before they reach this point.

(58) Little is known of what is being done in this area,[7] and it is recommended that:

Research be undertaken by the Special Committee of the Senate on Aging to find out what programs and services now exist, both in Canada and other countries, to assist in preparation for retirement; to analyse what more should be done and by whom (e.g. departments of education, universities, employer and community programs); and to recommend steps for the desirable expansion of such programs and services.[8]

Community Programs for Older People

(59) The best sources of specific experience, views and recommendations on such programs are regional or local agencies actively engaged in them. In addition, a number of these programs are referred to in Parts C & D of this submission.[9]

(60) Unfortunately, there are still far too many gaps in community programs and in the knowledge both of what is being, and what ought to be, done, particularly in the leisure-time field. Are the fundamentals of the problem of leisure-time activities really being attacked? Is there sufficient integration of planning and programs at local and other levels? What is the place (and what are the activities) of religious groups in meeting the problem? of adult education groups? These and many other questions badly need answering.

(61) *The Senate Committee could perform a very real service in drawing together a body of knowledge that could be effectively used in improving programs and services to meet the problem of leisure-time activity for older people.*

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7 The Ontario Division of the Red Cross and the Section on Aging of the Ontario Welfare Council are undertaking a survey of what exists in that province, through facilities in industry and in educational establishments, to help people prepare for retirement.

8 Similar to a recommendation already put forward to the Senate Committee by the Executive Committee, Canadian Conference on Aging, endorsed by the CWC Committee on Aging.

9 See especially paras. (76) and (77)

(62) These activities will be examined at the Canadian Conference on Aging, January 24-28, 1966. The work of the Senate Committee and the Conference could complement each other most valuably on this topic, as indeed on many others.

PART C. THE SOCIAL SERVICES

General Considerations

(63) On numerous occasions, the Council has recorded its conviction of the importance of the social services in helping older people. The Council wishes here to stress their general importance and refer to several specific programs that are of particular value to older people and which, in the Council's view, require further development.

(64) Casework and personal counselling can be an important element in all service to the aging. Far too often we are apt to think that if the physical and material needs of old people are met, the job is done. But they may need help in planning how to use this assistance or in dealing with purely personal or emotional problems. Even people who are independent of material aid may need counselling and other services to enable them to enjoy their declining years. And the *way* in which material help (e.g. financial assistance) is given is often as important as the help itself; a humanitarian and understanding approach is needed even in the most routine contact. In short, we must see to it that people grow old not only in security but in dignity and peace of mind.

(65) It should be noted that trained personnel are essential in many of the services. They are in woefully short supply, and formal teaching or preparation for welfare programs specifically serving the aging is minimal or nonexistent.

(66) The federal government has instituted a comprehensive program of social welfare grants which may supply the key that will unlock the way to better services of all kinds to our older people. However, it must be stressed that it is not only personnel in social work who are in short supply for service to the aging. There is a heartening advance in both the interest and training of doctors in geriatrics, which should certainly be encouraged as our aging population—and therefore its health needs—continues to grow. But there is a crying need for training of other personnel (including volunteers) in institutions, and in health, welfare and recreational programs for the aged.

Special Services

Homemaker Service[10]

(67) This 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".

(68) Unfortunately, the service is not widely available in Canada; in 1960 a CWC survey estimated that only approximately 30 per cent of the Canadian population was in areas served by homemaker programs, and the expansion of the service since that time has not been substantial. And unfortunately also, the service so far has been mainly emergency assistance

10 See Appendix I, pp. 324-328, for a detailed description of homemaker services, including the recommendations from the Council's brief to the Royal Commission on Health Services. See also paras. (93) & (94).

to families with children. Only about 10 agencies in Canada, in addition to the Red Cross, are known to provide services to the aged.

Organized Home Care[11]

(69) Sometimes confused with homemaker (or home help) or with home nursing, this program provides centralized responsibility for the administration and co-ordination of at least a minimum of certain services and supplies to patients in their own homes. Medical care, home nursing, social work and home help are essential components of an Organized Home Care program, as are various other medical and rehabilitation services.

(70) There are only about 10 such programs in operation in Canada at present, many of them on a pilot or experimental basis. They are of particular value to old people; the experience of most such programs has been that the great proportion of their patients are over 60 years of age.

Medical Social Work[12]

(71) "The growing role of social work services in health care is a reflection, broadly speaking, of two developments. The first of these is the trend toward specialization in the medical and related disciplines. The second is the increasing awareness of the personal, social and environmental components in illness and in its effective treatment".

(72) Social work, through casework, family counselling, and knowledge and use of available resources, can help to prevent emotional breakdown in patients, to screen admissions to hospitals and other institutions, and to assist the patient in making the best use of treatment facilities and of resources for social and medical rehabilitation. It can also help maintain his relationship with his family. More and more, both public health and hospital nursing staff are referring patients for social service help, and vice versa, thus maintaining continuity of care.

(73) Older people in particular are likely to have problems in facing illness, in using rehabilitation and other community resources and in relationships with their families—if indeed any family remains to them. Social services can therefore be of special help to them during ill health. Yet the growth of social services in health care has been very uneven and piecemeal; even today for example, only a small proportion of Canadian hospitals have a Social Service Department.

Meal Service[13]

(74) "Meals on wheels", a program for bringing meals to elderly people who find shopping and the preparation of food difficult, can be invaluable for those aged who can best be cared for in their own homes and who wish to remain there. So far, however, only a few communities in Canada are specifically planning toward such a service although others are considering it.

(75) Meals are also frequently provided in clubs and day centres for the elderly, often with the old people helping to organize them. Another useful program is provision of central dining-room facilities in special housing projects for the aged.

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11 See Appendix II, pp. 333-335.

12 See Appendix II, pp. 335-337.

13 See Appendix I, pp. 328-329.

Friendly Visiting[14]

(76) As its title suggests, this kind of program arranges for volunteers to visit and befriend lonely elderly people. In Canada, it is generally sponsored by church groups and other voluntary organizations. But it can be very successfully run by a public welfare department (using volunteers) as in the case of Cook County (Chicago). Training and skilled supervision of such volunteers is most desirable but scanty in Canada at present.[15]

Day Care Centres or Clubs[16]

(77) A number of such programs have been developed across Canada and provide most valuable leisure-time activities for older people.

Rehabilitation[17]

(78) Social work is an important component of a rehabilitation service which must involve psychosocial evaluation and establishment in the community. Many older people are among those most badly in need of rehabilitation services. Experience has shown that in spite of advanced years, they can often derive great benefit from such services, to the advantage of themselves, their families and the community.[18]

Information, Referral and Counselling[19]

(79) As already noted, counselling is an important service to many older people. And with the complicated network of services that now exist, some type of central clearing house and referral service is most helpful and necessary, at least in large urban centres.

Guardianship and Protective Services[20]

(80) Consideration is now being given to a new aspect of counselling and casework service with dependent elderly people whereby some agency in the community would assume responsibility for the guardianship and protection of them when they—or their relatives—can no longer manage on their own. Such a program would involve not only casework, but law, medicine, psychiatry and the like.

Federal Consultative Services

(81) The Council has frequently stressed the need for consultative and technical services at the federal level which would give advice as required in, for example, statistical reporting and professional consultation on the care of the aged, etc.

(82) The Council has been pleased to learn of the recent appointment of several such welfare consultants in the Department of National Health and Welfare, including one in the field of aging. *Every support and encouragement should be given to the Department in this constructive development.*

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14 See Appendix I, p. 329.

15 One useful manual, *Friendly Visiting*, has been published by the Senior Citizens Committee, Ontario Division, Canadian Red Cross Society.

16 See Appendix I, p. 329.

17 See Appendix II, pp. 339-341.

18 See *"Proud Years"*; film available from Canadian Film Institute.

19 See Appendix I, p. 330.

20 See Appendix I, pp. 331-332.

PART D. HEALTH AND INSTITUTIONAL CARE

General Considerations

(83) Certain of the principles, objectives, trends and problems stated in the Council's Brief, *Better Health Care for Canadians,*[21] to the Royal Commission on Health Services, May, 1962, (and elsewhere) have particular application to older people.[22]

(84) *Economic considerations should not be allowed to interfere with essential health care.* Everyone in Canada should have access to the services he needs at the time he needs them, regardless of his ability to pay the cost at the time of service. This, of course, involves availability of the actual services (doctors, nurses, facilities, etc.). But it also requires an overall nation-wide program for payment of health care costs.

(85) Many older people are among those who find it especially difficult to meet the costs of health care at any time. These costs are now rising at a faster rate than the consumer price index so that older people will be increasingly likely to need economic assistance to pay them.

(86) *Adequate health services should be an integral part of public assistance programs, and as such should be eligible for federal sharing of costs.* Although a number of provinces now supply some health services for people on public assistance, there is no federal sharing of costs. There are also weaknesses in such programs, e.g.:

(87*a*) in various provinces, exclusion of particular services means that the hospital care program is neither universal nor comprehensive (this is particularly true of out-patient services);

(88*b*) the cost of such things as spectacles, dentures, hearing aids, and drugs is very inadequately covered, if at all, throughout Canada; these are extremely important for older people and the cost is often prohibitive.

(89) *The pattern of illness and disease is changing; the proportion of degenerative and chronic ailments has grown.* These illnesses are of course most likely to occur among older people. The Canadian Sickness Survey, 1950-51, showed that illness is both more prevalent and more prolonged among the aged than in any other group. Of people 65 and over, 18.6% reported illness at the commencement of the Survey compared to 12.1% for the next highest group (45 to 64) and 8.3% for all age groups combined. And while the aged accounted for 7.1% of the population in 1950-51, they had over twice this proportion of days of disability, i.e., 17.2% of days in bed and 15.2% of days of complaint.

(90) *Health care should be a service to people as individual human beings with unique needs and feelings.* The patient should be removed from the home only when medical necessity makes it imperative.

(91) Older people are particularly vulnerable to disregard of their personal needs and feelings, and are especially sensitive to changes in accommodation and environment.

Special Services in the Health Field

(92) The Council urges the strengthening of certain selected services which support health care measures and which also have particular significance for the social welfare of people, including the aged.

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21 A copy of the Brief is filed with the Secretariat of the Senate Committee on Aging.
22 See Appendix III, pp. 345-347, for case histories of older people faced with illness.

(93) Regardless of the auspices of the programs, *the Council recommends increased acceptance of public responsibility* for further development and financial support of these services and for recruitment and training of the necessary peronnel to staff them; *it also recommends the inclusion of these services in any nation-wide program for payment of health costs.*

(94) A number of the programs have already been referred to in part C of this brief. These are: *homemaker services, organised home care, medical social work* and *rehabilitation services.* In addition, the following are regarded by the Council as particularly important resources in the provision of up-to-date health care:

Chronic and Convalescent Services[23]

(95) "These services have become a pressing problem, broadly speaking, for two reasons. First, higher life expectancy has increased the number of middle-aged and elderly persons, and the incidence of chronic illness is relatively high in these groups. Second, modern medicine is frequently successful in preserving life for those with chronic conditions without being able to effect a cure".

(96) Thus, older people, more than any other group, are likely to suffer from the current "haphazard arrangements and human wastage" in relation to facilities and personnel to help chronic invalids and convalescents. Adequate care may be possible through the help of services in the home. But there is need for development also of other facilities such as out-patient clinics, day care centres, "half-way" houses and holiday centres (as in Great Britain), foster homes, lodges attached to infirmaries, good nursing homes, and up-to-date chronic or convalescent hospitals. These alternative methods of care can also relieve the pressure on beds in acute hospitals, and may hasten convalescence or prevent further deterioration (and therefore the need for increased care) in chronic cases.

Mental Illness Services[24]

(97) "The number of elderly people in the population is, as already noted, increasing; and among the elderly, the rate of admissions to mental institutions is rising".

(98) Canada's services to the mentally ill need strengthening or development. One area (of several) "where the dividing line between health and welfare is badly blurred is in the case of . . . aged persons with irreversible brain deterioration . . . It may be a misuse of resources and personnel on the one hand to treat these people as patients in a mental hospital, or on the other, to attempt to provide for them in homes for the aged".

Home Nursing

(99) While this was considered outside the scope of the Council's Health Brief, a description of this service in Canada is contained in Appendix I, pp. A-2—A-4.

INSTITUTIONS

(100) The question of institutional health care (which is particularly important for older people) is raised at various points throughout the Council's Health Brief. It is also discussed in the Canadian Welfare Council Study, *Canadian Living Arrangements for the Aged,* which will be presented to the Senate Committee at a later date.

23 See Appendix II, pp. 337-339.
24 See Appendix II, pp. 341-344.

PART E—CONCLUSION

(101) The Council wishes to place on record its appreciation of the action of the Senate in establishing the Special Committee on Aging, and its belief that the Committee's work will indeed promote "the welfare of the aged and aging persons". The Council also believes that the proposals in its submission will assist this important aim.

(102) Many of the Council's proposals have to do with federal and/or provincial and municipal government action and are in line with the Committee's mandate to examine "the need for the maximum co-operation of all levels of government" in the promotion of the well-being of elderly people. Recommendation by the Senate Committee will carry weight with the législative bodies concerned.

(103) Other Council proposals call for community action which can be strongly inffuenced by the Committee's final report, and by the factual material it gathers and the findings of the research it may undertake. The publicity and public interpretation that will result from the Senate Committee's work will do much to arouse public interest and provide guidelines to community action on behalf of the aged.

(104) Finally, we would again stress that the core of the Council's interest —like that of the Senate Committee itself—is concern for the individual human being. "Everyone grows old"; let us do all we can to make old age as comfortable, contented and productive as possible for each end every person in Canada.

APPENDIX I

COMMUNITY SERVICES TO SUPPORT INDEPENDENT LIVING

Extract (Chapter V) from:

CANADIAN LIVING ARRANGEMENTS FOR THE AGED

Prepared by CWC for Central Mortgage and Housing Corporation

Since World War II, there has been a considerable expansion (see Chapter IV) of special living accommodation for the aged. The fact remains, however, that the great majority of elderly people in Canada—as in other countries—either live in their own homes or apartments, or in the homes of close relatives. Moreover, various surveys in North America and abroad clearly indicate that they cherish their independence, and wish to manage on their own as long as they possibly can. Most aged people are apt to fear change of any kind, but they are particularly apprehensive about reaching the stage of dependency that may force them to leave their homes and enter institutions.

With advancing years, however, many aged people are subject to an increasing amount of illness and infirmity which makes it difficult, if not impossible, for them to be completely independent. If they are to postpone or avoid institutional living, they need a variety of types of help and supporting service from the local community.

This chapter describes some of the health and welfare services required in the community to assist elderly people in their own homes. Two of the most vital services, i.e. home nursing and home help (or homemaker) services, will be described in some detail by way of illustration. Without these two programs, care of the aged in their own homes cannot be satisfactory. Unfortunately, the development of these services, particularly of home help services, is still inadequate in Canada. Other programs, such as organized home care, meals-on-wheels, leisure-time programs, friendly visiting, information, referral, counselling and guardianship services—important supplementary programs—will be referred to briefly.

It is tremendously important to develop these health and welfare services because such a large number of the aged live at home, a high proportion are on low incomes, and an even higher proportion are in poor health.

HOME NURSING

Nature and Organization of Service

Many of the pressing needs of the aged are met by visits to the elderly person's home by nurses working in either official or voluntary agencies. Through health supervision, demonstration, and in many cases provision of bed-side care, the individual or family is assisted in maintaining and improving the health of many older persons, in helping them adapt to the limitations imposed by illness, and enabling them to remain in the community.

The most extensive bedside nursing care in the home in Canada is provided by the Victorian Order of Nurses, a national voluntary organization, which makes service available through its branches, employing approximately 650 full-time nurses.

In its Public Health Nursing Division the British Columbia Department of Health Services and Hospital Insurance offers the most complete public program of bedside nursing in the home. This service is provided in 37 communities throughout the province.

The primary function of the Victorian Order of Nurses is "to provide skilled nursing care to patients in their own homes on a visit basis, and to combine with this care, health teaching to the patient and family".[1] For many years, particularly in relation to the older age group, the Victorian Order of Nurses has emphasized the rehabilitation aspect of its nursing service.

A recent article about the B.C. Government program describes similar functions, and states that "every effort is made to have the patient become self-sufficient as quickly as possible, and this means that the public health nurse must help increase activities and self care and, at the same time, give the family an understanding of the need to foster independence ... Patients suitable for home care are, of course, those whose condition is such that they do not require constant nursing, and who have someone available to give necessary care between visits of the Public Health Nurse".[2]

Extent and Distribution

There are over 100 branches of the Victorian Order of Nurses in operation in all provinces except Prince Edward Island. Over 50 per cent of the population, largely in urban areas, in the 9 provinces is served by the V.O.N.

Rural areas and small towns in the Province of British Columbia are served by the 37 Provincial Health Units mentioned above. The combined provincial and Victorian Order of Nurses service in B.C. make home nursing service available to about 76 per cent of that province's population.

The need for home nursing programs is recognized by health authorities in most provinces, and to the extent possible many provide a limited or occasional service to families. There have been pilot projects and experimentation in some Saskatchewan and Ontario communities, and at present several Ontario County Health Units provide home nursing service.

Some other voluntary bedside nursing programs are those of the *St. Elizabeth Visiting Nurses Association* in the Hamilton-Toronto area and *La Société des infirmières visiteuses* which has a number of branches in the Province of Quebec.

Auspices and Financing

Since its inception 60 years ago, the Victorian Order of Nurses has been financed from three main sources: fees from patients, government grants and voluntary contributions. The amount from each source varies according to the services being provided and the provinces in which they are given, but the national average of support in recent years has been approximately in the following proportions: fees 30 per cent, grants 20 per cent, voluntary funds 50 per cent.

Although there has been a considerable expansion of services in the last few years, problems have arisen because camapigns for voluntary funds—the major source of support—have often failed to meet their objectives. As a result the Victorian Order of Nurses has been unable to expand its service to the extent required, and indeed in a few instances it has been necessary to curtail service. In one large city, for example, the Victorian Order of Nurses had to reduce its staff in one recent year because of a lack of sufficient funds.

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1 Victorian Order of Nurses, *Brief to the Royal Commission on Health Services*, May 1962, p. 51.

2 Monica M. Frith, "Home Nursing in B.C.", *Canadian Welfare*, Volume 38, No. 3, May 15, 1962, page 120.

It would appear that there must be increased public responsibility if there is to be the necessary expansion and development of home nursing services in Canada. Such responsibility could be either in the form of increased government contributions to voluntary organizations, such as the V.O.N., or by an increased number of programs directly administered by government bodies, such as now exist in British Columbia and a few counties of Ontario.

A strong plea has been made for including home nursing care as an extension of hospital services under the present hospital insurance program. Such coverage would enable some patients to return home sooner or to remain at home—at less cost—while hospital and other institutional beds would be freed for those who really require institutional care. Numerous recommendations were made to the Royal Commission on Health Services for public prepayment for visiting nurse service.

Necessity of Home Nursing Service for the Aged

From records of patients discharged from V.O.N. services in 1962, it is estimated that persons over 65 years of age received 68 per cent of all the visits that were made to patients with medical and surgical conditions. Similarly, it was found in the B.C. Government program that older people use the service most: in 1961, 73.4 per cent of the patients were over sixty.

A study in 1961 of B.C. patients served by the Government home nursing service in 34 areas showed that approximately 18,903 "institutional days" were saved. Of these, 17 per cent were "acute hospital", 65 per cent "chronic hospital", and the remaining 18 per cent were savings of care in other types of institutions. Such figures represent not only a sizeable financial saving, but also significant psychological and social gains in that people are able to stay contentedly in their own homes instead of having to enter institutions.

Home Help or Homemaker Services

Homemaker service does not lend itself to as complete a reporting or analysis as does home nursing, because the service is operated under a variety of auspices, and there is no regular reporting of statistics either provincially or nationally.

In Great Britain and European countries, the term "home help" designates the service, and although this term is coming into use in Canada, particularly in relation to services for the aged or chronically ill, "homemaker service" is more commonly used. Homemaker service may be defined as follows:

> 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 childen; to convalescent, aged, acutely or chronically ill and disabled persons; or to all of these. Its primary function is the maintenance of household routine and the preservation or creation of wholesome family living in times of stress. Because Homemaker Service should be offered on the basis of a social diagnosis and often a medical diagnosis as well, trained professional persons should evaluate the type of service needed and the length of time it should be given.[3]

Auspices and Distribution

There are approximately 55 Canadian communities with a voluntary homemaker service. About 34 are in Ontario, and of these 31 under the auspices of

3 U.S. Department of Health, Education and Welfare, Division of Public Health Methods, "Origin and Development of Homemakers Services under Social Agencies", *Report of the 1959 Conference*, p. xii.

branches of the Ontario Division, Canadian Red Cross; the other three are supported by United Funds. In Ontario under the Homemakers and Nurses Service Act a municipality which enters into an agreement to participate may recover 50 per cent of the cost of the service from the provincial government up to a certain maximum. The V.O.N. has recently organized homemaker services in two B.C. communities and a number of cities in other areas are also interested.

Homemaker services exist in all provinces except Newfoundland, New Brunswick and Prince Edward Island. They are often provided in the major cities by voluntary family service agencies. Although the bulk of the Red Cross homemaker service is in Ontario, there are also a few branches in British Columbia and Nova Scotia which provide the service.

In 1960 the Canadian Welfare Council undertook a survey of homemaker agency personnel practices. It was estimated at that time that approximately 30 per cent of the Canadian population was in areas served by homemaker programs.[4] Although there has been some expansion of the service in recent years, the growth has not been very significant in relation to unmet need.

Financing

The financing of homemaker service is similar to the pattern described for the Victorian Order of Nurses. Income is derived from three main sources: fees from clients, voluntary funds (Canadian Red Cross, Community Chests and United Funds), and provincial or local governments.

Necessity of Homemaker Service for the Aged

Although there is increasing recognition of the needs of the aged, it has generally not been the policy of Canadian homemaker agencies to provide service to elderly people. Most of the Red Cross homemaker services serve the aged, but apart from that only about ten agencies in Canada are known to do so. (Traditionally, homemaker service has been an emergency service to assist families with children for a few weeks or months when the mother was ill or absent from the home. In such cases the homemaker runs the household, usually only during the day while the father is at work, although occasionally twenty-four hour service is provided for a short period).

Homemaker service for elderly people differs from that for families in several respects because the needs of the aged are obviously different from the needs of families with children. An aged couple rarely need a full-time homemaker; if someone can shop, clean, prepare meals and so on, every few days, elderly people can often get along alone the rest of the time. However, such part-time help is likely to be required regularly over months or years, rather than on a temperary or emergency basis. Although the characteristics of the service differ, and somewhat different policies and procedures are therefore involved, the purpose in serving the aged or serving families with children is substantially the same—to keep the household operating and to enable members of the family to remain at home.

Unfortunately most homemaker agencies in Canada cannot even meet the current demands for service to families because of limited staff and financial resources. Consequently they have been unable in some instances, and have found it extremely difficult in others, to extend service or adapt their programs to meet the needs of the aged.

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4 Canadian Welfare Council, *The Canadian Homemaker: A Survey of Agency Personnel Practices*, May 1960, p. 2.

Social planning councils in about six major communities are reported to be working on plans to provide a service to the aged. Two examples are given:

(1) *Winnipeg*

The situation in Winnipeg is typical of that in many Canadian cities. The existing homemaker service, which is provided by the Family Bureau of Greater Winnipeg, is unable to meet the demand for services to disabled, aged and handicapped persons. A committee of the Welfare Council of Greater Winnipeg has studied the problem thoroughly and has prepared a detailed plan for the establishment of a combined "Home Help and Meals Delivery Service." Efforts are currently being made to secure the financial resources required to implement the plan.

Because the planning in Winnipeg is further advanced than in most other localities and because the plan is unique in Canada, information about it is included in Chapter VI of this report. It is not suggested that the Winnipeg plan will necessarily be suitable for adaptation to every Canadian community but it is worth study by groups interested in the provision of home help and meals-on-wheels services to the aged.

(2) *Toronto*

There is also a committee at work in the Social Planning Council of Metropolitan Toronto studying the need for homemaker services to the aged. The committee's objectives are to estimate the extent of the need and the cost of a program and to consider under whose auspices it should be operated.

The Toronto committee's work follows up a pilot project undertaken by the Visiting Homemakers Association of Toronto from 1958 to 1960. This project was limited in scope to two areas of the city and to persons over 60 years of age. One hundred and thirty-nine cases were served involving 235 individuals. It is significant to note that 1,000 requests for service were received during the project period from persons living outside the area. The project demonstrated that the service is of tremendous value and the establishment of a permanent service in Toronto was urged.[5]

In communities that do not have a homemaker service, the employment of a housekeeper is often arranged and financed by the health or welfare agency assisting individuals or families. This is often satisfactory in cases where only domestic help is required. But it cannot be relied upon to meet all the needs of old people who could not remain at home without regular help from homemaking duties because: there is not a pool of housekeepers recruited and selected specifically for the job and as a result nurses and social workers must spend considerable time searching for housekeepers; there is no provision for training and supervision of housekeepers and this responsibility again falls on professional persons whose skills and effort could and should be utilized more efficiently; and there is no guarantee of maintaining a high standard of work or of assuring that alternative help will be available if the housekeeper leaves.

Experience Abroad

Home help for the aged in Great Britain and European countries is well established as a necessary part of health and welfare services to persons in need. The programs are financed largely by ministries of health or welfare, though the organization and auspices of the service varies from one country to another.

Figures about programs in two countries show the vast amount of service provided. In Great Britain in 1949 there were 14,688 part-time "home-helps" mainly serving the aged and chronically ill; by 1955 the number had more

5 Toronto Visiting Homemaker Report, *Homemaker Service for Older People*, July, 1961.

than doubled to 32,850.[6] By 1961, the number had risen to something over 52,000.[7] The home help service for the aged in Sweden began about 1949. Ten years later, 11,038 home help employees were working—8,376 in cities and 3,132 in smaller communities. In 1959 service was provided to 50,493 aged persons, about 35,000 in cities and 15,000 in rural areas.

The following describes vividly the practical assistance a Swedish home help gives:

> When an old person applies to the home-help board for a home samaritan, what he or she most urgently needs to get done is cleaning of various kinds. She may not be able to do the daily tidying, making of the bed or washing-up, or she needs help only with the weekly cleaning, tending the wardrobe and larder. Care of clothes, laundry and ironing will at this stage be part of the home-helper's tasks. There is no doubt that many old ladies and gentlemen would feel more comfortable if they could allow themselves to change blouses, collars, shirts, underwear and nightgowns more often, if, in other words, they could keep themselves tidier, and, why not, indulge in a little coquetry in their clothing. A dexterous and thoughtful samaritan ought to be able to help with these matters.
>
> The next stage in the need of help is assistance with the personal hygiene. When you have stiff joints or get attacks of dizziness, it is difficult to do your own shampooing or tend your feet. It may be impossible to use your own bathroom or the bathroom of the pensioners' home, if you cannot move without difficulty or if for some reason or other you ought not or dare not be alone when you have your bath. Then there is a further stage, viz. when the old man or woman needs help also with the cooking. This is the task which anyway the old woman will be most reluctant to hand over to another person. An investigation made by the National Institute of Public Health has clearly shown that large groups of old people live on a wrong diet. In our work in the home-help service, we have learnt during the years that bad food habits are not always due to economical factors. They are connected with the ignorance of many old persons regarding the importance of suitable food and also with the declining power of initiative. They simply have not strength enough to go out when the weather is bad and the road slippery in order to buy food, carry it home and prepare their diminutive portion. And it is not easy to do good and economical cooking in small portions. There is no doubt that the samaritan, when her attention is drawn to the importance of her work also in this respect, by some wheedling can get the old person into the habit of better and more varied food. Several official physicians have assured that the state of health of old people is often noticeably improved when they get home-help.

In some homemaker programs abroad, home helps are available evenings or weekends as "sitters" to enable relatives to get away and have a break from the constant burden of caring for an elderly person who is ill or requires twenty-four hour supervision. A laundry service is also organized in some communities for elderly people who can no longer manage this chore.

The Problem in Canada

The further development of homemaker or home-help services for the aged in Canada is hampered by three things: lack of funds; lack of uniform standards

6 *Ontario Welfare Reporter*, January 1957, p. 3.

7 Unpublished paper by Norman Doodson, *Care of the Aged by Local Authorities in the United Kingdom*, April, 1963.

8 Unpublished paper by Margaret Nordstrom, *Home-Help to the Aged*, The National Social Welfare Board, Stockholm, Sweden, October, 1960.

for the operation of programs, training of personnel and the like; and insufficient public understanding of the potential value of the service.

By way of conclusion, four general comments seem to be warranted:

1. A rapid development of homemaker services is urgently needed in urban centres and rural areas across Canada.

2. Whether the service is provided under voluntary or public auspices it should be a public responsibility to ensure that this development takes place.

3. Homemaker service should be a recognized element in any comprehensive program for payment of health care costs.

4. Governmental leadership and financial support is also required in the development of training programs for both homemakers and supervisory personnel.[9]

Meals-On-Wheels Service

Reference was made earlier in this section of the report to the plans proposed by the Welfare Council of Greater Winnipeg for the establishment of a meals-on-wheels service in connection with a home help service. There has been little if any other experience in Canada, although a number of local social planning councils are exploring and studying the possibility of establishing such a program.

The meals-on-wheels service is well established in England and there is provision for the service under the National Assistance Act (1948). The program is also supported by funds from local governments, contributions by private organizations and token fees by clients. The majority of programs are sponsored by the Women's Voluntary Service. About a million and a half meals are served annually in this way.

In the U.S.A. about twelve meals-on-wheels programs have been developed in recent years, all patterned after the English model.

Common features of the English and American programs are as follows:

1. All have some subsidization by local organizations.
2. Recipients pay a fee for the service in all but one installation. (Range: 25¢ to $2.50 per day, scaled to ability to pay.)
3. All have an eligibility requirement, based on age, disability, economic need.
4. All serve at least one hot meal per day of the week in operation. (Range: two to seven days; one to three meals served.)
5. All serve something in addition to hot food.
6. All use volunteers in some capacity.
7. All have some paid workers.
8. All include some type of "friendly visiting" service with delivery of the meals.
9. All limit their services to persons unable to prepare their own meals in their own place of residence.
10. All are supervised by a dietitian (or other qualified person) to provide proper nutrition—a necessary feature, especially for people requiring special diets.
11. All serve a small number of individuals in relation to the probable community need because of the aura of charity surrounding such a service, difficulties in transportation and finance, lack of personnel, and so on.

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9 Canadian Welfare Council, *Better Health Care for Canadians*, May 31, 1962, pp. 47 & 48.

12. All have similar sources of referrals for service, such as visiting nurse associations, public health nurses, hospitals, social welfare departments, or physicians.[10]

Friendly Visiting

As the title suggests, this kind of program arranges for volunteers to visit and befriend lonely elderly people. With the mobility of population today, members of families are widely scattered. Many elderly people are cut off from relatives, their close friends may have died, and they are alone. This happens not only to old people living independently in their own homes or rooming-houses but it happens to people in hospitals, homes for the aged, and nursing homes. Often there is no one who takes an interest in them.

There are many friendly visiting programs in Canada under the auspices of church and fraternal organizations. The Canadian Red Cross has also taken considerable leadership in organizing a friendly visiting program, particularly in the Province of Ontario. Volunteers are encouraged to keep in close touch with elderly people and provide help in a variety of ways.

It may make life worth living for an elderly person to have someone to listen sympathetically, someone to read or write letters, to play cribbage or checkers, to exchange library books, to arrange an appointment at the barber's or hairdresser's, to arrange transportation, and to sew or mend if the elderly person is unable to do it.

Leisure Time Programs

Unlimited leisure time presents a problem for many elderly people. Many men and women who have been employed all their lives have not faced the question of what they will do upon retirement. The same applies to women who have had full and busy lives running a household and caring for children. A day comes when lives are no longer fully occupied with innumerable chores. Instead of the responsibilities of work or home and family, old people are faced with endless free time, day after day. This may be true of any aged person, poor or wealthy, in an institution or in his own home.

Various programs have been developed to meet the problem. Friendly visiting programs mentioned above are a partial solution. Day care centres or other kinds of clubs provide another kind of answer.

In a day care centre, the lonely elderly person can find companionship and activities which help occupy his time happily. Activities may be of a purely recreational or entertainment variety—movies, checkers or bingo, a picnic, square dancing. Or there may be an opportunity for creative activities: the elderly person can paint, work on ceramics, knit or weave, build a lamp or a table, with or without skilled instruction.

The type of program in a day centre will depend to a large extent on the financial resources available, on the equipment and facilities, and—most important of all—on the interest, skills and competence of the staff and volunteers.

In recent years there has been considerable development of day programs for elderly people in Canada, particularly in urban areas. When the staff is imaginative and kindly, elderly people flock to the centres and undoubtedly tremendously enrich their lives. Many centres rely upon the old people themselves to take the lead in planning the program and activity they wish to have and indeed much of the responsibility for operation of the centre may rest with those who use it regularly.

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10 Selected References on "Meals-on-Wheels" Service, an Annotated Bibliography compiled by Mrs. Mabel I. Edwards, Research Institute of Gerontology, State University of Iowa, Iowa City.

Information, Referral and Counselling

The success or failure of living arrangements for elderly people may depend in part at least on the extent to which certain health, welfare and recreational services are available in the community. In a small town where everyone knows everyone else and a "help your neighbour" spirit prevails, the need for community services is not so evident. But in the anonymity of a big city there must be substitutes for the kindly neighbour and these substitutes exist in the programs and services set up to assist in one way or another with the economic, personal, health or adjustment problems that are faced by many people, including the elderly.

Social counselling and other types of help may be available in local or provincial social welfare departments, in voluntary family service agencies, in social service departments of hospitals and clinics, in homemaker service agencies, in settlement houses. There exists, in fact, in many large cities, a veritable jungle of "helping" agencies, and it can be extremely difficult to determine which agency does what.

Even for professional people like doctors, clergymen, and social workers who are fairly well acquainted with the pattern of services, there can be difficulty in finding the right agency for a particular purpose. For an old person the problem can be quite overwhelming. Many local planning councils have met this problem by establishing an information and referral service, a central bureau where information is available about community agencies, institutional facilities, etc., and where, upon enquiry, referrals can be made to the appropriate resource. In some communities there are specialized central agencies for the aged; the Silver Threads in Victoria, B.C., and the Age and Opportunity Bureau in Winnipeg are examples. Whether it is part of a specialized or a general service seems relatively unimportant, but some type of clearing house and referral service does seem to be required and its functions should be widely publicized in cities which have a complex network of helping agencies.

Services and Housing

What bearing have community services on the subject of housing for the aged? The answer to this will depend of course upon the circumstances in the individual case. To cite a few examples: the old person living in a small room with limited cooking and housekeeping equipment would probably be considered to be inadequately housed. If, however, that old person is able to spend part of the day at a day centre or settlement house where there are nutritious meals served and companionship is available, the situation is not so bad. Or if he could get a summer holiday at reasonable rates at a camp for elderly people, his housing might be considered less unsatisfactory.

The need to get away from home may be equally important for the elderly person living with in-laws where relationships are tense and strained. Often a caseworker from a family service agency can be helpful in sorting out the problems in this type of case, and if it seems impossible to resolve the difficulties which almost inevitably arise between the generations, the family may be helped to work out an alternative living arrangement for the older person in a housing project, boarding home or the like.

Housing problems frequently come to light when an elderly person has been in hospital and is ready for discharge. At this point a social worker can be helpful in acquainting the family with available resources and also in helping the old person to accept the necessity for a change.

Social counselling services are likewise of great importance in urban renewal projects when elderly people may be forced to move and are likely to be unduly disturbed at the prospect of losing their home, inadequate

though it may be. A caseworker could be of value in helping an old person to adjust to the necessity of the move, to select alternative accommodation, to organize the move itself and to get settled into new surroundings.

Guardianship and Protective Services

Attention is drawn to a new aspect of counselling and casework service with dependent elderly people in a book recently published *Guardianship and Protective Services for Older People.*[11] The books focuses on the problem of the older person who is no longer competent to manage and control his own affairs and urges that some agency in the community should be prepared to assume responsibility where necessary or to advise relatives or other persons involved of the legal and other implications of certain situations. The function proposed for such a service goes beyond what is normally thought of as a counselling service—a permissive take-it-or-leave-it relationship—to a more authoritative role for the agency which, for example, would have the authority to arrange for the commitment of an elderly person to a mental hospital if this seemed in his best interest.

The book lists the following as the groups it is concerned with:

> Those who are so physically handicapped or injured or ill or feeble that they cannot take full care of themselves or cannot, unaided, do those things necessary to conserve and use their assets.
>
> Those who are so mentally ill or retarded or deteriorated either mentally or physically that they cannot effectively take care of themselves or use and conserve their assets. This group includes those who are so forgetful or confused or show poor judgment as to endanger their well-being.
>
> Those who so violate standards of behaviour as to create genuine community problems in their relationships with landlords, tradesmen, neighbours and/or the general public. While their behaviour may constitute a public nuisance rather than a menace, social *mores* are likely to demand that action be taken to curb or modify their conduct. This group includes those who, though not physically or mentally incapacitated, nevertheless lack proper care or live in such a way as to be dangerous to themselves, their health or morals or those of others.

The authors present a full discussion of the various financial, legal, social, medical and psychiatric problems that may be encountered, many of which are related to the living arrangements of elderly people.

A very convincing case is made for some agency in the community to assume responsibility for the guardianship and protection of elderly people. Involved in the program would be not only casework but law, medicine, psychiatry, and the like.

One of the reasons for exploring this issue in the U.S.A., the book points out, was that,

> The Bureau of Old Age and Survivors Insurance reports that 200,000 benefit checks are being made to a "representative payee" because there is convincing evidence that the beneficiaries are incapable of managing their benefit funds. The Bureau of Family Services estimates that a similar number of Old Age Assistance recipients are also incapable of managing their OAA grants.

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11 *Guardianship and Protective Services for Older People*—Virginia Lehmann, Project Director & Geneva Mathiason, Editor—Chap. I, pp. 1 & 2.

According to the 1962 Annual Report, Department of National Health and Welfare (page 119), Old Age Security Pensions were paid to 927,590 persons in March 1962. In 17,106 cases, payment was made to a trustee appointed to administer the pension for a pensioner who was incapable of looking after his own affairs. Consideration should perhaps be given in Canada, as in the U.S.A., to providing some means of assuring the protection of these elderly citizens. And both their welfare and protection is bound up with their housing and the services that go with it.

APPENDIX II

THE SUPPLY OF HEALTH SERVICES: SOME AREAS FOR DEVELOPMENT

Extract (Chapter V) from:

BETTER HEALTH CARE FOR CANADIANS

CWC Brief to the Royal Commission on Health Services

In Chapter III of this submission, attention was directed to the need for a full range of health personnel, facilities and services. In the last chapter, some of the gaps and weaknesses in Canada's health resources were identified. The overall requirement is clearly a balanced development of all the resources that enter into the provision of up-to-date health care. The intention in this chapter is to describe and assess more fully certain programs and services which, in the experience of many of the Council's member agencies, stand most in need of strengthening and further development.

The relevant programs and services are homemaker services, organized home care programs, social work services, chronic and convalescent services, rehabilitation services, and mental illness services. It is perhaps obvious that there is a degree of overlapping in this list of services. In a real sense, health (and welfare) services, like health itself, are indivisible and any classification system must therefore be to some extent an arbitrary one.

Nor is the list intended to be exhaustive. Although there is an urgent need for further development of such services as dental care and professional home nursing care, an extensive treatment of all the services which require attention is beyond the Council's resources and competence.

The programs and services referred to above are dealt with in successive sections of the chapter. Each section includes material on the nature of the particular service, the form of organization or auspices, the extent of unmet need and/or unresolved problems, and the direction of required development. In the interest of brevity, the material on each service is presented in point form.

SECTION B: ORGANIZED HOME CARE PROGRAMS[12]

1. Home care in the event of illness is not, of course, new. The home and family have always been among the nation's most important health care resources. And doctors and nurses, of course, give a variety of kinds of medical and nursing care in the home.

2. Some of the additional and distinctive elements in an organized home care program are revealed in the following definition: organized home care comprises "those organized programs having centralized responsibility for the administration and co-ordination of services to patients (at home), and for providing at least the minimum of medical, nursing and social services, essential drugs and supplies.[13] The distinguishing features of organized home care include, in other words, centralization of administrative responsibility, planned co-ordination of the efforts of all professional and other personnel involved in the case, and mobilization of whatever services and resources may be required to meet the medical, nursing, social and rehabilitation needs of the individual patient in his own home.

12 For a series of articles on organized home care programs in Canada, see Government of Canada, *Medical Services Journal*, January, 1961.

13 Quoted in M. Christine Livingstone, "Hospital Home Care in a Metropolitan Area", *Canadian Journal of Public Health*, June 1959, p. 245.

3. Research and demonstration projects have demonstrated that one result of organizing health care in this way is to make possible the effective treatment of many sick people at home who would otherwise require care in a hospital or other institutional facility. An important by-product of an organized home care program is, therefore, to free hospital beds for those whose need for them is more acute and, because organized home care is a good deal cheaper than hospital care, thereby to save money.

4. But economic considerations are not the only or, indeed, the most important ones. Organized home care has been proven 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.[14] In addition, an organized home care program may help to ensure 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 at times of stress. Through the very experience of meeting these stresses as a group, its solidarity is increased. Yet at such times as birth, illness and death when families could give this mutual support to one another, we separate them. Families become stronger when they meet problems together.[15]

5. An organized home care program may be either hospital-based or community-based. Which form of organization 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:

(*a*) "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 which 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."[16]

(*b*) 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's resources; or it must succeed in mobilizing those resources as a constituent element in the complex of community services which are caught up in the organized home care program.

6. 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 or her family must want the care to be provided at home. Second, the physical resources of the home must be adequate. And third, the medical condition of the patient must be such that organized home care is feasible.

There is little question that these three conditions can be satisfied in a great many cases where hospitalization of the patient is today the accepted practice and, indeed, the only choice. The reason for this state of affairs is, of course, that organized home care programs are in operation in only a very few localities.

7. The barriers to expansion of organized home care programs include the following:

(*a*) Lack of community understanding and support, financial and otherwise;

(*b*) In some communities, gaps in required services, such as homemaker service;

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14 These advantages, it has been pointed out, are particularly evident with sick children, who often react negatively to the environment of a hospital.

15 *Ibid.*, p. 247

16 *Ibid.*, p. 245, emphasis in original

(*c*) Some resistance to the idea within the medical profession;

(*d*) Lack of personnel trained in the administration of home care programs or familiar with their operation.

8. Substantially the same conclusions would seem to be warranted concerning organized home care programs as emerged from the analysis of homemaker service:

(*a*) A more rapid development of organized home care programs is urgently needed across Canada.[17]

(*b*) Whether individual programs are hospital or community-based, it should be a public responsibility to ensure that this development takes place.

(*c*) Organized home care programs should be a recognized element in any comprehensive program for payment of health care costs.

(*d*) Further governmental leadership and financial support is also required in the training of personnel to administer organized home care programs.

SECTION C: SOCIAL WORK SERVICES

1. The growing role of social work services in health care is a reflection, broadly speaking, of two developments. The first of these is the trend toward specialization in the medical and related professions. The second is the increasing awareness of the personal, social and environmental in illness and in its effective treatment.

With regard to the first of these trends, "you will all know that with the coming of specialization, doctors are no longer fulfilling many of the functions they did previously. Doctors used to be their own social workers, public health officers, and so on. Now, medical services are divided into different specialties and ancillary . . . services.[18] One of these ancillary services in modern health care is, of course, social work.

With regard to the second development noted above, the following comments are illustrative: "Sick people are troubled people. Whether they are sick because they are troubled or vice versa matters little. All truly professional people have concern for the 'whole man'; the difference in the interest and concern of the nurse and the physician from that of the social worker is one of degree and also in the amount and quality of help which it is possible to provide in the social, environmental and personal spheres . . . Our knowledge of basic human needs as well as community resources to meet these needs has increased to the point where another profession with special skills and knowledge, in this area, has emerged.[19]

2. The function of the social worker in health care is, broadly speaking, to contribute, on a conscious and skilled basis, a social dimension in the diagnosis and treatment of illness. The social worker may add this vital social dimension alike in the fields of prevention, of treatment and of rehabilitation.

Specifically, the social worker may perform a number of functions in health care, including the following:

(*a*) Through social casework and family counselling, usually under the auspices of a welfare agency, the social worker may be instrumental in preventing emotional breakdown or the onset of psychosomatic illness.

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17 In many communities, the development would have to be integrated with the establishment or expansion of such components as homemaker or home nursing services.

18 Quoted in Rev. Henri Legaré, "Social Worker on the Hospital Team", *The Canadian Hospital*, April, 1955, p. 33.

19 Jean Dorgan, "Social Work in the Treatment Setting", Government of Canada, *Medical Services Journal*, May 1959, p. 341 and 344.

(*b*) Through assessment of the sick person's social situation and environment, the social worker can assist in the social screening of admissions to hospitals and other institutional facilities.

(*c*) In hospital and organized home care alike, the social worker helps the patient to "make the best use of the many diagnostic and treatment facilities available to him by sorting out and relieving a myriad of personal, social and cultural forces which affect him when he is least able to withstand such pressures.[20]

(*d*) Modern health care involves a complex network of community health and welfare services. By training and experience, the social worker can help the patient and his family to use these resources most effectively.

(*e*) By supplementing the doctor's knowledge of the patient's personal, social and environmental situation, the social worker may also assist the physician in his diagnosis of and treatment plan for the patient. The fact is that, in many instances, "the complexities of modern medical and surgical practice deny the specialist practitioner this intimate knowledge of the patient."[21]

(*f*) On the basis of his knowledge and skills, the social worker can likewise make a contribution to the patient's physical and social rehabilitation. This contribution may be particularly important in the case of persons suffering impairment as a result of illness or accident. The social worker can provide a vital link in such cases between medical treatment and vocational placement.

(*g*) In cases of chronic illness, physical or mental, the social worker may assist in preventing the demoralizing effects of prolonged institutional care and in maintaining a supportive relationship between the patient and the family.

3. Social work services in health care are performed in a variety of settings. As the foregoing outline of functions indicates, the social worker may provide what is in effect a health service, for example, in a social welfare agency, in a hospital or other institutional facility, in a specialized clinic, in a rehabilitation centre, in a county health unit, or as a member of the health care team in an organized home care program.

Social work services are perhaps least likely to be available where health care is being provided by the private practitioner in solo practice. This is, however, only one aspect of the broader problem of co-ordination of the modern complex of health and welfare services where any professional person is working in isolation.[22]

4. Social work services in health care can be justified on humanitarian grounds alone. With the growth of knowledge concerning the emotional and social components of illness, they have also become recognized as an essential component in modern health care of high quality. Finally, by helping to prevent personal and family breakdown, by removing obstacles to effective treatment or by contributing to rehabilitation, social work services often have an economic rationale as well.

5. Yet the growth of social work services in health care has been on a very uneven and piecemeal basis. Even today, for example, only a small proportion of Canadian hospitals have a Social Service Department.

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20 Ibid. p. 339.
21 Ibid. p. 344.
22 See Chapter VI of full CWC Health Brief

The problems to be surmounted include the following:

(*a*) The development of social work services as a distinctive professional component in health care is a relatively recent phenomenon, and public understanding of the role of these services has been slow to emerge.

(*b*) Indeed, recognition and acceptance of the distinctive contribution of social work services has been slow to emerge within the medical profession.

(*c*) Reflecting this lack of understanding as well as lack of funds, there has been some resistance to the development of social work services in hospitals and other institutional facilities.

(*d*) The development of social work services in health care has been hampered by the acute shortage of trained social workers to which reference has already been made in this submission.

6. As one important step toward the development of more adequate social work services in Canada, the Canadian Welfare Council has already recommended,[23] and the federal government has implemented, a comprehensive program of social welfare training grants. In the field of health care in particular, social work services need to be accepted and incorporated as a vital component in any balanced pattern of health services and facilities. And they should be recognized as an essential element in any comprehensive program for payment of health care costs.

SECTION D: CHRONIC AND CONVALESCENT SERVICES

1. Chronic and convalescent services are probably one of the most pressing, and at the same time, one of the most complex problems in the field of health care today.

These services have become a pressing problem, broadly speaking, for two reasons. First, higher life expectancy has increased the number of middle-aged and elderly persons, and the incidence of chronic illness is relatively high in these age groups. Second, modern medicine is frequently successful in preserving life for those with chronic conditions without being able to effect a cure.

Chronic and convalescent services are a particularly complex problem for a number of related reasons, including the following:

(*a*) Effective care in relation to widely varying levels of chronic illness and degrees of incapacity involves a broad spectrum of services and facilities. Adequate care may be possible through the help of a housekeeper or a visiting homemaker, through the special services of a visiting nurse, or through the range of services brought to bear through an organized home care program. When the patient lacks home support, an out-patient clinic, a day-care centre, a foster home, or a lodge with attached infirmary may be the appropriate resource. The chronic patient may need the resources of a good nursing home. Or he may require the full range of services and facilities available in an up-to-date chronic or convalescent hospital.

(*b*) The chronic patient may need access to different facilities and services at different times, depending on the phase of the particular illness or disability. In an acute phase, he may need all the resources of the modern general hospital. During a relatively inactive phase, by contrast, self-help under professional supervision may be sufficient.

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23 Canadian Welfare Council, *Recommendations to the Federal Government on General Welfare Training and Research Grants*, August, 1961.

Thus the varying needs associated with chronic illness underline the importance of co-ordination of health services and of effective referral from one program or service to another.

(c) The treatment of chronic illness usually does not yield as spectacular results as may accompany the treatment of so-called acute conditions. Consequently, chronic services often find it difficult to attract their share of high calibre personnel, to say nothing of community support, financial and otherwise.

(d) The onset of chronic illness may involve particularly difficult problems of adjustment, emotional and financial, for the patient and the family. Prolonged illness means a long-run financial drain and may require a fundamental adjustment in patterns of living and personal relationships. Chronic illness is also most prevalent among the elderly who are least likely to have the social and financial resources to sustain it.

2. One of the most critical problems with respect to the treatment of prolonged or chronic illness is that training of personnel, organization of programs and operation of services has not kept pace with modern medical knowledge, understanding of human needs and potential, and preventive and rehabilitative techniques.

As the Manitoba Hospital Survey Board recently noted:

> The solution lies in recognizing that every long-term patient has the major need of being regarded as an individual who may have particular medical, social, psychological, religious or economic problems, or a combination of such problems, and the need for care which will maintain as well as improve his medical condition, his functional capacity and social competence. In order that this may be accomplished, facilities adapted for this type of care are required as are personnel who understand these problems, and are trained to provide the measures necessary to achieve these objectives. Education is therefore an important facet of the total program. There must be full appreciation on the part of the public of the importance of early diagnosis and treatment when symptoms develop. Each patient must have early assessment and a planned treatment program, with emphasis on rehabilitation, if practices of the past are to be rectified. In applying these concepts, there is the absolute need for the medical profession and the medical school to ensure that current medical practice keeps abreast of the ideas concerning functional restitution which have undergone a considerable change over the past few decades.[24]

3. Improvement in Canada's chronic and convalescent services involves a number of related requirements, as follows:

(a) There is need, first, for a fundamental shift in emphasis away from what is frequently called the custodial approach toward a more positive objective. We need to recognize that "the basic principles involved in the operation of an enlightened chronic care program are the institution of immediate treatment of the acute disorder, adequate assessment of the functional potential and early implementation of appropriate measures to correct, reduce or prevent functional impairment".[25]

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24 Goverment of Manitoba, *Manitoba Hospital Survey Board Report: Hospital Facilities*, 1961, pp. 466-7. It should be noted that the report also emphasizes the importance of rehabilitation in the treatment of chronic illness; rehabilitation services are dealt with in the next section of this chapter.

25 Ibid., p. 459

(*b*) A second requirement is expansion of housekeeper, homemaker, and visiting nurses services, and organized home care programs. Over a prolonged period, the best institutional care involves some risk of unnecessary degeneration and dependency in the patient. And "many of the patients who are (now) in hospitals and institutions could, under suitable conditions, be cared for as well or better, and more economically, at home".[26]

(*c*) Even if the first two requirements were fully met, there would still be need for expansion and strengthening of Canada's institutional facilities for chronic and convalescent care.[27] The present uneven and largely unplanned situation means that, in the case of prolonged illness that does not require immediate and intensive treatment in hospital, it is frequently a question of "taking what one can get" in the way of care rather than securing "what the individual patient requires".

(*d*) Because of the multiplicity of independent organizations offering different levels of chronic-illness care, a fourth requirement is more effective communication, co-ordination and referral on a community or regional basis.[28]

(*e*) Finally, there is need, as indicated earlier in this submission, for the formulation and enforcement of standards of care. This need is particularly important with respect to chronic and convalescent services because the field involves different kinds and levels of public facility, as well as a considerable array of charitable institutions and private (commercial) operations of widely varying quality.

4. It has been remarked that "the prevention and successful treatment of chronic disease is the great health challenge of the future."[29] It is time that we in Canada began to face up more effectively to that challenge. The person suffering from chronic illness surely deserves the same high quality of health care as we have come to associate with the modern acute treatment hospital. He is only likely to get it if there is full acceptance of public responsibility for the recruitment and training of the necessary professional and technical personnel and for the planned development and co-ordination of the required institutional facilities and services. Such a planned development can be justified on humanitarian grounds alone. But it is also likely to be more economical in the long run than our present rather haphazard arrangements and wastage of human resources.

SECTION E: REHABILITATION SERVICES

1. In a broad sense, the objective of all health services and care is or should be rehabilitation of the patient. Like prevention, however, rehabilitation is one of those elusive concepts in health care subject to a variety of interpretations and applications. On the other hand, the concept of rehabilitation services being used here is a relatively precise one. "It applies whenever an individual suffering from a physical or mental impairment requires *special assistance* to develop his potentialities and make his maximum contribution to the community."[30] Such special assistance demands the skills of specially-trained personnel, the

26 Ibid., p. 466

27 The kind of approach that is required is illustrated by the statement of "Principles in the Management of Chronic Illness" which is contained in Appendix V.

28 See Chapter VI of full CWC Health Brief

29 K. Charron, "The Magnitude of Chronic Disease in Canada", *Canadian Journal of Public Health*, July, 1961, p. 273.

30 Department of National Health and Welfare, *Rehabilitation Services in Canada: Part I, General Review*, Health Care Services Memorandum No. 8, 1960, p. 3, emphasis added.

use of special techniques or equipment, and the effective mobilization and co-ordination of these resources.

2. A rehabilitation service may be administered by a hospital or other institution, by a specialized health agency, or as an autonomous operation. Whatever the auspices, it should embrace the following elements.[31]

(*a*) Registration and rehabilitation counselling
(*b*) Evaluation
  i) Medical diagnosis
  ii) Psychosocial evaluation
  iii) Educational—Vocational—Employment evaluation
(*c*) Rehabilitation plan
(*d*) Rehabilitation treatment and training
(*e*) Establishment in community
(*f*) Follow-up

3. As this list of elements indicates, an effective rehabilitation service includes knowledge and skills which are not usually regarded as in the area of health care at all. A major problem and challenge in the field of rehabilitation is, in fact, to mobilize and co-ordinate skills and services from such related fields as medicine, nursing, occupational and physiotherapy, social work, psychology, education and vocational training, and employment counselling.

A related problem is to bring rehabilitation services into play at a sufficiently early stage in the patient illness or injury. Any delay in implementing a rehabilitation program may lead the patient to make an adaptation to his impairment which becomes increasingly difficult to modify or correct. There is no question that many people today suffer from some degree of disability which could have been alleviated or overcome by more immediate or adequate rehabilitation services.

4. The extent of need for rehabilitation services is difficult to determine. Although there are no uniform criteria for defining disability, it has been estimated that over 500,000 Canadians are seriously or totally disabled.[32] Many of these people cannot, of course, benefit from rehabilitation services, though some of them might have at an earlier stage. On the other hand, experience has shown that a high proportion of those who would once have been ignored as incapable of restoration can be given some degree of physical, social and vocational function through access to skilled rehabilitation services. Another index of unmet need is that existing rehabilitation programs are consistently unable to meet current demands for service.

5. Canadian rehabilitation services are provided under a wide variety of auspices, and there is probably equally wide variation in the comprehensiveness and quality of individual programs. Rehabilitation services for veterans and for those eligible under workmen's compensation legislation are well established and well known. A fairly common approach is the organization of a rehabilitation program exclusively for a particular illness or disability such as tuberculosis, blindness, arthritis and rheumatism, or mental illness. A rehabilitation service is a distinct and identifiable component in the operation of many, though by no means all, general hospitals. Although equally vital, the service is much less widespread in hospitals and nursing homes for the chronically ill. And community-based rehabilitation centres and travelling clinics are even less common.

6. There may be no one "best" way of organizing and administering a rehabilitation service. There are, however, certain essential requirements if

31 Ibid, p. 5
32 Department of National Health and Welfare, "Rehabilitation in Canada" *Canada's Health and Welfare*, Volume 16, Supplement No. 39, 1961.

Canada's rehabilitation services are to be more adequate and effective. These requirements include the following:

(*a*) In case of illness or injury requiring special assistance for full or partial restoration of function, rehabilitation service should be brought into play at the earliest possible stage following the onset of the impairment. If this objective is to be achieved, there will need to be a sizeable expansion of hospital-based rehabilitation programs and/or of community rehabilitation centres, as well as of travelling clinics in rural areas.

(*b*) Satisfaction of this requirement depends, in turn, on the recruiting and training of more rehabilitation personnel, the expansion in many communities of related resources such as vocational training programs and sheltered workshops, and the further development of a favourable climate for the employment of disabled people.

(*c*) The overall need is a more positive approach toward disability, including chronic illness, and more effective public support for rehabilitation services and programs. The approach must be to focus "on the development of the disabled individual's remaining potentialities instead of on his lost capacities".[33] More effective support involves acceptance of public responsibility for the planning and further development of rehabilitation services as one more component in an adequate program of health care for the Canadian people.

7. As with almost all services to people, the arguments for this are both humanitarian and economic. "The humanitarian aspects of assisting disabled persons to live useful, happy lives at their highest potential are self-evident; the primary aims of rehabilitation are humanitarian and social. In addition, however, rehabilitation of the handicapped is increasingly being accepted as a sound economic investment. The rehabilitated person not only ceases to be an economic burden to the community, but actually adds to its wealth and resources. Accordingly, a kind of economic balance sheet may be drawn up which compares the costs of rehabilitation services and public assistance to disabled persons, with the contribution which rehabilitated persons make to the national income.[34] Two recent studies along these lines show that a good rehabilitation program, like most health care, is an investment in people that also pays economic dividends.[34]

SECTION F: MENTAL ILLNESS SERVICES

1. It was noted above that the prevention and successful treatment of chronic diseases is the great health challenge of the future. It would probably be equally accurate to observe that the need for development and extension of facilities and services for early diagnosis, adequate treatment and effective follow-up in the field of mental illness is one of our major legacies from the past.

The reason for this state of affairs has been, broadly speaking, the prevalence of negative and misguided attitudes, professional as well as lay, toward mental illness. "It is doubtful... that in any other field of health has there been so much confusion, misdirection, and with the possible exception of leprosy, more discrimination against the patient. The management and control of the mentally ill have been successively regarded as the responsibility of the priests, the judges, the physicians, the philosophers, the state and private

33 Department of National Health and Welfare, *Rehabilitation Services in Canada: Part I, General Review*, Health Care Series Memorandum No. 8, 1960, p. 2.

34 Ibid, pp. 14-15.

charity. Mentally sick patients have been lodged in jails, poorhouses, hospitals, monasteries, pesthouses and possibly most frequently of all down through the ages, have been ostracized from society to wander in the wilderness. Mental illness even today is all too frequently regarded as a crime to be punished, a sin to be expiated, a possessing demon to be exorcized, a disgrace to be hushed up, a weakness of personality to be deplored, or a welfare problem to be cared for as cheaply as possible."[35]

2. There are some signs of a change for the better in our approach to mental illness and mental illness services. There is growing recognition of the need for more research in the causes of mental illness and methods of treatment. New drugs and therapeutic procedures have been developed in recent years. A consistent and coherent philosophy has begun to emerge concerning the appropriate design and organization of mental illness services. And there are indications of a more positive and constructive approach to mental illness among the human service professions and, though perhaps to a lesser extent, the lay public.

3. Nevertheless, in Canada as in many other countries, we still have a long way to go. In spite of modern knowledge concerning the social component in effective therapy and rehabilitation, the prevalent pattern is still to isolate the mentally sick from the community. The relatively low budgets of most Canadian mental hospitals are a reflection of the fact that institutional care is still, to much too great an extent, more custodial than therapeutic. The development of treatment-centered programs in mental institutions and of community mental illness services and facilities is not only hampered by lack of support, financial and otherwise; but also by a related shortage of and inadequate remuneration for the wide variety of professional and technical personnel required in the field. And, as in almost all health services, there are acute problems in the organization and co-ordination of required services and facilities.

4. The extent of the unmet need for mental illness services is difficult to estimate with any precision. Present statistical compilations measure only the populations of mental hospitals, other institutional facilities and psychiatric clinics. The closely related problems of mental deficiency, mental retardation, senility, alcoholism and drug addiction are not caught up in the data. Nor do the figures reflect the incidence of mental and emotional disorders which are sufficiently minor, or where inadequate diagnosis means, that the patient has no contact with a mental hospital or clinic.

On the other hand, we do have some significant clues to the overall dimensions of the problem, including the following:

(*a*) The number of patients in mental hospitals and related institutions is roughly one-half of the nation's total hospital population.

(*b*) Prevalence studies and estimates suggest that roughly one-third of the adult population have had some degree of mental illness during their lifetimes and that perhaps one person in ten is sufficiently mentally ill to need some kind of professional help.[36]

(*c*) The number of elderly people in the population is, as already noted, increasing; and among the elderly, the rate of admission to mental institutions is rising.

(*d*) Although there is an encouraging growth in the turnover of patients in mental hospitals, readmission rates are also rising rapidly. "The problem *now* is not so much one of producing symptomatic improve-

35 Canadian Mental Health Association, *Draft Statement on Mental Illness and Health in Canada to the Royal Commission on Health Services*, 1961, p. 1. See also Karl Evang, *Health Service, Society and Medicine*, 1958, p. 64.

36 Ibid, p. 5.

ments of patients in hospital, but of psycho-social rehabilitation and of maintaining the patient sympton-free in the community.[37]

5. Effective action on this problem would seem to require a re-orientation of the traditional approach to mental illness treatment and an expansion and extension of community programs and services. The traditional treatment centre has, as already indicated, been the large and usually isolated mental hospital. This facility requires strengthening as a research and remedial resource for complex cases of mental illness, acute and/or chronic.[38] But there is equal, if not greater, need for the further development of local diagnostic and intensive treatment centres, either as psychiatric units in general hospitals, or community-based, or both. Whether under the aegis of the local diagnostic and treatment centre or otherwise, there is also need to define the respective roles of, to develop, and to co-ordinate a wide variety of related programs and services, including community mental health clinics, day care centres, case-work and counselling services, rehabilitation centres and many more.

6. The Council calls particular attention in this connection to the anomalous position of casework and counselling services. Because these services are almost invariably regarded as in the field of welfare rather than health, the agencies providing the service are not eligible to receive federal health grants. Yet a substantial part of the caseload involves people with mental or emotional disorders, not infrequently on referral from a hospital or other health care service. The casework agency should, in fact, be recognized, much more than it is now, as an important resource in the community's network of mental illness services.

7. Another area where the dividing line between health and welfare is badly blurred is in the case of the mentally retarded and mentally deficient, aged persons with irreversible brain deterioration, "burnt-out" schizophrenics, psychopaths and sociopaths. At present many of these people constitute the hard core of patients in the nation's mental hospitals. Others are consigned to homes for the aged and other "welfare" institutions. Some end up in training schools, reformatories and penitentiaries. Still others are hidden away at home, imposing a sometimes crushing emotional and financial strain on parents or relatives and all too frequently receiving no professional treatment whatever. Given adequate treatment and rehabilitation services, some of these people can be brought to a sufficient level of functioning that they may feel useful in their own eyes and the eyes of others. Some, given our present knowledge and techniques, should have "tender loving care" in an appropriately staffed and organized institutional facility. Taking the aged group as an example, it may be a misuse of resources and personnel on the one hand to treat people as patients in a mental hospital, or on the other, to attempt to provide for them in homes for the aged.

8. The following points may be made by way of summary and conclusion:

(*a*) On humanitarian grounds alone, a sizeable expansion is warranted in personnel, facilities and services allocated to the field of mental illness.

(*b*) Recent advances in methods of treatment and rehabilitation procedures indicate that such an expansion would also constitute a worthwhile economic investment in human resources and potential.

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37 Canadian Mental Health Association, *Mental Health Services in Canada,* Interim Report No. 1, 1962, p. 9, emphasis in original.

38 It is relevant to note that the United States Joint Commission on Mental Illness and Health recently recommended that all existing State Hospitals of more than 1,000 beds be gradually and progressively converted into centers for the long-term and combined care of (*all*) chronic diseases, including mental illness. *Highlights and Recommendations of "Action for Mental Health"*: December, 1960, Report of the (U.S.) Joint Commission on Mental Illness and Health, C.M.H. Supplement No. 22, p. 24.

(c) What is required, in essence, is a transformation of the large mental hospital into an adequately-supported, treatment-centred facility; the rapid development of well-equipped community treatment centres; and the organization and co-ordination around these centres of a network of related health and welfare services.

(d) This, in turn, requires professional backing and governmental support, certainly at the local and provincial levels, but equally at the federal level.

(e) The acceptance of public responsibility may be dependent, in part, on the support of an informed public. But governments and professional groups alike also have an obligation to provide positive leadership.

APPENDIX III

PEOPLE FACED WITH ILLNESS

Extract from: Appendix A,

BETTER HEALTH CARE FOR CANADIANS

CWC Brief to Royal Commission on

Health Services

The Council's submission has emphasized the inter-relatedness of health and welfare problems and programs and has drawn attention to numerous gaps and inadequacies in Canada's present services and facilities. The harmful effects on people of these gaps and inadequacies are illustrated in the following case material.

The material was drawn from a large number of case histories submitted by public and voluntary agencies across Canada. Many of the agencies stressed that the problems described are by no means unique; identical or similar situations are, in the agencies' experience, a common occurrence. The histories have been edited only in the interest of brevity and readability and in order to preserve confidentiality.

The stories speak for themselves in demonstrating the personal anxiety, deprivation and, in some instances, continued ill health or impairment caused by weaknesses in the present organization and financing of health services. Attention is directed also to the waste or misuse of scarce professional skills that is sometimes involved. When facilities and services are not available to implement prescribed treatment plans, the effect is not only inadequate care of the patient, but frustration of the best efforts of professional personnel. In the field of social work, for example, precious hours of professional time are frequently diverted into searching for ways and means of securing the treatment resources that the patient requires.

Increased Rates Necessary

Improved Public Assistance Programs
Essential for Adequate Health Care

Mrs. A. is a widow in her late 60's, living alone in one room. She had been a professional person but, following a stroke some 25 years ago, has been unable to work and support herself. Mrs. A. has multiple disabilities—residual paralysis, hearing loss and hypertension. In recent years, she has also had a gastric ulcer for which surgery was required. For years her total income from public assistance has been $55 a month, out of which she pays $40 a month in rent. Mrs. A. receives some small financial help from a sister which makes it possible for her to keep going. But lack of adequate food and clothing and worry about her financial circumstances are further undermining her already poor health.

Eligibility Requirements Too Stringent

Mr. M. is a married man in his early 50's with dependent children. He is a labourer, working on road maintenance. Mr. M. was referred to an out-patients' clinic with severe dermatitis which, the doctor decided, was caused by roadside plants. The medical problem is, of course, seasonal and the local area refused

to grant financial assistance because his disability was considered to be "temporary". Mr. M. tried to work the odd day to keep the family going, with help from the small earnings of the eldest son. Eventually the doctor recommended that he remain off work for six months so that he would qualify for financial assistance and this was done. But, in the interim, Mr. M.'s medical problem was aggravated and serious emotional problems were also created for the patient and his family.

Dangerous Lack of Care

The Problem of Medical Care costs for the Middle Income Family

Although Mr. G. had always had steady employment, he now suffers from an incurable heart ailment and will never work again. His health and well-being depend upon drugs that he must take. His children—now grown up and married—have their own family responsibilities and are not in a position to offer much help. Mr. G. is still paying a mortgage on his house. He receives no pension from the firm where he was formerly employed. His wife works, and her earnings of $40 a week are the only regular income in the home. Financial assistance over a limited period of time was provided by a voluntary agency so that Mr. G's drugs could be bought. When the agency could no longer keep up this help, his heart condition grew worse.

Resources are Being Drained

Miss H. is sixty-three years old and has been working for the past 26 years as an accountant. In October 1961, she was registered with a voluntary agency as a blind person, her loss of sight having brought a sudden end to her business life. She has reacted to blindness and loss of earning power in the fearful manner that one would expect and her anxiety may have contributed to a flare up of rheumatoid arthritis. It is not yet settled what pension or other income Miss H. will be entitled to in the future. But it will unquestionably be substantially smaller than previous earnings, necessitating a move to a cheaper apartment and similar economies. Meanwhile, Miss H.'s financial assets make her ineligible for free medical care at an out-patients' clinic and she is forced to use up her savings at the rate of approximately $30 a month for necessary medical attention.

Old Age Pensioners

High Cost of Drugs Causes Hardships for Many

An elderly couple receiving old age security benefits applied to a family service agency for assistance. Mr. and Mrs. M. had both suffered heart attacks and frequent other illnesses and currently require $18 per month for prescribed drugs. They cannot possibly afford this amount out of their present income and voluntary agencies—equipped at best to provide emergency financial help—cannot provide it on the long-term basis required. The couple had earlier received a $12 supplement to their old age security income, but because of changes in the regulations, this supplement has been discontinued.

A Breadwinner

Mr. T., age 64, has always been independant, frugal and self-supporting. Some 10 years ago, he developed a form of anemia. He has had to be admitted to hospital 50 or 60 times for hemorrhages and has had transfusions of over 500 pints of blood. With each pint, a drug costing about $4 is required; the cost is not covered by hospital insurance. All of Mr. T's savings have been exhausted in paying for this medication and a debt is now accumulating. Yet he will continue

to need treatment because his condition is progressive. Mr. T. worries constantly about the financial insecurity threatening his wife and himself.

Dentures

Important "Incidentals" Are Often Unavailable

A local public welfare department refused to buy dentures for a man of 62 years because, it claimed, the income coming into the home was adequate. This man and his wife each receive $36 a month in public assistance. They obtain, in addition, $60 a month in rent from property, but this money is used to make mortgage payments. The man's wife is seriously ill and the cost of her drugs is very high. This cost is met by a son-in-law, but there is still no money available to buy the husband his dentures.

Old Person Forced From His Home

Special Facilities and Services

Mr. and Mrs. R., an elderly couple of moderate means, have managed to maintain themselves in their own home although both have suffered from illness. Mr. R. is now bedridden and requires constant care and attention because of occasional and unpredictable hemorrhages. Mrs. R. soon became exhausted in nursing her husband and, because no relief was available for her, he had to be admitted to hospital. Home nursing care and housekeeping assistance would have enabled Mrs. R. to get her needed rest and to continue to look after her husband at home.

* * *

Lack of Nursing Home Care Apparently Fatal to Patient

Mrs. O., an elderly widow, was admitted to a psychiatric ward and, during six weeks of hospitalization, her physical and mental condition improved dramatically. When Mrs. O. was ready for discharge, it was decided that she needed some supervision to ensure that she got her prescribed medication and rest, plus help with personal laundry and living accommodation. What was required was care in a senior citizens' residence, offering personal and basic nursing care in addition to domiciliary care. However, the two institutions in the area offering this type of care both have, due to long waiting lists, a waiting period for admission of over a year. The only alternative was to place Mrs. O. in a hostel-type institution where supervision was not adequate to keep her on the proper rest and medication schedule. Her physical condition deteriorated rapidly and she died six weeks later.

APPENDIX IV

THE AGED INDIVIDUAL: LIVING ARRANGEMENTS AND THE HUMAN SITUATION

Extract (Chapter III) from:

CANADIAN LIVING ARRANGEMENTS FOR THE AGED

Prepared by CWC for Central Mortgage and Housing Corporation

Chapter II above paints what might be called a collective picture of Canada's aged people. From evident trends and available statistics the general nature and dimensions of the problem of living arrangements are documented or implied.

The purpose of this chapter is to add a vital human dimension to that story. What happens to the aged man or woman who is forced to live in accommodation that is, by almost any standard, inadequate if not intolerable? What, by contrast, does it mean in human terms when living arrangements are improved? What, in fact, is involved—supporting services and facilities as well as actual housing —in "adequate living accommodation" for the elderly?

One kind of answer to these questions is obtainable through individual case histories. With one exception, the histories set forth below have been drawn from the records of welfare agencies providing services to elderly people. They are true stories about real people; they have been edited only in the interest of brevity and readability and in order to conceal the identity of individual Canadians and specific social agencies. The exception is History No. 7, also based on fact, which is quoted from a story by Clare McAllister in *Canadian Welfare* for May-June, 1963.

History No. 1

INDEPENDENCE IMPORTANT—EVEN AT 89 YEARS

Family Situation Complicates Housing Problem

Mrs. J., a woman of 89, lived in a rented house where she had lived for 20 years. She managed financially by the fact that the owner allowed her to pay a minimum rental, and she supplemented her old age pension by renting out a room. A son who was a widower lived with her, but because of a personality problem, he contributed little, financially or any other way, and was most dependent on his mother. Mrs. J. had not been off her own doorstep for over a year and the boy who delivered her groceries helped with household chores because he liked her. She worried continually about fuel and other household expenses and it was doubtful that she got enough to eat.

Avoids Institutional Care

The house was sold and she was forced to move. With the help of a social worker it was decided that she and her son should separate. She was taken to see a home for the aged and happened to be there just at lunch time when the residents all appeared. She said to the social worker, "Old age is tragic."

She went home and put an ad in the paper for shared accommodation and secured a nice room in a bungalow in a quiet, pretty district near where she had lived before, with the privilege of sharing the kitchen and other common rooms. The new landlady is a widow, much younger than Mrs. J. They share food expenses and the landlady does the cooking.

New Lease on Life With New Living Arrangements

Mrs. J. has had a new lease on life. She frequently visits old neighbours for a day or so. Formerly, in a state of anxiety, she had refused to consider any recreational opportunities, but she now goes out often. Her son, who is living by himself, comes often to visit her.

Companionship and Stimulus

The fact that Mrs. J. is in a nice residential area near her old neighbours, where she feels that she still is an individual, has contributed a great deal to her happiness. She is relieved of all of the problems of the upkeep of a home but still has the joy of living in a way she has chosen.

History No. 2

SHORTAGE OF LOW-RENT ACCOMMODATION

Mrs. C., an unusually healthy, energetic, and mentally alert woman of almost seventy-four years, has been getting help from a family counselling agency off and on for the past ten years. She has been separated from her husband for about twenty-three years, living alone in rooms for most of this time. The agency service has been a supportive one in the areas of employment, housing, recreation, health, and general functioning in the community.

One miserable room

Mrs. C. seems to have been severely disturbed by her husband's desertion "for another woman", and has not been able to learn easily to manage by herself. The housing problem has been a serious worry to her, and has interfered considerably with this adjustment process. At present she occupies a very small back second-floor room of an old, although reasonably well-kept, house in the downtown area and shares a kitchen and bath with other tenants. She is constantly upset by the low temperature at which the house is kept (which she feels endangers her health), the necessity of sharing kitchen facilities, the uneven housekeeping standards of the other tenants, the lack of freedom and facilities to entertain, her inability "to come and go as I please" for fear of disturbing others, and the general restraints imposed by this group living.

Not enough money for rent—Two years to wait for low-cost housing

To sum up, the housing problems seem to foster all the feelings of insecurity and inadequacy already inherent in Mrs. C.'s emotional state due to past experience and her reactions to it. Her ability to adapt herself to circumstances is severely limited by her age, her long-ingrained values and standards, and this pervasive insecurity. There has been considerable concentration during the agency's contact on helping Mrs. C. secure housing for her needs in the face of her great financial limitations, her income consisting only of Old Age Security supplemented, when health and opportunity permit, by casual earnings. Mrs. C. reports that an application was submitted for subsidized housing in the downtown area where her social, recreational, and medical contacts would all be close by, as transportation presents both physical and financial problems. How-

ever, we found that the lack of vacancies presented an almost insurmountable problem there. Mrs. C. has been on the waiting list for other limited-dividend housing for senior citizens for over two years and has considerable concern about the distance she may have to travel once an apartment is available to her, as this housing is so far from the area of the city she knows.

It is evident that Mrs. C.'s personal problems are aggravated by the difficulties of finding housing she can afford and, even if she could find it, the worry about its remote location.

History No. 3

HOMEMAKER SERVICE INVALUABLE

Poor, alone and ill

Miss B. was first referred to a visiting homemakers' agency in January 1959, at which time she was in hospital because of a broken wrist, and she has received help intermittently over the years since then. She is a frail little woman who has curvature of the spine and suffers from a severe arthritic condition. She is frequently confined to bed for several days at a time. She receives a government pension of $88.00 and in addition, through a service club, a supplement of $15.00 monthly which will continue until she is eligible for Old Age Security.

Miss B. is living in one room on the third floor of a rooming house. There is only the minimum equipment in the room, a dreary view from the window, and the stairway is dark and depressing. The physical conditions in which she lives have had a poor effect on her, and she has become increasingly depressed and discouraged.

Housing, homemaker, cheerier outlook

Recently arrangements were made for her to secure a bachelor apartment in a low-rent housing project for elderly people. After she visited the apartment she was so pleased that there is already a marked difference not only in her morale but in her physical condition and the way in which she is able to function. A homemaker comes to help her two half-days a week. Miss B. has been most appreciative of the attention she has been given by the voluntary agencies and the assistance given by the visiting homemakers' agency and is now responding remarkably well to the new prospect for living accommodation. The homemaker is assisting with moving plans and will help Miss B. get settled in her new home. Miss B. says she is "overwhelmed and overjoyed with the new plans."

History No. 4

SERVICES MAKE A POOR ROOM A HOME

Mr. C. has been in contact with a visiting homemakers' agency since November 1960 and has received help continuously. He is a widower and his only son died in 1960. His relatives live a long way from the city.

Home, not institution

Mr. C. is sixty-six years of age and has a serious heart condition and acute asthma. He gets an old age pension plus a $20.00 disability supplement so that his total income is $85.00 a month. He occupies one room in a house in the downtown area. The accommodation is meagre but for Mr. C. it is home and he is resisting hospitalization although that has been suggested by his doctor.

As his condition is deteriorating he is not able to participate in the club which he attended two days a week and thoroughly enjoyed. A homemaker visits him three times a week for two hours each time. At present he is being visited regularly by the V.O.N. and through this agency's efforts it was possible to secure a proper bed, and also a bed-rest, both of which have made life much more comfortable. At the request of the agency, a service club provided a T.V. which is a source of great pleasure.

Mr. C. is very grateful for the assistance from the various agencies concerned as this makes it possible for him to remain in his home for a while longer. The agencies have co-ordinated their services so that this man is receiving the maximum amount of benefit, and we are in touch with his doctor who is fully aware of the present situation.

History No. 5

SUB-STANDARD HOMES DAMAGE HEALTH

Costly and Cold

An 86-year-old man, trying to maintain his independence, was living on the second floor of an old house in a downtown slum district, paying excessive rent ($62 a month plus the cost of gas) for two rooms without proper heating (radiators did not work, windows did not close properly). The house was dirty and cockroaches from the apartment downstairs appeared also on the second floor. The old man wanted to get out. Because of very severe winter weather he could not go in search of rooms very often, so in his despair, he took the first place he found; it did look better but it also cost more ($80 a month). The old man became aware of serious inconveniences—bathroom and telephone on the next floor—only when he moved in, sick with a very bad cold which he caught in the old place, and too weak to climb the stairs. He has now to find another, more suitable place. If he doesn't find it, he will have to be institutionalized.

History No. 6

HEALTH AND HOUSING

Stairs and draughts

A 72-year-old widow of a war veteran is suffering from diabetes and heart trouble. She could get no rest in the house where she had a room, because the children of the tenant upstairs were very noisy. In spite of her request to keep the door in the hall downstairs closed, they always left it open, which made the place very cold and draughty. So the old widow had to keep going up and down stairs to shut the door. This damaged her heart so badly that she had to spend seven weeks in the hospital. The doctor strongly advised her to move to a place where she would have the privacy and peace which she needed seriously, because of her heart condition. She had great difficulties in finding suitable accommodation within the limits of her financial capacity, and needed our financial assistance for moving and paying rent in her new home.

History No. 7

WHO GETS THE LOW-COST HOUSING?*

I thought of the Donkins. Mr. Donkins had had a stroke, so now stayed in the dark back bedroom on the second floor, mostly. He could no longer manage

* From articles of this title by Clare McAllister, in *Canadian Welfare*, May-June, 1963.

the stairs to the third-floor attic, whose chill but bright "sun-room" made their cooking and sitting place. The bedroom he was in was north. He could just walk to the front hall window and lean awhile to watch the children playing in the sunny school-yard, across the street.

His speech a little fumbled (from the stroke), he said, "I used to like it when I could get upstairs to our sitting room, to sit and watch them; and then, of course, time was I used to be able to go out and walk, but now I can't make the stairs".

Mrs. Donkins fluttered round him, like a partridge hen, neat and tidy, darting her smooth small head. "If we were out at the housing, he could maybe walk outside the door—it's only one step down, isn't it?—and he could sit in the sun. I went out to look at the housing once, she said, holding her head from bobbing for a minute; stopping to see it in her mind's eye: the one step outside the door, where he could sit, outside the sunny window.

"He could walk on the level just fine, you know", she said, fluttering and shaking up pillows again. She felt his cold hand, made a little face at me over his head in the dark room, pulled up the blanket.

"It would be brighter *in*side there, too", he added.

I looked at the dark stain on the 20-year old wallpaper. I wondered if it looked angel-wing-shaped to Mr. Donkins, as it did to me. I thought, I could seem like an angel, too, if I could just say to the Donkins, to all of them I've seen, to so many more—if I could just say, for the admissions committee, perhaps for you:

"There are lots of low rental housing suites built. I don't have to choose just one applicant to whom to say, "Tomorrow, move out to the warm and bright'."

Summing Up

These stories demonstrate the effects of inadequate or sub-standard housing on people; the close relationship between "adequacy" of living accommodation and availability and acessibility of supporting social services; the contribution which good supporting services can make to the sense of independence and self-respect in old age; and the improvement in outlook and health resulting from a move from sub-standard housing to good living accommodation.

APPENDIX "K"

STATEMENT ON HOMEMAKER SERVICES TO THE SPECIAL COMMITTEE OF THE SENATE ON AGING

from

THE COMMITTEE ON VISITING HOMEMAKER SERVICES
Family and Child Welfare Division
The Canadian Welfare Council

(Approved by the Board of Governors,
The Canadian Welfare Council
March 19, 1964)

Presented by Mrs. C. Douglas Allen, *Chairman*

(1) On behalf of the national Committee on Visiting Homemaker Services, I have the honour to present the following statement in support of the Section on Homemaker Services in the Canadian Welfare Council's Submission.*

(2) My Committee realizes that presenting the national picture is in many respects a difficult task. By its very nature, homemaker service is a local one which varies from community to community according to needs. Each agency has to set priorities for the service it can give, in the light of the most urgent requirements of its area and of the best possible use of the homemakers it is able to employ. You are, I am sure, receiving reports from local agencies on their particular services to the elderly and these should be most valuable to you.

(3) Unfortunately, however, far too few communities recognize the need for such services, and when they do, it is often at a point when those needs have become so overpowering that it is next to impossible to meet them adequately. It is important, therefore, to emphasize the general advantages of homemaker services as we see them nationally, and to underline the diversified need for them which is not being met across Canada today, particularly in the field of the aged.

(4) Our National Committee during the past four years has completed three studies—on homemaker agency personnel practices, on homemaker training, and on intake policy. This year we are working on a study of personnel practices for homemakers. These are distributed as guides in operating an existing agency or in starting a new one. By this means, we are helping to establish national policies for the operation of visiting homemaker agencies. But agressive leadership with practical help, beyond the scope of a national voluntary organization, is required, as the Council brief states, to encourage communities across Canada to establish and adequately finance homemaker services.

(5) Before speaking of the social and economic values of homemaker service to the aged, I should remind you that the great volume of service is given to homes where children are involved and where the mother is physically

* C.W.C. Submission, p. 316, and pp. 324-328.

or mentally ill or where she has deserted. The service can keep children out of foster care and permit the wage earner to continue with his job. It is most frequently an emergency service to tide the family over a crisis.

(6) Homemaker service for the elderly is a different matter. Usually the need is for a continuing service, which may be for a few half-days a week or may even be for full-time service, for those old people who can best be cared for in their own homes and who wish to remain there. The homemaker tidies the home, washes and irons, shops, and introduces more interesting and nutritious eating habits to the older people who may be existing on tea and toast, either from boredom or from lack of imagination in preparing small portions of food for one or two people. Inclement weather keeps an old person at home, stiff joints can hamper personal hygiene, poor diet takes its toll of good health; and loneliness—the constant companion of many elderly people—drains them of hope and interest in living. This is tragic and unnecessary. The people of whom I speak may have years of living ahead of them. And so much to contribute. They have the wisdom of years of living. The fact that their sight or hearing has deteriorated or that they get around more slowly than formerly should be of little importance in assessing their value and worth to a community.

(7) A few, so very few, receive homemaker service. Those who do, know that several times a week someone is coming in, someone to talk to, someone who will bring news from outside, someone who will take them for a walk, or freshen a dress or hat, or wash a tie; someone who will write a letter to a relative or a friend. A homemaker with skill and training—and let me emphasize training because a homemaker needs more than just a liking for older people and a knowledge of housekeeping to be able to assist in preventive and rehabilitative work—can give elderly people a new lease on life, can make them feel wanted, and can often re-introduce forgotten talents or teach new ones. These may seem little things in themselves but they form such important therapy, along with the practical help a homemaker can give.

(8) What are the alternatives to a homemaker program? An institution, or a desperately deprived existence in a lonely room. Most older people resist institutional care as long as they can. Many of those who require hospitalization could be released from hospital long before they actually are if there were a visiting homemaker service to supplement nursing care at home. This would hasten their convalescence, release much needed hospital beds and cost the taxpayer much less. The needs of people and the conservation of public resources, therefore, both benefit from homemaker service.

(9) Our Committee is convinced that a homemaker service can do a splendid preventive job in cutting down on the physical and mental deterioration of the aged, particularly if the service is started early. And from a purely monetary standpoint it makes good sense when you compare the cost with, for example, that of hospital care which, to cite one locality only, is approximately $26 a day for a single person as against $5.50 for a homemaker half-day which is often all that is necessary. And while it is true that other types of institutional care cost less than hospitals, homemaker service may be no more expensive in total, and in any case would often be much more acceptable and better for the old person.

(10) What is being done in Canada in homemaker services is paltry; the comparison between Canada and the United Kingdom and Western Europe is staggering, as Appendix I of the Council's brief shows. There are only approximately 55 homemaker services in Canada and, apart from the Red Cross (which offers this service mainly in Ontario), only about 10 Canadian agencies are providing services to the aged. There seems to be little public awareness that

this could be an accepted and advantageous community service and financial resources are extremely meagre. Lack of financial support is one of the chief reasons for the shortage of homemaker personnel. We demand a high calibre in our homemakers, we expect them to perform with skill many varied tasks, yet we pay them so poorly that we lose good women because they cannot afford to work for us.

(11) This brings me to another aspect of homemaker service. You are inrested, I know, in the employment of older workers, and the Council's brief has a good deal to say on this point in general. Homemaker service is an as yet largely untapped vocation for the older woman whose children are grown up and who wants or needs to work. With her household skills and maturity, backed up by the required training course, she would be an asset to this worthwhile field and, at the same time, would satisfy her own needs. Homemaker service can also be a splendid occupation for younger women—and the aged like to have youth around them. Training is highly developed in some European countries. In Finland, for instance, there were by 1957, 11 schools for training homemakers. The course is 8½ to 10½ months duration, plus one month in a children's home and one month in a home for the aged, and the government pays 50 per cent of the costs of the schools. But development of this employment opportunity also depends on the ability of agencies to pay adequate salaries.

(12) As we have seen in the Finnish example, an important method of meeting costs is through the use of public funds. Ontario has pioneered in this field in Canada with good permissive legislation (though not entirely realistic as to cost) called the Homemaker and Nurses Services Act. You will note in Appendix I of the Council's brief that this enables municipalities to recover from the provincial government 50 per cent, up to a certain maximum, of the cost of homemaker service that they sponsor either under their own control or through a voluntary agency. But there needs to be encouragement for more municipalities to take advantage of the Act and for more provinces to accept this responsibility.

(13) The Appendices of the Council's brief contain several case histories about homemaker service for elderly people but I should like to add one more —a current one—which vividly illustrates several of the points I have mentioned. It shows what homemaker service *can* do and how it can be hamstrung by lack of funds. It also underlines the plight of people who desperately need such service but for whom it is not available.

(14) Mrs. A. has been receiving homemaker service for over three years, on an average of three half-days per week. Mrs. A. has a tracheotomy, a heart condition and chronic arthritis, to the point where she can move only with the greatest difficulty. Her husband has Parkinson's disease and asthma. He is a retired accountant but in order to increase his income he now works as a bookkeeper for a small firm. Their combined drug bills amount to $80.000 per month. It is only with the greatest difficulty that they have maintained their own home and managed to keep abreast of their medical expenses. They have always contributed $2.00 per day towards homemaker service. A short while ago, Mr. A. became eligible for the Old Age pension. This was immediately used to raise a second mortgage on his home in order to take care of some very necessary repairs.

(15) The balance of the cost of the A.'s homemaker service (about $7.00 a day) was being paid by the Ontario municipality in which they lived, through the voluntary agency that actually provided the service. Recently, the municipality re-assessed this case and stated that Mr. A. had a surplus income and was not eligible for assistance under the provincial Act. Since all the agency's

voluntary funds were already fully committed, service to this couple has had to be withdrawn. The result is likely to be that Mr. A. will have to give up his job and his home and that he and his wife will go into an institution.

(16) This case also illustrates the preventive aspect of homemaker service that I have already mentioned. Institutional care for the A.'s may be cheaper in dollars for the community—although even this is doubtful in the long run. But it will certainly lead to deterioration in their self respect and their enjoyment of life. Administrators of homemaker services are deeply concerned when, as in this case, years of constructive work are lost through lack of funds. They are also frustrated by constantly seeing families or individuals damaged because service was not given earlier or cannot be given for a longer period of time.

(17) A rapid development of homemaker services is urgently needed in urban centres and rural areas across Canada, and the advantages of this service to the elderly are evident. The problem of financing is serious and must be solved before services can be expanded. The Canadian Welfare Council's Committee on Visiting Homemakers Services assisted in preparing and strongly supports the recommendations of our Council's brief: namely, that, whether homemaker services are provided under voluntary or public auspices, it should be a public responsibility to see that they are developed throughout Canada, that homemaker service should be a recognized element in any comprehensive program for payment of health care costs, and that governmental leadership and financial support should be given in the development of training programs for both homemakers and supervisory personnel. We would also stress the value of the program in expanding a promising field of employment.

(18) As noted in the Foreword to its Submission, time did not permit the Canadian Welfare Council to prepare a new policy statement on aging for the Senate Committee. This gap embraces the further study that is obviously needed to arrive at detailed proposals as to how to implement, in practical terms, the broad recommendations of the Council (listed in para (17)) e.g., with regard to financing. Again, as noted at the beginning of this statement, the problem is a particularly difficult one to approach nationally since the organization and financing of homemaker services is on a regional or local rather than a federal level.

(19) The recently published report of the Ontario Welfare Council on *Homemaker Services in Ontario* makes specific recommendations on financing the service in that province and recommends further study of the whole subject of Ontario homemaker services. Similar study is required in relation to all provinces, either undertaken in each province or nationally because of the variation in, for example, provincial-municipal participation; Ontario is the only province with a specific Act on homemaker services[2] but some other provinces provide help under their general social assistance legislation.

(20) Attached to this Statement is a document listing "Salient Facts and Comments on Canadian Homemaker Services" which we hope will be of value to the Senate Committee. Documentation of the service is as yet very scanty; there is no regular reporting of statistics, either provincially or nationally. The only national study available is based on 1958 figures; this is the Canadian Welfare Council survey of agency personnel practices (referred to in para (4)) which is limited in scope as the title indicates. Of necessity, therefore, most of the material in the Attachment is drawn from the recent Ontario Welfare Council report. However, since the bulk of Canadian homemaker services—about 34 out of (as far as is known) 55—is in Ontario, it may perhaps be

2 The Homemaker and Nurses Services Act, 1958. (Ontario)

assumed that finding with regard to that province have important implications for the rest of the country. Our representatives on the Canadian Welfare Council delegation will be pleased to amplify these finding and supplement them from local experience during the appearance before the Senate Committee.

(21) In conclusion, we feel that Canada must face up to the knowledge that our over 65 population is going to increase considerably in the next few years. It is imperative that we try to find solutions to some of the problems that already exist and that are going to multiply. We must remember that we are all responsible, in part at least, for helping our senior citizens to retain their self esteem, and we ourselves should be very aware of their worth and dignity in our society. Programs such as homemaker services can testify to this awareness and be a practical expression of our acceptance of responsibility.

May 7, 1964

Attachment
C.W.C. Supporting
Statement on
Homemaker Services

THE CANADIAN WELFARE COUNCIL

SALIENT FACTS AND COMMENTS ON CANADIAN HOMEMAKER SERVICES

(Prepared for the Special Committee of the Senate on Aging, April 1964)

A. VOLUNTARY AGENCIES, CANADA, 1958[1]

1. Total no. of Canadian agencies: 46 (41 reporting in the Survey)
   Total no. of Ontario agencies: 27 (24 Red Cross)
2. Total no. of homemakers:
   Part-time 298
   Full-time 215 513
3. Age of homemakers, 20 to 75:
   7 out of 10 between 45 and 65
   4 out of 10 between 50 and 60
   Average age: 53
4. Total population covered: 31% (Ontario—33%) (no agencies in Newfoundland, New Brunswick or Prince Edward Island).
5. Total service given in the year (35 agencies reporting): 65,010 days to 5,695 families.

   Average number of days service per family: 11 (7 in Red Cross Agencies, 18 in the others).

   Number of families served per agency:
   14 to 829 (Toronto)
   15 agencies: less than 100 families
   17 agencies: 100-300 families
   3 agencies: (Toronto, Ottawa and St. Catharines Red Cross) more than 300 families.

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1 Facts drawn from *The Canadian Homemaker: A Survey of Agency Personnel Practices*, The Canadian Welfare Council, May 1960.

6. Hours of work of homemakers:
   Average: 8-10 hour day (5-6 day week)
   Emergency 24 hour service from 70% of agencies

7. Homemakers pay:
   Paid by the hour (49 homemakers):
   minimum, 65c. to 90c. (4 agencies reporting)
   maximum, 60c. to $1.10 (5 agencies reporting)
   average, 80c.
   Paid by the day (275, includes 26 full-time);
   range in average rate: $4.00 to $7.50 (only one agency over $7.00)
   average rate: $5.65
   Paid by the week (127):
   range in average rate: $22.00 to $40.00
   average rate: $32.00
   Paid by the month (62):
   range in average rate: $100.00 to $175.00
   average rate: $136.00

8. Charges to clients:
   Without charge if families cannot afford
   Maximum charge: from $3.00 to $10.00 a day ($6—$8 in ¾ of agencies); does not cover full cost in 3 out of 4 agencies.
   When fee charged, family's ability to pay taken into account; deferred payments allowed.

B. VOLUNTARY AGENCIES, ONTARIO[2]

I. REPORTED FOR MONTH OF MAY, 1963 ONLY

Comment

Under the Ontario Homemaker and Nurses Services Act, 1958, provincial-municipal funds are available for payments to voluntary homemaker services or for direct service by local authorities. Some 200 of the over 900 municipalities in Ontario have at one time or another provided some direct service.

1. Total number of homemaker services: 34 (31 Red Cross)[3]

2. Personnel of agencies:

Homemakers	Toronto	Hamilton	Ottawa	Red Cross	Total
Full-time	90	16	36	4	146
Part-time	12	10	7	309	338
Casual	5	3	2	88	98
Supervisors	5	1½	1½	31	39
Intake Workers	2½	½	1	—	4
Total	114½	31	47½	432	625

Comment

Trend towards part-time; difficult to get full-time homemakers.

2 Facts and Comments drawn from *Report on Homemaker Services in Ontario*, the Ontario Welfare Council, February, 1964. Footnotes added by C.W.C.

3 The Red Cross services are counted as one agency for statistical purposes.

3. General information on intake:

	Toronto	Hamilton	Ottawa	Red Cross	Home Care*	C.A.S.*	Total Associations and Red Cross only
No. of requests	517	117	98	605	(46)	(17)	1,337
Request accepted	238	95	64	503	(20)	(17)	900 (67.3%)
Service given	103	60	64	457	(15)	(17)	684 (51.0%)
No. service-workers not available	54	4	1	21	(2)	—	80 (6.0%)
Client withdrew request	67	8	13	43	—	—	131 (9.8%)
Service refused	265	22	9	72	(26)	—	368 (27.6%)
Service promised	28	23	11	12	—	—	74 (5.6%)

* Not included in totals

Comments

(1) Only 51% of all applicants received service although almost 67% were eligible.

(2) Red Cross operating primarily in smaller centres, can meet about 75% of demand; their intake policies are more flexible than the other agencies which, because of rising demand and lack of resources, may have to become still more restrictive.

(3) Municipal payments to agencies have almost doubled in the past few years but about 50% of those applying are outside the scope of agencies' services.

(4) 25% of referrals are from agencies, hospitals and doctors.

4. Service to families:

(*a*) With children: Toronto—134; Hamilton—36; Ottawa—35; Red Cross—351. Total—556.

(*b*) Without children:

Persons Served	Toronto	Hamilton	Ottawa	Red Cross	Total
Elderly couples	—	4	10	40	54 or 37.5%
Elderly single persons	—	5	12	23	40 or 27.5%
Elderly chronically ill persons	—	5	1	31	37 or 25.4%
Elderly terminally ill persons	—	—	1	12	13 or 9.6%
Total	—	14	24	106	144 or 100.0%

Comment

(1) Of the 700 cases served by these agencies in May, 1963, 10% were in receipt of some kind of public welfare, and in 19 families the father was unemployed.

(2) There is a great need for service to older people (requests for which are constantly increasing) and to the chronically ill; these people are the most seriously affected by the lack of available resources which forces agencies to restrictive policies which give them low priority.[4]

5. Charges to clients:

(*a*) Full per diem charge: Toronto (10 hours): $12.06
Hamilton (9½ hours): $10.41
Ottawa (8 hours): $11.40
Red Cross (8 hours): $9.52

(*b*) Part-charge is based on ability to pay, related to income, number in family, and other responsibilities.

(*c*) Subsidy for part-time or non-pay clients is borne by the municipality or the voluntary funds of the agency.[5]

(*d*) For the purpose of the Study, it was assumed that a minimum income of $6,000 for a multi-person (over 5) Canadian family is "adequate", income between $4,000 and $5,999 is "inadequate", and income below $4,000 is on the "poverty level". In the month under study, 37% of families receiving service were on the poverty level, 40% had inadequate incomes and 23% adequate incomes.

Comment

Middle income, as well as low income families, badly need the service, often cannot afford the full charge, and no not receive service because there is no way of financing supplementation for it.

6. Income of clients:[6] (Information not available on 70 Red Cross clients served)

	No. of families	Ability to Pay for Services		
		Non-pay	Part-pay	Full pay
Income: $2,000 or less				
Toronto	13 (9%)	13		
Hamilton	7 (14%)	6	1	
Ottawa	11 (18.5%)	11		
Red Cross	26 (6.7%)	15	10	1
Income: $2,000—$2,999				
Toronto	19 (14%)	4	3	
Hamilton	1 (2%)	1		
Ottawa	8 (13.5%)	8		
Red Cross	19 (4.9%)	8	10	1
Income: $3,000—$3,999				
Toronto	43 (32%)	34	9	
Hamilton	12 (24%)	1	11	
Ottawa	12 (20.3%)	4	8	
Red Cross	62 (16%)	8	47	7
Income: $4,000—$4,999				
Toronto	39 (30%)	16	23	
Hamilton	16 (32%)	1	15	
Ottawa	3 (5%)		3	
Red Cross	45 (11.3%)	1	36	8
Income: $5,000—$5,999				
Toronto	15 (11%)	1	14	
Hamilton	10 (20%)		10	
Ottawa (up to $7,000)	25 (42.2%)			25 (many paying on instalments)
Red Cross	112 (29%)	2	58	52
Income: $6,000—$6,999				
Toronto	4 (2.7%)		4 ($1.00, $2.00, $3.50, $9.00)	
Hamilton	2 (4%)		2 ($8.50, $7.50)	
Ottawa (see above)				
Red Cross	81 (21%)	2	24	55

4 The Toronto agency began offering services to elderly people in April, 1964 on a limited scale, as well as participating in the expanded home care program in the area. Miss Taggart, of the C.W.C. delegation, will be able to report on the brief experience to date.

5 Methods of applying a "means test" appear to vary from agency to agency; municipalities seem mainly to follow their public assistance criteria and some will give help only to families on public assistance.

6 Factors influencing the variation of payments in the different income levels appear to include: (*a*) no. of children (a breakdown of these is supplied in the O.W.C. report); (*b*) cost of living (e.g. lower in smaller areas where Red Cross operates); (c) amount of service (i.e. people may be able to afford brief service but not long-term help).

	No. of Families	Ability to Pay for Services		
		Non-pay	Part-pay	Full Pay
Income: $7,000 and over				
Toronto	2 (1.3%)		1	1
Hamilton	2 (4%)			2
Ottawa	—	—	—	—
Red Cross	42	1	5	36

7. Requests for service refused:

	Toronto	Hamilton	Ottawa	Red Cross	Total
Number of refusals	265	22	9	72	368
Reasons for refusals					
Outside agency policy	192	12	5	15	224
Outside agency boundaries	45	10	2	13	70
Homemakers not available	—	—	—	23	23
Unsatisfactory plan for payment	—	—	2	2	4
Other reasons	28	—	—	10	38
Not known	—	—	—	9	9

Comment

Twenty-five per cent of those refused were elderly. Unfortunately, no information about the financial situation of applicants refused is available. This would have been most helpful in assessing need for service under the Ontario Act, especially in relation to the elderly and chronically ill. It is probable that that many of those refused were old age pensioners with limited means.

8. Homemakers pay:

(*a*) Per diem (9-9 ½ hours)—Full-time and trained: minimum: $5 in small towns to $9.20 in large ones
maximum: $8 to $10
—Un-trained: minimum: $4-$8
maximum: $5-$9.20

(*b*) Hourly (part-time)—Trained (regular): 75¢ to 1.00
Trained (casual): $1.00 to $1.10

Comment

These wages do not compete with comparable employment in other fields.

II. FINANCING OF ONTARIO VOLUNTARY AGENCIES, 1962

Sources of Revenue	Toronto	Hamilton	Ottawa	Red Cross
Chests or Funds	79.9%	33%	14.2%	43.65%
Municipalities	14.5 %	15%	57.0%	12.47%
Fees for service	5.5%	50%	28.8%	43.88%
Other	.1%	2%	—	—
Total	100.0%	100%	100.0%	100.0%

Comments

(1) The agencies are only able to meet the need of part-pay families with the help of voluntary or municipal-provincial funds; when not available (e.g. when municipal or community fund allocations run out) the service frequently has to be curtailed.

(2) The need for service to the indigent and low income families is largely met with the help of provincial-municipal assistance, supplemented by voluntary funds.

(3) Fees charged to clients and provincial-municipal reimbursements do not cover the actual cost of service; no public funds are available under the legislation for service in excess of 8 hours per day, in spite of the fact that most agencies must provide longer service.

(4) The three Visiting Homemaker Associations place first priority on meeting the needs of the lower income group; Red Cross branches' policies vary considerably and are generally not so restricted.

(5) There are many variations in municipal interpretations of the Act.

III. HOMEMAKER SERVICES IN ONTARIO PROVIDED BY VOLUNTARY ORGANIZATIONS IN 1962

	Toronto	Hamilton	Ottawa	Red Cross Branches	Total
No. of families helped.....	1,439	528	819	4,427	7,213
No. of families refused.....	943	208	82	337	1,570
No. of children in families served.....	5,144	1,724	251	11,676	18,795
Service to elderly and chronically ill persons...	Nil	297	383	1,190	1,870
Days of service.....	18,617	6,141	6,393	41,550	72,701

IV. RECOMMENDATIONS FROM THE ONTARIO WELFARE COUNCIL REPORT, 1964

1. *The Homemaker and Nurses Services Act*

(i) Urges more effective interpretation of the legislation to the municipalities.

(ii) To make the Act more effective, requests it be amended to provide for:

(*a*) a nine and one-half hour work-day, instead of the present eight hour day;

(*b*) a 24 hour continuous service whenever needed;

(*c*) a more realistic per diem payment in relation to costs in a variety of communities.

2. *Further study*

As the information revealed in the report is in certain areas inadequate, a province-wide study should be undertaken, by a committee representative of appropriate public and private agencies to establish the different areas where homemaker services may be required and the best ways of providing them; that careful consideration be given to the auspices under which such a study might be undertaken.

May 7, 1964

Second Session—Twenty-sixth Parliament

1964

THE SENATE OF CANADA

PROCEEDINGS OF

THE SPECIAL COMMITTEE OF THE SENATE

ON

AGING

No. 7

THURSDAY, MAY 14, 1964

The Honourable David A. Croll, *Chairman.*

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

WITNESSES:

City of Toronto: Alderman Thomas A. Wardle, Chairman of the Committee on Public Welfare, Fire and Legislation. Alderman May Birchard. Miss R. J. Morris, Commissioner of Public Welfare. *The Catholic Women's League of Canada:* Mrs. Hermon Stevens, National President. Miss Catherine A. Toal, National 1st Vice-President and Laws Convener.

APPENDICES

L—Brief from the City of Toronto

M—Brief from The Catholic Women's League of Canada

N—Brief from the Second Mile Club of Toronto

O—Brief from The Edmonton Family Service Bureau

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

20598—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.

20598—1½

MINUTES OF PROCEEDINGS

THURSDAY, May 14, 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*), Blois, Fergusson, Gershaw, Grosart, Haig, Hollett, Inman, Jodoin, Lefrançois, McGrand, Pearson, Quart, Roebuck and Smith (*Kamloops*)—15.

In attendance: Mr. R. E. G. Davis, Special Consultant to the Committee.

On motion of the Honourable Senator Fergusson, it was resolved to print the briefs submitted by the City of Toronto and The Catholic Women's League of Canada as appendices L and M to these proceedings.

The following briefs were submitted to the Committee by the Second Mile Club of Toronto and The Edmonton Family Service Bureau who will not appear.

On motion of the Honourable Senator Grosart, it was resolved to print the above mentioned briefs as appendices N and O to these proceedings.

The following witnesses were heard:

City of Toronto:

Alderman Thomas A. Wardle, Chairman of the Committee on Public Welfare, Fire and Legislation.

Alderman May Birchard.

Miss R. J. Morris, Commissioner of Public Welfare.

The Catholic Women's League of Canada:

Mrs. Hermon Stevens, National President.

Miss Catherine A. Toal, National 1st Vice-President and Laws Convener.

At 12.10 p.m. the Committee adjourned until Thursday, May 21st, 1964, at 10.00 a.m.

Attest.

Dale M. Jarvis,
Clerk of the Committee.

THE SENATE

SPECIAL COMMITTEE ON AGING

EVIDENCE

OTTAWA, Thursday, May 14, 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 City of Toronto and one from the Catholic Women's League of Canada. May I have a motion to have them printed as part of the record?

Senator FERGUSSON: I so move.

The CHAIRMAN: The motion is supported, and carried.

(See appendices "L" and "M".)

We have about 10 briefs that were sent in from organizations which did not ask for the right to appear, we discussed them some time ago in the steering committee, and decided to have some of them printed for the record. Is it agreed that the Edmonton Family Service Bureau and the Second Mile Club of Toronto briefs be put on the record at this meeting?

Hon. SENATORS: Agreed.

(See appendices "N" and "O".)

The CHAIRMAN: Honourable senators, our first brief this morning is from the City of Toronto. Appearing this morning are Alderman Thomas A. Wardle, Miss R. J. Morris and Alderman May Birchard. Alderman Wardle has been chairman of the Toronto Board of Education, and a trustee for six years. He has been an alderman since 1961. He has been a member of city council of the municipality of metropolitan Toronto since 1963, and is chairman of the committee on Public Welfare, Fire and Legislation of the City of Toronto, and has been a member of the committee for some years.

Alderman May Birchard was a member of the Board of Education and has been an alderman for Ward 2 for a considerable number of years, and also a member of the Committee on Public Welfare, Fire and Legislation, and of the Welfare and Housing Committee of the municipality of metropolitan Toronto. She visited the Scandinavian countries and England, studying what was being done there in the field of housing for the aged. Her chief interest at both metropolitan Toronto and City of Toronto level has been low rental public housing, particularly housing for the aged, as we who live in Toronto, all know.

Miss Morris is an old friend. She has held the position of Commissioner of Public Welfare for the City of Toronto since 1959. She is recognized as an authority in her field, and is one of the great ones in the field of public welfare.

We will hear first from Alderman Wardle.

Alderman Thomas A. Wardle, of the City of Toronto: Mr. Chairman, ladies and gentlemen of the committee, it is an honour and privilege for us to be here this morning, and we do thank you very much for your kindly introduction. On behalf of my colleagues, Alderman Birchard and Miss Morris, we do thank you very much for your kind reception this morning.

The brief for the City of Toronto is a short one, three pages only, and we are here this morning to highlight some of the items in our brief, and also to answer any questions that may arise.

In dealing with the first page of our brief, we speak of the need for recreational facilities for elderly people. In the City of Toronto the last two large recreational centres we have built have been designed with rooms especially for older people. We regard your committee as one that could do a great deal of very valuable work in this field. We have found many elderly people who are living in rooms. They appreciate the opportunity of dropping in to a city recreational facility where they can meet like companions and enjoy a pleasant afternoon. We do suggest to this committee that they take into consideration the provision of federal funds to a city such as Toronto in order to build recreational facilities for the elderly people. We have proven, I think, in the city of Toronto that this is necessary and very desirable.

We speak in item 2 on general welfare and assistance and supplementary aid, and we find many elderly people who have very low incomes and require medicines and medical assistance, that we feel now that adequate provision is being made for them. In the City of Toronto we provide all people who are on welfare with drugs and medicines, as recommended by their physicians; also, dental plates and eyeglasses, and items such as this. However, we do suggest there are many elderly people who are in receipt of old age security as their only income, who are in a position where they cannot supply from their own resources the necessary drugs and other items they need. We feel that in their advancing years they should somehow be provided with this type of care.

Two years ago, in 1962, the City of Toronto submitted a brief to the Royal Commission on Health Services to the effect that people on low incomes, not in receipt of welfare, should be brought into some national health plan. Where drugs and medicines would be provided.

We go on to No. 3, the matter of employment. I think somehow that the committee members are well aware that the problem in this field—people at the age of 65 are arbitrarily cut off from their previous employment. As you know, many people now are living longer, and at 65 are still in good health and able to make a contribution to the community in this field. A number of organizations are doing valuable work here for men and women that are retired. Names come to mind: the Corps of Commissionaires; banks and financial institutions employing men of this age as guards; crossing guards. They are doing valuable work in providing positions of this kind. I think it is important to feel that even though people have reached the age of retirement from their regular employment, they are still able to make a contribution to the community in this sense. With their background of experience, and their own well being, we feel this is also very necessary for them. We realize, of course, there is a problem in this field, that if people still keep on at a regular job past the normal retirement age it could prevent younger people from moving up; but I think in this field they could retire from their regular position but still become available for other work.

We did mention the matter of health services, and I make this point: I suggest that for people in this age category, on low incomes, the first requirement, of course, is food; the second is shelter. These are necessary. The third, and equally necessary service, in our opinion, is the provision of medicines

and drugs. Many of these people do not have the money to provide for the necessary drugs and medications that they require, on account of lack of income.

Item No. 4, the matter of housing. The municipality of metropolitan Toronto, as you know, has built many large senior citizens homes. These have been built particularly in the suburban areas.

We say first that more recreation facilities should be provided in these projects. But again, sir, there is another problem here, a point that has been made a number of times in our particular committee that in the City of Toronto we are building places outside the actual city. They have been built in these areas because land, of course, is cheaper in the suburban areas; and land in the City of Toronto, as you know, is very expensive. But the people I know personally, who have been living in a particular district in Toronto for 40 or 50 years, have been attending the same church, and mixing with the same group of people. We have been, under the past plans, rooting these people out of their community and putting them in an entirely new environment among strangers. Personally, I believe, and I know our committee agree with this viewpoint, that this should not be. We suggest that elderly people would be happier if they were able to stay in their own community; otherwise they are often far from transportation, much too far away for their friends to visit them regularly. So we suggest that some plan should be instituted whereby some help should be given to cities, such as Toronto, to enable them to build this type of housing in the City of Toronto, or in apartment houses that are being built within the confines of the city; and to have say two or three storeys assigned to senior citizens, and under some federal plan or provincial plan a tax certificate or some help in paying rent. We think that much of the loneliness that comes to aging people would be overcome if this were done. The feeling is that building large projects where all elderly people are together, is not desirable. We think that aging people who live with other groups of people are, after all, part of the community, and should not be isolated, because we feel that social contacts are very important indeed.

Those are the highlights of the brief of the City of Toronto, sir. This brief has been brought together with the ideas of the members of the committee on public welfare. Miss Morris was kind enough to get all these matters together. That, in a few words, is the brief we have before you today, Mr. Chairman.

Alderman May Birchard, City of Toronto: Mr. Chairman and senators, I am very glad to be among friends, because we are all here on the same matter.

I am delighted that Mr. Wardle has brought out so well with Miss Morris what we have been fighting for for a good while in Toronto. I will not go into that specially, but I would like to say that the question is very serious about putting these elderly people away outside the city. Neither they nor their friends have the money, and therefore they are not able to come in to see their friends, for they would have to take two or three bus routes, which means two or three fares. That is very important. During the months I spent in various Scandinavian countries, they expressed amazement there that we did this, because they said it was like putting an old horse out to grass; and they said, "Don't do it."

May I tell you of the place we are very proud of, which we call the May Robinson House in Parkdale—a house right at Queen street, Toronto. We bought an old convent there, and it is near supermarkets, transportation, churches, and everything needed. The May Robinson House has applications for five years ahead, because the old people want to be there in the city. I know that some of you agree with this.

Senator ROEBUCK: Hear, hear; of course we do.

Alderman BIRCHARD: However, we do have to remember this—and I know my colleagues are with me—I think it is terribly important that our senior citizens housing is appropriate. I would love to live in one of these lovely places myself, they are arranged so beautifully. However, the difficulty is that our pensioners cannot get into them. We have a very small number of pensioners where the units house over 200, and in that case the city pays welfare cheques of $20 a month extra, so that these people can live in the project. It is limited dividend housing, of course; it is not subsidized housing, and for that reason the rentals are much too high for those who have only their pensions—which means the great majority of our old people. In the meantime the pensioners call me and call me—I have become rather known to be working on this—and they call me to say, "Oh, have you not a place for me yet, or for my mother?" This may go on for years.

I think, Mr. Chairman, our worst thought is thinking that as long as we have done beautifully, whether we achieve it in two years or three years, we have done our best. We have not done our best when these people are waiting, and they have been waiting for a very long time. Believe me, it is our medium income bracket elderly people who are filling all these senior citizen housing developments. It starts at $43.50 and goes up. One of my jobs in committee on Metro was to decide these things, so I know; it goes up to $55 a month for this. This is for just one, let us call it a bachelor suite.

You know that this is impossible for anyone who has only his pension. In every country I visited they said to me, "But Mrs. Birchard, we think that the neediest should come first." And they live in their loveliest places. You have been there; they call them maisonettes. We have them. It is what we call row housing. However, they have them in Scandinavian countries at prices that I could not understand, and when I would say, "But how do you do this at these prices?" They said, "Well, I don't know; what are your prices?" And when I told them what our senior citizens had to pay they then said, "But what a wonderful pension they must get."

I am sure of my facts when I talk about our older people. Let us call them senior citizens. Sometimes I think we have put a lovely name to it, but we have not kept up to this lovely name at all. We really should give our attentive care first to those who have no other income above their pension. They have to live. You have all studied what limited dividend housing means. I have to explain it sometimes, but you all know what it means. There is only the Old Age Security pension, except the $20 our city Welfare Department pays as an extra toward getting a very few pensioners in who have only their pensions and who, of course, have to go on relief. I am dead against people going on relief unless they have to.

Please remember that that does not happen in other countries. You probably know this. They say that those with only their pensions should come first, being the neediest. We have them until the last.

We are fighting for drugs for them; we are doing our best, I think, and I would like to say this: I get calls, calls, calls, for help from welfare people, and I would like to say here that our commissioner is wonderful. She attends to these calls. I do not go into what they need at all; I simply say, "Look. I will phone our commissioner, or get together with her, and I know that we will look into it thoroughly, and see what we can do." I phone and within an hour she has somebody to them. Believe me, she knows the number of times I phone; it is very very often.

At the same time, this, in my mind, is always the most amazing thing: that we still keep on with the limited dividend housing for low income people. Everything we are building now is of that nature, and we call it low rental

housing. It is not low rental housing at all; it is moderate rental housing. So it is just the exceptional old-age pensioner who gets in, if he is fortunate enough to receive the extra $20 paid to make up his rent.

Just one other point: I hope you do not think that I am a very nasty fighting person, but this is a chance to tell you at least what some of us feel about this situation, namely, the time that we take to do anything. Can we not do something, Mr. Chairman, about cutting down red tape to the point where we can help these people when they need help. Do you know that it is over a year and a month since I had a resolution passed in city council that we would ask the senior levels of government to subsidize up to 100 units for our old people in our Moss Park development, which we have been building for seven years?

Now, the least rent is $76.50. We do have a rent reduction from the province, but that never comes to more than $5, which leaves the rent at $71.50. Can you imagine pensioners being able to get into such places? And that is with the rent reduction from the province. They get a $75 pension and they have $4 left to live on. At any rate, my motion was over a year ago asking the senior levels of government to subsidize up to 100 of these old people in the Moss Park project, but it has never been done; and the only letter—we didn't get one for a long time—the only letter we had on it informed us that they would look into this matter with the amendments of the National Housing Act.

Now, it is a year ago since we made our request.

I am not going to keep you any longer. It has been a delight to be with you, and I wish I could be with you longer, because you think these things are important, as I do.

It has been a pleasure, thank you, Mr. Chairman.

The CHAIRMAN: Thank you, Mrs. Birchard. Now, Miss Morris.

Miss R. J. Morris, Commissioner of Public Welfare, City of Toronto: Mr. Chairman, members of the Senate Committee on Aging, Alderman Wardle and Alderman Birchard covered the whole ground as far as our brief is concerned. As Alderman Wardle said, this brief covers all aspects of this subject.

I think what our committee was very conscious of is that this old age security program which we have now came into being in this present generation, and, therefore, to an extent, many older, people were somewhat unprepared for it. It was unexpected that such a measure as old age security would come within their lifetime.

In your planning for aging for the future, of course, you would take into consideration the fact that the future will be different, because people now grow into old age in anticipation of old age security, whereas for the present actual generation of people now receiving it, it has come as a windfall to many of them for these reasons the present generation, may or may not be entirely typical of future generations of older people in respect to their needs and services.

As this brief says under "employment": Preparation is needed in the pre-older-age group. In other words, there must be a working up of anticipation of lessened employment and retirement, and other things which would constructively occupy a person's time would be very important to consider; the kind of housing which is most suitable for them; and, perhaps the aged themselves should be asked to tell what kind of housing they would like and how it should be secured.

I think we dwelt on what we call the loneliness which is frequently associated with old age; that is a real point. Again, we are living in a generation which may or may not be typical of the future. In this generation old age security came into being, and it represents perhaps independence, some

money of their own, for a great many older people. By the same token one could see in some instances a tendency on the part of relatives to lessen their interest in their aged and leave the responsibility for them to the state.

To that extent the family tie, the family responsibility, was broken. I think in the future that perhaps your committee could give some leadership as to how we should get back to those family ties in the light of what we have now and what we would have in the future for social security programs. As we make older people more comfortable in their older age and they have more money of their own, I would not wish to feel that by the same token their relatives have no further interest in them. To that extent old age could be very lonely, aside from their financial circumstances altogether. I think that is all.

The CHAIRMAN: Thank you, Miss Morris.

Might I just say here, Alderman Wardle spoke of drugs, prescriptions and dentures that are necessary for these old age pensioners. How do they get them now in the City of Toronto?

Alderman WARDLE: In the City of Toronto last year $303,000 was spent on prescription drugs for people in receipt of welfare.

The CHAIRMAN: I am not talking about people on welfare. These people are not on welfare, but are pensioners who are very short and need these things. How do they get them?

Alderman WARDLE: If they are not on welfare there is no provision made by the civic authorities for them. In our brief in 1962 we made mention of this fact that under a national health plan they would be included, but at the present time there is no way.

Senator GERSHAW: Just on that point, Mr. Chairman, in Alberta they do the same for people on welfare, but they find that people who are not on welfare do not pay any income tax. The province says, "We will prepay your medical costs in part or to the whole extent, depending on your situation and your income," but a lot of people do not like that very well, they feel they are accepting charity. I wonder if you think that amounts to anything? The provinces offer to do this and yet they have had a lot of trouble in getting people to register and accept that because they feel it is charity.

Miss MORRIS: No, I would not say so, to any great extent. There may always be the odd case that we have not heard about, but our program of supplementary aid is so well known that I would not think there would be many of them. There may be some people who would not wish to apply for the free medical services available. Some recipients of old age security might not, for the reasons stated by the senator, wish to apply for free medical services which are available under the legislation on a means test basis. But in any case we found in that category their refusal to apply for the free medical services has been due to one point only, and that is that they did not wish their assets inspected.

The CHAIRMAN: You do provide supplementary assistance, as you say, in item No. 7 on page 2 of your brief, for rental and other approved expenditures for old age security people?

Miss MORRIS: Yes, and old age assistance, under the Government allowances.

The CHAIRMAN: Forgetting old age assistance for the moment, I am talking about the old age pensioner who receives $75 a month, you do assist him in the payment of rental and other approved expenditures. What does that mean?

Miss MORRIS: Anything in the nature of supplementary aid is issued in cash to the people.

The CHAIRMAN: For what?

Miss MORRIS: Special clothing, special diets, rent. Rent takes up the great bulk of the money, maybe 90 per cent. The City of Toronto decided as a matter of policy that rent would come first, and then if there is something needed in addition to rent it becomes the City of Toronto's responsibility if $20 is already spent on rent, and anything else is non-shareable.

The CHAIRMAN: That is for the means test people.

Miss MORRIS: It is available to people already in receipt of free medical service, as provided by the province, to also meet the City of Toronto policy as far as eligibility is concerned, meaning they are indigent, with the exception of $500 in the bank for burial purposes, but aside from that they are to all intents and purposes indigent. They are all living in the community, but ours is a rental program as far as supplementary aid is concerned.

The CHAIRMAN: You mentioned 3,175 recipients?

Miss MORRIS: Yes.

The CHAIRMAN: Could you break it down between old age security and assistance?

Miss MORRIS: I have not the exact figures, but at least 2,000 would be old age security; at least two-thirds of them would be old age security.

Mr. DAVIS: Mr. Chairman, I want this straight for the record. Does Miss Morris suggest that if a person on old age security, that is 70 and over, gets the $20 supplement she gets it through your office or the province?

Miss MORRIS: From our office.

Mr. DAVIS: But it comes from the province?

Miss MORRIS: No, it comes from us. There is provision in the General Welfare Assistance Act and regulations which is administered by the municipality. There is provision in that act and in the regulations for the supplementary aid of up to $20 a month.

Mr. DAVIS: Does that include free medical care?

Miss MORRIS: They have to get the free medical care from the provincial Department of Welfare before they can come to us for supplementary aid.

The CHAIRMAN: I have seen the form. They fill in an application form for supplementary aid.

Miss MORRIS: Yes, for medical services.

The CHAIRMAN: That is granted—I think it is pretty automatic?

Miss MORRIS: Yes.

The CHAIRMAN: And if they do that and they come to you, does that $20 come from the city alone?

Miss MORRIS: No, it is issued by the city, and 80% of it is recovered from the province.

The CHAIRMAN: That is what Mr. Davis was getting at.

Miss MORRIS: Yes, 80 per cent by the province.

The CHAIRMAN: And you pay nothing of that?

Miss MORRIS: Yes, we pay 20 per cent. The municipality pays 20 per cent of that assistance.

The CHAIRMAN: But 20 per cent of the total welfare?

Miss MORRIS: Yes, including supplementary aid.

The CHAIRMAN: Including the $20 supplementary aid?

Miss MORRIS: Yes, $16 and $4.

Alderman WARDLE: These are people living in the community, and having a room of their own.

The CHAIRMAN: Of that $20 the province pays $16 and the city pays $4?

Miss MORRIS: Yes. But the city pays the whole $20 until the province pays us back.

The CHAIRMAN: Well, the province's credit is good.

Miss MORRIS: Yes.

Senator GROSART: I think this questioning that has been going on will illustrate what we have heard about the "jungle" of legislation and administration in this field. As I have said before, I believe one of the jobs this committee is going to have to do is to sort this out. I wonder if in that connection the representatives of the City of Toronto could give us some help. Toronto is a typical area of the problems of aging. It has some very acute problems in the tendency of people from other areas to move into the City of Toronto in their later years. I wonder if I could ask what the population of metropolitan Toronto is today?

Alderman WARDLE: About 1,700,000.

Senator GROSART: That is the area you are speaking for?

Alderman WARDLE: We are speaking about the City of Toronto, about 675,000.

Senator GROSART: So that on an average basis, you should have about 67,000 recipients of old age pension in the City of Toronto and you have 87,000, which I think points up your remarks.

Alderman WARDLE: The 87,000 we speak of, Mr. Chairman and honourable senator, of metropolitan Toronto, as of January 1st the Municipal share of mandatory welfare is paid by metropolitan Toronto with a municipality such as Toronto doing the actual administering of the program.

Senator GROSART: What I was going to suggest is that it would be very helpful, if you have the facilities and could undertake to give us this information: a listing of the assistance of various kinds, of all kinds, including welfare assistance, rental payments, assistance with drugs, public hospital clinics, homemaker services, nursing services, senior citizens' clubs and rent reduction fund. If you could give us a description in each category of what is done in the City of Toronto, with the cost, and then that cost broken down as to the source of the money, it would be very valuable information, because it has been demonstrated here over and over again that nobody understands this jungle. We were told last week there has never been a survey made of all the legislation, and I am sure there has never been a survey made of the administration. Alderman Birchard spoke of the red tape. This of course comes out of the jungle—it is a function of the jungle, and I think we are going to have to sort it out. I make that suggestion, that it would be very helpful if you could break it down—because some of your figures are general welfare, of course—to show exactly what is done in the City of Toronto, what help is available to senior citizens, how they can get it, the amount it costs you, and the source of the funds.

I would like to have clarified something that Miss Morris said. I was not sure whether, Miss Morris, you suggested that the problems of senior citizens would probably be less acute when the Canada Pension Plan comes into effect, as I understand it, in ten years. Was that your suggestion?

The CHAIRMAN: No; the Canada Pension Plan comes into effect a year after.

Senator GROSART: But it starts to pay out on a full-time basis in ten years.

The CHAIRMAN: Yes, but it commences to pay immediately, although not in full for ten years.

Senator GROSART: Yes. Let us say the ten-year period, when anybody will be entitled to the full benefit. Were you saying that the problem would then be less acute than today?

Miss MORRIS: I think what I meant was that the problem we have today is not necessarily the typical problem of the future. Also, I was speaking in the light of the fact that people now in their 50's or 60's have a certain anticipation for their 70's and 80's, while those who are now in their 70's and 80's did not have when they were in their 50's. With the security of a future pension plan such as you have under consideration, and medical services, within the financial reach of persons, and suitable housing for people who do not wish to live with their relatives, in anticipation of that, yes, I think you would solve a good many problems wouldn't you.

Alderman WARDLE: Yes.

Senator GROSART: In other words, do you say, then, that with the anticipation of senior citizens having considerably more money in ten years, this will make the problem less acute?

Miss MORRIS: Well, Mr. Chairman, coinciding with more money would have to be a suitable place to live at a price that their money will pay. If more money means a struggle for a place to live in 10 years time from now, then you have the problem repeated. Furthermore, with medical costs rising, the proposed Canada Pension Plan would require these other two supporting programs going along with it (housing and medical costs). Otherwise you would still have problems.

Senator GROSART: Everyone of course will always have problems. One of the problems will be the rise in the cost of living, which falls most heavily on those people with a fixed income.

Miss MORRIS: They happen to need most of the medicines. As they get older they may not be in good health, and that really means a hardship.

Senator GROSART: Following that up, would you suggest that when this committee reports it might be realistic for us to recommend a crash program to meet the situation, say for the next ten years?

Alderman BIRCHARD: Yes.

Senator GROSART: I hear you say "Yes," Alderman Birchard. You would approve that, would you?

Alderman WARDLE: Senator Grosart, there is another problem. Welfare expenditure by the City of Toronto is on an 80/20 basis; they are now asking the federal Government to share the cost of prescription drugs, etc. While we see the need, we do not think this is the expenditure that should be on the property owners of the City of Toronto, and that even if the welfare programs are desirable, they should be on an overall national plan. It may be that welfare should be 100 per cent, as far as other levels are concerned, rather than 80/20 which still costs a lot of money. As I mentioned, we see the need of welfare for people in need of drugs, but this would cost the City of Toronto a great deal of money.

Miss MORRIS: We asked for $350,000 for prescription drugs in 1964.

The CHAIRMAN: Miss Morris and Alderman Birchard, in all the many years I have been in Toronto, which is not as long as you have been there, I have never seen Toronto so prosperous as at the present time. Why have you so much relief?

Alderman WARDLE: I think Toronto is in an unique position. We draw from all over Canada people who come to Toronto because, I think, our welfare benefits are greater. We have the hospitals there.

Senator ROEBUCK: And you draw business from all the rest of the province, too.

Alderman WARDLE: Yes, of course.

The CHAIRMAN: However, if a man comes into Toronto, landing there from some place, wherever it may be, you have certain rules and regulations, and unless he has been there for a certain length of time he is chargeable to another community. It is not as simple as in the old days when you could not charge back. But I presume that Toronto is the most prosperous city in all of Canada, there is more work, more employment there, more wealth, more opportunity, more of everything. I am only citing Toronto, because I happen to know it. Why have we got so much relief there?

Alderman WARDLE: Miss Morris gives me a figure of 7,446 cases on welfare of unemployables during the month of March, 1964.

The CHAIRMAN: Would that be a constant figure?

Miss MORRIS: It has been going on for some time. By comparison, our employable cases were 1,736 in March 1964.

The CHAIRMAN: How constant is that figure of 7,446 persons unemployable over a period of say three or four years?

Miss MORRIS: We have it here over a three-year period. It is pretty well constant.

Senator GROSART: That does not deal with old age pensioners?

The CHAIRMAN: No. The question that I asked was concerning the prosperity of Toronto. I asked why there was so much relief in the City of Toronto, and they do not seem to have an answer.

Senator MCGRAND: I have several questions now, Mr. Chairman. Miss Morris, the tendency on the part of the family nowadays is to let the state do it in regard to the care of old people. Many of our senior citizens today live in an older part of the city, and the re-development of the downtown area has removed those people from their former homes. What part does the suburban sprawl play in the dislocation of the family? To me that is a very important question.

Alderman BIRCHARD: May I repeat what I said before, that it plays a very important part, because the older people are terribly unhappy away out from their families, and when on account of the suburban sprawl, as you call it, they have to go out there, it is not right, it is all wrong.

Alderman WARDLE: If we help them on a metropolitan civic basis, they are all in the suburbs.

Miss MORRIS: All but two of the places.

Alderman WARDLE: I think the last time we had about 2,000 people on the waiting list for a two year period, and it is rather difficult to tell a person who needs accommodation immediately to put an application in, and that after a two-year waiting period, at least, suitable accommodation may be available—and this accommodation now is in the suburban area.

Senator MCGRAND: Does this suburban sprawl contribute to our social problem?

Senator MCGRAND: Has this contributed to your social problems?

Alderman WARDLE: It has taken away from our communities. One person I am thinking of in particular spent 40 years in one house and is now out in the suburbs. It would have been better if she had been able to stay where she was.

Senator MCGRAND: Yes, there is a tendency to tear down these old houses in the part of the city where people have lived for years, and put up these high rise apartments which are very, very expensive.

Alderman WARDLE: Yes, and many people out in suburbs also find it very expensive to get to their jobs in the city. They have to pay two fares and this is sort of an extra expense to them.

Senator MCGRAND: Just one more question. Mr. Wardle, you were speaking about the retirement of people at 65. Have you observed, or do you have any statistics on the people who retire from regular employment? Do they deteriorate after retirement quicker than those who stay on in a job at the same type of work after they are 65?

Alderman WARDLE: That would be my observation, unless they take part time jobs or have hobbies. I know that school teachers, say, who retire after having been continuously teaching for many years begin looking for something to do after only two or three months. Often they go back into part time teaching, even though when they retired they had no intention of doing that.

I know people in this category who are happy teaching two days a week. They feel they are useful.

The CHAIRMAN: Miss Morris, do you have any observation on that point? You have had many years experience.

Miss MORRIS: I think it is quite true that time will hang very heavy on their hands if they cannot find something to do and if they are physically able to work at the point of retirement. We know from experience in the younger age group that our employable group after a certain period of time out of work—I mean the breadwinners—may become ill. Something goes wrong with them physically if they are unemployed over a long period of time. Therefore, undoubtedly, the same thing would happen to older people. Their health breaks down and there is not really very much to live for, perhaps, at that time.

At the same time, they perhaps would not be physically able to continue what they were doing indefinitely, and they would also be at the point of having young people come along, people in the younger age groups, for their jobs. It is for this reason that we recommended that this committee study very carefully the employment opportunities which would normally be open to older people, without interfering with the younger age groups who are becoming established in the professions, and in business, in the services, and in industry and so forth.

Senator MCGRAND: You must distinguish between the nurse or teacher who can retire and then do part time work and the person who is on the assembly line and quits on a certain day and has his job taken over by a younger person. That is the person I think about in terms of deterioration; but what can you do?

The CHAIRMAN: Are there any further questions?

Senator ROEBUCK: I want a question answered. Senator Grosart has asked for some figures as to numbers and cost, and I see on page 2 of your brief, Alderman Wardle, that you say there is no preparation in the regulations for prescription drugs, glasses, dentures, dental treatment, etc. I presume the etc. means hearing aids, perhaps, and some other things that I have not thought of.

When you make that report which Senator Grosart has asked for, could you give some idea of the cost of supplying each one of those things? You see, they are doing that in England and it is a very great service to a very large number of people in that country. Anybody there can get glasses.

I am only speaking now of the old people. Glasses, if you do not have very large selling costs, are very cheap. Hearing aids vary tremendously in all kinds of figures, but most of the cost is selling costs, and a standard hearing aid could be cheaply supplied if done on a contract basis. And so on: the dental treatment is more difficult to estimate, because it varies, and some dentists charge very large figures whereas others do not. However, you could certainly give us the cost, say, for the estimated numbers, and let us supply it in a broad way if we care to do so.

I am interested in the costs of such things as glasses, dentures, hearing aids, and some other things that you may know better about than I do. Could you give us some information upon which we might build for a general recommendation?

Alderman WARDLE: If Senators Roebuck and Grosart and yourself, Mr. Chairman, give us the questions we will get the information.

The CHAIRMAN: I will see that the Clerk of the Committee sends you those questions.

Alderman BIRCHARD: May I ask your committee, Mr. Chairman, if someone would answer in one or two minutes how they feel on a certain question you brought up: the tremendous relief in Toronto?

The CHAIRMAN: It is really not a part of the task of this committee. It just occurred to me and I thought there was some easy answer to it.

Alderman BIRCHARD: Might I just ask if they agree that in other civilized countries where they do as we all know, supply proper housing at the prices people can pay and medicare, let us say, are we not much better to do that than to keep putting people on relief when they hate it?

The CHAIRMAN: Mr. Birchard, we do not agree or disagree.

Senator Grosart, do you have a question at the moment?

Senator GROSART: I was just going to add to my former request. If Toronto is able to provide us with some of this information, could they include the capital cost as well as the current cost? I might say in that connection that there is a fine example of what I have in mind in your point No. 7, where you give the figures—this is on rent—which we can work out very quickly as a percentage of 90,000 roughly, which is 3.4 per cent. Now, this is the sort of thing I am trying to get at. What percentage of the need does each of these categories at present fill? Other communities, when we make a report, I am sure, will be interested in knowing what they can expect is the need in their community in terms of persons. Therefore, if the information in No. 7 could be applied to these other categories, I think it would be very useful to us.

The CHAIRMAN: The record, of course, you have. You have read the record of our previous hearings. In any event, I will have the Clerk forward to you the questions in full, even before the record is available, and you will please give us whatever help and assistance you can.

Senator FERGUSSON: On page 1, item 3 or section 3, you speak of the Department of Parks and Recreation conducting 'senior citizens' clubs' in five Recreation Centres and one School. Would you tell me, please, are these open every day?

Alderman WARDLE: We have two sort of drop-in centres that are open every day. The other groups mentioned here are groups who are meeting on

a once-a-week basis. We have one on a Wednesday afternoon, and they have a program of talent from their own particular group. We have another group in the east end of Toronto who put on the best bazaar ever held in the area, a Christmas bazaar, where things of their own are put on sale.

Senator FERGUSSON: I want to know whether they are open every day or not.

Alderman WARDLE: Some churches are open every day.

Senator FERGUSSON: I am just asking about the five that are run by the city.

Alderman WARDLE: Yes, they are open every day for people to drop in.

Senator FERGUSSON: Is it staffed by the city employees, or do the senior citizens themselves, or other volunteers, take part, or what?

Alderman WARDLE: They are staffed by the city employees themselves, but in every group there is one person, a sort of convener, who is an unpaid person usually. There is not much supervision required. You just give them a room and they walk in. There is some instruction, of course, when they are taking the arts and crafts and this sort of thing.

The CHAIRMAN: There are people from the recreation department, who have a responsibility at all times in any one of these places, and then this is augmented by some of the senior citizens who assist.

Alderman WARDLE: Yes. We have one recreation centre where there is a room about the size of this room which is designed for senior citizens to come into. The balance of the building, this recreation centre, is for younger people, really, but there are crafts, and senior citizens have access to these rooms up to about 4.30 in the afternoon. There are people there to instruct them. There is, of course, also the swimming pool, and this sort of thing. However, after four o'clock the young people take over.

Senator GROSART: We often hear of comparisons indicating that our country is way behind other countries in the level of social security that we provide. Now there are some voluminous statistics on that published by the International Labour Office from time to time. Of course, they are interpreted in various ways, but the statement is frequently made that we are behind other countries. I would like to say that from my examination of the evidence I do not believe we are, although we may be in our administration. We may have a jungle that wastes a lot of money, but the fact, I think, comes out of any study of those statistics that the percentage of our national income that we devote to social security of various kinds stands up well with that of any other country in the world. I know you can interpret these statistics in various ways. We have discussed here what is the true figure. The latest figure I have seen is 20 per cent. You may shake your head, Mr. Chairman, but I will tell you where this is printed. In the latest bulletin of the Canadian Chamber of Commerce you will find that statement made and a chart comparing it with all other receipts and expenditures in Canada, and it says the level is 20 per cent. I think that is high, because it depends on what you take in. But no country in the world at the moment, from the figures I have seen, reaches 20 per cent. We may be doing it the wrong way; we may be wasting money; but we do not have to take a back seat to any of the Scandinavian countries or Great Britain in the total we are providing, despite statements made to the contrary.

Senator QUART: To return to this "drop in" lounge question, have you any record of the attendance?

Miss MORRIS: I understand there are several hundred.

Senator INMAN: I am interested in the rentals of these places. You mentioned as much as $55 month for the best apartment. Could they take two people, a man and his wife?

Alderman BIRCHARD: Not at that price. Can I say "yes" or "no" to this gentleman, Mr. Chairman?

The CHAIRMAN: You can.

Alderman BIRCHARD: The Scandinavian countries are way ahead of us, because they do not have all this relief, for one thing.

The CHAIRMAN: I do not want you to feel Senator Grosart is alone. I do not agree they are way ahead of us. In some aspects, of course, they have made progress beyond us, but generally our welfare schemes and amounts of money we spend are comparable to anything else in the world.

Alderman BIRCHARD: That is what I object to; they do not have all this relief nor do they need it.

The CHAIRMAN: I am not talking about relief. I am talking about our general welfare program.

Alderman BIRCHARD: $13 million in one year for us in Toronto; that is terrific for welfare, and all because we do not have the things they have over there.

The CHAIRMAN: But you carry it off very well.

Alderman BIRCHARD: No, the people are not happy about it, and they do not want relief.

The CHAIRMAN: Let me say to you, Alderman Wardle, Miss Morris and Alderman Birchard, how much we appreciate your attendance and how helpful your contribution has been. Thank you very much.

The CHAIRMAN: Honourable senators, you have a brief before you by The Catholic Women's League of Canada. On my right is Mrs. Hermon Stevens of Calgary, who is a life member of the Catholic Women's League. She was elected national president at the Halifax convention in 1962. In recognition of her distinguished services to the league, the Church and her welfare and citizenship projects, she was honoured last August by the Holy Father with the decoration *Pro Ecclesia et Pontifice* Cross, the highest award granted a lay person. In Calgary her activities have included being a board member of the Council of Community Services, Providence Creche, the Lacombe Home, the Calgary Citizenship Council, the Canadian Council of Christians and Jews, the John Howard Society, Girl Guide Association and the Zonta Club. She has served as city alderman for seven years in Calgary, and has been on the hospital board and chairman of the welfare committee. In 1958 Mrs. Stevens was named Citizen of the Year by the Junior Chamber of Commerce in recognition of her welfare work.

Next to her is Miss Catherine A. Toal of London, Ontario. She is a life member of The Catholic Women's League of Canada, and has been active in that work since 1924. In 1956 she was honoured by His Holiness Pope Pius XII with the decoration *Pro Ecclesia et Pontifice* Cross. Before taking up residence in London Miss Toal lived in Strathroy, Ontario, where she took an active part in community organizations—Imperial Order of the Daughters of the Empire, Canadian Red Cross, and the hospital auxiliary. She served as The Catholic Women's League representative and chairman of the London Women's Committee for Displaced Persons, and later served as president of the Catholic Culture Centre Choral Organization.

Mrs. Stevens will speak to us first. You may either speak seated or standing.

Mrs. Hermon Stevens, National President, The Catholic Women's League of Canada: As an elderly person, I shall remain seated, thank you.

Honourable Mr. Chairman and honourable senators, I do not know if you realize that The Catholic Women's League of Canada has been in existence since 1920, and that one of our main objects is welfare, together with education. We do a lot of welfare work. It operates at four levels: parish, diocese, province and nationally. We do our work under standing committees, and our work with the aged comes under our social action committee.

We have a membership of over 150,000 and they work in over 1,800 parish councils. We have a national office and a national magazine. It is through our national magazine that we promote our programs of work and service.

I must emphasize that our work is voluntary at all levels. This brief has been prepared from the thoughts, ideas and suggestions of its volunteer workers, and it has been compiled through questionnaires which were sent to our provincial councils.

We do not claim any professional status in the field except through our contacts and our work with professional welfare organizations.

We have donated since 1927 an annual scholarship in social work, and commencing this year we are giving two such scholarships.

I thought it would be best to cover our recommendations which are set out and amplified in the brief itself.

First of all, the education of all Canadians to the fact that the old person is part of our national wealth and that their experience is invaluable. It is a real problem to educate our nation to the idea that they are losing so much valuable thought and advice which they could have from the experience of our elderly people. In these days the great emphasis is on youth, and I feel that perhaps your honourable committee could emphasize through the press that it would be part of your active work to use the experience of our old people.

I would like to see more pre-retirement preparation services. Many of our corporations these days are preparing their people for retirement. Some of them even start at the age of 35. It is better to realize at 35 that some day you are going to be old. This is the time when you should prepare for your older days. Pre-retirement preparation is very necessary.

In reference to housing, the ideal form for older people is with their families when they are no longer able to live alone. Future housing plans should enable them to do this. I feel that the tendency these days is to have smaller homes, as homes cost so much to build. Older homes are being torn down and people are moving to the suburbs into smaller homes. I remember an honourable senator asking this question. I do feel that it has a great deal to do with the problem, this move into the suburbs and into smaller homes where there is no room left for the elderly people. They must either live alone or go into institutions. That is one of the causes of much distress amongst older people.

Again, some older people are very independent. There is incompatibility. If that is true it is not well for them to live with their family. But that is the ideal situation.

I would like very much to see more government-built and financed homes for the aged; single ones for couples and if possible, larger homes for single persons. I would like to say that Alberta and Saskatchewan are far ahead of any other province in this type of home.

The CHAIRMAN: You are treading on awfully dangerous ground now.

Mrs. STEVENS: Can I say that?

The CHAIRMAN: You have said it. You are right, too.

Mrs. STEVENS: I am right on that. I know that personally from the questionnaires which came to me from all over Canada in the preparation of this brief.

There is a certain type of home that we need. Some homes are not as well planned or as well built with the idea of the old people in mind. In all the provinces, government-built homes should be erected after consultation with the old people. Again the provinces are not using the advice of the old people as to what they would like and what is good for them. I feel those buildings should be built by the provinces. That is probably another limb that I should not be out on.

I would like to see more educational and leisure time activities made available. We are very haphazard about the educational facilities we offer to our old people. Our leisure time activities are all sporadic. It just starts up and we are not carrying it through. That is very necessary for the health and happiness of the older people.

Now I come to another point—and this is a limb I will not go out on. There should be a minimum income providing food, suitable shelter, clothing and personal necessities on a modest but adequate basis. I know it is a most difficult problem to set the figure for old age pensions or old age assistance. It varies in cost whether a person is living in a rural community or an urban community. The expenses of the old person depend very much on where that person lives. I do not know if it would be possible that the national pension could be arranged and based somewhat on the locality of the person. It is a terrible problem and I do not know what can be done. Some people get along very well on the old age pension but they have serious difficulty if they live where shelter costs so much more.

The CHAIRMAN: You suggest on page 5 something about that. You ask the question—is it somewhere between $90 and $120. That is helpful.

Mr. STEVENS: Yes, I would say between $90 and $120. The next point is further employment, preferably part time. If you are old enough to retire, you should not take full time work again. You certainly should not do more than part time work. You should have a little more leisure in your life, a little more time for recreation and pleasure and for some part-time work, whether in workshops, craft shops or subsidized in some way. Everybody is better for a certain amount of work.

More home care services are needed for those living alone. It is often dangerous for persons living alone. People read in the press about some poor old soul who was found dead, having been dead for several days. Perhaps such people do not want to be looked after but I feel the home care is needed very badly.

On the question of meals-on-wheels, at least it means having contact with those old people. Some of them living alone would in that way be assured of a good hot meal—and a visitor. A lot of them are in danger of finding themselves alone when they are ill or sick and not able to call a doctor. That problem would then be overcome.

In the oil fields in southern Alberta there are three towns in each of which there is a teenage club. Those teenagers have taken the responsibility of looking after the meals-on-wheels for the elderly living alone in those three towns. They take them hot meals which are catered from a restaurant. They go in generally on Saturday when they are through school or away from business. They take these meals on Saturday and do the chores, clean the house, write letters, do shopping, and do so much for those people. As one older person said, "At least we see a young face once a week."

The CHAIRMAN: That is an important thing.

Mrs. STEVENS: I should like to take off my hat to those teenagers and I would recommend that this service be undertaken in other places.

Senator ROEBUCK: Hear, hear.

Mrs. STEVENS: Those three towns are Black Diamond, Turner Valley and Longview, in southern Alberta.

Senator ROEBUCK: My mother used to feel satisfaction all her life that as a girl she took hot meals to Laura Secord.

Mrs. STEVENS: There are other Laura Secords not getting hot meals now.

Senator ROEBUCK: Lots of them.

Mrs. STEVENS: The next point is more activity, information, referral, counselling, social and recreational centres and clubs. They are wonderful activities and in our case they are staffed by volunteers, with some help from the city recreation authorities. Those are very good centres for old people to get together.

Next comes the promotion of health maintenance programs and the wider use of restorative and rehabilitative services. These have to be covered in the Department of Health of the provinces. A good deal can be done in that case.

Some of the old people don't want to go to the doctor because they feel they cannot afford to do so. Again I would like to see all the provinces adopt medical care for the aged, especially without a means test, extra pensions, dental care and drugs. There is one point I have down here. I would like to see an investigation into the cost of drugs. Perhaps that is another limb.

The CHAIRMAN: We are delighted with that observation.

Mrs. STEVENS: That is incidental to the case. You cannot maintain and restore people without therapy and drugs. If the old people cannot afford to buy them, what can you do? I have even gone so far out on this other limb as to suggest the removal of sales tax on drugs. That is one place where we could help old people very much. If they need drugs they should not have to worry whether they can afford them or not.

I would like to see more interesting programs for old people on radio and television. "All day long," I have heard, "You hear nothing but young people's programs." I have always been too busy to listen to it in the daytime. Then at four o'clock we begin the children's programs, and I have yet to hear a program on either television or radio specially catering for the older shut-in. I would like to see that encouraged and emphasized.

I want to refer to the expansion of personnel-training programs and improvement of medical and related facilities for older people. Old people have special problems. We need special training for the people looking after them, whether in their own homes, where the visitor goes to see them, or in institutions. We need more personnel training, and that could be taken care of by scholarships given by foundations. I am not here asking that the Government should do everything. I am a great believer in volunteers, and I don't want you to think that The Catholic Women's League is here seeking more and more from the Government. We want to get more and more from our volunteers. Of course volunteers cannot build hospitals and nursing homes and all these, and of course the question of property comes into consideration. We should have plenty of special facilities for our older people. I would like to see better and less sporadic programs co-ordinated. I feel strongly about this. I would like to see considerable expansion. The Canadian Welfare Council have done something in this. I would like to see them have a special division, and perhaps call it the division for the aged, so that they would co-ordinate all over Canada the volunteer services for the aged.

The CHAIRMAN: Senator Fergusson is chairman of that committee for the welfare council.

Mrs. STEVENS: God bless you. That is what I want to see. I feel we need a lot of work. We need staff to carry out all over Canada the work that has to be done in a co-ordinated fashion. When I heard about Toronto I was struck by the waste of time, the waste of money and the waste of volunteers' time. It is wasted because it is not properly co-ordinated. If we are going to do that we do need some more good financial assistance especially in the training of staff and the provision of facilities. Furthermore we need more student grants and scholarships. I am hoping that in our centennial year there will be so many scholarships and grants that they will take up a lot of slack in the training of social workers. We do need an education program among students to train them to go into social work.

The Catholic Women's League is very anxious to see provision for a chapel or other place of worship in our homes and institutions. I feel that as people get older their spiritual needs enter more into their thoughts, and I know many of these homes have no provision for the solace of religion being brought to them. I feel that should be encouraged by the provision for chapels, or at least a room that could quickly be cleared where religious services could be conducted if a special place for them could not be afforded. These points cover our recommendations.

Miss Toal, would you tell the committee just a little bit of what The Catholic Women's League spent last year in welfare. We cannot allocate this and say how much was spent for the aged.

Miss Catherine A. Toal, The Catholic Women's League of Canada: Mr. Chairman, The Catholic Women's League spent last year on used clothing and shoes $139.000; for new clothing and shoes, $22,845; on food, $36,904, and for other comforts and treats, $33,172, which makes a total of almost $200,000.

Mrs. STEVENS: Thank you. I think of that amount about one-third would be spent on our aged. We haven't got it set down, but we do a great deal of work for the aged, and right now before your honourable committee I would like to pledge to you the volunteer services of The Catholic Women's League of Canada for any work we can do either by ourselves or in conjunction with other community clubs for our aged. We would also like suggestions where we could lead in any projects for the help of the aged.

Senator ROEBUCK: It seems to me those figures do not do justice to your organization. That report only gives the services for which you have paid money, but you have told us a great deal of your work is voluntary.

The CHAIRMAN: That is volunteer money that has been collected and spent.

Senator ROEBUCK: Yes, but their expenditures don't do justice to their efforts.

Miss TOAL: Visits to homes and hospitals amounted to about $180,000.

Senator ROEBUCK: You do a great deal of volunteer work apart from that.

Mrs. STEVENS: We don't want to brag too much.

Senator HAIG: Mr. Chairman, may I first of all preface my remarks by commending The Catholic Women's League on its excellent presentation. We see on page 6 that in Saskatchewan and Alberta they are building homes for the aged. For the record I should like to indicate that Manitoba has many of these homes too—in Winnipeg and rural areas.

Going back to page 2, section 9 of your recommendation in connection with counselling, my information is that a lot of this is done by social workers. Also you indicate on page 3, section 17, that there is a need for more trained personnel. We have been told this before. Why, in your opinion, is there not a greater number of girls and boys going into social work? I ask that because I have a personal interest in this matter. Why, in their training for social work, do they not pay more attention to older people?

Mrs. STEVENS: Because all their lives they have had the greatest attention paid to themselves, and they do not realize the problems of the aged. Many people in social work today have not had their elderly grandparents living with them, and they do not understand the problems of the aged. I would feel that there could be more emphasis placed upon social work courses in universities, and in particular on the training of social workers on the specific problems of the aged. Their problems are very different from other problems, and I feel it is up to the university faculties in social work to emphasize the needs of the aged.

Senator HAIG: Then again on page 3, section 22, you suggest a chapel. For the information of the committee, in the new rehabilitation hospital built in Winnipeg, provision is made for such a chapel as a permanent place for both Catholic and Protestant groups.

Mrs. STEVENS: Many, many of them have made that provision. Perhaps it would be better to take one room and build a chapel for all denominations.

Senator HAIG: In addition to that, they have a visiting clergyman who comes at stated times for that purpose.

Mrs. STEVENS: And this is a re-hab hospital, is it?

Senator HAIG: Associated with the general hospital of course.

Senator QUART: It is similar in Quebec City. They have a permanent chapel in the rehabilitation hospital there. In the old D.V.A. hospital they used a room, but they had an altar arrangement that was pulled out and turned around for whichever denomination used it.

Mrs. STEVENS: That is quite suitable too, if you cannot have a proper chapel.

Senator QUART: And they have resident chaplains too.

The CHAIRMAN: I have visited the Good Companions. They have allocated a room as a chapel for all services; it is adequate, well equipped and satisfactory to everyone. It is a fine chapel.

Mrs. STEVENS: A lot of the homes that have been built have very little space for a chapel, and when they are short of space they push some chairs aside for the time being, and so on. I am afraid they do not emphasize the religious needs of our elderly people.

Senator GERSHAW: There are chapels in all these institutions.

Mrs. STEVENS: Sometimes just part of the recreation room.

Senator GERSHAW: There are 52 of them in the province, and a chapel in every one of them. I have been there.

Mrs. STEVENS: They did not at first, I understand, but then there was pressure brought to bear.

The CHAIRMAN: I do not think you answered the second part of Senator Haig's question. Why don't more people enter the social service field? We were told last week that there are three jobs for every graduate, and the pay is not bad—as a matter of fact, it is pretty good.

Mrs. STEVENS: It is not as good as in other fields. I think it is a matter of economics. Also you have to be a special person to have the desire to go into social work. Perhaps we have not enough special people that will take it up; and they do not receive comparable salaries.

The CHAIRMAN: Such as teachers?

Mrs. STEVENS: No. Their rate is a little lower than that of teachers, is it not, Mr. Davis?

Mr. DAVIS: The rate may be lower than for high school teachers. But I think it is fair to say that as a woman's occupation, from an economic point of view, there is not a much more desirable field than social work, except perhaps for exceptional women who become doctors, and the like.

Miss TOAL: I do not think the profession of a social worker has been glamourized like some of the other professions. When students are seeking to make a choice, it just does not come to their attention as forcefully as some of the other professions which are more glamourized. Secondly, as Mrs. Stevens pointed out, I think the individual has to have special aptitudes, to be patient and understanding, to be attracted to and be successful in social work. Further, I think it should come partly at the university level, where students have been attracted to other professions. I think there is not sufficient emphasis given towards this particular field.

Senator McGRAND: On page 5 of your brief you say, "It is unfortunate that wisdom and experience of our seniors is disregarded." In another place you discuss the separation of the families, and you speak of the separation of the family patterns not only between older people and their children but between grandparents and grandchildren. Can you draw any conclusions or make any contact between that and juvenile delinquency? I realize that is a big field.

Mrs. STEVENS: Well, I do not know. Our family life is so different these days. I would not dare to answer the question whether juvenile delinquency has anything to do with the separation of the family, or because the grandparents are not with them. At least, if the grandparents are living with a family the younger people might have a little more respect for authority and for age. That might be understandable. However, whether that has anything to do with delinquency, I cannot say. I think there is nothing better than a grandparent in the family. Perhaps that is another way of looking at it.

Senator QUART: I think so, too.

Senator ROEBUCK: Most of us will agree with you on that.

Senator McGRAND: A few moments ago some reference was made to these young people in the southern part of Alberta who took meals to older people. I am sure you will not find a juvenile delinquent among that group of people.

Mrs. STEVENS: I might say that that teenage club was really organized and got going to combat juvenile delinquency, and it has had the most wonderful effect. The young people were really going a bit wild. Dr. David Landers, a psychiatrist, became very worried about the young people and he suggested, "Let's organize and get them doing something else for other people."

Senator HAIG: Where does the money come from?

Mrs. STEVENS: They raise the money themselves. They have their teenage dances which they organize, and there are chaperones at these dances. They raise money from this venture. They also hold a raffle every once in a while. Quite recently they raffled a $100 bond, and made $400 on it. They are helping themselves. The older people are not helping these teenagers.

Senator QUART: At a former meeting I mentioned the students of Laval University. These were young male students, who really started this movement going. Your own diocesan president in Quebec, Mrs. J. J. McNeil, was on one team, as were my two granddaughters. I offered to take my granddaughters out—they were 17 and 18 years of age—to give them a good time and probably to spoil them a bit, but they said they couldn't join me that particular morning because they were busy in this social work. I asked them if they could not be replaced for the time being, and they replied, "No, we can't Grandma, because we have to go down to the pits,"—where they had services to perform. These girls do not do anything in their own homes, but they render these services down there and are dedicated to the work. I am perfectly sure that you will not find a juvenile delinquent among them, because they see all this going on.

The CHAIRMAN: Mrs. Stevens, you have been an administrator for some years and on the city council. As a matter of fact, you worked up until the time you retired from your work as a lawyer—

Mrs. STEVENS: Not as a lawyer, but as production editor for a law publishing company.

The CHAIRMAN: As production editor with Burroughs & Company Limited, the law publishing company?

Mrs. STEVENS: Yes.

The CHAIRMAN: What do you visualize in the way of recommendations that this committee should make.

Mrs. STEVENS: Do you mean the whole problem?

The CHAIRMAN: Yes, that is what we are here for.

Mrs. STEVENS: It is no use having a committee studying this matter if you have not anybody to carry out your suggestions. My own opinion is that it should go to the Department of National Health and Welfare, or whichever department it is that is going to carry it through at the level of the federal Government. I do not know what your plans are. Where are your recommendations to go? Should there be a special division set up to handle these particular problems? People are living longer, and we are going to have more and more people to care for. I feel that this is a very serious problem.

The CHAIRMAN: Very well. You are saying to us: when you are through here with your hearings you are going to make a report. One of the things you are saying to us is: do not let that report gather dust. It may go to the Department of National Health and Welfare, or it may go to the Department of Labour. Suppose we have it in a department. What do you see happening after that?

Mrs. STEVENS: It should be put in the care of a special deputy minister or an associate minister on aging.

The CHAIRMAN: Do you consider this problem more vital than the many other problems they already have? You see, we have a Deputy Minister of Health and a Deputy Minister of Welfare. Assuming it belongs to either one of them—

Mrs. STEVENS: It belongs to both of them, and it belongs to Labour.

The CHAIRMAN: All right. Let us assume that some department is taking charge of it. What then? We are here in Ottawa. We have Aging as a subdepartment in one of the government departments. What do you see happening now?

Mrs. STEVENS: It has got to be put down to the provincial level, and then from the provincial level it has to be put down to the level of the municipality.

The CHAIRMAN: How far do you go?

Mrs. STEVENS: It really should be in the laps of the municipalities. They are there with the aging people. They must again study, work and enlist the services of volunteers. I feel that so many of these services should be covered by the Community Chest and the United Fund, and that there should be no howling back to the provincial or federal governments. This is a municipal problem. We have many problems at the municipal level, but another one can always be added.

Much of the cost of these activities are paid for by provincial governments here and there, but to me it is essentially a municipal problem, and you need volunteers. You need the financial assistance of the Community Chest and the United Fund.

Take counselling, for instance. I talked about counselling being given at these recreational centres. Some of the Community Chests across Canada turned up their noses at counselling, and would not pay for counselling services. To me, that is a very grave misunderstanding of the value of counselling.

The CHAIRMAN: Mrs. Stevens, in our wisdom in this country we provide an old age security allowance of $75 per month to everybody no matter where they live. There are many inequalities there because some people live in municipalities and some live in rural areas. But, that is a citizen's right. What do we do about making sure that these older people, or the people who need whatever we have to give, receive the same treatment in British Columbia as they do in New Brunswick? Suppose a man is a senior citizen—

Mrs. STEVENS: He gets his $75 a month, and many times gets nothing else.

The CHAIRMAN: What I am asking you now is: How can we make sure that senior citizens are treated on an equal basis across this country?

Mrs. STEVENS: I do not know that the federal Government has the power to insist upon the provinces adding to it.

The CHAIRMAN: I do not suggest it has. I am sure it has not.

Mrs. STEVENS: How are you going to ensure it? That is what I do not know. That is the $64 question so far as I am concerned. Some provinces do supplement the $75 a month, and some provinces do not. How can you get the other provinces to do so? That I do not know. It is a matter of federal-provincial relations. It is almost as bad as some of the other things we have had on our hands.

Senator GROSART: A partial answer to the question is that it is the job of this committee to make recommendations, but not merely to a department of the federal Government; we will present our report to the Senate, and the Senate presumably will adopt it. In making that report we will break down the responsibility between these various levels, and not merely levels of government but as between all voluntary and other services.

In that connection I would like to ask Mrs. Stevens what is meant by this passage at the bottom of page 6:

> The availability of a visiting nurse, visiting homemaker, chiropodist, laundry service, and a night sitter when necessary, should be ensured by the community.

Do you mean the local community?

Mrs. STEVENS: Definitely the local community. All those home care services should be the responsibility of the local community and provided by either the voluntary agencies or the municipality itself.

Senator GROSART: This is almost the opposite opinion from that which we had from the City of Toronto, which was complaining that too much of this responsibility was on the municipality.

Mrs. STEVENS: I do want the services of volunteers used more and more. It is good for us to use them.

Miss TOAL: Could not the same thing apply here as with respect to the Red Cross? Mrs. Stevens has mentioned in this section that if there were a trained social worker she could also coordinate a certain number of volunteer workers from different groups to help her in providing this home care service? They do this in some of the institutions in the City of London. There is a central committee of the Catholic Women's League, and it is represented by two members from each of the parish councils, and they draw on maybe four or six members from other groups, and they take turns in going out to different senior citizens' hospitals there. One section of St. Mary's contains bed-ridden patients and chronically ill patients; the other division of the hospital contains senior citizens who are there for the remainder of their lives, many of whom can participate in programs in the auditorium. They have a bazaar once a year, and they also put on several plays and shows. These volunteer workers organize parties for these old people, and help them plan their own activities. This is done on a sort of rotary system. The women provide little toiletries for the ladies, and hairdressing facilities, and so on. I know of one particular woman who does the barbering for all the men patients. These are things that are being done by volunteer workers.

Senator GROSART: On the other hand, you suggest at about half-way down page 10 that many of the present-day social services for older people must gradually become public services, and you give the homemaker services as an example.

Mrs. STEVENS: I do feel that that is for home care and hospital visiting, but the homemaking service is so expensive that sometimes it goes beyond the abilities of the voluntary agencies. I still feel that a homemaker service should be provided by the community, and that it should be part of the United Fund and not be government subsidized.

Senator GROSART: Should not be?

Mrs. STEVENS: No, I personally feel it should not be subsidized by the Government; it should be taken care of by the Community Chest or the United Fund. I think that provision should be made for the payment of the cost of this service, and that it should be operated through local councils.

Senator GROSART: When you say that these services should gradually become public services—

Mrs. STEVENS: Well, by "public services" I mean community services.

Senator GROSART: But they should still remain voluntary services?

Mrs. STEVENS: Yes, because I feel the Community Chest and the United Fund are voluntary services.

Senator GROSART: I admire your willingness to go out on a limb, Mrs. Stevens. That is a quality not all of our witnesses here have had. I am going to ask you to go out on a limb again, if you will, for me. Can you estimate from your experience the percentage of old age pensioners who must endeavour to live on the present $75 a month? I know your answer will be a guess, but what percentage, from your experience, would have no other income?

Mr. STEVENS: I would be afraid to say that. There are many, many—I do not know the percentage—especially where the province does not provide anything more.

Senator GROSART: I am taking the $75.

Mrs. STEVENS: That is what I mean.

Senator GROSART: I do not want to go beyond that.

Mrs. STEVENS: I know. I would hate to think of the percentage of that.

Senator GROSART: Could you make a guess at the magnitude? Would it be 10 to 20?

Mrs. STEVENS: More than that.

Senator GROSART: More than 20?

Mrs. STEVENS: I would think so. I would think that 40 per cent of them are trying to do it all alone on $75 and not getting help from any other source.

Senator GROSART: I would not say "no other help," but have no other personal source of income.

Mrs. STEVENS: Between 30 and 40 per cent.

Senator GROSART: Is that about the rate, Miss Toal?

Miss TOAL: I think it would be considerably higher than that.

Senator GROSART: More than 40 per cent of all old age pensioners have no other personal source of income?

Miss TOAL: I did not say that. You said they did not have any other source of income—not income, but they may be drawing on savings.

Senator GROSART: I mean people who have no place to turn except to some kind of charity, whether public or voluntary, to supplement the $75 a month.

Miss TOAL: I would think the majority is in the neighbourhood of 50, possible 55; otherwise we would have a lot more people drawing on welfare or subsidies to supplement their $75. That statistic would be proven at either the provincial or federal level, the amount being subsidized to the individuals. There must be a number somewhere on the statistics of those being supplemented.

Senator GROSART: The statistical figures would appear to contradict that statement, because if you take old age assistance, 65 and up, the 65 to 70 group, the national percentage of people availing themselves of that is only 20 per cent—it varies from 10 in some provinces to 50 in others. We have had evidence over and over again that many old people who should be getting that have personal reasons for not applying. They do not like the means test, and nobody can blame them for that.

Mrs. STEVENS: I would like to re-phrase that. I would not like to use the word " 'live' on $75 a month," but I would prefer to say "exist."

Senator GROSART: One other question. On the matter of drugs we have had some evidence that in certain cases old age pensioners in need can get help. What are the regulations there?

Mrs. STEVENS: Alberta—and here I go again—gives drugs absolutely free to any old age pensioner who is getting the supplementary aid.

Senator GROSART: That is on prescription?

Mrs. STEVENS: Yes, on prescription. It has to be on prescription, and they are given their drugs free. They are also given medical care.

Senator GROSART: Is that without a means test?

The CHAIRMAN: Supplementary.

Mrs. STEVENS: With the means test.

Senator GROSART: Mrs. Stevens started with Alberta, and I think perhaps she is going to continue.

Mrs. STEVENS: I think Saskatchewan is starting it. In reply to my questionnaires that I sent out, that fact was not mentioned for any other place, but it was indicated they have been doing that for over a year in Alberta, and that in Saskatchewan they started within the last year. Have they started that in Manitoba?

Senator HAIG: I have no knowledge of that.

Senator GROSART: We had evidence this morning, that in certain cases they supply drugs in Toronto.

Mrs. STEVENS: I think a municipality could do it, but it should certainly come from somewhere. How in the world old age pensioners can get drugs at the present price, I do not know. If they do not get them they may die, and then of course you do not have to pay them a pension.

Senator GROSART: How in the world does an aged person know where to go? I have talked about the jungle. They would have to be a Philadelphia lawyer, it seems to me, to know; they would have to study the legislation to know. They would have to study the legislation and say, "I am entitled to go here to the province, and here to the municipality." How do they know where to go?

Mrs. STEVENS: They should go to the Council of Community Services in a city. They are really the best referral agency. In the smaller towns there is always a welfare officer, sometimes it is the policeman; but any person should go to the welfare representative in whatever district they are living, and they surely should be able to advise them.

The CHAIRMAN: Usually the priest or minister helps.

Mrs. STEVENS: Or The Catholic Women's League.

Senator MCGRAND: Have you any idea of the total cost to the Province of Alberta of these free drugs that have been supplied to old people?

Mrs. STEVENS: No.

Senator MCGRAND: I wonder where that information could be found?

Mrs. STEVENS: If you would write to the Department of Health of the Province of Alberta you would be able to get that information. I am sure they would be able to give you what it cost them during the last year.

Senator QUART: Mrs. Stevens, I have seen your questionnaires and they are marvelous. Maybe when you are sending out the next questionnaire, for your information—and perhaps you could pass it on to us because it would be worth a great deal to us—maybe you could include some of these questions. I am sure you have thought of that already.

Mrs. STEVENS: Yes.

Senator QUART: There is just one other thing. Reading the newspapers we hear, as you mentioned, about these senior citizens who have been six or seven days in a home before being found dead, and so on. I know of a small group which was established in Sillery around Christmas when we had all these groups meeting in Quebec. You know, Sillery is somewhat suburban, rather than Rockcliffe here. Most of the older people are living alone. Maybe they do not feel like having a nurse and want to be alone. Yet we have had three or four casualties that way. There was one woman who could very well afford to have a nurse, and she fell downstairs and was found dead.

A telephone committee has been formed at the Anglican Church is Sillery, and they have the names of older parishioners and they telephone to them each day. If they answer the telephone then, of course, they are alive. But instead of going visiting them every day, probably the older person does not want it, they telephone. Possibly that telephone committee idea could be passed on.

Mrs. STEVENS: I know that in lots of our parish councils they do that if they know of anybody who is living alone, and they sometimes even pay for the phone for the older person, so he or she will at least have a phone in the house, and they do phone them periodically. That particular service is something that could be extended all over Canada.

Senator QUART: Just a nice cheery little call, "How are you this morning?"

Senator GROSART: Referring to the discussion on social workers, what courses are available in the universities now, and what degrees do they lead to?

Mrs. STEVENS: They lead to the degree of Master of Social Work. I think that is so all over Canada. There is a Bachelor of Social Work.

Senator HAIG: In Manitoba it is first the B.A., then the Bachelor of Social Work, and the Master of Social Work, and you cannot get a good job without a master's degree.

Mrs. STEVENS: Yes, especially an administrative one.

The CHAIRMAN: I think it is fair to say there are such schools in every university in every province.

Mrs. STEVENS: I am ashamed to say that Alberta has no school of social work.

Mr. DAVIS: Has not Saskatchewan?

Mrs. STEVENS: No, Saskatchewan has not. Manitoba has, British Columbia has and the Maritimes have one in Halifax.

The CHAIRMAN: Toronto has.

Mrs. STEVENS: Yes.

The CHAIRMAN: McGill.

Mrs. STEVENS: Yes, and Laval and Ottawa.

Senator GROSART: Is this recent, because I do not recall ever seeing any name with "B.S.W." or "M.S.W." behind it?

Mr. DAVIS: Yes, it used to be the B.S.W., and now it is the M.S.W.

Senator McGRAND: It is referred to as social science.

Mr. DAVIS: Master of Social Work.

Sentaor HAIG: The point I made earlier is that I have found in my experience the social work graduates tend to go into youth work.

Mr. DAVIS: Child welfare work.

Mrs. STEVENS: Yes, youth and children's work, and the distribution of welfare services, but they do not concentrate, do they, Mr. Davis, or specialize in the care of the aged?

Mr. DAVIS: Mr. Chairman, I think that is a difficult question to answer. The fact is, I think, social workers go where there are opportunities. The field of old people services in this country is still not organized to the point where there are many openings. You need people at another level like homemakers who are not university people at all. You need many staff people who are not social workers. The opportunities for trained social workers are still few. They are growing, but they are still few.

The CHAIRMAN: In the aging field.

Senator McGRAND: The care of these older people is regarded as nursing, which takes it out of the social field and leaves it in the health field.

Mrs. STEVENS: It is more welfare than health.

The CHAIRMAN: As there are no more questions, may I tell you how much we have enjoyed having you here today and how much pleasure it has been to listen to your remarks. You have helped us by discussing these problems with us. We have more understanding about them as a result of the discussion.

We appreciate very much the offer you made on behalf of the Catholic Women's League and we shall certainly keep it in mind. We have always had a very high opinion of the League and it is even higher today. On behalf of the committee, I thank you very much.

Mrs. STEVENS: Thank you, Senator Croll. It has been a pleasure to be here.

Whereupon the committee adjourned.

APPENDIX "L"

CITY OF TORONTO
BRIEF FOR SUBMISSION TO THE COMMITTEE OF THE SENATE OF CANADA ON AGING RESPECTING THE NEEDS OF SENIOR CITIZENS

1. The Civic Administration welcomes the opportunity afforded by your request to submit a Brief to the Special Committee of the Senate of Canada on Aging. For many years the City of Toronto has been concerned over the needs of senior citizens and has given leadership in the promotion of housing, recreation, health and public welfare programmes which would benefit them.

Economic Needs of Older People.

2. There were approximately 87,000 recipients of Old Age Security residing in the municipality of Metropolitan Toronto in November 1963. In addition there were approximately 4,680 recipients of Old Age Assistance, making a total of 91,680 recipients 65 years of age and over. For many of them their most immediate and urgent needs concern financial provision for their living expenses in the community. The present increase in Old Age Security and Old Age Assistance from $65.00 to $75.00 per month will be of great assistance. However, some of them will require supplementary aid to meet their basic needs.

Recreation, Hobby and Craft Centres.

3. The Department of Parks and Recreation conducts 'Senior Citizens Clubs' in five Recreation Centres and one School. The nine hundred older persons who registered meet regularly and participate enthusiastically in the various club activities. A suitable furnished 'drop-in lounge' has been included in one of the Centres to provide opportunity for reading, music and companionship. In the Arts and Crafts Programmes, the senior citizens participate with those in various age groups in woodwork, plastics, leathercraft, oil painting, sewing, millinery, etc. In addition, accommodation is provided in various locations for elderly men to play chess, checkers and cribbage.

4. The Department of Parks and Recreation works in co-operation with other Organizations which sponsor approximately 100 Senior Citizen Clubs in private and public agencies, churches, etc., in Metropolitan Toronto. In this way any overlapping is eliminated and the Department provides assistance in any way possible.

5. The programme of the Department of Parks and Recreation has been financed almost entirely by the City of Toronto. While it is greatly appreciated by the senior citizens who can take advantage of it, any extension depends on the capital and operational budgets available. However, because of its demonstrated success and value, it is recommended that the Committee of the Senate of Canada on Aging consider the provision of financial assistance both for operating expenditures and for needed extensions of the Programme.

General Welfare Assistance and Supplementary Aid.

6. The Department of Public Welfare grants welfare assistance as provided in the Regulations made under the General Welfare Assistance Act (Ontario). In the year 1962, a total of 8,504 families and 10,353 separate individuals received assistance because of ill health or unemployment of the breadwinners or other circumstances coming within the Regulations.

7. In addition, 3,175 recipients of Old Age Security and Old Age Assistance received Supplementary Aid to their Government Allowances in 1962 to assist them with their rental payments or other approved expenditures.

8. Advancing age, particularly if it is associated with problems of health, unemployment, etc., is a major cause of economic dependency. There is no doubt that unless health can be restored and/or suitable employment obtained, chronic dependency may be the inevitable result. This becomes more serious as the span of life increases. It is pointed out that there is no provision in the Regulations for prescription drugs or for glasses, dentures, dental treatment, etc., required by many indigent persons. Expenditures for these items must be borne entirely by the municipality. It is recommended that the Committee of the Senate of Canada on Aging consider the inclusion of these and other essential items as shareable expenditures under the Regulations.

Employment.

9. It is a basic principle in public welfare that advancing age in itself should not become a barrier or a restriction which would prevent senior citizens from continuing to take their rightful place in society and to undertake remunerative employment for which they are capable. These are essential to self-respect and dignity. It is recommended that the Special Committee of the Senate of Canada on Aging give serious consideration to the development of suitable employment opportunities for senior citizens and also for those in the pre-older age group, thereby preventing premature economic dependency wherever possible.

Health Services.

10. In the City of Toronto, as in other comparable municipalities, various health services are available to senior citizens in the community through the local Department of Public Health, Public Hospital Clinics and services provided under the Homemakers and Nurses Services Act and Regulations. The Provincial Department of Public Welfare has also made available free medical services (from physicians of their choice) to all recipients of Old Age Assistance who are residing in the community and, on a means test basis, to recipients of Old Age Security in the community. However, recipients who do not qualify for such medical services could experience severe hardship if their medical costs were in excess of their financial resources for this purpose. In May 1962, the Civic Administration presented a Brief to the Royal Commission on Health Services urging the provision of adequate health services on a national basis.

Housing.

11. It is considered that unless special care is required for health reasons, senior citizens should have the privilege of choosing where they wish to live. Many of them would prefer to live on their own in the community in centrally located accommodation which would permit their participation in community life to the extent possible. This should be facilitated by a variety of housing arrangements, under either public or private auspices, at rates of rental which they are able to pay. The suitability of living arrangements can have a significant and beneficial effect on the health of older persons, thereby prolonging their years of useful living in the community and delaying or obviating their need for institutional care. It is recommended that the Committee of the Senate of Canada on Aging study the types of housing and locations which are best suited to the needs of senior citizens in a large city, with a view to expanding housing programmes with particular reference to this group.

12. It is recommended that the Committee of the Senate of Canada on Aging study the social contacts and interests required by senior citizens in order to alleviate the "loneliness" which is frequently associated with aging. Attention should be directed towards ways and means of strengthening family ties, with or without the involvement of financial assistance. It would be unfortunate if the assumption of increased responsibilities by Governments for senior citizens resulted in any lessening of helpful relationships. While it is very important that they develop suitable interests and make new friends, these cannot always substitute satisfactorily for family relationships.

13. The growth and development of Canada has depended on the contributions of each generation of her citizens. An important concept of aging is that advancing years should not necessarily mean discontinuance of this citizenship contribution. The wisdom and experience of senior citizens can be invaluable and whenever possible it should be integrated into every aspect of modern society. In this way, increasing numbers of them would be enabled to participate appropriately in church and community affairs.

PHILIP G. GIVENS,
Mayor.

City of Toronto, City Hall,
Toronto, Ontario.

APPENDIX "M"

BRIEF SUBMITTED TO THE SPECIAL COMMITTEE ON AGING THE SENATE OF CANADA BY THE CATHOLIC WOMEN'S LEAGUE OF CANADA

Honourable Mr. Chairman and Honourable Senators:

The Catholic Women's League of Canada was organized nationally in 1920 and was mandated by the Hierarchy of Canada in 1948.

It operates at four levels: Parish, diocese, province and nationally. It does its work through standing committees, one of which is "Social Action, Social Welfare, Child Welfare, Health and Nutrition," and is the committee responsible for our work with the aged.

It has a membership of over 150,000 Catholic women working in more than 1,800 parish councils. Its national office is in Ottawa. It has its own national monthly magazine, "The Canadian League", which is one of the media through which its programs of work and services are promoted. Its work is voluntary at all levels, and therefore this brief has been prepared from the thoughts, ideas and suggestions of its volunteer workers, compiled through questionnaires which were sent to the provincial councils.

We do not claim any professional status in the field except through our contacts and work with professional welfare organizations.

We have donated since 1927 an annual scholarship in social work and commencing this year we are giving two such scholarships.

Our brief will cover the problems of the aging under the following major headings which follow more or less the areas suggested by your honourable committee:

1) Philosophy underlying planning and provision for the aging;
2) Economic needs;
3) Employment;
4) Housing including institutional care;
5) Leisure-time activities;
6) Health;
7) Social Services;
8) Spiritual needs.

Recommendations:

The following are our recommendations which are implemented and amplified infra, in this brief, and which we respectfully submit:

1) The education of all Canadians to the fact that the old person is part of our national wealth; and that their experience is invaluable;

2) More pre-retirement preparation services;

3) The ideal home for older people is with their families when they are no longer able to live alone and future housing plans should enable them to do this;

4) More government built and financed homes for the aged (single ones for couples and larger ones for single persons);

5) More educational and leisure-time activities made available;

6) Minimum income providing food, suitable shelter, clothing and personal necessities on a modest but adequate basis;

7) Further employment, preferably part time, whether subsidized or partially subsidized, or whether in workshops or not;

8) More home-care services for those living alone;

9) More activity, information, referral, counselling, social and recreational centres and clubs;

10) More suitable and interesting programs for older people on radio and television;

11) Promotion of health maintenance programs and wider use of restorative and rehabilitative services;

12) Expansion of personnel-training programs and improvement of medical and related facilities for older people;

13) Periodic physical and mental examinations and counselling on living habits (particularly dietary);

14) More hospitals, nursing homes, organized home care, more out-patient and day-care services and more frequent evaluations of the nursing needs of the patients therein so that there would be a greater knowledge of the medical and nursing care required for them and the type of hospital needed for them;

15) Investigation into the cost of drugs, the possibility of supplying them free, and the removal of sales tax therefrom;

16) Better and less sporadic service programs co-ordinated through a national association on aging;

17) More trained personnel for such programs both inside and outside of institutions;

18) More government financial assistance for such programs, particularly for facilities and staff;

19) More student grants and scholarships for training in social work;

20) National plan for the training, orientation and use of volunteers and a closer liaison between volunteers and professionals;

21) National association on aging to implement the admirable research, study and work of this honourable senate committee; this national association to be financed through a national foundation;

22) Provision of a chapel or other place of worship in homes and institutions to bring the solace of religion to the inmates.

The following are our suggestions and ideas on the major areas of study:

1. *Philosophy underlying planning and provision for the aging:*

As Christians we are given the basis of our philosophy in the fourth commandment, "Honour thy father and thy mother." "Honour" implies reverence, respect, consideration and responsibility on the part of children towards their parents. However, in our modern days living patterns have changed. The greater mobility of people, the smaller house, higher costs of living, entertainment outside the home, have all contributed to this change. Although there are exceptions most families are willing to take care of their aged parents, when it is possible for them to do so. Over the years though there has developed an increasing trend that society as a whole should share in the care of the sick and of aged persons, until today all society is aware of this grave responsibility and want to discharge it to the best of their ability.

Retirement pensions and old age pensions have resulted in a greater sense of independence on the part of older persons themselves.

Other facets of this philosophy are:

The principles of self-help and neighbourly help are major weapons in combatting the problems of the aging. But a mere increase in service programs under voluntary auspices is not enough. There is a great need of trained personnel to organize and help with such programs.

Family, friends and the church are probably the most important groups to many older people. This is where we should look for a climate of acceptance.

The problem of educating the community and the nation to realize the value of its older members, and of educating the older people to use their longer lives in a positive way is another responsibility of society.

More pre-retirement preparation services are needed. They should be community-centered enterprises using the facilities and services of the schools and colleges and other community agencies with modest support from management and labour to ensure good quality of instruction and good educational content.

The responsibilities of the older person as a worker, parent, spouse, citizen, friend, church or club member should be expended if the older person has the desire and the capacity.

The older person must be helped to find his place in life—although it is a different one. It takes a very staunch person to remain undaunted by the shocks encountered in growing old. But those who are able to hold on to their self-esteem wish to play their role in the family and in the community. Do not let the old people be lonely. Retirement separates them from work; they become separated from their families by families moving away; their older friends die; with the result that they feel they do not have a place in society.

Help old persons to keep their faith in life; their faith in God. It brings happiness to old age.

The need to train qualified personnel to work with older persons is obvious. Because of the anticipated growth in the aged population, this need will surely grow, not only in medicine and public health, but also in many related areas.

It is unfortunate that the wisdom and experience of our seniors is disregarded. Youth and its strengths are emphasized; people are retired despite their abilities and the contributions which they can still offer society.

Surveys are made, programs are planned regarding education, housing, public assistance, health and welfare. Are the old people themselves consulted on these matters, which, after all, are their concern?

Life without a sense of belonging and contributing is meaningless. Our goal should be to fashion our objectives in such a way as to assist our older people to make their contributions to society.

2. *Economic needs:*

The abrupt drop in income which usually accompanies leaving paid employment frequently forces the retiree to make rapid economic and personal adjustments which may be very difficult. The rising cost of living and inflation have seriously affected the savings and annuities of those who had the incentive to provide for their old age. Their are many old people today who are trying to live on their old age pension. The present pension is not enough to provide food, suitable shelter, clothing and personal necessities on a modest but adequate basis. We need to know what amount would be sufficient. Is it somewhere between $90 and $120? The amount depends too on whether it is a single person or a couple, and whether they are living in an urban or a rural locality. One factor appears evident and that is that the old age security plan should

have provision for automatic change as the cost of living changes. If old age security were coupled with or replaced by a contributory pension plan the outlook for an adequate income for old people would be much improved.

Bus fares from municipalities at half price or free to old people would be of great help.

3. *Employment:*

The productive potential of the older worker has not been studied sufficiently. Increased productivity in the Canadian economy which will require the services and work of every adult capable of working should be our goal. Activity, work and responsibility are the tonics for the boredom and futility of old age in our society. Work is a predominating factor that keeps most of us alive. The setting up of some form of employment, whether subsidized or partially subsidized by the government, whether in workshops or not, is recommended. Sheltered employment in workshops has a fine record. Generally the persons working in them receive a modest money return, transportation, and a substantial noon meal. Another good feature is that they have companionship and a recognition of work well done. The workers are not hurried. Working without pressure is important to many people, particularly the old. It must be kept in mind also that full employment is not what many older people need. They need as a rule part-time employment—a change of pace.

4. *Housing including institutional care:*

Studies are needed to find out what type of housing accommodation old people want. For most old people the home takes on a special focus in respect to activities for recreation and the pursuit of hobbies. It would appear that most old people would prefer to live in their own homes if this is possible. It is desirable to encourage this, provided that suitable and decent homes are available within their means if they are physically and otherwise capable of living there. Many more old people could live in their own homes with a little help. There should be provisions for them for help and care in emergencies and during illness. The provision of a telephone is a prime requisite. A doctor should be readily available. The availability of a visiting nurse, visiting homemaker, chiropodist, laundry service, and a night sitter when necessary, should be ensured by the community. The building of homes for old people is beyond most voluntary efforts. There are the priorities of land, priorities of housing production, priorities in the use of public funds. It would be generally unrealistic to leave these in private hands. Several of the provinces are building such homes in large number, e.g., Alberta and Saskatchewan. Besides building them in the cities they are also being built in the smaller towns so that the old people do not have to live far away from their former homes, family and friends. Further consideration in the building of these homes is that they should be located where shopping is easy and close to churches and places of entertainment, with no hills to climb and a sidewalk to walk on. In cities the proximity of a bus stop is important. The importance of a suitable location is often sacrificed in favour of cheap land on the outskirts. More dormitory or single room accommodation should be provided for the single person.

Next, old people like to live with their children or other relatives. Very often this is not advisable, partly from lack of space and partly because the extra burden on the housewife is too much. Sometimes it is incompatability between the old person and the family. It is not the want of love, family ties are still very strong. It is the want of resources. Future housing plans should at least provide the space. It is possible that a homemaker service or a home visiting service would relieve the family of the additional work and make it possible for more old people to remain with relatives.

We need institutions also where people can live active lives, where the basic services are there—the cooking and cleaning, the housekeeping and the management. They should be places where the old people can take care of their own rooms, where they can go into town, where they can garden, where there are lounges and diningrooms, where there is a chapel or other place of worship. These homes should have a nurse or other qualified person who can provide them that additional protection which they need. The problems with many of such institutions is the lack of proper facilities, trained personnel and inadequate financial assistance from government at all levels. Provisions should be made for the training of such personnel and for more grants and scholarships for social work training.

A foster home program for the elderly similar to those for children should also be considered. Good supervised boarding houses would also be helpful.

For our old people who have adequate financial means retirement hotels and residential clubs would be appreciated.

5. *Leisure-time activities:*

Added leisure time has become part of the pattern of adult life. Its use may well determine how satisfactorily people adjust to retirement and old age for the use of leisure time is a part of the preparation for retirement. Retirement should never be a complete cessation of activity but rather a shift from pulsory and continuous activities to those which are voluntary and controllable. Major needs of men and women nearing retirement and in retirement are their desires to still be of use to people and to still be a part of things going on in the world. Voluntary services by the retiree can bring a new sense of success. Activities can be selected so that skills used in them are related to acquired business or industrial experiences, professional training or hobbies.

There is a great need for more senior activity centres and social and recreation clubs. The former centres should be open to all old people and supply information and referral services and counselling services. Dental and chiropodic services might also be centred there. Labour pools (baby sitting, gardening, etc.), arts and crafts, top projects at Christmas might also be operated from these centres. The ideal set-up for social and recreation clubs would be three small lounges, one for television viewing, one for radio listening and one for quiet reading.

The most successful of these clubs find that the use of the services of the old people themselves on their boards of management is most helpful.

Other leisure-time activities cover educational projects, part-time employment, long-time hobbies and the development of new ones, making of surgical dressings and the rolling of bandages, home and hospital visiting, and participation in surveys.

It would be much appreciated if the mass media would develop special programs for their older listeners just as they have developed programs for younger persons.

6. *Health:*

Health needs of older people are special needs. The kinds of illnesses and the kinds of care are different. How do we keep their maximum health; how do we provide the kinds of medical and nursing services that enable old people to stay healthy or to regain their health?

Generally: It would appear that it is imperative that efforts be directed to: 1) Stimulation of realistic attitudes towards aging by all Canadians; 2) Pro-

motion of health maintenance programs and wider use of restorative and rehabilitative services; 3) Expansion of skilled personnel-training programs and improvement of medical and related facilities for older people; 4) Amplification of medical and socio-economic research into problems of the aging; 5) Leadership and co-operation in community programs for aged persons.

Specifically: In over-all planning for the health care of the aged it is important to emphasize the great significance of preventive health measures. The individual has the primary responsibility for maintaining his own health and should be receptive to advice from his doctor. Illness and deterioration often depend on environment, and therefore can be modified by changing and controlling the environment. Periodic health and mental examinations and counselling on living habits (particularly dietary) can contribute significantly to successful aging. Aged persons can benefit in varying degrees from medical, social and vocational rehabilitative services. There appears to be a need of more hospitals, for both short-time and long-time care, a need of more nursing homes, the need of organized home care, the need of out-patient and day-care services. There must be a frequent evaluation of the needs of the long-term patient so that there can be an easy flow from the active hospital, to the auxiliary hospital, to the nursing home, to sheltered accommodation, home and to other related institutions as required. Dental care and the supplying of dentures, reduction in drug costs, or their supply free to older persons subsisting on their old age pension, and the removal of the sales tax therefrom, hearing aids, visual aids, adequate meals, chiropodic service and counselling services must be developed to meet the health needs of old people.

7. *Social Services:*

There are many service programs for the older people throughout Canada which cover such projects as senior citizens clubs and centres, educational, recreational and other leisure-time activities, home-care assistance, friendly visiting services, services of visiting nurses, homemakers, chiropodists and sitters, laundry and cleaning services, telephone-answering services, meal services, e.g., "meals on wheels," institutional help, e.g., reading, writing letters, doing errands, providing hair dressing and sewing and mending services, helping in cafeterias, craft and hobby rooms, and in occupational therapy, by providing transportation to churches, to town and to clinics. These services appear to lack co-ordination though and are too sporadic. To remedy these conditions there would appear to be a great need of a national association on aging, with provincial branches, which would, inter alia, stimulate co-ordinated planning of these service programs.

There is also the need of professional workers learning to use a larger number of volunteers and of letting the volunteers know that they are needed and wanted. On the part of the volunteers they should let it be known that they are not trying to replace the professionals. Volunteers should also be given some sort of orientation to the personality of the aged and some training in the best methods of helping such persons.

Many of the present-day volunteer social services for older people must gradually become public services. Homemaker services is an example.

The specialized services in institutions which should be available to the aging are handicapped by the lack of trained personnel and inadequate financial assistance. It would appear that there is a great need that special classes be started in educational centres for the training of such personnel. Student grants and scholarships for full-time training in social work should also be made available. There is also the need of more financial assistance from governments.

The national association on aging referred to supra is required also for other purposes, e.g., to conduct further studies on the needs of the aged to educate all Canadians as to these needs; and to stimulate co-ordinated action and planning to fill these needs.

8. *Spiritual needs:*

In the fading years the realization of spiritual needs often intensifies. For this reason, every attempt should be made to provide appropriate spiritual comfort and solace to all aged persons. If it is not possible to locate housing facilities close to existing churches, it is important that any construction should contain appropriate areas for religious worship. A minimum requirement in nursing homes, auxiliary hospitals and similar institutions, is the designing of recreational areas, so that they can be readily converted to religious use. In Catholic institutions, the provision of a chapel is considered a sine qua non. Fellow church members owe a duty to see that the aged living in their own homes are provided with transportation when they are able to attend church.

The Catholic Women's League of Canada is very appreciative of this opportunity to present its views on the problems of the aging to your honorable senate committee.

Respectfully submitted,

Isabella (Mrs. Hermon) Stevens,

National President.

APPENDIX "N"

APRIL 29, 1964.

SUBMISSION TO

THE SPECIAL COMMITTEE OF THE SENATE

ON AGING

On behalf of the Board of Directors, and the members of the Second Mile Club of Toronto, we submit this brief to the Senate Committee on Aging. We hope that the requests and suggestions made on behalf of senior citizens will be given the most urgent attention.

At the outset, we would like to congratulate all concerned with this committee for their interest in the problems of senior citizens. We are of the opinion that this is a field that has long been neglected. Some of us were fortunate enough to be present at a meeting called in the Education Centre in Toronto recently. We are sure much valuable information was submitted at this meeting but we thought it was unfortunate that so many of the points were repeated by many different people, with the result that there was not time to explore all of the problems. We also felt we would have liked to question one or two of the comments made such as one person saying "if we had plenty of money, all of our problems would be solved." We are sure your committee is aware that although money is essential, many other needs are required to give our senior citizens a happy, satisfactory life.

Although senior citizens have many problems, we think they can be broken down into some major headings; accordingly, we would like to discuss these problems under the following general headings:

Housing—We are of the opinion that there will always be people who will prefer to have private housing. In the case where a person owns their own home, the most urgent need seems to be some relief from taxation. Great emphasis has been placed upon taxes levied for educational purposes, but it may be necessary under some circumstances to consider relief from taxes on the widest possible scale. We realize that if any action along these lines were taken, it would spread the taxes over a smaller group but we think some investigation should be made to find out whether this increased cost on other tax payers would become too great.

Many people own their own home and there comes a time in life when one of the partners passes on and the other is left alone. Many cases exist where the one partner is able to carry on financially, but because of health reasons or loneliness, they feel unable to live alone. One of the most difficult problems to solve is that of getting a companion to live with a single old person. Surely, with all of this space available, some effort should be made to try and keep this kind of person in their home. This is most satifactory both because of the saving to the community and because of the feeling of security the person has in their own home.

For those senior citizens unable to own their own home but still preferring to live on a rental basis in a private home, every consideration should be given to make it possible for them to do so if they wish. Many people prefer this kind of accommodation because they frequently are able to fit in as tenants with some sort of a relationship with the landlord which gives them an opportunity to still feel part of a family.

In allowing for this kind of accommodation planning should be done to make sure that not all private dwellings which are available for rent should be torn down or removed in general clearance. Much of this kind of accommodation is located in areas where transportation is convenient and where surroundings are familiar. This is one of the most important things to be considered in housing for the elderly. Facilities such as shopping, churches, recreation, etc. must always be nearby to provide the maximum benefit for those using private housing. Buildings with lots of room located on the ground floor or at least no higher than the second floor should be retained wherever possible. Another problem with private housing which needs to be considered is the matter of rent controls. We recognize that landlords must have a reasonable rent but some kind of system needs to be established which would prevent landlords from getting most of any increases in pension, that are granted from time to time.

In the matter of public housing where funds are being spent for low rental or subsidized housing there are many factors which must be considered. It would seem that the two most important things to consider are location and size. The tendency now seems to be to locate them far away in the suburbs and in large buildings which provide for hundreds of people. We do not know how much difference there is in the cost of land in a desirable location in the heart of the city where people have lived all their years; but regardless of the cost of land, that is where this accommodation should be located. Almost without exception senior citizens are anxious to remain in the general area with which they are familiar and we cannot emphasize too strongly that new developments should be started where the people want them.

The other factor is size. Most old people do not wish to be in a building where there are 300 or 400 units. They would be much happier if small units were provided where anywhere from 5 to 20 units would be common. Small units would tend to look less like an institution and this would avoid the stigma of segregation. Once again, if cost is a factor, it should be overlooked so that there would be many more low rental units available in small buildings and with a greater distribution through all parts of the city rather than a few big concentrated areas. We recognize there is a limit to this idea but in any case, high rise apartments are not desirable and maisonnette type of accommodation is very suitable. Regardless of the kind of building there are several problems in common. We have mentioned transportation. They should also be located where the walking from the building to transportation is on comparatively level ground. The individual units should be large enough for the tenants to have at least two visitors at a time.

Those buildings which must be built large should at least have recreation facilities which would allow the tenants to participate rather than just provide entertainment which they just sit and watch. We do not pretend to be architects but we would assume in planning any buildings, consideration would be given to some of the following problems, some of which are real, and others actually expressing fears of the aged and being alone; larger, easily operated elevators; hand rails in halls and bathrooms; design of bath tubs for safety; balconies where it is not possible to get outside. We are sure there is a high accident rate among older people and we feel that all safety precautions should be taken and this would actually be much less costly in the long run than treating accidents.

One of the greatest fears of old people is that they will take sick and no one will know about this in time to help them. It would be hoped that people living alone would be assured that other tenants as well as building personnel would know from day to day that no sudden illness could come without someone being aware of it.

It has been pointed out that there are cases where two ladies, or two men, or a sister and brother find it difficult to get large enough accommodation for their needs at a cost which they can afford. There is no accommodation at present for this kind of need. This is a problem which should be given some consideration.

Finally one of the great needs of public housing is an understanding of senior citizens by the personnel who manage them. We realize that personnel under the present circumstances are pressed beyond their ability to provide accommodation, and as a result, often show impatience in dealing with prospective tenants. Personnel should be trained to be courteous, considerate, and thoughtful in all their dealings with prospective tenants and also with tenants after they move in. Furthermore, the present system finds different kinds of housing accommodation managed by different levels of government. As a result, persons applying for one kind of accommodation are never referred to someone who might have some other kind of accommodation. Therefore, we would strongly recommend that all types of accommodation be brought under one administration as far as receiving applications and getting general information. This would make it much easier for old people to get information about housing for themselves.

Food and Clothing—Next to accommodation, food and clothing constitute the largest part of pensioners' expenditures. We realize that costs for these items cannot be controlled for pensioners anymore than they can for any other section of the population. However, a few things should be done to help out. More will be mentioned later on about day centres for senior citizens, but in connection with food, there should be more places where at least one meal a day could be served to senior citizens at cost. Besides the expense involved, many senior citizens living alone do not go to the trouble of eating even one well-balanced meal a day. Therefore, meals prepared at cost, would not only save them money but would insure that they are getting an adequate diet. This would in the long run, cut down on the cost incurred by illness because of the lack of proper food. Also for many senior citizens who are almost classed as shut-ins, meals-on-wheels services should be started.

Medical Care—In many ways, pensioners without the means to pay for medical care can receive free help which they require. However, we feel that this information should be given more publicity. There is also uncertainty about who is eligible. There is a great deal of concern about the fact that people who have been able to save over the years from a meagre earning power, now find that all of this money which they have saved could be gone in a matter of a few months on doctors bills, etc. There is a strong feeling that it should not be necessary for a pensioner to have to use all of their savings when sickness sets in. Perhaps, there should be some figure established after which the government would pay the balance of the cost. Drugs which are often necessary are very costly and provision should be made that people in need of drugs do not hesitate because of the possibility of cost being too high. This same principal would apply to all medical supplies. There is also a great need for dental care, glasses and hearing aids to be provided to senior citizens through some plan which would again not seriously deplete any limited reserve they might have. In the case where these are provided free to people without means, they should be able to get as good service as those who are able to pay for them. We also are of the opinion that medical welfare plans, as other benefits for pensioners, should be standard across all of Canada. One of the great needs is special accommodation for people who are not ill enough to require hospital care but do need nursing care. Since hospitals are overcrowded,

more provision should be made for suitable nursing type accommodation. There are also many people who need nursing assistance but this could be done in their home by more frequent visits from nurses from the various public nursing departments and other voluntary agencies. The development of this service would be much cheaper and in many cases more effective than removal to nursing homes.

Transportation—Transportation is only one of many expenses involved, but to many people this is very important. The stress seems to be to have various transportation commissions, such as in Toronto the TTC, provide free transportation for pensioners. Naturally, this would be a wonderful help and we would be in favour of this unless something better could be done. We do feel that the responsibility for providing free transportation should not be placed entirely on the transportation commissions although it is quite likely that the matter of reduced fares for off peak hour travel times should be possible. In the main, this is a responsibility for the whole community and either all types of transportation including train and bus should be subsidized or pensioners should have sufficient money to do the things they are entitled to do at their age.

Recreation and Entertainment—We feel that this is the one area that is most difficult to assess in terms of dollars and cents. No one has yet been able to define what loneliness or lack of opportunity for participation in senior citizens' clubs means to the individual. No one is able to say what it means when a person has reached retirement age and is left with a feeling that they are of no more use. Day centres or recreation clubs or whatever form is considered are very important in the lives of senior citizens. There is no question that our senior citizens who have contributed so much to the development of our country should now be given every opportunity to enjoy their leisure days after retirement.

One of the problems facing Senior Citizens is the fact that they obviously have much more time on their hands after retirement. This not only leaves them wondering what to do, but it also gives them a feeling that they have served their usefulness and purpose in life. Recreation Centres can do much to solve this problem. There are many people who would enjoy renewing some interests of their earlier life if they were provided the facilities and opportunities to renew them in their retirement period. The kinds of program that can be planned are as numerous as interests of people. It actually doesn't matter whether people occupy their time in crafts, doing oil painting, or leather work, or sewing, or any other recreation forms such as dancing, singing, card playing, discussion groups, etc. The main point is that these activities not only keep the people busy but give them a sense of accomplishment and a general interest in life. It should also be remembered that when a person reaches even the age of 75 there are very few of their familiar friends still alive living near them. Companionship is vital and Senior Citizens Recreation Clubs can provide this as well as interests in life.

When we are considering ways and means of making better provisions for senior citizens, Recreation Clubs are the least expensive and in fact, in the long run actually save money. It is known that people can be kept active, both mentally and physically if they have interests in life, much longer than those who remain alone with nothing to do and nothing to interest them. Many senior citizens can be kept out of such institutions as old age homes, nursing homes or hospitals. When a person is forced to go to such an institution, it is much more expensive to care for them than when they are able to look after themselves and provide for their own needs. We would urge that, not only because of the enjoyment and pleasure that is provided through recreation

centres, we realize the overall saving there would be if as many senior citizens as possible were encouraged to become associated with some such club. There is a great need for more opportunities of this kind and there is an equal great need to get the general public to recognize their value.

If it is necessary to provide recreation centres for senior citizens, then it is equally necessary to provide the proper professional leadership. There has been considerable importance placed in providing personnel leadership for sports and recreation activities for young people, but there seems to be an attitude that the older generation do not require this leadership. While it is excellent to let senior citizens participate as much as possible in the planning of their own activities there is no question that it is equally important to provide the best possible kind of leadership for these groups. Accordingly we recommend that encouragement be given for the development of adequate day centres and recreational facilities and also that the same encouragement be given to provide well trained professional personnel.

Pensions—Earlier in this brief, we commented about one person saying all that was required was sufficient money and all their needs and wants would be looked after. While we do not agree that money will solve all problems, we are fully aware that money is one of the most important things to be considered when it comes to providing adequately for our senior citizens. We find it very difficult to suggest an amount of money which we would consider adequate. For example, an amount that would be adequate in a small community where rents and some other costs are much lower would not be satisfactory in a Metropolitan city such as Toronto. Naturally, the ideal situation would be for the pension to be high enough that senior citizens could live the same as other wage earners with sufficient money to buy their food, their clothing, their transportation and all of these other vital necessities. However, some sort of compromise between reduced costs and sufficient pension must be reached. Furthermore, we think that the general system of establishing pensions must not be set up in such a way that it can be used for political advantages. We feel that pensions must be established on the basis of need when they need it and not just at or about election time. Furthermore, there needs to be a much closer relationship to changes in the amount of the pension to cost of living. Whether it is necessary to actually establish increases in pension on the basis of the monthly cost of living index is possibly not necessary but at least a closer connection between amount of pension and living costs should be established. Consideration must be given to the starting age of pensioners. At least more information should be given about eligibility for assistance to persons under 70.

Employment—We know that automation is presenting employment problems but we are not convinced that retiring people early in life is the best solution. Not only do senior citizens often require the income, but enforced retirement has a detrimental effect upon people. Much thought must be given to using the wisdom and experience of our senior citizens in the overall development of our country.

In closing, we would like to point out that we are aware that it will require considerably higher sums of money to make provisions for all the needs of senior citizens than we have had up to the present time. We are also aware that government at all levels has many demands for money. We wish to emphasize that it is time that we really find the ways and means to raise money for this very important group of people just the same as we would find ways and means to find money if we were involved in a world war. Money can be set aside to provide at least a decent standard of living for the people who have made it

possible for the present generation to enjoy the benefits established by our present senior citizen group. Many of the needs of senior citizens can be solved if there is encouragement given by those in authority to the general public to become concerned and interested. We urge the committee to not only take the steps necessary to provide for the needs of the senior citizens but to make sure there is no unnecessary delay in seeing that it is done.

Respectfully submitted on behalf of the Board of Directors
and members of the Second Mile Club of Toronto

M. E. Zurbrigg,
Executive Director.

R. C. Dobson,
Chairman of the Board of Directors.

APPENDIX "O"

SUBMISSION TO
THE SPECIAL COMMITTEE ON AGING
PRESENTED BY
THE EDMONTON FAMILY SERVICE BUREAU

The Edmonton Family Service Bureau
400 Tower Building
Edmonton, Alberta

Dr. B. Kredentser
President, Board of Directors

Miss Isabel A. Munroe
Acting Executive Director

January 20, 1964

Background Information

1. The Edmonton Family Service Bureau is a private, non-sectarian family agency incorporated under the Alberta Societies Act. Its policy is determined by a citizen board of twenty-one persons representing a cross section of the business, industrial, professional and ethnic life of the community of Edmonton. It employs a staff of professional qualified social workers and is an accredited member of the Family Service Association of America . . . the standard setting body for family service organizations in Canada and the United States.

Purpose and Function

2. The primary aim of the service is to strengthen and preserve family life in the community and to undertake such measures as would improve conditions for families in the community. It does this through five major functions:

1. Providing casework service to persons with:
   - marital and family problems
   - parent-child, or child adjustment problems
   - vocation problems
   - education problems with respect to family life.
2. Participating in community planning; to improve laws and facilities that affect family life.
3. Conducting group education activity through group counselling and group family life education programs.
4. Contributing to professional social work education.
5. To carry on research pertaining to family life problems.

Summary of Conclusions and Recommendations

3. Our main conclusion is that a fair amount of provision has been made for income maintenance and residential care of the elderly and a fair number of studies have been done on the present situation of the elderly. We believe that it is time that greater attention was now paid to the more preventive and sustaining service that can facilitate elderly people remaining in their own homes. We believe that some specific grant structure should be worked out to make more adequate provision for this through the existing voluntary counselling and recreation agencies.

Background of the Problem Under Review

4. With the increase in life span and increase in population, occurring at the same time as increase in automation and increase in urbanization, the elderly people in present day society who are really isolated from meaningful contact with it is becoming a sizeable group. Many concrete problems have resulted from the above such as the need to make overall provision to meet basic necessities such as food and shelter and medical care during illness. To a large degree provisions in these concrete areas have been made and are continuing to be expanded as required.

5. It has been noted by the Director of one of the outstanding institutions for elderly people in North America at a Conference on Aging held in 1963* that mental deterioration in old age is one of the most serious problems in this field and that increasingly studies have indicated that such deterioration is associated with isolation, depression, and social deprivation of many kinds, rather than with organic brain damage and that such changes may be reversible.

6. It is our conviction that every effort should be made to develop adequate services and facilities of a positive and preventive kind so that older persons may continue to live healthy and useful lives, and that all social services for the elderly should have as a primary objective that of enabling older persons to remain in (or to return) to their own homes whenever possible.

Problems of Elderly and Relative Significance

7. Major problems centering in income maintenance, living accommodation and hospital care have received considerable attention to date and while they are important they are now less urgent than other aspects of care of elderly. The elderly present a greater need than most other groups for variety and flexibility of institutional care during periods of temporary crisis or declining physical capacity. Since they face a good deal of stress in adapting to retirement, decreased physical capacity, changing living requirements, etc., they are obviously in need of fairly extensive social services. Leisure time facilities also become of major significance.

What's Being Done Currently

8. A great deal of government money is being expended currently and much has been achieved in providing for income maintenance, living accommodation and hospital care. Because Government schemes are always somewhat standardized and all-inclusive, some of our current provisions seem unduly rigid and appear to become wasteful in terms of money expended. There appears to be insufficient utilization of existing voluntary resources and knowledge and an extensive gap with regard to the provision of casework or counselling service.

Philosophy Underlying Our Planning For Older People

9. Much of our philosophy in planning seems to rest on the assumption that we can tell what older people need and want on the basis of what we ourselves desire and that provision of physical facilities is the key to adequate care. We also appear to be either unaware or unwilling to accept the experience and studies that have been done in other countries. It would certainly

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*Miss Hemmy, Executive Director, Benjamin Rose Institute of Cleveland.

seem that development of some principles as a guide to social policy and planning should be quite feasible and valuable. For example, it would appear that some principle could be established so that in setting priorities we could place some emphasis on preventive services on some sort of planned basis, so that all the funds did not get channelled into either studies or the final picking up the pieces of complete dependency which is the situation currently existing. It would also seem fairly straight forward to establish some principle about the involvement of older people themselves in much of the planning and the need for all planning to consider first and foremost the importance of older people being linked to the stream of life of society to whatever degree is possible.

Our Concerns and Actions

10. 1. Our agency has contributed our experience with problems of the elderly to the community studies that have taken place in this area. Out of our own experience with individual counselling services for this group we are in support of the experience elsewhere that for such counselling services to truly meet the needs of the elderly, there must be provision for more time to be taken for interviews and for more reaching-out to the older person. They are less able and less willing to seek out service in an office and, therefore, unless funds are provided so that an agency can set up special service to this age group, their needs in the area of counselling do not become known. Ideally such counselling services should go out from the counselling agency to the milieu of the older citizen—either recreation centres or homes.

11. 2. Provision has been made through our Emergency Homemaker Service for a short-term demonstration project to evaluate the possible use of this type of service in helping older people to remain in their own homes if tided over a period of illness and to help maintain care with married children when vacation plans or other temporary difficulties arise. While our provision of this type of care has had to be very limited it has provided valuable information about the needs of this group for this type of care and some of the aspects that should be considered in planning for this. It is necessary to utilize homemakers with a special skill and special interest in working with older people. It is also necessary that help be available on a very flexible part-time basis—sometimes half days—sometimes a day or two a week—sometimes an hour or two every day. Our existing homemaker program could readily be expanded to meet such a need if appropriate funds were made available for this. We also have encountered, through provision of limited homemaker service to the elderly, the need for some type of protective legislation which becomes crucial when there are no relatives available to assume legal responsibility.

12. 3. Our third activity to date has been a co-operative T.V. program with a local production of C.B.C. "PERSPECTIVE" which highlighted some of the problems faced by the elderly through having one of our staff members live for a period of one month as an old age pensioner. This experience highlighted the need to individualize older people, the need for them to feel more needed and worthwhile, the need for more imaginative recreation that was designed by older people themselves with a purpose. This is highlighted in the diary of our staff participant who expressed strong feeling about:

> "the boredom and monotony with a bunch of idiots (well-meaning) running around trying to solve it with whist and chinese checkers."

13. He also noted that where he encountered some groups that did sewing for Care and Red Cross, that these activities were avidly participated in and gave a clear example of the need (of the older person) to do something

of value. The need to individualize services more stood out in connection with the lack of activities available for older people at weekends, the idea being presumably that this is the time that is spent with families. But what about the people who don't have families? The contrast between the elderly person with little sense of purpose and the one who is still actively engaged in some activity he considers useful is well illustrated by the contrasting description of such men encountered in our T.V. project. Our recorder describes:

> "one group of old men who sit in the bus depot and train station just watching the trains and buses come and go. I never saw anything so sad in my life! I spoke to one old fellow and he told me he lived in the neighbourhood and just didn't have anything else to do—except play cards at the Legion which he didn't like."

14. Later he encountered another old chap and recorded:

> "He has his own greenhouse and raises plants to sell. He says he doesn't make any money this way but it pays for itself and keeps him busy. He does his own cooking, baking, etc., and has a cellar full of canned goods he has done himself. Speaking to this man cheered me up after the men in the railway station—I needed to see that old age could sometimes be productive."

15. The result standing out from our co-operative T.V. show was some individualization of older people and a definite movement away from having people consider the elderly as "a statistic" or as one homogeneous mass. It highlighted that money is much less of a problem than is lack of meaningful activity and lack of provision of individualized social services.

16. The main difficulties that we encounter in providing the type of services we believe would be most helpful to the older citizen is lack of funds and lack of staff time to reach out to the required degree. If governments made more provision by way of grants for special projects to private voluntary agencies, more individualization of the older citizen would be achieved and more effort could be focused on retaining them in their own home.

17. We would like to be in a position to extend our homemaker program to make provision for this group, to plan for more extensive counselling facilities for the elderly by reaching out through special assignment of one or two caseworkers, and to establish a friendly visiting program utilizing volunteers under professional guidance and leadership.

Government Activity

18. We believe that governments at all three levels are doing a great deal with regard to income maintenance, health care and institutional care. We believe that insufficient provision is being made to enable the services required for older people to remain in their own homes, to be developed. We believe that this latter is of paramount importance and that some grant structure should be established with provinces, municipalities, and private organizations, to promote the extension and *development* of services in this area rather than continuing to have a great many individual studies undertaken which continually stop short of action because of lack of funds to implement preventive services.

19. Several case illustrations are attached to illuminate the service requirements about which we are most concerned.

CASE ILLUSTRATIONS

Counselling

Case I

20. An elderly widower with limited family relationships who left the nursing home where he had been placed by his children—emphasizing his need to be in the city closer to medical care. While this was valid it proved not to be the basic reason which was his vague unhappiness over being unable to communicate with a room-mate who spoke largely German, his need to try to reassure himself about family relations by being close enough to contact his children, and his desire to be in the city. His own description of his need for medical attention for his leg in the city was significant . . . he hadn't seen the doctor at the Home as he needed a specialist—"because all these other doctors just put you in a category and they all say nothing could be done." Later the counsellor's comment is also significant in describing this concern about his leg when she notes: "I think part of Mr. X's pre-occupation with his leg is because he feels a little bit rejected." Later in the contact he confides to the counsellor that "people don't care about older people" and also expresses the desire of so many older people to have a room of his own because his living pattern is so different from that of his room-mate. It took two or three contacts, however, to understand this, where with a younger person one interview would probably have provided this basic initial information. Living accommodation in the city was then required and this also took considerable time to help him look at and decide. Additionally his children who were also concerned in the decision, required a good deal of help in accepting their father as he was, understanding his pace a little better and tolerating some of his social dependence on them. Again placement planning took two or three times as many hours on the part of the counsellor. This is a simple fairly uncomplicated straight forward case but it would never have come to the agency for service except through the knowledge of the agency facility by one of the children who was a Board member of another agency—so it illustrates the limited ability of the elderly to seek out appropriate community services. His need to come to the city illustrates fairly clearly the disadvantage of institutional care being too far removed from expert medical and hospital facilities. His final selection of a small nursing home near the city centre illustrates the desire of many for accommodation near enough to business areas and accessible to ready transportation. His initial vague dissatisfaction illustrates rather clearly the limitation that exists for this group to explain what they require and the onus society must accept to help them tell us more clearly what they need.

Case II

21. An elderly retired school teacher with basic personality difficulties and considerable sense of estrangement from wife and family—a man who used withdrawal as a means of gaining attention. We kept contact with him over a year, providing a little incentive to him to move out of his home for some office contacts and some limited activity and helping his wife to feel comfortable about taking a needed vacation as encouraged by her children. This man was emotionally depressed to the point where psychiatric service was sought but since institutional care was not advisable and since he had insufficient drive to maintain contact on his own, a service that could reach out to him was important. Again referral initially came from the children through a clergyman, illustrating the lack of knowledge about this age group of counselling-type services.

Homemaker Cases

Case III

22. Elderly couple referred initially by the minister when woman had to go into hospital temporarily and man couldn't manage on his own. During next two years, several periods of hospital care for one or other of the couple was required on a number of occasions and eventually failing health made part-time homemaker care a necessity if couple were to remain at home. Their pride plus their frugality made it difficult to help them realistically move to employment of housekeeping help on their own, but eventually they were helped through the homemaker service to do this. Total length of agency contact and part-time homemaker care was seventeen months (125 days care during this period) and this saved that length of institutional care, i.e. seventeen months or whatever part of that time the couple would have survived in an institution—since institutionalization would likely have shortened their lives and might, under many present regulations, have had the heartbreaking result of separating them in their last years.

Case IV

23. An elderly couple where woman had been crippled for many years and man was in failing health. Homemaker care was utilized periodically when husband was in hospital but could not be maintained on a permanent basis. Had facilities been available for continuous part-time homemaker care the situation might have been maintained in the community for several years. Because of lack of economic facilities, however, continuous care could not be established and institutional care was eventually required despite the resistance to such care by the couple concerned. Declining physical capacity eventually highlighted the need for some protective legislation to provide some facility for planning in such situations. This highlights a problem area for a voluntary organization such as ours, when declining physical health is imminent and responsible relatives are not available, we cannot afford the risk of providing full time homemaker service over a period of possibly many months or a year—we can't afford it either in terms of available homemakers or in terms of cost but if special grants were available more appropriate home help plans could be worked out.

Case V

24. An elderly senile widow who had homemaker service following an accident and really could not manage independently in her fairly large home. She had no close relatives who were willing to take legal responsibility—she could not make any arrangement for housekeeping help either with or without our aid because of her senility and tendency to abuse those who lived with her. She refused to pay for service despite fairly real financial resources. She was eventually persuaded by her doctor to move into residential care and may have adjusted to this although this would be somewhat doubtful. Some type of guardianship and protective legislation would be more helpful here and eventual boarding home care in a carefully selected home where she would not have to adjust to too many people.

Second Session—Twenty-sixth Parliament

1964

THE SENATE OF CANADA

PROCEEDINGS OF THE SPECIAL COMMITTEE OF THE SENATE ON

AGING

No. 8

THURSDAY, MAY 21, 1964

The Honourable David A. Croll, *Chairman.*

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

WITNESSES:

Ontario Welfare Council: Mrs. John J. McHale, Junior, Chairman of the Advisory Committee of the Section on Aging. Professor W. S. Goulding, University of Toronto. *Canadian Association of Social Workers:* Miss Evelyn McCorkell, Chairman of the Social Policy Committee; Dr. Nicolai Zay, President of the Corporation of Professional Social Workers of the Province of Quebec; Miss Dorothy Pleming, Supervisor of Elderly Persons Department, Family Welfare Association of Montreal; Mr. Henry Stubbins, Vice-President; Miss Joy A. Maines, Executive Director.

APPENDICES

P—Brief from the Ontario Welfare Council

Q—A Guide to Legislation and Services Related to the Well-being of Older People in Ontario

R—Brief from the Canadian Association of Social Workers

S—Brief from the Saskatoon Welfare Council

T—Brief from The Catholic Charities Council of Canada

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

20600—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.

20600—1½

MINUTES OF PROCEEDINGS

THURSDAY, May 21, 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*), Dessureault, Fergusson, Gershaw, Grosart, Haig, Inman, Lefrançois, McGrand and Quart.—10.

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

On Motion of the Honourable Senator Haig, it was Resolved to print the briefs submitted by the Ontario Welfare Council and the Canadian Association of Social Workers as appendices P and R to these proceedings.

Briefs were submitted to the Committee by the Saskatoon Welfare Council and The Catholic Charities Council of Canada who will not appear.

On Motion of the Honourable Senator Haig, it was Resolved to print the above mentioned briefs as appendices S and T to these proceedings.

On Motion of the Honourable Senator Grosart, it was Resolved to print the document entitled "A Guide to Legislation and Services Related to the Well-being of Older People in Ontario" as appendix Q to these proceedings.

The following witnesses were heard:

Ontario Welfare Council:

Mrs. John J. McHale, Junior, Chairman of the Advisory Committee of the Section on Aging.

Professor W. S. Goulding, University of Toronto.

Canadian Association of Social Workers:

Miss Evelyn McCorkell, Chairman of the Social Policy Committee.

Dr. Nicolai Zay, President of the Corporation of Professional Social Workers of the Province of Quebec.

Miss Dorothy Pleming, Supervisor of Elderly Persons Department, Family Welfare Association of Montreal.

Mr. Henry Stubbins, Vice-President.

Miss Joy A. Maines, Executive Director.

At 12.20 p.m. the Committee adjourned until Thursday, May 28, 1964 at 10.00 a.m.

Attest.

Dale M. Jarvis,
Clerk of the Committee.

THE SENATE

SPECIAL COMMITTEE ON AGING

EVIDENCE

OTTAWA, Thursday, May 21, 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, we have a quorum and I would call the meeting to order. We have appearing before us today the Ontario Welfare Council, and the Canadian Association of Social Workers. I shall entertain a motion to have the briefs put on file.

Senator HAIG: I so move, with the exception of the exhibits.

The CHAIRMAN: The exhibits will not be put on file but will be available in the office of the Committee Branch for anyone who wishes to see them.

(For briefs of Ontario Welfare Council and the Canadian Association of Social Workers, see appendixes P and R.)

The CHAIRMAN: We have been making a practise of putting some briefs on record that have been submitted to us from organizations which have not asked for the opportunity to appear before the Committee. We have today a brief from the Saskatoon Welfare Council, and another from the Catholic Charities Council of Canada.

Senator HAIG: I move that these briefs be made part of the record.

(For briefs of Saskatoon Welfare Council, and the Catholic Charities Council of Canada, see appendixes S and T).

The CHAIRMAN: There are two witnesses appearing on behalf of the Ontario Welfare Council. They are Mrs. John J. McHale, Jr., and Professor William S. Goulding. I shall tell you something about them. Mrs. McHale is the president of the Ontario Society on Aging, and since November 1, 1963, has been chairman of the Advisory Committee of the Section on Aging of the Ontario Welfare Council. She was born and educated in Winnipeg and has served on local and national boards of the Victorian Order of Nurses, Canadian Girl Guides, Y.M./Y.W.C.A., Family Service Bureau and United Community Services.

She is director of Senior Citizens Recreation Activities for the London Recreation Department. She has assisted the Windsor Senior Citizens Advisory Council, and has served as a special advisor to the Federal Provincial Housing Authority. She is a board member of the Ontario Welfare Council.

Professor Goulding is a graduate in history from the University of Toronto, and in architecture from the Harvard Graduate School of Design. He is assistant professor in the school of architecture, University of Toronto, and was acting president of the Ontario Society on Aging from 1961 to 1963.

His interest in older people stems from an interest in housing for older people. Professor Goulding is consulted widely by communities in the Province of Ontario, in matters pertaining to living accommodation for the elderly. Some years ago he conducted a national study on housing for older people for

Central Mortgage and Housing Corporation. He was appointed to serve on the Ontario Housing Advisory Committee as a representative of the Ontario Society on Aging.

That is a short introduction of the two witnesses. I have explained to them how we conduct our hearings, and I will ask Mrs. McHale to speak first.

Mrs. John J. McHale, Jr., President, Ontario Society on Aging: Mr. Chairman and honourable senators, the information contained in our submission has been gathered from six years' experience of the Ontario Society on Aging which has now become the Section on Aging of the Ontario Welfare Council. We wish to emphasize that the welfare of the aged cannot be separated completely from the welfare of the community as a whole. A good community must build those resources which enable people, including the elderly, to remain independent as long as possible. Programs and services for people, including the elderly, should support independence, not create dependency. They should recognize and build upon the strengths and resources of the individual, but they should also meet his needs in adversity.

The needs of the aging should be viewed within the context of the needs of society, and community planning for the aged must be related to and compatible with planning for other segments of the population. To put total emphasis on care of the aged, as opposed to developing a community in which one can age with dignity and independence, would poorly serve both the elderly and coming generations.

Less is known about the specific needs of older people, and the means of meeting them, than for other age groups. Facts about older people are less available because agencies have not kept records in relation to age categories. Older people are not as "visible" as a group of children, who can be located through schools, and young adults, found through employers, churches and other organizations. On page 15, item 56, of our brief, we refer to 475 senior citizens groups, with an estimated membership of about 15,000. These figures were prepared from the records of the Ontario Department of Education, Community Programs Branch, and is the most complete provincial record of clubs for older people. Those of us who are active in the recreation field know this figure to be inadequate. The United Senior Citizens of Ontario likewise do not give an accurate picture of older people involved in organized clubs. May I give you some examples. A Retired Men's Bowling League functions in London, which meets once a week and has a membership of 300 but would not be listed with either of the above groups. Many churches and community groups organize clubs, ball leagues for senior citizens, and collectors and study groups, but they are not listed in the community programs roster nor are they affiliated with the United Senior Citizens. For this reason it seems obvious that the numbers of older people taking part in organized activity are much greater than we know at present.

The aging cannot be grouped as one body with common characteristics and problems. There are at least three age spans for whom any planning will have essential differences. Those between 50 and 65 years of age require opportunities to prepare for retirement. Planning must include the organization of such courses by schools, churches, civic groups, labour and industry.

For the 65 to 70-plus age groups, planning should be directed toward augmenting available opportunities for maintaining their capabilities, and for making constructive contributions to their own as well as society's welfare.

The third age group are those in the period when physical and economic deterioration are predominant concerns. Planning for their age group must focus on dependency needs.

It has been pointed out by many other groups who have presented briefs before us that the aging have the same basic physical and emotional needs as all other age groups. If the needs of the aging are similar to other age groups, then resources already exist in most communities for meeting a large number of these needs. Planning must identify the barriers preventing the use of these existing resources. Schools, churches, libraries, parks, health facilities and other networks of services in every community must be adapted for use by the aging before new agencies are created.

May I give you an example of community resources combining to provide effective programs? The Medical Officer of Health has co-operated in installing a Health Maintenance Unit in the Senior Citizens Recreation Centre, a part of the Program for Older Adults, organized by the London Recreation Department. Once a month the members may attend and have a health check-up. In an earlier presentation by Dr. Sherman you may recall he said, "The greatest need among older people is for health extension, for positive thinking. The primary health objective for the senior, as well as for the young, is not mere absence of disease but optimum health for all". This is the first time such a program has been tried in Canada. This is often connected with a housing concept and has been done successfully in Chicago and Cleveland. It is somewhat jokingly referred to as "The Well Oldsters' Clinic," but I predict it will have many imitators.

I would like to refer to the section on Preparation for Retirement. It has been noted that it has been difficult to reach out to large numbers of people with pre-retirement programs, and that courses at universities did not receive strong supports. On page 12, item 45, of our presentation we referred to a Preparation for Retirement Committee set up by The National Council of Social Services in London, England.

There is also a very interesting service in the United States, called the Retirement Council. It is a subsidiary of the American Heritage Publishing Company. It has been in operation since 1955 under the direction of an advisory board of some very distinguished gerontologists such as Dr. Edward Bortz, former president of the American Geriatric Society, Miss Ollie A. Randall, vice-chairman of the National Council on Aging and others of equal stature. This is particularly interesting because it is private enterprise, as a result of their advanced thinking, providing a retirement counselling service to individuals and industry.

The economic needs of older people indicate that too little is known of the actual economic situation of the aged in Ontario, that further research is needed and more data from official sources should be made available. This is on the basis of a survey carried out by the Ontario Welfare Council. Probably a large number of older people are living well below an adequate standard in spite of security and assistance programs.

It was interesting to see that the representative of the Canadian Home Economics Association came up with a similar basic cost for food as was referred to in our Economic Needs and Resources report. However this is a nutritional standard only, and many factors must be considered in looking at the living costs of older people. The greatest gap in our knowledge about the income position of our older people is in our ability to measure their income needs. Three main factors influence the cost of living of older people: (1) Medical expenses will be heavier, probably at a time when there is no protection in the form of prepayment arrangements—for this reason medical expenses are often out-of-pocket expenses; (2) The inability to perform work that was once simple and matter of fact, such as painting the house and cutting the lawn, so that more service must be bought and paid for to maintain the home and its surroundings; (3) The impact of inflation, because the principal sources

of income are social security payments, pensions, life insurance annuities, and other sources of a fixed amount of dollars.

Many of our older citizens could adequately take care of themselves, or be cared for by their families, except for the decline in the purchasing power of the dollar. I have one person still very active at 94, who retired at 60, and he thought at that time he had quite an adequate income to live on. Naturally he is having a rather difficult time now.

In our time, we measure a man's status in society by the work he does. When he reaches the age of retirement there is often no yardstick by which to measure his status. We give lip service to the respect and veneration which is due the older person, but often we do not accord him the right to earn his way, to be self-reliant and to fulfil his human potential.

We often retire a person from production at the very time when maturity has been achieved, when he has gained with experience, and when he could return to society the investment it made in him. We must develop some way to restore the stature of older people. Because he has now reached retirement we must not lose sight of the fact that this man is someone who has learned skills, practised a profession and accomplished a life's work.

Retired people need to be encouraged to share their talents with their contemporaries, and with younger groups who need this contact with good, successful aging to give them a standard for building toward their own maturity.

Basic to all our proposals is a change in the public image, away from the stereotype image of the aged as a group apart, useless and too old to learn. This change needs to be furthered by all possible means—communications media, cultural services, and lifelong education.

The complex problem of how the older person in our society can live a meaningful life, apart from work, and family situations, involves in part a reorientation of society's values. At the very least, it requires learning to value leisure, or more individual cultural activites as much as those related to group purposes, so that people will learn to do things on their own and direct their special capabilities and their leisure time to their own educational welfare—what we might call their on-going education in their later years.

The CHAIRMAN: Professor Goulding.

Professor Wm. S. Goulding: Mr. Chairman and honourable senators, Mrs. McHale has identified for you a number of ways in which the Ontario Welfare Council is looking after this whole subject, the change in the image of the older person in society, and the fact that they are very much a part of the community but of whom the community as a whole has rather lost track of. Perhaps I might take over from there and talk about where the older people live—something about their accommodation.

Now I think perhaps it might be interesting simply to start with where our current responsibilities at the federal level are, and I think you will find that both the National Housing Act, which is administered by Central Mortgage and Housing Corporation, and the various acts to do with hospital grants, usually grants-in-aid to the provinces and municipalities, administered by the Department of National Health and Welfare. You find a number of provisions all of which go towards helping local communities to house people who are well or who are ill, young or old. We find there are gaps in this legislation. We find under the National Housing Act a great deal of housing being encouraged across Canada which is used only for two-generation families, the young middled aged family with young children and nothing else. We find in the hospital assistance program of National Health and Welfare a great deal of encouragement for the provision of hospital beds and services of the general hospital type, and not much else.

In terms of the older group of the population one finds very little recognition that there are old people who need help in this way. They have housing needs as much as the younger people. As for hospital accommodation, they have as much need of it as the younger people, and very often more need, and it is of a slightly different kind from that provided by the general hospital.

Older people tend to end up in the older areas of the cities where accommodation has been left over from 20 or 40 years ago, not designed for them but into which they can fit more easily than in the new suburbs.

In terms of long-term illness and for the very old, 85 and over, who need care because they are no longer able to help themselves, it is quite inappropriate that they should be in very expensive general hospitals, but there is very little else encouraged by authorities on the national level, to provide the optimum kind of accommodation suitable to them.

Therefore, we suggest there should be some attention to these gaps, in the encouragement of town building, so that it becomes more appropriate to the total community and is not singly geared to those who may have made the most pressure on the public interest to attend to their particular needs—that is, the young family, the working family, the family which needs a type of building. Those groups can exert pressure to satisfy themselves.

The other group needs to be considered in the public interest, as Mrs. McHale says, because they are just as much a part of our community.

In the past, people interested in older people and where they live, have tended to think of them as one group only. I am sure you also have found, as we have, that people now in the 70s very often think of themselves as middle aged and unless anyone asks, other people think of them as middle aged also. They are not the kind of person you expect to go into an institution. Many people of 70 joke with me and say "I suppose you want to put me in some big institution because you are interested in old people, haw, haw." I say not at all, but that when they get to 90 perhaps they would like some help.

Many people at the normal retirement age of 65 simply go on living where they were before, except that perhaps their accommodation needs are smaller, perhaps they have less money and the cost of rent may be important.

From the age of 65 to 80, which is late middle aged for many now, if you think of that period as the same length of time as a person spends in school, it shows that there is a long period of retirement which can be a pretty active one. It is only after that that you need to think in terms of care, more intensive care as part of accommodation.

That older group breaks down between those in cities, where there is some accommodation in hospitals and nursing homes; and those living in the village or the countryside where there are no facilities at all except something in the nature of the county home which may be adequate in some cases but which many people in the rural areas resist very strongly even when there is no alternative accommodation for them.

Therefore, you see the town and the country as one distinction, and different age groups as another distinction.

I could give another illustration of age groups. In the case of one institution on the board of which I am in Toronto, it used to take people in the early 70s. The average was 75. Over the last 10 years the average age has increased one year per year and now the average is 85. People do not ask to come in until they are over 80. This is an entirely different group from that for which the institution was designed.

I think that is true of most of the institutions designed in the past for older people. In particular this means more care, more expenses for the institution, more specialized care and more nursing. There is no reason why they need to go into hospital but there is an increasing demand for this type

of accommodation. It is not for the person who has simply retired from a job but someone 15 years older than that.

We tend to oversimplify our housing needs. There are some needs which we encourage in terms of housing accommodation, but there are many varieties of the current pattern which need to be given more attention.

In addition to actual housing for older people who can manage on their own, there is another important factor. It is the kind of service which might be made available to enable people to stay in their own homes even when it is difficult for them to manage.

Mrs. McHale mentioned gardening, painting and chores which become more difficult in later years especially if the family is far away. We have a mobile population. What can be done in order that people may stay on in their homes or apartments and not have to move to places which are unfamiliar or inconvenient? This brings up home helps and home service to those in the community who are threatened with having to move to some institution to which they don't want to go.

There are some provisions now for home helps. In Ontario there is the Homemaker and Nurses Services Act. There is some difficulty in interpreting this because it is still new. It is not something the people are yet prepared to buy as a public service at commercial rates. Relatively skilled services are bound to develop, but at the moment the provision for it is paid at the rate of a non-skilled cleaner, which is ridiculous.

The whole operation of homemaking services is still directed to the young family in a crisis, the young mother with a baby who has to go into hospital. Then the homemaker comes in and looks after the family while the mother is ill.

In relation to older people it is a different picture. Although housekeeping services are important, the person needs assistance not continuously but for one or two days a week over a long period of time. If people in their 60s can be encouraged to help those who are in their 80s so much the better. There may be a person nearby who comes in to help irregularly but who could be brought in regularly by some payment from the public purse. That would create a better atmosphere and avoid using much more expensive hospitals which would be necessary if the older person deteriorates and can no longer operate on his own.

The English do this very well under their National Assistance Act. They are more used to dealing with elderly people and have had elderly people longer in their communities. This is nothing more than a kind of neighbourly service. The national assistance officers in towns find out these elderly people who need help, find out who their friends are, who are helping them, and arrange to make that help available on a paid regular basis.

This kind of informal use of the community demands a tighter structure than that to which we are accustomed. One of the troubles of growing old is the inability to do things one used to do. There is the feeling that one may have to turn to charity, and this is something which many resist. Old and young in our communities are not yet used to the normalcy of growing old.

Senator GERSHAW: You want to accomplish something concrete. We appreciate the devotion which this welfare council has given to the problem. What is most lacking? What is the greatest need of these elderly people, to bring happiness and contentment to them?

Mrs. MCHALE: I do not think we can answer your question until we know to which age group you refer. We have mentioned three, each with different needs.

Senator GERSHAW: Can you give us the needs of each one?

Mrs. McHALE: There is the preparation period, 50 to 65; then there is need for the possibility of continuity of employment, some adjustment in retirement age so that they may work a little longer and perhaps so that they may have an opportunity to do something to contribute to the community. Unfortunately, I think women find it easier to do volunteer work than do men. Men retire from business and this removes them from the role of the service club where they have served the community and they are not good at doing an individual job.

Senator GERSHAW: Take elderly disabled people.

Mrs. McHALE: They need home help services, as Professor Goulding has suggested.

Senator GROSART: Is not money the number one need for everybody?

Professor GOULDING: Not for everyone, but for some yes. There are some very old people who do not fit into a general hospital and have no proper facilities available, no matter how much money they may have.

Senator GROSART: Are you speaking of health or of all the needs? Dr. Gershaw was asking what are the priorities.

Professor GOULDING: I will take a priority—an extension of care at home so that people can stay at home and have an improvement in home help and nursing facilities and their availability.

The CHAIRMAN: At what age? Do you mean across the whole range?

Professor GOULDING: The most critical needs are for the oldest people.

The CHAIRMAN: Of what age group are you speaking? Is it the over 70's?

Professor GOULDING: Even over 80.

The CHAIRMAN: Mrs. McHale broke down these into three: 60 to 65 for preparation; 65 to 70 the augmenting stage; and 70 onwards the dependency stage. Does your answer apply to the dependency stage?

Professor GOULDING: Yes sir.

Senator GROSART: Let me put it in another way. Would you say that in the dependency stage, in which I would take 65, that money is not the paramount need? When I say money, I mean increased income.

The CHAIRMAN: Economic need.

Professor GOULDING: One hesitates to say no, because of course it is critical for many people. They retire at 65 but they do not receive old age security benefits until they reach the age of 70. As to the other point of hardship, I am aware of this in terms of people endeavouring to get into institutions where they would get good care and there is just not enough room.

Senator GROSART: But is not money the answer to that? If they have the money their need can be met in this regard.

Professor GOULDING: Even with money they often do not find an appropriate place.

Senator GROSART: Perhaps some 10 to 20 percent, but we have evidence in your brief that 40 to 60 percent—I don't know whether it is for people 65 or 70 but let us say it applies to people over 70—do not have sufficient income to have a minimum adequate standard of living.

Professor GOULDING: But this is true of a great number of people of younger ages too.

Senator GROSART: We are not concerned with them at this time.

Professor GOULDING: I know.

Senator GROSART: We are concerned with the problem of the aging, and I am trying to pin down these priorities because this committee is going to

have to report on and set out just what are the major needs. We have 29 statutes in the Province of Ontario, all of which meet some need of older people. Some of them are set out in your list, and there are others. These needs are varied, and as I analyze the 29 statutes I find that 16 apply to all classes of citizens. The others, of course concern such people as war veterans, the unemployed, the blind, the disabled, and so on, but what I have in mind is that we have 16 statutes which definitely meet otherwise "unmet" needs of old people. What is wrong? Where are the gaps? Here is evidence of the social conscience. Legislators are often criticized but here is the evidence of 29 statutes under which the needs of older people can be met, and yet we have the evidence that "unmet" needs are critical. What is wrong with the legislation?

Mrs. McHALE: For one thing I do not believe there is sufficient knowledge about the legislation which is available.

Senator GROSART: I agree.

Mrs. McHALE: And I do think, as I said before, older people are invisible as a group. There is no way to look at them as a group, and I suggest it is time we use the old age security mailing list as a means of circulating information to these people.

Senator GROSART: I agree.

Mrs. McHALE: It seems to me that the idea that a man's pension is private and that we should not use this list for mailing purposes is a falacious one in our times. I think that this mailing list would be extremely useful in disseminating information to elderly people—I cannot think of any better way—about social services which are available to them.

When we discuss income maintenance, certainly income is of prime importance to all older people, but if we continue to provide better medical services, for one thing, this relieves the pocketbook of the older people who presently are trying to meet their increased medical costs which are due entirely to them living a long time.

Senator GROSART: Of course, this is the purpose of most of this legislation. When you get on the old age pension, the old age assistance, and the supplementary assistance under that, you are almost entirely in the realm of meeting some of these necessary expenses under the various acts.

Mrs. McHALE: If I may refer again to this method of disseminating information, it seems to me this is another way of promoting continuing education. The rural people in Ontario often encounter a very serious situation where they have been bilked of money when they have had home repairs done in a very slip-shod manner and have been charged exorbitant fees.

I can give one or two illustrations of where recently the provincial police charged persons, and I know that in one case the accused received a penitentiary term. He had put aluminium siding on the house of an elderly woman. She was 84 years of age and lived alone. She had no relatives anywhere near her in the community, and in a rural community the doctor and lawyer, and perhaps the minister, are the only people these elderly folk can turn to, and they are very busy people. This woman contracted to have aluminium siding put on her house, for which she was charged $5,000. The job is not worth $1,100. However, she had paid $2,500, and the rest could not be recovered. What happened in a situation like this? The old lady worried and worried about it. The work was done in November and she died on April 3rd. The family doctor could see no immediate or specific cause for her death except the fact that she had worried, thinking that she had become incompetent and would have to be committed to an institution because she was not able to care for her own affairs.

There was a similar experience in the City of London, which is a larger centre and where people could have knowledge about such practices but some-

how don't seem to get this information. In London an elderly woman lost $863 because somebody called her on the telephone and said she was checking on bank account signatures, and subsequently the caller, a woman, appeared at the house with a man who, she said, was a bank inspector. As a result of the ensuing conversation the old lady signed her signature to a piece of paper which gave these people a method by which they could take her money out of her bank account.

Surely if the federal mailing lists of the old age security recipients could be used by the provinces for disseminating information, it would be highly beneficial. Perhaps this sort of practice which I have related happens only in Ontario at the present time, for there has been a rash of this sort of thing, but perhaps at another time it could break out in Manitoba or in the Maritimes, or elsewhere.

Other services available to the older people could be advertised. For instance, library services are not used by people confined to their homes. They do not know that library books can be mailed to them and that they can be returned by the postman.

There are many other ways of continuing education, for continuing education for older people really should be utilized to make their lives happier and fuller in their later years.

Senator McGRAND: I am going to start with one question based on a comment on page 19 of your brief, where you say that these people have been forgotten. To what degree have they been forgotten, and by whom?

Professor GOULDING: I am afraid that I am responsible for that phrase, Senator McGrand. What we have been very much aware of in the last few years in Ontario has been the fact that in a rural area on a family farm where the farm is no longer worked, many older people are absolutely alone with absolutely no help around. This is one matter which really is very difficult to organize, simply because the existing pattern has gone and you do find a large number of people living alone who are very old and absolutely without help. The only service which seems to cover the rural areas is Children's Aid. The Department of Public Welfare often has a regional man, but no facilities for checking on people who are very old. He is there to cope with situations in times of crisis that are brought to his attention. So, you do find a greater number of older people living in the country who simply die off and are in very bad shape before-hand because there isn't any way at the moment of getting help to them.

Senator McGRAND: What I am trying to reach for is the extent to which middle age people neglect their aging parents. You mentioned the mobility of jobs. It certainly does separate people from their families, and I think that the mobility of jobs separates young adults from their parents. However, I wonder if this mobility of jods separates people in their 40s from their parents who are in their 70s.

Professor GOULDING: The evidence is that in the rural areas there are many older people living alone or with the only alternative of going to the county home, and they resist this very strenuously.

The CHAIRMAN: Senator McGrand did not limit his question to rural areas.

Senator McGRAND: No. I am talking in general. I can understand a young person moving far distances when he has acquired a job in, say, Alaska or British Columbia or Prince Edward Island, but I wonder how many people who are in their 40s are separated from their aging parents through job mobility. I know you cannot give a definite answer, but is there a tendency of people in their 40s to neglect their parents?

Professor GOULDING: May I say that the National Housing Act policies certainly contribute to this situation. Let us say the children are about 35

years of age and their parents are in their 70s. Should one die and the other go to live with the children, often the only place they can find accommodation is in the basement. So, to that degree they are probably neglected.

Senator McGRAND: Have you any idea of the areas where this occurs? There are certain areas such as Sarnia where we have perhaps the highest income in Canada, and you have other communities where the income is much lower. Is there a tendency for people to neglect to pay attention to their aged parents in one community more than in another? Would you have the same incidence in Sarnia as you would have in some place where the income is low?

Mrs. McHALE: If I might answer this. It all depends on what you mean by neglect. I think older people suffer from lack of personal contact with their sons and daughters. You need, for example, someone to take them shopping. This is one of the things older women feel particularly. They may have some slight physical disability, for example they may suffer from dizzy spells and they don't like to go into department stores where there are escalators and elevators. They would like to have somebody with them. Younger women with children find it difficult to find the time to visit older people. This can apply even where they live in the same city where transportation is difficult. In cases, for example, where there is only one car in the family and the husband has taken it to work. There is a certain contact by letter and by telephone, but there is not the physical contact or the financial support to older people.

The CHAIRMAN: That was not the question.

Senator McGRAND: There are certain people who could contribute to the support of their families, and they don't. Now do you find this in the low income areas or will you find it equally prevalent in high income areas?

Mrs. McHALE: I think we would find it equally prevalent in high and low income areas, but I don't think it is as prevalent as people believe. May I give an example? You ask if they neglect them. I have many opportunities to take older people on trips, and I will receive a little lady who will come to me and say "I have $15 saved towards my $45. I will get the rest during the week because I will get a letter from my son or from my daughter." This is to be a valentine gift, or a Mother's Day gift or a gift for Easter. I have just come back from taking 43 such people to the United States, and I would think at least 45 per cent of the people on that trip were given some part of their holiday by a son or daughter or grandchild.

The CHAIRMAN: Let me ask you this, and see if you can answer it directly. The evidence before this committee, and I am excluding the 50 to 65 age group for the moment, is that the needs fall in these categories, as I understand it—economic needs, health needs and social needs.

Senator GROSART: And shelter.

The CHAIRMAN: That would be included in economic needs.

Professor GOULDING: May I answer it in this particular way? I would say economic needs primarily, but I also say that there are a great number of provisions on the statute books that are not being used because people don't know about them.

The CHAIRMAN: How would we let people know about them?

Professor GOULDING: It is very difficult. But Mrs. McHale mentions the possibility of using the federal mailing list.

The CHAIRMAN: If the Government lists were made available and let loose, think of the abuses which could occur and which would far outweigh any good that could be done.

Professor GOULDING: It must be carefully handled, but in the field of economic needs we simply must use such means as are now approved, and such provisions as are on the statutes and make them known to the people who need them, and by adapting particular acts so that they are more appropriate. This is a matter of making existing statutes more effective. Further there is much more that can be done under these acts by ministerial discretion without changing the acts.

Senator GROSART: To what extent would you say that one of the results of this lack of using legislation available is because of the reluctance on the part of the community to pay part of the costs?

Professor GOULDING: I would say there is a great deal. There are many acts where federal benefits are available in proportion to the amount made available by municipalities. But the municipality is the one with the tightest budget, and the one which is most reluctant to do much about it. Very often there isn't much awareness on the part of the electors that such legislation is available. Take for example the Homemaker and Nursing Services Act of Ontario which could be of immense help if more people were aware of it and were prepared to pay their share.

The CHAIRMAN: But on page 20 don't you put the responsibility or indicate that the responsibility should be on the community organizations?

Professor GOULDING: I think this is one way of getting information around.

Senator MCGRAND: On page 20 you say "The federal Government has failed to recognize that this varied accommodation should be encouraged equally with so-called family housing,—" I would like someone to go into a little detail as to what is meant by "so-called family housing".

Professor GOULDING: The family house which is normally the main product of the National Housing Act legislation is a single family suburban house which gives about a six- or seven-room house, and can be financed with a relatively low down payment, somewhere in the region of $1,000, and can be lived in by two adults and two or three children. This is the product, and this, we claim, is a much too partial kind of building operation because it denies older people the ability to take any part in living in a home in new areas of the city.

Senator FERGUSSON: Can I ask a question? It is in connection with housing. From what I have read recently I understand they have in England what they call a "plus granny" flat. When a house is built they build on a flat attached. I suppose they are subsidized in some way to do this.

Professor GOULDING: It doesn't need to be. You can look at some of the plans of Central Housing and Mortgage and it is easy to rearrange the plan so that if you have a downstairs washroom with a room close by you could have a pretty good place where an older person could live without having to climb stairs. There is another situation which is quite similar. We build now quite a lot of what we call semi-detached houses under the National Housing Act. This means two similar units in one building. There is no reason why you couldn't have in the building a big unit and a small unit.

Senator FERGUSSON: That would have the same result. As I remember the argument in favour of the "plus granny" flat, it was said it would provide a place for the older generation, and then as the children grew older and left the home, the older people would be the husband and wife who could move into the "plus granny" flat and get quite a considerable income from the rest of the house. I think it is a wonderful idea and I don't see why we should not encourage it in Canada.

Mrs. MCHALE: There is one piece of legislation which we have in Ontario. It is the Elderly Persons Social and Recreation Act of Ontario, 1961. It is not

in operation in most communities. In fact it is only in operation in about two communities so far as I know. Why is this so? I think it needs more ministerial direction. First of all the communities must pay 20 per cent of the cost, and 50 per cent comes from the province, from provincial grants, and the remainder must be raised from other sources. But you must know how to use and operate such a building once it is established. Is it to be operated under United Appeal or Red Feather direction or can the city administer it? Under the present setup the group to sponsor it must be incorporated. The city is already incorporated and that should entitle them to build such a building, but this is not so. We need to iron out some of these entanglements. I do not think they are prohibitive but there is a lack of understanding in the community about the application of such legislation. Such buildings may not be attached to other buildings, such as a home for the aged. That would save some of the cost, the cost of walls and central heating, but you cannot obtain a grant. It must be a completely separate unit.

Senator McGRAND: Is the fault with the federal legislation or with the construction industry or some other group that do not find this type of venture very profitable?

Professor GOULDING: I think it is lack of imaginative appreciation on the part of administration. I do not think it is the way the legislation is set up. You can do much at federal and provincial levels but the legislation is not being used imaginatively.

Senator McGRAND: The construction industry or someone else has taken advantage of financial support for one bedroom, two bedroom, not for three bedroom units—is that right?

Professor GOULDING: Because it is easy to do, and they know they can get the money. I shall take an example. We have been doing a lot of building for housing old people in Toronto. They started with 128 units. From then on they thought in terms of 128 units, because they knew C.M.H.C. knew how to process the file for 128. It was the simplest way. This is the attitude we complain about. We could do it much better if more people had an interest in doing it.

Senator GROSART: This is a pretty serious criticism of C.M.H.C. It appears again in your brief. I am talking about the stereotype suburban dwelling as it affects old people. You say on page 17: "It is the fault of financial policies which derive from federal Government policies and of zoning controls set by municipalities." The statement you made is repeated, that this is the easiest thing. This is pretty serious criticism. Now, assuming C.M.H.C. will provide 90 per cent of the cost of a suitable type of accommodation for old people, why do we criticize the federal Government which says it will pay 90 per cent and permit the municipality or the province or the voluntary organization to raise the other 10 per cent? That is pretty serious criticism of people who say they will give 90 per cent, that they are taking the easy way. How do you justify that?

Professor GOULDING: Very easily, sir. The 90 per cent is fine. It is trying to get the 90 per cent that is the problem. To begin with, that part of the act has nothing to do with old people. It is simply used that way because it was found possible to do that.

Senator GROSART: It is specific that it can be used for this purpose.

Professor GOULDING: It may be used for anyone, and so for old people also. The way it has worked out in practice is that, for example, it was impossible for a long time to use it except for couples in self-contained apartments. That is, it had to be for families. It has since been changed, chiefly under pressure from Regina, so that it is possible now to use more of the

money for boarding house accommodation in the sense of rooms with a central dining room where meals can be provided, and related to cottages or self-contained apartments. But all this took five years to get through. It is extremely difficult to use this act in areas where land is central and therefore may be expensive but which may be the best place for the accommodation of elderly people. Practically all of these schemes are out where there is difficulty regarding transportation, shopping difficulties and so on, because you cannot get any help in putting them in the proper location. That is not to say that 90 per cent is not good. It is fine.

Also, since it is not done very often, the local officers of C.M.H.C. are scared to handle this kind of application and always send it back to Ottawa. Then it takes endless file passing, because the people in Ottawa do not know anything about the local community which may have special conditions peculiar to that local community. This has nothing to do with the 90 per cent.

Senator GROSART: Take the City of Barrie, which is of medium size. Suppose we have surveyed our community and decide we need 360 units to meet the accommodation needs of our old people and that it would cost so much. We have 10 per cent. We want 90 per cent. What happens?

Professor GOULDING: I cannot give you dates.

Senator GROSART: Give me a general answer.

Professor GOULDING: What would happen would be that about three years later you might get 90 per cent.

Senator GROSART: That is good enough as an answer for me.

Senator HAIG: I cannot altogether agree with that answer. I have processed in my office in Winnipeg about four of those housing developments, two in the country and two in the city. They are started mainly by a communal organization or service club and by the time they get the land, which is in the suburbs, they can start proceeding within six months. They have the 10 per cent. It may take a little time for them to get that 10 per cent but once they have got it and can get the plans approved by the proper architect, it does not take three years to process that loan.

Professor GOULDING: I am sorry, sir, I meant three years from the original application. You may have better luck.

Senator HAIG: As far as the C.M.H.C. is concerned—I am not talking about how long it takes to get the 10 per cent, but once they get the 10 per cent it does not take three years.

The CHAIRMAN: Speaking of preparation for retirement, the evidence before the committee has been that you cannot get people nearing the 65 level to take much interest, at least not until two or three years before they retire, at the very most. You people state that they ought to face up to it in their 40s. How do we get them to do that?

Mrs. MCHALE: This is a tremendous challenge but it is not impossible. In the case of the Air Force, with which I have been co-operating in setting up a retirement course, they began at 40.

The CHAIRMAN: There is a bit of compulsion there?

Mrs. MCHALE: This was for civilian personnel. We give them half of the time and the employees give the other half. If it was taken during the lunch hour, they forfeited half of their lunch hour and the Air Force provided for one-half of the time. This was generally at the end of the service. We had that at Clinton and Centralia. Speaking of service clubs, they find this a sticky subject. They think we are talking about somebody else and not about them. They know they will retire eventually but not for 25 or 30 years. We have to put this point home. We must help people, five years from retirement age, to

look at it now. We must start the younger people thinking about the use of their leisure time which all of us will have more hours of, whether we use it for our own good or for the good of the community. We must accept non-paying work for the good of the community with no remuneration but with a result in appreciation and increase in stature in the community.

Senator GROSART: On the matter of accommodation, I see a statement on page 12 of this summary. By the way, I would like to compliment you. We asked in previous sessions if there was a survey of legislation in this field and the answer from the experts always has been in the negative. Yet we find it here now. I compliment you on that and I make no comment on the lack of knowledge about it of the other witnesses. On page 12 you say: "It is not the policy of C.M.H.C. to support public projects intended solely for the elderly. However, it is possible to include in projects which are built mainly as family dwellings, a proportion of units for the elderly". Is this still the policy?

Professor GOULDING: C.M.H.C. encouragement of housing for the elderly works under two parts of the act. Under Section 16 it may be only for older people. In terms of public housing under the general federal-provincial section, it is possible to have 20 per cent of the accommodation built for elderly people. Under Section 16 of the provisions of the National Housing Act, which may deal with elderly people, we are beginning in Toronto now to construct 600 units in one place, restricted to elderly people. We question this as a policy. The only defence is that there is a tremendous need, and while 600 is better than nothing it is questionable whether it should be all in one place.

Senator GROSART: To follow this up, I was speaking earlier of the legislation and on the surface it appears adequate to meet the needs. Here we have the Housing Development Act of Ontario and The Elderly Persons Housing Act and other acts which might help. Why is it we have these three acts which on the surface look completely adequate, yet we still have this tremendous shortage of accommodation. What is wrong with the acts? The intent of the legislature seems to be clear and extremely generous.

Professor GOULDING: The answer is very complicated. The general bulk of housing built for the commercial market, which is the vast majority of all housing, is really built in theory as an extension to existing communities, for people to live in, who have their jobs in that existing community. It is not really designed for the concept of whole new communities and this is in fact what we are building now. What we are doing is building lopsided new communities which have only one kind of accommodation.

I do not think public policy admits the dimensions of the kind of problem we have in building cities. This is not to say the act is wrong. It is simply the way it is promoted and encouraged.

Senator GROSART: These acts seem to be very clear. One says that the act empowers the provincial government to participate with federal authorities. Another says capital grants may be made by the province to limited dividend housing companies. Our problem in this committee will be in one area, to say what legislation there should be to meet these problems. We are faced with the fact of people saying that there are 29 acts and asking do we want more.

Professor GOULDING: It is a question how to get them working.

Senator GROSART: In the case of housing, if you can sort out three acts, what are we to recommend? Is it another act? Or is it a case that the acts are not being used? What are we to do?

Professor GOULDING: I would say the first thing is to get the existing acts used. This is absolutely the first thing. It is only as we use existing legislation that we will see how to work it and see how it needs to be altered. There are so many things that we can do under existing legislation that we have not started to do. Therefore, the first thing is to get it going.

Senator GROSART: How do we get it going?

Professor GOULDING: I wish I could write this to you in four or five pages.

Senator GROSART: Do so, by all means, because we will have to give an answer.

Professor GOULDING: It is a matter of promotion, getting the kind of attitude on the part of federal departments to encourage local people to look at their communities more, to get people at provincial levels thinking in terms of what communities lack and what needs they have and how they can identify those needs. It is a question of getting local people in a municipality, or at the provincial planning level or at the federal planning level, to see what this is all about, this town building, to see how the legislation can be used, because I am sure they do not know.

Mrs. MCHALE: There seems to be a breakdown between the local administration of C.M.H.C. and the local people in the community, an inability to look at mutual problems. I can think of Windsor and Sarnia, both of which had problems recently but which have been corrected now. An independent outsider, or someone not involved particularly in the community, could take an abstract view of the housing situation and could have implemented the actual construction of the housing much more quickly.

Senator GROSART: That has been very helpful.

The CHAIRMAN: Thank you for the pains you took in presenting this excellent brief, along with the attached memoranda. Your presentation has been most helpful.

Senator GROSART: Mr. Chairman, I move that this document entitled "A Guide to Legislation and Services Related to the Well-being of Older People in Ontario" be printed as an appendix to these proceedings.

The CHAIRMAN: Agreed.

(*See* appendix Q)

The CHAIRMAN: We have before us now the Canadian Association of Social Workers, represented by Mr. Henry Stubbins, Ottawa, Vice-President; Miss Joy A. Maines, Ottawa, Executive Director; Dr. Nicolas Zay, Montreal, President of the Corporation of Professional Social Workers of the Province of Quebec and Member of the faculty of the University of Montreal; Miss Evelyn McCorkell, Montreal, Chairman of the Social Policy Committee of the Association, who has been on the faculty of McGill University; and Miss Dorothy Pleming, Montreal, Supervisor of Elderly Persons Department, Family Welfare Association of Montreal.

Miss Evelyn McCorkell, Chairman of the Social Policy Committee, Canadian Association of Social Workers: Mr. Chairman and honourable senators, in appearing before you today, we are all aware that some of our members have already appeared here and have been involved in briefs for other organizations. It seems likely that the particular knowledge we have has already been expressed in large measure to you. Perhaps it therefore remains for us, as representatives of the professional association, to formalize our more general view.

Before referring directly to the brief, I would like to acknowledge the contribution of Dr. Joseph Laycock here, who was associated with us in the University of Toronto in the preparation of this brief. We regret that Dr. Laycock was not able to be with us to present the brief himself.

As the national professional association, we are concerned with the development of over-all adequate social welfare policies, based on an appraisal of social need in a rapidly changing technological society.

In this presentation it seems that our legitimate concern, therefore, is to attempt to influence over-all policy rather than to make specific recommendations.

In our consideration of the needs, we apply the same philosophical tradition which is applied to social work generally and this is referred to on page 1 of the brief. This includes respect for the integrity of the individual, confidence in the ability and desire of most individuals to find solutions to their own problems, provision of helping services as these are required and wanted, emphasis on preventive approaches and moving in with strong supportive programs in critical situations whether temporary or permanent.

Our premise is that old people are individuals with the same basic needs as all people have. Our goal for the aged, as it is for all, is to achieve the highest level of independent living possible. Our concern is to alleviate those factors, and influence those attitudes in society which push the aged into isolation and loneliness and enforce inappropriate dependency.

The basic needs are adequate income, suitable housing, access to medical care, opportunity for companionship, affection and creative expression.

Our thesis is that if these needs are met and appropriately given, the need for special services and for an individualized approach will be cut to a minimum. If this point of view is taken, the aged will not be isolated and disassociated from our society but embraced for the contribution they can make to it.

In addition to these basic considerations, I would refer honourable senators to the additional major points on page 2 of the brief, starting at item No. 3.

We do not make specific recommendations, but apart from those implied in these foregoing points, we support the following:

(1) Strengthening of retirement income provisions, whereby old people are assured of income related to their previous earnings.

(2) Research into housing needs, review of current housing legislation, provision of suitable housing.

(3) A universal system of comprehensive health service, with no distinction based on ability to pay.

(4) Research into the kind and pattern of special services required at all levels of organization to maintain maximum independent living and provision of individualized services based on definition need.

(5) Similar assessment of need for institutional and protective care facilities and their provision, with the conscious goal of achieving maximum rehabilitation.

(6) Provision of continuous long-term research to direct long-range planning on the basis of factual information.

Perhaps if we set a priority, we would place emphasis on this as one of the most basic points.

I think these are salient points in this presentation. Dr. Nicolas Zay, President of the Corporation of Professional Social Workers of the Province of Quebec would like to say a few words.

Dr. Nicolas Zay, President, Corporation of Professional Social Workers of the Province of Quebec: Mr. Chairman and honourable senators, I should like to add to the brilliant paper which has been presented, that the Corporation of Professional Social Workers of the Province of Quebec support all the principles and statements made by the Canadian Association of Social Workers.

We are interested in this question, not only in regard to older persons, not only because we are interested in the welfare of any human being, but also because this corporation has to promote a rationalized utilization of manpower. Looking at the membership of 700 social workers, we find that proportionately there are far fewer professional social workers engaged in working with the old age people than with any other kind of population. This puzzled us and we started to look into the matter. We have not come up with any definitive answer yet, but our feeling is that there are fewer professional social workers engaged in working with old age people because the community has invested less in this kind of services than in other kinds of supporting services. Therefore we started from this point on the program and we were very happy to have the Canadian Association of Social Workers present a brief for us.

Miss Dorothy Pleming, Montreal, Supervisor Elderly Persons Department, Family Welfare Association of Montreal: Mr. Chairman and honourable senators, I would like to read two case histories to you, because I think live people will get across our point better. This is a story of an old age pensioner with a low income, poor health, and poor housing. Mr. Blank is age 81. He says that the government officials are not interested in him because he is too old. He says they are only interested when the old people die because then the officials can save some money. Mr. Blank was born in England, one of six children. His parents believed in hard discipline and no affection. His father was a heavy drinker and one night when his mother told him to fetch his father home from the pub, he found him quite drunk and had to drag him home. The next day the father literally threw him out of the house, and his mother gave him a golden sovereign, and he never saw his parents again. Mr. Blank worked as a carpenter, but with his resentment to his father he had difficulty in respecting his bosses, and went from one job to another, but always supported himself. He came to Canada in his early forties and managed to save $5,000 which he invested in a small business employing eight men. When the Second War broke out, he couldn't get suitable employees and went bankrupt. He bought a rooming house, but it burned down and he lost money. He never married, and has no relatives in North America.

Mr. Blank was first known to the Family Service Association in 1955 when at the age of 72 he collapsed while working and was taken to hospital where he was immediately admitted. The hospital social worker referred him to the Family Service Association. He suffered from angina, arteriosclerosis, and lost the sight of one eye, peptic ulcer and varicose veins.

Since 1955 he has received the Old Age Security Pension with supplementation off and on from the Province of Quebec. Each time the pension was increased, the supplementary grant from the Province of Quebec was either reduced accordingly, or discontinued altogether. At times months went by before the new application was approved. In 1961 his supplementary cheque was mailed to the correct address but for some reason was returned marked "Unknown". His $10 monthly supplementation was completely cut off, his file was closed, and a new application had to be made. Last October 1963, when the Old Age Security was increased to $75 monthly, the supplementary grant was again cut off. He has managed so far, but as the cost of living rises, or he needs new glasses, denture repairs, clothing, he will have to reapply for the supplementary grant. When he is well enough he does small tailoring jobs for friends, or clock repairing, and earns a few dollars.

We know that he is very proud and has seldom approached any social agency for financial help. We therefore have visited him periodically over the years to see that he has enough money, or requires any further assistance.

When he was 74 he took up oil painting—usually rather poor copies of pictures and he decorates his room with these. Now his failing eyesight prevents him from painting.

He lives in an extremely small room, 7½ by 7¼, with two flights of stairs. In this tiny room he has a single bed, one straight chair, a small frigidaire which he shares with the man upstairs, a hot plate, and a box containing groceries and cooking utensils. The social worker has observed something running across the floor but Mr. Blank quickly stamps on it and hides it. For this room he pays $25 monthly. It is central and near the stores and bus line. He keeps his expense account pinned on the wall and enters every expenditure he makes down to the last cent, and he just manages to live on his pension.

Two years ago, the Family Service Association started a discussion group for older men and women who were living very isolated lonely lives, almost like hermits. We knew that Mr. Blank went out only once a week to buy his groceries and seemed unable to join a Golden Age or other group of senior citizens. He is one of those lonely men who cannot seem to go into a large group. We started a geriatric discussion group for these lonely people and invited him to come to it, for the past two years he has come every week, and has not missed a meeting, even in cold weather. This group of older men and women are for the most part without children and relatives and are very secluded. They cannot seem to join the Golden Age clubs where there are masses of people. They find the small group cozy and intimate, and that they receive more personal attention. There is a group discussion and they share each other's problems and give each other very excellent advice.

The second case concerns a couple, Mr. and Mrs. "X". Both Mr. and Mrs. "X" were born in England in 1882. Mr. "X" served in the British Army in World War I, 1915-19, but not overseas. He was injured in several heavy air raid attacks on the coast and was hospitalized many times. When discharged he preferred to take a job rather than wait six months for a pension. He is not now eligible for any veterans' medical benefits.

They came to Canada in 1926. He worked as an orthopaedic shoe salesman for a department store for 28 years—until he had to retire at the age of 73 due to illness. The department store pays him a pension of $24 a month. His employer told him if he was physically able to do the job he could have worked until he was ninety years old. They have one employee who is 85 years old. Mr. and Mrs. "X" had saved money during the years and as Mrs. "X" had a strong wish to return to live in England they went after he retired. However, in England he suffered so badly with arthritis that they returned to Canada.

The cheapest apartment they could find was $65 monthly, a tiny one-room apartment with kitchen and bath, very old and dark and in great need of new paint. It is however, centrally located, so that he can walk to his old place of employment, and they are near the stores, church, etc.

In 1962, when they were both 80, one trouble after another hit them. Their daughter-in-law first wrote to Family Service Association from the U.S.A. to enquire about repairs and batteries for Mrs. "X" 's hearing aid which had been given to her by a friend in England. She was advised to have a hearing test at Montreal General Hospital and she was asked to pay $5 for the test and she paid it. She had gone to a hearing aid company which prescribed a hearing aid costing $240, without any guarantee. A friend wanted to sell them his hearing aid and they didn't know whether to buy it. We checked with the hospital and learned that she could not benefit from use of a hearing aid.

They had exhausted their savings. Their income was the two Old Age Security cheques $150 plus his pension of $24 monthly from the department store. Mrs. "X" at the age of 80 went out to work to earn money to pay for

their extra expenses caused by their increasing age and physical infirmities. She left home at 7:30 a.m., five days a week, to do fancy stitching in a factory. In 1962 when his wife earned $800 at her job, he had to pay $54 Income tax and this took the last of his savings. For months he suffered acute anxiety since he had no money for emergencies, but after some months the $54 was refunded.

Mr. "X" was very upset that his wife, at the age of 80, had to go out to work. He had very bad arthritis, he had no sight in one eye due to a crystal spider, and was colour blind. He stated that a private dentist had broken several teeth so that now his mouth was so sore he couldn't wear dentures. He had to live on liquid food and was losing weight. He described his mouth as always being dry, like cement.

Mrs. "X" was stone deaf, and had an ear disease which caused giddy spells. She had previously had a cancer operation and had to attend the tumor clinic at the General Hospital for check-ups. She had to take regular medication which she obtained at the hospital pharmacy. When she first went to the general hospital she was asked to pay $2 for each visit and she paid this, being too proud to say she couldn't afford to pay it. With the help of the social service department of the hospital, Family Service Association arranged that she would pay only fifty cents each time.

Altogether Mr. "X" calculated that he had spent over $2,000 of his savings for medical expenses for himself and his wife.

The Family Service Association helped them apply for a supplementary grant from the Province of Quebec and they were given $5.10 each per month, which was discontinued in October 1963 when the Old Age Security was increased from $65 monthly to $75 monthly—and medical expenses.

He had two old pals, both war veterans, one blind and one an amputee. He also asked us anxiously what he would do if he or his wife needed new glasses or dentures? He had paid all his bills, had no debts but had only eighty cents left in his bank account. They just haven't money for the unexpected emergency, and face the prospect of having to either ask a welfare agency for help or go without.

Mr. "X" had always contributed generously to the Red Feather campaign, and had attained the highest order in the Ancient Order of Buffaloes, but it hurt him deeply to now be the one who had to ask for help. He frequently said to the social worker: "I am not pleading for charity".

He wanted the best for his wife, and when she had dizzy spells and fell down he had always called in their private doctor whom they knew well, but he couldn't really afford to pay the doctor.

When he joined the group of older men and women who met weekly in the offices of the Family Service Association, he was able to tell them all his problems and how he and his wife hated to attend the outdoor clinic. These elderly men and women listened very sympathetically, and then told him bluntly that he had to "put his pride in his pocket" and use both the V.O.N. and the outdoor clinic. They described how they had to swallow their pride and attended the clinic and it wasn't so bad. He then accepted the clinic and later agreed to let Family Service Association arrange for him to pay the lowest clinical fee of twenty-five cents a visit. When a nursing instructor in the outdoor clinic came to talk to this group, Mr. "X" asked: "Do we have to wait for so many hours in the clinic because we're old and unimportant".

They have a married son in Kansas in the United States, whose wife had cancer and medical expenses. The son had two teenage children and wanted to send them to university. They can only send small gifts of money on special occasions.

Those are two actual cases.

Senator McGRAND: Mrs. Pleming, when you give us these cases are you indicating that these are typical or are they unusual? Why did you pick these two as against two others? I realize they are needy cases.

Mrs. PLEMING: They are typical of the cases which come to us. We get, of course, the lower income older people, and they have this problem of endeavoring to manage on the Old Age Security Pension or the Old Age Assistance Pensions, and this illustrates the difficulty of getting the supplementary grants which are cut off and have to be reapplied for, and so forth. There is a constant pressure on the provincial government to get these grants. I can only speak, of course, for those low-income people.

Senator McGRAND: Do these older people have children?

Mrs. PLEMING: In the majority of cases they have children, but quite often they live far away and are not able to help very much.

Senator McGRAND: Are the children in a low-income group too?

Mrs. PLEMING: Well, they are not rich.

Senator HAIG: Mr. Chairman, I would like to ask one of the members of this group this question. On page 1 of your brief, in the second paragraph you say: "As a matter of fact few of its members are engaged solely in work with old people, which, in itself, suggests the community neglect of this group." My question is, why don't more of the members of your group work with older people? Is it the fault of the faculties of social work or is it the fact that older people are being neglected there?

Miss McCORKELL: I would think that primarily it is the fact that the community generally has not recognized the need for individual services and social services for the older group of people, and therefore since the services are not set up the opportunity for work within the service is not present.

Senator HAIG: The second question deals with page 2 in the bottom paragraph, No. 10. We have had this point made before about integration and co-ordination of services. My question on this is where should this co-ordination begin, and at what level? You refer also at the top of page 5 to the importance of collaboration. Where should that collaboration and co-ordination or integration start?

Dr. ZAY: I suppose it should start at a policy-making level. You could not have all services working in the same way, interchangeable and interdependent. You could not think of priorities in the way of saying which needs are more important than others; you have to cover the whole area by taking into account the different agencies and the different fields they cover. Integration has to start at the highest level of policy making.

The CHAIRMAN: Senator Haig, are you going to follow that for a moment?

Senator HAIG: It doesn't really answer the question. We have had a request made for co-ordination among the welfare agencies, and you are professional people. Is there a lack of relationship between the professionals, such as you are, and voluntary agencies?

Mr. Henry Stubbins, Vice-President, Canadian Association of Social Workers, Ottawa: We are speaking of co-ordination at the agency level. I thought you were speaking of the whole work of welfare co-ordination.

Senator HAIG: We have had representations here from various groups and organizations. They all do a good job. But you are professionals and where, in your opinion, should co-ordination begin?

Mr. STUBBINS: There is a lack of co-operation at the operational level among the organizations delivering the services.

Senator HAIG: What should be done to prevent that?

Mr. STUBBINS: We have co-ordination at local levels, but in the main, government services do not participate in these councils. There is largely co-ordination of voluntary agencies. There is of course some lip service being paid to the idea, but on the whole government help is not co-ordinated. There is some co-ordination at the municipal level, but there is less co-ordination at the provincial and federal level.

The CHAIRMAN: But if the provincial or federal Government tried to put its nose in wouldn't it be resented?

Mr. STUBBINS: No. There is at least some semblance of co-ordination at the municipal level through the machinery set up, but I think it is a very limited co-ordination.

Senator HAIG: At the level where there is co-ordination, is it successful?

Mr. STUBBINS: There is some success, but it has a long way to go before it becomes effective. I think the most serious weakness is that the government agencies in the local community don't participate actively in social planning.

Senator GROSART: You have in Toronto a municipally-sponsored social planning council. Are you saying that is not participating? It is set up by the city.

Mr. STUBBINS: It is a voluntary organization.

Senator GROSART: My understanding is that the staff there do a very efficient and competent job, and my understanding is that they are paid by the municipality.

Mr. STUBBINS: The social planning council is an agency of the United Appeal. It is a sovereign, voluntary organization. It has representatives of all voluntary agencies as well as government departments and you get a varying degree of participation from the public agencies. Generally you get very little participation, from civil servants, and at the political level, as in the case of aldermen, controllers and members of Parliament, the situation is the same. I suppose there are some handicaps for civil servants participating in policy making because civil servants are reluctant to discuss such things publicly.

The CHAIRMAN: You have one in Ottawa. You have representatives of the welfare department of Ontario, and from the health and welfare department of the federal Government, but they are really observers. They don't participate. They are merely observers who advise and assist, is that correct?

Mr. STUBBINS: An effort is made to involve them in active participation at the services level, to get their programs integrated with local programs.

The CHAIRMAN: No attempt has been made to get the Government to contribute to that?

Mr. STUBBINS: Not with any success. This is a weakness in our social planning machinery, in that we get no money from the government. Nearly all the money comes from voluntary sources. The financial contribution on the part of government at all three levels is very small. I feel they should participate as partners, and also financially.

Senator GROSART: You say it is small?

Mr. STUBBINS: It is almost nil.

Senator GROSART: It is almost nil in what respect?

Mr. STUBBINS: In terms of dollars.

Senator GROSART: But it runs into hundreds of millions; what do you mean by saying that the contributions at government levels are almost nil?

Mr. STUBBINS: The direct financial contribution of government to the cost of social planning machinery and to the operating of these welfare councils is very nominal. It is almost nil.

The CHAIRMAN: That is to voluntary organizations. In Toronto and other large communities they have voluntary organizations. It was never intended that government should participate and contribute to those.

Mr. STUBBINS: In the case of social planning, if it is exclusively voluntary, it is one-sided. To be really effective it should be representative of both.

Senator GROSART: Would you go a step further than partnership? I ask this question because it is crucial to the whole problem. Are you saying each municipality should have the authority to co-ordinate social services of all kinds in this field? I use the word "authority" deliberately because in suggesting the need to have this kind of government participation you must have authority since they are dealing with public money. Would you go so far as to suggest that there should be a municipal authority charged with responsibility in this planning and co-ordinating field?

Mr. STUBBINS: I don't think I can answer that directly, but it seems that all organizations, particularly at government level, should have an investment in planning.

Senator GROSART: I am asking should there be, from your experience, a municipal authority? I am asking for an opinion.

Mr. STUBBINS: My opinion is that the existing method of planning through voluntary machinery can be effective. It has a role to play but I would submit it would be more effective if government agencies participated more effectively.

Senator GROSART: Should there be an authority?

Mr. STUBBINS: I would say no.

The CHAIRMAN: Approximately how much do you raise in Ottawa annually?

Mr. STUBBINS: About $1,200,000.

The CHAIRMAN: If either government stuck its nose in and became a participant, do you think you would get anywhere near that amount of money, $1,200,000?

Mr. STUBBINS: This goes to finance $4 million worth of services. I was referring to the investment we make in integration and social planning machinery. The planning program in Ottawa would cost about $50,000.

The CHAIRMAN: You are talking only of the planning aspect. You think that if you had a planning authority as suggested by Senator Grosart, to cover integration, that you would get more efficient and more effective co-ordination?

Mr. STUBBINS: It should be done, of course, on a democratic basis.

The CHAIRMAN: You think planning is now an accepted concept?

Senator GROSART: Let me come back to this for a moment. The reason I suggest an authority is that that has been by and large the road to progress in similar fields. We remember that at one time fire services were voluntary, water services were voluntary, and the same can be said of education. But the road to progress has been the setting up of organizations with responsibility.

The CHAIRMAN: You had him covering the whole field. He says that in the planning field he can see authority doing a considerable amount of work for co-ordination, but beyond that it would interfere with the voluntary aspects of the work they are attempting to do, and doing very effectively in this and other cities.

Senator GROSART: It doesn't always happen like that. We have the example of voluntary firemen and also what has happened in the field of education. For example, we have been told that much of the legislation available is not being used. We have evidence that some municipalities are almost deliberately avoiding taking their share or paying their share. I am asking how we are going to get some kind of operational efficiency if we keep on talking about volunteer planning and voluntary co-ordination. That is my question. I am not being critical. I wonder if the road to progress is not the setting up of some authority with responsibility at the municipal level.

Mr. STUBBINS: Aren't we discussing the integration of a wide variety of responsibilities? They are all sovereign and independent agencies, and here lies the difficulty. I realize the voluntary method of bringing them together may not be as efficient as bringing them together through compulsion. But in the long run it is more effective to do it the slower way, to get people to understand why they are together.

The CHAIRMAN: Senator Grosart has said we are charged with the responsibility of making recommendations that make sense. Should the pressure come from the top or the bottom, for those particular people that we are interested in?

Mr. STUBBINS: From both ends.

The CHAIRMAN: We have been doing it at both ends for almost a hundred years and now we are trying to find some solution. Where should the pressure start?

Dr. ZAY: From the top. The clarification has to come from the top. Social clarification and social development can go through only if you are trying to interpret the facts and bring them back down. The top does not have to impose it but has to think it and afterwards to bring it through the democratic channel down to the people. You have to think at the highest level because you must have co-ordination. I do not believe in providing services which are not co-ordinated with public services, because services are interchangeable. You could have services in cash or kind and sometimes it is better to have it in kind and sometimes in cash and sometimes in both. You can have services in kind but must also think of services in cash. That means both public and private welfare agencies must be integrated, not structurally but in planning to work out what kind of service will be given.

Senator HAIG: That is the answer I wanted originally.

Senator MCGRAND: On page 4 in the second paragraph you say: "As social values for the entire community adapt to meet this situation for the younger adult, the problem for the aged will be alleviated." Does this mean the younger adult is properly prepared to mature adult life and that at the same time he will prepare himself to meet the problem of the aged?

Miss MCCORKELL: As the value of work changes in our society, the concept of the value of work for the younger person will be different; earlier in the age span. Therefore, the attitude towards work being different, the attitude towards retirement may be different, and the individual may be better able to use other creative forms of expression without attaching the same simple value to work that our society at the moment attaches to it.

Senator MCGRAND: Where will a young adult be taught this concept of new values? Is it in the schools? He has to get it somewhere.

Miss MAINES: Community pressures. The society changes.

Senator MCGRAND: There will have to be more concern about juvenile delinquency. We will have to do something about it.

Senator FERGUSSON: On page 9 you refer to the development of geriatric clinics and say they could give old people access to essential health services. Have we geriatric services in Canada and, if we have, how many have we?

Miss MCCORKELL: I believe they are relatively few. Miss Pleming can give us some information about the number in Montreal. The general hospital has a large function in this.

Miss PLEMING: I think the Allan Memorial Institute also has a geriatric care development. I do not know about the General Hospital. I know the Memorial Institute have used it occasionally. It is used primarily for research. I cannot tell you what results have been accomplished. It seems to be in drugs, and so on.

The CHAIRMAN: Does it exist in any other part of the country but Montreal?

Miss PLEMING: I cannot answer that. There must be.

Senator GROSART: You advocated a "universal system of comprehensive house care". If you had the job of organizing that, how would you go about making it universal and comprehensive? This is a phrase that you used in speaking, it is not in your brief.

Miss MCCORKELL: I said "a universal system of comprehensive health services".

Senator GROSART: I thought you said "house care". Well, in regard to health services, that is fine; how would you go about organizing it on a voluntary basis?

Miss MCCORKELL: I do not think anything universal and comprehensive can be organized on a voluntary basis.

Senator GROSART: You also spoke of "the conscious role of achieving maximum rehabilitation". This we know is very important, in regard to something being done in nursing homes, homes for the aged, charitable institutions and so on very little is being done in the field of rehabilitation there. How would you go about that, to achieve the maximum of rehabilitation? Can that be done on a voluntary basis?

Miss MCCORKELL: I think that this could be done as an arm of either a general hospital service or as an integrated service within a given community, closely associated with hospital service and geriatric clinics.

The actual individual setting up of rehabilitation services could be done at the local level on a voluntary basis; but the over-all planning and direction and leadership for setting this up, and that would include the essential financing for this, would have to be done at a higher level.

Senator GROSART: Then Dr. Zay used the phrase "maximum utilization of professional manpower". Can this be achieved on a voluntary level?

Dr. ZAY: The distribution of professional manpower could be done by the profession itself. Most of the people looking at this gap might think of it on an obligatory basis, that the profession might promote the best use of its members. The profession prefers to have the services created beforehand. You do not use the professionals first. First you have to organize the services and then when the services are ready the profession can see to it that the various services are getting a fair share of the whole membership of the profession.

Senator GROSART: Is that a function of a professional organization?

Dr. ZAY: Definitely.

Senator GROSART: How can they do it? Are you going to say "We have too many people in rehabilitation and therefore a certain number must get out of it."

Dr. ZAY: The converse is true also. You have some kinds of culture where you have older members of the profession and younger members, so you have some integration, and it is always possible to develop co-ordinated planning to act professionally, but you must have some kind of incentive—perhaps by the Government. It is a big professional organization and the Government can use it.

Mr. DAVIS: Can the profession be self seeking?

Dr. ZAY: It has not to be, but it could be.

Senator GROSART: Could it direct its members into various fields?

The CHAIRMAN: It could influence.

Senator GROSART: Does it?

The CHAIRMAN: It surely must.

Miss MAINES: As new fields of service have opened up, the members of the profession have been made available, to make their own choice about the service which they would accept as a position. If it is made clear that it is professional social workers that are needed in the field of aging to serve aged people, there will be people who will take positions in those services.

The CHAIRMAN: I am glad you raised that point because we have had some discussion in it. I think the evidence has been that for every social worker that graduated, there were three jobs available, but having no regard for the aged. Is that true?

Miss MAINES: One reason this has been largely true is that until now most of the services for the aged have been in institutions where they needed nursing care or homemakers, who could fill those positions as matrons, and so on. Therefore the services of the professional social worker did not fit into that type of service. As services for the aging become more community centred and more related to outside the walls of institutions, I think that social workers are becoming more involved, as Miss Pleming has indicated that their agency is.

The CHAIRMAN: What universities, what schools—I think we have half a dozen across the country—what schools have taken cognizance of this situation, to your knowledge, or to anybody's knowledge?

Dr. ZAY: The schools are teaching an integrated program so that there may be no lack of social workers in special fields. At this moment the general policy of all the schools in North America is that they are training general social workers. Everyone gets some basic training at the master's level. They can specialize later on. At the school level there is no specialized program.

Senator HAIG: Do not schools go into case work or group work?

Dr. ZAY: Yes, case work, group work and community organization, but not in a specialized field. It would not be a specialized.

The CHAIRMAN: How long do you think it will take, you are the expert, before we get to the point where we have enough social workers to fill our needs?

Miss MAINES: The answer is the unforeseeable future. The number of graduates now is not sufficient to fill the positions available now, without thinking of new positions.

The CHAIRMAN: What will attract them into that profession?

Miss MAINES: We try to attract them. At one period the social worker was not a very attractive profession from the point of view of salary. This situation has improved considerably over the years. Furthermore, there is greater competition from other professions where there is a shortage in recent years, for example, there is a great need for teachers and many who might have come into the position of social worker have gone into teaching.

There are also some schools developing programs at less than a university level in order to fill positions which do not seem to require the full capacity of the professionally qualified person. These might be compared to what you would call aids in some other professions. They are aids to social workers or welfare workers.

Dr. ZAY: I think this is a very important point, Mr. Chairman. I do not believe that in the field of old age it is necessary that all people doing some work should be professionally-trained social workers. You have to define the responsibilities and what kind of jobs the social workers have to do. There are many assignments which do not require the services of a fully-trained social worker. It would be uneconomic to train people at the university level for some of these jobs. For instance, a social worker who has been professionally trained, who has studied for many years, need not be used to fill certain positions. It would be uneconomic for the community if this were so.

Miss MCCORKELL: I think another important development for personal service to the aged where the profession can give leadership is in developing the use of volunteers to give the personal service which so many of the aged need and miss because they do not have contact with their own families. This is an area where it is definitely the responsibility of the social worker to give leadership in and be imaginative about.

Senator GROSART: I would like to say that I think the clearest statement we have had in all the briefs and all the evidence on immediate priority in this field appears at page 3 of this brief, under paragraphs 11 and 13.

Paragraph 11 reads: "Each local community needs to have responsibility lodged in an appropriate agency for assuring the care of the aged, and for the integration of services on their behalf."

Paragraph 13 reads: "The most appropriate roles of government and voluntary agencies for research, consultation and planning, ... "

I would add "and action"—

"—require further clarification in order to avoid duplication and ensure maximum results from available resources."

I would like to ask, with regard to paragraph 11, what in your opinion is the appropriate agency? Under paragraph 13 I would like to ask you who should be responsible for immediately making the clarification? My question with relation to paragraph 11 takes us back to the question I raised earlier about authority. What appropriate agency at the community level is going to do this job?

Miss MAINES: Mr. Chairman, as an example, right here in the City of Ottawa this originated in the municipal Department of Health because of the need for care for the aged. It is called an Information Department, I think, and it has to do with and will have some responsibility for admissions to the new institution which has been opened here. I am not suggesting that this would be necessarily the most appropriate agency in every community, but I am citing this just as an example of what is being tried here in the City of Ottawa.

Senator GROSART: Could you describe what you would regard as an appropriate agency, applicable more or less to all communities? Who is going to do the job? We can all say what the job is, what should be done, and that there should be co-ordination. We have heard this endlessly, but we are striving to have an expert in this field tell us who is the appropriate agency.

Miss MAINES: In the main the planning should be done through the local welfare council in a community. It may be called the council of social agency, or the welfare council. In any event, after a study in the community, the

welfare council could come to a conclusion, and if there was an existing agency which could carry the responsibility, then let there be general agreement that that particular agency in the community be the centralized body for this service. If there did not seem to be one agency acceptable to all for this purpose, then they would decide what type of new organization should be established to do it. It has to be done through the planning council in the local area.

Senator GROSART: Who should lodge this responsibility on the local agency? You say it should be lodged. This means that someone says, "You have the responsibility for this. You must do it and you will be held to account for it." Who lodges this?

Miss MAINES: My personal opinion is that this would be a democratic decision within the membership of the community welfare council, and that after they had worked together through discussion and study they would say that a certain agency was the appropriate agency to carry this through, and they would say that they all agreed to this.

Senator GROSART: But you have no responsibility involved except your voluntary agreement. If you do not do it, nobody gets after you.

The CHAIRMAN: Oh, yes. They are responsible.

Miss MAINES: You are responsible, and you must answer local pressures.

The CHAIRMAN: Are there any other questions? If not, may I on behalf of the members of the Committee inform this delegation how much we appreciate their brief and their assistance, and the easy and informative manner in which they have answered the questions put to them. I am sure that in the end it will be helpful to us to reach a decision.

Thereupon the Committee adjourned.

Appendix "P"

SENATE OF CANADA

SPECIAL COMMITTEE ON AGING

BRIEF

Submitted by

SECTION ON AGING, ONTARIO WELFARE COUNCIL

96 Bloor St. West,

Toronto, Ontario

January, 1964.

FOREWORD

The Ontario Society on Aging was formed as a result of the First Ontario Conference on Aging in 1957 to carry on the interest in all aspects of aging generated by 700 participants from 53 Ontario communities. Membership includes departments of government, voluntary organizations, professional associations and individuals.

In November 1963, the Ontario Society on Aging amalgamated with the Ontario Welfare Council. As a Section on Aging of the Council, the Society's program in the field of aging has become an integral part of one concerned with the health and welfare of all age groups. Its Board of Directors is now the Advisory Committee of the Section.

Program.

Besides the general objective of stimulating public interest, specific projects have included:

Information services;

Conferences—the most recent workshop Education for Aging, 1962;

Publications—Guide to Legislation, newsletter;

Studies—Protective Services, Pilot Advisory Service, Education in Professional Schools related to Aging;

Community activities—instrumental in formation of association of nursing home proprietors;

Briefs—to Medical Services Insurance Enquiry and Joint Committee on Legal Aid.

Recommendation, Inter-Faith, and Women's Committees, as well as a Speakers' Bureau, operate on a continuing basis.

Submission.

The submission which follows is presented by the Section on Aging with the approval of the Board of the Ontario Welfare Council. It has been prepared by an ad hoc committee and includes a summary of comments and proposals, a number of short papers by members of special competence, and a brief outline of Society activities. Appendices include several pertinent publications of Ontario Welfare Council and Ontario Society on Aging.

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SUMMARY

From six years' experience as the Ontario Society on Aging, now the Section on Aging of the Ontario Welfare Council, we offer the following comments and proposals. In doing so we wish to emphasize that the welfare of the aged cannot be separated completely from the welfare of the community as a whole and that no service in itself offers a panacea for the problems of the aging. All are interrelated.

Basic to all the proposals is a change in the public image away from the stereotype of the aged as a group apart, useless and too old to learn. This change needs to be furthered by all possible means—communication media, cultural services, and life-long education. A revised attitude will be of incalculable value to the community as the skills, experience and leisure time of retired people are utilized.

A.

Economic Needs of Older People

A study of the Economic Needs and Resources of Older People in Ontario was published by a committee of the Ontario Welfare Council in 1959 and we believe the picture it presents—adjusted to the increased population and gradual rise in living costs—to be still valid. It indicates that:

(*a*) Too little is known of the actual economic situation of the aged in Ontario. Further research is needed and more data from official sources should be made available. Probably a large number of older people are living well below an adequate standard in spite of security and assistance programs.

(*b*) Comprehensive pension plans which provide portability are essential. Emphasis is placed on the importance of flexible age of retirement.

Page 27.

In the administration of benefits now available under legislation, questions we would raise are: Could the selection, training and supervision of municipal welfare personnel dealing with elderly persons be strengthened? Is present means testing a barrier to many of the eligible elderly? Are available resources sufficiently publicized, interpreted and implemented?

B.

Education

Page 5.

Studies have shown that man's ability to learn continues into later years. Educational opportunities for the aged are limited and often present formidable barriers. Suggested:

(*a*) Study of pedagogical principles and techniques appropriate to education for those over 65.

(*b*) Understanding of later stages of life be developed through education in elementary school and up.

(*c*) Assessment and implementation of courses for the aged through Boards of Education.

(*d*) University courses (not necessarily leading to degrees) be geared to the older learner.

(*e*) Examination of how existing buildings, special time schedules and other facilities could be adapted for educational programs in rural, as well as urban areas.

(*f*) Library services adapted to the needs of the elderly and readily available.

Preparation for Retirement

Page 9.

Stressed is the importance of developing interests and habits through working years to bridge the gap caused by retirement, and also the problems of reaching people and developing suitable programs. Suggested:

(*a*) A study assisted by the Federal Government, of content and method for pre-retirement courses, encouraging their wide development.

(*b*) Further study and publicizing of flexible and progressive retirement programs.

(*c*) Publicly supported short-term training for post-retirement jobs or for community service.

Community Participation

Page 13.

Senior Citizens Councils and other groups in Ontario are endeavouring to encourage the participation of older people in community life. They are hampered by lack of continuing co-ordination and shortage of trained leadership. Suggested:

(*a*) A co-ordinating body at national or provincial level, to provide leadership and encouragement at the community level, for more effective integration of agencies and institutions serving elderly persons.

(*b*) Study of such integrated services in some states of the U.S.A.

Recreation

Page 15.

Recreational programs developed with understanding of older people's capacities are limited in Ontario and few involve older people in their planning:

(*a*) There is room for imaginative exploration of the use of existing facilities.

(*b*) Day centres as operated in several cities can provide a setting for recreational needs, as well as for counselling and hot meals.

C.

Housing

Page 17.

Stereotype suburbs have left older people without suitable housing and separated from younger families. Intelligent re-use of old buildings suggests needed varieties in types of accommodation. The Federal Government, it is suggested, should:

(*a*) Encourage more variety in housing types by its financial policies and by encouraging municipalities to adjust zoning regulations.

(*b*) Encourage the integration of housing for older people with family housing in both new suburbs and rebuilt central areas.

(*c*) Encourage participation by local responsible community organizations in building and operating boarding homes, nursing homes and co-operative residences.

Health

The brief submitted to the Ontario Medical Services Insurance Enquiry called on the Province to recognize its inescapable responsibility to provide adequate health care for the growing aging population. Specifically:

(*a*) To make comprehensive health insurance within the means of all older people available without delay.

(*b*) To establish a branch of aging and chronic illness in the Department of Health.

(*c*) To give consideration to the extension of home care programs.

(*d*) To provide for in-patient and out-patient coverage for rehabilitation services in hospitals and rehabilitation centres.

(*e*) To assist research to explore the nature of the aging process and to support epidemiological studies.

Institutional Care

Page 21.

The traditional role of homes for the aged is changing as most of those admitted to-day are ailing or very old. Alternatives and supplements to hospitals and large institutions are often preferable, as well as less costly. To improve services:

(*a*) Homemaker and visiting nurse services need extension and support.

(*b*) Nursing home standards should be raised by provincial licensing and further subsidization considered.

(*c*) Foster home care, financed under the Homes for the Aged Act, should be more widely used and extended to other settings.

E.

Social Services

Page 23.

Counselling, casework and information services are available to the aged in Ontario to a limited degree. Most counselling agencies are in large centres and already overburdened. Needed are:

(*a*) Information services in settings where the aged feel comfortable.

(*b*) Training to prepare professionals for work with the aged.

(c) Expansion of counselling services with experiment in group techniques.

(d) Extension of homemaker services and examination of home help services as used in England and Holland.

Pages 28 and 29.

(e) Readily available legal and financial advice for older people of low income; study of extension of present resources; feasibility of initiation of a new service of this kind.

Conclusion

It is clear from the foregoing that the needs of the aging involve government departments of health, welfare, labour, education and others, as well as community groups and voluntary agencies. Over-riding need would seem to be for a permanent co-ordinating body, national and/or provincial, to maintain effective liaison at all levels. Such a body might be an arm of government or the task might be undertaken by a voluntary agency, providing public support were available for adequate staff and research.

Increasing interest on all sides and in all aspects of aging has been apparent in the past few years, indicated most notably in the formation of the Senate Committee on Aging and the projected national conference. We look to these national activities to point the way to constructive planning for full, useful and happy old age for Canadians.

EDUCATION FOR THE AGING

(1) Education of the aging is to be distinguished from education of those who serve them. Nevertheless, there is overlapping because many of the older people wish to and can serve themselves. Education of the aging must also be distinguished from Adult Education which, generally, has not extended itself to the over 65's.

(2) Education is a lifetime process. But education must be congenial to the learning capacity and to the interests of the individual at his age.

(3) General intelligence is retained longer than formerly thought possible. Peak ages are from 20 to 35. Deterioration to age 55 is approximately the same as the standard deviation from the average of the younger age group Not until about age 75 does this deterioration double. In any event, at later age levels, individual differences are much greater than age differences. Learning is related to intelligence but is profoundly modified by environmental influence, so much so that retention seems to depend on peak development.

(4) Interests in age depend upon past experience, and many of the present aging have lived a very narrow life. In Wellington County, Ontario, in 1958, the education of 73% of those over 65 had stopped short of high school.* In response to the question, "Now that you have leisure, would you like to pick up your education where you left off?", only about 8% replied

*Vernon S. Stevens, *The Aging Population of Wellington County*, Guelph, Ontario Agricultural College, 1959, p. 29.

in the affirmative. In the future more people will have more education. The present rejection of educational opportunity reflects, in part, a social atmosphere where education is equated with schooling.

Programs and Courses

(5) Actually, age and the experience that goes with age, change an adult man's interests very little. Therefore, his immediate circumstances determine his need and his desire for further education, for example, cookery classes for old men living alone, successful in the United Kingdom.

(6) At somewhat higher intellectual levels are shop and academic courses offered in evening classes in secondary schools, usually in larger centres. Some are self-selected; some are encouraged or sponsored by employers. There are large numbers of drop-outs at mid-term and they are little patronized by persons over 65. Some companies are experimenting with general education upgrading under a Federal & Provincial Assistance program. The class being held at Philips Electronics, Leaside, is one such illustration.

(7) Beyond these, again, are discussion programs, often self-managed, which consider recent books and/or events. There are such groups in Bloor Street United Church, Toronto, and in the Public Library, Guelph. The former caters especially to the aging; the latter is open to adults generally.

(8) Available also are radio and television programs such as Citizens' Forum. But these media do not provide a panacea for the educational shortages of the aging.

(9) The height of education for the aging is, perhaps, the self-directed reading, and conferring of professional people. Some few who are retired do resume formal education. Among the June, 1962, graduates at the State University of Iowa was Mrs. Maxine Elliott, grandmother of eight, who received a B.A. degree with honours.

Pedagogical Techniques

(10) At the present time it is assumed that graduates of teacher-training and social service institutions are adequately trained to teach the aging. Many principles of pedagogy are the same for all ages, but application must be qualified, in dealing with the older age group. Because older persons may need attention, an individual must be allowed to talk himself out and be given the opportunity to assist with planning in preliminary sessions. Discussion procedures should be used throughout.

(11) The aged must see in the learning, either to themselves or to the community. Cooperative effort must substitute for competition. Their declining physical resources must be recognized—by limiting paper work, by shorter sessions, slower pace and attainable goals.

Availability

(12) At present Senior Citizens' Clubs, by whatever name, offer the best opportunity for informal learning. However, senior citizens' groups do not reach more than 5% of their potential clientele, and are non-existent in rural Ontario. Most of these programs are more heavily weighted for recreation than for education.

(13) Some learning facilities for the aging are housed in churches, but many of the aging never get to church.

(14) Classes for "new Canadians" are open to adults of all ages, but few aging persons attend. Classes for the renewal of skills by the unemployed do not cater to the aging as they did in war time. The failure to adopt and adapt the pedagogical principles mentioned above may account for poorly attended classes.

(15) A variety of other courses are offered in urban and district high schools, the latter in or adjacent to rural areas. The weaknesses associated with these are that accommodation in school buildings in regular hours is difficult to secure and most classes are held at night. It is difficult for the elderly to drive at night and undesirable that they should do so. Whether aging persons meet at regular or special hours and places, school buses have not been available for their transportation. It would seem that lodge halls and large front parlours would make ideal classrooms in rural areas. These facilities combined with use of school buses (between the times regular pupils are transported to and from school) would remove some of the obstacles for those wishing to attend classes.

(16) Colleges and universities are more likely to recognize potential for learning and, therefore, to encourage personal development in old age. The California Department of Education lists 16 courses streamlined for the aging: Nutrition, Geriatrics, Mental Health, Planning Your Estate, etc. Rutgers University reduces fees for students over 65 to $5.00 a course.

(17) What is needed in universities providing courses for those who administer services for the aged, are practical courses tied to the problems of service management, rather than courses given in conjunction with degree work.

(18) Senior people taking courses for personal gratification will also require flexible programs, rather than courses tied to degree work. At this date it is generally believed that the aging should continue as an integral part of the community. Therefore courses should be planned within the established school and college system.

(19) The public libraries have endeavoured to meet the reading needs of isolated citizens through the use of bookmobiles. But to reach a bookmobile parked at a specified corner may be as difficult for old people as a visit to the library. A useful service could be provided by volunteer librarians in taking books to the homes of the elderly. Any recognized library can mail books at special low postal rates which cover the return of the book. This is not generally known beyond college libraries and certainly not taken advantage of.

Integration

(20) It is highly desirable that grade school courses in social studies should include material to inculcate respect for the aging. Secondary school courses should encourage foresightedness in preparation for one's own aging; classes in civics should consider problems arising from the increase in the aging population. Medical school courses should include geriatrics. Arts courses in psychology and sociology should include units in gerontology. Post graduate scholarships should be made more available for research of all phases of education for aging.

(21) Education Service for aging should be co-ordinated under the Provincial Department of Education and considered part of the duties of each board of education. Each unit would assess the local demand for such services and their implementation. Flexible programs could utilize the services of retired professional people as teachers.

PREPARATION FOR RETIREMENT

(22) Retirement, as we now know it, is a recent development in our society. In its usual form it means that a person ceases work abruptly at a more or less arbitrary age and enters a life of "leisure" for his remaining years.

(23) Through their working years most people look forward without qualms to the day when they can retire on pension and or their savings and never have to work again. This expectation, indeed, buoys them up when daily work seems unpleasant.

(24) What a pity that in so many cases the "fruits of their labour" soon turn to bitter ashes in their mouths. They become bored with idle time, are oppressed by a feeling of uselessness in our work oriented society, and are disappointed and frustrated by the bleak outlook for their remaining years.

(25) On reflection, it is not surprising that this should occur. Through their working years, their life has been built around their work, their work place and their working friends. They identified themselves with their work and their product, and took pride in the contribution they were thereby making to society. In a single hour this entire relationship is severed.

(26) The problem then is to cultivate constructive and meaningful interests and activities in working years that will not be interrupted by retirement, and will thus bridge the gap to a less active, but nonetheless satisfying life.

(27) A few already have such interests, whether in hobbies, intellectual pursuits, voluntary community service, or others. A few, at the other extreme, are so stolid that they are not aware of any difficulty. But for the great majority of retirees, this is an unsolved problem, and will remain so for future retirees, unless genuine efforts are made, both by community leaders and the individuals concerned, to prepare for the future. Fortunately for this purpose, most people in their working years already have a good deal of leisure time and there seems every likelihood that this trend will continue.

(28) There are serious problems in a social program designed to prepare people for "happy golden years". Preparation for Retirement courses offered at McMaster and Waterloo Universities, for instance, did not receive strong support. The first problem is to attract the attention of the individual while there is still time to develop interests. While there is no age at which an effort at preparation would be entirely futile, it is generally agreed that this situation should be squarely faced in the forties. But for those in their forties, retirement still seems a long way off, and complete leisure a blissful situation!

(29) The second problem is to develop programs that will hold interest. This has proved difficult, and has received only fragmentary study. Such programs provide opportunity to encourage the greatest diversity of interests and are meaningful at the time, not just for the future.

(30) The third difficulty is the physical problem of "reaching out" to develop programs for such a large part of our population. Truly it will be an enormous task in Adult Education to provide adequate leadership, programs and facilities. As Dr. Roby Kidd emphasized when he appeared before the Senators, however, there is no shortage of suitable leaders when we consciously seek them.

Programs—Industry.

(31) We would like to emphasize the advisability of developing, within our industrial complex, educational and "interest" programs specifically to provide preparation for retirement, as well as add interest to working years. Our industrial workers, whether blue or white collar, tend to centre their interests, except for their families, almost exclusively around their workplace. The workplace is their second home, and their thinking and activities are strongly influenced by this association.

(32) When the worker comes home in the evening, it requires additional determination to break away and drive or ride to an educational centre, and take up studies in a strange environment among students from different backgrounds. It is relatively easy, at the end of working hours to gather in the company cafeteria or board room, over a cup of coffee, and proceed to an hour's study and discussion with fellow workers.

(33) Admittedly this proposal is only for those actively employed, and employed in rather large groups. It does not apply to housewives, those already retired, or unemployed, or those employed in businesses too small to make this approach feasible. But we submit that this does concern an increasingly large group—and a group that will probably require this preparation for retirement more in the future and yet will be more difficult to reach, than any other.

(34) A great deal of organized educational work is now being done in industry. However, it is mostly directed to upgrading employees' ability to perform their remunerative duties. However an increasing number of firms are publishing material on Preparation for Retirement, and encouraging employees to discuss their plans with company personnel officers, i.e. Hudson Bay Company.

(35) It is probably true that neither management nor unions have a direct responsibility to sponsor activities in preparation for retirement, since retirees neither perform company work or pay union dues. However, both parties have on numerous occasions indicated their desire to foster such programs. There is some activity now carried on in this area, but, in general, it's too late and too little.

(36) The fact is that methods of stimulating and carrying through preparation for later years require more study than it has received. Employers and unions are ready to act, but do not have a clear idea of how to proceed.

(37) We submit that the Federal Government might be advised to commission a study of programs and methods suitable to the personal development of industrial employees, directed toward their preparation for satisfying later years; and, when suitable methods and programs had been prepared, to spend some effort in securing their wide adoption in the industrial community.

Employment after Retirement.

(38) There is much criticism of arbitrary retirement dates as generally applied by both private and public employers. Chronological age is not an adequate measure of a person's desire, need, or ability to continue working, and his premature retirement may result in frustration and hardship. What are the alternatives?

(*a*) Finding new employment. Except for those with special skills in great demand, employment for retirees usually consists of irregular fringe occupations at low pay. However, they do provide extra money and are "something to do".

(39) It would be possible to retrain retirees and other older workers for jobs that are available. But it would be expensive in relation to working time remaining, as compared to training unemployed youths, or retraining those let us say, in their forties. We regretfully assume that only short term training is likely to be made available. But even short term training for suitable jobs, or for volunteer community service, would be very useful.

(b) Continuing in regular employment after normal retirement age. This will in most cases require rethinking on the part of both employer and union. Historically unions have pressed on all fronts for more "time off"—whether shorter days, longer vacations, or earlier retirement. Employers, although they may resist these requests for economic reasons, have not generally questioned that these were what employees wanted. It has been somewhat surprising to both employers and unions, that, for a large percentage of employees, normal retirement dates come too early.

Variable Retirement Plans

(40) An increasing number of employers, with agreement of unions, now provide a variable retirement age of between 60 to 70, with the "normal" at 65. Retirement before 65 is at a lower than "normal" pension, and retirement later increases the pension.

(41) Retirement before "normal" date is at the request of the employee, for health or other reasons. Work after "normal" is at the request of the employee and with the agreement of the company, since he continues at full pay and benefits and must be capable of doing a full day's work.

(42) Unions are qualified in their approval of such arrangements, since they are indefinite and seem to leave room for favouritism or grievances. Many employers stick rigidly to an arbitrary retirement age to avoid disputes. However, in practice both employers and unions have operated such plans with judgment and restraint and they work to the great benefit of older workers who are unable or unwilling to retire and are in good health.

(43) It is worth noting that, where such options exist, the average retirement age is gradually lowering. Perhaps 65 is a suitable age if it weren't "compulsory"!

(44) Another approach to continuing work, which has presented difficulties, is employment at less demanding work at lower rates for the older worker unable to keep up the full pace. Properly operated such plans have much merit, and would place the artisan somewhat in the position of the professional man who frequently decelerates his pace and income, while continuing his occupation and connections. However, unions will seldom agree to any work at less than standard rates, and the ideas seems to have limited application—even though the alternative is that the retiree has to work elsewhere at lower rates and unaccustomed work.

(45) In England a national Preparation for Retirement Committee was set up in 1961 and a national conference was held in September, 1963. As a result of guidance and co-ordination of efforts, there are now some 95 organizations which have undertaken, or are considering undertaking, courses for preparation for retirement and at least 39 centres where courses for those who have retired are being held.*

*Information and publications available; National Council of Social Services, 26 Bedford Square, London, W.C.1, England.

(46) This activity has been shared between universities, local education authorities, workers, educational associations, councils of social service, community associations, residential colleges, geriatric physicians, old peoples' welfare committees and ordinary individuals.

COMMUNITY PARTICIPATION

(47) A variety of services for the aged are being initiated by voluntary groups and agencies in communities throughout Ontario. Their activities are laudable, but frequently there is a lack of involvement of the very people for whom programs are developed. Using the enormous reservoir of skills and abilities of the old is of prime importance, if we are to achieve any measure of success in this field. Society's attitudes have affected the aged group to such an extent that many feel unwanted and incapable of contribution.

(48) If we are to make use of the human resources now largely dormant, we will have to explore all avenues of "reaching" older people, and encouraging their participation in community life. Inherent in this goal is the development and extension of training courses for volunteer and professional personnel.

Voluntary Services

(49) The Section's Speakers' Bureau is a means through which service clubs and other groups can be reminded of the service its older members can render. But the task of developing great interest is a slow one. At a recent conference sponsored by the Society, there was much emphasis placed on the need to orientate and train older volunteers for community service. It was recommended that some responsibility for training should be taken by service clubs and by the Provincial Department of Education.

Senior Citizens' Councils

(50) Senior Citizens' Councils are springing up in some communities in Ontario, with the assistance, on occasions, of the Red Cross or the Ontario Society on Aging. The membership of Councils, ideally, is composed of persons who represent social, economic, political and cultural leadership of the communities. Their primary purposes are to find out what the community offers by way of services to enable participation of the elderly in the life of the community; to inform the public regarding the strengths and weaknesses of the local situation; to support existing services; to develop new facilities and services.*

(51) The difficulty such a group may encounter is that it has no continuing point of co-ordination either with departments of government, voluntary agencies, or with its counterpart in other communities. The Council may not be able to draw in true community representation and, as a consqeuence, may not receive community support, including financial help. Sometimes a Council is formed through the interest of an individual who rallies others around him because there is a preconceived idea of need which, upon further examination, may prove invalid. Interest subsequently drops.

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*To our knowledge there are approximately 12 Senior Citizens' Councils and Committees on Aging and 29 Zones in existence in Ontario. Zone groups encompass a larger geographic area than Councils or Committees. Theoretically these organizations are made up of interested citizens irrespective of age. Usually representation of local senior citizens clubs is invited. In practice these committees may consist entirely of older people, through interest, rather than any planned design.

(52) In the United States some states have commissions on the aging and aged with local and regional arms of councils and committees. There are state budgeting provisions for commission programs and the work of local councils is facilitated and co-ordinated through the state commission on aging.*

(53) Activities of local committees are varied; however, a brief description of those undertaken by the senior citizens of Fort Wayne area might serve as illustration:

—classes in painting and drawing,
—public lectures and discussion programs,
—pre-retirement and employment counselling,
—publications of information, i.e. Directory of Leisure Time Activities for Senior Citizens,
—counselling and referral service for senior citizens,
—co-ordination of community services for the aging,
—co-operation with both public and private groups concerned with housing projects,
—co-operation with many local agencies and organizations in planning and conducting projects related to aging.

(The Section on Aging of the Ontario Welfare Council makes available a guide to community groups wishing to set up a Community Council on Aging.)

RECREATION

(54) In Ontario the opportunity for recreational activities for older people is largely supplied by community groups, such as churches, Canadian Legion, service clubs, Red Cross and recreation committees. This service is directed principally to meeting social needs because of a lack of suitable facilities in which a broader program could be developed. Too often the program is of a non-participating nature in which the planning and organization is done by the community or group without the involvement of the older person.

(55) The Community Programs Branch, Ontario Department of Education, is providing area, district and provincial seminars to train community leaders throughout the Province. Much more can be accomplished even in the present inadequate facilities if such leadership is developed.

Facilities

(56) There are approximately 475 Senior Citizens Clubs in Ontario. They meet at regular intervals in church basements, or other buildings made available to them. Membership and recreational opportunities are restricted for various reasons†

(57) In churches the need for strict conformity to certain regulations inhibits attendance of some people. In community centres due to a multiplicity of activities, the atmosphere is somewhat hectic. The design of these

*The organization and programs of Commissions on Aging, U.S., are outlined for the purpose of illustrating the advantages and benefits of state leadership. We are not advocating provincial Commissions modelled after State Commissions. We are, however, suggesting that provincial leadership, possibly provided through inter-departmental sponsorship, would encourage planning and more clearly defined objectives and programs at the local level. As a voluntary organization, our role in planning and social action would call for a close working relationship with the public body whose function it would be to set policy and provide leadership.

†An estimate of membership in 475 senior citizens clubs in Ontario is 14,000 to 15,000.

buildings does not always permit easy access to designated quarters. In parks many opportunities for more active recreational pursuits are provided but often poorly located.

(58) Schools, libraries, swimming pools, miniature golf courses and community curling rinks have not as yet been utilized to the fullest possible extent. It requires a good deal of understanding of the group's requirements, related to location, interests and physical limitations, plus ingenuity and experimentation to develop satisfying programs.

Social and Recreational Centres

(59) The Day Centre is a multi-purpose building especially designed for older people which provides space for group meetings as well as space designed to meet the needs of special interests, i.e. arts and crafts, hobby shops. Ideally it is staffed by professional personnel. A hot meal is generally available.

(60) Along with the broad recreational program, this setting is eminently suitable for counselling services, in that they are readily available in a familiar environment.

(61) In January, 1962, the Provincial government initiated a program of capital assistance to private groups of interested citizens to develop social and recreational centres for the benefit of older residents of a community. The Elderly Persons' Social and Recreational Centres Act provides for provincial grants of up to 30% of the costs of constructing or buying a building, and is conditional on local municipalities making equivalent grants of 20% of costs. The first such Centre opened in Windsor in 1962, and three other communities are considering a similar program at this time.

HOUSING

(62) Why do people of retirement age require special consideration about the places they live in, any more than people of any other age? Many of them do not. They live in our communities in single family houses, duplexes and apartments. In fact, up to age 70 or so a person is often very little changed in his housing requirements from 50 to 60, except that his household has diminished.

(63) However from then on his situation tends to change through decreasing strength, failing health and sharp decrease in income. It is then that the inadequacies, gaps and antiquated rules by which we have been building and maintaining our housing in this country are shown. Older people are among the chief victims of the general public policy of separating and institutionalizing the normal fabric of our communities.

(64) The stereotype suburb, with which we are all familiar, where each type of dwelling is chopped off in large chunks from other types as a kind of "project" is not only inefficient and liable to rapid obsolescence; but since it is utterly unfitted for old people by size of houses, cost and location, it places young families miles from their older relatives who must often look for cheaper quarters in the down town areas.

(65) The stereotype suburb is not the fault of the building industry which could just as easily build much better. It is the fault of financial policies which derive from federal government policies and of zoning controls set by municipalities. It happens to be the easiest thing to process for

the Central Mortgage and Housing Corporation and for large lending institutions. Zoning by separation is the easiest thing to process for municipalities.

(66) Existing government policies under the National Housing Act do nothing to discourage project-building—a project of semi-detachery, a project of apartments, a project of housing for the aged. The latest proposal for Metropolitan Toronto's old people under the National Housing Act, calls for 520 units. There will, as a result, be neighbourhoods for miles around which have no similar accommodation built into their fabric.

(67) If one could state a principle as a guide to residential building, it would be to encourage a wider range in housing types so as to include building for the elderly as part of building for general community growth, and to encourage the mixing of housing types and discourage "Projectitis."

(68) A good example of the type of planning recommended may be found in Windsor, Ontario. A limited dividend company, operating under Section 16 of the National Housing Act, with a large loan from CMHC, like many other such companies, has built a series of small groups of attached small houses, no more than ten to fifteen in a group, in different residential sections of the city. These buildings are fitted in unobtrusively on streets of larger family houses.

(69) Older people are as well housed as they are today, not because of any recent public policy, so much as by the fact that we are able to use old houses for the boarding homes, co-operative residences, small apartments-in-the-same-building, which we need but for which we can get no adequate financial assistance to build new.

(70) Some of the types of housing that should be encouraged can now be found in old buildings that are being intelligently re-used.

Type 1.—Boarding house in Sudbury, Ontario. The basic operation is a well-run, well-kept boarding house for miners. In addition, retired miners on pension are looked after cheaply. They have dormitory rooms, and get meals in off-hours from the same kitchen that gives meals to workers on shift. The location is central, and the pensioners are part of a life they have always known.

Type 2.—Former hospital, Galt, Ontario. Bought by Salvation Army and run as boarding home-cum-nursing home for old people. Accommodation ranges from semi-private beds in a room to suites in the former private patients section. Meals, housekeeping and pracal nursing care are offered in an atmosphere which respects the individual.

Type 3.—Cabins, Victoria, B.C. Two-storey open-galleried building, with individual housekeeping rooms, and common water supply and lavatories, offers maximum independence with minimum housekeeping in a central location, and at a minimum cost.

Type 4.—Old house, Montreal, P.Q. Former reception room and family dining room, have been made into a self-contained ground floor apartment with separate entrance. This is still a part of the family house, but provides a bed-sitting room, kitchenette, bath, storage, and entrance way. Close to other people but independent.

Type 5.—Old house, Toronto, Ont. Operated as a co-operative residence by ten elderly women who share duties and expenses. Owned and supervised by an old-established charitable organization, which also runs a boarding home.

(80) A type of accommodation that is hard to find in Canada, but can be seen in cities of northern Europe, offers a minimum-sized self-contained apartment, and one meal a day. The meal may be provided in a central dining room, or it may be delivered to the person from a central kitchen serving a number of apartment houses.

(81) All the examples cited relate to older people living in our major towns and cities. It must be noted that an entirely different situation exists for the large number of older people living in rural areas or in towns of less than 5,000 population. These people have been forgotten, just as the buildings they live in have been forgotten by the public at large. To the degree that they get along well, they depend on the kindliness of neighbours, and live in buildings that they hope will "last out their time". There is a great waste here in both good old people, and good old buildings.

(82) Even in the bigger towns and cities, older people who could very well keep going in the housing where they now are, are having to give up and go into institutions, because there is no home-help or part-time housekeeping service available. Home-helps are as much a part of successful housing for older people as warmth, electricity and running water. One needs the mechanical helps, but one continues to need human help and at the present time it can be very hard to find. The area of greatest unmet need probably lies in the accommodation for the very old who need some personal and nursing care, long term or during convalescence, not met at all by the stereotype hospital encouraged by the Department of Health and Welfare. The need is being filled at present by private nursing homes in old houses, often unlicensed and largely unsubsidized.

(83) The initiative for making available a wider range of housing suitable for older people lies with the Federal Government. Can it not begin with the recognition that there are many types of accommodation possible between the present hospitals and the present housing?

Why do we see no boarding houses, co-operative residences, nursing homes, small apartments—in the family housing in new suburbs?

Why is it so difficult to include these types of accommodation when we rebuild the worn out centres of our cities?

(84) The Federal Government has failed to recognize that this varied accommodation should be encouraged equally with so-called family housing, and most municipal zoning laws inhibits such development. For the greatest range of housing, responsible community organizations should be encouraged to sponsor much of this type of accommodation, and it should be provincially licensed. Basic encouragement should come from the Federal Government in terms of loans and grants and informed advice. The "building" or "not building" of such housing will affect a large number of Canadians, as the proportion of the aged in our population continues to increase. Neglect will affect not only the old people, but their entire families and communities as well.

INSTITUTIONAL CARE

(85) Great progress has been made in Ontario in the field of institutional care for the aged. Most homes for the aged in the Province are modern, well-equipped and well operated. Public and private homes are operated under, respectively, the Homes for the Aged Act (Ontario) and the Charitable Institutions Act, and they provide accommodation for more than 15,000 persons.

(86) Public and private services to help old people stay in their own homes to a later age are becoming more widely available and are changing the role of homes for the aged, since many requiring less than comprehensive care can remain in the community. Homes for the aged are admitting people of advanced age (in many homes average admission age is 80-85) and residents are, for the most part, in need of supportive care as well as additional nursing care.

(87) The municipally operated homes in most cases provide Bed Care (but not hospital care), Special Care (senile), Normal Care (well ambulatory) and some married couples' quarters. The Charitable Institutions provide mainly for well ambulatory residents. They find the same need for the other types of care, but lack financial support to extend their programs. (See brief, Bed Care Needs and Fnancing of Private Homes for the Aged, Appendix V)

Nursing Homes

(88) In another category are proprietary nursing homes. They meet the needs of: (a) persons in need of prolonged nursing care, who are not sick enough to meet the criteria of the Ontario Hospital Services Commission for care in a hospital, but too sick to be admitted to a Home for the Aged; (b) persons, not indigent, who need long term nursing or personal care, but not hospital treatment.

(89) Even for those with average means, long term care is costly. Most nursing homes are not subsidized and they can not, as a rule, charge rates that would support such important adjuncts to health care of the aged as occupational and physiotherapy or recreational facilities.

(90) Nursing homes may receive public funds in two ways in Ontario. A few, selected and approved, qualify, under the Ontario Hospital Insurance Plan, for payment for the care of chronically ill patients. According to official policy, this arrangement is temporary, while more chronic hospitals are being built. Under the General Welfare Assistance Act the Province will share with municipalities cost of nursing home care for persons qualifying for assistance. The amount allowed, however, is generally less than the rates of well-run nursing homes.

(91) To qualify for any government payments, nursing homes must be licensed. Licensing is by municipal by-law, although a model by-law is suggested by the Province. There are no uniform, Province-wide standards and classifications as to the types of care offered. The Associated Nursing Homes Incorporated of Ontario maintain that provincial licensing and inspection would raise standards. At present 384 such homes are operating in Ontario under municipal licenses. There are no figures available as to the total number of nursing homes.

Home Care

(92) Under the Special Home Care Provisions of the Homes for the Aged Act, eligible persons may receive care in supervised private or boarding homes. They are entered on the rolls of a municipal home for the aged and, when health conditions change, can be transferred to the institution. Administrators of the institutions select and supervise the homes.

(93) At present twelve institutions in Ontario have adopted the plan and approximately 140 persons are being cared for in this way. The numbers have doubled in the past nine months, as the result of a concentrated effort in the Department of Public Welfare of Ontario.

(94) Further development of this program is considered desirable and merit is seen in the extension of such provisions to institutions operating under the Charitable Institutions Act or to other agencies. In Toronto the Jewish Home for the Aged, in co-operation with the Jewish Family and Child Service, sponsors a foster home care program.

SOCIAL SERVICES

(95) Family Service agencies are increasingly concerned that older people are not receiving help at the time it is needed. Social work experts have charged that often programs for older adults are relegated to second-rate status in a multifunction agency. The ratio of development of trained staff is an indicator of the attitudes of the agencies which still give priorities to youth service. Apart from the fact that agencies do not actively reach out to provide services for those who do not come (and probably need them most), many cater to the aged in a condescending way.

(96) The older person may have serious reservations about seeking consultation in the family agency setting. Ingrained in his background is his value of self-initiative and self-reliance. He may think of a social agency as a source of help for the ignorant or poor. He may also be reluctant to share information which he considers personal. The agency when he does approach it, finds problems around developing his confidence in the unfamiliar setting and meeting the heavy demands made on the time and energy of the social worker. The individual may require assistance of a practical kind, such as help in managing his income, payment of bills, transportation difficulties, shopping, etc. Workers in most family service agencies are already overburdened and this time is not available.

Homemakers Services

(97) This service is selected from a long list of auxiliary services to the aged as one which plays an important role in enabling the older person to remain at home. At the present time in Ontario *organized* homemaker services are provided in three centres by visiting homemakers associations, in 35 by Red Cross branches (the majority under enabling legislation). A number of municipalities also supply homemakers when it is deemed necessary, under the Homemakers and Nurses Services Act. A pilot Home Care project being conducted in Toronto also uses homemakers. Due to the limited availability of services in relation to the great demand for them, services are often restricted to young families.

(98) Homemaker Services have been accepted as vital to convalescents following hospitalization, care of chronically ill, or to meet emergency situations. However these services for elderly people should function in an extremely flexible manner, and supply varying amounts and kinds of service for varying lengths of time. Such duties as house cleaning, meal preparation, food shopping and help with laundry may be necessary, along with personal care.

Home Helps

(99) In examining the different aspects of the homemaker job, we can distinguish between the homemaker as part of a medical home care team with appropriate supervision and a capable person who assists with household chores.

(100) The latter role could be filled by "helpers" as in Britain, or in Holland, where such services are rendered under "Home Helps." In Amsterdam a service has been developed along denominational lines, and operates in co-operation with the Department of Public Health. Public Assistance is provided on a proportionate or full payment basis depending on the individual's ability to pay for service. Home helpers are between 20 and 60 years of age. They shop, cook, wash, and do heavy cleaning.

(101) In Plymouth, England, part time home help for old people is managed by a voluntary body. The scheme is associated with the Council of Social Service which enables co-operation between the different voluntary and statutory bodies.

(102) An interesting facet of Home Help Services, which might be worthy of further examination, is the potential they have for providing employment opportunities for older women in good health.

(103) Other services which are becoming of increasing interest to communities include: Home Care programs, Friendly Visiting, provision of home aids, library, shopping, transportation and Meals on Wheels Services. They are not dealt with here as reference is made to these elsewhere (see proceedings Education for the Aging).

PROGRAM

ONTARIO SOCIETY ON AGING

(104) The following is a brief description of Ontario Society on Aging activities highlighting major items and some recent innovations. Difficulties experienced in conduct of program are also indicated.

Information Services

(105) An information service is used by individuals, groups and clubs, representatives of communications media, students and government personnel. An enquiry may simply require referral to an appropriate agency or service. The nature of consultation varies so widely, however, that it is difficult to highlight any one aspect.

(106) In looking over information and referral files of the last three years, it seems that most individuals enquired about living arrangements. Typically the letter or phone call described a family situation which had become unbearably difficult. It concerned an aged relative, whose habits and/or confusion were making it impossible for him to remain where he was. Outside evaluation is usually necessary, and a referral is often made to the Public Health nurse in the area. The nurse has a special ability of being able to go into the home without seeming to intrude on the individual's or the family's privacy. She assesses the situation and suggests appropriate community resources.

(107) Information services to students, particularly students from the School of Social Work and the School of Nursing, University of Toronto, are provided. Enquiries relate to questions on all aspects of aging and, occasionally, to geriatric studies.

(108) Assistance is given to free lance writers commissioned to do articles on the aged for periodicals. Very often these requests are for statistical data, and we attempt to help the writer look at a broader picture. T.V. and radio program directors or their researchers, have asked for information and have similar guide lines and restrictions. The Society supplies the information where it can, but has found that contact ends here. Programming is implemented without further consultation, and its focus on older people usually relates to low income, and ability to manage on Old Age Security payments. We are aware of a need for broader perspective in these media, but we can do no more than make suggestions.

(109) Requests from groups and clubs wishing to initiate a service for the aged, have pointed up the necessity for more research and data on needs and resources.

(110) We do not know enough about training, costs, and organization of services. Senior Citizens Clubs or Centres, and Friendly Visiting programs, seem to be those easiest to initiate, and consequently the most frequently picked up.

Newsletter

(111) The Society circulates a Newsletter quarterly to the membership. It reports on the Society's program and wide ranging news in the field of aging, including pertinent publications.

(112) We have asked our readers to keep us informed of their community activities related to aging, but receive few contributions. We do not know enough about what communities are doing and collecting information, even on this informal basis, is difficult.

Inter-Faith Committee

(113) Representatives of verious denominations examine the churches' role in involving older people in their spiritual, social and cultural programs.

(114) This standing committee has been instrumental in organizing a pilot Friendly Visiting program in Ottawa, which has developed into a co-operative community project. Plans call for training of Visitors, and the program will be assessed later by this Committee.

Speakers' Bureau

(115) The Society makes speakers available to organizations and service clubs in Ontario on request with the objective of providing information on topics such as Housing, Preparation for Retirement, and stimulating interest in community services. Another purpose is to interest these groups in encouraging the participation of elderly members in their activities.

(116) Speaking engagements may become complex, when the speaker is expected to provide more guidance than such an engagement implies. Often the group is contemplating setting up a direct service for the elderly without having looked at existing resources, or need, in the community. Or they may be looking for a project, and depend on the speaker to tell them "what they can do". The Society has prepared a Guide for setting up Senior Citizens Councils, or Community Councils on Aging, and methods of surveying community needs.

(117) Most of our speakers find that a topic, i.e. Housing and Living Accommodation, cannot be discussed without touching on income, home care programs, and health and social services.

Community Activity—Nursing Homes

(118) Impressed with the growing importance of commercially operated nursing homes in the care of the aged, in 1959 the Society invited the operators of Nnrsing Homes in Ontario to come together to discuss desirable standards. The nursing home operators became so interested, they formed an association of their own—Associated Nursing Homes Incorporated Ontario. At this time the Association has approximately 110 members who must qualify by conforming with the standards set out by the Association, including municipal licensing. An Association information service serves a useful function in assisting families to locate suitable nursing homes for aged relatives.

Publication

(119) "A Guide to Legislation and Services Related to the well-being of Older People in Ontario" was published in March 1962. The Society's Information Service and contacts with Senior Citizens Councils, Clubs and individuals indicated that such a compilation would be useful. Older persons are often unaware of availability of assistance programs or their own eligibility for them.

(120) The use of legislative provisions has varied considerably by municipalities depending mainly on local administration and discretion of welfare officers. Use of supplementary allowances granted under the General Welfare Assistance Act is an example of such variation. The Regulation states that the province will share in allowances up to a maximum of $20 per month to assist in covering shelter or other extraordinary costs. However, the allowance is usually granted for rent or drugs, and individual budgetary needs are overlooked.

(121) The establishment of eligibility through means test we find has an unpleasant connotation for some elderly persons. To create a climate of trust, special interest and tact in application of means test is required by administrators. To ensure that older people who really need help, receive it, government benefits available under legislation must constantly be brought to public attention.

Study—Protective Services

(122) In 1961 the Society undertook to study the problems encountered by older persons with low incomes, whose experience in managing their legal and financial affairs is limited, and who for various reasons do not obtain adequate advice.

(123) The study was launched to determine the extent of the problem and explore the services available. A committee was established, with representatives from banking, trust companies, medical and nursing professions and health and social agencies. In studying the question of property protection and management, the Committee sent out a questionnaire to medical officers of health, senior citizens' groups, Victorian Order of Nurses and voluntary health and social agencies. As a result of the response received, the Committee decided attention should be drawn to the area of guardianship and other trust relationships. Indication was that in this regard our laws, their provisions for flexibility and their administration, require examination.

(124) Attention was also directed to the work of the Public Trustee England. Established under the Public Trustee Act, 1906, the services of the Public Trustee are provided at cost.

(125) In a submission to the Joint Committee on Legal Aid set up to study the Legal Aid Program in Ontario, we requested that they study the feasibility of extending the scope of the Public Trustee's services and the Advisory services in the Legal Aid Program.

Conference—"Education for Aging"

(126) The Society sponsors workshops and public meetings from time to time to provide for exchange of information of professionals and volunteers who work with older people. The most recent workshop "Education for Aging" was sponsored in October 1962. Participants discussed education of senior adults and education of those working with older people. They probed the meaning of "Resistance to Aging" related to: Society's attitudes toward the aged; the younger individual's attitudes to his own aging; the attitude of the aged themselves; and the current attitudes with respect to Health, Retirement, Family and Leisure Time activities.

(127) Recommendations formulated by discussants dealt primarily with development of more educational opportunities for the aged and examination of suitability of leisure time programs carried out in conjunction with Senior Citizens Clubs and Centres.

Pilot Project—Advisory Services

(128) Recommendations made at the Society's Workshop "Education for Aging" included several related to provision of a specialized advisory service to older persons. The Society's previous study of Protective Services also indicated that very little was known about the function of such a service.

(129) The Society, therefore, took the initiative in setting up an Advisory Service on a pilot basis. The service was conceived as one which primarily would provide information and advice to older clients encountering difficulties in managing their financial affairs. However, it was agreed that any problem brought by a client would be discussed and referred to appropriate agencies

or professional consultants. It is hoped that eventually middle aged persons will bring questions related to preparation for retirement.

(130) The Lakeshore Area of Toronto was selected for a trial period, and, with the approval and co-operation of the Lakeshore "Y", Senior Citizens Council, Friendly Visiting program, and the Family Service Agency, it opened its doors in November 1963. Space in the "Y" was made available, and six volunteer retired executives are alternating as advisers two afternoons a week.

(131) There was recognition that it would be difficult to reach persons who have need of these services. It will require a good deal of contact with the elderly in the area to convince them that this service might be useful. Publicity by way of press notices, notices to churches, and to Senior Citizens Clubs introduced the service, and continued interpretation is planned.

Homemaker Services—Interpretation of Need

(132) Extension of homemaker services, which enable many older people to remain in their own homes, was considered of first importance in workshop discussions. As a step in that direction, the Welfare Committee of the Ontario Mayors and Reeves Association was asked to draw attention, at the Association's annual meeting, to the Homemakers and Nurses Services Act (Ontario 1958). The Act enables municipalities to employ homemakers and visiting nurses or purchase their services from agencies, with the province sharing up to half a maximum cost.

(133) Attention was also drawn to the pilot project, Homemaker Services for Older People by the Visiting Homemakers Association of Toronto, 1954-57, and the Toronto Public Health Department's Pilot Home Care Program. The result was circulation of the information to all heads of municipalities. The Welfare Committee wrote a similar letter to the Ontario Welfare Officers Association.

Study—Questionnaire to Professional Schools

(134) Many recommendations at the most recent Workshop suggested a need to examine professional education related to aging. A questionnaire is being circulated to professional schools and professional associations to find out what is available in each school curriculum to train and prepare students for working with older people. It is hoped that a compilation of data will stir interest in this aspect of training, as well as facilitate exchange of information about existing programs.

(135) Replies received to-date indicate interest of some schools in developing this area of training for their students.

APPENDIX "Q"

March, 1962

A GUIDE TO LEGISLATION AND SERVICES RELATED TO THE WELL-BEING OF OLDER PEOPLE IN ONTARIO

ONTARIO SOCIETY ON AGING
34 Prince Arthur Avenue
Toronto 5, Ont.

For purposes of convenience and ready reference for the reader, Ontario Legislation is listed in the Guide under the chapter in which each Act appears in the Revised Statutes of Ontario 1960.

For complete information, refer to the official publications of Canada and Ontario.

FOREWORD

This is a Guide to Legislation and Services related to the well-being of older people in Ontario, prepared by the Ontario Society on Aging.

Since it would be impossible to include all Legislative Acts and all existing services which in one way or another benefit older people, the Society has chosen to briefly describe those which we believe have the most common usage.

In the publication of this Guide it is not our intent to give the impression that a Utopia of community services exists everywhere in Ontario. In fact, the Ontario Society on Aging is continually identifying the need for services which are non-existent at the present time in many communities.

We noted in Consolidations of Legislative Acts printed by various Departments of the Ontario Government a statement: "This Consolidation has been prepared for purposes of convenience only. For accurate reference the Statutes of Ontario and the Ontario Gazette should be consulted." We suggest that this statement applies to this Guide as well. Accurate statements concerning Legislative Acts which are contained in Official Publications in legal language are difficult to interpret with absolute accuracy in a few lines.

The Society wishes to thank Mrs. Helen Tator, our Executive Secretary, who compiled the Guide, Mrs. Jean Good, the former Executive Director of the Society, who acted as adviser, Mrs. Nina Mashin, who typed the many drafts required before the Guide reached publication. Also we are most obliged to Mr. John Osborne, Director, Research & Statistics Division, Department of National Health & Welfare, who substantially assisted in revising and editing. We acknowledge too the assistance of Mr. Donald Bellamy, School of Social Work, University of Toronto; Mr. Donald Gardner, Social Planning Council of Metropolitan Toronto; Dr. Cope W. Schwenger, School of Hygiene, University of Toronto; Mrs. R. B. Splane, formerly Ottawa Welfare Council; and the administrators of agencies who outlined the basic work of their organization.

W. S. Goulding
Acting President
Ontario Society on Aging

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For Additional Information refer to:

—Aging is Everyone's Concern

—Proceedings of the First Ontario Conference on Aging, 1957

Available—Ontario Society on Aging,
34 Prince Arthur Avenue, Toronto 5.

—Economic Needs & Resources of Older People in Ontario, 1950, prepared by the Committee on Public Welfare Policy, Ontario Welfare Council

Available—Ontario Welfare Council,
96 Bloor Street West, Toronto 5.

—Legislative Measures Affecting Living Accommodation for Elderly Persons in Canada.

Published by Dept. of National Health & Welfare

PART I

INCOME MAINTENANCE

Old Age Security Act, 1952—Canada.

Department of National Health & Welfare.

Under the Old Age Security Act, the Federal Government of Canada pays a pension to all persons who after their 70th birthday can meet Certain residence requirements. There is no means test. The amount which was set at $40 monthly in January 1952, was raised periodically. In 1962, the pension of $55 a month was raised to $65, effective February 1, 1962.

A pensioner, who absents himself from the country may receive pension indefinitely if he has resided in Canada for 25 years since his 21st birthday. If he has not so resided, payment may be made outside of Canada for six months only (exclusive of the month of departure) and reinstated upon his return to Canada.

The Old Age Assistance Act, 1951.—Revised Statutes of Ontario, 1960, Chapter 267.

Ontario Department of Public Welfare—Welfare Allowances Branch.

This Act provides for provincial payments of Old Age Assistance allowances for which residents between ages 65-69, inclusive, may qualify under means test. Under an agreement with the Federal Government (Old Age Assistance Act), Canada will contribute toward maximum allowances of $65 a month, effective February 1, 1962.

Income from all sources including the Assistance Allowance may not exceed $1,140 a year for a single person, or $1,980 for a couple. Certain assets are counted as income in the means test calculation.

The General Welfare Assistance Act, 1958.—Revised Statutes of Ontario, 1960—Chapter 164.

Ontario Department of Public Welfare—General Welfare Assistance Branch.

This Act provides for assistance payments on a means test basis to needy persons, including older people who do not qualify under other programs (assistance payments were formerly provided for under The Unemployment Relief Act, Ontario).

The cost of assistance payments is shared by Ontario and the municipalty, and a provincial relief schedule sets out the maximum amounts that may be shared. The province receives from the federal government 50 per cent of the combined provincial and municipal claims made under the terms of the Unemployment Assistance Act (Canada). (Cost sharing works out to 50-30-20 among Federal government, province and municipality).

The Act makes mandatory the payment of assistance by a municipality to each eligible applicant. If payment is refused, the province may pay assistance to an eligible applicant, and recover the prescribed proportion of cost from the municipality.

Regulations under this Act also provide for assistance to: persons in nursing homes, post Sanatorium cases, transportation allowances, certain rehabilitation services, incapacitation allowances, hostel accommodation, emergency dental service, and supplementary aid to beneficiaries of other welfare programs.

The Director of General Welfare Assistance may exercise general supervision over the administration of the Act, and advise municipal welfare administrators and regional welfare administrators in the performance of duties.

Supplementary Allowances

Provincial supplementary allowances granted by a municipal welfare administrator to recipients of a governmental benefit for the purpose of assisting the recipient to meet the cost of his shelter or other extraordinary costs as approved by the Director of General Welfare Assistance. Costs are shared by the three levels of government (as General Welfare Assistance) 50-30-20. The maximum amount which the province will share with municipalities is $20 monthly per person.

NOTE: Use of this provision has varied widely among municipalities, depending mainly upon the discretion of the local administration.

Unemployment Assistance Act, 1958—Canada.

Department of National Health & Welfare.

Under this Act the Federal Government contributes 50 per cent of the unemployment assistance costs in the Province. There is no upper limit placed upon the assistance which the federal government will share except for institutional care where the federal share is related to the kind and quality of care provided.

War Veterans Allowances Act, 1930—Canada.

Department of Veterans Affairs.

War Veterans Allowances on a means test basis are payable to Canadian veterans and to veterans of Commonwealth and Allied Forces who were domiciled in Canada at the time of enlistment, or who have resided in Canada for ten years. Since August 1, 1960, allowances may continue to be paid to recipients who take up residence outside Canada, providing they were resident in Canada for 12 months prior to their departure.

Male veterans become eligible for allowances at age 60, and female veterans and widows at age 55. The age limits are lowered if the person is permanently unable to earn his living due to physical or mental disabilities, and economic handicaps.

The full allowance for a single person is $84 monthly with a maximum permissible yearly income of $1,296 including the allowance. The comparable rate for a married person is $144 a month with a maximum permissible income of $2,088. The $10 Old Age pension increase (February 1962) is considered exempt income for the purposes of this Act.

A special Assistance Fund is also provided for needy recipients to bring the allowance up to the permissible income limits.

The Disabled Persons Allowances Act, 1955—Revised Statutes of Ontario, Chapter 107.

Ontario Department of Public Welfare—Welfare Allowances Branch.

This Act provides for provincial payment of allowances to totally and permanently disabled adults. Under an agreement with the federal government (Disabled Persons Act), Canada will contribute toward maximum allowances of $65 a month, effective February 1, 1962. The province must observe and perform the terms and provision set forth in the Federal Act.

Income from all sources including Disabled Persons Allowance may not exceed $1,140 a year for a single person, or $1,980 for a couple.

The Blind Persons Allowances Act, 1951—Revised Statutes of Ontario, 1960, Chapter 35.

Ontario Department of Public Welfare—Welfare Allowances Branch.

This Act provides for provincial payment of allowances to blind persons. Under an agreement with the federal government (Blind Persons Act), Canada will contribute toward maximum allowances of $65 a month, effective February 1, 1962. Income from all sources, including the allowance, may not exceed $1,380 a year for a single person, or $2,340 for a couple.

In addition, remedial eye treatment is available to all who might possibly benefit.

When a blind person receiving the allowance regains his sight, the grant is continued for three months to allow him to make a satisfactory adjustment.

Pension Act, 1951—Canada.

Department of Veterans Affairs.

The Act provides for pensions to members of Canadian armed forces in whom a disability is shown to exist at the time of his retirement or discharge. It also provides for pensions to dependents of deceased veterans.

The Workmen's Compensation Act, 1914—Revised Statutes of Ontario, 1960. Chapter 437.

The Workmen's Compensation Board.

The Act provides for permanent pensions, and a fund for the payment of compensation outlays and expenses to workmen who suffer personal injury by accident in the course of their employment. It also provides for compensation payments to dependants and survivors.

Income Tax Act, 1948—Canada.

Division C—Computation of Taxable Income Section 26.

There may be deducted from income the following amounts: (*d*) (i) An amount up to $500 expended by a taxpayer during the taxation year for the support of a person who during the year was dependent on the taxpayer for support and was his parent or grand-parent and dependent by reason of mental or physical infirmity. (*e*) $500 in the case of a taxpayer who has attained the age of 65 years before the end of the year.

National Employment Service

25 St. Clair Avenue East,
Toronto 7, Ont.

The National Employment Service offers a counselling service to older people through Special Services Officers in local National Employment Offices.

The Special Services Officer will assist applicants for employment over 35 or 40 years of age who are becoming discouraged through meeting resistance to employment because of their age.

Inquiries re location of offices should be addressed to the Regional Employment Officer, National Employment Service.

The Ontario Legal Aid Plan,

City Hall, Room 20, Toronto, Ont.

The Ontario Legal Aid Plan provides free legal assistance in most matters, both criminal and civil to applicants who are eligible if earnings in the case of a single person do not exceed $1,200 per year, or $1,800 for a couple.

Applicants who require legal assistance should attend upon their local county or District Director of Legal Aid who is situated in the capital town of each county or district. In many cases the local director will be the Sheriff of the respective county. In York County, it is suggested that applicants may consult with a solicitor on any Monday night at 7 p.m. at Room 113, City Hall, Toronto.

PART II

HEALTH AND MEDICAL CARE

Medical Welfare Plan—1935.

Ontario Medical Association.

Funds are provided by the Department of Public Welfare of the Province of Ontario. Persons eligible under the plan include recipients of Old Age Assistance, General Welfare Assistance, Blind and Disabled Persons' Allowances, Rehabilitation Services Allowances, and persons in receipt of Old Age Security Pensions who qualify on the basis of need.

In general, payment is provided for all necessary medical services, including minor surgical procedures, provided in the doctor's office or the patient's home. The plan pays for physicians' services on the basis of services rendered per physician.

Benefits include, in addition to the medical services, emergency medication. Benefits do not include glasses, provision of dentures and hearing aids, or medical care services rendered in a hospital or any emergency or outpatient department of a hospital.

Under separate arrangements, payment may be made for medical services provided in a nursing home, home for the aged, or a few specified private hospitals.

The Hospital Services Commission Act, 1956—Revised Statutes of Ontario, 1960. Chapter 176.

Ontario Hospital Services Commission.

Under Section 13 of this Act the Government of Ontario may enter into an agreement with the Government of Canada under which Canada will contribute to the cost of a plan of hospital care insurance provided for in this Act in accordance with such terms and conditions as the agreement provides.

Ontario Hospital Insurance Plan

The federal and provincial contributions to this insurance plan make it available at a low premium to all. Benefits include care in general hospitals, tuberculosis sanatoria and in provincial mental hospitals, hospitals for convalescents, hospitals for chronically ill. In certain localities a limited number of nursing home beds are approved on a temporary basis for the care of selected chronically ill hospital patients. In general this is arranged to tide over an interval while chronic hospital beds are under construction.

This plan covers standard ward hospital services which are medically necessary to treatment. This service includes accommodation, meals, nursing service, diagnostic procedures, drugs, use of operating room, physiotherapy and radiotherapy facilities, etc. Benefits are provided for as many days as medically necessary in hospital. The only out-patient benefits are for hospital services requiring diagnosis and treatment within 24 hours following an accident. If semi-private, or private accommodation is desired, the insured must pay the difference between ward level accommodation and semi-private or private accommodation.

If treatment is received in hospital outside of Ontario, and that hospital is licensed and acceptable to the Commission, benefits will be available.

Individuals may pay premiums directly to the Commission, if group facilities are not available to them.

Persons who qualify for Ontario Medical Welfare plan are insured for hospital care and the premiums are paid on their behalf by the Department of Welfare. Persons who qualify under General Welfare Assistance and other governmental programmes are insured for hospital care and the premiums are paid on their behalf by public agencies responsible for the hospital care of such persons.

N.B.—To keep insured, premium payments must always be maintained.

The Homemakers and Nurses Services Act, 1958.—Revised Statutes of Ontario, 1960, Chapter 173.

Ontario Department of Public Welfare—Homemakers & Nurses Services.

Under the terms of this Act, the Council of any city, town, village or township, may employ homemakers and nurses, or enter into an agreement with an organization to undertake to furnish homemakers or nurses or both.

These services may be furnished on a part time or visitation basis to a person who is elderly, handicapped, ill or convalescent, and who requires such services in order to remain at home, or in order to make possible his return to his home from a hospital or other institution.

The applicant for these services is required to pay the cost of services to the extent that his financial circumstances permit, as determined by regulations under the Act. A municipality with the approval of the Regional Welfare Administrator, may pay costs of services in full or in part. The province reimburses the municipality 50 per cent of the maximum amount specified as shareable under regulations of the Act.

Pilot Home Care Program, City of Toronto—Department of Public Health, 390 Christie Street, Toronto 4.

This study is a community based program which has been in operation for three and a half years. It provides administration and co-ordination of services to patients in their homes.

Services are provided to patients in the acute, convalescent, chronic, and terminal phases of illness. The services include physician visits, nursing visits, social casework services, visits of workers of welfare departments, physio-occupational therapy visits, homemaking visits, transportation, appliances and equipment, medical supplies and medication.

Geographic Boundaries for eligibility are, on the east—Bathurst Street (both sides), extending west to the C.N.R. tracks—Sorauren-Beatty, and from Toronto Bay on the south, north to the city limits.

Vocational Rehabilitation of Disabled Persons Act, 1961—Canada.

Civilian Rehabilitation Branch, Department of Labour.

This Act authorizes federal-provincial agreements to share the costs of comprehensive services to disabled persons capable of vocational usefulness, as well as research projects, and the training of rehabilitation personnel.

The Act provides assessment and counselling services, and services and processes of restoration, training and employment designed to enable a disabled person to become capable of pursuing regularly a substantially gainful occupation. This Act excludes disabled persons eligible for vocational rehabilitation under the Veterans Rehabilitation Act, and persons whose disabilities are the result of an injury in respect of which benefits are payable under any Workmen's Compensation law.

The Rehabilitation Services Act, 1955.—Revised Statutes of Ontario, 1960. Chapter 350.

Ontario Department of Public Welfare—Rehabilitation Services Branch

This Act makes broad provision for any measures that may enable a handicapped person resident in Ontario to engage in remunerative employment. It excludes persons entitled to veterans' or workmen's compensation benefits. Under the terms of the federal-provincial Agreements under the Vocational Rehabilitation of Disabled Persons Act and new regulations under this Act to come into effect April 1, 1962, comprehensive vocational rehabilitation services are authorized. These include assessment and counselling, restorative, prosthetic, vocational and social services that may be required. Maintenance allowances during the period of assessment, treatment and training are provided.

The General Welfare Assistance Act, 1958.—Revised Statues of Ontario, 1960. Chapter 164.

Ontario Department of Public Welfare.

Under Section 24, O. Reg. 293/60, prosthetic appliances or vocational training or retraining may be provided for a person who is an unemployable person or an unemployed person who is not eligible for these benefits under The Rehabilitation Services Act, 1955. He must not have liquid assets in excess of $250 or an income, including the amount granted under the General Welfare Assistance Act, in excess of $125 a month, and must not be living with a parent or person in *loco parentis* who is able to provide for his maintenance or for rehabilitation services. Ontario shares with the municipally 50 per cent of expenditures incurred for rehabilitation services under this Act for a period not exceeding one year.

The Prepaid Hospital & Medical Services Act.—Revised Statutes of Ontario, 1960. Chapter 304.

A company or corporation may be incorporated for the purpose of establishing, maintaining and operating a hospital or medical services on a non-profit prepayment basis (must be registered under this Act). Any one or more of Hospital, Medical, Surgical, Nursing or dental services may be provided to persons who become subscribers.

Physicians' Services Incorporated, 2221 Yonge Street, Toronto 7, Ont.

P.S.I. is a non-profit service sponsored by the Ontario Medical Association and made possible through the co-operation of participating physicians throughout Ontario. Group and non group plans provide for the personal services of a registered medical doctor in office, home, or hospital.

Associated Medical Services Incorporated, 615 Yonge Street, Toronto 5, Ont.

A.M.S. was the first comprehensive non-profit prepayment plan for medical (and hospital) care to be established in 1937 in Canada. Grup and voluntary individual plans are available. Hospital coverage to supplement the Government Insurance Plan is available from A.M.S. in conjunction with a doctors' care plan.

The Public Health Act, 1950.—Revised Statutes of Ontario, 1960, Chapter 321.

Ontario Department of Health.

Section 13 (1). There shall be a local board of health for every municipality in Ontario except where a health unit is established under this Act.

Section 34 (7). The Council of a municipality or a local board may appoint one or more public health nurses.

Services of the Public Health Nurse

The Public Health nurse is a member of the staff of a local board of Health or County Health Unit.

The service is tax supported and individuals wishing to apply for services may do so at their local Municipal office.

The Public Health nurse is a family health teacher. Her understanding of the older persons's needs, her special skills in relation to the prevention and care of illness, and her knowledge of community resources enables her to be particularly helpful with problems arising through failing physical or mental health. She helps both the individuals and their family through the interpretation of needs, teaching about illness and disability, and by putting them in touch with other community services.

Often she acts as a co-ordinating link between services such as hospital, visiting nurse, visiting homemaker, nursing home, home for the aged, physician or dentist, social worker, public assistance office.

Victorian Order of Nurses (Ontario)
34 Prince Arthur Avenue, Toronto 5, Ont.

A visiting nursing service providing registered nurses trained to assist with the total rehabilitation of a patient in addition to caring for his physical needs. There are sixty branches in Ontario serving all age groups. Fee charges are based on the actual cost of a visit, and adjustments may be made to suit the individual budget.

Many of the patients who come under the care of the Victorian Order of Nurses, are older people who are suffering from long term illnesses. Services may be provided for: those who can be cared for entirely at home; those who can be maintained at home for a longer time if care is provided; those who can return from hospital early, if there is continuity of care at home.

PART III

National Housing Act, 1954—Canada.
Central Mortgage & Housing Corporation, Ottawa.

This Act promotes the construction of new houses, and the repair and improvements of housing and living conditions. It is the responsibility of the corporation to cause investigations to be made into the adequacy of housing conditions in Canada, and to cause steps to be taken for the distribution of information leading to the provision of improved housing accommodation, and the understanding of community planning.

Section 16

Provides for federal long term, low interest loans to limited dividend companies. C.M.H.C. advances up to 90 per cent of the lending value of a low rental housing project which may be: new dwelling units or acquisition and conversion of existing houses. Accommodation may be self-contained apartments or self-contained apartments and a residence. A limited dividend company may be organized by voluntary groups or private citizens to build low rental projects, and may include representatives of municipal government.

NOTE: This provision has been utilized for most of the Senior Citizens projects in Canada.

Sections 24, 25 & 26.

1) The Federal Government insures loans made by banks or agencies for home improvements or home extensions, provided the homeowner can satisfy the regulations under this Section.

Section 36.

Provides that C.M.H.C. may undertake jointly with a province the acquisition and development of land for housing purposes and the construction of

housing projects for sale or rent. The capital cost of the project and profits and losses, are shared 75 per cent by Corporation and 25 per cent by government of province or any agency thereof.

Rental projects built under Section 36 are of two kinds: those which have a fixed rental which covers operating costs and produces full recovery of the capital invested; those which are subsidized, and deficits are sustained by the participating governments in proportion to their original investment.

Municipalities desiring a Federal Provincial public housing project must submit an application, accompanied by evidence of need to the province. Approved projects will be built and managed by Local Housing Authorities appointed by the province.

NOTE: It is not the policy of C.M.H.C. to support public projects intended solely for the elderly. However, it is possible to include in projects which are built mainly as family dwellings, a proportion of units for the elderly.

Income Tax Act, 1948—Canada.
Division G—Exemptions, Section 62(1)(ga).

A corporation that was constituted exclusively for the purpose of providing low-cost housing accommodation for the aged, no part of the income of which was payable to, or was otherwise available for the personal benefit of any proprietor, member or shareholder thereof, is exempt from income tax.

Division C—Computation of Taxable Income, Section 27(1)(a)

Donations to corporations constituted exclusively for the purpose of providing low cost housing accommodation for the aged may be deducted from the income of the individual or corporation making the donation.

The Housing Development Act, 1950—Revised Statutes of Ontario, 1960. Chapter 182.

Department of Commerce & Development—Housing Branch.

This Act empowers the provincial government to participate with Federal Authorities in public housing projects in accordance with section 36 of the National Housing Act. It also empowers municipalities to participate in such projects and to assist in the securing of funds and land.

Any municipality with provincial approval, may advance moneys or guarantee moneys to a provincially approved building development corporation.

The Elderly Persons Housing Aid Act, 1952.—Revised Statutes of Ontario, 1960. Chapter 117.

Ontario Department of Public Welfare—Homes for the Aged Branch.

Capital grants are made by the province to limited dividend housing companies for the construction and equipping of low rental housing accommodation for older people.

The provincial grant amounts to $500 for each dwelling unit in a project or 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.

NOTE: The effect of the provincial grant is to assist corporations by providing them with a portion of the initial capital which they require to obtain a loan under the National Housing Act—Section 16.

The Homes for the Aged Act, 1955—Revised Statutes of Ontario, 1960. Chapter 174.

Department of Public Welfare—Homes for the Aged Branch.

Special Home Care

The Homes for the Aged Act provides that persons eligible for admission to a Home for the Aged may be placed in an approved private boarding home instead of an institution.

The cost of maintaining a person in special-home care is shared by the province and the municipality of residence on the following basis: Where the cost is $90 a month or less, the province pays an amount equal to 70 per cent of cost less 70 per cent of any maintenance payments paid by such persons or on his behalf other than by a municipality. Where the cost is more than $90 a month, the province pays an amount equal to $63 a month less 70 per cent of any maintenance payments paid by such person or on his behalf other than by a municipality.

Part IV

INSTITUTIONAL ACCOMMODATION

The Charitable Institutions Act, 1956—Revised Statutes of Ontario, 1960. Chapter 51.

Ontario Department of Public Welfare.

Provincial capital and maintenance grants to charitable organizations which are constructing, acquiring or maintaining an approved home for older persons.

Capital grants amounting to $2,500 per bed or 50 per cent of construction costs, whichever is the lesser are made to voluntary (private) homes for the aged.

Grants for aquired buildings amount to $750 per bed or 50 per cent of cost of building, whichever is the lesser.

The province pays 75 per cent of the amount paid by the charitable institution for the maintenance of each needy person resident in the institution (up to $3.40 daily per person).

Hostels

Charitable institutions maintained and operated for the care of transient and homeless persons.

Under Section 7(3) of the Charitable Institutions Act the following is provided: provincial grants to charitable organizations erecting a new building or addition, at the rate of $1,500 per bed or 30 per cent of the cost to the charitable organization, whichever is the lesser. No payment shall be made unless the municipality directs payment to the charitable organization of an amount equal to at least 20 per cent of the cost to the charitable organization.

The Homes for the Aged Act, 1955—Revised Statutes of Ontario, 1960. Chapter 174.

Ontario Department of Public Welfare—Homes for the Aged Branch.

Requires municipalities to provide care in a home for certain specific categories of individuals. The municipality may 1) establish its own home; 2) establish a joint home with another municipality; 3) with the approval of the Minister of Public Welfare enter into an agreement with another municipality to admit residents to their home, operated in accordance with the Act. Persons eligible—anyone who is:

(1) over 60 and incapable of supporting or caring properly fo rhimself.
(2) over 60 and mentally incompetent, but ineligible for admission to mental hospital, and requires care and supervision for his protection.
(3) confined to bed but not requiring care in a public or chronic hospital.
(4) under 60 years of age, but can not be cared for adequately elsewhere—if admission is approved by the Minister of Public Welfare.

The provincial government meets 50 per cent of costs incurred by municipalities or districts in building new homes; or in adding to or altering existing homes, including cost of equipment and furnishings.

The province pays 70 per cent of the net operating and maintenance costs of municipal homes for aged.

Excise Tax Act, 1948—Canada.

Section 47—refunds to eligible institutions of federal sales tax paid on their purchases (goods used in construction, as well as in the operation of an institution).

The General Welfare Assistance Act, 1958—Revised Statutes of Ontario, 1960. Chapter 164.

Ontario Department of Public Welfare.

Nursing Home Care

The General Welfare Assistance Act 1958, Section (27), Ontario Reg. 293/60 provides for provincial sharing with municipalities in the costs of Nursing Home Care for individuals eligible for an allowance in respect of the cost of his nursing home care.

Where a Municipal Welfare administrator grants, and the municipality pays an allowance for a person in a Nursing Home, the province will pay to the municipality 80 per cent of the amount that is granted or $80 a month whichever is the lesser.

The nursing home must be licensed as a nursing home by the municipality in which it is situated under a municipal by-law.

The Municipal Act, 1950—Revised Statutes of Ontario, 1960. Chapter 249.
Department of Municipal Affairs.

The following are prescribed by or under the authority of this Act:

Municipalities are authorized to make grants to any charitable institution.

Municipalities may pass by-laws setting building standards for premises to be used as dwellings.

Councils may pass by-laws to govern licensing and regulation of lodging houses.

Municipal Councils may authorize the inspection of sanitary conditions and fire hazards in dwelling accommodation.

The Public Health Act, 1950—Revised Statutes of Ontario, 1960, Chapter 321.

Department of Health

Section 4(e). It is the duty of the Department and it has power to inspect public or private institutions for the safekeeping custody, or care of any person, and ensure that such institutions are kept in a proper sanitary condition, and that this Act and the regulations are complied with.

Part V

RECREATION AND EDUCATION

The Community Centres Act, 1950. Revised Statutes of Ontario, 1960, Chapter 60.

Department of Agriculture

The province will contribute a maximum of $5,000 or 25 per cent of construction costs for a community centre. Such a centre may be used as a club or day centre for older people.

The Department of Education Act, 1954—Revised Statutes of Ontario, 1960, Chapter 94.

Department of Education

Section 4 provides that the Minister of Education may make regulations with respect to adult education, recreation, camping and physical education.

Services available to Older People through the Department of Education

By means of grants to Boards of Education, the Department makes night school classes possible in many cities. The subjects are regulated by both demand and availability of teachers in the subjects requested. In the rural districts the Departments of Education and Agriculture promote rural night schools.

The Correspondence Branch of the Department of Education offers correspondence courses. These are not hobby courses, but are related to academic and vocational subjects.

The Community Programmes Branch is devoted to adult education and recreation. The Branch has several advisers who on request will give training courses to groups of leaders in an area, on subjects such as art, weaving, social recreation, etc.

Adviser, Programmes for Older People

Community Programmes Branch,
Ontario Department of Education,
559 Jarvis Street,
Toronto 5, Ontario.

Those who are working with older people may obtain the services of the Adviser, for training in the emotional needs and abilities of older people. Senior clubs may obtain advice on programmes or the setting up of interest groups within the club.

Senior Citizens Committee of the Canadian Red Cross Society,
Ontario Division, 460 Jarvis Street, Toronto 5, Ontario.

Information Services

The Senior Citizens Committee offers a three day course to groups and organizations interested in setting up an information service for older people in their community. It is suggested that the service may be rendered through a publicised telephone number, a central office, or in connection with a Senior Citizens' Club.

Friendly Visiting

The Committee will also advise or assist a group interested in organizing a Friendly Visiting Programme. Training for visiting in Homes for the Aged, nursing homes, hospitals, and in the community may be provided through a five hour training course.

Publications

A course Outline on the establishment of Information Services for Older People will be available in May 1962.

An outline of provincial community services with space to enter corresponding local services is available in book form—price $2.

Friendly Visiting Course including Outline, Guide, and Sketches is available—price $1.

ADDITION TO—A guide to Legislation and Services Related to the Well-being of Older People in Ontario. Part V—Recreation and Education.

This Act was passed by the legislature, Ontario, in April, 1962.

The Elderly Persons Social and Recreational Centres Act 1961-62.
Ontario Department of Public Welfare.

An Act to assist in the establishment and expansion of Social and Recreational Centres for Elderly Persons.

This Act provides that provincial funds may be directed to an approved corporation for the erection, alteration, extension or acquisition of a building for use as a social and recreational centre for older persons. The amount the province will contribute is determined by the regulations, but may not exceed 30 per cent of the cost to the corporatoin as computed in accordance with the regulations. No payment may be made unless the Council of the municipality, in which the building is situated, directs payment to the corporation of an amount equal to 20 per cent of the cost.

This Act does not appuy to any institution, building or premises in respect of which a grant has been or may be made nnder any Act of the legislature toward the cost of its recetions,alteration, extension or acquisition.

This Act shall be deemed to have come into force on January 1, 1962.

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APPENDIX "R"

CANADIAN ASSOCIATION OF SOCIAL WORKERS

ASSOCIATION CANADIENNE DES TRAVAILLEURS SOCIAUX

185 Somerset St. W.

Ottawa 4, Canada.

BRIEF TO THE SPECIAL COMMITTEE OF THE SENATE ON AGING

Introduction

The Canadian Association of Social Workers welcomes the opportunity to submit the view of its members to the Special Committee of the Senate on Aging. The Association is a national professional organization with over 3,000 members working in a wide variety of agencies and departments in all ten provinces. Apart from strictly professional matters, one of its major concerns is the development of adequate social welfare policies based on as sound an appraisal as possible of social need in a rapidly changing society.

In making a submission the Association makes no pretence of having made an exhaustive study of any special needs of the aged. As a matter of fact few of its members are engaged solely in work with old people, which, in itself, suggests the community neglect of this group. But many members are acutely aware of serious problems facing the aged through their work in family agencies, social service departments of hospitals, mental health clinics, public assistance programmes, information and service bureaus, group work and recreational centres, liaison with health services, visiting homemaker services and housing, and through sharing in the planning and co-ordinating efforts of welfare councils.

Basic Premise

The Association, through the experience of its members in their varied community contacts, brings to its consideration of old age the same philosophic position as is applied in social work generally: respect for the integrity of the individual, confidence in the ability and desire of most individuals to find solutions to their own problems, provision of helping services as these are required and wanted, emphasis on preventive approaches and moving in with strong supportive programmes in critical situations whether temporary or permanent.

The aged have the same basic needs as people generally. The services required by them are required for the whole community, but the services may need special adaptation, and the aged may need more help than others in making use of them. Old people are individuals and their needs reflect individual differences. For many, inevitable increasing dependency, based on reduced physical and mental functioning, emphasizes unique problems.

Summary of Major Points

1. Old people are individuals with the same basic needs as people generally.

2. They have a right to adequate income, suitable housing and medical care.

3. While our society offers great *potential* for creative and independent living for the aged, the present values given by our society to work have not prepared them for retirement.

4. The aged themselves have the capacity to make creative use of leisure time following retirement, but many need encouragement and community support in doing so.

5. While more attention is required to prepare older people for retirement, increased emphasis on creative non-work interests for the total population appears essential if the transition to retirement is to become a gradual, easy process.

6. Independent living in the community can be extended through a varied array of well organized services.

7. A range of institutional and other types of protected living arrangements are required for old people with special needs.

8. Admission to an institution because of infirmities need not be regarded as a final step if an active rehabilitation programme is provided and if the community assures strong supportive services.

9. Opportunities for creative activities for those in protective living arrangements are just as essential as for those living independently.

10. Public authorities have a continuing obligation to assure high standards of care in all types of institutions, including nursing, foster and boarding homes, and to assure integration and co-ordination of services.

11. Each local community needs to have responsibility lodged in an appropriate agency for assuring the care of the aged, and for the integration of services on their behalf.

12. Training of personnel for work with the aged warrants more concerted attention.

13. The most appropriate roles of government and voluntary agencies for research, consultation and planning, require further clarification in order to avoid duplication and ensure maximum results from available resources.

14. The importance of the inter-relatedness of social and economic policies of government need to be recognized and provision made for the fullest possible collaboration among departments concerned with such matters as health, welfare, education and labour.

Changes in Our Society Affecting the Aged

Our urban industrial society has drastically changed the conditions of life for the aged. Mobility of population, the scattering of family members, and smaller housing units have weakened the ability of the family to provide a wide range of services for its older members. Improvements in general health and living conditions have resulted in a longer life span with many more people living to an advanced age and a large number of these retaining reasonably good health. It is increasingly difficult to generalize about the onset of aging in terms of a definite number of years. Fewer people appear to be old at 60, many more appear to be young at 70 or more. Retirement from work at an age when many people are still in good physical and mental health increases the difficulties in finding satisfying and enduring substitutes for employment.

In the above situation a growing number of old people find themselves separated from normal involvement in community life. They fail to find suitable alternatives for the associations built up around the job and with their fellow employees. Even in situations where low income or serious health problems are not present, many old people experience a sense of alienation, an absence of purpose, a lack of focus or direction in their lives. They feel a distinct and painful loss of status or of self-esteem related to a diminishing sense of being useful, needed, or wanted. For many old people, society appears to offer little choice between a lonely independence or a dependency role.

The social status and value of work throughout adult life creates an attitude that work is essential even when income from work is not needed. This is a particularly difficult problem for the aged whose own concepts of usefulness are so deeply ingrained by a work philosophy. But automation is likely to make this a problem for all adults. As social values for the entire community adapt to meet this situation for the younger adult, the problem for the aged will be alleviated.

Although chronic illness is not unique to the aged, medical knowledge now keeps many people alive in states of relative incapacity for long periods when they would formerly have died. Our social provisions have not kept up with this facet of medicine and the lag affects the aged more severely than other groups.

A lengthening life span, particularly for women, has resulted in larger numbers of old people who are widowed, separated from family and friends and who are frequently living alone. Both men and women in this increasing group present special problems, not only in providing suitable living arrangements but in assuring a wide range of supportive community services.

The increasing numbers of old people, the provision of suitable retirement income, and the range and quality of special services required for the infirm pose difficult economic problems. These are particularly significant when related to the rapidly growing number of children, their maintenance costs, and the expansion of educational facilities required to equip them for gainful employment. While it is not beyond the capacity of a wealthy country to provide adequately for both these large dependent groups it can only be accomplished through a steadily increased rate of economic activity. Under the best of circumstances it presents difficulties in deciding on priorities.

All these changes in social and economic conditions accentuate the interrelatedness of policies of various government departments and the importance of collaboration if an overall approach to the needs of the aged is to be taken. Current changes bring to the fore the increasing importance of policies and programmes within the responsibility of education and labour.

Basic Needs

The basic needs of a person at retirement age are the same as before. He needs an adequate income, suitable housing, and ready access to medical care facilities. He needs companionship, affection and a sense of belonging. He needs to feel useful and wanted in order to maintain a sense of worth and self esteem. Eventually he has a need to accept the increasing dependency that advanced age will inevitably bring.

If basic needs for good standards of income, living arrangements and medical care are securely met, most old people have sufficient resources within themselves to continue a satisfying life pattern. Their independence and integrity as individuals can be retained. In fact they may be able to take advantage of opportunities which were not open to them before. Through their own initiative and leadership they can be contributors to, as well as consumers of, services.

Only as the infirmities of advanced age become evident will special services be required to meet special needs. Some new nomenclature appears to be indicated to get away from categorizing all people over 60 or 65 as the aged, and thereby inferring that their basic needs present special problems. If these needs were met more adequately the incidence of special problems might be reduced substantially.

Income and Employment

Members of the Association, working in various settings, are frequently in touch with old people whose lives are severely restricted and whose sense of self esteem is weakened because of inadequate income. An adequate income

is essential to the individual old person, anxious to maintain his independence. The Association stresses the inequality which exists today whereby certain occupational groups are well protected through adequate retirement plans while others have little or no protection. Difficulties in accumulating personal savings for old age have long been recognized and these difficulties have greatly increased with current emphasis on consumer spending.

Too many people have to rely almost solely on the universal pension at 70, or old age assistance at age 65. Neither of these programmes can, in themselves, take note of the wide difference in what $75 a month will provide depending on family living patterns and geographical location.

The strengthening of retirement income provisions whereby old people throughout the country would be assured of additional income related to their previous earnings would greatly strengthen their ability to maintain independence and self-esteem. It could reduce to a minimum the necessity of income maintenance programmes on the basis of a means test. Until the problem of integrating an overall retirement plan within existing provisions for income maintenance is successfully resolved, the income needs of old people will continue to be met inadequately.

Because of the employment difficulties facing many people of middle age it appears essential that any approach to income give detailed attention to appropriate retraining programmes designed to assure continuous satisfying employment. This is important, not only to protect retirement income, but also because of the psychological satisfactions that continue to arise from work in our society. On the other hand, in view of the changes likely to arise from increasing automation it appears unnecessary to encourage people to remain in gainful employment beyond normal retirement age. Emphasis might well be placed on learning new skills and applying old ones which can contribute to society and to personal enjoyment without old people being attached to the labour market.

Housing and Living Arrangements

There is a direct relationship between inadequate income and poor housing for old people, particularly for the growing number of old people who are widowed and living alone. If total income is adequate most healthy old people can find for themselves the type of housing best suited for them. A large number of old people at the present time are thought not to have adequate income. If they give first priority to housing they frequently have insufficient funds for food, clothing, recreation and other necessary expenses. Social workers are frequently in touch with old people who are miserably housed in rented rooms with limited facilities because they cannot afford anything better. Many others with larger but still modest means are paying too much to retain decent housing to the detriment of other aspects of day-to-day living. There is an insufficient stock of suitable housing available at equitable rents in relation to income.

Most old people are living, and are going to continue to live, independently as long as they can. This is best for them and for society as a whole. Their health and well-being can be immeasurably strengthened if they have ready access to a variety of well-planned, well-designed low rental accommodation. Such housing should be planned with their needs always in the foreground. Accommodation for single people as well as for couples is required. Small projects as part of, or in close proximity to, family housing appear desirable for many old people like to be in touch with young people. A reasonably central location can give ready access to public transportation, churches, shopping, recreational, medical and other essential community resources. There is room for considerable variation in meeting the housing needs of both

single people and married couples, ranging from self-contained flats or apartments to the availability of such common services as meals and recreational facilities. In all public housing developments for the aged it is extremely important to plan projects with a pleasing design and as an integrated part of the neighborhood. This can facilitate a community of interest and remove feelings of separateness and isolation.

The small number of rental units for old people so far built under the National Housing Act raises a number of questions. There is need for more research in local communities to determine the actual extent of the need. What do old people themselves want in their living arrangements? To what extent do the rents which have to be charged in full recovery projects exclude the very people who need them most? Should greater emphasis be placed on providing rental subsidies or should priority be given to raising the income available to old people? Or is the community sufficiently aware of the housing problem of the aged to take advantage of existing legislation? How can local, provincial and national interests be so integrated as to present a well-developed social policy approach to the varied and complex factors involved in the provision of suitable housing for the aged? Members of the Association see daily evidence of unmet need but they do not know the full extent of the problem or the technical difficulties in providing housing. But until this basic need for suitable shelter is met fully many old people will not be able to enjoy a right they are entitled to and they will be handicapped in maintaining their independence and in participating freely as citizens in their communities.

General Health Services

Health is certainly not improved through insufficient income and poor housing. But even if these two basic needs were well provided for, the same situation would face old people as faces people generally: the high costs of adequate health care. A universal system of comprehensive health service, with no distinction in the range and quality of care based on ability to pay, would make an outstanding contribution to the well-being of old people. It would remove the limitations which are present in the existing medical care plans for public assistance recipients in some provinces and would enable many old people on modest incomes to make greater use of health and medical resources. It could do much to help old people stay healthy and thus enable them to feel more secure in continuing to live independently in the community. It could assure better integration between basic health care in the community and special health services when an old person may require temporary care either in hospital, or in an institution below the hospital level, from which he may return home.

The preservation of good health is particularly important if old people are to avoid the necessity, at a later point in their lives, of institutional care. The ability to carry out fully the recommendations of their doctors would be a decided help. Too frequently, to-day, the costs of such items as drugs, glasses and dentures is either a heavy financial burden or a matter of charity. The development of geriatric clinics could give old people easier access to essential health services. Increased attention to the training of medical, nursing, welfare and related personnel for work with old people could facilitate the application of new knowledge and skills in maintaining both physical and mental health. Emphasis on preventive measures is just as significant for the old as for the young. The goal is to have old people, to the fullest extent possible, enjoying independent living with a wide range of general health services readily available to them and the assurance of specialized services when and if they are required.

Leisure Time

The predominance of work as a central value in our society handicaps many people to-day in enjoying fully their retirement years. They have the *potential* for creative non-work interests but many need encouragement and help in maintaining and developing those interests which can be most satisfying for them. The problem is not one which can be met simply through the provision of organized recreational resources for the aged, valuable as they may be. A broader more diversified programme is indicated. Basically, the problem appears to require emphasis on creative, non-work interests for the entire population. The transition to leisure time on retirement then becomes a gradual process. At the present time much more attention needs to be given to preparation for retirement as well as to extension of leisure time opportunities through clubs and day centres.

Special Services to Meet Special Needs

Particular attention has been directed so far to those basic needs—income, housing, general health, and creative activity, all of which are common to people generally and where intervention by society through the state, or otherwise, is essential in order to underwrite the required services. There are other basic needs which also require intervention if they are to be met adequately, for example: recreation and companionship. But these are not quite of the same dimensions for the reasonably well old person living in the community. There is a greater scope here for the initiative of old people in choosing what they want in their own life patterns and in seeking out satisfying activities for themselves.

There will always be, however, some old people who have special problems and who need help in finding ways to resolve them. In such situations an individualized approach is imperative whether the problem relates to personal or family difficulties, recreation and companionship, or increasing inability to manage independently. Adequate income, housing and general health services, at this point, are insufficient to counteract the growing impact of the aging process. Special services to meet special needs are called for, depending on the particular conditions and circumstances of the individual. While the need for such services can be delayed or lessened through the effectiveness of basic programmes outlined above it is always present. It is in these areas that sensitivity to the feelings and outlook of the aged and skill in working with them is especially important.

Special Recreational Needs

Much of organized recreational programmes relate to a wide range of activities for active old people. Without minimizing the value and importance of these activities there is a need to give particular emphasis to encouraging old people who are withdrawn, isolated or friendless to continue previous interests, develop new ones and participate in activities which bring them into meaningful contact with other people. This does not necessarily require group programmes in clubs and day centres although day centres in particular can play a prominent role in concentrating on services for old people with special needs. Much can be done through the personal contacts of health and welfare agencies and voluteer visiting, through holiday outings, etc., to discover a base for new interests and for sharing these interests with others.

Old people who are increasingly home bound with physical infirmities should be assisted on a regular basis in getting out to centres where programmes are specifically adapted to their interests. Every agency and organization which is in touch in any way with old people can be alert to their leisure time needs, to facilitating the use of available resources, and to the possibilities

of extending services if existing ones are insufficient. Few activities lend themselves more favourably than creative leisure time pursuits to participation and involvement by groups of old people, given adequate leadership. The overall contribution of such programmes to the physical and mental well-being of isolated or infirm old people is invaluable. In a large city a small core of skilled professional staff backed by extensive volunteer help and effective community planning is essential if case finding, follow up service and programme content are to be maintained at a high level. In a small community a volunteer organization could meet the need. The goal is not to pressure old people into activities which they do not want but to create an atmosphere which establishes confidence and stimulates interest.

Helping Services in the Home

Many old people are likely to experience increasing illness and disabilities as they reach a more advanced age. It becomes more difficult for them to manage independently in the community or for their families to look after them. But this should not mean that institutional care is required. Much can be done to help the old person, or his family, manage more comfortably at home even when infirmities become severe.

Certain services such as visiting nurses are widely available now, largely in urban areas, working in close co-operation with physicians and hospitals. These services are usually drawn upon following an acute illness and may be required for either brief or extended periods. Visiting housekeeper services are equally important but the existing coverage is extremely small. In some communities volunteer visitors are performing a variety of helpful services. Counselling services through social agencies are available to only a limited extent, and mainly in large centres of population.

More attention should be directed to providing a stronger and better integrated pattern of services which can be called on when needed and which is widely recognized by all health and welfare organizations as an indispensable middle programme between fully independent living and institutional care. A focal point is required in each community for providing information and interpretation, for assuring that individual requests are examined carefully and that essential services are available. In some instances only one of several services may be required for either a brief or extended period. Other cases may require a co-ordinated approach to organized home care involving the hospital, the physician, the visiting nurse, the social worker, housekeeper services and special rehabilitation aids. Only when this approach proves inadequate, or where the old person prefers residential or institutional care should other plans be made.

A well organized approach to providing a flexible and varied range of skilled help in the home can assure greater comfort and support to many old people, provide for more satisfactory care, and at the same time relieve pressure on institutional beds. It requires a close liaison with both hospitals and other institutions. In certain cases it may be preferable for the patient to be in a convalescent home, or halfway house, following hospitalization before returning to his own home. A short stay in such an institution may be indicated in order to give the family some relief from its responsibilities. Given well-organized home care resources a variety of patterns can be worked to bridge the chasm that so often exists between the institution and the community. In this way institutions will come to be regarded as an integral part of the community and not something strange and apart.

Institutional Care and Nursing Homes

Only a small proportion of old people require institutional care. The number would be even smaller if the above proposals were fully implemented. But this in no way minimizes the importance of such care. In fact, it should

help institutions to develop and maintain the high quality of service which is required to meet the special needs of their residents. The position is taken here that no old person should be obliged to reside in an institution unless it is clearly indicated that such care is the best way to meet the health and social welfare needs involved. The well-being of the individual old person basic.

Residential institutions which have traditionally cared for well old people have been finding for some time now that applicants apply at a more advanced age than formerly and at a point where they need considerable help because of failing health. Many such residential centres are finding that they must extend their services to meet the needs of the very infirm, or assist residents in moving to institutions organized to provide more intensive care. Once an old person required living arrangements calling for continuous protective care in an institution, below the hospital level, it is preferable to have the necessary care provided without the person having to be removed to another institution at a later time.

A new alignment of institutional services appears indicated. There is a continuing need for the residential group home where old people are well enough to be at least semi-independent. The larger residential institution on the other hand may find it desirable to provide more extensive services and continue to care for residents with fairly severe infirmities. There could be an understanding that there would be access to public institutions fully equipped to provide for those requiring care for either temporary or extended periods. Much is already being done by several provinces which fits in with the above trends.

Nursing homes represent one of the weakest links in the array of institutional services required to meet the special needs of infirm or mentally confused old people. Licensing and supervising of such homes are very uneven and standards of care fluctuate a great deal. Some maintain excellent standards, others have neither the facilities nor the staff to meet their responsibilities adequately. The answer would appear to rest with strict and continuous supervision in conformity with standards set by the provinces.

The availability of institutional services of good quality covering a variety of special needs is important for old people who cannot live independently, even when supported by helping community services, and for whom normal residential care is no longer suitable. It is important, also, for old people leaving either general or chronic hospitals who are not well enough to return to their own homes, even though they do not need further hospital care. Effective liaison between community services, hospitals, and institutions is essential at all times in order to assure that the patient receives the type of care best suited to his needs. Within institutional arrangements the goal can become one of achieving maximum rehabilitation and the return of the old person to the greatest degree of independent living which his condition warrants. In this way no institution will be looked upon as providing terminal care. Emphasis would be on the potential for healthy functioning, despite the presence of disabilities.

Other Types of Specialized Living Arrangements

Carefully selected and supervised foster homes can provide satisfying living arrangements for some old people who would not be happy within an institutional setting and who need more services than can be provided in their own homes. At all times such a programme requires an individualized approach and strong supporting community services. The same approach is called for with respect to small group boarding homes. These resources can be a valuable alternative to institutional care. They can enlarge the element of choice which is just as important for the old person with special needs as for the self-sufficient old person.

Research and Planning

The Association recognizes a need for continuous research as a pre-requisite for effective long range planning. Insufficient detail is available on patterns of income for the aged; employment, unemployment and re-training needs; how old people actually manage in various communities; their own ideas about minimum living standards, housing and living arrangements, medical care, supportive community programmes and provisions for specialized services; and skills required by people working with the aged. Research, planning and co-ordination relate to all levels of government and to voluntary agencies as well. Leadership is equally important at all levels. It is hoped that the forthcoming national conference on aging will be able to direct attention to ways and means whereby an integrated approach can be developed on research and planning which will be mutually helpful in clarifying the degree of responsibility to be carrier in these important areas by different levels of government, either directly or in co-operation with voluntary co-ordinating organizations.

APPENDIX "S"

SASKATOON WELFARE COUNCIL SUBMISSION TO THE SPECIAL COMMITTEE OF THE SENATE ON AGING

Saskatoon, Saskatchewan March 18, 1964

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SASKATOON WELFARE COUNCIL SUBMISSION TO THE SPECIAL COMMITTEE OF THE SENATE ON AGING

Introduction

1. The Saskatoon Welfare Council is grateful for this opportunity to submit a brief to the Senate Committee on Aging. The Council has a membership of 74 federated organizations many of which are concerned either directly or indirectly with the welfare of older people.

2. The city of Saskatoon is often referred to as the Hub City because of its location in the central part of the province. It serves a wide rural area commercially and culturally, and in providing institutional care.

3. In July 1963 a public committee, set up under Saskatchewan Government, completed a three-year survey of matters pertaining to the aged and the chronically ill in the province. Their report has been printed and a copy is now in the hands of the Senate Committee*. This contains a comprehensive survey, at the provincial level, on such subjects as housing, economics, health and welfare, education, and leisure time activities as they relate to those citizens who are over 65 years of age. It is the intention of this brief therefore to direct attention to conditions in Saskatoon and the surrounding area. The situation in the city will be more readily understood if viewed against a background of relevant circumstances peculiar to the province.

I. DISTRIBUTION OF THE AGED

4. It is a truism that numbers and proportions of aged in any population group set outer limits to the magnitude of problems of the aging. Thus the fact that there were 55 per cent more persons over 65 years of age in proportion to Canada's population in 1961 than in 1901 (7.7 per cent of the total in 1961 compared with 5.0 per cent in 1901) is an obvious if rough indication of a substantial increase in the need for attention to aging persons. These figures, however, are national averages and disguise the fact that the aging are not equally distributed throughout the population as a whole but rather tend to congregate unequally in the various provinces and in different localities within a province. Furthermore, the areas of concentration change from decade to decade due to population movements and migrations which typically involve some age groups more than others.

5. Population movements in Saskatchewan and between Saskatchewan and other parts of Canada are similar to those elsewhere but for the past thirty years have, if anything, been more extreme. The movement from rural to urban centres has been more pronounced than in other provinces. As for interprovincial migration, where other provinces had an inflow of people from overseas or from other parts of Canada, Saskatchewan from 1930 to 1960 provided a massive outflow as spectacular almost as the inflow into the province during the thirty years before.

6. The population of Saskatchewan was almost exactly the same in 1961 as it had been in 1931 (922,000 in 1931; 925,000 in 1961). This was in spite of a total excess of births over deaths ("natural increase") in the three decades of more than 442,000. After 1931 the population of the province rose slightly to a peak of 931,000 in 1936, declined by 100,000 over the next ten years and

*Province of Saskatchewan, *Report of the Aged and Long-Term Illness Survey Committee* (Regina: Queen's Printer, 1963).

began to increase again only in the 1950's, recovering in this decade the 100,000 lost after 1936. Over the thirty-year period ending in 1961 the outflow of population from Saskatchewan was so large as to offset the entire natural increase as well as the trickle of annual immigration which persisted throughout. Even during the 1950's the net outflow of people from the province (78,000) approached one-half of the excess of births over deaths. Births exceeded deaths by 171,500 in Saskatchewan from 1951 to 1961 but the increase in population was only 93,500.

7. Since migration involves age groups selectively it is not surprising that the proportion and location of aging in Saskatchewan are not fairly portrayed by national averages or by data from other provinces. Table I indicates that when the latest census was taken (June 1961), 9.2 per cent of Saskatchewan's population were 65 years of age or over. This was one-fifth higher than the national proportion (7.7 per cent), vastly greater than the lower extremes existing in Newfoundland and Quebec, and roughly comparable with Manitoba. The Saskatchewan proportion fell short of the two extreme top figures of 10.2 per cent in British Columbia and 10.4 per cent in Prince Edward Island, but shared with these two provinces the honour of having more senior citizens in proportion to population than any other part of the country.

TABLE I

Population 65 Years of Age and Over, 1961

	Numbers	*Per cent of Total*
Canada	1,391,154*	7.7
Newfoundland	26,895	5.6
Prince Edward Island	10,930	10.4
Nova Scotia	63,417	8.6
New Brunswick	46,917	7.8
Quebec	306,301	5.8
Ontario	508,073	8.1
Manitoba	83,288	9.0
Saskatchewan	85,570	9.2
Alberta	93,078	7.0
British Columbia	165,616	10.2

*Includes 1,089 in Yukon and the Northwest Territories.
Source: *Census of Canada 1961.*

8. Much closer examination would be needed to determine the essential characteristics of each provincial group of aging. It can readily be suggested, however, that the circumstances of elderly people in the three provinces with the highest proportions of elderly (British Columbia, Prince Edward Island and Saskatchewan), and the extent to which they are effectively integrated into their respective provincial communities, is by no means the same in the three cases. British Columbia has long attracted persons about to retire, from many parts of Canada but particularly from the Prairie Provinces. Those who go are not necessarily wealthy—although wealth seems to be no bar to residence in British Columbia—but they are more likely to be modestly self-sufficient than impoverished. They still have their special needs, but dire poverty is not likely to be the prime consideration.

9. In Prince Edward Island the situation is clearly different. The aging group there do not represent a gathering from other parts of the country, but rather a residuum. They are those who have stayed behind when the younger people left the province to seek employment. The high percentage of

older folk in the province does not mean that there are so many of them but rather that there are so few of the young. The selective process of emigration from the Island which has left the elderly behind is not a new development: it can be traced back to the beginning of the century if not to Confederation and beyond. The aging in Prince Edward Island may not be wealthy, or, in many cases, even modestly well off. It is not unlikely, however, that from a century of experience in caring for a greater-than-average proportion of aging, the Islanders have developed attitudes and usages wherein aging and the aged are regarded as an integral part of life rather than an unfamiliar social problem.

10. The comparatively heavy concentration of elderly people in Saskatchewan is not alleviated by either a high proportion of economic independence, as may be the case in British Columbia, or by long experience in the province in caring for them. People do not retire *to* Saskatchewan as to British Columbia, and many Saskatchewan residents who can afford to care for themselves in reasonable comfort go elsewhere on retirement. The elderly group in Saskatchewan contains a heavy proportion of people who could not afford to retire in a more equable climate. In a more general sense, they, like their counterpart in Prince Edward Island, are a residuum of processes of emigration. In Saskatchewan, however, the processes are new and have not continued for more than three decades at the most.

11. Table II shows something of the results of migration on the age distribution of Saskatchewan population as compared particularly with Prince Edward Island and, to a lesser extent, with British Columbia. Prince Edward Island already had an exceptionally high proportion of elderly people by 1901, and the proportion increased thereafter. In British Columbia there were relatively few elderly people until the 1930's but a high proportion was reached by 1941 and continued to increase. As for Saskatchewan, the proportion of elderly in the total population was very low—at times less than one-half of the national average—until after World War II. By 1951, however, two decades of exodus of young persons from the province in search of economic opportunity had raised the proportion of the over-65 age grup in Saskatchewan, largely by-passed by the heavy population outflow, to a level greater than the national average. The continued emigration of the 1950's served only to raise it higher still.

TABLE II

Per cent of the Population Over 65 Years of Age in Canada and Selected Provinces, Census Years, 1901 to 1961

	1901	1911	1921	1931	1941	1951	1956	1961
Canada	5.0	4.7	4.8	5.6	6.7	7.8	7.7	7.7
British Columbia	2.5	2.2	3.5	5.5	8.3	10.8	10.8	10.2
Prince Edward Island .	6.8	8.4	9.6	9.9	9.4	9.9	10.4	10.4
Saskatchewan	2.6	3.1	2.3	3.4	5.2	8.1	8.9	9.2

Source: Calculated from data in *Cenus of Canada 1961.*

12. With but slight exaggeration it can be said that old age came to Saskatchewan only recently, it came suddenly, and it found the province and its comunities largely unprepared. Extra effort is therefore required to equip society in the province with attitudes, usages, and institutions which communities with longer experience in such matters have accumulated through generations of response to persistent needs. Novelty, on the other hand, possesses the compensation of challenge, and it would be surprising and dis-

appointing if from the inexperience in Saskatchewan there did not emerge some imaginative new answers to a difficult set of problems.

13. Since the care of elderly people falls in the first instance on local communities and the governing bodies of the areas where they reside, it is important to note where, in fact, they do reside. They are not equally distributed between rural and urban communities, nor are they located in the various types of locality in the same proportion as are other age groups. The Canadian census recognizes three main types of communities: urban, rural non-farm, and rural farm. In general terms, urban dwellers are those who live in cities and towns with populations of over 1,000; rural non-farm inhabitants live in villages and hamlets with less than 1,000 population; and rural farm residents live on farms.

14. In 1961, Saskatchewan cities and larger towns had a slightly greater concentration of older people than of other age groups. That is, 43 per cent of Saskatchewan's population as a whole was urban in 1961 while at the same time 45.5 per cent of the over-65's lived in urban centers. This is only a slight and inconsequential discrepancy.

15. When, however, we turn to consider Saskatchewan's "rural" population and its distributions between farm and non-farm dwellings, we come upon the striking fact that elderly people are congregated very heavily in the latter. This may not be surprising but it reveals a great deal—much of it far from reassuring—concerning the lot and circumstances of the elderly folk in the province. In 1961 one-quarter of Saskatchewan's population lived in non-farm rural communities, that is, in villages and hamlets; of the over-65's in the province, one-third (32.8 per cent) were there.

16. Table III shows more clearly the extent to which older people in Saskatchewan are congregated in villages and hamlets. Throughout the province as a whole, every eleventh person was over 65 years of age in 1961; in the villages and hamlets, every *eighth* person was a senior citizen. Table III also shows that the situation in Saskatchewan is much more extreme than in other parts of Canada and accordingly calls for special attention.

TABLE III

Percentage of the Population in Each Type of Community over 65 Years of Age in 1961

	Total	*Urban*	*Total*	*Rural*	
				Farm	*Non-Farm*
Canada	7.7	7.7	7.7	6.5	8.3
Saskatchewan	9.2	9.8	8.8	6.1	12.6.

Source: Calculated from data in *Census of Canada 1961.*

II. CLIMATE AND THE AGING IN SASKATCHEWAN

17. There may be places in Canada where climate is nearly ideal for the elderly, but Saskatchewan is clearly not one of them. Located in high latitudes in the heart of the continental land mass, at almost maximum distance from surrounding oceans, the most striking single characteristic of the province's weather is its extreme variability. Geographers say that we live in the north *temperate* zone, but there is little that is temperate in our climate.

18. Records from fifty-odd weather stations throughout Canada for periods up to a century show Regina with the highest single official reading, 110 degrees, and Saskatoon and Prince Albert with temperatures on occasion of

103 and 104 degrees. Saskatchewan points have not had the coldest days in Canada, but Prince Albert officially registered 70 degrees below zero at least once, and Saskatoon and Regina report record lows of 55 and 56 below. The range between these extremes of high and low are exceeded in few places in Canada. The spreads at Prince Albert (173 degrees), Regina (166 degrees), and Saskatoon (159 degrees), can be compared with those at Ottawa (140 degrees), Toronto (131 degrees), Montreal (126 degrees), Victoria (97 degrees), and Vancouver (90 degrees). The extremes do not, of course, occur in Saskatchewan every year, but the typical variations between winter lows and summer highs average 135 to 140 degrees. While moderate seasonal variations in temperature may well be envigorating to young and old alike, healthful reaction gives way to tolerance and this in turn to sheer endurance long before the temperature extremes are reached.

19. The heat of summer undoubtedly kills more old folk outright in the settled parts of Canada than does the cold of winter. Even inadequate housing usually permits survival through a cold snap of short duration; but there is little escape from the effects of a prolonged heat wave. Here Saskatchewan's aridity offers some measure of compensation, for high summer temperatures on the plains are seldom accompanied by the atmospheric humidity so devastating to elderly people in various parts of the country. Old people in Saskatchewan probably do not find the typical summer as trying as do their contemporaries in much of Ontario and Quebec. Their trial is far greater in the winter, and although realatively few perish from exposure, the typical Saskatchewan winter is for many of them little short of a maximum test of endurance.

20. Duration of winter conditions, persistence of low temperatures, and the frequent recurrence of high winds are the chief reasons why this is so. Statistical demonstration of these circumstances would be difficult, and detail is unnecessary. Two or three comparisons may suggest relevant differences. Saskatoon, for example, averages a frost-free period or growing season of 104 days a year, and Regina, 93; in contrast, in Toronto the average frost-free summer interval is 165 days; in Montreal, 172; in Vancouver, 218; and in Victoria, 282. A comparison of January temperatures gives an imperfect but partial hint of the importance of this factor. The average January temperature in Saskatoon is 1 degree and in Regina 2 degrees above zero, while the corresponding figure for Toronto is 25 degrees and, for Vancouver, 38. However, neither the duration nor the severity of the Saskatchewan winter would be nearly as trying were it not for the high winds so characteristic of the open prairies.

21. Winds recur the year round in Saskatchewan but low temperatures and the common accompaniment of drifting snow make the gales of winter particularly hazardous and, for older people, wearing in the extreme. People without the full vigour of youth who could nevertheless go about quite freely in calm winter weather, may for days on end be house-bound because of physical inability to battle winds of 15, 20 or 30 miles an hour. Physicians advocate walking as a moderate, balanced form of exercice even for the elderly, but, in Saskatchewan at least, they caution many against trying to fight the wind.

22. Saskatchewan winters are hard on elderly people wherever they live in the province but are generally worse for rural than for urban dwellers. Those who live on farms may be confined to their homes for weeks at a time. However, the most vulnerable of all are probably not those on farms but, rather, those in villages and hamlets—in the "non-farm rural" areas of the census classification. Old people are not ordinarily abandoned to solitary

existence in a farm house throughout a Saskatchewan winter. If they do remain there it is usually in the care of family. But there is an assumption that a village provides company and renders isolation and neglect unlikely if not impossible. In 1961 there were 28,000 persons over 65 years of age living in Saskatchewan villages and hamlets, 15,500 of them men and 12,500 women. Every eighth person in these communities was over 65 years of age. Some of them lived with their families or were married couples living in their own homes; a few of them boarded in private homes or country hotels; a large proportion of them were widows or widowers living in houses by themselves.

23. Few Saskatchewan villages or hamlets are well suited for winter residence by elderly people, particularly for those who live alone. These small centers combine many of the worst features of relatively new settlements with the characteristics of communities largely by-passed in recent years by progressive change. Their youth must seek employment elsewhere, and farmers retiring from surrounding areas settle in cities and larger towns or, if they can afford it, move to "the Coast". Practically all buildings in the villages are of frame, with wood or stucco exterior, and houses, many of them long neglected, are cheap to rent or buy and thus tempt the elderly in straitened circumstances. Electric light and telephone are usual, but few of these communities have running water or indoor plumbing. The provincial government has recently introduced a plan to assist in the installation of these rudimentary conveniences, but accomplishment is slow and it is certain that many of the elderly cannot afford either their allotment of the initial capital outlay or the tax burden associated with the finished project.

24. Few of these communities have hospitals or resident doctors. Routine as well as emergency medical care may not be available within twenty or thirty miles. The disappearance of the passenger train and the practical obliteration of branch lines as envisaged with such philosophical detachment by the MacPherson Royal Commission on Transportation will leave the smaller centers isolated except for the automobile and, for some of them, the bus. This may be of no great economic importance in the long run, and may even cause but little immediate inconvenience to the young or to family groups for whom the daily operation of a motor car is possible and indispensable. But many of the elderly do not operate a car and are completely stranded except for the good offices of friends.

25. These strictures on the amenities of life in the typical prairie village relate only to the circumstances of the elderly and only to the winter season. The young folk create their own diversions and, particularly in winter, they have an abundance of amateur sport and other activity. For the elderly, village life can be pleasant and thoroughly satisfying in any season other than winter. Except during the winter months, companionship and informal sociability are available, there can be much or little gardening by individual choice, and there is the possibility of being outdoors almost at will. For economical and comfortabel living for the elderly, in an effective and satisfying community environment, there is much to be said for the Saskatchewan village during perhaps six months of the year. For the remainder of the year it is quite a different story.

III. HOUSING

26. Housing sought by elderly people is as varied as that desired by any age group. As long as older people are physically, mentally and financially able to maintain their own homes, with or without home care and ancillary services, they should certainly do so. Aged persons have to make a choice whether they will live in their own home or with relatives or in an institution. They will

not want to be isolated from relatives or friends, particularly since many will have already lost contact with their occupational associates. They will need, as do people of all ages, suitable living environment where each individual has an opportunity to develop interests, abilities and skills.

27. In this section of the brief we are primarily concerned with the 61 per cent of the over-65 population of Canada who, according to a report from the Dominion Bureau of Statistics for 1962, are living, or existing, on $1,000 a year or less and therefore have little choice in accommodation or way of life. These are the old people who inhabit the cheapest lodgings in down-town blocks and old houses; and many of them are entirely dependent on government pensions. Growing old without the basic protection of adequate shelter, food, and drugs only serves to increase the anxieties of the elderly and their concern about their future.

28. For many old people, independent living even in cheap quarters is not possible. The worry, confusion and uncertainties of aging make sheltered housing not only desirable but necessary. We are particularly concerned here with the city of Saskatoon but since 55 per cent of Saskatchewan's population over 65 is rural, Saskatoon serves a wide trading area as well. In this city at the present time we have the following low-cost housing:

(*a*) 4 projects of self-contained units with accommodation for	280 persons
(*b*) 4 homes, hostels and lodges providing domiciliary accommodation for	215 persons
Total	495 persons

Two other lodges provide 188 elderly people with care ranging from domiciliary to skilled nursing and the numbers in each category change constantly. Flexibility is essential for this age group and the combined effort of governments and voluntary agencies is necessary so that the kind of care required is available when needed.

29. The Saskatchewan Aged and Long-Term Illness Survey Committee, in their report and recommendations to the provincial government stated:

> . . . the quantity of low-rental housing built through support of public funds should not exceed 10 per cent of the population aged 65 and over in the area to be served.

At first glance it might appear, therefore, that Saskatoon with space for 495 persons has roughly half the domiciliary accommodation required for a city with approximately 10,000 of its population over 65. However, the number of beds available to Saskatoon elderly amounts to only about 50 per cent of the total accommodation built so far because of the demands of non-residents. In one lodge this year, for example, the proportion of out-of-town elderly reached as high as 65 per cent. Every hostel has a waiting list of acceptable applications on file and often a year or more passes before the applicant is admitted.

30. In calculating the total low-cost housing required for persons over 65 in the city of Saskatoon, it is necessary first to determine the "area to be served". To base the number of hostel beds needed only on a percentage of the *city's* population over 65 is inaccurate and does not take into account two factors: (*a*) rural elderly tend to converge on larger cities where better services are available, when they are unable to maintain their own homes; and (*b*) an elderly person from any part of Canada can qualify for admission to a hostel in Saskatoon if relatives have already established residence here.

31. Cities such as Moose Jaw and Swift Current where the proportion of elderly is much greater than the provincial average (11.9 per cent and 12.3 per cent respectively) are also under great pressure to provide low-cost housing of both self-contained units and domiciliary care. Like Saskatoon their backlog of applications for permanent accommodation in hostels and lodges prevents the acceptance of elderly people who urgently need this kind of low-cost housing.

32. Churches and service clubs in Saskatoon which would build and operate hostels for elderly people hesitate to do so within the regulations currently governing loans from the Central Mortgage and Housing Corporation. The National Housing Act passed in 1945 and revised in 1954 provides for a loan to a limited dividend company, for the construction of housing for the elderly, up to 90 per cent of the lending value. The Saskatchewan Government makes a grant of 20 per cent for non-profit housing companies, such as churches and service clubs, which must also contribute a minimum of 8 per cent, and the Central Mortgage and Housing Corporation's loan is 72 per cent. At the present time it is impossible to obtain this 72 per cent loan to build a hostel, unless semi-detached units are also built and equal in number the hostel beds. In the Jubilee Residences and Mount Royal Lodge, built in Saskatoon on this plan, experience has shown that where a couple occupy a single unit, on the death of one partner, the other is offered hostel accomodation to free the unit for another couple. In this way the hostel has a waiting list from its own units, thus restricting the number of other applicants.

33. We understand that a change in the Central Mortgage and Housing Corporation regulations is to be considered at the next session of the Federal Legislature which would provide for an extension of loans to cover the building of hostels without semi-detached units. This would encourage non-profit organizations to build sheltered housing which would offer varying degrees of care for the ambulant elderly.

34. Any new housing for elderly people should be planned with regard for the overall pattern of city growth and development. The present haphazard fashion prevalent in Saskatoon is to be deplored.

35. In consultation with people working closely with elderly persons some suggestions emerged:

(*a*) Community co-ordinated planning is necessary for the proper distribution and placing of new homes and lodges.

(*b*) Homes for elderly should be located near shopping facilities, laundries, branch libraries and recreational facilities.

(*c*) In new hostels, at any rate, occupants could be allowed to furnish their own rooms (it is a well-known fact that older people cling to their possessions). This would make the transition from their own home to a hostel easier and reduce the cost of furnishing a hostel room.

(*d*) If more small lounges with kitchenettes were built in new lodges, ambulant oldsters could look after their own breakfast and supper, with the lodge providing a good hot meal at noon. For many old people this independence would be welcome and might also serve as a form of occupational therapy.

36. One suggestion concerning low-cost housing for independent living is the development, as a municipal project, of large apartment blocks with units for elderly couples and single persons. If recreation rooms were included

in the planning of these apartment blocks, the aged would have facilities for use in their leisure time as well as for association with new friends.

37. A new kind of low-cost housing is also needed in Saskatchewan cities to aid rural elderly to remain for a longer period of time in their own homes. Of the 55 per cent of Saskatchewan's senior citizens who live in rural areas, one third are on farms and two thirds in hamlets, villages and towns of under 1000 population. Many of these older persons face a dilemma as winter approaches. They are proud, independent, pioneer folk who do not want to be deprived of their homes and are not ready to spend the rest of their days in an institution; but they cannot face the five or six months of severe cold, strong winds and heavy snow of a Saskatchewan winter, or the loneliness of isolated dwellings. If some kind of winter low-cost housing were available many elderly people could, during the milder weather, happily maintain their own homes for years to come. Summer tourist motels might be used in this way during the cold winter months. Built on street level and often with dining room attached they would offer a maximum of independent living with the companionship and security of a hostel. Motel accommodation would need to be subsidized on the same basis as other low-cost housing.

IV. HEALTH AND INSTITUTIONAL CARE

38. By the end of 1963 Saskatoon had a population of approximately 108,000 and nearly 10,000 of these were individuals 65 years of age or over. The question naturally arises how many of these require institutional care. The answer is not readily available since many beds in both hospitals and nursing homes are occupied by out-of-town patients. In the provincial survey it was revealed that 95 per cent of oldsters live in the community and only 4.6 per cent in institutions. It is a fact, however, that Saskatoon has become the leading medical center for the province and as such it carries a heavy load of sick and elderly citizens for whom accommodation must be provided.

39. At present there are five nursing homes in the city providing basic nursing care and, in addition to these, there is the Provincial Geriatric Centre. Two of the nursing homes are church operated and the remainder are under private boards or corporations. These have a total of 323 beds but, unfortunately, they do not all provide a program of rehabilitation. There is also a new Veterans Home being erected which will contain 75 beds. In spite of what appears to be an adequate proportion of nursing-home beds per capita there are long waiting lists for each one due to the increasing demands of a wide rural constituency.

40. Leading medical advisors urge that long-term care units be established in general hospitals to care for elderly patients who have passed the acute state of illness and who are not yet able to return to their homes. Here it would be necessary to check the discharge policy at frequent intervals to prevent these becoming terminal care units. To obviate this difficulty a "half-way house" should be established on an experimental basis to act as the third step in the convalescence. Many elderly patients have to be retained in hospital longer than necessary because they have not regained sufficient physical strength to perform such functions as bathing, dressing, etc. with the independence required of them in sheltered accommodation, in hostels, or even in their own homes. A half-way house would assist them to return to normal life by temporarily providing a minimum of care while at the same time relieving the pressure on hospital beds. Institutional care should be provided only as long as it is needed.

41. This Council feels that it is most important to keep elderly people in the community as long as possible, both for their own happiness and to avoid over-building of institutions.

42. Since many of the difficulties experienced by older people are social as well as medical their solution ought to be the joint responsibility of a social case worker in cooperation with medical advisers. A coordinated program of ancillary services on a broad basis is necessary to achieve this end. In Saskatoon a pilot project of Organized Home Care has been undertaken by Dr. T. E. Hunt at the University Hospital. As Dr. Hunt has been asked to submit a brief on this to the Senate Committee it will not be necessary to make more than a passing reference to it here. The suggestion of expanding such a program under a central administrative bureau offers exciting possibilities. This might include visiting nurse service, physiotherapy, housekeeper service, telephone call service, meals-on-wheels, volunteer visiting, and a loan cupboard to provide expensive sick-room equipment for use over long periods of time in the home.

43. The Saskatoon Welfare Council is compiling a list of community services for senior citizens to be used by doctors, social and welfare workers, the clergy and other professional groups. It is becoming increasingly apparent that a central administrative bureau is necessary to coordinate the efforts of voluntary organizations, to prevent over-lapping in some areas and to stimulate interest in others, to promote public education and to provide a counselling service. A program of this magnitude is beyond the ability of voluntary organizations to initiate and would therefore require a grant or subsidy from senior governments. It would also necessitate the training of more nurses, homemakers and other personnel in the field of gerontology.

44. In the event of illness the elderly patient, like all others, is dependent on the advice of his own doctor. Here the general practitioner or family physician is of the utmost importance as his knowledge of the individual is extremely valuable in recommending an appropriate course of treatment or in providing referrals to other services. It is advisable that, wherever possible, he should remain in charge of the patient throughout the course of the illness.

45. In spite of the wide range of services available to patients in the home there still remain a large number who require institutional care and, as previously stated, there is an acute shortage of beds for the long-term ill. It is therefore recommended that grants to cover 50 per cent of approved costs of construction be provided by the senior governments for the construction of non-commercial nursing homes. Church groups, voluntary organisations and municipalities might thus be encouraged to sponsor building projects in sections of the community where the pressure is greatest.

46. One final word should be spoken on behalf of those elderly people whose need for drugs make the burden of cost insuperable. In Saskatchewan, one-half of the cost of prescription drugs is paid for: (a) Those on Old Age Security Supplemental Allowances; (b) Those receiving Aid to Dependent Families; and (c) Recipients of Blind Persons Supplemental Allowance. There are many in the old-age category whose income is just sufficient for basic needs and who therefore do not qualify for assistance in purchasing drugs. These are often folk whose need for drugs is on a continuing basis. In some cases they refrain from seeking medical advice or neglect to have prescriptions filled because the cost is prohibitive.

V. RECREATION

47. There are some 10,000 citizens of 65 and over living in Saskatoon. A few of these have independent means, their own group of friends, and can afford to go south for the winter. There are many more who live alone on a very small income with little, if anything, more than their old age pensions, and who must face long winter months with few social contacts. They are often to be found whiling away the hours in stores or in public waiting rooms in the station or bus depot where they can sit and watch the world go by and feel themselves still a part of the community. From this group, recreation or any form of entertainment, to be of any use, must be easily accessible and very inexpensive.

48. Some years ago the Cosmopolitan Club of Saskatoon erected a Center for Senior Citizens on the south-east side of the city. This is subsidized by the United Appeal and a grant from the city. There is an untrained director who has organized handicraft groups, a physical fitness class, a drama group and a choir. Whist drives and dances are also popular features. On the south-west corner of Saskatoon the Pensioners and Pioneers have bought a hall which they have converted into a social center for their 600 members. They are financially independent except for the proceeds of their annual tag day, and their entire program is planned and executed by the members themselves.

49. In September 1963 another recreational center for senior citizens was opened in the central part of the city. This is sponsored by a United Church in the downtown area where many old people are living in one-roomed apartments and rooming houses. It is conducted on a weekly basis and is entirely non-denominational. Games, tea and a sing-song are held in the church hall and supervised by church members. There is no membership fee and the food costs are covered by small donations from those who attend. This was begun on an experimental basis and has proved so successful that it is hoped other churches will undertake similar projects, for the need for more recreational outlets is imperative.

50. Carpet bowling is a favorite pastime with older folk and some five or six city churches have teams which include members over 65 years of age.

51. At present there is a lack of outdoor summer activities suitable for senior citizens. The Council of Crippled Children and Adults conducts a camp for two weeks at a provincial summer resort but this is designed for handicapped old people. There is need for a similar institution for active, healthy oldsters who would welcome the informality and friendliness of camp life.

52. There is also need for community projects involving older people. Many retired folk are in good health and eager for a share in civic and church affairs. They have demonstrated their ability in music, drama and reading groups and are often resentful of programs designed for their benefit by younger people with little knowledge of their actual need. We believe that many of our elderly citizens can be challenged to assume a real and important share in planning the future for their own generation and the generations to come. No doubt, given an opportunity they will prove able and eager for the task. Community responsibilities are not only a necessity but a preventive measure against social deterioration.

VI. COUNSELLING

53. As far back as 1948 a recommendation from the Senior Citizens Division of the Saskatoon Chest and Council stated that a trained social worker should be found and that he should, "devote his time to the well being of

elderly people and (to) provide recreational leadership." Later in 1961 the newly organized Saskatoon Welfare Council, in a brief survey of the needs of the elderly, strongly urged that a social worker trained in group work be established in the Senior Citizens Center with responsibility for developing counselling and referral services for all the elderly people of the city, and for co-ordinating the various groups and activities of senior citizens. This recommendation was presented to the Board of the Senior Citizens Center but was not acted upon.

54. The limited amount of counselling service available for the over-65's in Saskatoon, from the Family Service Bureau and the Catholic Welfare Society is not sufficient to meet present needs. These organizations are not equipped to handle the volume and diversity of requests in matters relating to older persons. This problem will become more pressing as the number of elderly people increases. During the preparation of this brief, in interviews and in consultation meetings, the urgent need for counselling service was expressed repeatedly by supervisors of hostels, nursing homes and recreation centres; by doctors, government officials, senior citizens themselves. Although we believe this problem to be an urgent one we have so far made no headway in solving it. One obstacle we have encountered is the lack of good relationship between organizations of senior citizens. There is, of course, the difficulty of obtaining staff trained in this field of work and in financing an adequate salary. There seems to be no clear-cut policy of financial responsibility in this area; and so far there has been no attempt to determine the role of governments and voluntary agencies.

VII. EMPLOYMENT

55. During the early decades of the twentieth century western Canada was regarded as the country of youth. "Go West, young man" became a frequent admonition and many heeded the lure of adventure on the prairies and in the Northland. Forty, fifty and even sixty years later these hardy pioneers have become our respected senior citizens whose welfare we seek to promote.

56. Our difficulty is that many adjustment problems of aging result not so much from declining capacities as from social and economic rules requiring the individual to give up certain forms of participation when he reaches a prescribed age. This is particularly true in the employment field where an arbitrary retirement at age 65 is the accepted pattern. The average person either young or old seeks to retain his independence. With the great advance in medical science and mental health the productive life span is increasing, and ritualistic observance of an arbitrary retirement age is in many cases absurd.

57. The ultimate goal is creative aging and this can only be accomplished in an atmosphere of social and economic acceptance. Loneliness and diminishing self-respect through lack of employment inevitably lead to physical deterioration. In spite of this, interviews with personnel managers and employment department officials revealed a singular lack of imagination in providing work for senior citizens or even in pre-retirement education. One firm stated that they do not hire any permanent employee over the age of forty-five. The inflexibility of pension schemes seemed to preclude the hiring of older workers whose remaining work days would not build up sufficient equity. The National Employment Office reports that only fourteen local employers have made use of the federal government subsidy of $75 a month in using older employees. These have all represented small firms with only a few workers on staff. Portable pensions had not been used by any of those interviewed. There appeared to be need for reassessment of work programs to discover jobs suited to older people.

58. According to the Dominion Bureau of Statistics, out of the total population of Canada aged 65 and over, 61 per cent have a cash income of less than $1000 per year. The Saskatoon Welfare Council is convinced that research into the potential work capacity of those nearing retirement with a view to prolonging their productive years would amply repay its cost not only in productivity but, more significantly, in healthy and contented lives. This could be furthered through research grants, to industry for vocational rehabilitation or in-service training programs.

59. More agencies, both voluntary and public, should be assisted in establishing sheltered workshops for those persons who by reason of age or disability are unable to compete in the average work environment but who can supply a commodity or service if allowed to work under controlled conditions. In Saskatoon the only such workshop is operated by the Council for Crippled Children and Adults but they do not accept workers over the age of fifty.

60. There is a wide range of services needed in any community which could be rendered by older people on a part-time basis, for example; watering plants, refinishing furniture and gardening for absentee householders and many others. A minimum of organization would provide the necessary clearinghouse for these services.

VIII. EDUCATION

61. More professional people are needed in our community with responsibility for the aged; this would include social workers, public health nurses, and family doctors all of whom have been trained and are paid to accept major responsibility for the mental and physical disorders of the old. This is true not only for our own community but for all of Canada. So far the only major attempt to deal with this problem is the training center at Montreal, the Institute of Gerontology. It is urgent, therefore, that training programs for personnel be undertaken immediately; and that these include fundamental courses designed to improve the understanding of old people. Such training programs should include:

(*a*) Classes in gerontology incorporated in the basic educational programs of the professions including medicine, nursing, social work, teaching, theology and business administration.

(*b*) Graduate studies and educational programs for those already established in the professions. Gerontology should be included in such short courses as the pilot projects conducted in Saskatchewan last spring and fall by the College of Physicians and Surgeons and the Committee on Continuing Education of the College of Medicine. Similar programs emphasizing understanding and care of the elderly could be planned for personnel in other professions.

(*c*) Scholarships and research grants to stimulate interest in gerontology should be made available. Social scientists, biologists, physiologists and economists need to be challenged by, and assisted in, research on aging.

(*d*) Institutes of technology might be directed to establish certificate courses in housekeeping for women over 40 to induce them to work with elderly people in this capacity. The wearing of uniforms might give them status in the community and attract older women to serve in this field. The Women's Volunteer Corps in England continued after the war to wear their uniforms when they served meals-on-wheels to the elderly. Commissionaires, who are older men, have also achieved distinctive status in this way.

62. In Saskatoon there are no special classes for elderly persons in the Technical Collegiate or in the University of Saskatchewan but some night classes in both institutions are well attended by older people, both men and women. It is interesting to note that out-of-town elderly, now residing in Saskatoon, seem to be particularly glad to avail themselves of the opportunity for further education. The attendance of many more elderly persons at educational institutions is restricted by the fee charged for classes. This fee should be waived to permit those 65 and over to enroll in existing courses free of charge.

IX CONCLUSIONS AND RECOMMENDATIONS

63. Aging starts with conception and continues until death and must be the concern of all levels of government and voluntary agencies as well. Our senior citizens who have founded and built this country have earned the right to a fair share in our affluent society.

Upon request of the Senate Committee the Saskatoon Welfare Council has attempted to enumerate and evaluate the services being offered to senior citizens in the city of Saskatoon and to identify the unmet needs. The Council accordingly submits the following conclusions and recommendations:

(1) That Central Mortgage and Housing Corporation extend loans to non-profit organizations for the building of hostels without semi-detached units.

(2) That winter housing be planned for elderly rural residents who require city conveniences during severe weather conditions on the prairies.

(3) That long-term care units be added to general hospitals and that these maintain a carefully checked discharge policy.

(4) That "half-way houses" be established to accommodate patients discharged from hospital but still classified as convalescent.

(5) That a broadly based program for community ancillary services be set up encompassing; a) Visiting nurse, b) Physiotherapy, c) Housekeeping service, d) Telephone call service, e) Meals-on-wheels, f) Equipment loan cupboard.

(6) That a grant be provided through municipal and provincial governments, for the establishment of a local Administration Bureau to co-ordinate the above ancillary services, to provide counselling assistance, to disseminate information, and to promote public education on matters related to gerontology.

(7) That grants to cover 50 per cent of approved costs of construction be provided by the provincial government for the construction of non-commercial nursing homes.

(8) That drug costs be reduced for persons on low income requiring longer-term use of life-saving drugs.

(9) That governments and voluntary organizations sponsor new recreational centers for older people of the city in areas where the need is greatest.

(10) That governments and community agencies establish summer camps for well, ambulant old people and reserve areas in public parks for outdoor recreation such as bowling, shuffleboard, etc.

(11) That governments provide grants for industries who are willing to undertake research for vocational rehabilitation and in-training programs.

(12) That sheltered workshops be established to prolong the work span of senior citizens who are unable to compete in the normal work environment but whose work potential justifies further employment.

(13) That classes in gerontology be included in the basic educational programs of nursing, medicine, theology and social work; and that graduate studies be provided for those already practicing their professions.

(14) That certified house-keeper-training courses be available in technical institutions and vocational schools.

(15) That elderly persons be admitted free of charge to existing night classes in any educational institution.

(16) That adequate minimum standards be established for each type of institution including private dwellings in which elderly people are housed.

(17) That consideration be given to the special needs of the people over 65 forced to live on $1,000,00 a year or less.

All of which is respectfully submitted.

President,

SASKATOON WELFARE COUNCIL

Saskatoon, Saskatchewan,
Approved by Board of Directors,
March 18, 1964.

APPENDIX "T"

BRIEF SUBMITTED TO THE SPECIAL COMMITTEE OF THE SENATE ON AGING

By The Catholic Charities Council Of Canada

1. The Catholic Charities Council of Canada is a national coordinating office for the Catholic welfare agencies and institutions of English-speaking Canada. Its French-Canadian counterpart is Caritas Canada.

2. The factual information below is gathered from questionnaires sent to thirty Catholic Family Services and thirty-three Catholic institutions for the Aged across Canada. Newfoundland is the only province not represented. Copies of the questionnaires are appended.

3. The family services and the institutions for the aged are our two main sources of information about the aged, living within the community or living in custodial care.

4. Recommendations which spring from the factual data gathered from these two sources are:

(a) Housing plans that will enable the aged to remain with their families.

(b) The formation of centres for the spiritual, recreational, and social advantage of the aged.

(c) Better services for the aged who are chronically ill—particularly in the Maritimes.

(d) An immediate review of government aid to institutions in view of lack of facilities, waiting lists, staff needs, and inadequate financial assistance from government (all levels).

(e) Sufficient increase in the pension so that the portion allotted for personal needs will be adequate.

(f) Special courses be instituted in the proper centres for the training of institutional personnel. Student grants for full-time training in social work be made available.

(g) A national plan for the training and use of volunteers in institutions.

A. *From Catholic Family Services*

5. On the average 5% of a Catholic Family Service's caseload deals *directly* with the aged; another 3-5% *indirectly* involve an aged parent or relative. Together this is roughly the precentage of the aged in the total population of Canada. There is not, therefore, a larger percentage of breakdowns than one would normally expect.

Services supplied

6. The service most supplied is councelling. Next in order of supply come budgetting and supplementary help in kind or money. Last come home-maker services and referrals for medical care.

Services most in need (as seen by the Family Services)

7. Most in need are recreational and social services, and employment for the aged where able. Next are proper housing and health services. A small percent recommends housekeeping services.

Matters of immediate concern (as given by the Family Services)

8. The Family Services are unanimous in placing as a matter of immediate concern "better housing so that the aged may remain with their families." (This does not contradict the statement of the preceding paragraph, where the information refers to actual clients. Here they are looking at the aged as a group and from their experience find that too many are in institutions or in boarding houses because of improper housing circumstances.) Next, and slightly below the above in importance, is the formation of centres for the spiritual, recreational, and social advantage of the aging. Only a small percent recommend enlarged or increased institutional care.

9. Agencies in the Maritimes state as another matter of concern facilities for care of the chronically ill. The Regina agency recommends rooming houses with proper facilities for the aged centered near a town if possible.

Recommendations of the Catholic Charities Council of Canada

10. (*a*) Recommended strongly are housing plans that will enable the aged to remain with their families. It is a matter of sufficient room and proper safety devices.

11. (*b*) Recommended strongly is the formation of centres for the spiritual, recreational, and social advantage of the aging. Social and recreational services are most in need. These centres aptly supply the needs. We suggest that they are best conducted not under government but under voluntary auspices. Operative plans for such centres are readily available, e.g. Kundig Centre in Detroit, Michigan. They combine minimal health services with the others. Voluntary agencies could be spurred to undertake these centres by some government help in initial capital expenditure.

12. (*c*) Health services for the aged outside institutions are still in needy supply. Some of these can be supplied in the centres mentioned above: particularly dental and foot care. Facilities for care of the chronically ill should be a matter of provincial concern.

B. From Catholic Institutions for the Aged

The Institution

13. Of the institutions 68% claim that they are inadequate in size and facilities. Seventy-nine percent have a waiting list. Sixty-three percent claim that financial assistance from government (all levels) is inadequate.

14. Staff needs are mainly personnel and facilities: nurses, orderlies, nurses' aides, domestic aides, male nursing assistants, professional staff for direct service and for resident programming are in short supply; lacking also are adequate facilities for staff, for supplies, washrooms, locker rooms, visiting rooms, etc.

The Aged in Institutions

15. All institutions, except one, report that the majority of aged residents are financed by old age pensions or old age security. Seventy-four percent of them receive no help from relatives. The amount allotted for personal needs is deemed sufficient in 32% of the institutions; insufficient in 68%.

16. The health problem is foremost in 50% of our institutions. In the other half they are the common problems of advancing age: senility, loneliness, adjustment, mental confusion, lack of suitable social and recreational contacts.

The Institutionalized and the Community

17. The chief contact with the community ought to be the volunteer. In 47% of our institutions volunteers are used; in 53% they are not. However, 100% of the institutions believe that volunteers could be used to a much greater extent. There are numerous ways, suggested by the institutions, that they could be of help: reading, writing letters, doing errands; helping in the cafeteria, in the craft rooms, in occupational therapy, in the clothing rooms, in organizing special projects; by providing transportation to town, by accompanying to clinics, by providing hairdressing and sewing services.

18. All agree, however, that some sort of orientation to the personality of the aged be given, and that the organization of volunteers be not loose and of sporadic nature.

Recommendation of the Catholic Charities Council of Canada

19. (a) In view of the lack of facilities, the waiting lists, the staff needs, and the inadequate financial assistance from government, an immediate review should be made of the situation and proper steps taken to remedy it. The government (all levels) is immediately involved.

20. (b) In a majority of cases that part of the pension allotted for personal needs of the individual in the institution is inadequate. Provision should be made for an increase in the allottment, and hence the pension.

21. (c) Some plans for special courses on the casework aspects of care of the aged should be encouraged in educational centres. Grants in some form or another, to encourage and enable those employed in the field to take social work training should be envisaged. This is an important point in view of the fact that in half of our institutions the main problem is not health, but are of a psychological, social, and recreational nature.

22. (d) The institution and the volunteer must meet. This is a matter of the community and themselves, not government. We recommend that national welfare agencies institute projects that will achieve this end.

Rev. Francis J. Hennessy, O.M.I.
Executive Secretary.

Second Session—Twenty-Sixth Parliament

1964

THE SENATE OF CANADA

PROCEEDINGS OF

THE SPECIAL COMMITTEE OF THE SENATE

ON

AGING

No. 9

THURSDAY, MAY 28, 1964

The Honourable David A. Croll, *Chairman.*

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

WITNESSES:

Montreal Council of Social Agencies: Miss Hazeldine S. Bishop, Executive Assistant of Older Persons Section; Dr. Henry F. Hall, President; Dr. J. Ronald D. Bayne, Chairman of the Health Section. *Federation of Jewish Community Services:* Dr. Harry Grauer, Chief, Geriatric Clinic, Jewish General Hospital.

APPENDICES

U—Brief from the Montreal Council of Social Agencies, Federation of Catholic Charities and the Federation of Jewish Community Services of Montreal

V—Brief from The Canadian National Institute for the Blind

W—Brief from The National Council of Women of Canada

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

20602—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.

20602—1½

MINUTES OF PROCEEDINGS

THURSDAY, May 28, 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*), Blois, Fergusson, Gershaw, Grosart, Haig, Hollett, Jodoin, McGrand, Quart and Roebuck—11.

In attendance: Mr. R. E. G. Davis, Consultant.

Mrs. Svanhuit Josie, Assistant Consultant.

On Motion of the Honourable Senator Haig, it was Resolved to print the briefs submitted by the Montreal Council of Social Agencies, Federation of Catholic Charities and the Federation of Jewish Community Services of Montreal as appendix U to these proceedings.

Briefs were submitted to the Committee by The Canadian National Institute for the Blind and The National Council of Women of Canada who will not appear.

On Motion of the Honourable Senator Haig, it was Resolved to print the above mentioned briefs as appendices V and W to these proceedings.

The following witnesses were heard:

Montreal Council of Social Agencies:

Miss Hazeldine S. Bishop, Executive Assistant of Older Persons Section.

Dr. Henry F. Hall, President.

Dr. J. Ronald D. Bayne, Chairman of the Health Section.

Federation of Jewish Community Services:

Dr. Harry Grauer, Chief, Geriatric Clinic, Jewish General Hospital.

At 12.20 p.m. the Committee adjourned until Thursday, June 4, 1964, at 10.00 a.m.

Attest.

Dale M. Jarvis,
Clerk of the Committee.

finished, the last person to be concerned with in a community, that we must look after the young, and the young families, the children, youth, and middle aged adults, and that when we have done that, what is left over is good enough for our older people.

I am thinking of something somewhat similar that is being done in the Department of Labour in the civilian rehabilitation branch, where there is a special educational, informational sub-department on aging. This has been very helpful in providing us with material that has been prepared for popular use, and we are able to make excellent use of this at the local level.

Some of you may think that perhaps we are, or have been, complaining unduly about the lack of available statistics and our efforts to try to convince the Dominion Bureau of Statistics to pay a little more attention to our need for statistics, knowing that there is a great residue of information which merely requires codification, classification, but in a different way to make it useful to us. I may say that a lot of this material here was prepared some months ago. We have appreciated recently what has been coming through on the last census from the Dominion Bureau of Statistics, that they have given special attention, more so than in previous census reports, to classification of this information in relation (*a*) to elderly people, and (*b*) older people in metropolitan areas—which of course is the type of community that we are struggling in. However, we would like to point out, if it is not obvious, that statistical material, or other material based on national averages, is not of much help to us in working and planning at the local level. It is interesting but in a country such as ours with such a wide variety of regional differences, and cultural differences, a few very large metropolitan areas and myriad small communities, rural and semi-rural, when we get down to national averages it is not too helpful.

The other major thing that is holding us up is money. Everybody thinks of government in terms of money, I am afraid. How we can get money down to the local communities in order to implement the services which have been planned and which have been found to be needed in terms of the local communities and the people living in those local communities, is as we all know a real challenge.

We were very much struck with what might be considered a rather new approach and one that might be worth consideration; that is what I referred to as an act of the Senior Citizens' Community Planning and Services Act. I would say our communication lines with the United States Senate are not as strong as they might be, and on checking further we found that it is still a bill. The sum and substance of this bill is that money is to be made available by the federal Government to the states with a minimum of restrictions, beyond being earmarked for the planning and development of services for older people in the local communities and at the state level. There is great flexibility. It could be that something of this sort could be done in Canada, made on, as they have suggested, a per capita or ratio basis so much per person, 65 and over, in each state in relation to the national total. If outright grants could be handed over to—in our case—the provinces, and then could be channelled down to local communities to help with the development of the services found to be needed, things might be developed more quickly. So this might represent a new approach to a difficult problem which might be worth consideration, and we would advance in that spirit.

Local fund raising in most of the large communities, and I suspect in the small ones, has become exceedingly difficult, and the chances of expanding our services in any significant way, if we depend entirely on the raising of private funds, are going to be, I think, pretty minimal.

We think the federal government can also help considerably by amendments to the National Housing Act, shall we say, for example, in order to make it more useful for the special kinds of housing needed for older people.

Of course, it goes without saying that one of the greatest and most fundamental things our country needs, and which we see as a federal Government responsibility, is continuing and redoubling the effort to maintain a steadily expanding economy with more jobs for all, including the older people, and enabling more of older people, by working, to meet their own requirements from their own earnings.

One thing I would mention, that we think is important and one that we feel has a lot of merit for careful consideration, but which may be difficult is the adoption of the concept of the "modest but adequate" standard of living for the older person. We would hope that it would be possible for national surveys to be made with the co-operation, of course, of the provincial and municipal governments and private organizations and agencies in this field, so that we could come up with some realistic figures of what are really reasonable amounts of money for people to have in order to enjoy a reasonably modest but adequate standard of living in terms of that standard in their own communities. This calls not for a national flat rate, but varying rates in terms of local communities.

I think that I have mentioned a few of the things I wanted to. They are all in the report. I could go on for a long time, but I would rather pass the ball now, Mr. Chairman, to whomever is our next speaker.

The CHAIRMAN: Thank you very much, Miss Bishop. I now call on Dr. Hall.

Henry F. Hall, B.A., L.R.E., LL.D. and D.D., Principal Emeritus, Sir George Williams University: Mr. Chairman, Honourable members of this Committee, I am not a professional social worker, nor a physician as the other members of the committee are. My role is that of the layman. I would like to say how much the Montreal Council Social agencies and other bodies involved appreciate this opportunity. Those members of this committee who are familiar with the Montreal scene will, I think, appreciate the fact that one of our problems has been our fragmentation, and the preparation of this particular brief has been a good experience for us in that it has brought us together in a cooperative effort as far as the English-speaking community of Montreal is concerned. Both Mr. Walsh, President of the Federation of Catholic Charities, and Mr. Becker, President of the Federation of Jewish Community Services, have asked me to say for them as well as for myself how much these three groups in Montreal have appreciated the opportunity to present this brief to this honourable committee. Thank you.

The CHAIRMAN: Dr. Bayne.

Dr J. Ronald D. Bayne, B.A.: Perhaps I might say a few words abotu Part 2, for which my committee were responsible. It starts at the very end of the brief which you have, and is concerned with institutions of health and care. First of all, the statement "recently submitted to the Health Department" is not quite true. It has not yet been presented to them.

Mr. DAVIS: Why don't we take that out, then?

Dr. BAYNE: Yes, that is perhaps the best thing we can do. Would you strike out that part.

The CHAIRMAN: Brief to the Department of Health of the Province of Quebec. Strike that out.

Dr. BAYNE: That just got in there because it was all put together and it was our intention to so submit it. That was why it was put on.

Mr. DAVIS: That is the whole section to the end from the last blue page.

Dr. BAYNE: Yes. Now, I would just like to say a few words, because I feel that the development of the argument proceeds from the beginning and then is supported, or rather, I hope supports the recommendations at the end. The question that first arises here is the definition of "elderly," and we have to decide what the elderly are, or who they are. From the point of view of statistics, the elderly are people 65 years and over. From the point of view of planning for health institutions and the needs of elderly people, it is extremely difficult to determine a chronological period at which a person becomes elderly. When providing health institutional care you are concerned with problems which people have, and some people may have these problems at an earlier age and others at a later age, so that you can not specify that on a certain birthday a person becomes elderly or old.

Senator ROEBUCK: You would not support this retirement at 65, then, would you?

Dr. BAYNE: I cannot answer that as yes or no. To say that all people must retire at a fixed age, I would say, is entirely erroneous. However, to do something about it involves consideration of such intricate problems that I would rather not discuss them. I do not think I am competent to discuss them, except perhaps from the health point of view.

One should anticipate, then, in management of problems of elderly people a certain preventive aspect, and, if the program is good for the problems that come on in later life, it may well be wise to define your program in such a way as to prevent many of these problems; and that may mean organization of people in an investigative program for people who do not consider themselves, and would not even be considered by others, as elderly people, that is, from a preventive point of view.

I am repeatedly asked to define who is an older person, and I repeatedly run into the difficulty of making such a definition without speaking for 10 or 15 minutes on that point alone.

The CHAIRMAN: Doctor, be at ease. We are interested in that problem. It is vital to us. We think there are various stages. Take a few minutes and talk to us about this.

Dr. BAYNE: You want to hear about it?

The CHAIRMAN: Yes.

Dr. BAYNE: Very well. From the health point of view, I should say this: there is a large number of elderly people living today. That is not because doctors have kept elderly people alive in large numbers, as I am sure you are well aware. It is because of the control of infant and mother mortality many years ago up to the turn of the century. These factors control many people who no longer die: mothers, infants, who survive to become elderly. That is not the problem.

The problem, from the health point of view, is that many of these elderly people today are ill, in the sense that they have a recognizable disease, or in the sense that they can no longer function as citizens in the way they would like to do or are expected to do. Now, why are they so disabled? It may be connected with their age, in the sense that age itself produces disability, but we are realizing more and more that it is, in fact, disease physical or mental disease, which is causing the disability.

This is much more hopeful than to think it is due to the passing of time. If it is due to the passing of time, well, what can be done except to alter the time relationship of people—slowing down their metabolism so that they live more slowly, or in some way altering our time sequence in the world?

Senator ROEBUCK: Put back the clock?

Dr. BAYNE: But this is not practical. What is extremely practical is the control of the illness which is manifested so commonly in elderly people. It is an illness which is rather different from our traditional expectations of illness. When we speak of illness we often think of something which suddenly occurs, which can be treated, and which clears up. This is not the type of illness which is peculiar to the older age group—I mean peculiar to it in the sense that it is very common in old age. I am speaking about chronic illness. Chronic illness is something which takes time to develop and, therefore, it is perfectly natural that it should become more prevalent and more severe in the elderly.

If you have a chronic disease that takes 30 years to develop you are not going to develop it when you are 30 years old. You are going to develop it many years later.

Of course, these diseases do manifest themselves in middle age and sometimes in childhood—this is true—in the sense of a disease which may begin abruptly and which cannot then be relieved or cured. But, many of the chronic diseases which we find present in elderly people remain for many, many years.

This brings me back to the statement I made before, that perhaps the prevention of chronic disease in elderly people has to begin considerably before they would consider themselves, or would be considered to be, elderly.

However, let us accept the fact that we are now faced with a problem of many people who are in the latter half of life and who are disabled, and that this disability is due to a disease. Can anything be done about them? We know that much can be done for them, but we also know that a great deal that could be done is not being done.

This is partly due to the fact that our community still has a picture of treatable illness which is something of a short-term nature. Our treatment facilities and our payment programs are based upon the anticipation that people will get well quickly. Yet, here we have a large group of people who need treatment and who can benefit from treatment yet who cannot find the facilities.

I have stated that they can benefit and that the treatment is available. There are also disabilities due to illness which we do not yet know how to treat adequately, but we are not going to find out by saying that it is due to time and that nothing can be done about them, and that we should accept them as being something which is part and parcel of living and growing old. We will never find the answers this way.

One of the major problems, it sems to me, facing those who want to do something about this problem is to break down the preconceived ideas which many people already have. This prevents progress, because if you talk to somebody about aging you find they say: "Of course, we know all about it. Shakespeare wrote of it and Cicero talked of it. We know all there is to know. What is the use of trying to push old people around and give them treatment which will not do them any good?" This is very common. This is the first thing we have to break down, and this is a matter of information for the community—meaning everybody.

We have found out through research studies what programs and what treatments are good for the conditions which elderly people have at present—their chronic diseases which need treatment. We need to have some support from organizations, and this means from governments, provincial, federal and municipal, and institutions in the organization of the special programs needed along the lines which we already recognize as available.

Senator ROEBUCK: One of the specific things, Doctor, that old people complain about is loss of memory.

Dr. BAYNE: Yes.

Senator ROEBUCK: Is there anything that can be done in that regard?

Dr. BAYNE: There have been many remedies recommended, but none of them have stood up to real statistical analysis. That is, they may help some individuals, but this has not been borne out in a large enough number for this remedy to be said to be universally useful. This is one of the problems that requires study.

Senator ROEBUCK: If something along that line could be done then it would be of great help?

Senator GROSART: Doctor, we have some evidence—

The CHAIRMAN: Senator Grosart, do you mind waiting until the doctor finishes?

Senator GROSART: No.

The CHAIRMAN: I just want to make sure that Dr. Grauer has a chance of saying something, before we began our questions.

Dr. BAYNE: I just want to state that with respect to our treatment programs, as we understand them, if we could develop them and also have the proper support we still could not cure all the elderly people who have a disability. There is no doubt about that in the present state of our knowledge. However, many of them could be made less disabled.

Now, a person who still continues to be disabled, even though he has improved, may be able to function as a normal citizen if his disabilities are analyzed and supported. However, he is left with a residual disability. What does this particular person now need in order to function?

It may mean that he has to remain in an institution, but it will not mean that at all. Yet, this is what is happening in many, many cases.

Even those patients who have been treated and who have achieved a degree of independence, who were not completely independent before, may be faced with no choice except permanent placement in an institutional setting. Yet, when you investigate and ask them questions you discover they are mentally perfectly normal. They are physically capable of perhaps dressing themselves and feeding themselves, but they have a problem with ambulation. They may not see clearly or not hear clearly. They may be unsteady on their feet, and so on. These individual problems may be supported by community resources if such exist. And then this person can become a functioning individual again, and the abilities that he has can be used for his own enjoyment and gratification, and he can make some contribution, in many cases, to the community.

But, this is not the situation at all. The cry is for more chronic beds and more nursing home beds, so that we can clear out these people and place them somewhere away, where we do not have to see them and where our community can then function competently utilizing only those people who are best able to make a contribution.

I feel that this is entirely erroneous. I think it is very bad for the community itself not to have enough feeling of citizenship to want to support those citizens who need help. I feel it is very bad for the individual who is so relegated to an institution and to further dependency than, in fact, is required. I think it is extremely bad for our resources in that a person who does not require a nursing home is placed in one and thus utilizes a bed where nursing home resources, which he does not require, are available. This is all because we are not prepared, or not energetic enough, to organize resources to support these people outside the institutional setting.

The CHAIRMAN: Before we start the questioning, Dr. Grauer, have you something to add?

Dr. Harry Grauer, Chief of the Geriatric Clinic, Jewish General Hospital: Mr. Chairman and members of the committee, I want to go on a little bit from where Dr. Bayne left off and, possibly, be a little more specific. I think the brief presents the general problems, but to get down to a specific case where I, as a clinician—and this is the only framework in which I can speak; I am not an administrator; I do not know the workings of government. I speak here as a clinician in charge of a geriatric clinic which is attached to a general hospital where we try to do some preventive work, but where mainly we try to treat elderly people who have difficulty in the aging process. I think that the philosophy of the geriatric clinic can help us to understand the problem of the aging, and also help to understand some of the things that are needed to solve this problem.

As I say, we work more in the treatment aspect rather than in the preventive aspect, and we see people—our age limit is 60—of 60 and over who have difficulty with their aging process.

The difficulty is a multiple one. We see people who have difficulty at the physical level. They have physical disease, they have emotional disease, and they also have social economic disorders.

Our approach is multi-disciplinary. We want to help these people by getting for them the different disciplines of an organized treatment program available in a general hospital. We have in our clinic psychiatrists who work with the emotional aspect. We have internists who work in the physical realm. We have social workers who work in the social economic field. We try to help the people maintain their level of functioning, and if we can help them increase the level of functioning this is, of course, I think, our ultimate aim—that is, to help them increase their present level of functioning. The philosophy is to keep the patient active in the community. This is the philosophy of our clinic, and I think it is a philosophy of comprehensive help for the aged person. We endeavour to keep the person functioning as best possible in the community by helping him from the medical standpoint, the psychiatric standpoint and the social economic standpoint.

The facilities we use are the facilities available in a general hospital, but we also use all the facilities available in the community as a whole, and I think this is very important. We try to make good use of welfare agencies that can help us with social economic problems and counselling, *etcetera*. We try to use the old age clubs' social facilities, and try to direct the patients to them. We also try to use all of the institutional facilities if institutionalization is needed. We try to use the sheltered workshop facilities. We try to use other clinical facilities if they are available, and rehabilitation institutions, *etcetera*.

The difficulty we have at the clinical level is, I think, that certain facilities are very hard to come by. I think that problem number one is proper institutional facilities.

When a person can no longer function in the community, and can no longer be maintained in the community, we have to decide on institutional placement. The places that are open to us are mental hospitals, and through commitment this is very easily arranged. However, we feel that even a mental hospital is not the proper place for a person who can no longer function. He may need a protective environment. He may need help in coping with his problem, but a mental hospital is not the proper place.

There are nursing homes, but there is a great shortage of them. We often feel that a person might be better placed, and be happier, in a nursing home, and yet there is a great shortage of this type of facility in the community.

There are old persons' homes which provide custodial care for the old person who does not need comprehensive medical nursing care but who needs a

protective environment and good custodial care. Again, we run into a lot of difficulty when we try to provide this for our patients.

The CHAIRMAN: Why the shortage?

Dr. GRAUER: Because there are not enough places at the present time in old people's homes to take the people we feel should be there. There are huge waiting lists, and people often have to wait for long periods of time. Sometimes this problem becomes acute, and the patient has to become institutionalized in a mental hospital, which is the wrong place, because there is no other facility. One can see the large number of older people who are in the mental hospitals. One only has to sign commitment papers, and automatically you can get a person into a mental hospital; they are never turned away from such an institution.

Senator ROEBUCK: Our object is remedial. I wonder why there are not a great many of these nursing homes and homes for older people? They are not extraordinary costly, such as is a general hospital. They ought to be more easily provided than mental hospitals. The condition you mention is well known to us, but why is this, and what can we do to ameliorate this situation?

Dr. GRAUER: I do not have facts to support this, but I feel that mental hospitals are government institutions; whereas old people's homes are not government institutions—they are privately supported.

Senator ROEBUCK: Well, that is an answer.

Dr. GRAUER: I think this is one of the difficulties.

Senator GROSART: But are there not old people's homes that are government supported?

Dr. GRAUER: In Montreal, no.

The CHAIRMAN: The mental home at Whitby is first class, one of the best in the country and always has been. It is a provincial institution.

Senator GROSART: I understood Dr. Grauer to say, and I presume he was referring to the province of Quebec, that there are no government supported homes for the aged.

Dr. BAYNE: That is right.

Miss BISHOP: Not in English-speaking communities.

Dr. BAYNE: You mean directly organized and financed by government?

Senator GROSART: Any level of government. I am asking if it is so that there are no homes for the aged supported by any level of government in Quebec; that is the question.

Miss BISHOP: Fully supported or partially supported?

Senator GROSART: Where there is a statutory responsibility at a government level.

Miss BISHOP: No.

The CHAIRMAN: The answer is no; they all say no.

Senator GROSART: This is a very important matter. It goes back to our jungle of legislation. In Ontario every community has a statutory responsibility to provide all the accommodation necessary for aged people in homes for the aged.

Senator ROEBUCK: And some of them are doing it very well, too.

Senator MCGRAND: Are there no municipal homes in Quebec?

Miss BISHOP: I know of none.

Senator QUART: Are you speaking of the Montreal area alone?

Miss BISHOP: We are from the Montreal area, but we do have some knowledge of the provincial situation as a whole.

Senator QUART: Well, I happen to know a Protestant home for the aged in Quebec, and whereas they are supported by donations, and so on, they receive financial support to some extent.

Miss BISHOP: But that was not my understanding of the question that was asked.

Senator QUART: Well, I thought you had gone into a broader area.

Miss BISHOP: I think most homes in the province where they are looking after old people, children, and so forth, do draw financial assistance from the province on a per capita per diem basis which is set down in legislation and regulations, but the administration of the homes is a private affair, administered by citizen boards, and so on. There is no legal responsibility placed upon any level of government for the establishing and operating of institutional homes, nursing homes, and so on. I understand that was the question that was asked.

Dr. GRAUER: One other thing I wanted to bring out. I have mentioned institutions, but there is another need here in the community that I think we are highly aware of, in working with older people in the geriatric clinic; that is the shortage of sheltered workshops and the shortage of day centres—geriatric day centres. This is a new concept which has come up from the United States and also from Europe, where old people have a place to go during the day, and have some facility to congregate socially, obtain meals, and possibly some occupational therapy—even some sheltered workshop employment. They can come in the morning and go back in the evening. I think this would be very helpful, and we need all the help and support we can possibly get. This keeps the person in the community. It is economically more feasible than building an institution. There are 31 day centres being operated in New York. We do not have one in Montreal at the present time. We do not have proper sheltered workshop facilities for the aged. I think that is something that can be considered.

Senator ROEBUCK: Would you tell us what we can do with respect to workshops? What do they do in workshops? What do they produce?

Dr. GRAUER: We envision sheltered workshops of a terminal nature, where a person can come in and work and possibly do light industrial assembly work. This is usually contract work which is contracted to the sheltered workshop by industry. It means that the person can spend his time there, he can fill useful time and also earn some pocket money, and yet be in a sheltered environment. He can possibly work shorter hours, work part time, be in a working environment which is flexible and which is made to suit him, such as we cannot often achieve in an industrial set up.

Senator GROSART: And also there is no pressure on the workman.

Senator ROEBUCK: Is there anything that governments purchase that can be bought in that kind of shop?

Dr. GRAUER: I do not know that.

Senator HAIG: In Winnipeg we have two, one run by the crippled children's home and another in connection with the mental hospitals. The Government of Manitoba does give some work to those workships, as, for instance, the flags on the roads. Also, golf courses give the job to the workshop of making flags for the greens. You will notice that often when a man's suit comes back from the dry cleaners there is a little handkerchief in the coat pocket with a piece of cardboard underneath. Thousands of those are made in these workshops. The fact is that there is no pressure on the person who works in these sheltered workshops. They have found these places invaluable in building the morale of the client.

The CHAIRMAN: Who runs these workshops?

Senator HAIG: The Society for Crippled Children does so, at a loss, in Winnipeg of course; but the other one at Selkirk is supported by the Department of Welfare.

Mr. CHAIRMAN: This is in the Province of Manitoba?

Senator HAIG: Yes, sir.

The CHAIRMAN: Why was Selkirk selected as against Winnipeg?

Senator HAIG: Well, the one mental hospital is at Selkirk; and the other is for crippled adults.

Senator GERSHAW: Mr. Chairman, I should like to ask what the clinical record is regarding the prevention of these afflictions of aged people. For instance, most of the mental and physical trouble comes from hardening of the arteries, probably, or something of that kind. Can you add anything to the controversy that is going on with regard to the effect of animal fats in the diet, as regards arteriosclerosis and so on.

Dr. GRAUER: I think this belongs to Dr. Bayne.

Dr. BAYNE: As you have pointed out, the controversy is going on. I think there is quite a support of that view, that all saturated fatty acids, as are in animal fats, contribute in large part, perhaps, to the development of arteriosclerosis. Other factors are also important, and this is what makes the picture difficult to understand. However, this is one factor, plus the probable overnutrition of a good segment of our population. You mentioned prevention. You will understand that in order to change the eating habits of the nation you have to be fairly sure of your facts, and so a considerable number of statistical studies are going on, and they are utilizing certain diets to see if this in fact reduces or causes a significant alteration in arteriosclerosis. There is a great deal of evidence to support that view. Perhaps a big campaign should be put on in that regard. I merely draw attention to the level of thinking so far.

Senator GROSART: Mr. Chairman, I should like to say, first of all, that although as I realize, comparisons are odious, this is the best brief we have had so far. I say that particularly because it goes beyond the "should stage," and says to quite an extent what should be done. It directs recommendations with regard to various levels of government, and for that reason I think it is a big step forward.

I would like to ask this group if they would accept an unfair assignment, perhaps. I do not want to be misunderstood. You have made very specific recommendations covering a grouping with which you are very familiar. I wonder if you will take your brief and hazard the cost against the suggestions you have made for your area. It might be an unfair question, but I am not putting it to you facetiously. I say that, because only yesterday in the Senate, and in fact several times this week, we have had speeches saying that we have to put an end to government spending. We had one speech which I understood to be critical of the extension of the old age pension plan, when it was said that it should not be done if the money was not available. We are faced with this problem. Could you, for your area, make a guess at what it would cost to come somewhere close to meeting your recommendations? I will not ask you to answer the question. I leave it as a suggestion, because it seems to me that the whole problem here is really money. If we had the money available every suggestion you make here, I think, could certainly be carried out.

Along that line, I would like to ask one or two questions, because it seems to me that one of the serious problems is that the money now available is not being used to its maximum advantage. For example, mention was made of the people now non-functional who are in hospitals. They could become functional, and could therefore be taken out of hospitals, and that

would be a great saving in this total amount of money that is available for senior citizens. Could anybody estimate the percentage of those now in institutions, by which I mean all types of hospitals and mental institutions, which could be functional in the sense that they would be removed from those institutions if you had a maximal number of services to take care of them? And by that I take in everything: home nursing, day care, meals-on-wheels, visiting medical services, and so on. What percentage of these high-cost people could be put into a lower cost bracket? I just want a rough estimate. It would have to be a guess. Perhaps, you could take mental hospitals alone. I started to say earlier that we did have evidence, as I understood it here, of a medical hospital in Montreal that had 30 percent of those showing symptoms of senescence able to be removed from the necessity of clinical and hospital care by an improvement in their diet alone. 30 percent.

The CHAIRMAN: Doctor, would you like to comment on that.

Dr. BAYNE: It is difficult to give you figures on that. Surveys are made in all kinds of hospitals to find out the number of patients who could be treated in another type of facility. The difficulty with these surveys being made is that the opinion of whether a person can be managed in another type of facility is made by the staff who are treating the patient in the present facility, where the person now is. Two things are apt to happen: they feel that they have nothing further to offer this person and therefore he ought to be somewhere else, but they do not know where, or else the person perhaps could be somewhere else, but the treatment staff who are treating that person do not know this. They do not have sufficient knowledge to realize that this person could be somewhere else. This is what makes these surveys a little bit difficult.

With the organization of the health insurance program, of course, great pressure is put on all staffs to discharge patients as quickly as possible, so that I would suspect now that there are many remaining in general hospitals who could be managed elsewhere. The only comment to make on that is that I feel there are many patients who could be actively treated on a long term basis, but who are placed elsewhere because they do not fit into the program of the general hospital.

The CHAIRMAN: Something occurs to me that may be helpful. You are in charge of the Veteran's Hospital.

Dr. BAYNE: Right.

The CHAIRMAN: You have your money there; you are not tight on funds and you have some flexibility. What have you been able to do in the Veterans' Hospital to bring about the condition that you speak of?

Dr. BAYNE: I am glad to speak on it; I am rather proud of the program we have. This is one of the reasons I joined the Department of Veterans Affairs; because I could do geriatrics as I thought it should be done. Now, you have a general hospital, the Queen Mary Hospital, and there is Ste. Anne's Hospital at Ste. Anne de Bellevue. There is a mental hospital, a mental infirmary quite near Ste. Anne's, just a few yards away. There is Senneville Lodge, which is a facility for men who can walk about and dress themselves, but who need some degree of supervision. This is a mile away from Ste. Anne de Bellevue.

There is social service in the hospital, and social service is attached to the district office. The district office has a bureau for ministering to veterans' needs in the Montreal area. There are welfare officers attached to this district office. There is an active out-patient facility at the Queen Mary Hospital. Within the hospital there is, of course, in addition to the usual services, a very active physiotherapy and occupational therapy and arts and

craft program at Ste. Anne's, organized by the Red Cross. What does this mean? It means that a person can be placed according to his need. When he is acutely ill he may be admitted to the general hospital. When he requires long term active treatment he may be treated there or removed to Ste. Anne's for the sake of the physiotherapy and milieu therapy, that is, the rehabilitation program of the whole staff working together towards increasing the independence of the person. He may be placed in the senile lodge if he requires institutional and such care as he cannot get in the community. He may be discharged and then we have the foster home program. He may be placed with another family because he does not have one of his own, and he will be followed up by the social service program and may be brought back to the out-patient facility at the Queen Mary. I have a geriatric clinic there for following up patients who have been discharged. We also have an out-patient clinic at the Queen Mary for following up discharged mental patients living in Montreal.

You see, it is not just that we have various facilities, but they are integrated, and this is most important. This is a most important aspect.

Senator GROSART: Doctor, it comes back to this: you are saying that you have more or less an ideal facility under the DVA. If you had maximal services in the general area of the aging, what percentage could get out of high priced institutions? I think your answer that you gave to me in terms of the facilities today would indicate that the biggest problem here is the transfer of expenditures. Let us say you could save 10 percent of the total cost of hospitalization in Canada; my guess is you would have enough to provide all of these facilities.

Dr. GRAUER: I think that if we could compare the number of people over 65 in mental infirmaries at Ste. Anne's, a government institution that has the facilities of which Dr. Bayne has just spoken, with a number of aged people in public mental hospitals, like Verdun Protestant Hospital, we get somewhere close to the answer.

Dr. BAYNE: It is about the same.

The CHAIRMAN: The question that was asked, and you have caught the point, is in DVA's there a great many facilities? And you have enumerated them. Now, outside DVA those same facilities do not exist. I think the question is as between the incidence of recovery of the civilian person in the one as against veteran. Give us your best guess.

Dr. BAYNE: I appreciate what you are after, but the point I am making is that the patients we have now in Ste. Anne's Hospital would not be in a general hospital. They would be in a nursing home somewhere in the community. It is not that they are occupying beds; this is true to some extent, but since the hospital insurance plan has come into effect, the general hospital has been discharging such patients, not to chronic hospitals where they can get the treatment they need, but rather to those chronic and nursing homes. I don't think one is going to save a great deal of money by having other facilities, because these patients are not—money is not being wasted on them —they are being just pushed out.

Senator GROSART: Surely if a person is in a chronic general hospital, and that person could get adequate treatment in a nursing home, surely there must be a great spread between the cost of the two. We have had some evidence that it might be on the order of 25 percent in the nursing home of the cost of the hospital institution care.

Dr. BAYNE: Of the chronic hospital?

Senator GROSART: I would not be sure of that.

Dr. BAYNE: There is not that much difference at the present time in the Province of Quebec. The allowance for the chronic hospital in Quebec is not that much different from the nursing home.

Senator GROSART: Not what the government allows, but what is the cost as against a nursing home? Surely there must be a great spread.

Dr. BAYNE: No, most of these are privately owned and even profit making, so one can be sure that they are not providing services above what they are being paid for.

Senator GROSART: They are getting grants, government grants and hospital grants and so on.

Dr. BAYNE: No.

The CHAIRMAN: No. They are private nursing homes. A private nursing home does not get anything.

Senator GROSART: No, I mean any hospital.

The CHAIRMAN: We are talking about nursing homes.

Senator GROSART: We are talking about the hospital, and any hospital can get government grants for both construction and maintenance.

The CHAIRMAN: I thought we were talking about private nursing homes and you say that you are talking about hospitals, and that is something different.

Senator GROSART: The doctor was speaking of the chronic hospitals

Dr. BAYNE: There is a problem of definition here. When you speak of a hospital you have in mind a general hospital. Now, when we are speaking about a chronic hospital the word hospital has to be clearly defined. It may be an institution which has been built through a grant and which is providing a program which is non-profit making, and in which patients are receiving treatment, adequate treatment, but the allowance for such treatment is not really adequate to cover the cost of this program. There are a few like that, but very few, because they have to get their money from somewhere else.

However, the majority in our area are institutions which were formerly nursing homes and which have enriched their programs to a certain degree and are providing care as chronic hospitals, for which they are receiving financial support.

My complaint to you, in a sense, is that these—and this is a well recognized thing; I am not saying something which is only my opinion—these programs, slightly enriched as they have been, are totally inadequate to the need of the patient with treatable chronic disease. So there is not a great saving at the present time, if you were to move those patients from the chronic disease hospitals into the nursing homes. It is a saving to the hospital insurance scheme, because it takes it away from that particular budget, and if the patient has financial resources he now has to pay for this care in nursing homes.

As far as the total cost to the community is concerned, in the sense that either the government or the patient is paying for this, there is not that much difference. The chronic disease facilities are inadequate. If they were adequate, then the cost of such treatment would be higher. The results would be better, but the cost would be higher, and somewhat lower than a general hospital; however, I think that that is not a good argument for organizing such programs. They would not be that much lower.

Senator GROSART: If that is so, why not forget about these nursing homes, foster homes, etc., and build bigger hospitals? Why be concerned with these other facilities if you say that in the total cost there is no difference?

Dr. BAYNE: We are concerned, because we are concerned with the individual patient.

Senator GROSART: Would not he be better off in the hospital with the full facilities of the hospital rather than in a nursing home?

Dr. BAYNE: Not a bit. Not necessarily. If he has a treatable condition he needs active, vigorous treatment; if his condition is so defined, it will help him for what he is sick with or what is wrong with him, and often a general hospital cannot provide such programs. They are organized in a different way; it is not their fault. They are organized to treat life-taking disease, and that is how it should be, because that is the kind they get. But we need facilities with vigorous programs and plenty of money spent for the treatment of the chronic disease patient who can benefit by it, and this would mean a fairly long program. You cannot count in terms of 30 days for this.

Senator GROSART: Would it not be better as an extension of the hospital, as it is done in certain places, and as you speak of in your brief, rather than in a nursing home?

Dr. BAYNE: Yes, the next step is back to the community or into some protective environment. Suppose that the person is capable, with some community support, of functioning on his own in his own home or in a foster home, by himself, but with some supervision. This would be the right thing, but suppose that the person is so handicapped that that is not practical. He might function far better in the sense that he can use his mind when his bodily needs are cared for in a nursing home, and if the nursing home is homelike and near his relatives or near where his friends live, then there is a great advantage of placing him in a nursing home rather than maintaining him in the chronic disease hospital. I believe that the primary purpose is the patient's need, not saving money. Money is important, but the primary thing is: What does this person need to enable him to function?

Senator GROSART: We are not apart on that, Doctor. I am merely saying that it is so much money, and it is a very large amount. If you like, it is a percentage of the total national income which is being channeled towards this very important problem of the aged. Whether you take it in terms of the efficient expenditure of that money, or look at it from the other way in respect to the patient's needs, it is really the same thing. What I am getting at is: What is the best way of spending this money, assuming for the moment that we have not any more than we have now?

I am very surprised at your evidence, because it seems to contradict other evidence we have had. I say "seems" because it may not, but I think most of us got the feeling that this transfer of patients from the high-cost care to the lower-cost care, if the facilities are available, would result in a great saving of money. In other words, you could save enough money by removing people from high-cost institutions to pay for the lower-cost institutions? Is that a fallacy?

Dr. BAYNE: I do not suppose it is, but I do not like the argument.

Senator GROSART: Go ahead, Doctor. We are here to hear what you have to say.

The CHAIRMAN: Just a moment. Senator McGrand, you had a question?

Senator MCGRAND: My question is not relevant to this.

The CHAIRMAN: We will come back to this.

Senator MCGRAND: Dr. Gershaw asked you a question about the relationship of animal fats in the diet to high blood pressure. How does the North American compare in this respect with the people of countries which are vegetarian by tradition?

Dr. BAYNE: High blood pressure is not due to arteriosclerosis, except as a complication of it. People with normal blood pressure suffer from arteriosclerosis and die from it. Very interesting comparisons have come from these transcultural comparisons. One study that comes to mind was made in South Africa where they compared the white person with the Indian immigrant and the African native negro. There is a marked difference in the diets of these three groups. The white South African apparently eats a diet very similar to that of the western European and North American. The coloured person has a diet that is somewhat lacking in animal fats, and the negro's diet contains no fat at all. The incidence of arteriosclerosis just about parallels this. The disease is almost never found in the South African negro. Similar studies have been made comparing North Americans with Koreans and Japanese, and this sort of evidence is borne out.

Senator MCGRAND: In part I, section III, page 2, at the bottom of the page, you say:

> Therefore, it is said, any housing project established should be planned for tenants of all ages in order to stimulate social contacts and neighbourly assistance in time of need. Recent research at Western Reserve University tentatively refutes this belief.

And as a reference you give Irving Rosow's study. I would like to have some discussion on that.

Miss BISHOP: I think, Mr. Chairman, I could lead off on this.

Senator GROSART: Before you start may I ask one question? Was the Rosow study—that is a study financed by the Ford Foundation—the first study in which this contrary view had been put forward?

Miss BISHOP: It was the first time we came across it in research. There have been many who have said categorically, that you must never segregate older people, and this has been carried to such an extreme that many have taken the position in every public housing project that you should always reserve some 5, 10, 15 or even 20 per cent of the accommodation for older people, but seldom more than that; they must always be mixed into a setting where you have a range of ages; that this is a normal social pattern and should be reproduced in all low-rental housing projects.

By putting young families and older people in the position of next-door neighbours, will, so these people argue, avoid loneliness, and in case of illness or emergency there will be friends who are younger and better able to rush to the rescue.

This has all been developed in theory without, up to this point, so far as I have been able to discover, being tested out on a research basis. We on our committee on lower rental housing, in trying to get something for older people in the large metropolitan area of Montreal have questioned whether this is so.

Some have said that you must build smaller units. We agree that smaller units scattered through a large urban community would be ideal. We have attempted to find existing housing that is properly located that would lend itself to conversion so that 15 or 20 people could be accommodated, and so that you would not have large congregations of older people in one large building and thus have the place pointed out as a place where the old people live. We do feel, looking at our skyline now, and looking at the large number of high-rise apartments that are being built in the downtown areas and in the surrounding municipalities, that this type of housing is coming to be considered quite normal for city dwellers. Therefore we feel that careful thought should be given to the possibilities that high rise, large apartment blocks for older people may after all provide an acceptable solution for housing the elderly in

large urban centres, and that more thought should be given to greater flexibility in the C.M.H.C. regulations under the National Housing Act in order to permit the erection of such buildings.

Senator McGRAND: I am just asking you what this man's investigation proves. What does his research prove?

Miss BISHOP: Well, as is reported by the Ford Foundation, he shows that older people appear to make very few close friends in apartment or housing developments among people of younger ages—that they tend to relate more meaningfully to people in their own age groups. Therefore, the argument that having young people with young children living next door is of benefit to them is very doubtful.

Senator McGRAND: His research did not include members of his own family—his grandchildren?

Miss BISHOP: No, he is talking about neighbourhood and housing developments.

Senator GROSART: I read Rosow's report, and I think his point was this, that when you first question older people they say: "Well, we do not want to live in an institution. We want to live somewhere downtown or close to the streetcars. We want to live in a self-contained unit". But, Rosow says that when they are given that opportunity after a while it tends to make them feel isolated. They do not know it when they make their first choice, but in time they find they are becoming isolated. He used this phrase that you repeat here, that it is better for them to be in their own grouping, whether in high-rise apartments or some other type of accommodation built especially for aged people. He used the phrase "look out over playgrounds rather than be integrated". I think his point is well taken. About $200,000 was spent on that survey.

Senator McGRAND: We should have a copy of that report.

Senator GROSART: A brief summary of it appears in a publication called *Golden Years*.

Mr. DAVIS: It was sent to all senators.

The CHAIRMAN: Are there any further questions, Dr. McGrand?

Senator McGRAND: No.

The CHAIRMAN: Getting back to the question of Senator Grosart, Dr. Bayne, and forgetting money for the moment—if we were able to carry out into the private sector the things that we are able to do under D.V.A.—

Mr. DAVIS: Do you mean the civilian sector?

The CHAIRMAN: Yes. If you were able to do in the civilian sector what you are able to do in the military sector, what would be the savings in rehabilitation of people?

Dr. BAYNE: In numbers?

The CHAIRMAN: Yes.

Dr. BAYNE: You are always trying to pin me down.

The CHAIRMAN: No, I am just trying to benefit from your experience.

Dr. BAYNE: I do not know what the numbers would be. What I would like to do would be to utilize the D.V.A. to find out to some extent what those numbers would be. I think that this is information which is valuable, but it is not extracted. The emphasis in recent months, as you know, has been on the fact that D.V.A. provides custodial care. I believe this is not so. I do not believe in custodial care. I believe the mental hospitals have demonstrated that this is a very dangerous concept to adopt—the ideas that by putting some people somewhere it is better, and they can be gotten out of the way. It is very dangerous.

Dr. BAYNE: High blood pressure is not due to arteriosclerosis, except as a complication of it. People with normal blood pressure suffer from arteriosclerosis and die from it. Very interesting comparisons have come from these trans-cultural comparisons. One study that comes to mind was made in South Africa where they compared the white person with the Indian immigrant and the African native negro. There is a marked difference in the diets of these three groups. The white South African apparently eats a diet very similar to that of the western European and North American. The coloured person has a diet that is somewhat lacking in animal fats, and the negro's diet contains no fat at all. The incidence of arteriosclerosis just about parallels this. The disease is almost never found in the South African negro. Similar studies have been made comparing North Americans with Koreans and Japanese, and this sort of evidence is borne out.

Senator MCGRAND: In part I, section III, page 2, at the bottom of the page, you say:

> Therefore, it is said, any housing project established should be planned for tenants of all ages in order to stimulate social contacts and neighbourly assistance in time of need. Recent research at Western Reserve University tentatively refutes this belief.

And as a reference you give Irving Rosow's study. I would like to have some discussion on that.

Miss BISHOP: I think, Mr. Chairman, I could lead off on this.

Senator GROSART: Before you start may I ask one question? Was the Rosow study—that is a study financed by the Ford Foundation—the first study in which this contrary view had been put forward?

Miss BISHOP: It was the first time we came across it in research. There have been many who have said categorically, that you must never segregate older people, and this has been carried to such an extreme that many have taken the position in every public housing project that you should always reserve some 5, 10, 15 or even 20 per cent of the accommodation for older people, but seldom more than that; they must always be mixed into a setting where you have a range of ages; that this is a normal social pattern and should be reproduced in all low-rental housing projects.

By putting young families and older people in the position of next-door neighbours, will, so these people argue, avoid loneliness, and in case of illness or emergency there will be friends who are younger and better able to rush to the rescue.

This has all been developed in theory without, up to this point, so far as I have been able to discover, being tested out on a research basis. We on our committee on lower rental housing, in trying to get something for older people in the large metropolitan area of Montreal have questioned whether this is so.

Some have said that you must build smaller units. We agree that smaller units scattered through a large urban community would be ideal. We have attempted to find existing housing that is properly located that would lend itself to conversion so that 15 or 20 people could be accommodated, and so that you would not have large congregations of older people in one large building and thus have the place pointed out as a place where the old people live. We do feel, looking at our skyline now, and looking at the large number of high-rise apartments that are being built in the downtown areas and in the surrounding municipalities, that this type of housing is coming to be considered quite normal for city dwellers. Therefore we feel that careful thought should be given to the possibilities that high rise, large apartment blocks for older people may after all provide an acceptable solution for housing the elderly in

large urban centres, and that more thought should be given to greater flexibility in the C.M.H.C. regulations under the National Housing Act in order to permit the erection of such buildings.

Senator McGRAND: I am just asking you what this man's investigation proves. What does his research prove?

Miss BISHOP: Well, as is reported by the Ford Foundation, he shows that older people appear to make very few close friends in apartment or housing developments among people of younger ages—that they tend to relate more meaningfully to people in their own age groups. Therefore, the argument that having young people with young children living next door is of benefit to them is very doubtful.

Senator McGRAND: His research did not include members of his own family—his grandchildren?

Miss BISHOP: No, he is talking about neighbourhood and housing developments.

Senator GROSART: I read Rosow's report, and I think his point was this, that when you first question older people they say: "Well, we do not want to live in an institution. We want to live somewhere downtown or close to the streetcars. We want to live in a self-contained unit". But, Rosow says that when they are given that opportunity after a while it tends to make them feel isolated. They do not know it when they make their first choice, but in time they find they are becoming isolated. He used this phrase that you repeat here, that it is better for them to be in their own grouping, whether in high-rise apartments or some other type of accommodation built especially for aged people. He used the phrase "look out over playgrounds rather than be integrated". I think his point is well taken. About $200,000 was spent on that survey.

Senator McGRAND: We should have a copy of that report.

Senator GROSART: A brief summary of it appears in a publication called *Golden Years*.

Mr. DAVIS: It was sent to all senators.

The CHAIRMAN: Are there any further questions, Dr. McGrand?

Senator McGRAND: No.

The CHAIRMAN: Getting back to the question of Senator Grosart, Dr. Bayne, and forgetting money for the moment—if we were able to carry out into the private sector the things that we are able to do under D.V.A.—

Mr. DAVIS: Do you mean the civilian sector?

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I would hope that the D.V.A., at least in some areas, will be encouraged to go into the types of chronic diseases and find the answers to the questions you have been asking, because the numbers you speak about depend on what is available.

You can get so many people out of a general hospital when you lay your definitions down, and say that anybody who stays longer than 30 days is to be questioned. You could then detail the number of people who are going to stay longer than 30 days, and say that that is the number of people who must be out. But it is difficult to know what number of people require this degree of care, and how many require that degree of care.

The CHAIRMAN: Take 100 people with the same illness, if that is possible—take 100 veterans and 100 civilians. What can you do as between them? How many of those civilians can you put on their feet and have them active in the community so that they feel they are worthwhile, as against what we have at the present time? I do not think you can say such and such a number but you can give us some idea.

Dr. BAYNE: I would say this, that it is said of patients who have strokes that something like 80 per cent can be made independent. I do not know how many of our stroke cases in the general community we make independent, but it is far less than 80 per cent.

Mr. DAVIS: The question really is: If you are an older person with a disability is it better to be a veteran or a civilian?

Dr. GRAUER: I think it is much better to be a veteran. When I see that an older patient in a general hospital is a veteran I know that there are better facilities available for him in respect of rehabilitation.

Another thing I want to say about Dr. Bayne's viewpoint is that he is dealing here with a selected group. The veterans are a selected group. They are men who have been in the service, and who are quite well integrated in this country. We are dealing with men and women from the general population, and more women than men. A greater proportion of women are older than men. We are also dealing with people who are not well integrated into the community. I am thinking here of recent immigrants, and people who have much more difficulty in being transplanted again and helped by the community facilities.

Senator HAIG: Is this program you have outlined for the City of Montreal and the surrounding area followed in all D.V.A. centres?

Dr. BAYNE: I cannot speak with authority on that, but I think the program, roughly speaking, is carried out in all centres.

Senator QUART: In Montreal apparently they care for mental patients as well. They do not do that in our D.V.A. hospital in Quebec.

Dr. BAYNE: No, I believe, what they have done is to regionalize the mental institutions, so that the mental infirmaries, such as Ste. Anne's, receives mentally ill veterans from all over eastern Canada.

Senator QUART: My question is this: Will all the services of the D.V.A. be available to the civilians who will be eventually admitted to these hospitals?

Dr. BAYNE: You are asking a question I am neither authorized, nor even the person, to answer.

Senator QUART: I am wondering if that would be the policy.

The CHAIRMAN: The policy has not yet been laid down.

Senator GROSART: Is not the essential answer that most of these extra services are provided under special D.V.A. legislation, that there is special legislation providing for all these things? This is what we call the veteran's charter, that lays down these things that they are entitled to; because no D.V.A. hospital can spend money and give services that they cannot justify under legislation.

The CHAIRMAN: But once a man is a veteran and he walks in the hospital, from then on he is given what they think he ought to have, and that includes everything.

Senator GROSART: I will not argue.

The CHAIRMAN: Dr. Grauer, in the meantime, I will ask a question about sheltered workshops and day centres. The evidence before us here has been, if I read the brief correctly, that there are day centres, sometimes run by a service club, sometimes by some of these old-age clubs, and whatnot. I understand that these in that way do not exist in Montreal or Quebec. But why? These are not dependent on governments, these are community matters. Why not Montreal? People that can present a brief like this are not asleep.

Dr. GRAUER: I think the stimulus has to come from the people in the community to organize this. I think there is a certain amount of stimulus here. When we approach the Jewish Federation to help us in organizing a sheltered workshop for the aged—at the present time, they are running one not specifically for the aged, but young and old people who need rehabilitation—people who need to get into industry—they say that they only have facilities now which will take care of 30 people whom they hope to rehabilitate. The sheltered workshops that we would want would not only be a rehabilitation type of workshop but also possibly a terminal workshop. In other words, their orientation is to get a person who cannot work to be able to work. This is the orientation of the sheltered workshop at the present time. They do give us some places for older people, but these are very few; and we have talked about an expansion of a geriatric annex to this particular sheltered workshop. The orientation has always been to help the young people to get back into industry.

The CHAIRMAN: But what about day centres?

Miss BISHOP: I was going to say with regard to day centres, I think there is general agreement that there is a great place for them. However, in a city the size of Montreal there is a general feeling also that we need not one, but many. It is a fairly expensive program to operate as compared with some of the other things on our list of priorities. Day centres have been put a little further down the list. It boils down, to a large degree, to a matter of money and priorities.

The CHAIRMAN: When you talk of priorities, fix your own priorities now. What greater priority could you have than to provide some place for the old people to go where they can overcome a degree of loneliness, get an inexpensive meal, and have some purpose in going and coming, and to meet some people?

Miss BISHOP: We have, as stated in the brief, about 35 golden age clubs which provide opportunities on a limited basis, not every day in the week, or having a five day week program, which a day centre customarily has. Most of them are operated by church groups, service clubs, national organizations, and so on They are relatively inexpensive. They provide a means for the lonely person to have social contact. In most cases they do not provide a hot meal and the extensive type of program you think of for a day centre. If you are going to embark on this kind of a program, you immediately have to find an organization or source from which you can get the funds. When we look at the demands on private funds, and the lack of facilities in every area, we say perhaps we should be putting money, if we could get our hands on it, to try to expand the home help service for those who need help in this way. Then we look at other types of services needed, at the economic needs of the vast majority of people, and we find perhaps that one day centre would not be any answer. Therefore, if you start, are you going to be better off by establishing a day centre in a far-flung city like Montreal, which might be only a drop in the bucket? Everyone has their own list of priorities but we have not

developed one yet. We certainly are interested, and we see the value, but that is one of the reasons that is holding us back.

Senator GROSART: Is there available to the Province of Quebec anything similar to this document provided to us by the Ontario Society of Aging, called, "A guide to legislation and services related to the well being of older people in Ontario?" I may say that this lists 30 separate acts of Parliament, all of which are contributing something to the unmet needs of old people; may are provincial statutes in Ontario. Is there anything like this, that has been prepared for Quebec?

Miss BISHOP: I am not aware that there is. I have not seen one.

Senator GROSART: I gather that there may be some differences between the legislation in Ontario and that of Quebec, and it would be useful to get something like this. In each one of these 30 acts of Parliament is a specific provision for old people. Of the 30 acts, 17 are general; the latter deal with the unemployed, the disabled, the blind and so on.

Miss BISHOP: If I could add to that, I do know that there is interest in the provincial department family and social welfare in Quebec, in trying to develop a comprehensive plan for older people, and I would think that one of the first things they would direct their attention to would be getting together legislation; but this is for the future.

Senator GROSART: This has not been done, as far as you know.

Dr GRAUER: With regard to the sheltered workshop, we have asked the federal Department of Labour to help us, and they have said they would. However, a lot depends always on the provincial government in the Province of Quebec, and I think now we are in the process of trying to get them to help us in this matter too. I think the community is interested, and that the community is motivated to do it, and that if some hospital needs finance on a government level they will also make their contribution; but I think this is one of these things we are trying now to work out, and we sort of hang between federal and provincial.

The CHAIRMAN: This is a question for all of you. Taking the broad view from what you know of this problem, aside from Montreal, which is important in itself, what are the priorities for older people, the needs and priorities, as you would place them?

Miss BISHOP: Personally, I would prefer to see enough money in the pockets of the older people.

The CHAIRMAN: Then number one is economic.

Senator ROEBUCK: You mean jobs?

The CHAIRMAN: What is number two?

Miss BISHOP: Employment.

The CHAIRMAN: What is number three?

Miss BISHOP: It is hard to put them in any particular order.

The CHAIRMAN: Well, you are the experts and you are better able to do so than we are.

Miss BISHOP: Health. Of course, it is hard to put these in order, because health runs through everything. Let us say health and housing, or housing and health. I do not know which order to put them in.

The CHAIRMAN: Try to say something about them.

Dr. BAYNE: I would put them in that order. Health and resources to help the handicapped persons.

The CHAIRMAN: Have you missed anything? Dr. Hall, what have you to say?

Dr. HALL: I would agree with that.

The CHAIRMAN: Dr. Grauer?

Dr. GRAUER: I think this should be the order.

The CHAIRMAN: Where are the social amenities?

Dr. HALL: Would not number one go a long way to solve the problem of the social amenities for older people? There is a big relationship there.

Dr. BAYNE: The community support program for the handicapped person is under health?

The CHAIRMAN: To my mind, yes; but that is my thinking.

Senator GROSART: I would separate the hard help problem; it is rather different from what you call the soft help problem, which is loneliness, emotional difficulty, and so on.

The CHAIRMAN: Perhaps that would be number four. Is there anything you can add that will help us in our thinking on this problem, since you appreciate our difficulty?

Dr. BAYNE: I would like to suggest where we would like to see your action.

The CHAIRMAN: Be as free as the wind. Go ahead.

Dr. BAYNE: I believe you have asked a lot of questions we have not been able to answer.

The CHAIRMAN: We have been very impressed with the answers, and I speak for the committee.

Dr. BAYNE: Then I would say this, that I detect the feeling that you think we are expressing opinions rather than facts; and that is true. We don't have all the facts. Now, it is not difficult to obtain facts if we really want them, but of course you have to organize studies to find out these facts. Two things can be done. There are facts available for other communities. Those should be brought together in some central place. When we want to know something we have to write to a thousand different places to get this information. We have got it, yes, but just next door is another agency wanting the same thing, and they are writing to the same places. Why not some central place to write and get the information? We have already talked of the census section, and that could be brought into the same centre, to be responsible for the facts to be applied to our own particular situation.

Senator ROEBUCK: Is your recommendation for a department of government, and is that where you would expect that could be done?

Dr. BAYNE: I do not mind too much where it is done, but that seems to be the reasonable place. They probably do know, in fact.

The CHAIRMAN: No, they don't.

Dr. BAYNE: I know they are disorganized, that each one of the departments has information, and this could be brought together. I know that each one of the government departments has some information, so it could be brought together. The third thing is the stimulation of studies to find out this evidence. We in the Council of Social Agencies and the McGill School of Social Work have been trying to sponsor a study of retired people in Montreal to find out what their home situation is, what their economic situation is, and health status is. We have struggled to get support to get this study done; not a large amount of money. We received some support from the federal Government and we got going on our program. We got our schedules printed and so on, and at the end of the fiscal year the money was cut off. We had not spent it, but they would not let us use it in the

following fiscal year. If that is not a waste of money in the sense that we already had our schedules printed, I don't know what is.

I spent another year trying to get support for this and now, finally, the provincial government is supporting this and we are now lurching forward. This is ridiculous: year-by-year grants and inadequate sums of money. Here we have people who want to do the work and you are not willing to allow them the money to do it. I may say one more thing. Research can be done in two ways: you can pay people to make a study or to carry out an investigation and get the results—this is a full-time job. There is also a group of people in the community, working full-time, but willing, because of their interest, to find out facts. They have to have some support in the sense of stenographic or practical help in the gathering of these facts. Now, research money can be spent very profitably in this way. It may require small amounts of money, but it enables people in the field, who otherwise have not got the time, to get the facts.

The CHAIRMAN: Doctor, what you are saying has been done in the United States by the Ford Foundation, the 20th Century Foundation, and so on. There are dozens of them and I have read any number of these studies. They are excellent. They will do the Los Angeles district, they will do the Chicago district, they will do various districts. Now, strangely enough, assuming they know all the facts, I have not seen any real solution to the problem, and we really need guidance. Maybe it has just not hit me, but have you seen any particular thing that has attracted you and caused you to say that this study tells you something that you did not know before or had not even thought of or imagined before?

Dr. BAYNE: Yes. I would prefer not to speak of those studies in the United States but certain studies done in Britain. After all, a study is a study. Mr. Peter Townsend studied elderly people in London, and I think he produced some remarkable information. There can be two things. It makes you think—I never realized this before but it makes you think. That is the first thing, and it is very good because it helps get rid of those preconceptions, those preconceived notions I mentioned at the very beginning. The second thing is that if his findings are true of our area, and, incidentally, it is his schedule we are trying to use in Montreal, then this tells us something about our own planning as far as Montreal's social agencies are concerned, suggesting modifications of their programs or bringing into effect new agencies. That is why we are doing it.

The CHAIRMAN: Did you read the Saskatchewan report?

Dr. BAYNE: Yes.

The CHAIRMAN: What impression did it make on you? What did you get out of that, that was new and fresh?

Dr. BAYNE: I don't think they were telling something new, but the fact that they were doing it was new to me. If they are interested enough to get that information and bring it together, then I presume—maybe rightly or wrongly—that they are going to do something about it. I don't know whether they are. That is up to them. I agree with most of the things said there. So this is good, and I will take it and say to you that they think as I think. So please do what we are asking. That is useful.

The CHAIRMAN: Well, then, it was useful to you. That report was useful and you say you agree with much of what it said. We also found it useful and we share your agreement.

Dr. BAYNE: Yes.

Senator GROSART: We have an excellent example of the use of minor studies right here. We have an appendix on door handles. It is a study which is

very, very important. However, architects who are still building homes for the aged do not pay any attention to the specific matters laid down here. That is only one small area of what this kind of study can do. I am impressed in reading the cost of some of these studies for the number of people in a small area. You have got Ford money, and I think Rosow's was $200,000. Fine. If we have to spend it, spend it, but here is where I feel it can be very important. I would say that there is not a community in Canada which could say: we have a certain percentage of the aging people who are our responsibility, that x-percentage require home nursing; x-percentage require day-care, x-percentage would benefit from sheltered workshops. If the committee's report could only say, for example, that there are 10,000 aged people and that we should have facilities in all types of care and that this will require so many people—if we had only that, it would at least give any community a measure of its own deficiency.

Mr. Chairman, I have one or two short specific questions coming out of the brief itself, if everybody else is through—

Senator FERGUSSON: I would like to ask one or two questions.

Senator GROSART: Yes, by all means.

Senator FERGUSSON: I think one thing I noticed which surprised me a little was in Dr. Bayne's statement. I am sorry that I was a little late when I came in and I may have misunderstood it, but I thought Dr. Bayne stated that the reason we have so many elderly people in our population is not because we have made discoveries in medicine or things like that, but due to the fact that around the turn of the century we learned more about how to prevent infant mortality and the death of mothers at that time. This is new to me, and I understood you to say that that is the reason; these are the people who have grown up, and that is the reason we have such a large proportion of elderly people today. I always thought, and I must say that I said this in speeches and I'm glad to know if I'm wrong, but I was under the impression that the large number of elderly people was partially or to a great extent due to improved sanitation, new drugs and improved standards and discoveries in the medical field, and therefore better treatment of people as they came to middle age and after. Am I wrong in this? Is there any evidence to show that these increases of elderly people are due to better treatment and less infant mortality?

Dr. BAYNE: Yes. You see, even if the medical care of the number of people who become ill was maximal, that is, 100 percent were cured, it would not make that much difference in terms of numbers. If you follow primitive populations and survival curves, the drop off in infant mortality is immense, huge. Then, you have survival levelling out. If you cut off the mortality of all of that surviving group, you cannot make it go back up. However, it is a significant number. I am not denying that it is important, but where the greatest difference occurs is in the control of infant mortality, particularly in primitive, undeveloped countries, countries in the process of advancement or whatever you want to call it. It is the control of infant mortality that is causing the population boom, and which in another 50 years is going to cause an elderly persons boom.

Senator FERGUSSON: Thank you very much. Another question I wanted to ask about was in the introduction, part 1, section 1, the fourth paragraph, where it says:

> Lacking savings they are obliged to seek aid from relatives who often cannot afford to give it, or apply for government assistance and help from private social agencies.

Can some of you tell me whether in your experience you find that children who can give it are willing to or whether, even if they are able to help their parents, they are reluctant to do so.

Miss BISHOP: I think that the experience of our agencies is that you find all kinds. Some are able to but are reluctant to, but I think there are many many more who are willing to, and even sacrifice some opportunities for their own children in order to help give financial support to their elders.

Senator FERGUSSON: Can you tell me if there is any legislation in Quebec that requires children to provide for their elderly parents who are needy?

Miss BISHOP: Yes, there is. They are legally responsible.

Senator FERGUSSON: Does the province make use of it?

Miss BISHOP: Yes, particularly where investigators feel that there is unwarranted reluctance; and it is also used sometimes when the investigator is perhaps, not fully aware of all the facts, and I think that sometimes some of our social workers feel that pressure is used unduly. However, it is not too effective an instrument, you know. It is pretty hard to force you if you do not want to.

Senator FERGUSSON: In New Brunswick, there is legislation putting that responsibility on the children, but as far as I know it has never been used at all. I am sorry to ask these questions, but I have a few on my mind. In referring to all the integrative services that there are for veterans, Dr. Bayne mentioned that when they have recovered to a certain extent a foster home is the best place to put them and that you are using foster homes, and I would like to know if it is difficult to find families or places which will take these people in.

Dr. BAYNE: If the man is physically very handicapped, yes. Partly because the degree of responsibility is rather great and partly because I think there is a fear. People are frightened if they have to look after a man with one leg off, or person with this sort of disability. The person who needs supervision, but who is a single man or is separated or something of this sort and has no family to provide services or care for him, needs supervision because his memory, say, is not too good or his judgment is not too good. However, it is difficult to find foster homes. You have to do something about it and what we do is help the man by putting advertisements in the papers and we get, say a response of perhaps 5 or 6 letters and we follow them up through the social worker who goes to investigate the home and find what the motivation, and so on, is. So it is hard in the sense that you have to do a lot of work.

Senator FERGUSSON: Do you follow this up to see if they are happy?

Dr. BAYNE: Yes.

Senator FERGUSSON: Who pays for that care?

Dr. BAYNE: He does.

Dr. GRAUER: Our experience is that it is also hard to find persons willing to go into foster homes. We find that a lot of people never having lived in a family do not want to start now, and if you try to get foster homes or foster families for them you find that you have homes with nobody to go into them. Again, our orientation is young and youthful and we often project this into the problems of the old age group, and thus we get into difficulty. We think that because children go to foster homes and like it that therefore older people will also. We think that because children like summer camps that therefore older people like summer camps. However, this is not necessarily so, as I think that it has an awful lot to do with our own orientation and philosophy, and therefore, again, we come back to research which is so necessary in constructing something for older people.

Senator FERGUSSON: On behalf of Senator Jodoin I would like to ask if the witnesses are speaking only on behalf of the English population?

The CHAIRMAN: Yes. They said that to begin with, senator.

Senator GROSART: On page 1, or rather section 1, page 3—

In Part I, section I, page 10—I am having a little difficulty with the paging of this brief; it seems to keep starting over—in paragraph 38 under the heading "Recommendations" you say:

> That the provinces consider substituting for the present Old Age Assistance flat grants with supplementation, a system by which the moderate but adequate incomes established by these studies for each community become minima to be met by allowances supplementing each individual's total income from other sources.

My question is: Are you here advocating universal flat grants without a means test?

Miss BISHOP: No, quite the opposite. We are recommending great flexibility in the total amount of money which a person can anticipate on which to live, it being dependent upon a study made of what would be considered a modest but adequate standard of living in his, or his type of, community; that you would subsidize his income from all sources up to this amount, if necessary.

Senator GROSART: In other words, you would have "grants with supplementation" if you take out the word "flat"?

Miss BISHOP: Yes.

Senator GROSART: These are on a means test?

Miss BISHOP: Yes.

Senator GROSART: I do not get the purpose of this. You say "flat grants". You have these now. You have a grant. You can get old age assistance at 65, and you can get supplementary assistance at age 65. What is this recommendation? Is it that you should be dependent upon the judgment of the Department as to how much an old person should have?

Miss BISHOP: No, we think that this should be maintained, but in our situation the flat grant, as it were—if you qualify for old age assistance it is $75 a month. Is that right?

Senator GROSART: Yes.

Miss BISHOP: You call that a flat grant.

Mr. DAVIS: It is up to $75. It could be less.

Miss BISHOP: Yes, that is true. In that case, the word "flat" should come out. I agree with you.

Senator GROSART: Then, in section II-A, at page 7, you speak of the necessity of the setting up of a separate section on Aging in the national employment service. I believe they already have something along this line. What do you think they should do specifically that they are not doing now?

Miss BISHOP: We are not sure exactly how this can best be done, and I think in the recommendations we are not saying that they necessarily have a separate section on aging. If we have said that I would like to correct it. We would like either that, or some other type of structure within the national employment service offices, where we could have officers who could deal specifically with older people, rather than having the older people go to the special placement section for the handicapped.

You see, we feel that the label "handicapped" is a great disservice to many people. Too many people now automatically think of an elderly person as being a handicapped person. The national employment service has a special section established for youth within each regional or area office. Depending

upon the size of the city there may be one or two persons who deal specifically with older people. The matter of volume may govern this idea, but if you have people there dealing with older people and their problems *per se*, rather than mixing them up with the handicapped people, then it would be a good thing. Because of the lack of emphasis on the needs of the older worker in the past most of the training and energies of the special officers are directed towards applicants with physical or emotional difficulties and handicaps. This is what they can do best and more easily.

Our quandary is, and we raise it as a question, whether it is better to have a specialist on the staff somewhere in the administration in a metropolitan area as a consultant, who would provide liaison between the general placements and the special placements. We do not know whether it is better to work within the existing system, or whether there should be a special section focused on the needs of older people. This we feel, should be studied.

Senator GROSART: But you recommend that there be an old age section separate from the special placement section?

Miss BISHOP: We say the way it is operating now is not an effective way to meet the problem.

Senator GROSART: In the introduction to Part I you speak of aged people between 65 and 70 using up their savings. I must say this is the first time this has been brought to my attention. It is obviously very important in the over-all picture. It means that if these people are not provided any assistance between 65 and 70 they are in a much worse position at the age of 70 because they have then used up all their assets. How serious a problem is this?

Miss BISHOP: In the social agencies we naturally get those who have had the most serious experiences in this area and who, in many, many cases, are really penniless. How serious it is in terms of the over-all picture we do not know. This, again, means that inquiries and studies are needed.

One of the things we found was that it is extremely difficult to be more specific in certain areas as to what we think should be done because there is a lack of information on the income distribution of people in our area.

The CHAIRMAN: As I recall, Senator Grosart, this is a serious problem, and has been for as long as I can remember. It is the area about which we know little. There is a gap there. We are trying somehow to bridge that gap through the pension plan. You have hit upon a matter that is of real importance. I should have though that it would have come to your attention more often than you seem to indicate.

Miss BISHOP: Well, naturally we hear about it. There is a great deal of discussion about it, but, as I say, from the point of view of our social agencies we get some of the most serious cases, and no one has statistics.

The CHAIRMAN: My recollection of the figures is that 20 per cent of the people across the country in that age bracket receive assistance.

Senator GROSART: That is old age assistance?

The CHAIRMAN: Yes. There is a great unmet need here. Because of pride or some other thing people just do not apply. Whether ten per cent are in that group or not, I do not know.

Senator GROSART: If these figures are correct, the net figure is somewhere around 60 per cent. That is, from the figures we have in this brief. 60 per cent have not an income to give them an adequate—what is the phrase you used?

Miss BISHOP: Modest but adequate.

Senator GROSART: Yes.

Miss BISHOP: As far as Quebec is concerned not only do they not apply for old age assistance, but there are very many who do not know it exists.

The CHAIRMAN: That is the point Senator Grosart was trying to make earlier. A group from the Province of Ontario—I think it was the Welfare Council—presented a brief and said that there are 29 acts designed to assist old people. Strangely enough, the chairman, who comes from Ontario, did not know that many existed, so what can you expect from other people?

This is no reflection on you, but you do not know the acts that are on the statute books yourself. Surely, how much less does the man who is in need know about these things? He gets pushed from place to place until some young social worker, who has just got out of school, remembers a certain act and says: "Oh, yes".

Senator GROSART: How many lawyers in Ontario could competently advise an older person as to his rights under the law?

Senator QUART: Senator Fergusson referred to dependents being forced to partially contribute. In Quebec there is the Public Assistance Act. I know of one particular case that was taken to court, and the dependents were obliged to contribute—the sons, but not the daughters.

Miss BISHOP: I think legislation is used on occasions particularly when the investigator has felt that the family is able to assist but is reluctant to do so. Sometimes we think there are mistakes made in taking it too far, but it is not used in every case.

The CHAIRMAN: May I say on behalf of the committee how pleased we are that you came. We have been impressed with the brief, and we are very glad that you have shared with us the wealth of your experience. Your own contribution to this commitee has been extremely valuable to us, and we are most grateful to you.

Miss BISHOP: Thank you, Mr. Chairman, we are grateful to you.

The committee adjourned.

APPENDIX "U"

BRIEF TO THE SPECIAL COMMITTEE ON AGING

OF

THE SENATE OF CANADA

submitted by

Montreal Council of Social Agencies

Federation of Catholic Charities

Federation of Jewish Community Services of Montreal

May 1964

Montreal, P. Que.,
May 28th, 1964.

We have the honour to submit to you a brief which has been prepared by the Montreal Council of Social Agencies, the Federation of Catholic Charities, and the Federation of Jewish Community Services. The names of the organizations and individuals that have contributed their special knowledge of the condition and needs of the aged in the English-speaking community of Greater Montreal are recorded in connection with the two parts of this document.

The single theme of this brief is that everything possible should be done to keep older persons active, useful, and independent in the community and in their own homes as long as possible, and that when it becomes necessary for some to enter hospitals or other institutions, every effort should be made to rehabilitate and restore remaining faculties to the fullest possible extent.

Society owes older men and women a chance to work as long as they can produce efficiently; it must, therefore, provide for them a sound economy, skilled employment placement, vocational retraining, and public interpretation.

In retirement, elderly persons should have an income which is conductive to a healthy, decent and reasonably active life. With the help of adult education they could prepare themselves for retirement and develop interests in cultural and recreational pursuits and in voluntary community work.

The aged also need housing at low or moderate cost. They look to federal, provincial, and municipal agencies to stimulate, through improved legislation, financing, and publicity, the modification of existing housing units and the building of new ones.

Back of the struggle of elderly persons to do for themselves must be well-equipped and well-staffed health and welfare services, requiring substantial support from governments.

Above all, since this brief and others made to the Senate Committee have shown the paucity of data available on the condition of the aged in Canada, we earnestly recommend that a Federal Bureau of Aging be established to stimulate research and planning in the field of aging.

We are grateful for this opportunity of presenting our views on this subject and we wish the honourable committee success in its efforts to give the aged a place and meaning in our society which many of them do not now have.

Yours faithfully,

(Signed) Henry F. Hall, President,
Montreal Council of Social Agencies.

(Signed) Richard F. Walsh, President,
Federation of Catholic Charities.

(Signed) Lavy M. Becker, President,
Federation of Jewish Community
Services of Montreal.

SUMMARY OF RECOMMENDATIONS

It is recommended that:

1. A Division or Bureau on Aging be established within the Department of National Health and Welfare devoted primarily to:

(*a*) fact-finding and research in relation to the older Canadian population, and the collection and dissemination of data pertaining to gerontological studies made here and elsewhere;

(*b*) provision of consultant and public information services;

(*c*) encouraging and assisting financially and otherwise the making of local studies and research essential to the development of services for the aged;

(*d*) offering financial inducements to able students to enter the field of research and study of aging.

Part I—Section I—Paras. 14 and 15
Part II—Paras. 153 to 158.

2. A "modest but adequate" standard of living in accordance with prevailing standards in the community of residence, be assured all retired Canadians.

(*a*) Surveys be made to determine these standards and costs, and,

(*b*) pending completion of such studies single elderly persons living in a high-cost urban area be assured a minimum income from all sources of $1260 a year, and elderly couples $21000, with consideration given beyond that figure in special circumstances.

Part I—Section I—Paras. 36 to 40.

3. Governments administering assistance programs applicable to older people study what can be done to:

(*a*) better inform the public of assistance measures in effect and where and how to apply;

(*b*) make application centres more easily accessible, and assistance more quickly available;

(*c*) reduce pressures upon public assistance staffs in order to enable them to give more time and attention to needs of elderly people with whom they have contact, which go beyond the purely financial.

Part I—Section I—Paras. 41 and 42.
Part I—Section IV—Para. 33.

4. (*a*) Older workers able and wishing to work be entitled to compete for employment on the basis of their qualifications for the job, and that

(*b*) the National Employment Service make changes in organization and operations in order to expand and refine its services to older citizens, with attention directed particularly to: greater use of testing, guidance and counselling; vocational retraining; increased interpretation to employers and the general public.

Part I—Section IIA—Paras. 23 to 31.

5. An appropriate Department of the Canadian Government in collaboration with those responsible for national manpower policy, undertake expert studies and research designed to gain a clearer understanding of older workers' problems and employment potentials, as well as practical possibilities of expanding job opportunities, including opportunities for part-time work, for those in the age group.

Part I—Section IIA—Paras. 13, 14, 15.

6. Wider adoption of flexible retirement policies be pursued, and to this end that employers, organized labour and appropriate departments of governments cooperate in studies designed to develop criteria or indices useful in determining the most appropriate time for retirement of individuals.

Part I—Section IIA—Para. 34.

7. (*a*) Provinces which have not already done so require all major municipalities to create Housing Authorities responsible for promoting, facilitating and providing good standard housing in adequate supply, with due attention directed to the housing needs of the elderly as well as for other citizens;

(*b*) Municipal Housing authorities have specific powers in relation to the use of municipally owned properties for housing purposes, having due regard for the housing needs of the elderly; and that

(*c*) Municipalities be encouraged to make tax concessions to

(i) non-profit organizations providing low rental housing for the elderly;

(ii) owners of homes who are 65 or over and personally occupying these properties.

Part I—Section III—Paras. 23 to 25, 28, 34.

8. The National Housing Act be reviewed, and if possible modified, in order to make it a more flexible and useful instrument for financing housing for the elderly, and that if this is not practical, consideration be given to preparation of special legislation for this specific purpose.

Part I—Section III—Para. 32.

9. Central Mortgage and Housing Corporation

(*a*) substantially reduce the interest rates on loans to non-profit organizations producing low-rental housing for the elderly;

(*b*) provide funds to local welfare planning organizations for studies and research into housing conditions and needs of the elderly, and assessment of housing supplied to date;

(*c*) conduct a sustained educational campaign regarding the advantages and possibilities of (i) modifying existing apartments to make them suitable for occupancy by older as well as younger people, (ii) incorporating special features in new construction;

(*d*) make available plans and specifications for low-cost one bedroom homes.

Part I—Section III—Paras. 3, 16, 18 and 27.

10. Provinces which have not already done so, be urged to establish within Departments of Education:

(*a*) special branches devoted to adult education programs, with immediate emphasis being given to development of programs suitable for older adults, and that

(*b*) These Adult Education Branches employ specialists and consultants to assist in developing leadership training courses including training of personnel to work with older adults—not overlooking the possibilities of recruiting retired people for community program leadership, and that

(*c*) public educational programs directed towards pre-retirement planning and counselling be developed and sponsored in cooperation with a variety of other interested organizations, groups and governmental bodies with a view to assisting individuals to anticipate and prepare adequately for retirement.

(*d*) studies be made of adaptations of teaching methods, programs and facilities which may be necessary in working with older adults.

Part I—Section IIB—Paras. 16, 17, 19, 20, 24, 25.
Part I—Section IIA—Paras. 37, 39.

11. Provincial departments of education encourage:

(*a*) local school boards to make available strategically located high schools for evening classes, and

(*b*) municipal recreation departments to schedule evening as well as day-time activities geared to the special needs and interests of older people—all at nominal cost to the individual.

Part I, Section IIB—Para. 22.

12. Appropriate provincial departments create and maintain vacation hostels designed and equipped to meet the requirements of older as well as younger people, and available at modest cost; and further that, such hostels be kept open longer than the usual July through Labour Day holiday period.

Part I, Section IIB—Para. 23.

13. Provinces which have not already done so undertake fact-finding studies and surveys, in cooperation with local welfare and municipal planning bodies, as a basis upon which to develop comprehensive plans for providing, over a scheduled period of time, services and facilities necessary to meet the needs of their older residents.

Part I—Section IV—Para. 28.

14. (*a*) In view of the shortage of personnel more funds be invested in recruiting and training people in the various professions and specialities required for adequate services for the elderly, and that systematic research be undertaken on this topic as it relates to the preparation of personnel at all levels.

(*b*) Universities review the curricula of schools and faculties training students at the present time for the health, education and welfare fields, with a view to determining whether more time might not be devoted to special aspects of training relating to the elderly.

Part I—Section IIB—Paras. 18 & 34.
Part II—Paras. 152 & 127, 128.

15. Funds be made available to local welfare planning bodies to enable them to expand and intensify their activities, strengthen their research facilities, and otherwise contribute more than their present resources permit them to do; also that funds be provided to assist in the setting up or expansion of services, which, following careful study, are agreed to be needed and at an earlier date than the community would otherwise be able to provide them. Something similar to the Senior Citizens' Community Planning and Services Act in the United States, might provide a suitable pattern.

Part I—Section IV—Para. 29.
Part I—Section II—Para. 8.

16. In view of the widely demonstrated proven values of "Home Helper" Services in many other countries, studies be made by the provinces to determine the most effective means of instituting such services for their citizens, and that what steps may be necessary be taken to ensure the availability of Home Helper Services in sufficient quantity and quality to meet the need.

Part I—Section IV—Para. 30.

17. Some form of Government financial assistance be provided to assist non-profit organizations and groups to establish and operate small group homes,, boarding and foster homes for older people who need partial personal care and/or a degree of protection.

Part I—Section IV—Para. 31.

18. Information and referral services, and agencies offering casework and counselling services to the elderly be assisted in expanding to the point where availability of such services can be widely advertised with reasonable assurance that those who apply may receive the help they seek.

Part I—Section IV—Para. 32.

In View of the Extensive and Technical Nature of the Recommendations of Part II of this Brief—Only a Few Have Been Here Abstracted and Summarized—Please Refer to Part II for Details.

19. Appropriate governments encourage the development of
   (*a*) special long-term treatment sections in general hospitals, or of chronic disease hospitals, if equipped and staffed to provide most of the services of a general hospital, or if located adjacent to general hospitals.
   (*b*) out-patient clinic facilities in chronic disease hospitals to assess applicants for admission and to follow up after discharge.
   (*c*) geriatric clinics within outdoor clinics providing a co-ordinated treatment plan for patients with multiple diseases.
   (*d*) Complete home care programs, including home helper service, visiting nursing, and other supportive services.
   (*e*) instruction of students of various health disciplines in the management of chronic illness in elderly persons.

Part II—Paras. 22 to 26, and 99, 100, 105.

20. Hospital Insurance Services cover:
   (*a*) out-patient care, including cost of transportation of frail persons to and from clinic, and the cost of medications, and

(*b*) patients requiring permanent care either in a chronic hospital, or in a nursing home.

Part II—Paras. 27, 28.

21. The Department of Health of each province where this is not now in effect:

(*a*) License, supervise, and set adequate standards for all nursing homes providing nursing care to sick persons under medical direction, and,

(*b*) encourage the construction of high quality non-profit nursing homes, with construction grants for those meeting modern standards.

Part II—Paras. 64, 66.

22. The Department of National Health and Welfare, Hospital Design Division, be asked to develop standards for nursing homes, as they have for hospitals.

Part II—Para. 67.

23. Governments make greater financial provision for treatment in mental hospitals and for development of services needed to facilitate the patient's returning to and remaining in his home and community; also for development of supportive community programs which could prevent breakdown of mental health.

Part II—Paras. 79-88.

24. More public funds be invested in sheltered workshops and in occupational therapy and rehabilitation services for older persons, as well as in training of personnel for these purposes.

PART I

ECONOMIC NEEDS OF THE ELDERLY

SECTION I

PART I

SECTION I—ECONOMIC NEEDS

Introduction

1. Contrary to general belief only a small proportion of all Canadians now retired have any pension or annuity income apart from $75 a month payable under Old Age Security at age 70. Only 19 per cent of all who reached 65 in 1960 retired on pension under all Canadian pension plans. In 1962 the average amount received under such plans was $70 per month.[1]

2. If unable to secure work following retirement at wages sufficient to meet their requirements—and this is exceedingly difficult to do today[2]—the majority of Canadians have to use whatever savings or realizable assets they may have until they become eligible for Old Age Security payments at age 70.

3. Most people 65 today struggled to support families through the 1930's and have had little opportunity to save. Those who did succeed in putting something aside for their old age have seen the purchasing power of those dollars dwindle with the passing years.

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[1]Labour Gazette—May 31, 1963—"The Portable Pension Experiment".

[2]See Section II—A—"Paid Employment".

4. Lacking savings they are obliged to seek aid from relatives who often can not afford to give it, or apply for government assistance and help from private social agencies.

5. It appears that a very high proportion of all retired persons are living in severely strained circumstances, while in large urban centres many whose sole incomes are government pensions and allowances are barely able to exist from day to day. The serious cumulative effects upon the individual, and the social costs which result from denying satisfaction of essential human needs over a sustained period of years can not be over-emphasized.

6. In the past decade social studies and research in economics, psychology, sociology and medicine have generally concluded that older people function best if able to maintain an active place in society, and that society needs the contributions which its older citizens can make both now and in the years ahead.

7. Other studies have shown a direct relationship between economic deprivation and premature withdrawal from community life. In the Kips Bay-Yorkville area of New York City nearly two out of three in the lowest income group were found to have become relatively isolated.[1] A high correlation has also been established between inadequate income and poor nutrition among the elderly. A survey in Montreal in 1960 found that almost two-thirds of the old age pensioners who lived alone did not have sufficient income to allow them to eat properly.[2] Poor nutrition and isolation in turn are directly linked with mental illness[3] and physical deterioration.

8. We believe it would be infinitely better and probably cheaper in the long run for society to place sufficient money in the hands of those of the elderly who need it in order to maintain a modest but adequate standard of living and operate their own households. A large proportion of those who appear at Montreal social agencies are able to carry on without further help once their financial difficulties are eased.

9. It is recognized that having more money will not provide a complete solution and that Canada must develop and expand organized health, welfare and other services and facilities in order to meet special needs of older people when and as these are required. What we consider these needs to be are discussed in this and succeeding sections of this Brief.

THE LOCAL PICTURE

Lack of Information

10. One of the most serious problems encountered by organizations and individuals wishing to gain an understanding of conditions affecting older people in the Montreal Metropolitan area is the unavailability of facts.

11. Seeing in the 1961 Census an excellent opportunity to obtain valuable data, the cooperation and assistance of the Dominion Bureau of Statistics was sought as far back as 1958, requesting that plans be made to provide certain special tabulations. Subsequently similar requests were registered by other organizations in the health and welfare field and by the Canadian Welfare Council's Committee on Aging—all without success.

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[1]"Five Hundred Over Sixty" Kutner, Fanshill, Togo & Langner—Russell Sage Foundation—1956.

[2]Survey of nutrition of people 65 and over conducted by Montreal Health Department and the Department of National Health and Welfare—1960.

[3]Dr. C. A. Roberts—Executive Director, Verdun Protestant Hospital and Chairman of the National Scientific Planning Council of the Canadian Mental Health Association. Evidence before the Senate Committee on Aging—February 27, 1964.

12. In the preparation of this Brief it has been necessary to make extensive enquiries and examine many reports in the hope of discovering something useful relating to the financial resources and purchasing potentials of the older people in the Montreal area. What little has been gleaned is fragmentary, and nothing at all was found which is applicable to the non-French portion of the older population for whose welfare our agencies have a more direct responsibility. Attempts were also made to find: the range of local rents paid and types of accommodation occupied by older people; average expenditures for medical care and medications; and other items of expense which have a direct bearing upon the extent to which older people in this community are, or are not, able to finance their own living. Apparently local surveys will be necessary before this can be known.

13. Since money and qualified staff to conduct comprehensive local surveys are exceedingly difficult to obtain, practically nothing of this nature has been accomplished in the Montreal area to date. Two propects have recently been launched. One relates to health needs of the elderly[1] the other to aged residents of nursing homes and institutions.[2] The Federation of Jewish Community Services is also making an "Older Persons Audit" to determine how older people in the Montreal Jewish Community are using agency services and what needs are not being met due to insufficient or non-existant services. It is too early to benefit from the findings of any of these surveys.

RECOMMENDATIONS

14. That a Division or Bureau on Aging be established within the Department of National Health and Welfare, to serve the following purposes:

(*a*) Obtain, process and supply on request, to other Federal Departments, Provinces, municipalities, universities and other reputable organizations, data relating to older Canadian citizens which is in the possession of various departments of the Federal Government but not available in a form useful for social studies and planning.

(*b*) Stimulate the cooperation of Federal Government Departments in the conduct of surveys or research projects on broad issues affecting the welfare of the aged in the country as a whole, with Departmental research staff and facilities made available from time to time for such undertakings.

(*c*) Make funds available for local surveys and research in this field, approved by the Division on Aging and by designated Provincial authorities.

(*d*) Provide a public information and directional service, and carry on a well-rounded public educational service on various aspects of aging, utilizing all available media.

IT IS FURTHER RECOMMENDED

15. That approved projects once under way, be assured of continuing financial support for the agreed upon duration of the undertaking, except in cases where progress being made, or methodology employed, does not prove acceptable.

Incomes of Elderly in the Montreal Area

16. As previously pointed out (paragraphs 10 and 12) we have not been able to obtain the information necessary for a clear understanding of income

[1]Being undertaken by the Health Section of the Montreal Council of Social Agencies in collaboration with the McGill School of Social Work.

[2]Conducted by the School of Social Work, University of Montreal.

distribution among the more than 150,000 elderly people in the Metropolitan Montreal area, of whom perhaps 50,000 may be non-French in culture and background.

17. Probably the most significant figure located[1] indicated that 102,537 people, or almost 80 per cent of all in this age group in 1961, did not have sufficient income to require payment of income tax.

18. We estimate that 16,000 to 17,000 people between 65 and 69 years of age are dependent upon Old Age Assistance Allowances which means, since April 1st, 1964, that they have less than $105 a month from all sources including the $75 allowance, if single, and less than $185 a month if married. This estimate is based upon the assumption that the proportion of needy persons between 65 and 69 in the Montreal area would not be less than for the Province as a whole, i.e. 32 per cent of all in this age group.[2]

19. To this 16,000 or 17,000 people must be added the unknown but undoubtedly large number over 70 who have little or no income beyond their Old Age Security Pensions; those drawing War Veterans Allowances; and those receiving very small private pension or annuity payments.

20. While it is true that people over 65 who do not have the maximum income permitted may apply for supplementary allowances, it can not be assumed that allowances will be granted which will bring total income to $1260 or $2220 a year. In fact the experience of our agencies indicates that supplementation in the past has tended to be on the order of $10 or $15 a month, with amounts of $20 and $25 being granted only in exceptional cases. In other words, $90[3] a month for single elderly has been considered the maximum to which the Province will contribute in allowances and supplementation, but a $75-$80 monthly income appears more typical. Whether or not these levels will be raised as a result of the recent $10 a month increase in the Old Age Assistance basic rate, we are not able to say. However, if they are not raised, we fear that many who have been receiving supplementary grants may find these either reduced or withdrawn.

21. Unfortunately the Provincial Department of Family and Social Welfare does not keep its records in a way which makes information readily available for Metropolitan Montreal. The Department has estimated, however, that possibly 4,500 elderly people in the area are receiving supplementary grants.

22. A high percentage of all elderly people who find their way to social agencies are unaware that Government supplementation is available, and it is only with the help of the agencies that application is made. We are greatly concerned about the many others who are hidden away, do not come to agencies and are struggling along without this additional help.

23. Two of the three private family social agencies serving the non-French community provide a limited amount of financial assistance to elderly people, but restricted funds make widespread supplementation impossible. For further details see Section IV—Social Services, Par. 15.

Income Requirements

24. Before attempting to determine the amount of money older people require in order to live in the Montreal area it is necessary to determine the degree and quality of living which should be theirs.

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[1]Taxation Statistics—1963—Table 4—page 51—Total Taxable Returns.

[2]Rapport du Comité d'Étude sur l'Assistance Publique du Québec, Juin 1963, page 85. According to the 1961 Census 50,982 between 65 and 69 years of age were living in Metropolitan Montreal. They comprised 44% of all in this age group in the Province.

[3]Order-in-Council 1664—July, 1961.

25. Until recently—and perhaps even to-day—the popular notion has been, or is, that when people retire from regular employment they can be expected to retire substantially from life. Their needs have been viewed as so minimal and the money needed to supply them so small, as virtually to guarantee that any who were not already "inactive" would speedily become so. Old Age Pensions and Government financial assistance available to the needy aged have been accordingly, set at levels which might have been sufficient in rural areas but which have been below bare subsistence for Montreal residents.

26. In this context the Montreal Diet Dispensary, a number of years ago, became very much alarmed because so many aged pensioners referred to the Agency were seriously undernourished and it set out to determine what were the absolute minimum quantities and kinds of goods and services which retired people required to cover day-to-day needs for health with some semblance of independence and self-respect. Budgets were developed for retired single women living alone, single men living alone, and couples. They have been repriced periodically since that time and are attached.

27. The Agency is the first to emphasize the inadequacy of these budgets for even "inactive" retired people while fully supporting the need to raise our sights in order that older people may be financially able to participate in the life of the community as "active" members of it.

28. It will be noted that the Diet Dispensary's budgets assume that married couples own all the necessary furniture and household equipment for a three-room unheated flat; that all retired people have a good stock of clothing when it becomes necessary to adopt this budget; that all meals will be prepared at home—even by single men. Further, no provision has been made for any laundry to be sent out, or for occasional help with heavy physical work in or around the home. Nothing has been included for any extraordinary expenditure such as—having an iron or radio repaired, or replacing a blanket or a reading lamp; there is nothing to cover purchasing a pair of glasses, special diets, prescription drugs, payment of doctor's, dentist's or oculist's fees. Nor can one expect on this standard of living to have a telephone, insurance of any kind, a vacation, or the pleasure of giving someone a small present now and then. If it is necessary to move to new quarters paying the mover is a problem. Further, while theoretically a few cents a month can be laid aside over an eight-year period in order to replace a worn out winter coat, it is doubtful if this saving would be sufficient to purchase a garment of adequate quality to last another eight years. Also, such protracted savings from a woman's total clothing allowance of only $4.49 a month is difficult to imagine.

29. Even with these omissions and limitations the Montreal Diet Dispensary's budgets show that the single woman requires $93.55 a month, the single man $100.94, and the couple $156.32, all of which are in excess of the amounts which the elderly have to spend if they are totally dependent upon Old Age Security or Old Age Assistance payments plus average supplementation in the Province of Quebec.

30. It should be pointed out that while there are in certain districts of the City quite a number of "cold water" flats which rent for around $45 a month, and cost a minimum of $53 a month including heating, hot water and taxes, few of these seem to be vacated from year to year. Similarly, there are long waiting lists for the relatively few low-rental apartments available. (See Section III—paragraph 20). As a result a large number of older couples are actually paying $60-$65 a month for small three-room heated apartments. In some cases the figure is even higher because ready

access is essential to neighbourhood resources, such as religious institutions, hospital clinics and the like.

31. Single persons living alone frequently do not have rooms with cooking privileges, making it necessary to eat in restaurants. Under these circumstances, the minimum adequate food allowance is between $2.00 and $2.50 a day. In our view it is important that those who live alone be able to "eat out" if not regularly, at least from time to time.

32. Another item which looms large in the budgets of retired persons on low incomes, is transportation. It will be noted that only 20 tickets a month have been allowed for couples and single persons alike. If in order to obtain cheaper rent it is necessary to take the bus to do the weekly shopping, and if perhaps one attends clinics as well, tickets for church or Golden Age Club or other recreation must be purchased from some other item in the budget. In some cases we know it has been the daily newspaper which has had to be sacrificed.

33. Understandably, people living under these conditions, and particularly those living alone, are in a state of constant anxiety lest an unexpected major expense suddenly become necessary. Those who work with low income elderly people know that they almost always close the gaps by denying themselves food which they very much need. Where this does not suffice some will turn to welfare agencies, but many do not.

34. In our opinion the level of living for elderly people referred to as "modest but adequate" by the Bureau of Labour Statistics in the United States contains the concept which should be adopted for the elderly in this country. That is—that it is not enough to meet the individual's physical requirements if he does not also have a reasonable opportunity to satisfy basic psychological needs and personal aspirations. Income needs of the elderly person have therefore been based, in the United States, upon a standard of living which calls for goods and services necessary for a healthful, self-respecting mode of life allowing for normal participation in community life according to prevailing standards in the community in which he resides.

35. Some may argue that this would place retired people in a preferred position compared with younger persons and would result in a heavy financial burden for the taxpayer. Upon reflection, however, it must be clear that on the whole, public programs in health, education and welfare, and private agency services are geared to children, youth, and adults up to middle age. Employment opportunities are largely restricted to the young, and in addition wage-related portable pension plans now under consideration will offer nothing to those now retired and little to those approaching retirement. We think the country also owes elderly citizens a "better deal" than they now have, and point to the probability that the cost of such a program would decline sharply in a few years' time and would ultimately disappear.

RECOMMENDATIONS

36. That the Provinces and Territories of Canada accept as social policy that all retired persons who are unable to obtain it by other means, be assured of a modest but adequate standard of living as defined in the preceding paragraph No. 34.

37. That the Department of National Health and Welfare in cooperation with the Provinces, appropriate bodies at municipal levels, and representative groups of retired persons initiate at an early date, a series of surveys in a variety of types and sizes of communities in different areas or regions of the

country, in order to establish for each, (*a*) expenditure patterns for the elderly; (*b*) what are considered modest but adequate standards of living, and (c) what it costs to maintain these standards.

38. That the Provinces consider substituting for the present Old Age Assistance flat grants with supplementation, a system by which the moderate but adequate incomes established by these studies for each community, become minima to be met by allowances supplementing each individual's total income from other sources.

39. That Pending completion of studies as proposed in paragraph No. 37 and in view of the demonstrated high cost of living in the Montreal area, the maximum income of $1260 a year now permitted a single elderly person qualifying for Old Age Assistance be considered the minimum assured such a person living alone in Metropolitan Montreal and that supplementation sufficient to reach this minimum be given. It is suggested that the minimum for married couples living together without dependents might be $2100, with consideration given beyond that figure where there are dependents or where necessary shelter costs exceed the average.

40. That Interim consideration of this nature be given to elderly people in other high cost metropolitan centres where suitable low rental accommodation and/or other community subsidized services needed by these people are seriously inadequate or non-existent.

41. That Provincial Governments which are not already doing so, take steps to inform the public regarding the financial assistance measures available for the benefit of the elderly, and where and how to apply. A simple pamphlet might meet this need.

42. That Governments administering the Old Age Assistance programs study what needs to be and what can be done to 1) make more help available and make it more easily accessible to citizens requiring assistance with the preparation of application forms; 2) expedite the processing of applications; 3) facilitate follow-up.

PART I

OCCUPATIONAL OPPORTUNITIES FOR THE ELDERLY

SECTION II—A

PAID EMPLOYMENT

Introduction

1. We are warned by demographic experts that in North America the unemployed population at both ends of the life span is growing proportionately more rapidly than the middle group engaged in production, upon which the economy of the country depends. It is apparent therefore to economists that we are increasing the proportion of consumers while relatively decreasing producers. Despite the increasing productive power resulting from automation, this trend, if allowed to continue unchecked, may well have an inflationary effect upon prices with a declining standard of living for all.[1]

[1]Peter Drucker in his book "America's Next Twenty Years"—quoted in "Healthy Added Years" by Edward L. Bortz M.D.,—Encyclopedia Britannica, 1961. Robert A. Rennie—also quoted by Dr. Bortz in same article, page 78, Encyclopedia Britannica, 1961. The late Dr. Slichter, Harvard University—Quoted by G. W. Hobbs, III-Sec. Proceedings First Montreal Conference on Aging—1962.

2. With technological advances in industry the educational requirements of workers are growing, and it is therefore important that young people refrain from entering the labour market until they have acquired the basic education they need. On the other hand, there are thousands of able people in the older age brackets who are eager for employment, but are not being permitted to work.

3. Scientific research has shown that age, in and of itself, is the least reliable of all indices of an individual's work potential; that the capacity for work persists far longer to-day than is commonly recognized; and that in some occupations efficiency and performance are actually higher among older workers than among younger ones. Consequently, it is from this group that the additional producers needed must be sought.

4. A re-orientation and re-fashioning of economic and social policies and measures to meet the present and future employment requirements of the country are urgently needed. A balance must be maintained in the age distribution of people at work, but at the same time emphasis should be placed upon utilizing the most able and best qualified people available. For those who can not be used effectively or are not needed, other provisions must be made to maintain them within a healthy and prosperous society.

5. In general, we believe that employment should depend primarily upon qualifications for and ability to do the job and that age should not bar a candidate from competing; similarly, that retirement from a job should be required only when performance is no longer maintained at a satisfactory level of efficiency. For some workers this may well be before the customary age of 60 for women and 65 for men. It is recognized however, that employers at present find it difficult to administer flexible policies owing to the lack of objective criteria. One would be reassured if there were more evidence of efforts being made in Canada, along the lines of work which has been going on for some years in the United States,[1] to develop scientific methods for analyzing job requirements and for measuring job performance.

6. While seeking equal consideration for older candidates for jobs we do not plead special privilege, and consequently are not in favour of protective measures such as legislation found in some countries (e.g., France and Colombia)[2] which requires employers to reserve a certain percentage of all jobs for older people. Similarly we question the wisdom of collective labour agreements which sometimes forbid reduction of pay for workers whose output is declining, or insist upon rigid adherence to seniority provisions regardless of worker efficiency.[3] Such preferential treatment appears to us economically unsound, places an unwarranted burden upon employers, and in the long run is more likely to prove a disservice than a help in widening employment opportunities for the able, older worker.

7. We believe that older workers should have the right to retire if they wish and that they should have sufficient income to maintain themselves on a modest, adequate level during the retirement years, as has been discussed in Section I—Economic Needs. Unfortunately, in fact, many thousands of Canadians are never in a position to exercise that right owing to no or not enough savings and private pension benefits.[4] There is great financial pressure upon these people—in many cases even after Old Age Security comes into play—to

[1]National Council on Aging. For more details see Para. 34 of this Section of the Brief.
[2]Report of the Director General of the International Labour Office, Part I: "Older People—Work and Retirement"—page 38—Geneva 1962.
[3]Report of the Director General of the International Labour Office, Part I: "Older People—Work & Retirement"—page 28, para. 3, Geneva 1962.
[4]Refer to Section I—"Economic Needs"—para. 1 and 17.

continue working as long as they can. Nor is this situation likely to change appreciably until the proposed Canada and Quebec Pension Plans have been operating for a considerable number of years, because large numbers of people are already at retirement age or have too few years remaining of their working careers in which to accumulate adequate benefit rights. If unable to find suitable employment these people have no alternative but to seek some form of social assistance. At present levels these allowances without supplementation, are seldom sufficient in the larger urban centres to provide the barest essentials.[1]

8. The situation therefore appears to be this: if Canada's economy is to continue to expand, it will need increasingly the active participation of older workers in the Labour Force; older people in large numbers are able to, want to, and need to work. Consequently, attention must be directed to discovering ways in which more and better employment opportunities can be opened to them; providing training and retraining facilities to assist them to qualify; supplying counselling and placement services geared to their special needs.

9. Thus there is clearly needed an efficient, well-staffed Employment Service operating in the closest possible relationship with the Department of Government responsible for developing and implementing a national manpower policy.

THE LOCAL PICTURE

Lack of Essential Information

10. As in practically all other areas of concern relating to the older population, there is available little statistical information on the employment situation of people 65-and-over in the Metropolitan Montreal area. We do know that 22,468 in this age group reported they were working when the Census was taken in 1961. This represents three per cent of the working Labour Force on that date. We also find 2,664 unplaced applicants on the books of the National Employment Service at that time.

11. Unfortunately National Employment Service figures are limited to quarterly totals of "unplaced" applicants in this age group and give no indication of total applicants and whether they were placed or unplaced or allowed their applications to lapse. Moreover, studies made elsewhere indicate that a very high proportion of retired people do not apply to public employment services for help in finding jobs. A survey of employment after retirement conducted in 1962 by the Retirement Research & Welfare Association, among 11,054 of the membership of the American Association of Retired Persons, showed that 50 per cent had jobs but only four per cent of these got them through such services.

12. The above is an instance of how impossible it is, with only partial knowledge and general impressions, to make objective assessments of the nature and extent of employment of older persons in Montreal.

RECOMMENDATIONS

13. That all available Census data pertaining to employment and employability of older people in the Metropolitan Montreal area be tabulated and made available to organizations in this area interested in this matter.

14. That recording procedures and reports issued by the Metropolitan Office of the National Employment Service be revised so as to reveal the total demand for service registered by persons 65 and over, the types of work

[1]See Section I—Economic Needs. paras. 29, 30, 31, 32.

sought, the number and nature of jobs involved in placements made, and other pertinent data.

15. That expert studies and research be conducted under the auspices of an appropriate Department of the Canadian Government directed towards: a more complete assessment of older workers' problems and potentials in the Montreal area; evaluation of present N.E.S. facilities and services to deal with these problems; the opportunities which exist and the practical possibilities of expanding opportunities for part-time work suitable for older people; experimental programs designed to test new methods of working with older people and new procedures within the employment service; and generally, to produce information not now available which would point to sound planning for the future.

Employment Services for Older Workers—Montreal Area

16. While the Provincial Employment Service Offices, and a few private agencies, including the Catholic Girls Information Bureau Employment Office, the Salvation Army and the Jewish Vocational Service, undoubtedly place a number of older people in employment, the National Employment Service is the only public agency providing a special service for older workers. There is also in Montreal, Associated Senior Executives of Canada which makes available retired executives as consultants on a fee basis, to small firms requiring expert advice and assistance.

17. The National Employment Service[1] classifies for special attention workers who are considered to be experiencing difficulty in obtaining suitable employment solely due to age. These include many who are between 45 and 65, as well as those over 65 years of age.

18. Staff employed in this work comprises: One Special Placements Officer who devotes full-time to male applicants who apply at one local office only; and 20 Special Placements Officers in the other Offices, who deal with men and women in this category, along with individuals of all ages handicaped by physical, mental, emotional and personality problems. The Officers find it difficult to devote the time necessary to place the older worker and on the average they each succeed in finding jobs for less than one such applicant a month. How many of these are over 65 is not known. The full-time Officer, over a period of 23 months, placed 188 older workers—about 50 of whom were between the ages of 65 and 80 years. Almost without exception, placements were made in "Service Occupations"[2] which, being generally low prestige jobs, are low paying and the least likely to carry age restrictions. Only ten per cent of these placements could be considered related in any way to the applicant's previous work experience. Little or no use was made of vocational guidance or of vocational training facilities.

19. Without access to the actual figures we think that the need of the over sixty-fives in the Montreal Metropolitan area for skilled assistance in obtaining work is greatly in excess of what is being provided at present. How much and what kind of special help is indicated, it is difficult to say. We raise the following questions and suggestions for consideration:

20. First: Obviously, many older people do not have emotional, mental or physical handicaps affecting employability, although some develop these when they seek jobs for a long time without success. Since people generally equate

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[1]Information paras. 17 & 18 supplied by Metropolitan Montreal N.E.S. Office. See report of Committee on Employment of Older Workers, Council for the Guidance of the Handicapped—1964.

[2]Hotels, restaurants, laundries, dry cleaning plants, watchmen, etc.

age with serious physical limitations and personality changes, is the N.E.S. perhaps contributing to perpetuation of erroneous public attitudes by directing the able older worker to the Special Placements Section which was set up for the physically and otherwise handicapped person, and which specializes in that field?

21. Second: Is not the older worker's greatest need in the nature of vocational guidance and counselling through which he can be assisted to relate training, abilities and interests to the possible occupational fields and known job openings—much as has been offered by N.E.S. to youth for many years, although the approaches and techniques used would be different? With this help and, where indicated, direction to refresher or retraining courses, could not many older workers find their own jobs or be handled effectively through N.E.S. General Placements?

22. Third: In view of the relatively high cost of each placement made, under the present organizational arrangement for the older worker whose difficulty in obtaining suitable employment relates solely to age, would it not be worthwhile to study methods of group counselling which appear to have been having good results in some parts of the United States?[1]

RECOMMENDATIONS

23. That National Employment Services for older workers without physical or other partially disabling handcaps be expanded sufficiently to meet the special needs of all such men and women in the Metropolitan Montreal area desiring to use them; and

24. That these services be reorganized separate from the Special Placements Section of the N.E.S. but thoroughly co-ordinated with all sections of N.E.S. operations.

25. That emphasis be placed upon directing people to work which utilizes their particular abilities, and to this end

26. That testing, counselling and guidance procedures be instituted, or where available, be used extensively to help older workers in assessing realistically their aptitudes, abilities, training and employment possibilities.

27. That experiments already conducted in the use of group counselling for hard-to-place older adults be thoroughly studied with a view to determining the possibilities of introducing these techniques in the N.E.S.

28. That particular attention be directed to the use of vocational rehabilitation courses which have been established or which could be established under the Technical and Vocational Assistance Act for training and retraining of older workers able to benefit from training; and that the adequacy of maintenance grants payable to trainees while studying be examined and increased where necessary to make such training feasible.

29. That job descriptions in occupational groups which seem particularly suitable for older workers but not exclusively so, be kept continuously under review, including new jobs which are appearing as automation progresses.

30. That efforts to educate more employers to recognize the advantages of employing capable older workers, such as have been made by the Division on Older Workers of the Civilian Rehabilitation Branch of the Department of Labour for several years, be continued.

[1]"Success Factor Analysis"—Haldane—Patterson, N.J. "Teaching Creative Job Search Techniques"—Ray A. Zeigler, Director, Senior Worker Division, Oregon State Bureau of Labour.

31. That public educational programs be promoted in cooperation with the local National Employment Service, directed towards employing the older worker, in much the same way as some communities have campaigned for the physically handicapped.

Flexible Retirement

32. Although a number of Canadian companies and other organizations have revised their regulations to permit satisfactory and valuable employees to remain in service beyond the official retirement age, difficulties inherent in assessment of performance, union agreements, public relations, pension plan requirements and other factors have dissuaded many from taking any action.

33. In the United States a very large and representative group of major corporations has been working as a Committee of the National Council on Aging.[1] This Committee is preparing an index to identify the various factors in determining the most appropriate retirement time for an individual. It also plans: (1) to keep abreast of scientific developments which have a bearing on items in the index; (2) to bring together persons engaged in promising resarch and those concerned with retirement policies, for study of practical application of research findings or for further research; (3) to collect and disseminate information on experience with flexible retirement, particularly the techniques of determining retirement age, to management, organized labour, and the individual worker.

RECOMMENDATION

34. That a large and representative group of the larger employers of labour in Canada, in cooperation with appropriate Departments of Government and Organized Labour, be urged to form a committee to familiarize themselves with the work of the National Council on Aging's Committee on Criteria for Retirement and, either ally themselves with the American group as active participants, or, undertake a similar program in Canada directed towards determining useful indices for retirement.

Preparation for Retirement

35. Although most people look forward to eventual retirement they are for the most part, unprepared for the drastic changes involved, and relatively little has been done to assist them to understand and be prepared for the adjustments which must be made.

36. Various beginnings have been made, sponsored by companies, by unions, by universities, and by joint community efforts, but there is a need to develop pre-retirement programs on a wide scale following an assessment of the effectiveness of the various known programs in operation.

RECOMMENDATION

37. That the Federal Government, in cooperation with the Provinces, representatives of leading employers and unions, and other organizations concerned with retirement, make a comprehensive study of existing pre-retirement planning programs, and take such steps as may be indicated to stimulate the development of adequate programs of this kind throughout the country.

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[1]A central, national resource for planning, information, consultation and materials. Originally financed by Ford Foundation. Now a membership body. Office—49 West 45 Street, New York 36, N.Y.

Gradual Adjustment to Retirement

38. Some experimental programs have been introduced by a certain number of firms by which employees coming up for retirement are permitted to work shorter hours or are relieved of some job pressures through partial re-assignment of duties or delegation of some responsibilties to others. Other firms are permitting some employees, following official retirement, to continue to work in useful but less demanding capacities, frequently on a part-time basis.[1]

RECOMMENDATION

39. That studies be made of the gradual retirement plans now in effect with a view to recommending appropriate plans to guide and stimulate both management and labour to adopt phasing out retirement programs which can best meet the needs both of employers and employees, and can be tied in with preparation for retirement programs.

PART I

OCCUPATIONAL OPPORTUNITIES FOR THE ELDERLY

SECTION II—B

COMMUNITY PARTICIPATION—EDUCATION & RECREATION

PART I

SECTION II—OCCUPATIONAL OPPORTUNITIES

B—Community Participation—Education and Recreation

Introduction

1. For too many people the years following retirement are exceedingly difficult and require major adjustments. In our work-centered culture a man tends to be identified by his occupation and his success tends to be rated by the money which he has been able to command for his services. When retirement occurs he frequently suffers a loss of identification and a decrease in his sense of self-worth and worth in the eyes of others. Added to this he is confronted with a vast stretch of free, unstructured time for which he has no use. Everyone knows the devastating effects which this can have upon the personality and frequently upon both the physical and mental health of the individual.

2. Research and experience have shown that where there is incentive most older people can learn new skills and adopt new ideas;[2] and that mental growth can continue steadily over the years. Further, a great many older people have much to offer others and the "younger community". The problem before society is to find more and better ways of utilizing these abilities, and to convince many people with ability that vast opportunities for genuine satisfaction and community recognition are to be found in new areas of activity. Some, even where there is no financial need, are psychologically able to achieve their

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[1]Report of the Committee on Employment of Older Workers to the President's Council on Aging—October 1963—page 47.

[2]Brown, Giles T. "Never Too Old to Learn": A Gerontological Experiment in General Education, School & Society, Vol 74, Nov. 3, 1951, PP. 279-278. Stengle, Esther K. "A Comparative Analysis of Results from Four Senior Adult Education Classes"—Pasadenda City College, Cal. Stieglitz, Dr. Ed. J.—Consultant to Veterans Administration, Wash. D.C. Quoting Research By Prof. Carl Camp, Univ. Michigan.

goals only through paid employment; others can do so through volunteer service in civic and social welfare organizations, religious institutions, hospitals, labour unions, political parties and the like; still others can derive much pleasure and satisfaction from pursuing hobbies and educational and creative activities. It should be remembered, however, that most retired people to-day will have had longer working hours and less free time, less education and much less financial security than those who will retire twenty years from now. Consequently, the kind and extent of community assistance needed at this point is undoubtedly different from, and probably greater than, that, that which will be required in years to come.

THE LOCAL PICTURE

Volunteer Service

3. The Montreal Volunteer bureau recruits and places volunteers of all ages in useful community work. More than 100 of the most "active" volunteers so placed are over 60 years of age, but only 12 of these are men.

4. Within the past year a small group of business executives has been formed, called the Senior Citizens Volunteer Service, the primary objective of which is to interest more retired businessmen in volunteering for community service. The effort was spearheaded by a few physicians and psychiatrists who had observed the deteriorating effects of inactivity upon their patients. The Service works in close cooperation with the Montreal Volunteer Bureau and with the Older Persons Section of the Montreal Council of Social Agencies, which is always looking for able senior citizens to serve on committees and provide leadership in a variety of volunteer projects.

5. One such Council project is the Senior Citizens Forum, a two-year experimental program designed to encourage and assist people 60 years of age and older to take an active part in working for improvement of the Metropolitan Montreal community in general—and conditions affecting the welfare of senior citizens in particular. A large proportion of its more than 4,000 members belongs also to some twenty-six senior citizens' friendship clubs. Through the Forum these Clubs can clear ideas and organize joint action. On April 1 of this year the Forum started operating, on a three months' trial basis, a rooms registry for older people of limited income.

6. Many senior citizens make excellent visitors to lonely shut-ins, particularly those of advanced years. The Friendly Visiting Service (See Section IV para. 22) has quite a number of visitors in this age group, as do many Montreal churches and fraternal organizations. Several of the golden age clubs including those operated by the Golden Age Program, National Council of Jewish Women, Montreal Section, encourage their members to serve the community in this and other ways.

7. These are beginnings only. Much more needs to be done. For example:

(*a*) more older people must be convinced that they are wanted and needed and that what they are being asked to do is genuinely important—not "busy work" or childish trivialities suggested to keep them "puttering while waiting for the undertaker"—as one retired business man described his concept of volunteer work;

(*b*) social agencies and other community organizations need to study seriously and imaginatively ways in which older men and women can assist them to do a bigger and better job;

(c) community volunteer placement agencies need to study, adapt and perfect their techniques in order to stimulate more older people to volunteer, assess correctly their psychological needs and talents, and make judicious placements;

(d) in order to develop and intensify their work to meet the need realistically, most placement services will require an augmenting of core staffs and general expansion of facilities. This is certainly the situation as far as Montreal is concerned, but the prospects of obtaining from private sources, or community welfare funds the money necessary to achieve this goal appear exceedingly poor.

RECOMMENDATION

8. That volunteer service bureaux be established in all major communities that do not now have them, and that where they do exist they be expanded significantly in order that maximum opportunities for volunteer service for older citizens may be developed; and further, that government funds be made available for projects of this kind, perhaps under conditions similar to the United States Senior Citizens' Community Planning and Services Act, 1963.

(See also Section IV—Social Services—Para. 22.)

Recreation and Education

9. Clubs for Senior Citizens can prove a boon to the lonely who feel a need to make new friends and belong to a group. At present there are 38 known clubs of this kind for English-speaking people in the Metropolitan Montreal area, and probably an equal number could be formed to the benefit of people in areas as yet unserved. Most are sponsored by, and many are largely operated by churches, citizens service organizations, private social agencies and similar bodies. Regrettably, only a few function during the summer months when older people find it easiest to get about. Inadequate funds, leadership, and meeting accommodations pose problems for many. That these clubs, despite their limitations, have deep meaning for thousands is perhaps illustrated by the name chosen by the members of the group most recently formed—i.e., "Friendship Bank". Their explanation was that "the more you put in the more you can get out"—presumably, with interest.

Day Centres

10. Day Centres, which remain open for five or six days a week from early morning to early evening, have been established by private and public bodies elsewhere in order to help older people with vast stretches of unwanted free time, to find and engage in creative activities, meet new people and maintain friendships. Day Centres in many instances have become the doorway to older persons' participation in community life. Montreal has no facilities of this nature.

RECOMMENDATION

11. That the Provincial Government encourage and assist municipal recreation departments to create and operate day centres which would be available on an all day basis to enable retired people to pursue satisfying leisure-time activities under the guidance of trained staff.

12. Fairly recently there has been movement in the direction of programing special activities for older people by the public recreation departments of several municipalities within the Metropolitan area. To date, however, these have been geared mostly to the French-speaking population, with the

exception of the Golden Age Hobby Show, now sponsored every two years or so, by the City of Montreal and in which non-French older people find it possible to take an active part. A great deal more is needed from municipal recreation authorities in organizing programs and providing special staff, facilities, and equipment in parks and recreation centres for the use of the senior citizens in their areas. Evening activities conducted in strategically located high schools also merit serious consideration since they would promote neighbourhood contacts, involve a minimum of travelling, and would be available both to those who have part-time employment and those who find this time of day the most lonely.

13. The scarcity of qualified leadership is a serious obstacle in expanding leisure-time programs generally. This is true even more when considering programs for people in the later years because successful programing for older adults requires staff, from the professionally trained director down to group leaders and instructors, who have a real understanding of the varying effects of aging upon the individual, as well as an appreciation of common social, psychological and physical problems with which many are faced.

14. Local University Extension Departments, Public Libraries, Provincial Technical Schools, Y.M.C.A.'s and Y.W.C.A.'s, Y.M. & Y.W.H.A.'s, the Sir Thomas More Institute, and other institutions catering to the continuing educational requirements and cultural interests of adults, so far have done little specifically to program in terms of the needs and interests of older adults. It is true that retired people are not excluded from registering for courses which are being offered but the fees for these, while very reasonable for employed people, are often too expensive for the average pensioner.

15. Obviously there is a great need in the Montreal Metropolitan area for a Provincially sponsored adult education system planned and coordinated in cooperation with local organizations and institutions, including public school boards in the area.

RECOMMENDATIONS

16. That Provinces which have not already done so be urged to consider establishing special branches within their departments of education devoted to stimulating and assisting in the development of widely diversified educational programs suited to the needs of adults of all ages.

17. That the suitability of the organizational structure of such a branch as recommended by the Quebec Federation of Protestant Home and School Associations to the Quebec (Parent) Commission on Education, involving the use of citizen advisory councils on a local area basis, be carefully considered.

18. That because it has been neglected to such a great extent in most communities Provincial Departments of Education—preferably through special branches working particularly in the adult education field—place special and immediate emphasis upon developing programs suitable for older adults.

19. That in view of the insufficiency of qualified personnel to staff leisure-time programs in local communities adult education branches of provincial departments of education employ specialists and consultants to assist in developing appropriate courses of instruction in leadership training, including personnel to work with older adults.

20. That in recruiting and selecting individuals for enrolment in leadership training courses special attention be given to the possibilities of enlisting the interest of retired people.

21. That universities review the curricula of schools and faculties through which students train for professions and specialties relating to education, recreation, health and general welfare of the individual, in order to ensure understanding of the aging process, the needs and problems of older people, and how best to work with and for these people.

22. That Provincial departments of education encourage: (a) local school boards to make available strategically located high schools for evening classes, and (b) municipal recreation departments to schedule evening as well as day-time activities geared to the special needs and interests of older people—all at nominal cost to the individual.

23. That appropriate Provincial departments create and maintain vacation hostels designed and equipped to meet the requirements of older as well as younger people, and available at modest cost; and further that, such hostels be kept open longer than the usual July through Labour Day holiday period.

24. That a study be made of adaptations which may be necessary in programs, physical facilities and equipment and/or teaching methods to meet the educational and recreational needs of older people.

25. That Provincial departments of education, through adult education programs, and working in cooperation with appropriate departments of the Federal government, universities, business and industry, organized labour, and other groups concerned, sponsor and conduct educational programs directed towards pre-retirement planning and counselling, to assist individuals approaching retirement to prepare adequately for it. (See also Section II-A—"Paid Employment"—Para. 35, 36, 37.)

PART I

HOUSING FOR THE ELDERLY (NON-INSTITUTIONAL)

SECTION III

PART I

SECTION III—HOUSING (NON-INSTITUTIONAL)

Introduction

1. Recognizing that older people vary in their aspirations, interests and ways of living, just as do people at younger ages, we believe that they also should have the opportunity to choose where they will live from among a number of possibilities available to them.

2. More and more older people to-day clearly desire self-contained living quarters providing maximum privacy, independence and self-respect. Research conducted by Cornell University's Center for Housing and Environmental Studies[1]—and others[2]—has shown that not only do older people want to maintain their own homes but also that generally they are capable of doing so. An even greater number would be able to carry on satisfactorily if there were available such supporting community services as—visiting nurses, home medical care, part-time "home help", day centres, portable meals, and friendly visitors, which could be called upon as and when needed.

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[1]Reported in Ford Foundation publication "Golden Years?"—Nov. 1963.

[2]Edmonton Council of Social Agencies—Special Report on Housing for Senior Citizens—1958.—A Study of Housing Conditions of Old People in Montreal—by Jean Cameron—for C.M.H.C., 1957.—Low Rental Housing for the Aged—A Study of Two Projects—Federation of Jewish Community Services and Conseil des Oeuvres de Montreal, 1960.

3. It has also been established by many economic and health studies that for the vast majority of older people independent living is the best.[1]

4. There is likewise much support for the belief that most people, upon retirement, prefer to live in the same neighbourhoods, or in districts whose major characteristics closely resemble those with which they are familiar. In Montreal this means, in general, living in rented apartments or flats,[2] close to good public transportation, shops, religious institutions, recreational, cultural and medical care facilities, and other community services to which the city dweller is accustomed. In this City alone, there is a natural preference for those areas in which one's native language is commonly used.

5. In principle we favour the view that insofar as possible, housing created specifically for older people should blend into the neighbourhood in which it is situated, and in most instances, should take the form of relatively small projects widely scattered throughout the entire Metropolitan area. However, there are a large number of older people now living in, and wishing to remain in, Montreal central-city areas. Land here is exceedingly expensive, and difficult to find. Under these circumstances the only economically justifiable approach to the problem appears to be construction of high-rise apartment buildings.

6. It has been argued by many that a sizeable number of people in the later age ranges concentrated in one spot, is unnatural and contributes to segregation and social isolation. Therefore, it is said, any housing project established should be planned for tenants of all ages in order to stimulate social contacts and neighbourly assistance in time of need. Recent research at Western Reserve University tentatively refutes this belief.[3] Its findings show that older people appear to make few close friends outside of their own age group and may actually become more isolated, if they are a minority sprinkled among younger neighbours. Therefore it may be preferable that older people live together in one block and be able to see the children at play in the next block. It is interesting to note that the London County Council, with Britain's vast experience in the field of aging to draw upon, has recently reached substantially the same conclusion.

7. Retirement villages and other settlements for the elderly, like those being constructed in various parts of the United States, we do not regard as suitable developments for the Montreal area, with its severe winters and the obstacles which climatic conditions place in the way of a full and active life in rural or remote suburban surroundings.

THE LOCAL PICTURE

Lack of Essential Data

8. Reference was made earlier in this Brief (Part I—Paras. 10, 11, 12, also Appendix II, Paras. 10 & 12) to the serious handicap under which the community is placed by the scarcity of information relative to the older population. Obviously when considering housing in the Montreal Area, it is important to know as much as possible about: incomes, in order to estimate realistic rent-paying potentials and the extent to which community subsidization is required;

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[1]Glen H. Beyer, Director, Centre for Housing & Environment Studies—Quoted in Ford Foundation Report. (See footnote[1] p. 563.)

[2]The 1961 Census shows that 85% of all occupied dwellings in Montreal and 70% in the Metropolitan area were apartments and flats (Cat. 95-519, Bulletin CT-4-Table 2), also that 80% of all dwellings in Montreal were tenant occupied. (Vol. II-Part 2-93-528—page 73-1).

[3]*Irving Rosow*—Study to determine the best method of accommodating older people in apartments—Ford Foundation financed. Reported in Foundation publication "Golden Years?"—Nov. 1963.

social and cultural factors affecting location and design; health, affecting mobility and need of supporting services; religions and so forth. This lack of information is especially regrettable because much of what is needed was obtained in the 1961 Census but has not been tabulated in ways suited to our purposes. As a result we must rely upon the experience of other cities and other countries, the opinions of community leaders and people working with the aged, and the expressed views of groups of older people in the area with whom we are able to establish contact—such as the Senior Citizens Forum.

RECOMMENDATIONS

9. That the proposed Division or Bureau on Aging, of the Department of National Health and Welfare, have additional tabulations made as necessary, of 1961 Census data for the Montreal Metropolitan area, by Census Tracts, correlating age with all available information likely to be of interest and assistance to organizations endeavouring to plan and promote the development of suitable low rental housing for elderly people in this community; and further that this be made available without charge to such organizations.

10. We Further Recommend that similar tabulations be made for such other Metropolitan areas as may desire and request this information.

11. (For further details see summary of efforts made on this subject by Montreal organizations and the Canadian Welfare Council.)

12. In addition to the Census data, surveys and research are needed to assist in the development of an adequate, properly diversified, long-term program for housing the elderly in this community.

13. That Central Mortgage and Housing Corporation be requested to provide adequate funds under Part 5 of the National Housing Act to finance grants to Montreal social welfare planning organizations—such as the Council of Social Agencies—for studies and research into housing conditions and housing needs of the elderly, including objective assessment of such housing as has been supplied to date.

Housing Needs by Income Categories

14. Housing in this huge Metropolitan complex is a serious and urgent problem for a great many older people, regardless of income. Obviously it bears more heavily upon those who do not have sufficient income to pay an economic rent for adequate accommodation, and to meet this group's needs some form of subsidization is necessary. We shall discuss the problem first in terms of those in the ample and moderate income group, followed by the low income group.

The Ample and Moderate Income Group

15. Apartment Modification—In view of the large number of one and two-roomed, modern apartments which recently have been, and are now being constructed here, there may be nearly enough housing to meet the space and location requirements of elderly people who can pay prevailing rents. Although these apartments have not been planned with the special needs of older people in mind, they could be made more suitable for this age group by means of minor modifications in equipment and certain other features at little additional cost. These changes would make many apartments equally attractive to old and young and would thereby afford the owners additional security with respect to the rentability of the units. Loans for this purpose could be obtained under Section 16 of the National Housing Act.

RECOMMENDATION

16. That a well-organized and sustained educational program be launched by Central Mortgage and Housing Corporation or an appropriate Department of the Government of Canada, such as the proposed Division or Bureau on Aging of the Department of National Health and Welfare, directed towards realtors, real estate managements, real estate boards, land developers, lending institutions, architects and others, throughout the country, urging modification of existing apartments in ways herein suggested to make them suitable for occupancy by older as well as younger persons; and also, that the cooperation of builders be sought in incorporating these features in new construction in the future.

17. Architect Plans—Although recognizing that there are, for purchase at a nominal fee through Central Mortgage and Housing Corporation, a number of plans for small, two-bedroom houses, which could be adapted to meet the special requirements of elderly people, there is need for additional plans specifically designed for middle-income couples who wish to build their own homes for the retirement years.

RECOMMENDATION

18. That Central Mortgage and Housing Corporation acquire and make available to the public at a modest fee, plans and specifications for small, low-cost, one-bedroom homes specifically designed for, and incorporating special features to meet the needs of, people in their later years.

The Low-Income Group

19. As has been previously pointed out, an unknown, but very large number of older people in the Montreal area depend heavily upon some form of social assistance, or have little more than their Old Age Security Pensions. Large numbers of others are retired on small private pensions and annuities. Most rent their living accommodation, and this item represents a disproportionately high percentage of total income. If living alone, and a large proportion of older people are alone, the average person can aspire to little more than one room for which he pays approximately one-half of his total income each month. This leaves insufficient money to meet other living requirements. Easing the burden of rent would obviously be of great help.

20. Apartments—Little has been done in Montreal to date to provide this help. Attention is particularly directed to the fact that without exception, all apartments constructed for the elderly have been built in suburban areas far from the core city, and none of these can be considered English-speaking districts. It will be noted that 263 vacant units, in three Limited Dividend Family Housing Projects in the Metropolitan Montreal Area have now been rented by elderly people. These properties had reverted to Central Mortgage and Housing Corporation because the owners had been unable to maintain their contract obligations. C.M.H.C. reduced the rents considerably and offered them to people 60 years of age and over. Good publicity over a period of a few months filled all vacancies.

21. Land cost has been the most persistent reason for more apartments for the elderly failing to materialize. Other problems facing citizen groups who have been interested in trying to build non-profit projects under Section 16 of the National Housing Act have included: (*a*) rigid Municipal and Federal Government policies which require all surplus Government-owned land to be sold at public auction: (*b*) lack of financial assistance or other considera-

tions from the Quebec Government and Metropolitan Area Municipalities; (c) interest rates on Central Mortgage and Housing loans too high for low rental units.

22. In Denmark[1], State loans to non-profit housing organizations are granted at an average interest of about two percent over a period of slightly more than fifty years. In France[1], loans are available to projects endorsed by municipal authorities, and cooperative housing developments, at no interest for the first two years; one percent from the second to the tenth year; and two percent thereafter, over 65 years of amortization. In the United States[2], Federal Housing Administration loans for projects of this kind are available at three and a half percent for as long as 50 years.

RECOMMENDATIONS

23. That in recognition of the social benefits to be derived major municipalities be required by the Provincial Government to create Municipal Housing Authorities to be responsible for facilitating and promoting good standard housing in adequate supply to meet the needs of their citizens, including senior citizens; and to this end,

24. That Municipalities make available to their Housing Authorities for purchase or emphyteutic lease, sites suitable for housing purposes which become available as the result of road improvements, re-design of parks, urban renewal, relocation of railroads, schools and all other public or semi-public buildings which have fallen into disuse, and

25. That property of this type under the control of a Municipal Housing Authority, which it does not itself intend to use or develop immediately, be made available at no or reduced cost to approved non-profit groups prepared to produce thereon housing for the elderly.

26. That the Federal Government initiate discussions with the Provincial Government to see whether a co-operative agreement in relation to low-cost housing for the elderly, similar to that which is in effect for public housing projects, might be reached, this in view of the fact that the present system of Limited Dividend financing of loans under the National Housing Act, has not been acceptable and consequently no Provincial financing assistance has been available to help in producing projects under this Act, and

27. That the interest rates payable on Central Mortgage and Housing Corporation loans for elderly persons low-rental, non-profit, housing projects be substantially reduced.

28. That municipal tax concessions in relation to non-profit and Limited Dividend housing for the elderly be permitted by the Province where municipalities do not now have this authortiy, and that the municipalities be encouraged to utilize this power, particularly in cases where land concessions have not been made. This might take the form of exemption from all general and school taxes—similar to church property.

29. Hostel-Type Housing—The only housing facilities produced so far in the West-end (English-speaking) section of the City of Montreal are two small group-residences or hostels (Belvedere, and Prospect House) accommodating between them 40 people. These have been converted from private dwellings and are successfully meeting the needs of some able-bodied elderly

[1]Housing, Building and Planning—United Nations Publication No. 10
[2]Senior Citizens Housing Act—1962.

with very small incomes. They have the advantage of integrating the housing of small numbers of old people almost indistinguishably within the local community.

30. We believe more residences of this type are needed, and that in addition there is also a place for a larger hostel or hostels, providing furnished rooms with and without cafeteria meals. This would be particularly suited to the single pensioner who has no household equipment, or who prefers not to get his own meals, and who in addition, has little or no income beyond his Old Age Assistance or Old Age Security Pension. Short of generously subsidized public housing we see little prospect of anything other than hostel facilities for pensioners in these circumstances, which could be rented inexpensively enough to fit into their budgets.

31. Unfortunately National Housing Act regulations require a fifty per cent ingredient of completely self-contained units in any hostel project approved for a C.M.H.C. loan. Although a number of properties suitably located for hostel housing in Montreal have been examined in detail for conversion possibilities, none has been found to date which would lend itself to this combination of units in a practical way. Purchase and conversion costs run high and it seems most unlikely that there will be more Belveders or other variations of hostel housing in this community in the foreseeable future, unless Government money can be made available for loans on a much more flexible basis than at present, in relation to the housing needs of elderly citizens.

RECOMMENDATION

32. That the National Housing Act be reviewed by competent authorities with a view to determniing whether or not it can be successfully modified and amended to meet the varying requirements of housing for the elderly, or whether new and separate legislation should be prepared.

Home Owners

33. Property Tax Reduction—Another problem which has come to our attention relates to owners of modest homes which they have occupied for years. When they retire on small company pensions, they can not continue to pay property taxes at the present level of taxation. They can not solve their problem by selling their homes because they can not get low-rental accommodation and so they would quickly dissipate their capital in rent. We understand that in certain parts of the United States and Europe, the claim for public assistance to the elderly homeowner, as well as to the renter has been recognized, and legislative provisions have been made, or are in the process, in terms of tax reduction.[1]

RECOMMENDATION

34. That it be recommended to the Provinces that they study whether Municipal tax concessions could be authorized for owner-occupied homes of persons 65 years of age and up, where the owner has been a resident for 10 years or more. This might take the form of exempting a portion of the value of the property from property tax—possibly up to $2,000—as in the State of Georgia.

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[1]Reported by Housing and Home Finance Agency—U.S.A.—Office of Housing for Senior Citizens—October 1962.

Public Housing

35. Montreal has no public housing for the elderly. We think the elderly citizens of this city should be entitled to at least equal consideration with younger people in providing for their housing needs.

RECOMMENDATIONS

36. That public housing exclusively for elderly people be provided in the Montreal area, and that a suitable proportion of the total housing units provided in all future urban redevelopment schemes be required to be designed and equipped for occupancy by older people.

PART I

SOCIAL SERVICES FOR THE ELDERLY

SECTION IV

PART I

SECTION IV — SOCIAL SERVICES

Introduction

1. In addition to broad public programs meeting major basic needs provision must be made for helping services as required and wanted by older people to meet critical situations. Their problems may be essentially the same in nature and origin as those encountered by younger people, or they may stem specifically and uniquely from physical and social conditions directly related to aging.

2. Assistance extended to the elderly by government and private agencies alike has too often tended to be on a minimum basis and then only to the oldest, sickest, and most pitifully dependent. The need to develop positive, preventive programs on a large scale is self-evident, but unfortunately, in many communities the fund-raising potential for private welfare services seems to be reaching a plateau, or levelling off. Consequently, the prospects of private welfare funds being able to support any large scale expansion of services to occupy this neglected and ever-increasing area of service appear rather unrealistic.

THE LOCAL PICTURE

3. A number of social services which are being or should be provided by local agencies have already been discussed in previous Sections of this Brief, or will be covered in Part II. We are therefore dealing here with only those which have been omitted and which, in our opinion, merit special mention or elaboration.

4. Homes for the Aged—Institutional—Apart from homes classified as chronic disease hospitals (See PART II—page 7) and commercial nursing homes, there are approximately 820 beds provided in thirteen institutional homes serving the non-French aged of the Montreal Metropolitan area. These homes are administered in most cases by religious orders, churches, or nationality groups. Provisions for care in case of illness which does not require hospitalization or continuous nursing care is available for only approximately one quarter of the total. In other words, three out of four in these homes can be considered well people. We believe that the situation would be different if low-rental housing with supporting community home care services, and more boarding homes were available.

5. Group Residences, Boarding Homes and Hostels—The Family Service Association operates two small residences for active older people with low incomes: Belvedere and Prospect House. In addition to handling intake the Agency provides casework and counselling services to residents, and is generally responsible for oversight of their welfare. Many more units of this type are needed but even if they were given to the Agency—as in the case of Prospect House—it is doubtful if funds could also be found to supply casework services and handle administration.

6. Boarding homes are in very short supply. Within the past two years the Unitarian Church has opened two small residences, and a group of women in the English Catholic community have launched a project involving rental of three apartments in a well situated building—accommodating three or four residents in each apartment, and a housemother. Meals are supplied in these three projects, all of which operate on a non-profit basis.

7. Maimonides Hospital and Home for the Aged maintains a residence for eight to ten Jewish elderly, next door to the Home. These people obtain meals at the Home and also have access to the recreation program, medical attention if required, and other services.

8. The only other type of facility serving elderly long-term residents are the Catholic Men's Hostel accommodating about 60, and the Salvation Army Men's Social Service Centre.

9. All agencies working with older people attest to the need for more small homes providing suitable services and a measure of protection for those no longer able to manage independently but who neither want nor require institutional living. They should be within a reasonable distance of hospitals and religious institutions.

10. Home Helps to assist part-time with heavy work and in a variety of other ways connected with household operations, are recognized as offering a front-line defence to older people seeking to live in homes of their choice as long as possible and whose capacity for continuing independence is threatened by frailty, ill health, or disability. Over and above the psychological support provided the individual, is the obvious economic advantage to society of avoiding, by this relatively inexpensive service, ever increasing provision of more costly care facilities, such as institutional and nursing homes, chronic disease and even mental hospitals.

11. In many European countries[1] extensive, well organized public or semi-public services of this kind have been available for many years. In this country, however, the emphasis has been placed primarily upon providing for the care of children in their homes during the absence of the mother. Few if any of these "Homemaker" services—which are almost always operated under private agency auspices—have been sufficiently financial and staffed to meet the demands for child care, let alone extend their services to elderly people.

12. Since many other groups appearing before this Committee have also spoken of the need to develop such services for the elderly we will not elaborate further other than to say, in our view there are distinctive differences between the "homemaker" and the "home helper"; that the latter type of service should be easier and less expensive to operate; and that it could offer part-time employment to many women in the older age ranges.

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[1]France, Holland, Sweden, Denmark, Belgium, Norway, Finland and Switzerland.

13. In the non-French, Montreal Metropolitan community, nothing is available on an organized basis apart from: one "home helper" on the staff of the Family Service Association, specifically working with the elderly, and the occasional assignment of a homemaker by the Baron de Hirsch Institute from its child and family welfare service to an elderly person in care; and similarly, the occasional assignment of a homemaker by the Lakeshore Community Services. The Victorian Order of Nurses is considering the possibilities of establishing in the near future a limited service for some of its cases, but this has not yet come into operation.

14. Counselling and Casework Services—Within the limits of restricted budgets and staff the three family agencies—Baron de Hirsch Institute, Catholic Welfare Bureau, and Family Service Association—offer counselling and casework services to people 60 years of age and over, and to their families.

15. The Baron de Hirsch Institute and the Catholic Welfare Bureau also give extensive assistance, and the Family Service Association to a much more limited extent, in the following ways: (*a*) establishing eligibility and making application in client's behalf for Old Age Security, Old Age Assistance and Provincial supplementary payments; (*b*) providing financial assistance in cases of special need not covered by Government pensions and allowances or where allowances are seriously deficient.

16. All three agencies give considerable help in budgeting reduced incomes and in aiding relatives and aged individuals seeking suitable boarding homes, foster homes and other living accommodation.

17. Total number of elderly individuals and couples assisted by the three family agencies in 1963:[1]

Family Service Association	257
Catholic Welfare Bureau	402
Baron de Hirsch Institute	605

18. These statistics do not tell the whole story by any means, since much counselling and casework with the elderly is also being carried on in the social service departments of hospitals, the Department of Veterans Affairs, and in other community serving agencies. Nevertheless it is a fact that only a small proportion of the people in the 65 and over age group are availing themselves of these services.

19. Information and Referral Services—Due to the fact that to a large extent social services in the Montreal area are organized and financed in terms of major religious and language groupings, it has not been possible to establish one centre to which all enquiries from the public could be directed for information and guidance to services and resources. At the present time the majority of requests for advice and help for elderly English-speaking Roman Catholics are channelled through the Catholic Welfare Bureau; requests regarding services for Jewish aged go to the Baron de Hirsch Institute's Service to the Elderly; and those from the balance of the non-French community are handled mostly by the Montreal Council of Social Agencies' Information and Referral Service although some continue to go direct to the Family Service Association.

20. In 1963, 203 or 6.7% of total enquiries dealt with by the Council's Information and Referral Service came from elderly citizens or persons enquiring on their behalf. Problems most frequently presented were in relation to

[1]Figures do not include families where parents are 65 or over but problems presented are not directly related to this factor.

(*a*) financial difficulties, (*b*) nursing home care, (*c*) medical and nursing care in their own homes, (*d*) visiting homemaker or home help service.

21. From time to time it has been suggested that the needs of the elderly are so great, and so many older people are not aware of what is available to them, that setting up a central information and referral centre for the aged is desirable. From our experience, however, and from what we have been able to learn of the experience in other cities we believe that generalized information and referral services are more effective than a series of specialized services, and that efforts are better directed towards strengthening and expanding such services for all citizens regardless of age or type of problem.

22. Friendly Visiting Service—Elderly shut-ins referred by the Victorian Order of Nurses, hospital social service departments, rehabilitation centres and family service organizations in the English-speaking community, are visited regularly by "friends" (volunteers) recruited and trained by the Montreal Volunteer Bureau in cooperation with the Older Persons Section of the Montreal Council of Social Agencies. Approximately 65 elderly persons of all races and creeds are being helped day-in and day-out in this way, and several hundred have had the benefit of the Service since its inauguration in 1959.

23. Meals on Wheels involving delivery of prepared hot meals to the homes of certain elderly persons offers interesting possibilities but we are inclined to feel that any large scale operation in a complex community such as the Montreal Metropolitan area would present very great difficulties. On a limited basis within a circumscribed, small geographical area it might prove feasible, but we tend to the view that putting more money in the hands of more senior citizens and providing for a community-wide visiting "home help" program might be a more practical solution for the majority of older people who are not able to prepare their own meals.

24. Protective Care and Guardianship for the older incompetent person represents an area for which public provision in law seems to be inadequate, and one which merits serious study since social agencies upon occasion come across situations in which they must act but without a clear legal right to do so.

25. Coordinating and Planning for the elderly in the non-French community is carried on through the Montreal Council of Social Agencies, which maintains a special Section on a non-sectarian basis, for study and planning primarily in relation to the broad community issues and problems affecting older people.

26. The Federation of Jewish Community Services, in addition to participating in the Council of Social Agencies, coordinates and develops its own agency services through its Social Planning Committee with the assistance of a professional Advisory Committee on Jewish Aging.

27. Paucity of Services—From the foregoing it will be seen that this community, in common with many others, has scarcely begun to provide the range of facilities and services required by its older residents, and that much of what there is is so limited in amount as to be practically unavailable. The needs are so vast that it is essential to look to governments—Federal, Provincial and Municipal for financial assistance and active participation in planning, and progressively establishing and expanding, essential services to meet the requirements of citizens in the later age ranges.

RECOMMENDATIONS

28. That Provinces which have not already done so undertake fact-finding studies and surveys in cooperation with local welfare and municipal planning bodies, as a basis upon which to develop comprehensive plans for providing, over a scheduled period of time, services and facilities necessary to meet the needs of their older residents.

29. That funds be made available to local welfare planning bodies to enable them to expand and intensify their activities, strengthen their research facilities, and otherwise contribute more than their present resources permit them to do; also that funds be provided to assist in the setting up or expansion of services which, following careful study, are agreed to be needed and at an earlier date than the community would otherwise be able to provide them. Something similar to the Senior Citizens' Community Planning and Services Act in the United States, might provide a suitable pattern. (Referred to also in Section II—Occupational Opportunities—para. 8.)

30. That in view of the widely demonstrated proven values of "Home Helper" services in many other countries, studies be made by the provinces to determine the most effective means of instituting such services for their citizens, and that what steps may be necessary be taken to ensure the availability in sufficient quantity and quality of service to meet the need.

31. That some form of Government finanical assistance be provided to assist non-profit organizations and groups to establish and operate small group homes, boarding and foster homes for older people who need partial personal care and/or a degree of protection.

32. That information and referral services, and agencies offering casework and counselling services to the elderly be assisted in expanding to the point where availability of such services can be widely advertised with reasonable assurance that those who apply may receive the help they seek.

33. That the staffs of Public Welfare Departments handling assistance programs be increased and more responsibility accepted for recognizing and dealing appropriately with obvious needs of old people which can not be met by money alone.

34. That more public funds be directed to student bursaries and to schools of social work responsible for training people desiring to enter the social work profession, and that courses of training in these schools devote more time to the gerontological aspects of the field.

PART II—HEALTH AND INSTITUTIONAL CARE

Introduction

1. In considering the provision of health care for the elderly, certain recognized factors must be kept in mind.

2. (1) The incidence of acute disease remains at about the same level or drops slightly with increasing age; however, the time required for recovery from acute illness is longer in older age groups.

3. (2) The incidence and prevalence of chronic disease increase with increasing age of population groups, and elderly people are often found to have accumulated a number of chronic diseases as they grow older.

4. (3) Although most elderly people have one or more chronic diseases, many suffer no disability from it and are able to meet the challenges of ordinary social living. A smaller percentage are handicapped to some extent and about 10 percent are severely handicapped. About 5 percent of elderly persons are being cared for in institutions for the elderly, or in nursing homes.

5. (4) Most disability in the elderly is due to disease rather than age alone, although the progression of chronic disease with time results in increasing disability with increasing age. If the chronic diseases could be prevented or cured, much disability could be prevented.

6. (5) Advanced age does result in frailty even in the absence of evident severe disease, and such frailty may require the elderly person to seek help in the performance of the physical tasks of everyday living, and supervisory help to ensure adequate nutrition and decent habitation.

7. Although the elderly can and do benefit from the present organization of health services, the special problems resulting from the presence of chronic disease and increasing frailty may not receive adequate attention, and the lack of specially designed services, along with the slower and somewhat different response of elderly people to conventional treatment, may result in overlong stay, or over frequent use of the services now available.

8. (6) Social, economic and phychological factors further complicate the health needs of the elderly. The fixed and often inadequate income, widowhood, break-up of the family due to marriage of children, retirement from work, inappropriate housing, etc., influence the response to illness under treatment and also must be considered in discharge planning if a disabled person is to return to society.

9. (7) It is probably well known, but warrants restating, that a disease does not have to be cured for a person to function in society and perform meaningful and valued roles. Also a person with a physical or mental handicap may be enabled or prevented from return to such function by the existence or absence of community services and the willingness of society to tolerate persons with such disabilities among them.

10. (8) Because of the complexity of the health needs of the elderly, there is required a multiplicity of health services and these must be balanced by welfare and social legislation and integrated with community and industrial planning. Because chronic disease tends to be recurrent or progressive, and aging tends to cause frailty, the health services must be organized (a) to anticipate breakdown of health and initiate treatment early; (b) to provide all the services required by each person without requiring any person to accept a greater amount of care when a lesser amount is needed, and (c) to assure each person that adequate provision of care is available to meet whatever needs he may come to require as time goes on.

The Local Picture (English-speaking Montreal)

11. The provision of health services for the elderly in the Montreal area will be considered under a number of headings corresponding to various organizations providing such care. A general outline will be given of the use made by the elderly of these services and how far the services go in meeting the needs of the elderly.

12. (1) Elderly Persons and the General Hospital

There are seven general hospitals in the Montreal area providing care for the English-speaking population (but not exclusively). These are:

The Jewish General Hospital
St. Mary's Hospital
The Montreal General Hospital
The Queen Elizabeth Hospital
The Queen Mary Veterans Hospital
The Reddy Memorial Hospital
The Royal Victoria Hospital

13. Some of these hospitals are affiliated with McGill University for training of students in various schools (medicine, social work, etc.).

14. An approximate estimate of the proportion of elderly people admitted was obtained from two hospitals, and also an estimate of the average length of stay.

Admission of Elderly to Two General Hospitals and Length of Stay

Name of Hospital	Total Admission 1962	Admission Age 65 or More	%	Average Duration of Stay in Hospital	
				Total	People Age 65 or More
Jewish General ...	11,192	1,515	13.5	11.2 days	20.3 days
St. Mary's Hospital	9,317	1,313	14.0	10.5 days	19.3 days

15. The elderly benefit from excellent diagnostic and treatment services in all these hospitals, but special programmes for rehabilitation are difficult to organize on "acute disease" services. The longer stay of patients with chronic disease or frailty due to age means beds occupied when required for other patients. Staff are discontented and the elderly person may feel unwanted.

16. In addition, the training of medical students and resident physicians has been focussed on diagnostic and highly specialized treatment technique. This type of training requires a rapid flow of different types of cases through the hospitals, and the organization of "services" (medical, surgical, orthopaedic, otolaryngological, etc.) specializing in one organ system (eye, ear, etc.) or one type of body function (metabolism, hepatic, renal, etc.). Elderly people with chronic disease do not fit easily into this pattern due to multiplicity of disease and longer time required for recovery. It is recognized by the teaching authorities that students in the medical schools and also those in nursing, social work, psychology, sociology, dietetics, etc., require instruction in chronic diseases and problems of the elderly, but the modern hospital is not perhaps the best place for this to be done. A special section of the hospital or a neighboring chronic disease hospital, affiliated with the university, is required.

17. Follow-up after discharge is difficult because of the multiplicity of clinics to be attended, the problem of transport for handicapped and frail people unable to use public transport or afford taxis, and the problem of provision of drugs which are not covered by the Quebec Hospital Insurance Service. These drugs are too expensive to purchase in a regular drug store. This question is discussed under Hospital Clinic Out-Patient Care—Paragraph 94.

18. It is generally agreed by medical staff of all these hospitals that admission to hosptial of an elderly person with an acute disease is not difficult. After treatment, if not able to return home, the elderly or chronic sick patient cannot easily be transferred to other institutions due to lack of suitable accommodation and care. The Social Service Department is given the task of finding accommodation, especially of those with limited incomes. Help in finding places is provided by the Social Welfare Department of the City of Montreal. However, the nursing homes available are chiefly proprietary and provide a rather poor level of care, having little or no activity programme, or physiotherapy or laboratory facilities.

19. Where treatment at home is needed it may be provided by the Victorian Order of Nurses (V.O.N.) and several hospitals provide an office for a V.O.N. nurse to co-ordinate this follow-up after discharge from the hospital. (Further discussion may be found under Section (5)—Home Care Programmes—Paragraphs 89, 90, 91).

20. To facilitate movement of long term patients who still require active treatment from the general hospitals, chronic disease hospitals have been established (such as the Montreal Protestant, the Julius Richardson and the Grace Dart Hospitals). Some of these chronic disease hospitals are affiliated with a general hospital, others are not and tend to accept longer stay patients.

21. The Queen Mary Veterans Hospital admits a relatively high proportion (approximately 40 percent) of elderly people (over age 65) because 25 percent of the veteran population are over 60, and because preference is given to veterans with chronic (war connected) disability and to those supported by War Veterans Allowance (who are elderly or have chronic disease, or both). Affiliated with it is Ste. Anne's Veterans Hospital for the treatment of chronic diseases. These two hospitals provide an opportunity to instruct the resident physicians and students in the management of chronic disease and disease in elderly people.

RECOMMENDATIONS

22. (*a*) General hospitals provide excellent service for diagnosis and treatment of acute disease, and elderly people should continue to be treated there.

23. (*b*) There should be set up long-term treatment sections of general hospitals where patients with chronic disease may be given rehabilitation and treatment but still have ready access to all treatment and consultant services. Chronic disease hospitals may fill this role if they are equipped and staffed to provide most of the

services of a general hospital, or are located adjacent to a general hospital.

24. (*c*) It is essential that students in various health disciplines receive instruction in the management of chronic diseases and illness in elderly persons. This can be done in special facilities for the elderly in general hospitals (Geriatric Service or Section, Geriatric Clinic) or in chronic disease hospitals if these are affiliated with the university.

25. (*d*) Outdoor clinic service for the elderly can be improved by the organization of a geriatric clinic that provides a coordinated treatment plan for patients with multiple diseases.

26. (*e*) A fully organized home care programme may enable the chronically ill, handicapped and elderly person to be treated at home. If based in hospital this may coordinate hospital treatment with community and general practitioner services. A community based programme may coordinate services available at different hospitals and avoid duplication of hospital based programmes.

27. (*f*) The provision of transport is essential for the attendance of frail people at clinics, in winter especially. If clinic care were covered by the Hospital Insurance Service, transport should be included as an allowable expense, at least for those receiving assistance.

28. (*g*) The cost of medications should be included in the Hospital Insurance Service allowable expenses if extended to out-patient care.

29. (2) The Elderly Person and the Chronic Disease Hospital.

There is a recognized need for an active treatment facility for people with diseases requiring relatively long-term treatment and who would show significant improvement either in regaining independence or by amelioration or regression of their disease. However, the distinction of such cases from those requiring very long-term or permanent nursing care with medical supervision cannot be clearly established. The acceptance of a case by the Quebec Hospital Insurance Service as needing chronic illness care has been used as a rough guide but it is felt that the Q.H.I.S. definitions are not sharp enough to delineate cases clearly. This causes a problem for chronic disease hospitals to decide which patients should be granted or refused admission and when patients should be discharged. Some institutions have been accepted by the Q.H.I.S. for treatment of patients with chronic disease but provide little service beyond nursing care. Many of these are proprietory and cannot provide better service at current rates paid by the Q.H.I.S.

30. For this section, the Medical Directors of three chronic disease institutions were asked to express their opinions. Appended is their report. One institution (Julius Richardson) provides convalescent care and accepts patients early after "acute care" is concluded. Another (Montreal Protestant Hospital) accepts patients needing rehabilitation. The third (Maimonides Hospital) accepts patients for permanent care.

31. Ste. Anne's Veterans Hospital at Ste. Anne de Bellevue comprises a 400-bed long stay hospital, a 360-bed Mental Infirmary and a 220-bed Domiciliary for ambulent elderly men. At Ste. Anne's Hospital there are

diagnostic and treatment facilities, physiotherapy department, an industrial workshop, arts and crafts services, Social Service and Dietary Departments.

THREE MONTREAL CHRONIC DISEASE INSTITUTIONS—REPORT

Julius Richardson	Maimonides Hospital	Montreal Protestant
Purpose: Convalescence (3 months care)	*Purpose:* Long term medical and nursing care (permanent) and supervisory care.	*Purpose:* Long term medical and nursing care if improvement expected.
Beds: 90	*Beds:* 133 (247 after Oct/64)	*Beds:* 146
Staff: Medical Director (part-time)	*Staff:* Medical Director (part time)	*Staff:* Medical Director (part time)
Psychiatrist (part time)	Psychiatrist (part time) Other consultants make regular visits.	3 Consultants (part time) make regular visits.
Resident physician (Interne) On nights and weekends.	2 Resident physicians	
Matron and 7 R.N. (2 part-time)		Matron and 7 R.N.
Trained attendants and Orderlies.		Trained attendants and Orderlies.
2 Physiotherapists	1 Physiotherapist	2 Physiotherapists
1 Occupational Therapist	1 Occupational Therapist	1 Occupational Therapist 1 Speech Therapist
Patients Treated (1 year)		Patients Treated (1 year)
460		(admissions) 334 (approx.)
Cost per Day		Cost per Day
$10.69		$8.26
Other Staff	Other Staff	Other Staff
Social Worker (part-time) Dietitian Pharmacist (part-time)	1 Social Caseworker 1 Social Group Worker	Lab Technician Dietitian Pharmacist

33. The chief problems of Chronic Disease Hospitals are: (1) It is difficult to obtain full consultant services because of geographical separation from a general hospital, yet such services are essential because an elderly person may well develop an acute new illness even while recovering from another one. This may require moving the patient back and forth between the two institutions.

34. (2) Geographical distance also prevents use of the equipment of the general hospital, its laboratories and technical staff.

35. These problems may be resolved by the organization of separate areas for treatment of people with chronic disease, particularly the elderly. Either such areas should be within the general hospital or in an adjacent building, or

the chronic disease hospital should be equipped with full laboratory and diagnostic equipment, consultant services and a full range of paramedical services, nurses and assistant nurses, physiotherapists, speech therapists, prosthetists, occupational therapists, social service workers, psychologists. For return to community living the patient must be trained not only in self care but in employment, where possible.

36. (3) It is often difficult to integrate services between Chronic Disease Hospitals and General Hospitals unless one or more physicians are on the medical staff of both institutions.

37. (4) The long range development of integrated services may be prevented if the Boards of Management of the two institutions are different and do not agree on principles and aims.

38. These problems are common although the three institutions mentioned in paragraph 32 have part-time medical directors and these men are also on staff of the hospital which in each case provides most of the patients for admission. That is, they act as liaison between the medical and administrative staffs. In ordinary cases administration could be more easily coordinated if some common direction were over both institutions. Medical coordination can be obtained by organizing the geriatric section as a distinct "Service" with a Chief of Service responsible for admission and treatment and able to request consultant services for special problems. Administrative coordination must be as close as possible.

39. (5) When treatment or convalescence is finished, the transfer to a nursing home is very difficult because of (a) lack of high quality nursing homes; (b) the ineligibility of a patient for coverage under the Quebec Hospital Insurance Service when in a nursing home, and (c) the difficulty of separating clearly the patients requiring the medical care of a chronic disease hospital from those requiring medical supervision and nursing care as provided by good nursing homes. The decision as to placement should be made by the treating staff according to the needs of each individual patient, not according to fixed rules and financial qualifications. In some cases the patient may benefit from the active milieu of the chronic disease hospital and should remain in a section of it for such cases where regular medical attention is provided and more intensive care can be given when needed. In other cases the important factor may be to be placed near interested relatives or friends. The patient may be adequately managed in a good nursing home and benefit from frequent regular visiting by relatives. Because both these types of patients require medical care, they should be covered by medical insurance, either government or private sponsored and be the concern of the Department of Health.

40. (6) It is difficult to obtain good staff to provide care for patients with chronic disease due to (a) lack of appeal of this type of case; (b) lack of teaching programme for physicians and nurses, and (c) lack of variety of patients.

41. (7) It may be difficult to maintain standards in Chronic Disease Hospitals due to lack of teaching and instruction programme for staff, and lack of contact with the personnel in general hospitals. The desire to work in Chronic Disease Hospitals depends on (*i*) conditions of work and pay; (*ii*) the degree of isolation from population centres, and (*iii*) the opportunity for learning and advancement.

42. A Chronic Disease Hospital should be located within or near a general hospital and staff should be affiliated with its staff. Rotation of medical resident physicians, nurses and ancillary staff through the Chronic Disease Hospital

will extend their knowledge and serve as a stimulus to the permanent chronic hospital staff. Opportunity for chronic hospital staff to take refresher courses and lectures in the general hospital will maintain their interest and competence.

43. Because there is a tendency for chronic diseases to relapse, patients discharged to nursing homes should have medical supervision to maintain the independence they have gained. The programme in good nursing homes will ensure this. However further treatment may be needed, or a relapse may need treatment, or a prosthesis need adjustment. For these purposes a connection must be preserved between the nursing home and the chronic disease hospital or section of the general hospital. An Out-Patient Department in the chronic disease hospital will provide a facility for reviewing the patient, for giving supportive physiotherapy or occupational therapy or psychological appraisal or social work counselling. An Out-Patient Department will also allow assessment of cases requesting admission to the chronic disease hospital.

44. A modern hospital is a scientifically designed and constructed plant. A hospital for the treatment of chronic diseases must be no less well designed although the allotment of space and equipment is different. Any group considering building a chronic disease hospital should consult the "Standards for Chronic Hospitals" established by the Hospital Design Division, Department of National Health and Welfare, Ottawa.

RECOMMENDATIONS

45. (*a*) Separate areas are required for treatment of people with chronic diseases, especially the elderly.

46. (*b*) Such areas may be separate sections of general hospitals or separate (Chronic Disease) hospitals.

47. (*c*) In these areas must be available a full range of consultant services and technical equipment to provide a high level of care for the complex problems of the elderly and for such acute episodes as may occur.

48. (*d*) Paramedical services such as nursing, dietary, casework and group work, psychological advice, physiotherapy, occupational therapy, speech therapy, must be available.

49. (*e*) If the chronic-disease-geriatric-treatment area is in a separate institution special plans must be made to integrate the administration of these institutions into a common aim for the benefit of the patients.

50. (*f*) The overall direction of the programme of rehabilitation for the long term treatment of people with chronic disease should be provided by a physician with training and interest in this field.

51. (*g*) Admission of patients into the chronic disease hospital and placement after treatment, should depend on the decision of the medical staff of that hospital, and be related to the needs of the individual patient.

52. (*h*) Patients requiring permanent care either in a chronic disease hospital or in a nursing home should be covered by the Hospital Insurance Programme and be the concern of the Department of Health of the Province of Quebec.

53. (*i*) Medical, nursing and other staff of a chronic disease hospital should be integrated with the staff of a general hospital for the purpose of maintenance of standards of treatment and knowledge.

54. (*j*) Chronic disease hospitals should have out-patient clinic facilities for the assessment of people requesting admission and for follow-up examinations after discharge.

55. (*k*) Follow-up examinations after discharge should be arranged to prevent relapse or, if it occurs, to enable early treatment.

56. (*l*) The design of a modern chronic disease hospital must be consonant with the modern aim of active specialized treatment. The Hospital Design Division, Department of National Health and Welfare (Canada), has published up-to-date standards which may be found very helpful.

57. (3) The Elderly Person and the Nursing Home and Residential Home: In this section nursing homes are considered with residential homes rather than with chronic disease hospitals for several reasons.

58. (*a*) In the Province of Quebec patients in chronic disease hospitals may be included under the Quebec Hospital Insurance Service, while those in nursing homes usually are not, but are (if indigent) covered by the Quebec Public Charities Act or their own financial arrangement.

59. (*b*) Many nursing homes accommodate people not requiring regular nursing care in the same institution, although somewhat separated from those needing such care (who, in some cases, are very ill or terminal).

60. (c) In the section on Chronic Hospitals we suggested that people with permanent handicap needing medical supervision and nursing care might remain in the hospital in special long term sections or might be placed in nursing homes according to individual needs. Nursing homes may be able, like good Residential Homes, to achieve a less institutional atmosphere (a) by being smaller; (b) by de-emphasizing the need for medical care once the essential care is assured; (c) by emphasizing the personal contact between the patient and the staff; (d) by organizing programmes which improve communication between the patients themselves and between them and the staff; (e) by giving a degree of authority to patients to arrange their activities and programme, and (f) by encouraging local community participation in friendly visiting, holding Golden Age Club meetings in the Home, etc., and by an easy visiting schedule to encourage relatives to come. We believe that the medical care programme should be under the guidance of the Health Department for licencing, standards, supervision. Admission to nursing homes should be only after adequate assessment of need for such treatment and consideration of a more active regimen.

61. Homes for the aged formerly accepted many able bodied but financially indigent people. As economic support becomes available, and if community health services exist, admission to such homes is requested from more elderly, frail and handicapped people. Residential homes must provide adequate supervision of health needs and prompt medical attention for illness as it develops. It is unlikely that such medical care can be provided in Residential Homes except for minor illnesses and transfer to hospital should be readily available. The possibility that this may happen is not frightening to aged residents provided they have the possibility explained to them before it occurs. Similarly, nursing homes should have easy access to hospitals and to Out-Patient

Department clinics for treatment of new illness when it develops in their patients.

62. If in a community the residential home, nursing home, chronic and acute disease hospitals can be integrated so that local citizens know where they will go depending on their need, this can remove much of the dread of being ill.

63. In the Montreal area there are major deficiencies:

(*a*) Inadequate number of good quality nursing homes.

(*b*) Inadequate number of residential homes, at least under the present circumstances of inadequate community home care, homemaker and supportive services.

(*c*) Lack of contact between nursing and residential homes and hospitals except for urgent transfer of a patient.

(*d*) Existence of poor quality homes outside the jurisdiction of the City of Montreal Health Department but utilized for placement by Montreal hospitals because of lack of anything better.

(*e*) Few nursing homes provide adequate privacy, exercise, physiotherapy, special diets, etc.

(*f*) Few elderly people requiring care in a nursing home can afford to pay the rates demanded even by inadequate commercial homes. The non-profit homes must accommodate these people but are too few in number. The allowance under the Quebec Public Charities Act of $4 to $6 per day is not sufficient to cover the cost of a full programme.

RECOMMENDATIONS

64. (*a*) Nursing homes providing nursing care to sick people under medical direction should be under the general supervision of the Department of Health, Province of Quebec.

65. (*b*) Adequate financial support is required to provide a good level of care and the artificial boundary between an illness needing chronic hospital care and an illness needing nursing home care should be eliminated. Patients need different types of care but all are health problems.

66. (*c*) Construction of high quality nursing homes on a non-profit basis should be encouraged by construction grants. Such grants should require evidence that the plans for construction meet modern standards for nursing homes.

67. (*d*) The Department of National Health and Welfare, Hospital Design Division, should be asked to set up standards for nursing homes as they have done for hospitals.

68. (*e*) Coordination of medical programmes between general hospitals, chronic disease hospitals and nursing homes is needed. Nursing home patients can utilize clinics of general hospitals and the out-patient rehabilitation programme of a chronic hospital or rehabilitation centre provided transport can be arranged. (See 'Introduction' and 'Community Medical Care')

69. (*f*) Patients should not be placed in substandard nursing homes and maintained there by no government funds.

70. (*g*) Frail but independent elderly persons should not be forced to enter a Home through lack of community support programmes and suitable housing.

71. (*h*) Within the nursing home, requirements are:

(1) Regular medical supervision with specialist services easily available;

(2) Good nursing care under supervision of a Registered Nurse;

(3) Counselling services available for adjustment problems;

(4) Activity programmes emphasizing human interaction;

(5) Special attention to those handicapped by brain damage, speech and hearing defect, blindness, in programming;

(6) Participation of patients in organization of daily routine (choice of menu, visiting hours, times of lights out, television programmes, etc.);

(7) Special services available such as beautician, chiropodist, etc.;

(8) Provision of education programme for staff with opportunity to participate in teaching programmes at hospitals.

72. (*i*) The Association of Non-Profit Homes and Hospitals for the Aging of the Province of Quebec has been formed to compare programmes to improve the standards and techniques and encourage acceptance by other such institutions of such standards. This sort of affiliation for improvement of service and expansion of knowledge should be encouraged.

73. (4) The Elderly and the Mental Hospital

A mentally ill geriatric patient who requires admission to a mental hospital is one so disturbed in behaviour and symptoms that he or she cannot be managed in the community (i.e., at home or in other hospitals or institutions).

74. The disturbance may take any form, such as major loss of contact with reality, severe depression, uncontrollable excitement, marked restlessness, severe loss of memory and disorientation, or combinations of these; mere old age and frailty is not a condition requiring mental hospital admission.

75. Mentally ill geriatric patients require special psychiatric treatment procedures, much the same as younger patients—drug and other physical therapies, occupational therapy, psychotherapy, social readjustment, rehabilitation, etc. Mentally ill geriatric patients may also be physically ill; mental hospitals usually have facilities for the treatment and care of such patients. However, patients whose physical illness is predominant are preferably treated in general hospitals or chronic disease hospitals rather than in mental hospitals.

76. Patients with minor emotional illnesses do not usually require treatment in a mental hospital. However, elderly people who become cut off from the community by frailty, impaired mobility due to physical handicap such as arthritis or stroke, impaired vision and hearing, may become progressively more suspicious and hostile, emotionally depressed or disoriented and confused. In addition, neglect of their cleanliness, nutrition and self care may produce or add to this picture and ultimately lead to admission to a mental hospital. Such an outcome can in many cases be prevented by better supervision of elderly people living in the community, provision of adequate financial support, community services, and activity programmes. Elderly people with mental breakdown have in many cases a history of such breakdown earlier in their lives and a recurrence should be anticipated and treated early.

77. In most mental hospitals in North America approximately one-third of the patients are age 65 or more. This is due partly to aging of long term patients

within the institution and partly to a tendency to admit elderly handicapped people with mental impairment to these hospitals.

78. In the Montreal area, the Verdun Protestant Hospital serves the English-speaking population. There are nearly 1600 in-patients of whom over 400 are age 65 or more. In 1962, 160 mentally ill elderly people were admitted for treatment. Many of these elderly people suffer from various chronic physical diseases and increasing frailty with increasing age. Services provided are:

(*a*) skilled psychiatric treatment;

(*b*) high quality medical care with all specialty consultants readily available;

(*c*) high quality nursing care;

(*d*) rehabilitation facilities—physiotherapy, occupational therapy, speech therapy, arts and crafts, industrial therapy;

(*e*) psychological, social, dietary and other services;

(*f*) volunteer services;

(*g*) community services are needed to provide support for elderly handicapped people which may thus prevent breakdown and also allow return to the community after treatment.

(It may be noted that these services are the same as those required in the chronic disease hospital.) This level of care is not yet optimal.

RECOMMENDATIONS

79. (*a*) Greater government financial provision for treatment in mental hospitals is required.

80. (*b*) More high quality staff must be obtained.

81. (*c*) Better and more equipment in wards and rehabilitation sections is needed.

82. (*d*) Expansion of facilities for a geriatric self-care unit, more sheltered workshop facilities, etc., are needed.

83. (*e*) More emphasis should be laid on return home and maintenance there supported by community services and adequate financial support.

84. (*f*) Transport arrangements for follow-up at hospital clinic are needed.

85. (*g*) Half-way houses and day centres to help in discharge and supervision after discharge should be provided.

86. (*h*) Mental ill health should be detected in its early stages, and treated.

87. (*i*) Supportive community programmes could *prevent* breakdown of mental health in the elderly and should be set up.

88. (*j*) Special efforts should be made to ensure adequate nutrition of elderly people, especially those isolated for social or physical reasons.

89. (5) The Elderly and Community Medical Care.

Home Care Programmes—There are at present three home care programmes organized in the Montreal area. Two of these are pilot projects, carried out through the Departments of Psychiatry at the Montreal General Hospital and also at the Allan Memorial Institute. These two have been organized during the past year and their function is to care for psychiatrically ill patients at home.

Approximately fifty to sixty patients have been visited in both these programmes. Only ten percent fell into the Geriatric category. The third programme organized at the Reddy Memorial Hospital is more general in scope and has been active since July 1950. The Reddy Memorial Home Care Program uses the V.O.N. Nursing Service. In this programme in 1963, nurses made 400 visits and physicians 250 visits to patients over the age of 65. Thirty percent of the patients pay the full fee of $3.50 per visit and seventy percent are seen free of charge.

90. The V.O.N. also provides general home nursing in the Montreal area under a doctor's supervision. 1,058 visits are made monthly to patients over 65. This is 42.2 percent of their case load. Of these, 16.4 percent pay the full fee, 41.7 percent pay a part fee and 41.9 percent are seen free. This indicates that a large percentage of patients seen by the V.O.N. nurses are either indigent or in the low income group. Supervision is by private doctor in 54.5 percent of the cases, 42.1 percent are supervised by a clinic doctor who would probably not visit the home but would direct the nurse from a hospital outpatient clinic. 3.4 percent are supervised by a doctor in the Reddy Memorial plan, by a D.V.A. doctor or by a doctor paid for by a social agency. Again in this group, the doctor would visit the home. Certain social agencies, such as the Baron de Hirsch Institute, provide some limited medical care where their staff doctor will visit a patient in his home. This service has diminished due to the growth of outpatient clinics and emergency ambulance service.

91. The Geriatric Clinic of the Jewish General Hospital has an emergency Home Visit Plan where patients are seen at home by the clinic doctor if they are too ill to attend the clinic. This plan is not required often and only 5 home visits were recorded in the patient population of 180 during the year 1963.

92. The police ambulance of the City of Montreal has been helpful in bringing acutely ill patients to emergency rooms of the various hospitals in Montreal. In this way, home visits by physicians were often circumvented. This service is to be discontinued in 1964 except for street accident victims.

93. General Practitioner Services—General practitioners charge approximately $10.00 for a house call and $3.00 to $5.00 for an office visit in the City of Montreal. It is very difficult to determine how often the services of general practitioners are used by the elderly indigent or those belonging to a low-income group. Often doctors will reduce their fee in cases of real need. How frequently this happens can only be guessed. Often patients are not treated because they are reluctant to arrange for a house call or office visit which they cannot afford.

94. Hospital Clinic Outpatient Care—Outpatient clinics covering all major specialties are part of all English-speaking hospitals in the City of Montreal. These clinics are open to the indigent and low-income group patients who could not afford private care. In some hospitals, a nominal minimum fee is charged for each clinic visit. Other hospitals register indigent patients for clinics free of charge. At the Montreal General Hospital, for example, one-third of the patients do not pay for clinic visits. In the Geriatric Clinic of the Jewish General Hospital, two-thirds of the patients are seen free of charge. A nominal charge for drugs prescribed is made in all the hospitals. This charge even to indigent patients is 25 cents per prescription—often a group of drugs is prescribed on one prescription form. Again, when patients do not have the money, the drugs are given to them free of charge. Clinics are usually visited by patients living in the immediate area of the hospital. There are some exceptions when a patient's private physician works in the clinic of a certain hospital and asks the

patient to see him there because he cannot afford private care. Ethnic groups possibly also favour certain hospitals. Jewish patients, for example, will go to the Jewish General even if it is not the hospital closest to them.

95. The only specialized comprehensive clinic geared to care for geriatric patients is the Geriatric Clinic of the Jewish General Hospital. It has been functioning since 1957. At the present time, there are 180 patients on the clinic's roster. The minimum age is 60. These patients who are physically and/or emotionally ill are seen regularly by a staff of internists, psychiatrists and social workers. The clinic is run once weekly and there is a morning and afternoon session.

96. During the year, approximately 222 patients make 1,710 visits to the Clinic. A comprehensive approach includes social planning for the elderly in the form of financial assistance, help to obtain better and more congenial living accommodations, recreation in golden age clubs, etc., along with proper medical care. In addition to this, the Clinic runs an active out-patient occupational therapy programme where the patients work in groups three times weekly. Such a clinic can diagnose and treat a large number of the many physical and psychological problems of elderly people, thus preventing multiple tiring visits to different clinics, frequent re-admission to hospital when not required, complexity of clinic records and mounting fear and anxiety.

97. Sheltered Workshop—A small number of the patients in the Geriatric Clinic attend the sheltered workshop of the Jewish Vocational Service where emphasis with this group is on terminal placement rather than rehabilitation. Here the patients work in an industrial milieu at a reduced pace and are able to earn pocket money. The places available for geriatric patients do not meet the great demand for this type of placement. About six geriatric patients are at present working there and it is the only sheltered workshop that accepts elderly people in the English-speaking community.

98. How far the above outlined facilities go to meet the medical and social needs of the aged in the Montreal area can only be established by a well organized survey investigating unmet needs and the services that would best answer them.

RECOMMENDATIONS

99. (*a*) Home care programmes should be expanded. Some hospitals might base a programme on their own staff and facilities but duplication of services by different hospitals should be avoided. Some sort of community based home care programme may serve to coordinate hospital and community health and welfare services.

100. (*b*) Financial support of such programmes is required and expenses are so great probably only government sources can meet them.

101. (*c*) Specialized Geriatric Clinics in general hospital serve to prevent multiple visits to hospital by coordinating care through a team approach.

102. (*d*) The provision of an Occupational Therapy programme for the elderly attending a Geriatric Clinic provides a longer period of observation while under treatment by the clinic team, among other advantages.

103. (*e*) Financial support for transport of patients to clinics is badly needed.

104. (*f*) Geriatric day centres and sheltered workshop enable the elderly person to be active but under a lesser or greater degree of supervision as required.

105. (*g*) The provision of a good meal, homemaker services, advice on house and home maintenance and various degrees of protective services can be based on a day centre or old persons club.

106. (*h*) A survey should be made of a representative sample of elderly people to establish what services they need at present, or what services they would use which could prevent breakdown of health and social functioning. (See Section on Research in Problems of Aging—Social Studies.)

REHABILITATION OF ELDERLY PEOPLE

107. (1) Definition: Rehabilitation means the restoration of the patient to his maximum level of function, physically, mentally and emotionally, socially and vocationally following accident or illness.

108. (2) Elderly patients require the same facilities for rehabilitation as the other age groups with, in some cases, less emphasis on Vocational Rehabilitation.

109. (3) Rehabilitation can be looked upon as involving three main stages:

110. The first stage is the restoration of physical and psychological function. This involves medical, surgical, psychiatric care and, in addition, those with diseases of the locomotor system, e.g. trauma, neurological disorders and arthritis, etc., require a great deal of Physical Medicine. The pace of recovery in the elderly is slower than in the younger age groups.

111. The second stage is training in self-care. This becomes a problem if function is not restored fully in stage one and the patient is left with permanent disability. This is common in the elderly who suffer from strokes and degenerative diseases generally. In the face of permanent disability, everything possible must be done to train the patient to care for himself. A good example of this problem is the patient with a stroke who remains paralyzed in one arm and leg. Such a patient can be taught to walk unaided and by suitable training, can be shown how to care for his personal needs and get about in his home and neighbourhood, thus he no longer requires a hospital bed, special nurses or orderlies and does not immobilize at home another member of the family who is a potential wage earner.

112. The third stage is the restoration of the patient to community life. For many retired elderly people, this means return to social activities, but for those who were engaged in part-time employment before their illness or who were doing full time work, either gainful employment or voluntary, return to work becomes the goal of Rehabilitation.

113. (4) It may not be necessary to separate the elderly from younger people as far as rehabilitation is concerned. They can fit well into general rehabilitation programmes handling a mixture of age groups. Some separation may be necessary within the programme, for example in group work where the pace for the younger patients must be faster.

114. (5) At present, for English-speaking patients, there is an inadequate number of beds available for rehabilitation. An active in-patient Geriatric Rehabilitation unit exists at the Montreal Protestant Hospital. Rehabilitation facilities with beds are available at the Rehabilitation Institute on Darlington

Avenue, but this is primarily French-speaking, although many English-speaking patients use it. The Julius Richardson Hospital has a programme for restoration of function for convalescent patients but is not limited to elderly people. The general hospitals have excellent restorative programmes, but these cannot be used effectively because there are no beds in which the patients can be housed during the process of rehabilitation. This process often takes a number of months and the general hospital beds are required for more acute cases. There is an active Rehabilitation programme at Ste. Anne's Veterans Hospital, but this is restricted chiefly to veterans.

115. As a result of the small number of beds in Rehabilitation units, many elderly patients are discharged from general hospitals still requiring active daily rehabilitation programmes of a comprehensive nature, but are unable to find accommodation in hospitals where these are available. Many elderly patients, therefore, end up in nursing homes and smaller "chronic hospitals" without proper rehabilitation facilities.

116. The provision of rehabilitation beds in or adjacent to general hospitals is the most satisfactory solution to this problem. Most of the general hospitals already have good rehabilitation facilities apart from the beds so that duplication of these would not be necessary. The patient could remain under the care of the surgical or medical team who had been managing him up to the point of transfer to the rehabilitation unit and could be followed by that team in collaboration with the Department of Rehabilitation which in most general hospitals is involved early in the management of the case and has already been a member of the team throughout. The transfer to an entirely new environment with strange doctors in another institution, to which the doctors first handling the case do not have access, is not the best way of managing a patient's rehabilitation. Furthermore, in the case of a relapse or other complication arising during the rehabilitation phase, the patient is already in the general hospital and the matter can be taken care of right away. If he is in another institution not equipped to handle emergencies or acute medicine and surgery, he has to be transferred back again to the acute hospital or to some other acute hospital which may lead to delays and certainly interrupts the continuity of care.

117. The provision of a Rehabilitation Section in general hospitals would also conserve the already poor supply of trained personnel in rehabilitation. The demands for this particular type of personnel are increasing all the time and the training programmes are unable to cope with the demands of the treatment centres. The duplication of rehabilitation facilities in a variety of nursing homes of the convalescent type throughout the city would only accentuate this shortage of personnel.

118. It should be pointed out here that rehabilitation beds in general hospitals are active treatment beds, but the length of stay is longer than that in acute medical and surgical beds and perhaps might be more closely allied to the length of stay in psychiatric beds in general hospitals, where the average length of stay may be several months. Furthermore, the patient's stay in these rehabilitation beds must be determined by whether or not he is making progress in rehabilitation. If at any time it becomes clear that the patient is not going to be rehabilitated to self-care, or is not making progress, he should be transferred to a long stay section or to a high quality nursing home near his relatives and friends. Likewise, the admission to the rehabilitation beds should be confined to those patients who are thought to be likely to benefit from a rehabilitation programme and great care should be exercised that the rehabilitation beds do not become a dumping ground for hopeless cases from the acute wards for whom long stay accommodation is not readily available elsewhere. This would be a matter of organization for the individual hospital concerned.

119. With this kind of programme the general hospital would be able to take care of the acute medical and surgical treatment, the restoration of function and the training up to the level of self-care in all classes of patients including the elderly.

120. (6) The restoration of a patient to the community requires careful planning and coordination of hospital services with those available in the patient's home environment. A broad range of services and housing must be available if handicapped people are to be able to return home.

121. (7) The restoration to employment does not arise in a large number of the elderly people. At present this is arranged in some general hospitals by the Social Service Department through their contact with the local employment bureaux. This is supplemented by case conferences with the rehabilitation team and the employment bureau representatives. Such conferences improve the transfer of information from the rehabilitation service to the employment service, thus minimizing mistakes in placement. At Ste. Anne's Veterans Hospital, handicapped persons may be given a trial of employment in the Remedial Workshop. If employable, placement is arranged by the Veterans Welfare Officer and Special Placement Officer of the local National Employment Service office.

122. It is sometimes difficult to assess a patient's work potential without special facilities. These involve psychometric testing, assessment of work tolerance, manual dexterity and other aptitudes and require special personnel and the use of workshops of a graded type. An organization in Montreal that has these facilities is the Occupational Therapy and Rehabilitation Centre, Ottawa Street, Montreal. (This is an out-patient rehabilitation centre which is fully comprehensive for all stages of rehabilitation, but does not have any beds and can therefore handle only patients who are able to travel or be transported to the Centre from their homes or from the nursing home where they may be residing.) The Remedial Workshop at Ste. Anne's Hospital has a similar function for veterans.

123. It is a common finding as a result of testing in such a unit, that many elderly people, especially those who suffer from strokes, are not employable under normal industrial conditions, but could work either part-time or full-time under sheltered conditions in sheltered workshops. Few sheltered workshops are available (See Sheltered Workshops—Para. 97.) such patients often sit around at home with nothing to do and become depressed and undergo gradual deterioration physically and mentally, often requiring re-hospitalization. An active programme is required for these people and the sheltered workshop, by maintaining regular physical and mental activity can enable them to produce to the best of their ability and to have the satisfaction of contributing to the community. The ability to carry out useful activity of this nature is now well recognized as an important aspect of the mental and physical health of the elderly person.

RECOMMENDATIONS

124. (*a*) A bed section should be set aside in general hospitals or immediately adjacent to them for rehabilitation of patients who require an organized restorative programme. Elderly patients can and should be included in this group.

125. (*b*) A close liaison is needed between the physician directing rehabilitation and general physicians who are responsible for the general health of the patient. There must be easy access to consultant services as required.

126. (*c*) Transport of a patient for special treatment or tests outside the rehabilitation section is easier if that section is part of a general hospital complex.

127. (*d*) Rehabilitation personnel are in short supply and should be located in active treatment rehabilitation centres.

128. (*e*) Encouragement should be given to young people to enter on a training course in rehabilitation techniques—physiotherapy, occupational therapy, etc.

129. (*f*) Restoration of function for a disabled person requires team work and coordinated planning with community services.

130. (*g*) Community services are inadequate—there are inadequate nursing services, home maker services, dietary services, special housing, day centres, sheltered workshops and old people's clubs.

RESEARCH IN PROBLEMS OF AGING

131. The following research studies have been carried out in the Montreal area.

Medical Sciences

132. (1) Experimental laboratory studies of the aging process have been carried on at the University of Montreal. These have included investigations into the role of the general adaptation syndrome in the process of aging (Selye.)

133. (2) A study of the influence of old age upon the stability of homeostasis was carried out in the Department of Physiology, University of Montreal. (1952-1957).

134. (3) The Institute of Gerontology of the University of Montreal has just received a grant from the Provincial Government to analyze family and social background to ascertain why people over 65 choose to live in homes for the aged. (October 1963). The Institute has also submitted other projects which have not been able to be accepted due to lack of funds.

135. (4) Maimonides Hospital and Home for the Aged. Since 1960, Dr. E. D. Sherman, Co-Physician-in-Chief at the Maimonides Hospital and Home for the Aged, in collaboration with Dr. Eugene Robillard, Professor of Physiology, University of Montreal, has been studying sensitivity thresholds to pain in the aging and younger groups through a grant from the Annie Lauterman Research Funds of the Maimonides Home for the Aged. Psychological studies of the aging have been performed at the Maimonides Home by Drs. V. A. Kral and B. Wigdor.

136. (5) The Gerontological Unit, Allan Memorial Institute, have conducted studies on the following:

(*a*) Psychological and somatological studies of the aged. (1950-1957)

(*b*) A study on the causation of senile psychoses as an aid to reducing the number of elderly psychiatric patients in mental hospitals and to provide more adequate understanding of the aging processes. (1956-1960)

(*c*) A study of the effects of the nucleic acids upon memory (retention) impairment in the aged. (1959-61)

(*d*) A search for physiological factors involved in the capacity of well-preserved old people to compensate for organic psychological deficits. (1960-61)

(*e*) A prognostic classification of geriatric patients based on clinical examination and adrenocortical function. (1959-1961)

137. (6) Geriatric research has been undertaken by the Department of Veterans Affairs. At the Queen Mary Veterans Hospital in Montreal, the Department has made an investigation into psycho-social factors in the employability of older veterans and, also, a study to establish test criteria for the assessment of physiological studies. A study has been carried out at Ste. Anne's Veteran Hospital of the effect of long-term antibiotics on patients with chronic chest disease and chronic renal disease. The Department of Nutrition, Macdonald College, have studied the effect of such antibiotics on digestibility of food in these patients. Drug studies are continually under way at the Mental infirmary of Ste. Anne's Hospital.

138. (7) At the Verdun Protestant Hospital research in geriatric psychiatry has included an evaluation of the drug PROCAINE (good results were not obtained), a diagnostic and prognostic study of large numbers of geriatric patients in the Hospital over a period of three years, a study of re-socialization of long term geriatric patients, electroencephalographic studies and an evaluation of psycho-pharmacological treatment in geriatric patients. Dominion Provincial Research grants to support these studies have been obtained and will be useful in the future for the continuation and extension of these studies.

Social Studies

139. During the last decade a number of social studies have been made of the aging, non-French population in the Montreal area. They have usually been focussed on the problems and the needs of elderly persons, and one of their main purposes has been to enlist community support for the expansion of existing health and social services. Examples of such projects are seen in a study of the needs of aging clients by the Family Service Assocation, the study of health services by the Victorian Order of Nurses to the elderly sick persons living outside institutions, a study of nursing homes by the Montreal Council of Social Agencies, and a survey of housing needs of old people by the Central Mortgage and Housing Corporation. Such studies are in many instances based on small, selected samples of aging persons who have been referred to social service agencies for help with severe and in many cases chronic problems. At present the Montreal Council of Social Agencies and the McGill School of Social Work are sponsoring a survey of the Social, Economic and Health Status of a group of retired pensioners from three large industries who are living in Montreal.

140. Many leaders in welfare activities are aware of the need for more systematic research in the general population in age groups above 60 years, who live in the Montreal area. They recognize that the scientific knowledge that is now accumulating about the processes of aging, could be applied so as to lead to new, productive activities and added meaning for man's later years.

141. Fundamental research by the use of sociological methods is indicated in various aspects of older persons' lives. A few such aspects are listed below. It should be emphasized that for all but the first topic, the information and the opinions of aging persons themselves should be included within the scope of given research projects.

142. It should be noted that worthwhile research undertakings on any of the above aspects of aging would involve the full-time employment of one

or two competent research experts. Their competence should include ability to design research projects, to participate in the collection of data and the supervision of assistants who may be engaged at various stages of the work.

143. Such experts would also be expected to compile and analyse the collected materials and to take responsibility for presenting their findings in written form. The length of time involved in such projects varies with the scope of a given research undertaking. A period of six to twelve months is probably a minimum estimate. Adequate financial support of experts already interested in given research topics is one way to encourage the accumulation of systematic knowledge of the aging population.

144. More information is needed on the problems associated with aging, such as:

145. (*a*) The biological and physiological changes with aging and the possibility of modifying them.

146. (*b*) The effect of aging on human behaviour and the performance of social roles. In what ways does aging of the individual's body and mind affect his performance and human relationships. In what ways does society's attitude toward the elderly contribute to producing the picture we now have of the elderly person? What psychological and health changes result from the present retirement policies of business enterprises? How do groups of elderly people influence public opinion, political parties, businesses, charitable organizations and churches, and affect the structure and function of such institutions?

147. (*c*) The provision of medical care—What is the most efficient and effective way of organizing health agencies? What types of organizations encourage unnecessary dependency and loss of freedom for the elderly, and what types encourage continued integration with the community?

148. (*d*) The maintenance of mental and physical health. What factors in society lead to breakdown in health? How can these be altered, or the breakdown of individuals detected early and treated? What health programmes can delay the changes associated with aging or modify the cause of chronic diseases?

149. (*e*) Medical treatment of the elderly. What specific medications, treatment techniques, equipment and diets may be most effective for the sick elderly person? What is the nature of senile brain disease, arteriosclerosis, degenerative arthritis and other common chronic diseases? In what ways can modifications of diet for middle aged elderly people be effected to prevent ill health?

150. Basic demographic studies are required preliminaries to the other research studies. One example is the estimate of the number and the proportion of persons 60 years and over relative to the total population in the various municipalities and census tracts in Metropolitan Montreal.

151. Other studies are required in these areas:

(1) Social adjustment of both men and women workers to retirement from full-time employment.

(2) Presently available housing facilities and the housing needs of elderly people.

(3) The actual income of elderly persons and how this relates to their actual needs.

(4) The nutritional state of the elderly and their needs.

(5) The distribution, the types and the nature of recreational facilities for elderly persons in given local areas.

(6) Family relationships of aging persons.

(7) The pattern of daily life in institutions which provide daily care and health facilities for aging persons.

RECOMMENDATIONS

152. (*a*) A topic in which systematic research is needed, is the education and special training of professional people, of volunteers, and of institutional personnel who are concerned with services for elderly people.

153. (*b*) Substantial sums of money are required to finance such studies as are listed here. Research studies should be of long-term nature as these complex problems cannot be touched by superficial brief enquiries.

154. (*c*) Organizations already providing services to the elderly should be encouraged to study their own procedures and results from an objective scientific viewpoint.

155. (*d*) A coordinating agency should encourage research and give direction to studies. It may also avoid duplication of effort, but should not rigidly restrict novel approaches which may not fit any previous pattern.

156. (*e*) A central information agency should be set up to collect data on studies being made and the findings of studies made here and elsewhere. Such an agency might be set up by the Federal Government as a sub-department.

157. (*f*) Census material and other statistical information should be available and facts commonly required should be published in readily available inexpensive form. A Federal Government department could set up such an agency and its publications could be regularly produced by the Queen's Printer.

158. (*g*) Financial inducements should be given to able students to enter the field of research and study of aging. Students could be drawn from many disciplines such as medicine, nursing, dietetics, social work, sociology, psychology, physio and occupational therapy, biology, physiology, etc.

Appendix "V"

SUBMISSION TO
THE SENATE COMMITTEE ON AGING

by

THE CANADIAN NATIONAL INSTITUTE FOR THE BLIND

1929 Bayview Ave., Toronto 17, Ont.

Summary of

Brief on Aging of the Blind of Canada

Recommendations

1. CNIB believes that blind persons should share the rights and responsibilities of all Canadian citizens. Therefore the aging blind Canadian should have the right to stay in the labour force as long as possible. To enable them to work at a greater capacity, it is recommended that the ceiling be raised on the means test governing the Blind Person's Allowance.

Reference Paragraph No. 4.

2. As a result of CNIB service for the aging, it has become clear that services usually reserved for senior citizens should be extended to the blind at an earlier age. Such services as assistance with laundry, shopping, transportation and help in the home should be available to the older blind person, not at a given age, but when the need occurs.

Reference Paragraph No. 6.

3. Experience shows that, in general, both for the blind and for the sighted, much of the privations of old age result from lack of adequate income for the basic necessities of life. There is a gap in income from the time of retirement at age 65 until the old age security begins at 70. To cover this period we recommend that a more lenient means test be established and that provincial supplementaion should be expanded. Provincial supplementation should be sufficient to meet personal basic economic needs in each community of all provinces.

Reference Paragraph No. 7.

4. Low cost housing, perhaps in motel type apartments, should be increased to accommodate the growing number of elderly people, single or married, who do not require institutional care. Such housing should be available to couples involving blind persons as soon as they need the service rather than at a given age.

Reference Paragraph No. 9.

5. In-care services should be implemented by local municipalities in rural areas. Generalized public health services should be intensified to include bedside care and supervision of insulin to blind diabetics. A means should be established to locate, in the early stages, those with progressive eye conditions such as Glaucoma and to ensure adequate follow-up. Drugs and medicines should be sold to blind senior citizens at a considerable discount, without sales tax or provided free of charge if necessary. CNIB recommends that research centres be established in association with Canadian universities to study the

problems of the aged in an effort to keep community services as closely related to their needs as possible.

Reference Paragraph No. 10.

6. CNIB recommends that licensing regulations for nursing homes should require greater provision for psychological care. Nursing homes should be increased in number to meet the growing demand for their services.

Reference Paragraph No. 11.

7. The sighted should be encouraged to integrate with the blind while CNIB encourages the blind to integrate with the sighted for leisure time activities. Recreation should be supplied through city or town facilities for all elderly citizens including the handicapped. A special government subsidy should be established to cover fees for all elderly persons joining community recreation facilities.

Reference Paragraph No. 12.

8. One of the greatest needs in later life is an intellectual interest. Since CNIB does not have the funds required to develop self help courses in this area, it is recommended that these courses be provided in Braille or on tape through government sources in co-operation with CNIB.

Reference Paragraph No. 13.

9. Canadian students should be encouraged to take formal training in social work, psychiatry, nursing, recreation and allied fields to reduce the professional staff shortage now apparent in these areas from coast to coast.

Reference Paragraph No. 14.

SUBMISSION TO THE SENATE COMMITTEE ON AGING

by

THE CANADIAN NATIONAL INSTITUTE FOR THE BLIND

1929 Bayview Ave., Toronto 17, Ont.

Brief on Aging of the Blind of Canada

1. Since 1918, when the CNIB received its federal charter, the organization has exercised two major responsibilities by authority of its constitution—to ameliorate the condition of the blind and to prevent blindness.

2. These responsibilities have led to the development of numerous services in both spheres, to the establishment of a coast to coast organization with nation-wide programming and 20 specially designed residences and service centres. Through these centres and an additional 30 offices manned by specially trained personnel, CNIB serves more than 24,600 blind Canadians. Of this number 11,383 or 46.2% are 65 and over.

3. CNIB has devised services for senior blind citizens. The residence programme, serving 833 residents, was designed chiefly for elderly, single clients. The occupational shop was designed to serve several groups of blind persons, including the elderly. These blind workers, under the age of 70, usually receive the Blind Person's Allowance with its fixed income levels. In these shops, blind workers may complete hand assembly sub-contracts until they reach the maximum allowed by the means test. Yet this is not an adequate income and in many cases reduces the earning capacity and incentive of blind aging persons who are physically able to earn more than the means test permits.

4. CNIB believes that blind persons should share the rights and responsibilities of all Canadian citizens. Therefore the aging blind Canadian should have the right to stay in the labour force as long as possible. To enable them to work at a greater capacity, it is recommended that the ceiling on the means test be raised. It is recognized, in general, that people beyond the age of 45 experience extreme difficulty in obtaining employment. This is particularly true of the blind whom CNIB place in general industry. When the portable pension becomes law this difficulty should be offset to some extent.

5. Since capable blind persons will benefit from portable pensions, they should be expected to contribute to the retirement pension plan on the same basis as sighted workers.

6. As a result of CNIB service for the aging, it has become clear that services usually reserved for senior citizens should be extended to the blind at an earlier age. Blindness imposes extra tension, brings about dependence on others and affects natural mobility. These problems arise as soon as the person loses his sight but, to those in the fifties, the difficulties are greater and render a person more in need of an organized programme. Such services as assistance with laundry, shopping, transportation and help in the home should be available to the older blind person, not at a given age, but when the need occurs.

7. Experience shows that, in general, both for the blind and for the sighted, much of the privations of old age result from lack of adequate income for the basic necessities of life. There is a gap in income from the time of retirement at age 65 until the old age security begins at 70. Unless the person is almost destitute and can qualify under the means test, here is an income gap of five years. To cover this period we recommend that a more lenient means test be established and that provincial supplementation should be expanded. Although the cost of living varies from province to province, many provinces do not provide sufficient supplementation to enable the needy to obtain a satisfactory living standard. In some provinces the supplementation programme is not well known and is not administered uniformly by local relief officers. This supplementation should be sufficient to meet personal basic economic needs in each community of all provinces.

8. CNIB experience has proven that blindness has a serious effect on the economic standing, increasing the cost of living. This handicap imposes extra costs in every age bracket and on every economic level from the very poor to the very rich. Over the last 16 years, CNIB has made a study of the costs of blindness and, since 1948, has continuously presented a brief to the government of Canada on recommended legislation. The brief points out the basic reasons for the extra costs of blindness and requests a special government allowance. The brief describes an allowance of $25.00 a month to compensate, in part, for extra costs imposed by blindness. A copy of the most recent brief, together with a folder entitled "It Costs Money to be Blind", is attached.

9. *Low Cost Housing*—Low cost housing, perhaps in motel type apartments, should be increased to accommodate the growing number of elderly people, single or married, who do not require institutional care. These should be spread through the community rather than gathering large groups of elderly people into particular areas. Rentals should be within the income limits of the couple. A blind person with a sighted spouse could live a satisfactory life quite comfortably in such a housing unit. For this reason CNIB has not considered it necessary to build housing facilities for married couples where one member is sighted. When the blind person is integrated into the community, neighbours provide considerable assistance. A further advantage occurs because the sighted member may continue on, undisturbed, if the blind partner dies. A couple

where both parties are blind has additional problems but these could be offset through special facilities planned by the Canadian Housing Design Council who are now studying the problems of housing for the aged. Such housing should be available to couples involving blind persons as soon as they need the service rather than at a given age.

10. *In-Care Services*—In care services include laundry, shopping day care, home nursing, domestic help, mobile meals, religious services and health maintenance. These services are being proposed for cities and some towns but should include rural areas. Generalized public health services should be intensified to include bedside care and supervision of insulin to blind diabetics. A means should be established to locate, in the early stages, those with progressive eye conditions such as Glaucoma and to ensure adequate follow-up. Drugs and prescribed medicines should be sold to blind senior citizens at a considerable discount, without sales tax or provided free of charge when necessary. With some drugs costing a dollar per capsule, it is easy to understand how little medicine a blind person on B.P.A. can afford, no matter how urgent the need may be. Supplementary assistance from welfare facilities does not always cover these expenses. Though some CNIB offices attempt to lighten the burden by buying drugs from certain firms at wholesale prices, this service is not available to blind persons in rural or isolated communities. CNIB provides hearing aids to blind people, glasses, and, in certain areas, eye examinations for those in poor financial circumstances.

CNIB experience suggests that the elderly person, either blind or sighted, will live a happier and healthier life if he remains in his own community. Therefore, as many services as possible should be provided on local levels to enable the elderly citizen to live out his days in his home environment. It is evident that in the next few years the aging population will increase considerably. CNIB therefore recommends that research centres be established in association with Canadian universities to study the problems of the aged in an effort to keep community services as closely related to their needs as possible.

11. *Nursing Homes*—At present, nursing homes provide physical care on a minimum level but do not ordinarily have sufficient staff to meet the patients' needs for creative activity and companionship. Most of these homes are old, made-over buildings, dingy and small-roomed, unable to provide a service in keeping with 20th century developments. CNIB recommends that licensing regulations for nursing homes should require increased facilities for psychological care. Many more nursing homes will be needed to meet the growing demand for this service. CNIB supports the idea that since this type of care represents an important link in the chain of services to the aged, it should be developed as a non profit operation similar to a hospital or home for the aged for which capital and maintenance grants would be available from government sources.

12. *Leisure Time Activities*—Recreation that rehabilitates while it entertains has long been a principle at CNIB. To this end 79 clubs have been established for the blind under the aegis of their own organization, The Canadian Council of the Blind, controlled and directed by blind volunteers. Bowling, swimming, square dancing and other active games are provided along with quieter amusements such as cribbage, chess and checkers. CNIB has built two summer centres designed for blind holiday makers where active sports and spectator entertainment are available. The aim of this programme is to develop blind persons to the point where they would leave the recreation club for the blind and join a sighted group. The majority of blind people and the elderly in

particular remain in their own clubs. Even when someone wishes to join a sighted group, certain obstacles make integration difficult. On one hand, clubs, for the blind do not make use of existing community services and on the other, communities show a reluctance to allow the blind to take part in any active programme. The public also make no distinction between the totally blind and partially sighted which makes the problems of integration more difficult than necessary. It is recommended therefore that CNIB encourage blind people to make a greater effort towards community integration and that the sighted be encouraged to integrate with the blind. In a few test projects where such integration has taken place, it has been found that both the blind and the sighted members of the group gained considerable benefit. To carry the point still farther, may we suggest that recreation with a purpose be supplied through city or town facilities for all elderly citizens including the handicapped. The programme should not only include the establishment of the recreation activity but also should include transportation and other assistance required by participants in order to take part. At present, fees are charged for all persons joining community recreation facilities. Perhaps the various levels of government might consider a special subsidy to cover fees where citizens in these categories join community centres.

13. *Education*—One of the greatest needs in later life is an intellectual interest. For this capacity, an aptitude must be stimulated and developed at an early age. This is particularly true of blind senior citizens. For the past few years CNIB has made an attempt to encourage blind adults in the younger adult ages to develop their intellectual capacities. Some blind Canadians are now taking self help courses, provided by CNIB through the Hadley School for the Blind, Winnetka, Illinois, but these are not designed from a Canadian viewpoint. Others would take advantage of high school courses if they were available in Braille or on tape. It is evident that if more courses such as the Great Books and other adult education programmes were available, a larger number of blind persons would make use of them and carry this intellectual interest into their senior years. Because CNIB does not have funds for this type of programme, we recommend that these courses be provided through government sources in co-operation with CNIB. As people draw near retirement, both sighted and blind persons should be trained for life as a retired member of society. Because of the limitations of blindness, the blind need more intensive training than the sighted. CNIB management is now considering the establishment of a retirement training programme for all employees and for the blind in particular.

14. To execute such a programme it is evident that more professional staff will be required in agencies such as CNIB and in government community services. Students should be encouraged to take formal training in social work, psychiatry, nursing, recreation and allied fields to reduce the shortage now apparent in these areas from coast to coast.

15. In the judgment of CNIB, such legislation as we have recommended above would provide the growing numbers of senior citizens a useful place in society to which both sighted and blind might look forward without fear as retirement approaches.

Respectfully submitted,

A. N. MAGILL,
Managing Director,
The Canadian National Institute
for the Blind.

APPENDIX "W"

Brief Submitted to the

SPECIAL COMMITTEE ON AGING
(THE SENATE OF CANADA)

by The National Council of Women of Canada

190 Lisgar Street,
Ottawa 4.

April, 1964.

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Submission prepared by the Provincial Council of Women of Saskatchewan giving information re conditions in Saskatchewan.

The National Council of Women of Canada, which has the honour to present the following submission, comprises fifty-seven Local Councils of Women and seven Provincial Councils of Women (consisting of almost 1900 federated societies), and twenty-one Nationally Organized Societies in Federation.

The Council was founded by Lady Aberdeen, wife of the then Governor-General of Canada, in 1893 and incorporated by Statute of the Parliament of Canada in 1914. The object of the Council, as stated in the Act of Incorporation, is "to unite a Dominion federation, for the betterment throughout Canada of conditions pertaining to the family and the state, all societies and associations of women interested in philanthropy, religion, education, literature, art or social reform".

In order to further its object, the Council carries on work through committees for the gathering and disseminating of information as to conditions and requirements in various parts of Canada. These committees are: Arts and Letters, Economics, Education, Films, Health, Housing and Community Planning, International Affairs, Laws, Migration and Citizenship, Public Safety, Radio and Television, Social Welfare, Trades and Professions.

RECOMMENDATIONS

The following recommendations are made toward the betterment of conditions for the aged and toward the solution of the multiple problems of aging.

1. (*a*) The establishment at the Federal level of an information and referral centre on aging which would also provide advice and assistance to local groups.

(*b*) The formation at the local level of co-ordinating committees on aging, to assist in planning and prevent duplication of effort and the inefficient use of available assistance, both volunteer and professional, and of financial aid. Such committees could be either under local government control or part of a volunteer agency such as the Community Chest.

Such a network of co-ordinating and co-operating groups across the country would greatly facilitate action on behalf of the aging. A similar plan is now operating in the field of rehabilitation.

2. The amendment of the National Housing Act:

(*a*) to allow for choice in housing for the aged at least in the larger urban areas, in recognition of the varying needs of individuals;

(*b*) to ensure the careful selection of the location of housing projects to avoid as much as possible removal to completely new surroundings with the resulting loss of contact with family and friends and separation from familiar facilities, churches, stores, libraries, etc;

(*c*) to prevent the development of abnormal communities in which age groups are segregated;

(*d*) to make provision for the construction of housing for the aged as part of redevelopment plans;

(*e*) to provide financial assistance in the form of more favourable mortgage terms and/or grants to convert existing sound buildings already suitable as to location, etc.

3. The development of adequate accommodation for those requiring care through:

(*a*) better control and supervision of privately operated rest homes and nursing homes, both profit and non-profit;

(*b*) creative participation on the part of governments at all levels in the building and operating of hospitals for the chronically ill, of nursing homes for those requiring continuing skilled nursing care and of rest homes for those requiring personal care.

4. The provision of, where needed and through financial assistance or otherwise:

(*a*) medical attention on an ambulatory basis for the aged medically indigent to ensure early diagnosis and treatment;

(*b*) glasses, hearing aids and hospital equipment needed in the home;

(*c*) help to families, such as housekeeper/homemaker services, to enable an ailing or handicapped aged person to be cared for at home;

(*d*) extension of existing provisions of guardianship to cover those needing help to manage their assets who are alone in the world and not covered by present services.

5. Fostering of Educational Programmes directed towards:

(*a*) the aged to help them to a better understanding of their own problems;

(*b*) the families of aged persons and the general public to help them to understand and assist with the adjustment of aging people;

(*c*) professional personnel such as physicians, nursing staffs, nursing home and rest home employees and operators, social service workers.

6. Provision of opportunities for elderly persons to engage in worthwhile activities at home and away from home through:

(*a*) extension of existing volunteer services and

(*b*) extension of services of handicraft teachers, occupational therapists both to private homes and to rest homes and nursing homes;

(*c*) encouragement of the establishment of Recreational Centres and Day Care Centres for the aged as independent units or as part of a larger community project such as a Neighbourhood House.

7. The Provision through the Department of Labour and the National Employment Service of:

(*a*) intensified counselling services to older workers;

(*b*) intensified efforts to "sell" them to prospective employers to the end that the older worker be valued at his true worth in the labour market;

(*c*) a study of possibilities of half-time shifts or lighter occupations for older workers.

Our aging population grows and with it the understanding that the only sensible way to deal with its multiple problems is to put forth every effort to make and keep aged people useful contributing members of society, each to the extent of his ability.

GENERAL SECTION

Re Recommendation 1. A Total Group Approach to the Problem of Aging

In recent years the problems of the aged have become matters of widespread discussion and action. The background of this interest is well known, figures for 1959 show that the national percentage of people over 65 had risen to 8%, in British Columbia it was 11% and within the metropolitan area of Vancouver there were 85,000 such people. The triumphs over the diseases ordinarily associated with the early years of life have created problems. The years we have added are those in which sickness and ill health most frequently occur and in which limited physical or mental resources may necessitate supervision or custodial care.

There are no illnesses restricted to later life but the high incidence of chronic illness in those years is shown by a U.S.A. survey of public mental hospitals. There were 136,000 people 65 years of age or older, comprising ⅓ of all patients in such institutions, more than three times as great a proportion as in the general population.

Much is said about the basic needs of an individual and many lists of them have been made. It can be stated that in order to maintain physical and mental health any adult needs:

1. the security of a home as free as possible from financial stress;
2. A productive occupation for gain or pride of accomplishment;
3. companionship;
4. a sense of the worthwhileness of living.

The aged require more help to attain and keep these goals than do younger folk otherwise there is no difference between them.

Many agencies, groups and individuals throughout the country are concerned about and doing something about one aspect or another of the problems of aging. There needs to be at the Federal level an information centre which would

make available to local co-ordinating committees data concerning what is being done and what needs to be done and otherwise give them aid and assistance.

These local co-ordinating committees should draw together available information, seek to fill gaps and prevent duplication in the community's plan of service. They could be under the local government or a voluntary agency such as the Community Chest.

Re Recommendation 2. The amendment of the National Housing Act

A consideration of requirements for the aged in the areas of housing and town planning should bear in mind the basic causes of the problems; the reduced capacity on the part of the individual to solve his own problems; the higher incidence of illness and disability and the lower incidence of family care; and higher incidence of insufficient financial resources.

(a) Choice of Housing

It is also important to remember that although there is a common basic requirement for housing, the individual is still a variable creature, even in old age. This is a matter of personality and custom, quite apart from the varying physical requirements for care and supervision which are occasioned by infirmities. There should be some choice in the housing available to the aged at least in the larger urban areas. The type of unit should range from the independent, housekeeping apartment to units with central housekeeping facilities. In almost every case there is simultaneously a desire for personal privacy together with a need for sociability. The balance of privacy versus sociability varies with the individual, but the possibility of both should be recognized in the design of a project.

(b) Location of Housing

The location of a housing project and its environment can be almost as important to its success as the design of the living units themselves. To many people who have been accustomed to city life, the traditional concept of a quiet home for the aged in the country is seldom a satisfactory solution. Peacefulness is soon replaced by tedium. Furthermore, removal to completely new surroundings increases the sense of isolation, both real and psychological. It makes contact with family and friends more difficult. It reduces the feeling of independence, by removal from familiar facilities—shopping, libraries, etc.

(c) Development of normal communities

The question of location might also be examined from the point of view of the communty as a whole. People do not cease to be useful citizens merely because they have reached retirement age, can no longer find employment and have a limited income. Even physical disability may not lessen their stature as citizens. They belong in a normal community as part of the normal cross-section of population. It is an abnormal environment which segregates age groups, as happens too frequently in the contemporary suburbs. Those countries which have the longest experience both in building housing for the aged and in community planning, have established a policy of integrating such housing at the neighbourhood level. In recent examples, the solution has been in two basic forms: the small group of housing units close to the centre of the community; and the "granny flat" attached to housing designed for young growing families.

The twentieth century prides itself on the freedom of mobility. But in this respect, the aged are generally at a greater disadvantage than they were in other times—when towns were smaller and everything was within walking distance. Our mobility depends on the car. Older people often cannot drive for physical reasons and anyway cannot afford a car. For lack of alternative trans-

portation, people frequently do drive beyond the age when their reflexes are quick enough for safety. In general, public transportation in the metropolis is inadequate and uncomfortable. In the suburbs it is almost non-existent. The poor quality of public transportation is not only a result of government policy. In many urban areas, the layout of streets and the low density of population make it impossible to achieve an efficient and economical system of public transportation.

(d) and (e) Financial Assistance for Housing

Public assistance is needed, if only in the form of more favourable mortgage terms, in order to construct housing for the aged as part of new developments. Similarly, the financing possibilities of housing for the aged in the older sections of the city should be investigated. There are here two possibilities: constructing housing for the aged as part of redevelopment projects: and converting sound buildings to this use. Conversion should be closely examined since it frequently offers an economical solution, and at the same time it is of benefit to the community in salvaging capital investment and preserving architectural character. The National Housing Act should make provision for financial assistance to this type of housing by more favourable mortgaging and/or grants.

Low rental units and hostels, providing housing at reasonable rates for elderly people with limited incomes but physically able to care for themselves have been provided by governments at all levels and by many organizations. There are two problems involved; one, meeting the demand, and second that of a deteriorating physical condition in the tenant, making transfer necessary to a situation where care is available. The Vancouver Housing Authority has a waiting list of 600 single elderly people and estimates that at least 800 single units are needed yearly.

An interesting development in some parts of Canada and the States is the Retirement Home plan whereby elderly people are given accommodation and care, including hospitalization, according to their changing needs. The advantage of these plans is that there is no need for change of residence with changing health, a possible disadvantage the concentration of an aging group. At present these Homes are only for those with means. One such offers total care for the basic cost of an apartment, starting at $7,500.00 which reverts to the Society at death, plus living costs of $200.00 per month.

The Salvation Army operates Homes for the Aged in all the principal cities in Canada. The older Homes still have dormitories, but all new Homes provide private rooms, with suites for married couples.

There are small lounges in the upstairs corridors, as well as a large lounge downstairs, large dining-room with small tables for four, all attractively decorated. An auditorium is usually used for church services and entertainments, whilst space is provided for such games as billiards, shuffle board, and tables for card games, TV, etc. Ladies auxiliaries take care of any needs in this line, and bring in teachers of crafts. There is also a Home League meeting once a week which stimulates interest in a variety of subjects.

A small hospital unit takes care of minor illness, but beyond that the residents are sent to a hospital. A doctor is on call, and a nurse always on duty.

Many groups bring in pleasing programs, and also take out some of the patients who wish to attend an outside event. A small library is usually available for the residents.

Re Recommendation 3. Adequate Accommodation for those Requiring Care

Before a realistic programme of institutional care can be planned for dealing with the multiple problems of aging, realistic goals must be set. The aging

process itself must be understood. The old attitude that nothing could be done about what were thought to be the inevitable concomitants of old age must be discarded but should not be replaced by the other extreme view of expecting in the old the same response to treatment, care and rehabilitation as is found in younger people. Ideally, each older person would be given the special care that would lead him as far along the road to independent living and self care as he is able to go. This care might be as simple as the provision of eye glasses or hearing aid or might be extensive custodial, surgical, medical or rehabilitative care.

It is probably true that there exists in Canada to-day at least one each of the different kinds of institution needed to give full coverage to all the needs of the aged. Information about all these should be available through the Federal Authority mentioned in the first recommendation.

The following are the main categories of institutions giving care, the differences between them being mainly the kind and degree of such care and there are many variations:

Rest Homes or Personal Care Homes—giving shelter plus help with the normal activities of living but only such nursing care as would be given in the average private home. There are many such institutions run by governments, by non-profit organizations but by much the largest number are operated by individuals for profit.

The responsibility of ensuring that aged people needing this kind of accommodation can find it readily and at a price they can afford to pay, rests with the community.

Rest homes should not be regarded only as institutions for custodial care of helpless aged Here again the responsibility rests with the community to ensure through licensing, regulation and education that the operator understands his role of helping his guests to achieve independent and interdependent living to the limit of their capabilities.

Some of the immediate needs in this area are:

(1) more rest homes run by some level of government, subsidized if necessary to bring them within the reach of low income groups. It is inevitable that eventually Federal and Provincial Governments embark on a cost sharing plan for the construction and maintenance of such institutions.

(2) the licensing of all private institutions, both profit and non-profit, with set standards enforced by inspection preferably by local authorities.

(3) a training and educational programme for all operators of such institutions. These could be given in vocational schools. A plan for interim certification could be worked out.

(4) handicraft teachers, occupational therapists and physiotherapists to visit as required, the latter two under the direction of the attending physician.

(5) financial help by governments to operators of converted older dwellings to bring them up to acceptable standards. The use of this type of house will eventually be discontinued as more new buildings designed for this use are erected. In the meantime the bulk of the beds are in such places, many of which do not even conform with local fire regulations. Authorities hesitate to close them for lack of alternate accommodation. Low interest loans would make possible many improvements.

Nursing Homes or Private Hospitals—providing continuing nursing care and some rehabilitation services.

These are licensed under provincial Hospital Acts. Not all provinces have standards set by regulation. (B.C. is now developing such standards.)

Much that was said about Rest Homes applies to Nursing Homes. The inmates are not guests but patients, they have disease as well as decreasing physical ability to contend with. However, they also need to be helped to maintain living as near as possible at a normal level. The costs of such institutions averaging as they do approximately $300.00 per month puts them beyond the financial reach of the low and middle income groups. Costs cannot be lowered without lowering standards of care, therefore Federal, Provincial Co-operation in building and operating more such institutions would help with this problem.

Geriatric Active Treatment Centres—The Federal and Provincial Governments have accepted the responsibility of building and maintaining these institutions. However, the successes often obtained may be of no avail if patients on discharge go back to families who cannot cope with them or to ill equipped rest or nursing homes.

Re Recommendation 4.

Old people often are ignorant of basic health facts, they frequently neglect to consult a physician about problems of failing health thinking them to be the inevitable results of old age about which nothing can be done. Thus a disease can become hopeless when at an earlier stage it could have been reversed. Clinics for old age similar to the Well Baby Clinics of childhood might be the answer to that problem if, in addition to the free examination services of the clinic, financial aid were given to the medical costs when referrals to a private physician were made, because the cost of seeking medical advice is another strong reason why so many on marginal incomes put off doing so until it can be delayed no longer. The ultimate cost to the community of such procrastination is many times that of early diagnosis and treatment.

Many elderly persons could be cared for in their own homes if the families were given help. Both individual and community would be spared the cost of institutional care.

Such help might be:

(1) Hospital home care following discharge from an acute general or active treatment hospital. The hospital staff give continuing care in the home.

(2) Housekeeper/homemaker services to relieve a member of the family to care for the patient.

(3) Extension of visiting nursing services.

(4) Visiting handicraft teachers, occupational and physiotherapists.

According to a study recently completed at the Centre for the Study of the Aging at Duke University, the most common physical ailments were reduction in sight and hearing, followed by hardening of the arteries and its related cardiovascular disease and high blood pressure, arthritis and pulmonary diseases. Impairment of hearing and sight can frequently be corrected but often financial assistance is needed to purchase the necessary hearing aids and glasses. The other conditions cannot be completely reversed but in many cases they can be relieved. Frequently home care is possible but various pieces of hospital equipment are needed, such as beds, walkers, etc., which the family cannot afford to purchase. Help in acquiring such aids would in such instances save the community the expense of institutional care.

Some aging persons with financial assets need help in their management. For some, this help comes through families, trust companies or the courts but there are others for whom no provision seems to be made at present, that is the elderly person alone in the world confined by physical disability to a nursing home or chronic hospital and dependent on unofficial volunteer assistance with his affairs. There are many such cases as operators of institutions are well aware. There needs to be a careful study of guardianship related to the aged who are not incompetent under the act but who need help. The responsibilities of such a guardian, what kind of person should be appointed, how should he be compensated and how should his services be terminated when and if his ward is again able to handle his own affairs, are all questions deserving scrutiny.

Re Recommendation 5. Fostering Educational Programmes

Education is the beginning of all preventive medicine. A more realistic approach toward the changes that come with advancing age would prevent many older people from losing the self-esteem so necessary for well being. Some public education is now provided by health departments and other interested groups and this type of education needs to be extended.

Of equal importance is the education of all personnel involved in the care of the aged. Rest home and nursing home operators and staffs in particular need to know the problems of aging so that they may do their part in maintaining optimum well being in their patients.

An active local community council on aging can stimulate an educational programme, both of the public and the professionals, can bring to the attention of the community the findings of other groups, both provincial and federal and can further the implementation of accepted programmes of care and rehabilitation.

Re Recommendation 6. Provision of Recreational Centres.

Rehabilitation centres offer physical rehabilitation aimed toward allowing the aged and infirm to lead a more normal happy life. Community centres, golden age clubs and the like do their part by enabling the aged to continue taking part in worthwhile community activities.

The Day Care Centre of the Jewish Home for the Aged, Toronto, provides Occupational, Physio and Recreational therapy, one hot meal a day and transportation, making it possible for its clients to continue to live outside institutions.

Re Recommendaton 7. Labour and Employment.

Since work can and should provide one of the major satisfactions of life, it is important that older people, like those of other age groups, have opportunity and motivation for work in accordance with their physical and mental capacities. Work may be of a voluntary nature, as in community service or family duties, but since income is a matter of importance to most older people it would seem that paid employment of a suitable nature might be one of the most potent factors in alleviating the disadvantages and frustrations of aging.

Unfortunately, however, there exists among many employers a reluctance to hire older workers, even when "older" refers to persons scarcely beyond middle age. Consequently individuals who in their mature years find it necessary or desirable to change their place or type of employment often have difficulty in becoming re-established to their satisfaction. This is of particular concern to women, many of whom withdraw from the labour market for a period of some years because of family responsibilities and then, on the cessation of these responsibilities, are distressed to find themselves facing a long period, perhaps half a lifetime, without regular work to fill their time or paid employment to

supplement an income which is inadequate in the face of rising cost of living and increasing needs. In certain trades and professions, where there is a marked shortage of workers, such individuals may not find it too difficult to obtain satisfactory employment, but most persons beyond middle age find that they are likely to stand low on a list of desirable applicants for a job.

The Department of Labour through public education, and the National Employment Service through counselling services to older workers and efforts to "sell" them to prospective employers, have done much to combat this prejudice. We commend their efforts while at the same time urging that these be continued and intensified until that desirable state is achieved in which the older worker is valued at his true worth in the labour market.

Even workers who have for many years remained continuously in satisfactory employment may find that on reaching an arbitrary age, usually 65 but sometimes, especially in the case of women, less than this, their employment is abruptly terminated, even though they may be quite capable, both mentally and physically, of carrying on with it, and desirous of doing so. For some, whose financial means or whose particular talents and interests guarantee them active and enjoyable leisure, or for others whose deteriorated health makes the continuing of work burdensome, this enforced retirement, with pension, is welcome; but for many it is the beginning of a long period of boredom because of insufficient activity, of unhappiness because of a sense of lessened personal importance, of discontent because of reduced income. Most self-employed people, especially in the professional occupations, continue to work, though with a gradually decreasing work-load, as long as their health and inclination permit. Admittedly, such an arrangement is difficult in industry or business, where production depends on a full day's work on the part of each worker. Nevertheless, some adjustment would seem possible, perhaps through an arrangement of half-time shifts for older workers or by channelling older workers into lighter occupations. We recommend that studies to this end be undertaken.

The office of Vocational Rehabilitation, Department of Health, Education and Welfare, Washington, D.C. is helping support 33 research and demonstration projects for older disabled workers. In spite of the fact that these people have multiple handicaps and often are plagued with diseases that hinder rehabilitation, much progress has been made. In New York City, 235 persons out of 400 all over 60 years of age are once again employed, 205 in competitive industry and 30 in sheltered workshops. The report states that if older people are not given a chance to find self-sufficient lives with increasing regularity, by 1980 there will not be enough money in the world to provide the hospital and nursing home beds needed for the care of the disabled aged.

The brief on the problems of the Aged and Long-Term Ill prepared by the Saskatchewan Council of Women is presented on behalf of the members of that Council. The Provincial Council is made up of four local Councils and nine provincial organizations and thus comprises a membership of over forty thousand women.

The Local Councils are in Saskatoon, Regina, Moose Jaw and Swift Current and are made up of a large number of federated women's organizations representing every facet of community work.

The Provincial Council of Saskatchewan is a federation of these Local Councils and the following societies:

Saskatchewan Homemakers' Club
Saskatchewan Registered Nurses' Association
Saskatchewan Women's Christian Temperance Union
Saskatchewan Conference United Church Women
Saskatchewan Co-op Women's Guild

Consumers Association of Canada, Saskatchewan Division
Saskatchewan Business and Professional Women
Ukrainian Women's Association of Canada, Saskatchewan Section
Charm and Modelling Guild

PRESENTATION ON PROBLEMS OF AGED AND LONG-TERM ILL

by the

PROVINCIAL COUNCIL OF WOMEN

February 1964

In response to an invitation from the Senate Committee on Aging, the Provincial Council of Women has prepared the following submission dealing mainly with "Health and Institutional Care".

It is necessary to correct the confusion in the public mind in regard to types of accommodation for the aged. There is a tendency on the part of many, and this includes government representatives, to lump together low rental housing units, hostels, nursing homes and geriatric centres, thus producing an estimate of the number of beds available which is entirely misleading. Accommodation for the aged comes under the following headings:

1. Low rental housing units and hostels: Such units provide housing at a very reasonable rate to elderly people with limited incomes but who are physically able to look after themselves. Nursing facilities are not provided.

2. Privately operated homes and institutions: Do not receive government grants.

3. Church, municipal and service club operated institutions: These institutions receive limited Provincial Government grants. Construction grants are 20% of cost and operation grants are $60 per year per bed—approximately 16½¢ per day per bed. Guests are required to pay for their own care and accommodation. For those unable to do so, Social Aid is available subject to a means test. (Resources must not exceed $300 per individual or $600 per couple).

4. Geriatric centres: Provincial Geriatric Centres are operated in Regina, Melfort, Swift Current, Saskatoon and Wolseley. The first four operate under the Saskatchewan Hospital Services Plan and approximately 50% of the cost of operation is assumed by the Federal Government. The Wolseley Centre does not meet the standards of the S.H.S.P. These five centres accommodate 628 patients. In Saskatoon, the geriatric centre is operated under a contractual agreement with the Saskatchewan Anti-Tuberculosis League and houses approximately 63 patients. Once admitted, the patient is cared for by the taxpayer, only being required to provide the sum of $10 per month for drugs and sundries. This produces a very discriminatory situation in regard to chronically ill patients, not only in Saskatoon but throughout Saskatchewan. Sixty-three patients in Saskatoon are cared for free of charge while hundreds of others pay their own bills. This form of selection for cost free care has no validity. It isn't even based on a "means test", but rather resembles picking the winning ticket in a lottery.

An even more peculiar situation exists in regard to patients over 70 years of age in geriatric centres. These patients are receiving pensions of $75 per month. Ten dollars is deducted for drugs, dental and optical services, etc., and the remaining money accumulates in the patient's estate for the heirs. Here is the phenomenon of the taxpayer paying double for the same purpose and benefits building up for unqualified recipients.

One of the recommendations of the Long-Term Illness and Survey Committee of Saskatchewan was:

> That patients in nursing homes be responsible for payment of an amount approximating their daily living costs including maintenance, laundry and meals but that health services such as nursing care, physical reactivation and maintenance, and other health services needed to meet the needs of patients who require care in nursing homes be financed through annual grants from the Provincial Government.

The implementation of this recommendation in geriatric centres as well as nursing homes would remedy the existing discrimination.

There are two other recommendations in the same report in regard to administration of geriatric centres which, in the opinion of the Council of Women, need *immediate action.*

> That geriatric centres and proposed long-term units of hospitals be administered by a widely-representative central authority, called the Long-Term Care Hospital Board, have an executive director and the appropriate consultative staff, operate under provincial statute, and report annually to the Legislative Assembly.
>
> That each geriatric centre and proposed long-term care unit of a general hospital be under the direction of a widely-representative area board, called a Unit Management Committee, which will be responsible for the day to day operations of the institutions: but for over-all administration and matters pertaining to policy such Unit Management Committees be responsible to the Long-Term Care Hospital Board.

Administration by interested local citizens is urgent and necessary and serves to free such institutions from political pressures.

The three recommendations quoted could be implemented without delay and at little cost. In fact, there could be a reduction in cost. The next recommendation (also contained in the Long-Term Illness and Survey Committee Report) would appear costly at the moment, but in the long run, should prove the greatest economy of all.

> That grants to cover 50% of reasonable and approved costs of construction be provided by the Provincial Government for the construction of non-commercial nursing homes.

Non-commercial nursing homes, in the main, are constructed and operated by different church denominations, although there are some under the jurisdiction of municipalities and Service Clubs. These people are peculiarly suited to carry on this type of social service. Their personal interest is evident and constructive. Provincial Government grants are available to them up to 20% for construction and 16½c per day per bed for operational costs. The remaining cost of construction must be raised by donations. It is essential that these groups be encouraged to carry on this good work and to this end, the suggestion is made that construction grants be raised to 50%. Not only will such a change encourage the building of more homes but it will alleviate the necessity for governments to move into this field in a costly manner.

In addition to increasing grants non-commercial organizations could be encouraged to undertake construction if loans were made available to them. Once the institution is built and operating, the revenues provide for maintenance, interest and repayment of borrowed capital. The insurmountable problem for many organizations is to secure the necessary capital in a lump sum. The Council of Women, therefore, suggests that the Federal Government be urged to change legislation governing C.M.C.H. in order that money may be loaned to non-profit groups to enable them to build hostels and nursing

homes as well as low cost housing units. At present the C.M.H.C. loans are limited to low rental housing units and hostels to the amount of 75% of construction costs repayable over a period of 40 years at 5⅛% interest.

It is also suggested that the Federal Government be requested to make grants (comparable to those made to hospitals) to geriatric centres and nursing homes if they meet hospital standards.

It would appear to be the duty of the Department of Public Health to set adequate standards by law for the operation of nursing homes and enforce these standards by effective inspection. The Council of Women has also requested that responsibility for the chronically ill be transferred from the Department of Social Welfare and Rehabilitation to the Department of Health and that rehabilitation services for the chronically ill, the mentally ill and the physically ill be under the Department of Public Health.

Social and spiritual requirements of patients should be stressed. Volunteer services should be encouraged. Rehabilitation services, occupational therapy and recreation opportunities are essential. Staff should be trained so that the eccentricities of age will be handled with understanding rather than resentment. Relatives could be given help with this same problem.

Home Care programs are in the experimental stage. It cannot be overemphasized that this service has definite limitations and sometimes adds the burden of twenty-four hour supervision to an exhausted spouse or other relative.

Patients of nursing homes and residents of hostels, who become ill, are admitted to general hospitals. But such hospitals are always short of beds and it becomes advisable that patients be discharged after a limited length of time. Unable to find accommodation, the only alternative is admittance to mental hospitals at North Battleford and Weyburn. This is a shocking and inadequate solution.

In 1960, the Council of Women asked the Provincial Government to include accommodation for the chronically ill with rehabilitation services in all district hospitals throughout the province and that general hospitals include a wing or section for the chronically ill. In this way the chronically ill could be assured of medical treatment equal to that received by the acutely ill. This suggestion remains valid but is needed in conjunction with nursing homes, not replacing them.

In regard to unmet needs of elderly people, the greatest and most obvious is lack of accommodation. This situation could be alleviated by:

1. Chronically ill wings in connection with general and district hospitals, which would qualify for the federal government's construction grant of $2,000 per bed and for operational grants.
2. Federal grants to geriatric centres and nursing homes on the same basis as to hospitals, provided they meet hospital standards.
3. Increase of grants to non-commercial nursing homes from 20% to 50% for construction costs. Operational grants should be increased substantially.
4. Patients to be assessed for their basic living costs.
5. Legislation which will allow the C.M.H.C. to lend money to non-profit groups to enable them to build hostels and nursing homes.

Should adequate accommodation for the aged and long-term ill become a reality, it is only logical to assume that the program within such institutions will fulfill, not only the physical, but the social and spiritual needs of patients. Sometimes loneliness is a more serious problem than financial security.

Second Session—Twenty-Sixth Parliament

1964

THE SENATE OF CANADA

PROCEEDINGS OF

THE SPECIAL COMMITTEE OF THE SENATE

ON

AGING

No. 10

THURSDAY, JUNE 4, 1964

The Honourable David A. Croll, *Chairman.*

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

WITNESSES:

Government of the Province of Alberta: Honourable Leonard C. Halmrast, Minister of Public Welfare. Mr. William T. Sykes, Director of Homes and Institutions. *Community Chest and Councils of the Greater Vancouver Area:* Mrs. Mae McKenzie, Executive Secretary of the Committee on Welfare of the Aged.

APPENDICES

X—Brief from the Government of the Province of Alberta

Y—Brief from the Community Chest and Councils of the Greater Vancouver Area

Z—Brief from the Canadian Nurses' Association

A-1—Brief from the Community Planning Association of Canada

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

20815—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.

20815—1½

MINUTES OF PROCEEDINGS

THURSDAY, June 4th, 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*), Blois, Gershaw, Grosart, Haig, McGrand, Pearson, Quart, Smith (*Kamloops*), and Sullivan. 10.

In attendance: Mr. R. E. G. Davis, Consultant.

On Motion of the Honourable Senator Haig, it was Resolved to print the briefs submitted by the Government of the Province of Alberta and the Community Chest and Councils of the Greater Vancouver Area as appendices X and Y to these proceedings.

Briefs were submitted by the Canadian Nurses' Association and the Community Planning Association of Canada who will not appear.

On Motion of the Honourable Senator Sullivan, it was Resolved to print the above mentioned briefs as appendices Z and A-1 to these proceedings.

The following witnesses were heard:

Government of the Province of Alberta: Honourable Leonard C. Halmrast, Minister of Public Welfare. Mr. William T. Sykes, Director of Homes and Institutions. *Community Chest and Councils of the Greater Vancouver Area:* Mrs. Mae McKenzie, Executive Secretary of the Committee on Welfare of the Aged.

At 12.30 p.m. the Committee adjourned until Thursday, June 11th, 1964, at 10.00 a.m.

Attest.

Dale M. Jarvis,
Clerk of the Committee.

THE SENATE

SPECIAL COMMITTEE ON AGING

EVIDENCE

OTTAWA, THURSDAY, June 4, 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: Gentlemen, I see a quorum. We have two briefs this morning: the submission by the Government of the Province of Alberta; and that by the Community Chest and Councils of the Greater Vancouver Area. It is agreed they be put on the record?

Senator HAIG: I so move.

Hon. SENATORS: Agreed.

(For briefs of the Government of the Province of Alberta and the Community Chest and Councils of the Greater Vancouver Area, see appendices X and Y).

The CHAIRMAN: We have two briefs from bodies not appearing, to be put on the record today: One from the Canadian Nurses' Association; the other from the Community Planning Association of Canada. Do I have a motion to put them on the record?

Senator SULLIVAN: I so move.

Hon. SENATORS: Agreed.

(For briefs of Canadian Nurses' Association and the Community Planning Association of Canada, see appendices Z and A-1).

The CHAIRMAN: We have two very distinguished gentlemen appearing before us this morning: the Honourable Leonard Christian Halmrast, Minister of Public Welfare in the Province of Alberta, who was elected to the Alberta legislature in 1945, and has been consistently elected since and is now a member. He was appointed Minister of Public Welfare on January 2, 1953; subsequently Minister of Agriculture, in 1954; Minister in Charge of Civil Defence, in 1955; and he was appointed Minister of Public Welfare on October 15, 1962, and is now the minister responsible.

Appearing with him is the Director of Welfare Homes and Institutions, Department of Public Welfare, Mr. William T. Sykes, who joined the civil service, Government of Alberta, in 1937; was a social worker; was appointed Chairman of the Home Investigating Committee; was appointed supervisor of the Public Assistance Branch; was appointed a member of the Child Welfare Commission; was appointed director of Regional Offices; Director of Administration, from April, 1960 to March, 1962; and now is Director of Homes and Institutions, which position he has held since April, 1962.

We will hear from the minister first.

Hon. Leonard Christian Halmrast, Minister of Public Welfare, Province of Alberta: Thank you, Mr. Chairman and honourable senators.

First of all, on behalf of the government of the province of Alberta I wish to express my appreciation for the invitation to appear before you this morning. I am sure you have already accumulated a wealth of information with respect to aging, and I sincerely hope that my contribution here this morning will be of some assistance to you in assessing the needs of our aged people.

First of all, Mr. Chairman, I would like to say, as you have already indicated, sir, that I was Minister of Public Welfare in 1953, and at that time the Department of Health and Welfare was divided for the first time. Up until that time welfare was under the Department of Health; when I was appointed in 1953 my budget was 8 million dollars.

After a period of almost 10 years in the Department of Agriculture I was asked to come back to the Department of Welfare, in that I had had some experience there previously, and this department was growing by leaps and bounds. Last year my budget increased to 38 millions of dollars; and this year it has increased again, to about 42 millions of dollars, which indicates the growth of the Department of Welfare. I presume this same growth is taking place in other provinces as well. Some of this is due, of course, to the increase in population, and I think too that some of the increase is due to automation and the number of unemployed we have in the province today. This is a matter in which we are very much concerned, in that we find those who are 45 or 50 years of age come to us and say they have difficulty in finding employment, mainly due to their educational standard. Many of those 50 years and over do not have the educational qualifications that our younger men have today, and consequently they find that when they apply for a position they do not qualify because of their lower educational standard. This is certainly very distressing, I think, to all of us. These men have had years of experience in certain positions and are well qualified to carry on their work, but if they do apply for a position they find it difficult to obtain work. Consequently. many of these must apply to us for social allowance, and this is one of the large items in our budget at the present time.

In my work as Minister of Welfare, I see a cross-section of the problems of humanity from birth to death. We have, in my department, child welfare. This is a matter of concern to us in that so many children are being surrendered to our department. I think that on an average now this past while we have had from 75 to 100 illegitimate children surrendered to our department for placement in adoption homes or foster homes. At the present time we have something over 5,000 children to care for. I am not here to speak about that, but mention it just as an indication of some of the problems we have in our department.

Today I wish to speak about aging—this is what you are concerned about here—and I thought I might refer briefly to the economic side of this. If we were to analyze the needs of older people over the last generation, I assume economic problems would head the list.

First of all, I would like to speak about our early pioneers in Alberta. Dr. Gershaw knows about this, of course, being an old-timer in the province of Alberta. This is a subject we have talked about frequently. In the early days, when these people moved into the homestead areas of the province of Alberta they came from various states in the union, from eastern Canada and some from overseas, to take up land in this new country. They moved out into the far-flung corners of our great province to take up homestead land, and they thought this was a real find in that they could come to Alberta and obtain a quarter of land for $10—this was their fee. Many of them found even at $10 this quarter section of land was probably rather costly. But these people came into this new land with a determination to build up communities and make homes for themselves and their families. They did have struggles, as some parts of the

province still have with respect to agriculture, but they did not look to the Government for assistance of any kind. They were prepared to work out their own problems on their own initiative. Many of them were successful, of course, in doing this over the years.

Then hard times came along. I think back in 1914 when they had to seek assistance from the federal Government to tide them over. Nevertheless, there was the determination there to be independent and not to look to the Government for unnecessary assistance. These are the people that helped to build up our communities, helped to build what roads we had in those days, and our schools and a few churches in the country. They carried on their work over the years. Then as they became aged and were not able to carry on further, they became dependent on their families, in most instances, because the pensions at that time were not evident. They managed to get by somehow. Later on, when pensions became payable to them, they had a few dollars of their own, and I know they appreciated this, but there was one peculiar aspect to this, in that many of them refused to take the pension in those early days and we had to go around and convince them this was their right and due as pioneers of the country. I recall speaking to two or three of these elderly persons who said they were not going to accept welfare from the Government. They said they had managed up to now to take care of themselves, and they hoped to continue to do this. I had to explain to them that the contribution they had made to the country over the years entitled them to pension benefits. I had to explain to them that this is what the railway companies do and what industries do to their employees who had been with them for a number of years.

Today we do not have to convince people about pensions, as they know now that they have a right to them.

Many people need pensions today to provide for their needs. Very few older folk can find employment, because of age.

It is surprising to note the number of women, especially, who are aged and find employment in homes today, taking care of families or baby sitting, by which they make a few dollars. Men do not have the same opportunities that women have in that respect.

It can be seen, therefore, that the aged people do not have too many opportunities for employment.

To ensure that no resident of Alberta will lack food, clothing, shelter, we have a social allowance program.

Those who qualify for old age security receive $75 monthly regardless of means. In some instances this is not adequate and in such cases we grant social allowance to take care of the additional needs. For a time this was called "supplementary allowance" but this was discontinued in June 1961 and we have now introduced the social allowance program for the provincial pensions.

We hope to extend this program to categorical pensions as well. I had a meeting with the Honourable Judy LaMarsh on this, and with the ministers of welfare across Canada, a few days ago.

Therefore, to see that no resident of our province lacks the goods and services essential to health and to wellbeing, including food, clothing, shelter, essential surgical, medical, optical and dental treatment, care and attention, this allowance is provided. This is paid in an amount sufficient to enable the resident to obtain the necessities for himself and his dependents.

This social allowance program is working out fairly well. The needs of two individuals may not be quite the same. This is not a pension, which means a fixed amount and on which one must manage. Under our social allowance

program we take care of additional needs or costs of the individual. It is more flexible than a pension scheme. Consequently, we think it will serve our people better than a fixed pension.

Society has progressed now towards the relief of economic need of older people but it has not extended welfare benefits to the point where they are able to obtain the luxuries which some people think are being provided for those receiving welfare assistance. Occasionally we get complaints from well-meaning friends that someone is receiving a pension or allowance but is driving a car and frequently a beer parlour. We can check this carefully, to determine whether the money they are receiving is being used for this purpose and, if it is, we have to talk to them and warn them of the danger of having the allowance reduced or cut off.

The other day a letter came to my office concerning an individual in the northern part of the province. A woman was seen frequently in a beer parlour. She was gaining weight constantly and went to her doctor. In reply to his questions she wondered if beer had anything to do with the increase in weight and told him that on Friday evenings she liked to go to a beer parlour and consume about 25 glasses of beer; and also that she would take an occasional one during the week. The doctor told her he thought this had a great deal to do with the gain in weight. This matter was referred to our department, and we looked into it. We have regional offices all over the province and can put a man on a job quickly. Our man found this lady did not have to buy this beer. She was a jolly sort of individual and in the beer parlour received invitations to one table after another, so she could consume the beer at no great cost to herself.

Occasionally we get complaints about the increased cost of welfare and we are asked what we intend to do about it. We are anxious that the taxpayers should not be called upon to pay unduly but there is not much we can do, as a family with no income must be taken care of. On that account, cost of welfare will continue to increase, as a result of the number of people who must apply for material assistance to meet basic needs.

This is a small part of the aged population. In Alberta there are approximately 500 people reaching age 70 a month. During the last two months our department assisted an average of 54 such people through our social allowance program, which is based on individual need. It is based on needs test rather than on a means test.

I am not trying to defend social welfare policies when I say we will find welfare costs increasing from year to year. To the best of my knowledge, the economic needs of older people are being given the attention that, as a group, is at least comparable with the attention given to the economic needs of larger segments of our society.

In regard to occupational opportunities, there are not many opportunities for employment in this age group, except in the case of professional men. Those who are well qualified and educated often move into positions immediately on retirement and do well. For instance, district agriculturists in the Department of Agriculture are offered a position, probably a year before they retire, and having had a good position at that time they have been able to build up some reserve. Such people can easily move into positions of employment, while those without qualifications find it almost impossible to get a job.

This does not concern me so much as I believe that "Man was made for more than work itself."

I am sure you have included community participation, education and recreation in your discussions and that you intend to regard these as unpaid employment or volunteeer work.

With respect to recreational facilities in Alberta we have clubs and social groups and churches providing recreation for aged people, especially those in homes for the aged. This includes lawn bowling and other sports.

With respect to employment for those past retirement age, we have in our province, as I presume there is elsewhere, a corps of commissionaires, where many past 65 find employment for a few years. This works out well as the job takes them out into the open, they have to get around in all kinds of weather and in most cases they are healthy and happy in having a job of this kind. However, there are not too many such positions open to them.

The aged must orient their thinking to the problems of youth or middle age, if they are to become part of the change which is taking place. Those who stubbornly refuse will be of no use in any kind of voluteer or partial volunteer program. Some participate in this as well.

Along with the nation's concern for the economy of the aging has come a parallel concern on housing. Perhaps these go altogether, as one depends on the other. The problem goes deeper than this. As we become urbanized the need of family solidarity has decreased. In the early days the family stayed together pretty well, especially in rural areas. Today our aged move into urban areas and it is not too long until they find themselves alone. Their families disperse and are scattered around the province or the nation. That raises a particular problem.

In Alberta, to take care of the needs of some of our elderly people, we started on a program in 1959 to provide accommodation for our senior citizens. We determined then to set aside $16 million to provide low cost accommodation for them. We said we would construct 50 homes in the rural areas and 16 additional homes in Edmonton and Calgary. We have now constructed and equipped 45 of those homes in rural areas and the homes in Edmonton and Calgary have almost been completed.

For your information, those homes cost about $230,000 each including furnishing. We constructed them, and we equipped these homes and turned them over to a foundation board composed of municipalities which have agreed to take over the responsibilities of operating these homes and to meet whatever deficits may occur in the early stages of their operations.

Lodges and housekeeping units in the cities of Calgary and Edmonton will accommodate 800 in each place, and the 50 homes in rural areas will each accommodate 50 of our senior citizens. So this will mean a total of about 4,000 of our people can obtain very reasonable accommodation in these homes. They pay $60 a month where they share the room with another. If they have a single room the charge is $65 a month for board and room, and this includes their laundry, by the way. Now, this is very reasonable. In the early stages, deficits do occur in the municipalities and the municipalities are prepared to meet this.

I might say now that we have completed our first stage of this program and have constructed 50 homes in the rural areas and have almost completed our projects in the cities of Calgary and Edmonton, I have the approval of the Cabinet to continue this program on into the future, so that every part of our province will be served with a home of this kind. Of the $16,000,000 that we agreed to spend for this we have now expended approximately $14,000,000.

These homes are very popular. I was out to Hannah the other day to open a home there. We have two or three more to open in June. These people are very happy in their new surroundings where they have excellent accommodation. Their rooms are decorated in various colours in order to get away

from the institutional type of home. These are fine lodges where senior citizens are paying guests. This has done a great deal. I think to maintain the dignity and self respect of these individuals.

These people are not welfare recipients who are forced to enter what was previously referred to as poor houses. They have a choice as to where they wish to live, and they have the means to pay their way. If you go in there during the day, as I have done, you will find them playing cards, and there are many other games that they enjoy.

They like to sit around and trade bits of gossip and reminisce on the early days on the homestead or on the ranches or whatever their jobs were.

This has been a worthwhile project and, as I say, there is no debt at all, no debentures to pay, for instance, as the costs have been borne by the province as a whole. The other day I went down to Lethbridge to open the second home and a lady came in from Trail, B.C. to witness the opening. I had some communication with her as she wanted to know what we were doing with respect to providing homes for the aged, I gave her the information we had and supplied her with the plan of a home. I think there is a plan in the back of the pamphlet you have there.

At this meeting she was asked to address the gathering, and she said, "In the Province of British Columbia we may obtain a grant from the government provided that we have raised 20 percent of what the home is going to cost us, and then we will get a grant from the government of a certain amount and then having obtained this grant we have to go out"—and the words she used were—"beg, borrow or steal the balance to complete this home". So you can see the struggle they have in some of the other provinces to provide homes of this kind. Therefore, we are very pleased to report on how well these homes are received in our province.

Now, with respect to another group of aging, we have a home out at Gunn, Alberta, where we provide accommodation for single men. Some of these are in the class of transients that have roamed all over the place and cannot find jobs for one reason or another. We provide a home at Gunn for these people, and here they have physical and recreational facilities provided for them. We have a farm there and they are able to do some gardening and other work. In this way we manage to keep these men busy and fairly happy.

Recreational facilities have been provided for them; recently billiard tables were installed, and they have many other forms of recreation as well.

We have a home in Calgary where we keep some single men as well. We also have a hostel in Edmonton, but this is mainly to take care of transients temporarily and try to find work for them.

We had an interesting experience the other day, where an individual had come to our department for assistance and we found that he qualified for social allowance. However, a short time afterwards he obtained a job, but he failed to notify us about this, and not only did he receive welfare from us and also the pay for his job, but he went to one of our hostels every day for dinner, to get a free meal.

We laid a charge against him and it was brought into Court and the judge, who had sent a man to Fort Saskatchewan only a few days previously for pretty much the same thing, decided that this man, because he was hale and hearty, would not be dealt with in the same way. He decided that the man should work out the over payment and return same to the department.

Now this was a case where welfare was abused.

The Health and institutional care of our people is very important and we find that they lay great stress on having some assurance that they will be taken care of in this respect, so I would say that during the last decade, medical and hospital programs that have come into being have pretty well erased the fear that used to haunt our elderly people previously.

We have the Alberta Medical Plan, and you have a summary of this; this plan has made it possible now for our people in the province to secure reasonable contracts, and for those who cannot afford a contract assistance is then available from the Welfare Department.

Any person who is on a pension, and I must thank my friend Mr. Davis for some assistance here, because prior to the opening of the meeting here he said, "What do you mean: 'any person on a pension or social allowance automatically received a medical card entitling him to medical, dental, or hospital services?" ' This is not quite accurate, you see.

Mr. DAVIS: This is on page 9 of the brief.

Mr. HALMRAST: Yes, it is on page 9. This does not mean that everyone on old age security pension is automatically entitled to receive a medical card. It means those who are on old age assistance, disabled persons pensions, widows' allowance and mothers' allowances.

So a receive-a-medical-card correction should be made there. Active treatment and chronic hospitalization is available to all residents, with a maximum cost of the patient of $2.50 a day. We are increasing this to $3 a day for our class A hospitals. For those who cannot pay at the time of discharge, and who are not in receipt of a medical card, a bad debts procedure becomes effective, and the hospital is ultimately reimbursed by the Department of Health and Welfare.

It has become evident since the inception of the homes for the aged and chronic hospital programs that there are people requiring facilities not found in the homes or hospitals—and this is often referred to as the grey area.

This is really comprised of people requiring custodial and nursing home services. We are going to construct in the City of Calgary a home for special care for that group of people that may not fit in too well with some of the other homes that have been provided for them.

I might say that the Department of Health has made a survey of this particular group and has now submitted a brief to the government, and the interim report has already been received.

I think that so far as we can see today we have now been able to meet almost every need of our people in Alberta; we have the active hospitals taking care of active hospital treatment, we have the auxiliary hospitals, we have the chronic convalescent hospitals, we have the nursing homes, we have the domiciliary type of home and we are now talking about this other grey area group and the provision of facilities for them for their extra special care.

I think that this just about fills the bill. So far as we can see no one needs go without care in this respect.

There is another group, by the way, I might just refer to, the Victorian Order of Nurses. This very fine order go to the homes and take care of the elderly folk there, providing some care for them and I think they charge $3 a visit.

Many of these elderly folk cannot pay this amount, but the nurses take care of them anyway, and we have now arranged to pay the nurses for this service where the individual receiving the treatment cannot pay the full amount. We give them a yearly grant, and we are going to give them an additional amount to take care of this group, because we believe that this is a good idea. It keeps many of these older people from moving on into some of these homes which I have spoken about.

I might say in respect to nursing homes that a number of these are being constructed in the province today. These are very, very fine homes, and I think Dr. Ross refers to them as giving "Cadillac service", because they are fine institutions. We opened one in Calgary the other day which cost $900,000, and anyone moving into homes of that kind will be given every care possible.

They pay $2.50 a day, if they are contract homes, and there is an agreement with the Department of Health that we will subsidize the operators of nursing homes to the extent of $4.50 a day.

This is working out very well and there are a number of these homes being constructed now. Our worry, I might say, is that there may be too many of these homes.

These homes are permitted to retain 30 per cent of their accommodation for private and semi-private rooms, and they may charge up to $10 or $12 a day. That is really "Cadillac service" in that group, where they give you extra care.

So then, Mr. Chairman, ladies and gentlemen, this covers the main part of my brief. I know I have left some things out, but probably the question period will bring out some more information.

I would say, then, that while welfare costs are rising, the one that it now the largest and is increasing the most rapidly is the cost of assistance to our aged and infirm. And I am afraid I can only predict higher and higher costs for the state to absorb the care of the infirm, whether it be the expense of the Health or Welfare Departments.

I imagine I have thus far given you the impression that the materialistic services to the aged have progressed rapidly in recent times, and generally are approaching a satisfactory level. I am not, however, as satisfied that their social or human needs are receiving the same attention.

Many of our elderly people are lonely, and I think we have to do more to see that they are happily entertained in one way or another. This is the reason that in the construction of the homes we have only a few single rooms, the remainder are double rooms so a man and his wife may move in and live together for a few years. They are quite happy in that situation. Units have also been provided so that if they wish to carry on with their own housekeeping they may do so. Where they go into a unit they pay $45 a month. Grandma brings her old rocking chair in, and grandpa has a few things that he likes, such as his old pipe stand, a few photographs and pictures they hang up on the walls, and so on, so they can carry on as they did in their own home. This too, I think, tends towards the happiness of our elderly folk.

Throughout the province, as I have referred to, there are various clubs and associations doing what they can to bring happiness to this group. In the province there are in the larger urban centres some kind of Golden Age club or Pioneers' Association which do provide them with a limited social outlet and this release from loneliness which affects so many of our elderly; but I am told that the members of these clubs are mainly those who in their earlier lives had some opportunity to learn to mix socially and derive pleasure from this type of social interaction.

Mr. Chairman, ladies and gentlemen, maybe I can conclude there. Much can be said about our aged and our responsibility in this regard, but I think I have probably given some indication of what we think are our problems with respect to our aged folk.

Perhaps I may just conclude, Mr. Chairman, ladies and gentlemen, by saying that I would like to make one final observation. The great social problem, to my mind, on this earth is population growth. It is within our means to control our own numbers with respect to population—and here you can get into a real controversy, as I did the other day when I referred to this very briefly, not that we were putting on this kind of program in our department, but it had been indicated by a number of responsible individuals that maybe something should be done here. So, I am not going to elaborate on this, but there is some concern felt today with respect to the increase in population. I think we have problems that must be faced up to with respect to our welfare

program. I find this is a very interesting department to come back into again at this particular time. I might say that when I was asked to go back into Welfare my agricultural friends said, "I wonder what has happened to Halmrast; he is being demoted to the Department of Public Welfare", while I found my urban friends, on the other hand, were saying I had been promoted to the Department of Public Welfare. After all, we are all human beings and working with people should be and can de one of the most interesting of tasks, and I am enjoying going back into this work at this time because of its growth and because of the number of problems with which we are faced.

So, Mr. Chairman, ladies and gentlemen, I think you have been given a difficult assignment in assessing the needs of older persons, particularly since many of your witnesses, like myself, are laymen expressing personal opinions. Events are occurring so quickly and customs changing so rapidly it is difficult to keep abreast of modern thinking. I do hope I have added something to the total picture that you will develop, sir.

The CHAIRMAN: I thought perhaps your very old friend, who knows your province best, would start asking you questions—Dr. Gershaw.

Senator GERSHAW: Thank you, Mr. Chairman. As you know, I have been boasting a good deal about what is going on in Alberta, and I am sure you will be convinced after the minister's address that a great deal of progress has been made there.

We want to make a recommendation, and I find that this brief outlines the most urgent problems, and pretty well in order of their urgency. That is, the economic conditions, occupational opportunities, housing, and so on. In several aspects this touches on the medical profession. For instance, as regards the social allowance, I think it is an awfully good thing. It allows the person who may have a pension that is not sufficient, if that person is sick for more than three months and disabled, or if disabled on account of age, to come to the doctors, and we issue certificates and we find it a very satisfactory thing to help the people who are particularly in need of help.

Then as regards the medical arrangements that the province has made, I may say that the doctors throughout the province are very well satisfied. They feel it is allowing them to keep their doctor-patient relationship intact, and it is providing for those who need it. That is, the Government will provide part or all of the pre-payments for medical care, and it has worked out very satisfactorily. The only thing is that we hope more of the people who really need the care will apply for it.

There is just one question that perhaps Mr. Sykes or the minister might answer. Of those people over 70, what proportion do you find are in a dependent position, needing help?

Hon. Mr. HALMRAST: Can you answer that, Mr. Sykes?

Mr. William T. Sykes, Director of Welfare Homes and Institutions, Department of Public Welfare, Province of Alberta: I think we would give it as an estimate that possibly 6 per cent of the people over 70 are taking advantage of some of our programs.

Senator SULLIVAN: Six per cent?

Mr. SYKES: Yes, about 6 per cent. This is in no way the percentage that requires assistance. For instance, in our senior citizens' homes they are all in need of assistance, with the exception of those who come into the home with some means and are not disqualified because of this. The other day the Department of Health held a meeting with the nursing home operators who had old contracts that were to be cancelled and new ones entered into. An

estimate was asked for from the operators of those who in their homes required welfare or who were on welfare. Their estimate was that 75 per cent of those in their nursing homes would qualify for welfare benefits.

The CHAIRMAN: That is the special assistance you talk about?

Mr. SYKES: Yes.

The CHAIRMAN: About three-quarters of the way down on page 4 the minister said:

> . . . there are approximately 500 people reaching 70 each month. During the last two months our department assisted an average of 54 of these people each month through its Social Allowance program, the one based on individual need.

That would indicate a little higher percentage than you indicate, 6 per cent. The indication there is it is a little higher.

Mr. SYKES: Yes, I think I am to be corrected on that.

The CHAIRMAN: I am not correcting you, Mr. Sykes.

Mr. SYKES: It is difficult to estimate because, for instance, in this nursing home program it was estimated that perhaps three beds per thousand would be required for those in need. Others come along and say, "But you don't know how many people are in the bush."—that is to say, how many people are in need but we are not aware of it. So it is difficult to say how many of our people over 70 are actually in need, but we know if they need more assistance they will apply for it.

Senator GROSART: You have a much more significant figure on page 2 of your booklet, "Homes for the Aged." You say, 50,000 persons 70 and over, and 20,000 of them have no income other than the pensions. That bears out what we have had from other witnesses: 20,000 out of 50,000 have no other income but a pension.

Senator HAIG: Half way down page 3 of the brief you have mentioned:

> Individual allowances are determined by the deficit budget process. . .

What do those words mean?

Hon. Mr. HALMRAST: Mr. Sykes has some figures on this.

Mr. SYKES: I have a copy of our eligibility decision sheet that we use. On one side we list the needs of the applicant, and on the other side we list their assets and income. If their income is less than their needs, then we have a deficit, so we operate on a deficit budget basis; and whatever it requires to bring them up to this level is provided under our social allowance program.

The CHAIRMAN: What is the difference between the means test and the needs test?

Mr. SYKES: The means test is the test applied to categorical programs where a definite amount is established, that if they go beyond a certain ceiling, a fixed ceiling, they are not entitled to any benefits.

The needs test is where there is no ceiling except that established by their need. This may vary. So a fixed ceiling is under the means test, and a varied—

Hon. Mr. HALMRAST: A flexible ceiling.

Mr. SYKES: —yes, a flexible ceiling under the needs test.

The CHAIRMAN: You live with this more than we do. Give us a few examples, if you can.

Mr. SYKES: For instance, in applying for old age assistance a person may have $2,000 or $3,000 in the bank. This is estimated on the basis of what it would buy if it were invested in a Canadian Government annuity. As long as their assets and income do not reach a certain level, a fixed level, they may qualify for old age assistance.

Senator PEARSON: This is the means test?

Mr. SYKES: This is the means test. If a person applies for a social allowance, then we may ask them, "What do you require in rent?" They say, "I am paying $65 a month for rent", or another may say, "I am paying $75 a month for rent." We say, "In this case, you need $75; and, in the other case, you only need $65"—so it is according to need rather than a fixed amount.

The CHAIRMAN: So one citizen in a rural area and one in an urban area need a different amount of assistance?

Mr. SYKES: Yes.

The CHAIRMAN: Is there a limit on that?

Mr. SYKES: There is an approximate limit which we feel is advisable so that welfare is not abused. We have an approximate amount, I think, of $90 a month where we feel that beyond this they could look for cheaper accommodation. I am now speaking of rent.

The CHAIRMAN: What is the average amount?

Mr. SYKES: I was hoping you would ask what is the maximum.

The CHAIRMAN: I was a little hesitant to ask that as yet.

Mr. SYKES: We worked this out, and it comes to about $194 for a couple per month.

The CHAIRMAN: Assistance above and beyond what they get?

Mr. SYKES: No, this is total need.

The CHAIRMAN: $194 a month?

Mr. SYKES: Yes.

Hon. Mr. HALMRAST: And medical needs are included in that.

The CHAIRMAN: And the individual?

Mr. SYKES: Their costs might be a little higher in proportion, because they would not be able to combine some of their needs. I would say, perhaps $100 a month.

Hon. Mr. HALMRAST: There is another example I can give on this needs basis. Here we have two families. They each have three children, and we pay according to age, in so far as food and clothing are concerned. Say this one family have a child one year old, another one three and another one five, so they are given a rate for that age of child. Another family will have three children, but their ages may be 10, 12 and 14, so they get a higher rate because a growing child will consume more food and be a little harder on clothing. This is one of the good things in the social allowance program, in that it is flexible, so that as the family grows they will get more. This program is reviewed each year, and if the living costs go up we grant them an increase.

There is another thing—and maybe some politicians may not like this too well—but I have been pleading for categorical pensions to come under social allowance.

In the last two years we had two increases, $10 each time. This was agreed to at a time when we did not have the money in our estimates and the budget had not been brought down. The premier and treasurer said the increases would apply from the 1st of April rather than the 1st of December—because we did not have the money. Two or three provinces said the increases would apply immediately in their provinces. You can imagine our problem in trying to carry on into April. This is a thing that politicians may not want to let go of. Everyone says from time to time that we should increase pensions for the aged, as we have many thousands and that this is the time to do it.

Under our social allowance program there is no need for this. The program is reviewed within the department each year to meet the needs of the individual, according to the rise in the cost of living. Several provinces are

Mr. DAVIS: If you take the population in Alberta age 70 and over, you are now taking care of 5 per cent through these homes. If you go up to 75, you are taking care of 20 per cent of the people age 75 and over through these homes.

Various other bodies which came before us have encouraged us to think that if community services or development, home makers and other services of that kind, a large number of these older people would prefer to live in their own homes rather than go into institutions, however attractive they may be. Have you any light to throw on this problem?

Mr. HALMRAST: We have a request for more units for couples who wish to stay together and keep house. We have had a request for more single rooms in lodges. Some old fellows do not get along too well together, though better than two women.

Senator QUART: I doubt that. It is a man made world, but I still doubt that.

Mr. HALMRAST: I found that in order to provide more single rooms and double rooms, it would increase the cost to the homes by $20,000 or $25,000. Having contributed over $200,000 to a home, we felt this was quite adequate.

Senator GROSART: There is a whole section in your brief in which you discuss this problem of home care, nursing and home care for the Province of Alberta. It is a very comprehensive section. The figures are very interesting. Less than one quarter of those who are able to care for themselves are presently in receipt of institutional care. That is given on page 68. Earlier you say that more than 20,000 persons residing at home are unable to care for themselves without the help of another person. One quarter of them are in homes. Does that mean you are satisfied with the home care of the other three quarters?

Mr. DAVIS: This is health care you are talking of?

Senator GROSART: No, home care. This is on page 68. You make a good distinction between three types of institutional care—hospital care, homes for the aged, nursing homes—and then the fourth is home care. You make a general statement that you are satisfied in the main, that anyone needing assistance to live adequately can get it in Alberta—which I am quite sure is so. I am quite sure it is so. However, this home care figure does not quite check, unless you are satisfied that the level of home care services is adequate.

Mr. DAVIS: This is not their statement; this is the statement of a brief which has been submitted to the government.

Senator GROSART: Oh! I am sorry.

Mr. HALMRAST: It was submitted to the Department of Health. We are satisfied, though, that many of our aged are being well looked after in their own homes. There are still quite a number of aged people living with their relatives, sons or daughters, but not to the extent that they were a few years ago.

I suppose that we have provided so many facilities for them that perhaps some of these elderly people prefer to move into them. However, I think, seeing that the facilities are there, they are probably encouraged to move into them as well for the reason that they can receive better care than they might receive in the homes.

So I think that all the way through, as I indicated earlier, we have provided almost every type of accommodation for people in these various categories, so that they can be very well looked after even to the extent of care in their own homes by the V.O.N., which is a very fine service.

Senator GROSART: On that point, does the province subsidize any other homemaker or home care service?

Mr. SYKES: We do have a program where there is home care service.

Mr. HALMRAST: Oh! yes, where, for instance, the mother has had a child; yes, we do a little of that.

Senator GERSHAW: The Board is counting on extending that particular service.

Mr. SYKES: I think we should admit here, Mr. Chairman, that this may not be the complete answer to the social needs of our old people, because we find in many areas that children are thinking that their parents are too much of a burden on them, whereas the older people cannot quite agree with this and are a little reluctant to move out of the home.

This is especially true when we try to accommodate three generations in a home that is only equipped for two generations. The children put on the pressure sometimes for the older people to move out and some go into senior citizens homes, whereas they would much rather stay there in their own homes, especially, as the Minister has pointed out, if they have to come in and share an accommodation with someone else.

This is why pressure has come on us for more single rooms. We feel, however, with our social allowance program that if the older people do not want to live in senior citizens homes, but want to live by themselves, that there is provision for them. If the children are too unhappy we must find accommodation for the older people. There must be subsidies for this.

We are finding areas which must be considered and we feel that we have the foundation for building on this and taking care of all their needs; social, emotional and otherwise.

Senator MCGRAND: Do you find that they ask the older ones to move out because of the pressure of grandchildren?

Mr. SYKES: Yes.

Mr. HALMRAST: Yes, and it is on the increase. These young people want to be free to move about on their own and make their own decisions.

Mr. SYKES: We have seen unhappy situations where the grandparents have been broken hearted at having to move out of their children's home.

Mr. HALMRAST: I might say with respect to the double rooms in these homes that some of the doctors that were consulted recommended that it might be well to provide a number of double rooms. They felt that these elderly people should not be left alone and it would be well to have more than one in the room, because sometimes one person might roll out of bed or become ill during the night and the other one could call for help and so on.

Of course, there should not be too many in one room, but there might be a compromise to take care of this by placing two together like that, where one might need a little extra care and help. And putting another gentleman in with the first, to look after him a little bit, has worked out some very wonderful friendships. Sometimes, of course, it is the very opposite when a man is a heavy snorer, or something of that nature, and does not make friends.

The CHAIRMAN: Senator Grosart.

Senator GROSART: You have made a distinction between the approach to homes for the aged and nursing homes. You have said in effect that the province will provide one and the other you have said is going to be allowed to be done by private enterprise, with help and under control.

You have done this in spite of the recommendation of your Custodial Care Committee, which appears on page 42 of your brief:

> The profit motive of private enterprise is not compatible with good standards of most aspects of custodio care and (that) private enterprise should be permitted only if religious organizations, service clubs and special groups for the disabled did not meet the need.

Mr. HALMRAST: Yes.

Senator GROSART: What is the philosophy in allowing the private profit motive to operate in the nursing program.

Mr. HALMRAST: When we first started talking about this some people held that we should construct nursing homes as we are doing in the domiciliary type of home. I was one who objected to this, along with two or three others, saying that if private capital wished to come into this field and would operate under regulations that we would provide we should permit free enterprise to come in and do this.

I for one, and there were two or three others, objected to the government doing everything. There are some fields in which we have to be responsible and have to take some action, but there are other fields again where I felt that private enterprise should be permitted to come in.

They are building these homes at a cost of 8 or $900,000, and the profit that we will allow them is not very great, but they are going into a big building program and will have a number of these homes and so in the overall picture they hope to make a fair profit out of it.

We are going to restrict the profit which they are going to make, because we have said that in the Contract Nursing Homes they cannot charge more than $7 a day, and this includes everything. They were going to charge $8.50 a day to $9 a day for patients coming in to these contract homes, and we said no.

Mr. DAVIS: Except for the 30 percent.

Mr. HALMRAST: Yes, the 30 percent. They can go right up in that. They protested against this saying that they could not operate at that and would not even open their doors. However, we have held firm and they have now opened their doors and are taking in patients at $7 a day.

We had to be careful here because, as a matter of fact, one of the operators —and he is sorry now that he made this statement not only to myself but to a few others—said, "I am going to construct a number of these nursing homes in the province, and in 15 years' time I will have made one million dollars and that is enough for me, and I will retire and I will turn these homes over to the municipalities for 10 percent of their appraised value".

Well, it was worked out by the Department of Health, by their Statistics Branch, and they said that they can operate with a fair margin of profit at $7 a day and provide services that need to be provided.

As I say, they were very much concerned about this, but have now agreed to take these patients in at the $7 a day. If we had not set a price of $7 a day they would have been charging 8 or $9 a day and their profit would be enhanced to that extent, but we put the lid on, as it were.

Senator MCGRAND: That is a sort of guest house, is it?

Mr. HALMRAST: Yes. We had to do this; we had to be responsible in this respect to make sure that they were not going to make too great a profit out of this.

Senator GROSART: Your cost survey on page 15 of the same document indicates an average cost, giving full and adequate care, of $5.90 a day. You are allowing about $1 profit a day.

Mr. SYKES: There is another reason for this fixed price. We found that in the complex of providing care in senior citizens homes and in acute hospitals, in what we call short-term care, and in auxiliary hospitals, which is long-term care, they were able to get in there at $2 a day under their co-insurance costs, and in the senior citizens home they could get in for approximately the same, $60 a month.

In the nursing home, however, it was costing $5, $6 or $7 a day, with the result that families were appealing to their doctor to leave the old people

in the hospital or the senior citizens homes, and we were finding that they were backing up in there, and so there was a reluctance on the part of the patient and the family to move out of the hospital or the senior citizens home into the nursing home, because of the cost.

Now this corrects that difficulty, in that they do not have to pay any more in a nursing home than they do in an auxiliary hospital or an active treatment hospital or in a senior citizens home.

Senator GROSART: Your cost figures show roughly $3 in what you call homes for the aged, $6.25 in your nursing homes and $9.50 in your chronic hospitals. Have you achieved a high rate of transfer from the needlessly higher cost patients to your lower cost patients.

Mr. SYKES: Not yet. It is a little too early in the nursing home project, because it is just beginning, but this is one of the purposes of the project, to get this movement back and forth. Now, it is not going to be entirely possible, because the older persons would just deteriorate rapidly if you moved them from the accommodation to which they are accustomed and from the care which has been given.

The overall purpose was to make it possible to move them back and forth as needed.

Mr. HALMRAST: The guests there must be mobile in the homes for the aged. There are no nurses there at all and so consequently costs are kept down.

Senator GROSART: And then, you have various levels of nursing care in the nursing homes. Have you done anything about developing auxiliary hospital care.

Mr. HALMRAST: Yes, we have a number of auxiliary hospitals in the province now. Dr. Gershaw and doctors here will be more familiar with that program than I am. They feel the need between the active hospital and the nursing home, where they give more care and treatment than a nursing home does, but not as much as the active hospital.

Senator GERSHAW: They accept patients that can be helped. That is, they have all sorts of physiotherapy, but they do not take senile cases if they can possibly help it. They take only cases that will improve with treatment.

The CHAIRMAN: Senator Quart.

Senator QUART: These are very brief questions: first of all, I was very interested—and I put this not down before you made that remark about women in the homes—I was very interested in one point which you made, Mr. Minister, regarding women finding part time work more easily than men do, and so on.

What would you attribute this to? To the fact that women have more initiative, imagination and brains than men? Or would it be because perhaps men are not aware of or do not take advantage of the advantages of joining the Corps of Commissionnaires, the Canadian Corps of Commissionnaires? I should know more about this, because I know that the Committee works very closely with the Corps of Commissionnaires, but have they to buy their own uniforms, for example?

Mr. HALMRAST: Yes, they do.

Senator QUART: That was one of the objections, I understand.

Mr. HALMRAST: Yes. "Our wages are very low," one said to me the other day. "I wonder if you could put in a word for us, because by the time we buy our uniforms and so on it does not leave us too much". They were happy, of course, to have the kind of work.

However, getting back to the women, in the locality in which I live there are a number of young families with young children of various ages, and they like to go out occasionally to functions and so on, and they will employ elderly women. We have a few elderly women in our community, and one especially seems to go out almost every day; they come for her by car and take her away and she will be gone for an evening or gone for a full day.

I do not know what they get for this, but I think it is a fair remuneration. On the other hand, we find that the men in this age group do not have these opportunities. Occasionally, they are called upon to do some painting or a little bit of carpentry work, and there are a few who do this, who have that opportunity, but it is not as great as the opportunity for the women to go out on these other jobs.

Senator QUART: I know that in Quebec there is a sitting service with a standard fee, but, on the other hand, I wonder in the case of the Canadian Corps of Commissionaires, we have suggested to some of these men that they should join—and I am talking about veterans now. I think the general idea of men who are not in the services is that this is exclusively for ex-servicemen.

Hon. Mr. HALMRAST: That is right, most are ex-servicemen or ex-R.C.M.P., and that sort of thing.

Senator QUART: But it is not exclusive to them?

Hon. Mr. HALMRAST: No, some have gone into the commissionaires' corps that were not ex-servicemen, but it is mainly open to these men.

Senator QUART: There are many of these men in the Corps of Commissionaires who find positions just standing at a door, or directing traffic at a busy time, and so on and so forth. With regard to the buying of the uniform, would it be a possibility or an incentive to buy the uniform for the man and allow him to pay it off?

Hon. Mr. HALMRAST: Yes, we have never talked about that. That is the reason I was quite interested in the comments of this commissionaire the other day, in that I was not familiar with what they were getting. I did not even know they had to provide their own uniforms until that time. When this matter comes up for discussion again I will be a little better informed and qualified.

Senator QUART: Have you encouraged the co-operation of voluntary organizations?

Hon. Mr. HALMRAST: Yes, I have done so.

Senator QUART: Do you think they have been rendering good service?

Hon. Mr. HALMRAST: Yes, excellent service.

Senator SMITH (*Kamloops*): Coming back to this controlled cost of nursing homes at $7.

Hon. Mr. HALMRAST: Yes.

Senator SMITH (*Kamloops*): Are those people furnishing new premises?

Hon. Mr. HALMRAST: Yes.

Senator SMITH (*Kamloops*): Are they costing the present-day cost that would be comparable to your cost of these housing units for senior citizens?

Hon. Mr. HALMRAST: These homes, if anything, are a little more lavish in some respects. These homes accommodate from 100 to 200 in each home. They are brand new. The older homes are going out of business. Those who are in the older homes are moving into the newer ones now. They do not have to pay very much more than they had to pay in the older ones, and they are going to get much better service in the newer homes because some have provided

physiotherapy where they did not have it in the older ones. So I think the Department of Health will cease to renew the contracts with the older homes now the newer homes are being provided.

Senator SMITH (*Kamloops*): From what I have heard and read here, I have come to the conclusion your cost of housing is about $4,000 per occupant.

Hon. Mr. HALMRAST: Yes, with respect to the senior citizens' homes at $200,000.

Senator SMITH (*Kamloops*): The cost per occupant in the nursing home would be just as high, or probably higher?

Hon. Mr. HALMRAST: Yes.

Senator SMITH (*Kamloops*): I cannot relate $7 a day to that.

Hon. Mr. HALMRAST: They cannot either, and they say it is not going to work. The way we feel about it—and, as a matter of fact, I can say this here—is that probably there will have to be a slight increase ofter a while; but, in the meantime, we think they should try this out, because those who have made a study of it believe they can operate on $7 a day and provide a good service to these people. They will have to reduce this "Cadillac" service. Probably they had too great a nursing staff and probably they were doing other things which they need not do but still give good service.

Senator SMITH (*Kamloops*): I have visited a lot of homes in the Vancouver area, and some where they are giving nursing service under a regulated rate. In some places I have been there are premises that could not be compared with the new quarters we are talking about, at a cost of $4,000 per occupant.

Hon. Mr. HALMRAST: Yes.

Senator SMITH (*Kamloops*): They are in old homes. The last one I was in, the front living room was occupied by four patients, which is not very desirable accommodation, and they get for this $7 or $8 a day.

Mr. DAVIS: Should it not be pointed out that these are really personal need care homes and not nursing homes in the proper sense? You do not provide personal, professional, nursing care in these homes.

Mr. SYKES: Not to the same extent.

Mr. DAVIS: They are not nursing homes in the sense we ordinarily think of them.

Senator GROSART: Except the recommendation of the committee was they should have registered nurses— three registered nurses plus a matron, that is four nurses, per 50 occupants. The $200,000 cost of the homes for the aged, is that the cost to the province or does that include the cost of furnishing, land and services by the municipality?

Mr. SYKES: That is about $235,000, including furnishings.

Hon. Mr. HALMRAST: I think we should say too, the city or the town or municipality must provide the land. We do not buy the land for these homes for our aged, so that is not included.

Senator GROSART: That is not included in the $200,000?

Hon. Mr. HALMRAST: No.

Senator GROSART: Or bringing the services to the site?

Mr. SYKES: That is not included.

Senator GROSART: So what might the figure be?

Mr. SYKES: Including that?

Senator GROSART: Yes.

Mr. SYKES: It varies, but I would say about between $5,000 and $10,000 the municipality would contribute.

Hon. Mr. HALMRAST: Some of the bids on some of these homes have been around $185,000-$187,000. They all go out for tender.

Senator GROSART: I am thinking of the total cost.

Mr. SYKES: I would say it would be very little over the $235,000.

Senator GROSART: So the figure of $4,400 per bed for a senior citizen would be realistic?

Mr. SYKES: Yes, as compared to about between $5,000 and $5,500 for nursing home beds.

Senator GROSART: And $10,000 for your auxiliary hospitals?

Mr. SYKES: Yes.

The CHAIRMAN: Mr. Minister and Mr. Sykes, the senators have already given expression to their appreciation, they have indicated to you how much help you have been today, and what they think of your program—and they think highly of it. All I can do is thank you.

Hon. Mr. HALMRAST: Thank you, Mr. Chairman and honourable senators. We are sure happy to be with you today.

The CHAIRMAN: We have one more witness, Mrs. Kae MacKenzie, and she is the Executive Secretary of the Committee on Welfare of the Aged at the Community Chest and Councils of Greater Vancouver. She has her Bachelor of Arts degree from the University of British Columbia. She did post-graduate work: one year at the Montreal school of Social Work; Master of Social Work degree from the University of British Columbia. She has been Executive Director of Gordon Neighbourhood House, Executive Secretary of the Division of Recreation, Community Chest and Councils, and lecturer at the School of Social Work, University of British Columbia.

Mrs. Mae McKenzie, Executive Secretary, Committee on Welfare of the Aged, Community Chest and Councils of the Greater Vancouver Area: Mr. Chairman and honourable senators:

The committee on the Welfare of the Aged of the Community Chests and Councils of the Greater Vancouver Area welcomes this opportunity to lay before this distinguished committee of the Senate our considered views in writing and to add whatever I may say today on their behalf.

The committee which I have the honour to represent is one of a number in the Community Chest and Councils which deal with various aspects of social welfare. Our brief now before you is a compilation of the views of a number of subcommittees of the committee on the welfare of the aged and other committees and agencies of the Community Chest and Councils. In the main, our brief is a compendium of specific facts for improving the lot of the aged. It is pragmatic. Perhaps, therefore, I can best introduce it by saying something briefly on the general approach to the problems of the aged implied in it.

First, let me say that we are impressed with the novelty of the problems of the aged with which we are confronted. Urbanization has nearly ended the agrarian society of the past. There was a place for the aged in agrarian society; there is no place for the aged in urban society unless we make one. Secondly, today more people live longer than in the past, so the magnitude of the problem of making a place for the aged in our urban society is without precedent. Like the poor, the aged have always been with us. Nevertheless, our committee—and, I suppose, this committee—walk an untrod path. Thirdly, let me say that in walking this path we are re-discovering what has long been known, that man does not live by bread alone, but that he has both body and spirit. Older people fight to retain their associations with their spouses, their

children, grandchildren, their friends and neighbours. They do not wish to be headed off into hospitals, institutions or separated from the community they know to places where they may be cared for physically but forgotten.

We are all aware of what happened to Astronaut Glenn who performed so brilliantly then met tragedy in his bathroom. We are learning much from the exploration of space these days. Recently a visiting lecturer in Vancouver from the United States pointed out that in the space research program they have been experimenting with the reactions of space pilots to periods of isolation and it has been shocking how quickly these young strong men when removed from associations and stimulation have begun to break down mentally and emotionally.

There are many examples of how to isolate older people. The British Columbia Hospital Insurance Plan will pay for a pacemaker which is installed within the body to regulate the heart but it will not pay for a hearing aid outside the body which enables the patients to hear the voice that makes the heart beat.

A while ago an agency in Vancouver recommended that our committee study the need for guardianship and protective services. We contacted various health and welfare agencies to see how many older people they had on their lists who required such services. The numbers we received were surprisingly small. We then contacted the city police and they indicated they had hundreds and offered us the opportunity of going through their files to ascertain how many of these people might have benefited from protective services. Our resources did not permit us to make this study but this experience shows that older people do not ask for help. It is when they are found wandering around the streets or attempt suicide that they come to the attention of our authorities and the agencies. Our brief emphasizes that public welfare services should no longer be confined to ascertaining financial eligibility but they must reach out to provide the preventative services which will protect the welfare of our older citizens.

We have gone some way in building housing designed for the aged. For reasons of economy and zoning convenience much of this accommodation is concentrated in particular areas, bearing little relation to the lives which those for whom it is built wish to lead. These people do not wish to abandon their neighbours, friends, children and grandchildren. At a season of life when travel becomes increasingly difficult it is more important than ever that they should live as close as possible to people and things they hold dear.

Hospitals try to enable the dying to die as comfortably as possible. They also try to restore the sick to as active a life as is medically feasible. We are making a beginning in the development of rehabilitation services but a great deal more is needed and more is needed to follow hospital care of older people are going to live under the onerous conditions of new limitations.

If life is to be prolonged by adequate diet, timely operations and the like and we have decided that it should be prolonged our society must in an organized way help the aged to live those years in dignity and comfort and to make these years meaningful. Our brief contains a number of suggestions as to how this might be done.

Mr. Chairman and honourable senators, in what I have said I have taken the liberty of generalizing in a very broad way. My committee has not taken that liberty in the brief which is before you. You will notice in the brief a careful and canny gathering of facts and a prudent reluctance to jump to conclusions.

Let me say frankly that this reflects our awareness of the need for systematic study of the problems of the aged, and an acute sense of our own shortcomings.

The Community Chest and Councils of Greater Vancouver serves more than half of the population of British Columbia. Approximately 15 per cent of the population of this area is in the 60 years and up bracket, as compared with a national average of 10 per cent. Yet, to the best of my knowledge, the committee on whose behalf I address you today is the only body in my province which is trying to study the problems of aging in a broad general way and trying to give some leadership in the resolution of those problems.

So we have welcomed the appointment of your committee and this opportunity to come before you. If you look at the appendices to the version of our brief which is in your hands, you willl note that the only statistical studies we have done on the actual situation of the aged have been very limited and have been made possible by the use of the machinery of the Old Age Assistance Board of British Columbia. The key to much of the information which should mold public policy on the welfare of the aged is in government hands, not ours. Much of what needs to be done is beyond our scope.

We hope that you will use your good offices to the end that the governments concerned will actively assume responsibility for the study of the problems of the aged and give leadership in the resolution of those problems.

The CHAIRMAN: You spoke of "reaching out" what do you mean by that?

Mrs. MCKENZIE: We point out in our brief that there are public welfare workers in Vancouver who have very large case loads. I think 1,780 is the number of cases a worker will handle. This means that the only time the older person is seen is when he is in very serious trouble or when his financial eligibility needs to be checked.

We feel that if public welfare workers had smaller case loads and the skill they could go out two or three times a year, just to see how an older person is getting along, with the thought of preventing and getting them to services before they reach the emergency state.

We find that just because you set up a service it is not necessarily used. Perhaps the older people do not understand them or what is available, but they do not always get to the service in time. So we need to recognize that if we care about they we need to get out and find out how they are getting along.

The CHAIRMAN: Would their children or friends not know about the service?

Mrs. MCKENZIE: We have more referrals from children and friends than direct requests from older people.

Senator GROSART: What is the level of supplementary allowances in British Columbia?

Mrs. MCKENZIE: I do not have the figures with me but it is very similar to that which has been outlined from Alberta. I think $97 is the maximum and approximately $180 odd for a couple. The $90 to $100 would be for a single.

Senator GROSART: What percentage would you estimate will not ask for it? You mentioned that on page 11 of your brief. What percentage of those who should have supplementary allowances are prevented by the means test?

Mrs. MCKENZIE: We have, I think, 42 per cent of over age 70 on old age supplementary allowance. So this would be 40 per cent to 45 percent already receiving allowance. I should say there might be 30 per cent— and I am making a very wild guess.

Senator GROSART: It will have to be a guess.

Mrs. MCKENZIE: Because they do not ask for help. We do not know.

Senator GROSART: The means test is the real block?

Mrs. MCKENZIE: According to our senior citizens it is a very great block.

The CHAIRMAN: You heard the evidence of Mr. Sykes, Deputy Minister of Welfare in Alberta. He spoke of the reluctance of the children to look after the family. What is your reaction? What is your experience?

Mrs. MCKENZIE: I think again that it is like the guardianship and protective services. People who come to our attention are the families in trouble. We have not found that families are shirking the responsibilities of older people. I read an article the other day which said that in the United States one in every four of older persons was living with a member of his family, and I imagine that our statistics would be very similar. I think when we say that families are not looking after the older people, we are making an assumption of something we do not know really exists.

I think that at times the pressures on families are too heavy, and we should have services to help those families. We list some of these in the brief; for instance, assurance that the older person, if he becomes ill—and this can be a very difficult thing for a family in a small home with small children—will be guaranteed admission to a hospital.

Secondly, those young families should have the freedom of taking an annual vacation, which children can enjoy, and to enable this there should be accommodation for the elderly person.

We think that a family should be given help if one of its members, other than the older person, becomes ill. Occasional weekends should be free for these families to do the things that one can do if one does not have the responsibilities of an older person.

Another thing we believe very firmly is that suburban family living can be very lonely for the older person. There is a tremendous need for day care services where the older persons can come in and receive proper service if they need it; and, most important, they should have contact with their peers, and so on. Otherwise, even living with your own family can become an isolated affair.

The CHAIRMAN: Have you any day services in British Columbia?

Mrs. MCKENZIE: No, but we have drop-in centres available to older people, and these centres are wonderful. There are library card facilities and card rooms, and so on. However, we have no centres for day care.

The CHAIRMAN: You have read some of our briefs, and there is considerable evidence that they do exist in larger cities, for example Montreal, Toronto, and Ottawa. How can you explain the fact that such a progressive city as Vancouver, and I mean that seriously, just seems not to have accepted this?

Mrs. MCKENZIE: It has been very much on the mind of many people in Vancouver. I think it is probably lack of funds that have kept this from getting underway.

We have thought of meals-on-wheels. There is a strong body of opinion in favour of day care centres as a first step, where a hot meal would be served, but it has not happened as yet.

The CHAIRMAN: Would you care, from your years of experience—I read out and your high qualifications—to give us an idea or hazard a guess as to the priorities for these aged people? What is first and what is second? What do you think?

Mrs. MCKENZIE: I think that if I were to speak for our Federated Aged Committee, which is a very active group of senior citizens in our community, they would put chronic care facilities first, and I would have a hard time to disagree with them. The cost of illness is very high. They point out that they live in fear of chronic illness because it will reduce their savings and they will become dependent people. Secondly, I think close along side it would be the home care services.

I personally have a tremendously strong conviction that older people should stay in the community. They should stay in the place that is most familiar to them, and they should not be placed in institutions. In the older days they used to die at home, and I think many of them would prefer to die in a place which is familiar to them, or at least stay there as long as possible.

Senator GROSART: Would you hold that view even in respect to older people living in a single room in a boarding house?

Mrs. MCKENZIE: You mean where accommodation is inadequate?

Senator GROSART: I would not say inadequate, but where you have a single person or a couple living in a boarding house, which, according to the information we have, is a fairly large percentage of those needing home care. Is this better than going into the type of institution that we have heard about in Alberta?

Mrs. MCKENZIE: I think that for many older people it is. Provided that the community extends to them the services they need. I don't think we can leave them in a boarding home and forget them.

Senator GROSART: Assuming that they have adequate services, you say it would be better for them to stay in a boarding house.

Mrs. MCKENZIE: Yes; but it would depend on the boarding house.

The CHAIRMAN: Some of the evidence before the committee, and as a matter of fact much of the evidence before the committee, seems to indicate that the needs are about like this: economic, health and social. Would you care to make some comment on that?

Senator GROSART: Don't forget shelter.

The CHAIRMAN: We include shelter under social. It will be economic, health and social, which includes shelter.

Mrs. MCKENZIE: We have not done any special study on economic levels or of income. I think our great concern is that these allowances, and those we may project for the future, be kept constantly under study in relation to the cost of living.

When the Royal Commission on Health met in Vancouver, the Federated Aged Committee of senior citizens appeared before it and they took a very strong position that the economic level of the older people is affected by the services available to them. In other words, people on one of the allowance schemes get medical services, drugs, and so on, whereas people on fringe income do not get this, and they place a major emphasis on the development of services.

You will recall that recently there was an increase in social security payments, and previous to that there was one which was retroactive. Talking to these people I found they had done a telephone check on their members before coming to the meeting and had found that some 70 percent of the people living in rented accommodation had had an increase in rent and had had it made retroactive.

Now, I was telling my husband about that and he is a lawyer and he said, "But that is illegal". However, the older people do not know that it is illegal and even if it is, they are not going to do anything about it because that place is where they belong, and they want to stay there. So, in this case, they gave up their total increment to meet the increased rent so as to continue in their accommodation.

In the health field, I think that the rehabilitation services and home care health services are important, where these services go out from the hospital to the homes, or where the people in homes can go to them and then return home.

In social welfare I have some personal convictions along this line. I heard people talking about homemaker service. I think perhaps we are going to find that older people do not need the costly kind of service we have for younger families. I think that they have lived a long time and are very resilient and flexible, and they do not need as much help in adjustment.

So that where we talk about homemaker service, perhaps we really should use a housekeeping aid service.

We have one in our community in one area where they have recruited a corps of women who are in their late 50's and 60's, and they are called housekeeping aids. They have some training in home nursing and they go out to homes where either the hospital or the visiting nurse has requested that they come.

These women have learned that one of the main things is loneliness, that the housekeeping tasks for elderly couples or persons living alone are not really onerous. They go in and the person wants somebody to discuss the problems they have and also to get some assistance from them.

I heard of a community the other day that had developed a handyman service, and this to me was really exciting, that some community would have set up a service where on older woman, a widow, can call and get the lawn cut, or if a plank falls off the verandah can get somebody to put a nail in.

These are very practical things and not as costly as we perhaps think they are. They might be done with some creativity and meet many of the needs of our older people.

The CHAIRMAN: What about the social amenities and housing?

Mrs. MCKENZIE: I think in Vancouver we have not developed enough variety in our housing. We have the most wonderful group of non-profit and voluntary societies. They have gotten into this field and have done a wonderful job of developing attractive cottage-type housing. Of course, everybody does not want a cottage. Many men would like a hostel downtown. We are very strongly convinced that our provincial government should give some leadership in this connection.

Senator PEARSON: Are these homes mostly run by volunteers?

Mrs. MCKENZIE: Yes; also in our slum clearance program, two public shelters are being constructed.

Mr. DAVIS: But not for old people?

Mrs. MCKENZIE: No, but there are old people's sections.

Senator MCGRAND: Shortly after you started on your brief you referred to the accident sustained by Glenn, and you made a statement, but I only got part of it because others' voices were rather loud. You referred to the deterioration of young people. Would you mind repeating that again?

Mrs. MCKENZIE: I was quoting from a visiting lecturer in Vancouver recently. She reported to us that in their space research program in the States they have been taking these young, strong pilots and removing them from society and stimulation of any kind, and have been putting them in isolation. It is amazing how quickly these young men break down, either emotionally or mentally, when subjected to these conditions. We are surprised when older people break down when they are isolated from their friends and familiar surroundings, but we should not be.

Senator MCGRAND: I would like to hear in a little more detail what research has taken place as to the deterioration of these younger people. I feel there is a lot of evidence to support that statement, but I would like to know where I could get information as to what is happening.

Mrs. MCKENZIE: I did not ask the lecturer this question, but she said it was part of the space research program in the United States.

Senator HAIG: Mrs. McKenzie has mentioned in her presentation the extremely large number of patients or clients that a social worker has. A caseload of about 1,750 is mentioned on page 13 of the brief. In your opinion, is there an increase in the number of students going into social work? And if there is, are they dealing with the cases of older people or doing more for the younger people?

Mrs. MCKENZIE: Federal grants are making a tremendous difference in the increase in the enrolment at our School of Social Work at U.B.C. I think at the present time it is a budget matter that results in the caseload that we have in the city of Vancouver.

Senator HAIG: We had evidence some weeks ago indicating there were not the services provided for older people that there were for the younger age group.

Mrs. MCKENZIE: I think this would be true, but I could not compare them.

The CHAIRMAN: I think they said to us a social worker is a social worker, and they do not specialize in the field of the aged. In the main they have just not particularly entered into the field for the aging.

I remember you asking some questions, Senator Grosart, when Mrs. Morrisson was here in connection with the caseload. What did she say? I cannot remember. You asked her: "How many social workers will you be requiring?"

Senator GROSART: We have some figures. That was in relation to specific categories. I think we were speaking then about home visits, and I think the figure we had worked out to 250 for the city of Ottawa. It was one per thousand of the aged population; that is the figure we had.

Senator HAIG: I asked this question of the Association of Social Workers, and the president from Montreal was here and he mentioned there was not a social worker going into the field of the aging because there were not the services available.

Mr. DAVIS: The jobs were not available.

Senator HAIG: Well, the services were not available, so neither were the jobs.

Mrs. MCKENZIE: We have one or two social workers, and new ones, who have gone into the hospital rehabilitation program. This is very good. They are now giving supportive social welfare services to people coming out of the rehabilitation program, and are getting them rehabilitated in the community and are seeing that services are available to them. With regard to our public welfare workers, as our brief indicates, the caseload is large. A social worker would not become expert in dealing with older people or in helping them, visiting as rarely as he does and with the little time that is allowed for such visits. In the appendices there is a priorities study there, and the California recommendation is 150-175 cases per worker as a caseload, even where the client requires little more than financial assistance.

The CHAIRMAN: That is for the aged?

Mrs. MCKENZIE: Yes.

The CHAIRMAN: It just occcurred to me that our most senior and most distinguished senator is here, Senator Horner. What have you to say Senator Horner?

Senator HORNER: I apologize, Mr. Chairman, I have not been attending very many of the meetings because, to be honest, I do not approve of this at all. I would go so far as to say this building of homes and taking old folks away from their grandchildren, in my opinion, has a lot to do with the wild, juvenile misbehaviour at the present time. Looking back on the days of my own grandfather and my father, I would say the type of advice they gave to their

children was invaluable. If you wanted to take a man like that away from the woods and his home you would kill him right there; he would not want to live in a home with a lot of older people.

The young and the old should be together. There is something wrong with a country where the immense business of this whole question of relief is something that feeds on itself. It it were helping, that would be all right, but it is not. The happiest old couple I know—he is 103 and she is 90-odd—have their own home and garden. He just grows potatoes, and they are quite happy to take care of themselves. I think we are going to have to take another look at this problem if this nation and its people are going to be great. When you get children who are looking forward to getting rid of grandfathers and grandmothers and suggesting that they go to these homes, we have an outlook that is fundamentally wrong. There could be a place in the home of the grandchildren, or another house or room built for the grandparents, instead of putting them in some home. This is against human nature. The nation will never become great in that way.

Senator QUART: I think I agree with Senator Horner to an extent. This is one of the problems. The grandmothers and grandfathers' advice is a wonderful thing for the grandchildren. It is too bad if the trend is developing where the immediate family want to get rid of the mother and father. I hope it is not due to the interference from the mother and father.

The CHAIRMAN: We pick up a term which is not justified, the term "get rid of". We said "some reluctance," because there is no evidence of getting rid.

Senator QUART: That is right.

The CHAIRMAN: One distinguished senator from British Columbia is very proud to tell us how much better things are in British Columbia. I wonder if Senator Smith has some questions to ask.

Senator SMITH (*Kamloops*): The more meetings I attend, the more briefs I read and the more experts I listen to, the foggier I get. One conclusion I have come to is that it is not very often we have occasion to be glad that we belong to an earlier age than the present. I am afraid I would not have amounted to very much had I spent my youth under the programs we are cultivating today.

I cannot agree completely with Senator Horner. We have gone far in the search for an answer to this problem. I am not saying that the people in this day and age cannot take care of themselves as we used to in a different order of things, but I think we have a long way to go to get a practical answer to these things. That is why I am foggier.

The CHAIRMAN: That is, of course, the purpose of our hearings—to find answers to these problems.

Senator PEARSON: In meeting the needs of the older person, listening to Senator Smith and Senator Horner, they like myself come from a somewhat rural area. There the people have a greater conscience about looking after themselves and about the children looking after the parents and grandparents. The problem in the city is different because of the question of accommodation and rents being so much higher.

Senator GROSART: That means we are not really dealing with a question of whether this problem should exist. This is a cultural and sociological question which we are not going to solve. We have the evidence before us on these unmet needs. I think our job is to say how this problem can be solved and not to say whether it should or should not exist. We all agree that it is like sickness. It is fine to say that people should not be sick, but they are

sick and we must deal with them. People say the aged should not have these problems, they should have saved all their lives or have lived in a farm or with a garden. That is fine but we have these aged people with these problems and our job as a committee is to come up with solutions. I do not think we should spend too much time worrying as to whether the problem should or should not exist.

The CHAIRMAN: Mrs. McKenzie, what is your definition of an aged person?

Senator GROSART: Before Mrs. McKenzie answers that question—we had a good example in the evidence from Mrs. McKenzie, when the old age pension was raised the last time a telephone survey was made, she says, which established that 70 per cent of the people, of the aged, who had been recipients of that increase in old agen pension, had had their rents raised retroactively and illegally. To whom was that report made?

Mrs. MCKENZIE: Just to me. This was a conversation held with a group of senior citizens who had done this, but—

Senator GROSART: Did you report it to anyone?

Mrs. MCKENZIE: To my committee.

Senator GROSART: What did your committee do?

Mrs. MCKENZIE: I do not think we took any action at that time.

Senator GROSART: Here we have a committee dealing with problems of the old, it has a report of a fantastic and irresponsible action on the part of someone, affecting 70 per cent of the people, and nothing is done.

Mrs. MCKENZIE: This was not an accurate study. You need resources to do it rightly. You need a public assistance worker to take down a telephone and phone these people and find out what has happened. The public assistance workers do not have time. You cannot quote a study done by three people by telephone, that has not been properly established. It would not be fair to ask people to act on this kind of information.

The CHAIRMAN: But what you told us happened across Canada—

Mrs. MCKENZIE: I didn't say that.

The CHAIRMAN: It was not true in just Vancouver, it was true in all of the cities and the complaints came in but nothing could be done. I did not hear the word "retroactively". That was something new. I repeat it happened across the country and there was not very much you could do about it or that could be done. These people simply upped the rents and somehow there was a suggestion that there should be an increased assessment on these people but in the end nothing was done. I may not have been 70 per cent in every place, but it may have been 50 per cent?

Senator GROSART: I disagree with that, in saying nothing could be done. A great deal could be done. Where it was affecting the Government, the Government moved in and there were prosecutions. Nothing was done in this respect. The same thing happened with the D.V.A. people. The Government immediately acted in that case.

The CHAIRMAN: Yes.

Senator GROSART: Something was done where the Government was hurt and something could be done in this case also.

The CHAIRMAN: The Government at the federal level was hit as a result of what happened. The D.V.A. by regulation they were able to deal with that, but this is a case affecting a thousand municipalities and it is not the same thing.

Mrs. McKENZIE: May I add that these old people would not stand up and be counted. That is what you have to do. They are fearful. By listening to them you can estimate when it comes to asking them to sign a paper they will not do so.

Mr. Chairman, you asked me what I thought was an aged person. I do not know what an aged person is, as I do not think there is a typical aged person. They are all different.

Perhaps we think of aged people as people who retire from certain roles in society. If I were to meet you on a plane and you said "I am a senator", I would say "I am a wife and a mother, I am a social worker."

When I might retire, I will talk about what I was. I will no longer just say "I am a mother". I hope still to be a wife, but statistics do not seem to indicate this is too likely.

This is the way I like to think of an older person, as a person who has retired from this kind of active participation in the workaday life and the family of our community.

I think it should be a wonderful period, I have always looked forward to it, but the more I read about what happens the less sure I become of this.

Senator QUART: May I ask if meals on wheels have been taken up to any extent?

Mrs. McKENZIE: We made several studies of this. There are two points of view. Some of our nurses say that one thing which keeps some of the old people active is going out and keeping contact with the neighbours to get supplies in when they need them.

We think now that meals on wheels probably should be attached to home care for people who come out of the hospital. It should be part of the program where people are not well enough to go out. There is considerable value in getting out if you can, even for this purpose.

The CHAIRMAN: Mrs. McKenzie, on behalf of the committee I wish to thank you for coming here. We thank your group in Vancouver for taking the pains and the trouble and the effort to present an excellent and important brief. You have been most helpful in discussing these matters.

To our accumulation of evidence, you can rest assured that you have made a contribution.

Mrs. McKENZIE: Thank you, Mr. Chairman and honourable senators.

The committee adjourned.

APPENDIX "X"

GOVERNMENT OF THE PROVINCE OF ALBERTA
DEPARTMENT OF PUBLIC WELFARE

Submission to the Special Committee of
the Senate on Aging

Honourable L. C. Halmrast, Minister of Public Welfare
Mr. W. T. Sykes, Director, Homes and Institutions Branch.

Mr. Chairman, Honourable Senators: On behalf of the Government of Alberta I wish to express my appreciation for the invitation to appear before this Committee. I know you have already accumulated a wealth of facts and opinions from many sources but I sincerely trust our submission may bring out some new thoughts that may assist you in your final deliberations.

I mentioned the word "opinions" because I believe that many of the problems so often associated with the aging are expressed as beliefs "somewhat stronger than impressions but less strong than positive knowledge". Since my remarks are not substantiated by factual research I would prefer they be classed as opinions even though at times I may sound quite positive.

In my work as Minister of Welfare I see a cross section of the problem of humanity from birth to death. Each age group has its own problems and these in turn seem to be ever increasing in number and complexity as we grow into a greater industrialized society. I am forced to believe that in our time the problems of youth are even greater than those of the aged and that this state will continue until the major ideologies in the world have reached some kind of a common base that will not only eliminate the fear of nuclear war, but replace it with a challenge to youth to build a society dedicated to the cause of human development. We would hope that this would be brought about by a universal acceptance of our Christian beliefs even though at the moment it appears a long way off. I make this point as you may find that, while I am not unsympathetic I am not alarmed at the present status of our aged population.

In your letter, Mr. Chairman, inviting representations to this Committee you noted five areas for study and investigation. It seems logical therefore to subdivide this brief into the five areas and consider under each the needs of older people.

A. Economic

If we were to analyse the needs of older people over the last generation I assume economic problems would head the list. The early pioneers had few opportunities for pension plans; they worked for modest returns, making saving difficult if not impossible; the cost of living has increased substantially; the general standards of living have risen sharply and the human life span is greater than ever. These are but a few factors. I believe our error was our lack of appreciation of the deteriorating position of the aged over this period and the subsequent lack of action, until recently, to alleviate it. It could be that our hesitation stemmed partly from the very concept the pioneers implanted in us, the spirit of independence. Welfare benefits in any form were considered almost a sign of decay. Undoubtedly many of you know proud individuals who declined to accept the benefit of universal Old Age Security when it was first introduced. No matter what the reasons I believe a lapse of time occurred when the aged were left to their own resources, adequate or not.

In the last few years, however, the nation's conscience seemed to realize their plight and a series of benefits followed, including pension increases late in 1963. Many provinces supplemented the national benefits in various ways. Alberta had a number of provincial pension programs, but in 1961 it discontinued these in favor of a general assistance program based on individual need. I believe the legislation passed at that time is significant as it reflects the changing attitude of society toward the more unfortunate. In part (Section 45) it reads:

"For the purpose of insuring that no resident of Alberta lacks 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, an allowance may in accordance with this part, be paid to or in respect of a resident in an amount sufficient to enable the resident to obtain the basic necessities of himself and his dependents, if any."

It goes on to describe eligibility and basic necessities:

"A Social Allowance shall be paid only to or in respect of a person who by reason of age, or by reason of physical or mental ill-health or physical or mental incapacity that is likely to continue for more than ninety days is unable to earn an income sufficient to pay for the basic necessities of himself and his dependents, if any, and who, if the Social Allowance were not paid, would, in the opinion of the supervisor, be likely to lack the basic necessities."

"Basic necessities" means the things, goods and services referred to in Section 45 or declared to be basic necessities under Section 47. Section 47 states: "The Lieutenant Governor in Council, by order, may declare any things, goods or services to be basic necessities and may from time to time, establish, for the purpose of this part, the cost of all or any of the basic necessities."

From the foregoing it is quite evident that the aged and aging may be provided for on a flexible basis, at whatever level the province sets. There are no longer fixed age limits, residence restrictions or categorical disabilities. Individual allowances are determined by the deficit budget process and are paid monthly, in advance by cheque. Items of basic need including clothing, food, board and room, shelter, fuel and utilities, medical services, hospitalization, drugs, dental services, optical, personal incidentals and household incidentals are reviewed in accordance with the standard of living. I have gone into some detail here because I believe it illustrates the general trend across the country to provide a reasonable standard of living for the aged. It is an expensive undertaking, particularly as the aged population increases. While the province may be reimbursed in part from Ottawa it does not lessen the cost. I can only suggest that governments, provincial and federal, believe it is to the nation's benefit to ensure a minimum level of health and economic security for all its aged citizens.

While society has thus progressed toward the relief of economic need of older people it has not extended welfare benefits to the point where many luxuries are available. The needs line is held at a nimimum. I cannot foresee an early change of thinking here. It is going to take a great effort to hold the line in view of other governmental commitments. Increases in taxation, directly or indirectly, are inevitable and further concession to those who have not provided for themselves will have to be considered most carefully. Undoubtedly if and when the Canada Pension Plan becomes effective it will, over the years, noticeably reduce welfare assistance to the aged. This should create a healthier social climate inasmuch as recipients will feel they have made a direct contribution and are receiving benefits as a true pension and not as welfare.

While much publicity is given to welfare programs as such we should be mindful of the fact that all senior citizens benefit from welfare if the term is extended to its broader concept. Old Age Security is not welfare in the limited sense but certainly it is in the broader sense. Hospital, family allowance and other universal benefits are all welfare as they represent income or savings to individuals without corresponding work attached. As a result the number of people who actually must apply for material assistance to meet basic needs is a small part of the aged population. In Alberta it is estimated there are approximately 500 people reaching 70 each month. During the last two months our Department assisted an average of 54 of these people each month through its Social Allowance program, the one based on individual need. In addition to the basic needs supplied by the welfare department individuals are, of course, eligible for health and housing benefits which we will be reviewing later.

I am not trying to defend social welfare policies as they exist in Alberta or Canada but I do believe to the best of my knowledge that the economic needs of older people are now being given the necessary attention to the extent that as a group they are at least compatible with the economic needs of the remaining and larger segments of society.

B. Occupational Opportunities

If you had limited this section to paid employment my remarks would be few since the evidence seems overwhelming that such opportunities to persons over 65 are rapidly diminishing. This in itself does not greatly concern me as I believe that man was made for more than "work". However, you have included community participation, education and recreation, which I assume you intended to regard as "unpaid" employment or volunteer work. In this I see greater possibilities.

The mechanical age is on us and if we have not done so before I believe it is time we faced the fact. The nation will require fewer people to do its work in the sense that we have regarded work in our time. Without laboring the point it seems evident to me that our present aging population with its limited training must recognize it is almost outside the working force. Naturally there are exceptional persons who can and will contribute for years beyond formal retirement age in competitive employment, but these are few and will become fewer. If nothing else stops them forced retirement will. There are opportunities for paid service for older men in organizations like the Canadian Corps of Commissionaires or in caretaking work; there are opportunities for older women in babysitting or housekeeping services, but even these are limited due to younger competition. In a general statement, then, I must agree with those who see declining opportunity for gainful employment; gainful, that is, to the extent where it is sufficient to meet basic needs.

To me this situation opens up a real challenge for the aged to do something even more useful than "working" in the traditional sense. We are alarmed at our growing delinquency, immorality and other social evils. We hear a great deal about rehabilitation, but up to now at least we haven't heard very much concerning what I believe to be a much more important concept, the one I term "prevention". This, if you think about it, becomes a tremendous area including such things, in my opinion, as screening and referral centres for volunteer resources; developing recreational and cultural facilities for youth, aged, handicapped, etc.; stimulating work programs for marginal families; stimulating housing programs for marginal families; counselling services for marital problems, family planning, child behaviour, alcoholism, credit buying, budgeting, etc.; developing day care centres for working mothers; developing

homemaker services for families where parents are temporarily incapacitated; use of public buildings for community services; research and others that could be added. When you consider the various skills, training and experience that are lying dormant in our aging or aged population the consultant possibilities are almost unlimited.

To make a concept such as this practical it would need to be undertaken by a community using local and, wherever feasible, volunteer service. No doubt it would need a government's sponsorship for motivation and continuity but my reason for enlarging on it is to indicate a growing need in our civilization where the aged with their maturity and wisdom could contribute immeasurably.

I realize this is being attempted in larger centres by community leagues and councils, but to my mind it lacks support and enthusiasm that it needs to make it an effective force in the younger generation. Social changes come slowly but I hope we will not have to wait for a crisis before realizing there is something that can be done to arrest what appears to us to be an ever increasing load of welfare casualties, including unwanted, neglected and delinquent children who will grow into second generation casualties unless a healthy and positive environment is created for them.

Naturally the aged on their part would have to orientate their thinking to the problems of youth or middle age if they are to become a part of this process. Those who stubbornly refuse would be of no use in any kind of volunteer or partial volunteer program. There would have to be a fondness for youth, a means of communication, which would bridge the gap that has separated the young and aged in the last generation.

I wish I could conclude this portion on a note of optimism but I cannot. My experience and my personal observations lead me to conclude that the majority of our aged now and in the immediate future, who are or will be on some form of welfare assistance, are not adequately equipped to contribute either physically or mentally to the nation's advantage. It may or may not be as a result of their own actions. Some have been imprudent, some have never had a chance, some have suffered reverses that were completely beyond their control, but the fact does remain that too many are now completely dependent on the state for their maintenance and well-being and will be until their death. Even under a most benevolent government with an ideal rehabilitation program it would be impractical in our society to do more than meet their physical and mental needs as adequately as we can. These truly are casualties. Let us hope that we can do something in the future to offset this unhappy state.

C. Housing

Along with the nation's concern with the economic needs of the aging has come a parallel concern with housing. Perhaps the two go together for certainly one is dependent on the other. The problem goes somewhat deeper than this, however. As we have become urbanized the need for family solidarity has decreased. Rather than being assets children have become liabilities and are encouraged to be independent at an early age. They are usually anxious enough themselves to become independent to achieve that sense of freedom that comes from branching out on their own. Consequently the old three generation home is on the way out and there is now no longer even adequate space to have a happy workable arrangement among the different generations of a family line. Both the old and the young require separate accommodation.

As you are likely aware Alberta faced this situation in 1958 when it undertook the construction of 50 homes for the aged in rural communities with 16 additional homes in the two major cities. Housekeeping units accommodating

800 were also included for the two cities.* I do not think I need rehearse the details of this program as you no doubt already have received information on it. A printed synopsis of the plan is attached to this brief. Since the plan has now gained some experience some comments might be interesting.

There is no doubt in my mind the homes have been well received by the aging people of Alberta. The initial undertaking should be completed in the next fiscal year and there are already many requests to continue the construction beyond the 50. They are close geographically to the areas in which the old folks lived; they are reasonably economic units to operate and they offer company and companionship to the guests and others in like circumstances. There is a minimum of disruption when one partner passes on. To the best of my knowledge they are well accepted into the life of the community and do not constitute poor houses in the old sense. Naturally they are dependent on good staffing and good management. The successful matron must have the ability to manage her home with a minimum of rules and allow an atmosphere of freedom that the old folks desire, yet maintain an efficient operation. These women are priceless and we are now designing courses of instruction that will assist the foundations in their staffing problems. It has also become evident that most old folks, other than married couples, prefer single rooms. This raises the problem of economics and how far the state should go in providing accommodation of that style to the public. It would also stifle a certain amount of companionship that has grown up between roommates and also a certain amount of support physically and morally that they often can give each other.

There appears to be a group of older men who do not fit into this setting. These are the types who have lived apart by choice or by necessity and now cannot adjust to a group situation. They include old batchelors, homesteaders, migrate labourers, alcoholics, mental defectives, etc. Strangely enough, there does not seem to be a counter type of women in this same class, at least not to the extent that it is a problem to our Department.

To care for men the Department operates a rural cottage-type home at Gunn on the shore of Lac Ste. Anne. Here there are physical and recreational facilities that are adequate for their needs until they require nursing home care. The two single men's hostels in Edmonton and Calgary also provide temporary accommodation for some semi-elderly men who are not quite beyond the labour market.

It is quite obvious that the combined facilities of the homes and the Department's institutions care for a minor part of the old folks. For those who wish to maintain their own homes or small suites they may do so by a supplement to their income by Social Allowance if they are in need. With the increases in Old Age Security and the increasing numbers on private pensions the majority can manage on their own. To my knowledge there is no lack of private accommodation varying from low cost basement rooms to high rise luxurious apartments. Undoubtedly we have a way to go before we reach the ideal but I do believe the aged in Alberta enjoy a standard of accommodation that is equivalent to the housing for the balance of the population.

D. Health and Institutional Care

During the last decade the medical and hospital programs that have come into being have pretty well erased the fear that used to haunt all elderly people. The Alberta Medical Plan, a summary of which is attached, has made

*As of May 1964 persons accommodated in these homes and related housekeeping units totalled 3,163 or 5% of the population 70 and over.

it possible for all people in the province to secure reasonable contracts. For those who cannot afford a contract, assistance is available by the Welfare Department. Any person on old age assistance, disabled or blind assistance or social allowance automatically receives a medical card entitling him to hospital, medical, dental and optical services.

Active treatment and chronic hospitalization is available to all residents with a maximum cost to the patient of $2.50 a day. For those who cannot pay at time of discharge and who are not in receipt of medical cards a bad debt procedure becomes effective, which ultimately reimburses the hospital and is paid by the Department of Health and Welfare.

It has become evident since the inception of the home for the aged and the chronic hospital programs that there is a group of people requiring facilities who are not found in the homes or hospitals. It is often referred to as the "gray" area, but really is comprised of people requiring custodial and nursing home services. The Department of Public Health has made a survey of this group and has submitted its findings to the Government. The interim report I understand you have already received, but a copy of it is attached to this brief. The final report has now been made public and is also attached.

Legislation was enacted in the 1964 Session bringing into effect the major principles outlined in the committee's final report. As it is a new undertaking in nursing home and domiciliary care and will no doubt be of interest to the Senate Committee, I am attaching copies of the Bill presented to the Legislature.

Very briefly, it makes provision for a nursing home to "contract" with the Department of Health, which in turn will pay a per diem subsidy to the home provided it meets certain standards. If any home does not choose to contract it can operate independently and will be licensed by the Department of Welfare as a home for special care. If for any reason a destitute person requiring special care is not eligible for admission to a contract home our Department will use the facilities of one of the independent operators paying at a predetermined or negotiated rate.

It will be interesting to note there has been a steady increase in nursing home facilities in the Province and we know of other plans being finalized. I believe I can say that we have reached the point where we do not lack physical accommodation. Over the years we can see a need arising for a departmental facility to care for the increasing number of difficult cases who are not welcomed in privately owned nursing homes. Such a facility we plan to build.

While all welfare costs are rising, the one that is now the largest and increasing the most rapidly is the cost of assistance to the aged and infirm. I can only predict higher and higher costs for the state to absorb in the care of the infirm, whether it be at the expense of Health or Welfare Departments.

E. Social Services

I imagine I have thus far left the impression that the materialistic services to the aged have progressed rapidly in recent times and generally are approaching a satisfactory level. I am not, however, as satisfied that their social or human needs are receiving the same attention.

Perhaps it is here the distinction between those aged people who have had an "intellectual" background and those who have had a "labouring" background is most noticeable. In the main the former have conditioned their minds or at least can condition their minds to the ideas of loneliness and

leisure time, the greatest burdens of the aged. As a result they lead active useful lives as long as their physical and mental capacities will allow. Our concern is for the growing numbers of old people who are not prepared or equipped to meet its trials.

For those who have had families loneliness may come from separation, first from children and finally from spouse. As mentioned earlier, the trend away from family homes has aggravated the problem but there seems no indication of a return. For those who are single in status it may be a loss of friends or retirement from working associates. Regardless of cause, it is a heavy burden for any person.

As we get older it is more difficult to make new friends, if for no other reason there is less opportunity. To provide this opportunity was one of the reasons behind the design of the lodge-type home in Alberta. One only has to visit a home to see that this is succeeding, even to the point of marriage in some instances!

Throughout this Province there are in the larger urban centres some kind of Golden Age Club or Pioneers' Association which provides a limited social outlet and release from loneliness, but I am told that the members of these clubs are mainly those who in their earlier lives had some opportunity to learn to mix socially and derive pleasure from this type of social interaction. This leaves a large group outside.

When the feeling of uselessness is added to loneliness the position of the aged is more tragic. It is unfortunate that usefulness has become so clearly tied up to the concept of gainful employment. This is our heritage from a pioneering stock who had the spirit of independence and who worked from dawn to dusk, thereby developing our present culture. But this was back when independence was possible, before our complex interrelated living made independence almost impossible, and before automation. I submit we must keep abreast of reality and change our concept of work. Usefulness must include such things as the pursuit of art, music or drama, participation in sports, reading and writing for pleasure, community activities of all kinds and anything that stimulates the zest for living a good life. I say a good life because I believe that man's activities must be aimed at achieving his higher purposes, otherwise he will regress to the animal and our civilization will decay.

Again may I mention the distinction between the "intellectual" old folks who are usually fully occupied now and the "labouring" older folks who have just not been conditioned for a leisure life. In my comments on employment opportunities I could see only a magnification of our problem in the latter category. Neither can I see much use in designing government programs which are expensive and for such purposes often impersonal. The only relief that I can see is in family and community participation. Somehow interest must be stimulated at these levels. This is really part of the concept of prevention I mentioned earlier. There are agencies at work, there must be others who would be interested and perhaps others not yet created who would undertake such tasks. I will not try to outline the program specifics; this is an integral part of the task and must be adapted to the circumstances of the community.

I must make one final observation. The great social problem, to my mind, on this earth is population growth. It is within our means to control our own numbers, but apart from one or two countries where this is being faced realistically our birth rate goes on unchecked.

Inevitably the problem must be met and what better time than before our own population becomes a burden to us. If we think we have problems in the case of the aged or infirm in our time they will be nothing to those faced by our children and grandchildren. I do not pretend to the knowledge of a geneticist, but I believe man's destiny will depend on his ability to quantitatively and qualitatively control himself. In saying this I am in no way scoffing at religious tradition. Indeed it is out of a sincere religious conviction I make this statement for I believe that man has the opportunity to attain a higher life, but he also has the tendency to devolve to a lower life. Some of the decisions are in his own hands.

Gentlemen, you have been given a difficult assignment in assessing the needs of older persons, particularly since many of your witnesses like myself are laymen expressing personal opinions. Events are occurring so quickly and customs changing so quickly it is difficult to keep abreast of modern thinking. I do hope I have added something to the total picture that you will develop.

APPENDIX "Y"

COMMUNITY CHEST AND COUNCILS OF THE GREATER VANCOUVER AREA

BRIEF TO THE SENATE OF CANADA SPECIAL COMMITTEE ON AGING

Vancouver, B.C., May, 1964

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PREFACE

1. In July of 1963 the Senate of Canada adopted the following resolution:

> 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.

2. In October of 1963 the Special Committee of the Senate so appointed requested the Community Chest and Councils of the Greater Vancouver area to help in the work of the Special Committee. To assist in the preparation of briefs, certain questions were circulated by the Special Committee.

3. It is in response to this request and based on the broad general nature of these questions that this Brief has been prepared by the Committee on Welfare of the Aged, part of the Social Planning Section of the Community Chest and Councils of the Greater Vancouver area. This Brief points to problems of the aged and contains recommendations. While dealing in general terms with the aged, it is not intented that every recommendation applies to every older person (defined by the Senate's terms of reference as being 65 years of age or over). For instance, many older persons do not need financial help.

4. Further, this Brief does not attempt to assess the financial implications of the recommendations contained in it nor does it assess the needs of older persons relative to the needs of any other group in the community.

SUMMARY OF MAIN CONCLUSIONS AND RECOMMENDATIONS

The Committee on Welfare of the Aged recommends:

5. *Federal Leadership:* That federal authorities provide national leadership to—
   provide the stimulation needed for the development of services for older people;
   ensure that research and experimental services are initiated, explore need and test the validity of services;
   arrange for sharing of information about problems and solutions of problems on a national level. Page 8.

6. *Financial:* That social assistance and supplementary allowances for older people be pegged to a cost of living index, that medical and other services for older people be made more available to them and that present regulations regarding social assistance be reviewed. Page 9.

7. *Counselling:* That counselling and co-ordinating services for older people be established and fully staffed. Page 11.

8. *Home Care:* That support be given to those caring for older people in their homes, and that services be made available to assist older people to stay out of institutions. Page 12.

9. *Mental Health:* That a form of legal guardianship and protective services suitable for mildly incompetent older people be provided, that committal procedures be modernized and that facilities be established to enable rehabilitation of those who have recovered. Page 16.

10. *Chronic Care:* That proper custodial care facilities and services be developed immediately for older people suffering long-term chronic illness. Page 19.

11. *Medically Prescribed Appliances:* That arrangements be made so that all medically prescribed appliances are available to older people who require them. Page 20.

12. *Rehabilitation:* That evaluation and rehabilitation services for older people be established to enable them to function at their maximum capacity. Page 20.

13. *Accommodation:* That non-profit societies and public authorities be encouraged to develop suitable accommodation for older people, and that existing restrictions in public housing be eliminated and that municipal zoning be made more flexible. Page 22.

14. *Recreation:* That experimental recreation services for older people be established to evaluate need, establish techniques, and give direction to the community. Page 27.

15. *Education:* That educational programmes be established now, firstly for improving the work of those now helping older people, secondly for acquainting society generally with the problems of the aged, and thirdly to prepare people for retirement. Page 32.

DESCRIPTION OF ORGANIZATION

16. The Committee on Welfare of the Aged is the part of the Social Planning Section of the Community Chest and Councils of the Greater Vancouver area charged with the responsibility of studying needs and problems of older people and recommending plans and services calculated to meet these needs. The Committee was established in 1951. The terms of reference then laid down were:—

(*a*) To consider the situation and needs of older people, taking full account of their capabilities in relation to family and community life.

(*b*) To work toward co-ordination of existing community services for them and encourage a high standard in all such services.

(*c*) To co-operate with appropriate agencies and where required give leadership in the development of the community programme for older people.

(*d*) To study the subject of gerontology with special reference to the contributing factors in emotional and physical disability in later years and to bring its findings to the attention of the community and the public for their information and appropriate action, through the Social Planning Executive.

(*e*) To promote an educational programme on matters relating to the welfare of older people in the population.

(*f*) To undertake such other activity as may be found advisable for the welfare of the aged.

(*g*) To serve in an advisory capacity to the Social Planning Executive of the Community Chest and Councils in matters relating to the aged.

17. The Committee has an Executive consisting of seventeen members elected at the Annual Meeting. There are five Standing Committees and such ad hoc committees as are required from time to time, appointed by the Executive. The Standing Committees are as follows:

Chronic Illness Committee

Mental Health Committee

Housing Committee

Co-Ordination Committee

Education and Recreation Committee

18. The work of the Committee on Welfare of the Aged is carried on through monthly meetings of the Executive and regular meetings of the Standing Committees. General meetings are held at least once a year and more frequently when necessary.

19. Some eighty people serving as members of the Executive and Standing Committees. They serve in a voluntary capacity and are recruited for their personal interest in the problems of older people and experience in organizations serving older people. They are affiliated with over forty organizations.

20. The work of the Committee on Welfare of the Aged has included the following:

Sponsorship of Educational Opportunities

—Two Provincial Institutes
—Three training Institutes for staff and volunteers working in recreational agencies
—Two Institutes for representatives of Senior Citizens' Groups.

Initiation of New Services

—Vancouver Housing Foundation
—Second Mile Club
—Vancouver Senior Citizens Housing Registry

Work with other organizations in Vancouver toward the development of services for the aged

—Vancouver Public Library
—Vancouver Churches
—Vancouver Parks Board
—National Council of Jewish Women (Vancouver section)
—Adult Education Services
—Junior League
—C.B.C.
—Family Service Association of America

Presentation of Briefs and Recommendations re:

—Adult Chronically Ill
—Role of Provincial Government in Housing
—City Registry of Nursing Homes and Rest Homes
—Special Training Opportunities of Employed Staff Working with the Aged

21. Membership of the Executive Committee: Mrs. M. H. Ginsberg, Chairman; Dr. H. Robinson, Past Chairman; Dr. H. Clyde Slade, Vice Chairman; Dr. G. Fahrni, Dr. W. Wilson, Mrs. J. Carson, Mr. C. W. Pulham, Mr. J. Jeyes, Mr. E. Elsey, Mr. G. B. McIntosh, Mrs. M. Brunette, Miss L. Carcadden.

Chairmen of Standing Committees: Dr. C. Arnold, Chronic Illness; Dr. S. Kaplan, Mental Health; Mr. R. Ritchie, Housing; Mrs. S. Murray, Co-Ordination; Mr. J. E. Clague, Education and Recreation.

Mrs. K. McKenzie, Executive Secretary.

Introduction to the Brief

22. The Committee on Welfare of the Aged in Vancouver welcomes the establishment of a Senate Special Committee on Aging. According to the 1961 Census of Canada, the Vancouver area had 105,044 people aged 65 years and over. This represents over 10% of the population of our metropolitan area.

23. For the past 14 years our Committee has recognized that the number of older people is increasing rapidly. This in itself would present problems for our community. However, these problems are complicated by technological advances bringing more leisure to all and by the rapid urbanization of our society. Our community struggles to keep up with these changes and in this struggle our rapidly increasing older population is pushed aside to a position of uselessness and dependence.

24. The Committee on Welfare of the Aged has studied the needs and problems of our older citizens. As our brief indicates, many people and organizations have become concerned about their plight. These efforts have resulted in the establishment of some new services and the awakening of considerable public interest.

25. However, the experience of our Committee shows that the efforts of volunteers at the local level will not suffice to resolve the difficulties of our older citizens. They will require the co-ordinated efforts on the part of local, provincial and federal authorities, as well as those of volunteers. The establishment of a Senate Special Committee on Aging is a first step in this direction.

26. The Committee on Welfare of the Aged recommends that the Senate Special Committee on Aging urge the appropriate authorities to provide the national leadership so urgently required. Such leadership should stimulate the development of new services. It should ensure that research and experimental services are initiated for exploring need and testing the validity of services. It should arrange for the sharing of information about problems and solutions of problems on a national level.

Financial Services

28. The Committee on Welfare of the Aged shares the universal conviction that everyone should have the financial means of maintaining such a minimum standard of living as makes it possible to live with self-respect. The minimum level which the community is prepared to support should be established by the appropriate authorities. Many older people have difficulty in achieving such a standard because of the inflationary trend of our economy and because for people over 65 years of age work opportunities are rare.

29. The Welfare and Recreation Council of the Community Chest and Councils of the Greater Vancouver Area has recently considered the adequacy of social allowances in relation to the cost of living. It is a credit to the Federal Government that the recent increase in the Old Age Security Allowance has brought the allowances for older people somewhat closer to the cost of living. The Committee is convinced that this factor should be under constant review by the authorities and that this is the only satisfactory way to establish and to maintain such a minimum standard.

30. The Committee is further satisfied that the development of services and the availibility of these services to older people is an important aspect of maintaining such a minimum standard of living. In Vancouver, social agencies report that older people who qualify for Old Age Supplementary Allowance receive medical services, drugs, etc. and are eligible for low rent subsidized

housing, and consequently manage fairly well within their means. It is more difficult for those who cannot qualify for Supplementary Allowances notwithstanding low incomes and for those who prefer to go without rather than to submit to a means test. Increases in the Old Age Security Allowance are frequently followed by increases in rent and other expenses. A group of older persons determined to maintain their independence would be sustained, rather than penalized, if hospital care for chronic illness, medical care and low cost housing were more available to them.

31. The Committee finally recommends that Government regulations regarding Social Assistance and Old Age Supplementary Allowance should be reconsidered. The 1963 Annual Report of the Medical Social Services Department of St. Paul's Hospital, Vancouver points out:

> that the raise in the Old Age Pension by the Federal Government in October was welcomed by many senior citizens and certainly makes life brighter for those elderly who have little or no other income, and who are still self-sufficient. It is of little value when rest home or nursing home care is indicated. The cost of rest homes is a basic $95.00 a month for an indigent patient and reaches a maximum of $300.00 in some homes. It is becoming almost impossible to find even shared accommodation for under $150.00 a month. Nursing home rates are a basic $300.00 a month and exhaust the savings of the elderly with alarming rapidity. All assets, including life insurance policies must be reduced to $250.00 before a municipality will meet the cost of the care.

The Committee feels that this causes great hardship especially when there is a living spouse. It should be investigated.

32. With regard to the employment opportunities for older people, the Committee recognizes that this is complicated by the development of automation, and economic conditions generally. However, the Committee commends to the Senate's Special Committee and the public the special skills and contributions of older people.

Domiciliary Health and Welfare Services

Counselling Services

33. In recent years the average age of survival has been extended and the social problems of the aged have grown accordingly.

34. In Vancouver City, as a report on Old Age Assistance prepared for the Priorities Study of the Community and Councils of the Greater Vancouver Area shows workers serving older people in our public agencies carry caseloads of 1750. With regard to counselling, that Report had this to say:

> that the public welfare worker is in a key position to assist older people as they continue to face the increasing pressures of old age. Therefore, these workers must have adequate professional training to understand the problems of older people and to assist them to use the services available to them. Since work with older people requires more time and regular visiting, caseloads must be lessened. A recent study* in California recommended the following caseloads for Old Age Security, and Aid to the Blind and Disabled.
>
> (*a*) Cases with complicated problems requiring intensive casework, 50-60 cases per worker.

* Welfare Study Commission, Consultant's Report, State of California, 1963. Report on a Study of Services, Staffing and Manpower, for a Constructive Public Assistance Program in the State of California, Greenleigh Associates, New York, November 1962.

(*b*) cases with less complicated problems, 100-110 cases per worker.

(*c*) cases requiring little more than financial assistance, 150-175 cases per worker.

There is a wide range in the qualifications of staff. A few have professional training. Caseloads are high, approximately 1750 per worker in Vancouver, and ranging from 200-1,000 in the adjacent municipalities. Some auxiliary services are available to those who qualify for Social Assistance, such as information and referral services, medical care, medical aids and appliances, counselling service for boarding and nursing home care, arrangements for admission to mental hospitals, and housekeeper services. One agency operated a home for the aged in Vancouver City.

Caseloads such as those described in this report mean that workers cannot always provide even emergency assistance for older people.

35. We find that because of such caseloads little is known about our older people until their situation becomes critical. Then workers realize that services provided earlier might have prevented deterioration and illness.

36. Agencies in Vancouver have been striving to develop services for older people. It has seemed sounder and more economical to keep them integrated with those for other age groups rather than to develop separate services for the aged. Agencies, organizations and citizens' groups have responded to this challenge.

37. One consequence is that there is a multiplicity of services for the aged. Older people who require these services are confused by the increasing complexity of our city. Often they need a number of services and specially in the stress of crisis they cannot search them out. When a patient goes to a doctor he sees to it that arrangements are made for the patient to have X-ray or such other specialized medical services as are appropriate. Under the War Veterans Allowance Act a veteran meets a worker who arranges for him to receive whatever services are appropriate. The public agencies deal with a larger proportion of the aged than other agencies and they are consequently in the best position to counsel the aged and assist them in obtaining services. This we think they should do.

38. Agencies serving older people are encountering many new problems. In some cases there are no appropriate services in existence. An example is protective services for mentally infirm older people. There is much we do not know. Our Committee is impressed with the special efforts both the Family Service Agency and the Catholic Family Service Agency are making in Vancouver to meet the peculiar needs of older people. It is anticipated that from these experimental efforts we will gain information about the needs of older people and ways of helping them. Again the public agencies have the best opportunity to accumulate information as to the unmet needs and problems of the aged.

39. Since the Federal Government contributes heavily to the financial support available, it is in a key position to see that other services are provided.

40. We, therefore, recommend that federal authorities take steps to assure:

(*a*) That the staff of public agencies be adequately increased;

(*b*) That the Old Age Assistance Board counsel those who come to them and see to it that they receive the appropriate services available and record such data as is necessary for ascertaining the unmet needs and problems of the aged.

Services for Families or Others Who Care for Older People

41. The Committee on Welfare of the Aged is of the opinion that services which will maintain people in the community are of major importance in enabling the older person to live a dignified, healthier, happier and more productive life.

42. We are also of the opinion that the vast majority of families care about their older members and seek to provide for them. In doing so, many such families face problems that become too much for them to bear. The size of homes, the decentralization of our urban areas, increased longevity, problems of the three generation family living together in an urban community are some of the factors which make difficulties for them. Services to help these families should be an important part of any programme of services designed to meet the needs of the aged. We suggest that it is in the public interest, as well as in the interest of the aged themselves that they should, so far as practicable, be cared for in the homes of their families rather than in institutions. More families will succeed in this endeavour if the community assists them. So, when illness strikes such a family, whether the aged or a junior member of the family, care for the aged should be promptly available. Further, there should be provision for caring for the aged of such a home outside the home temporarily, so that these families may have relief on some week-ends and during vacation. Also, day care centres can lighten the burden of such families. In addition to this benefit, such centres enable older people to enjoy the society of their peers and assist them in finding worth-while activities. The "Handbook on Aging" (National Old People's Welfare Council, London, 1963) describes them as follows:

(1) Day care centres are distinct from clubs which cater primarily for able bodied people. These centres are run as far as possible on the lines of ordinary clubs, but transport is essential as most of the members are too infirm for public transport and in some cases have not left their room for many years. Members spend the whole day in the club, often engaged in craftwork activities. Bathing, hairwashing and chiropody facilities are available. They also provide a mid-day meal.

(2) Day Hospitals allow old people, formerly in or out-patients, and usually physically (but sometimes mentally) infirm to spend one or more days each week at a centre sited within the precincts of the hospital. They receive medical supervision and, when necessary, physiotherapy, and are encouraged to spend their time in occupations which may enable them to become increasingly self reliant at home. A mid-day meal is provided by the hospital and transportation when necessary.

(3) Day Centres attached to geriatric units, sometimes run in conjunction with a health department, and in one instance by a voluntary body, provide daily care and even some occupational activity for mentally frail people who still live at home and whose relatives still continue overall responsibility and care.

Day care service as described can be of great value to older persons, but does not exist in such highly developed forms in Vancouver. It is one of a number of services, such as friendly visiting and homemaker services, such can provide an alternative to our expanding institutional programs. Development of this type of service would reach a larger proportion of the older population and less money would be required for total care institutions.

Services for Older People in The Home

43. Other homecare services are important in maintaining the older person in the community, whether he be alone or living in a home with older people. Vancouver has made a beginning in the development of some of these services. Home Nursing Care is available largely through the Victorian Order of Nurses. Service statistics show a steady increase in the demand for these services. They also show that in 1961 nearly 60% of home nursing visits were made to patients over 65 years of age.

44. A small beginning has been made in the provision of rehabilitative services in the home. These are provided for one segment of the chronically ill (rheumatic patients) through C.A.R.S. (Canadian Arthritic and Rheumatic Society). A beginning has also been made in the provision of such services for a variety of chronic disabilities through a pilot project set up in conjunction with the 'Activation Unit" of the Vancouver General Hospital. However, these services will have to be extended and strengthened if they are to meet the needs of our older citizens.

45. We have long been concerned with the development of Homemaker-Housekeeper Services. The Health Council of the Community Chest and Councils of the Greater Vancouver Area has prepared a Brief outlining the need for this service in British Columbia. At the present time, limited services of this kind are available in our community in emergency situations. However, if they are to assist older people to stay in their own homes, they will be required for longer time spans and to be much more available than at the present time.

46. Hospital Home Care services, which would arrange for the coordination of all needed medical, nursing and social services in the home, would have great value for older people. They would enable many of them to continue life in the community and to shorten the long periods some have to spend in institutions. There are none available in Vancouver.

Transportation

47. Transportation to and from treatment centres is a critical problem for older people. Unless they can get to such centres the medical care available to them cannot be used. In Vancouver efforts have been made to provide transportation through the use of volunteer drivers. The irregularity of visits and the responsibilities of drivers for the care of an ill or handicapped person have made the organization of such a service very difficult. It is our opinion that arrangements for transportation should be a part of health care service.

Mental Health Services

48. The increasing number of the aged in our community would, of itself, increase the demand for geriatric services. Economic, social and cultural factors which today are operating unfavourably towards aged persons result in an increasing demand for service. Under these conditions it is to be expected that psychiatric illness would figure largely in the total geriatric problem of the community. Apart from the psychiatric illnesses which are directly attributable to the deterioration of mental faculties associated with aging, emotional disturbances of the aged are neurotically or culturally induced, e.g. disturbances which result from feelings of uselessness and rejection by society. As such these emotional disturbances are amenable to treatment both psychiatric and social and to changes in social attitudes towards the aged. Much can be done to prepare retired people to meet the stresses which bear on them as they grow into old age in our society.

49. For the treatment of psychiatric illnesses of the aged, the Provincial Mental Health Services provide hospitalization at Valleyview on the Lower Mainland, at Dellview at Vernon and Skeenaview at Terrace. The Annual Report for the Provincial Mental Health Services for 1961-62 showed an increase of 17% in requests for admission to the Provincial Geriatric Hospital from the lower Mainland and Victoria areas. The demand for service is constantly in excess of that which can be provided.

50. Although the approach to the treatment of psychiatric illness in the aged differs little from that of the younger patient, there are special problems both physical and mental which are associated with aging and make it desirable to have special facilities for their care.

51. It has been established that the capacity of older persons to respond to treatment programmes is much greater than previously assumed.

52. At present while the main concern of the psychiatric geriatric hospital is to provide the best possible nursing care and treatment, reablement and rehabilitation of the patient back into the community should be the primary goal. This trend towards early discharge of elderly persons from hospital is however, greatly dependent on available community facilities, e.g. boarding homes and nursing homes, and often where they are available they are out of reach of the aged person's ability to pay.

53. British Columbia Provincial Geriatric Hospitals formerly known as Homes For the Aged, are adminstered under the Mental Hospitals Act of British Columbia and are in reality mental hospitals.

54. The problems of those seeking admission are:

(*a*) Acute or relatively acute psychotic or behavioural reactions not amenable to care in existing community facilities, e.g. general hospitals, private homes, boarding homes or nursing homes.

(*b*) Patients without relatives or financial assets to maintain them in boarding homes or nursing homes.

(*c*) Patients maintained in boarding homes or nursing homes without difficulty because of care required but whose financial burden on relatives becomes too great.

(*d*) Patients in private homes whose disturbed behaviour is more than relatives or friends can cope with.

(*e*) Incompetent elderly persons living alone but without insight and unwilling to accept assistance or move to a boarding home or nursing home.

(*f*) Elderly persons capable of living in the community but, because of memory defect, faulty judgement or periods of confusion, are incapable of managing their affairs.

55. To meet the needs of certain individuals now seeking admission, the following recommendations are made to obviate admission in the first place, to facilitate treatment and discharge for those who are hospitalized.

(*a*) Guardianship service and a legal mechanism easily available to protect the mildly incompetent person and his financial assets without need for certification under the Mental Hospitals Act. Such service is available to the veterans in our community through the Department of Veterans Affairs. It is the opinion of our Committee that such services should be available to all who require them.

(*b*) A review of the Mental Hospitals Act of British Columbia and modernization of committal procedures.

(*c*) The development of community facilities and services to enable those who have recovered sufficiently to return to the community.

These would include:

(i) Facilities subsidized by public authorities that would provide suitable supervision within the financial means of those who need them.

(ii) The development of foster home services.

(iii) Increase social work staff to provide follow-up and consultative services for those families and foster homes who care for these older people after discharge.

In conclusion it should be pointed out as was done in the Brief presented by Our Committee to the Commission appointed by the Provincial Government to study the Mental Health Services of British Columbia that mental illness of the aged is an outcome of fear of economic deprivation, the cost of illness, loneliness, loss of status and unsuitable housing arrangements. Consequently the psychiatric treatment outlined above should be supplemented by measures to alleviate such causes.

Medical and Hospital Care

Facilities for Chronic Care

56. It is the opinion of the members of our Committee that a most urgent need in the care of the aging is for services for those who suffer long-term chronic illness. Older people are constantly aware that increased longevity may result in long years in institutions. Older people seeing friends enduring this experience live in fear of it.

57. In our community, efforts are being made to raise the standards and to improve the care in the privately operated nursing homes, and rest homes. These efforts have been supported by a series of reports made over many years by the Health Council, the Division of Handicapped of the Community Chest and Councils dealing with the practice of these institutions as viewed by the experts in the fields involved. While it is important that older people should have a choice as to where they wish to receive care for chronic illness over a prolonged period, we do not believe that privately operated institutions can completely supply this service. We therefore recommend:

(*a*) That governments assume the responsibility for the provision and maintenance of facilities for those suffering long-term chronic illness.

(*b*) That the cost of chronic illness be provided for through a hospital insurance scheme similar to that provided for acute illness.

(*c*) That every effort be made to continue the development of high standards of care in the operation of existing and future private hospitals and rest homes.

(*d*) That guidance in the selection of a suitable facility be available to patients, relatives and physicians. Our committee, in a report dated March 1961, has recommended the establishment of a registry service in Vancouver having the following responsibilities:

(1) The development of a list of current vacancies in Nursing Homes and Boarding Homes, and knowledge of their particular strengths and specific services.

(2) To screen applicants for need and make a thorough assessment in order to direct applicants to an appropriate service.

(3) To use available community resources wherever available.

(4) To be qualified to assess the total situation and make referral to other agencies if necessary.

(5) To keep adequate statistical records, which might possibly be used as a measure of other needs in the senior citizen groups.

Medical Services

58. Our Committee re-emphasizes the recommendation made earlier under "Financial Services", namely that adequate medical care should be available to all older people.

Medically Prescribed Appliances

59. Medically prescribed appliances are a part of medical care. At the present time, British Columbia Hospital Insurance Service recognizes that when an appliance is inside the body cavity (e.g. a pin holding a hip in place or a pacemaker completely inside the body that regulates the heart beat), it will be covered by hospital insurance. When the prescribed appliances is outside the body, the cost is not covered by hospital insurance and this may result in financial hardship for the elderly who need glasses, dentures, surgical corsets, braces and many other medically prescribed appliances. Our Committee recommends THAT all medically prescribed appliances be made available to older people who require them.

Rehabilitation Services

60. The Committee on Welfare of the Aged has long been interested in the development of rehabilitation services for older people. We have been impressed by the fact that with proper medical and social evaluation of patients and the provision of proper rehabilitation services to them such as is provided by hospitals of the Department of Veterans Affairs, many individuals are capable of carrying on in the community either at home or in less expensive public or private institutions.

61. In our opinion such services for evaluation and rehabilitation should be available to all older people.

62. To ascertain the facilities available for chronic care and rehabilitation for older people, our Committee conducted a study in 1960. As a result of this study the committee recommended as follows:

(1) That facilities for rehabilitation out-patient treatment for all types of physical disability be increased.

(2) That home rehabilitation services be made available to disabled persons of all categories.

(3) That diversional and general activity programmes be made available for the majority of patients in nursing homes.

(4) That suitable facilities should be established for the treatment of chronically ill patients who are capable of some measure of rehabilitation.

(5) That basic services available through this Institution should at a minimum include physiotherapy, occupational therapy, social work and nursing care under medical direction. Other ancillary services required should be provided as needed.

(6) That all the various levels of rehabilitation care be co-ordinated with hospital discharges to allow free movement and follow-up of patients requiring these types of services.

(7) That a responsible body be designated to institute facilities and co-ordinate and supervise the rehabilitation personnel at various levels such as nursing homes, out-patient facilities and the home treatment programme. This may well be carried out through an agency active in this field, or other designated body.

(8) That means of financing the various levels of such a programme should be adequate to maintain an efficient level of service.

(9) That every effort should be made to encourage the early development of a school of rehabilitation to provide a continuing supply of necessary personnel.

Since then a beginning has been made and we are now evaluating progress. It is already apparent that these services increase the capacity of the patient to make his own way. Thus he may go from acute hospital to his own home or a boarding home rather than to a private hospital.

63. The Committee is of the opinion that as rehabilitation facilities successfully develop, the type of follow-up accommodation necessary for people suffering chronic illness may change greatly. It therefore recommends THAT in order to develop various levels of chronic care in an orderly fashion, continuing detailed studies will be necessary to establish the impact of rehabilitation facilities on the disposal of patients to private hospitals, boarding homes etc.

Accommodation

64. There is a shortage of suitable housing accommodation for older people. As the dollar declines in purchasing value, rents are increased. In order to find accommodation within their financial means many older people must change their place of residence at a time when it is difficult for them to make new association or they must accept unsatisfactory accommodation.

65. Our Committee has attempted to study the special housing needs of low income older people. In April 1963 a questionnaire prepared by our Committee was circulated by the Old Age Assistance Board to recipients of Old Age Supplementary Allowance over 70 years of age and residing in Vancouver. This study showed that:

(*a*) Most of these older people do not own but rent their living accommodation. Rents paid are low but they are high in relation to the low income of the people under consideration. Rental payments take up a large part of that income.

(*b*) Self-contained suites are rented most often, while rented and housekeeping rooms are next. Home ownership is not common. Self-contained suites are preferred by most older people.

(*c*) Individuals generally prefer to stay in the neighbourhood in which they reside rather than move to better accommodation in another district. In the Greater Vancouver area non-profit societies and public authorities will have provided accommodation for 556 older couples and 1,002 single people by the end of 1964. However, since the study shows so clearly that older people do not want to leave the neighbourhood in which they reside, it should be noted that in two of the areas described, which have aproximately one-half of the population of older people living in Vancouver city, there is low rent accommodation for only 62 couples and 99 single older people.

(*d*) A large number of elderly people covered in this study live alone, which may account, in part, for their concentration in these two areas, where stores, hospitals, buses and other people are close at hand.

(*e*) The greatest demand is for accommodation for single people and people with no living spouse, especially women.

66. Our Committee has limited resources with which to study the housing needs of older people, yet we are of the opinion that without such studies it is impossible to develop long-range plans. In our Brief to the government of the Province of British Columbia in March 1961 we pointed out that the development of such long-range plans should be the responsibility of public authorities. The conclusions and recommendations of this Brief are as follows:

> The provision of acceptable housing for elderly persons is clearly a responsibility of the Social Welfare Department of Government. As well as filling an urgent need, the construction of senior citizen housing is sound from an economic viewpoint since: it is an effective means of combatting unemployment; it serves as an anti-recession measure; and it permits elderly people to maintain a higher degree of physical health and so remain independent, with less need for chronic care facilities.
>
> In British Columbia there are 34,000 people over the age of 65 whose monthly income does not exceed $79 (Old Age Assistance, or Old Age Security and cost of living bonus) and 10,000 dependent on War Veteran's Allowance of $90 per month. The plight of our senior citizens in this income group, who are seeking even minimal accommodation must imply much unnecessary suffering and even deprivation.
>
> The great need is brought into sharp focus by the long waiting lists for senior citizens' housing projects. British Columbia has a larger percentage of older persons and of war veterans allowance recipients than any other province, yet in the provision of housing units for them, it ranks fourth.
>
> This is by no means a new problem, as in 1954 at the Housing Conference in Vancouver, the following telling statement was made—"It is inconceivable that in a province which has all the material resources for construction which we have, that we are prepared to permit people to continue to live in cabins and other substandard housing year after year—A provincial housing authority could in a reasonably short time present to the various communities both rural and urban, information as to their housing needs...and spark their imagination into action because of their pride in their community.
>
> *The Provincial Government Must Accept the Responsibility of seeing that Adequate Housing is Provided for Needy Senior Citizens.*

RECOMMENDATION

Therefore the Committee recommends that the Government of British Columbia set up a division of Senior Citizens' Housing within the Provincial Department of Social Welfare to provide a central source of direction.

Its responsibilities should include: the provision of leadership and guidance; factual material from research programmes and surveys, and province-wide co-ordination of all interested groups.

67. The initiative and the efforts of voluntary citizen's organizations to develop housing for older people in the Vancouver area has been remarkable. Such initiative and effort should receive every encouragement and support. They and other organizations who might be interested in such projects would benefit from information and guidance as to need, standards and the financial resources available. In the opinion of our Committee this guidance and encouragement should be supplied through a Provincial Housing Department.

68. As a result of studies and recommendations from the Committee on Welfare of the Aged, the Community Chest and Councils provides a small annual grant to the Vancouver Housing Association to operate a limited Housing Registry to receive applications for some of the Senior Citizens Housing Projects. This service has proved very valuable to older people. It provides a central location to which they can go for help and information. The help available to them at the present time is very limited. It is our opinion that this service should be expanded and that its operation is a responsibility of our civic government.

69. The Committee on Welfare of the Aged has not considered the needs of the physically handicapped for appropriate living accommodation or the need for public buildings to be designed so that they can be conveniently used by the handicapped. However, the Division for the Guidance of Handicapped of the Community Chest and Councils of the Greater Vancouver area has completed two such studies. These examine in detail the matter of providing suitable housing and public buildings for the handicapped. Since the incidence of disabling conditions is high among older people, their findings are relevant to the welfare of the aged. We have published these reports and they may be helpful to architects and others responsible for building design.

70. The following measures are recommended in order to ensure the development of accommodation for the elderly:

(*a*) The present restrictions on the construction of self-contained units for elderly people in public housing should be removed and the integration of varied accommodation for older people such as apartments, separate dwelling units and hostels in the same developments as housing for families should be encouraged.

(*b*) In order to encourage non-profit societies in providing suitable low rent housing for older people it is recommended THAT the percentage required to be raised by the sponsor be reduced to 5% of the cost. This contribution should be simply a guarantee of good faith, not a means of financing. The Federal and Provincial Governments, we suggest, should each provide 20% in cash and should loan the balance.

(*c*) Our studies show that older people prefer to continue living in the neighbourhood where they have friends, organizations and familiar surroundings. Zoning regulations and the high cost of land prohibit this in many areas. It is recommended that every effort be made to encourage more flexible zoning regulations to permit the building of apartments, boarding homes and granny flats to accommodate such older people and that the grants as outlined in recommendation two be used to assure suitable locations for housing for older people.

(*d*) There is need for comprehensive study and survey to assure the long-range planning necessary for the development of suitable accommodation for older people. Such surveys should establish

(*a*) what type of accommodation is preferred and feasible (*b*) what quantity of accommodation is required (*c*) where is the accommodation to be built? We recommend THAT public authorities should undertake responsibility for this research.

(*e*) Our Committee recommends THAT a Provincial Housing Department be established. Such a Department should provide information and guidance regarding the need for housing for older people, desirable standards of such accommodation, the financial resources available for its construction and standards for its operation.

(*f*) Our Committee recommends the establishment of an adequate Registry of Senior Citizens Housing. Such a service should be established and operated by our civic authorities.

(*g*) Every effort should be made to develop living accommodation to meet requirements of the physically handicapped and to encourage the designing of public buildings so that they can be used by the handicapped.

(*h*) The only housing available for older people who require some measure of institutional care is in private homes operated for profit. Every effort should be made through grants and loans to encourage non-profit societies and public authorities to develop suitable accommodation for these older people. A wide range of accommodation should be developed including hostel-type care with provision for meals and communal activity, hostels with housekeeping services and homes with nursing care. In order to avoid the hazards of institutional type care, such accommodation should be closely integrated with other accommodation and services for older people.

Recreation and Social Opportunities

71. The Committee on Welfare of the Aged is of the opinion that the provision of recreational and social opportunities for older people will contribute much to their well-being. While many older people continue to find satisfaction in their families and life-time association, others because of the mobility of society, attitudes towards aging and reduction of income have difficulty in maintaining associations.

72. Our Committee has taken the position that for the most part recreation services for older people should be developed on a community or neighbourhood basis and by existing organizations. To this end, we have worked with these organizations for the development of services. We have been increasingly concerned with the quality of opportunities offered. It seems most important that there must be activities available for older people which provide opportunities for them to contribute to the welfare of others, to participate in group life and to have new and varied experiences.

73. In an effort to ascertain the recreation services available to older people, recreation services have been included in an area study now under way. Our Committee is now examining recreation services available to older people in Vancouver. Through the good offices of the Old Age Assistance Board we were able to address a questionnaire on recreation to a representative sampling of recipients of old age assistance in Vancouver. Further we addressed a second questionnaire to institutions in Vancouver providing such services.

74. In reviewing the information collected for this study and other reports, the Committee has reached the following conclusions:

75. Community organizations are concerned about the need for recreational services for the aged and have sought to develop new services to meet this need. The number of churches providing social programmes for older people has increased rapidly in our community.

76. The numbers involved in these programmes indicate that they are well attended. However, this is a duplicate count, therefore it is impossible to ascertain from it what proportion of the population of older people is interested in the opportunities provided. It may well be that the numbers points to other factors, e.g.

(*a*) That the majority of programmes are not available more than once or twice a month. Therefore, the more gregarious older person has membership in two or three or more organizations in an effort to meet his needs.

(*b*) It is doubtful if programmes offered as infrequently as this provide the opportunities needed.

(*c*) The proportion of older people involved in the church programmes with service to others as their main purpose would indicate that certain older people seek this kind of opportunity rather than programmes with a purely entertainment or social objective.

77. In our efforts to obtain this information we were impressed that little in the way of records of membership, attendance, or programme was available, indicating that for the most part these groups are loosely organized and lack the resources required to relate programme to the needs of the individual.

78. In comparing the information given to us from the recipients of Old Age Supplementary Allowance with the information given us by the institutions serving older people we were struck by the great contrast. In the first of these there is reluctance to be involved in the community and a negative attitude towards recreation indicated. In the second a group of active older people is shown. The Committee recognized that neither study had sufficient depth to draw conclusions, however, the following factors are noted:

(*a*) In planning recreation services for the aged there is need for a different kind of study that will explore attitudes of older people to leisure time, recreation programmes and community involvement.

(*b*) The Committee is well aware that old people are diverse in their interests, needs, relationships, and attitudes. Many find satisfaction in their families and life-time associations. However, others withdraw and become isolated. While withdrawal from activity and community is a part of life for most older people, premature withdrawal will affect the social health of our community.

79. There is lack of professional staff available to work with older people. The study shows that in the neighbourhood houses, community centres, and churches where staff is available there is diversity and higher involvement. Many of the organizations which do not have staff indicate they recognize the need for training opportunities for both employed and volunteer workers. The Committee on Welfare of the Aged has sought, through institutes and conferences for staff, volunteers, to meet this need. However, it is very evident that other measures are necessary if this gap is to be met.

80. We note with interest the high registration and attendance of the retired employee associations and think this type of organization which perpetuates many of the normal relationships developed in the middle years should be given consideration in the future planning of recreation services. We are impressed too, with the efforts which older people themselves have made to develop recreation and other services and feel they should be given assistance. Again our Committee has sought to provide help by holding annual institutes for representatives of senior citizens' groups. The attendance at these affairs has demonstrated that these associations welcome and want help. However, our resources are not sufficient to provide the sustained assistance that is required.

81. In well established community agencies which serve all age groups and provide special services for aged, the proportion of the aged using the services is higher than the proportion of aged in the population of the community.

82. A similar trend is noted in the proportion of older people participating in the social and service opportunities provided by the church.

83. There are services available for those older people who are still able to find and go to them. There is little available for the person who has become isolated and removed from the community. Two services, Friendly Visiting and Day Care Services has been studied in the Priorities Study of the Community Chest and Councils. These show the very limited development of these services in our community.

84. A very fine beginning has been made in Vancouver in the development of services for older people in residential care. In 1960, the Junior League of Vancouver, recognizing the needs of the aged isolated in rest homes and nursing homes, initiated an activities programme in one rest home and one nursing home. The aims of this project are:

(*a*) to contribute to the happiness, to develop a spirit of interest and to aid in the social adjustment of residents of selected homes.

(*b*) to enrich and enlarge the area of thought and activity of older people through the provision of useful and meaningful activity.

(*c*) to gather material regarding the social needs of the people and the value of certain types of programme in meeting these needs so that eventually an adequate social programme may be developed for older people.

85. The programme has grown and today includes 45 volunteers equipped with special training and supervision recruited partly from the members of the Junior League and partly from the community at large. These volunteers are divided into groups and regularly visit the residents of 9 rest homes and nursing homes and help plan weekly activities.

86. As there are over 110 such homes in Vancouver, the need for enlarging this programme is great. The Junior League, working with a professional director of this project and a Community Board, is discussing ways of establishing this project in a permanent position in the community and the possibilities of help from the three levels of government. The Junior League has prepared a manual for volunteers working with older people and the committee heartily recommends it to those who are interested in this work. A report prepared in 1963 by the Research Department of the Community Chest and Councils of the Greater Vancouver area evaluated this project and has been published.

RECOMMENDATIONS

87. The Committee recommends THAT the National Government:

(*a*) Give leadership to encourage the establishment of experimental recreation services that would seek to provide suitable opportunities for older people. Such programmes should be adequately staffed, recorded and evaluated so that they will provide more information about the needs of older people and the techniques of developing the social opportunities they require.

(*b*) Make every effort to encourage research and study of the social needs of older people. Such studies should seek to provide information re needs, the attitudes of older people towards life, community attitudes towards them and the ability of existing organizations to serve them. Without such studies the development of recreation services will continue to lack direction.

(*c*) Take steps to assure the development of social programmes and opportunities for the many older people who are becoming or who have become isolated. This matter we regard as urgent.

(*d*) Should keep in mind the importance of the contribution volunteers can make in work with older people as illustrated by the Junior League programme in Vancouver. The work of the National Council of Jewish Women, Vancouver Section, should also be noted in this connection, for this organization has pioneered in the development of recreation services for older people. We urge that every effort be made to foster the contribution of such volunteers in developing services. Further to this, we feel that older people have an important contribution to make in the provision of services and urge that this contribution be recognized and further explored.

Education

88. There is an urgent need for education of our total community about aging. If the problems facing older people are to be resolved, attitudes toward the later years must change. We are convinced that the later years can have satisfactions not permitted in any earlier period of life. Many older people are demonstrating this by continuing to contribute to society and to find satisfaction in the increased leisure time available to them. It seems they are able to do this because of their attitude towards life, their earlier life experiences and the educational opportunities they have had. We are of the opinion that many more older people would find the older years more satisfying if they had been prepared for them and if the attitude of society toward them were changed.

89. As indicated in earlier sections of our report, our Committee has sought to provide educational opportunities. We recognize that these efforts, while a beginning, will never be adequate to meet the need. We therefore recommend that the National Government encourage educational authorities to:

(*a*) Provide adequate education for people in the helping professions who work with older people. A proposal for a short course prepared in the spring of 1964 in Vancouver by the Extension Department of the university of British Columbia in consultation with our Committee argues the need for such education because of current attitudes towards services for older people in these terms.

(1) Emphasis on work with youth. There is a conviction that these services are preventive and that the work with older people might detract from public support of work with children and families.

(2) Agencies have developed experience and skill in work with younger age groups. They are not confident about the effectiveness of services to older people.

(3) The attitude of professional workers towards aging affects their ability to provide effective service. Education in the field of gerontology has not been available so that many workers lack the knowledge and objectivity which is necessary if they are take on the responsibility of providing services for older people.

(4) Some agencies are seeking to develop services for older people. They are aware of one aspect of the problem; as a result services are fragmented. Older people find it difficult to understand and find their way from one agency to another. If services to older people are to be effective a multi-discipline approach is necessary.

The proposal further sets forth the following objectives for such education:

(1) To provide up-to-date information about the factors affecting the social functioning of older people.

(2) To assist professionals to understand and work more effectively with older people, and to learn how services may be adapted to meet their needs.

(3) To provide stimulus and guidance to professional persons for continuing study in the field of aging.

(4) By giving first priority to applicants in a position to influence others through teaching or supervisory positions, to raise the general standard of knowledge among agency staffs.

(5) To encourage among the representatives of the various disciplines improved communication and co-ordination of efforts, which may carry over into work situations, to the continuing benefit of older people.

(*b*) Provide educational opportunities for people who work with older people in a voluntary capacity.

(*c*) Review our educational curricula to see that it includes education for leisure as well as education for employment.

(*d*) Provide educational opportunities wherever possible to develop positive attitudes towards aging.

(*e*) Give special attention to education which will prepare people for retirement.

(*f*) Provide a variety of educational opportunities for older people.

(*g*) Provide endowments for a Chair of Gerontology in institutions of higher learning so that gerontology can achieve the position of influence it warrants.

APPENDIX "Z"

Submission to the

SENATE OF CANADA SPECIAL COMMITTEE ON AGING

by

The Canadian Nurses' Asssociation

Ottawa, Canada, March, 1964

To: The Senate of Canada Special Committee on Aging.

Mr. Chairman and Members of the Committee: The Canadian Nurses' Association wishes to express its appreciation to the Senate of Canada Special Committee on Aging for the opportunity to present this statement which has been prepared in the National Office, Canadian Nurses' Association, and approved by the Executive Committee of the Canadian Nurses' Association.

Ottawa, Canada, March, 1964

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CANADIAN NURSES' ASSOCIATION SUBMISSION TO THE SPECIAL COMMITTEE OF THE SENATE ON AGING

If the government and people of Canada are to fulfill their social and moral obligation to meet the health needs of aging and aged persons, there is an urgent need to recruit, prepare and effectively use more nurses to strengthen and expand essential nursing services. A co-ordinated comprehensive health program requires qualified nursing personnel to assist older people to use all the potential personal and community resources that will help them to attain and maintain optimum well-being, retain maximum function and adjust to the limitations and infirmities of aging.

Growing old is a normal experience that has important bearing upon the health and well-being of individuals and society. Diminishing sensory perception, impaired functional activity and disturbing emotional complications are characteristic effects of the physiological processes of aging. These factors threaten the personal integrity and social inter-relationships of older people. Reduced ability to meet their accentuated needs enforces their increased dependence upon the health services and institutional care provided by society.

A nation's health program should include necessary institutional and health services and provide qualified nurses to give the supervision and assistance, and the support and comfort which aging and aged people require. Older people share the right of all people to live with purposeful and meaningful dignity within the limitations, but to the full potential, of their failing capacities.

The foregoing submissions require that the construction and equipment of institutions designed for the provision of services for older persons should be adapted to meet the particular needs of these people and to facilitate nursing care.

The construction and equipment of institutions for care of older persons should be adapted to provide for their safety and welfare when they are well and when they are ill.

RECOMMENDATIONS

Recommendation I

That steps be taken to promote the expansion and development of services and facilities, including required nursing personnel, to meet the needs of aging and aged persons more adequately.

This could be done through a co-ordinated comprehensive program which would provide

(*a*) domiciliary care for the well

(*b*) intensive care for the acutely ill

(*c*) supervised convalescent care

(*d*) care for the chronically ill.

Recommendation II

That the federal government encourage the initiation and implementation of a vigorous campaign to ensure that all institutions providing care for geriatric patients have appropriate construction and equipment designed to contribute to the welfare of the patients and facilitate nursing care.

Recommendation III

That federal sponsorship be given to the promotion and financial support of a program to provide for the recruitment, training and utilization of volunteer workers who may supplement and assist with the occupational and recreational therapy services provided to meet the needs of aging and aged persons.

Recommendation IV

That the provision of essential financial support to institutional services for the care of aging and aged persons be governed by rigorous legislative standards pertaining to the physical plant, the utilization of space and the staffing, including the qualification of the staff, of all such services.

Recommendation V

That the federal government undertake an investigation into the need for and the feasibility and advisability of the development of centers for:

(*a*) research into the related problems, and

(*b*) experiment in the application of new concepts and principles of a comprehensive health program for aging and aged persons.

Once the practical soundness and consequent human and material economy resultant from an application of these concepts and principles have been demonstrated, or more effective ones developed, the Demonstration Centers could be utilized as Educational Centers to provide a specialized experience for health personnel engaged in the promotion of programs for aging and aged persons.

SUBMISSION ON HEALTH AND INSTITUTIONAL CARE FOR AGING AND AGED PERSONS

1. The Canadian Nurses' Association is a federation of ten autonomous provincial associations of nurses. In 1908 the existing independent local and provincial nurses' groups became affiliated. Through this national organization, Canadian nurses became eligible for membership in the International Council of Nurses, an organization with which they have been associated since its founding in 1899. In 1937 the organizational structure of the national association was established as a federation of the provincial nurses' associations, and was incorporated as such in 1947. The headquarters of the Canadian Nurses' Association is at 74 Stanley Avenue, Ottawa. Membership in the national association is through membership in any one of its member provincial associations. As of December 31, 1963 membership in the association was 77,618.

2. An elected executive committee formulates the policies and recommends the platform of the association. An appointed Executive Director and Secretariat are charged with the responsibility of the functional operation of the association's program. This program, planned and carried out in accordance with the policies and recommendations of the Executive Committee, is designed to achieve the objectives of the association. These objectives as defined by the Constitution of the Association are:

(i) to dignify the profession of nursing by maintaining and improving the ethical and professional standards of nursing education and service;

(ii) to encourage its members to participate in affairs promoting the public welfare;

(iii) to promote the best interests of the nurses of Canada and to maintain national unity among them;

(iv) to encourage an attitude of mutual understanding with the nurses of other countries; and

(v) such other lawful acts and things as are incidental or conducive to the attainment of the above objects.

Recommended research studies are undertaken under the direction of personnel appointed to carry out specific projects.

3. As a voluntary organization, the Canadian Nurses' Association acts in an advisory and recommending capacity and provides consultative services on request. The national association works in close co-operation with, through, and on behalf of its member provincial associations. It also provides particular consultative services and information requested by individual members. The Canadian Nurses' Association represents Canadian nurses of all categories who provide nursing services in institutions, in related community health agencies, on an individual basis, and in nursing education and health education centers. The Association speaks for Canadian nurses to other national and international organizations.

4. The Canadian Nurses' Association subscribes to the World Health Organization definition of Health as being "The attainment by all peoples of the highest possible level of physical, mental and social well-being . . ."

We believe that the health problems and the program planned for the welfare of aging and aged persons must be assessed in the context of the personal and social relationships of these people.

We believe, and experience demonstrates, that hospitalization would often be unnecessary or the length of stay greatly reduced, and that much acute suffering, physical, mental and social deterioration, and chronic disability would be prevented if adequate services of a comprehensive health program were available and utilized.

Nursing care programs must be planned in relation to the characteristic needs of people in their progressive stages of development from infancy to senescence.

The particular needs of older people derive from the physiological processes of degeneration and the consequent need to adjust to the personal and social limitations imposed by an impairment or loss of normal functions. Nurses who plan, provide, or supervise the nursing care of older people require specialized knowledge, skills, and understanding. A nurse who has acquired professional competence is prepared to sustain and comfort as she performs the necessary acts of physical care; she is prepared to assist the patient and/or his family, to plan and carry out protective and self care measures. Furthermore, a professional nurse is prepared to recognize the warning signs and provide prompt services to prevent unnecessary discomfort, pain, disability or illness. Prompt, efficient nursing care can frequently prevent the complications of nutritional deficiencies, the emotional and social deterioration that result from social deprivation or mental depression, or the more serious consequences of untreated minor health problems.

5. The Canadian Nurses' Association believes that all nursing services should be carried out under the direct supervision of registered (professional) nurses who, by basic preparation and continued education possess the competence to administer the care needed by the aging and aged.

Other essential nursing workers include:

registered or licensed nursing assistants (practical nurses), and suitably prepared male attendants.

6. The functions of specialized nursing service in the home, in the community and in institutions, and the services of specific institutions are integral parts of an indivisible community health program. The nursing services of community agencies need to be expanded to meet the health needs of older people in homes, foster homes, and in institutions which provide domiciliary care. More adequate specialized hospital accommodations and services are required to provide active care and treatment for those who require these services. The architectural design and the equipment of all institutions which provide care for older people, should be adapted to meet their particular needs and provide a protective environment which will facilitate the optimum independence and ambulation of older people who may often encounter the physical difficulties of an enforced adjustment to a slower pace and unstable restricted performance. Environmental factors which contribute to the welfare of the patients and which facilitate the nursing care in all types of institutions for the care of aging persons include: adjustable high-low beds, wide passage ways with ramps where necessary, side rails in corridors and bath rooms, unpolished floor coverings, specially constructed bath tubs safeguarded by the use of rubber mats, adjusted toilets and wash basins, temperature controlled faucets, easily accessible bedside lockers, cupboards and recreation areas, and automatic controls to maintain adequate ventilation and a constant room temperature.

7. It is an indisputable fact that older patients in particular tend to experience an acute sense of loss when they enter the strange environment of an institution. The restriction of normal activities, separation from familiar surroundings, and fear of the unknown often produce severe physical and emotional shock. It is important therefore that every effort be made to counterbalance the inevitable deprivation of individual status symbols and the loss of personal independence and privacy. This requires specialized and extra nursing care for these patients. More nursing time is required to maintain the patient's nutritional status through attention to dental problems, oral hygiene, more frequent meals and adequate fluid intake, and by that unhurried assistance which is necessary to allow the patient to retain the optimum independence in self-feeding which promotes appetite and digestion. The supervision, encouragement and assistance of the nurse is required to ensure ambulation or frequent change of position in accordance with the patient's optimum capacity for movement. This is essential for the maintenance of vital circulation of the blood; to prevent cardio-vascular, respiratory, and musculo-skeletal complications and the destruction of debilitated skin surfaces and deeper tissues. Nursing care also involves the constant supervision and assistance necessary to enable the patient to maintain the normal functions of elimination. Because of the greater need of older patients for supervision and assistance in the performance of the normal activities of daily living; because of the much greater amount of time required if the nurse is to help these patients help themselves in accordance with the primary physiological principles of health and of quality nursing; and because many older patients need more psychological and social support, particularly when an impairment of hearing, sight, speech or locomotion create added difficulties in communication and social interaction, it is submitted that geriatric nursing requires more, rather than less, hours of professional nursing care.

8. The objectives of the Canadian Nurses' Association implicitly affirm a responsibility for the welfare of its own members and society. In tangible recognition of this responsibility to meet the needs of the aging, the Canadian Nurses' Association has established a contributory pension plan for the benefit of its members and seeks to support and promote a high quality of nursing service adaptable to a total health program for people of all ages.

A total health program for aging and aged persons may be considered in relation to four broad areas of need for:

—domiciliary care of the well;

—intensive care for the acutely ill;

—supervised convalescent care; and

—care for the chronically ill.

Each of these four areas of service for aging and aged persons are inextricably inter-related. Each phase of care may or may not involve a use of institutional services. It is submitted that with an expansion and closer co-ordination of existing visiting nurse services and the related services of official and voluntary agencies; with the provision and requisite financial support of more suitable family, foster-home, or private apartment accommodations for older citizens; and with the provision of more co-ordinated diagnostic and therapeutic services, many of the health problems currently attendant to aging could be prevented, solved or treated more effectively. A more adequate provision and utilization of such services would help preserve and utilize the potential resources of this large number of older members of our Canadian family in a way more consistent with our expressed belief in the principles of the Canadian Bill of Rights.

The Canadian Nurses' Association respectfully submits that it is imperative that the increased moral and financial support of government and the public be forthcoming to promote the better preparation of nurses and the more effective co-ordination and use of their organized services. More and better qualified nurses and nursing services are urgently required and must be provided if Canada is to meet the progressively evolving health needs and demands of its people.

(Signed) E. A. Electa MacLennan,
President.

(Signed) Helen K. Mussallem,
Executive Director.

APPENDIX "A-1"

PART I

COMMUNITY PLANNING ASSOCIATION OF CANADA

COMBINED BRIEF BY B.C. DIVISION, C.P.A.C.

AND

VANCOUVER HOUSING ASSOCIATION

ON

SENIOR CITIZENS' HOUSING TO THE SENATE COMMITTEE ON AGING

The responsibility of government for the provision of adequate housing for families with children has long been recognized under the provisions of the National Housing Act. This responsibility should now be extended to elderly people.

It has been estimated that by 1980 some nine percent of the population, or nearly 2,400,000 people, will be over 65, the great majority with low incomes, and we can no longer rely on alms and the almshouse to meet the housing needs of this large and growing group of the population.

If this responsibility is accepted, it will be more economical for the government to assist in the financing of an adequate supply of good housing designed for elderly people, than to raise the basic pension for all pensioners high enough to enable those living independently to secure satisfactory accommodation in the open market. For these reasons:

(1) Existing restrictions on the construction of units in public housing designed for elderly people should be removed. Under present administrative regulations, only 20% of the units built in public housing projects may be allocated to elderly people.

(2) Since not all municipalities will avail themselves of the financial assistance provided by the senior levels of government, financial assistance should also be provided for private non-profit societies building for elderly people. It is recommended that, in addition to Central Mortgage and Housing Corporation loans under Section 16 of the National Housing Act, the federal government should offer to match provincial capital grants to such societies up to a specified maximum figure. This policy would encourage the provinces to give assistance to housing societies and would enable the latter to build for rents within the means of the pensioner group.

(3) Experience has shown that the care of elderly people of low income who are unable to live independently cannot be left entirely to private homes operated for profit, since while many are excellently run, the extreme dependence of the tenants and the small profit margin available for the provision of extra care required by elderly people, has too often resulted in serious abuses. The rates charged are also frequently beyond the means of many elderly people.

Loans and grants should be available from the federal and provincial governments to non-profit societies for the construction of boarding and personal care homes for elderly people, and the existing restrictions on Central Mortgage and Housing Corporation loans

for this purpose removed. Under existing regulations, loans under section 16 of the National Housing Act are not available for the construction of boarding homes, unless,

(*a*) a given proportion of self-contained units are also included in the project, and

(*b*) the loan is guaranteed by the Provincial Government.

Public housing agencies should also be empowered to build and operate hostel-type accommodation for elderly people, where this need is not being met by private institutions.

The Provincial Government should make more effective provision for the licensing and regular inspection of privately operated boarding and nursing homes.

(4) The Provincial Government, assisted by Central Mortgage and Housing Corporation, should act as the coordinating agency in the provision of senior citizens' housing by municipalities and non-profit societies, and should take positive steps to make known the financial and other facilities available to these agencies.

Municipalities or other local agencies should be encouraged to carry out surveys of existing housing conditions among elderly people. Central Mortgage and Housing Corporation should be empowered to carry out statistical studies to determine the future housing requirements of old people in each area.

(5) There should be a considerable extension of services to old people to permit them to live independently as long as possible. These will include: homemaking and home visiting services, temporary nursing help, community recreation programs and counselling.

(6) The smooth operation of housing for elderly people will depend to no small extent on the adequacy of the facilities available for housing persons requiring nursing home or chronic care, since, if persons who become incapable of looking after themselves cannot be moved out of housing projects without delay, management problems become insuperable. These facilities are no less essential if hospitals are not to be cluttered with chronic cases not requiring hospital treatment. Adequate financing facilities must, therefore, be made available by the senior levels of government for the construction of nursing home accommodation.

(7) Old people, when they give up their own homes, usually prefer to continue living in the neighbourhood to which they have become accustomed. They also like to live close to buses, stores and community facilities. Rigid zoning regulations in many municipalities make it impossible to build accommodation suitable for elderly people in certain districts. It is suggested that municipalities be encouraged to adopt more flexible zoning regulations which would permit the building of apartments, boarding homes, granny flats, etc., for old people in a wider range of zoning districts.

PART II

COMMUNITY PLANNING ASSOCIATION OF CANADA
MANITOBA DIVISION

BRIEF TO THE SPECIAL COMMITTEE
OF THE SENATE ON AGING

1. The Community Planning Association of Canada was established nationally in 1946, and locally (Manitoba Division) in 1947. Its objective is "to promote public understanding of, education and participation in Town and Regional Planning in Canada."

2. This Division has assumed that the purpose of the Senate Study is to provide a body of resource information for the use of the Federal Government in its dealings with the aged.

3. C.P.A.C. is directly concerned with the provision of adequate home-like accommodation and living arrangements for the aged, and with the location of such accommodations within the Community. (Other considerations should be dealt with by groups more directly concerned and informed.)

4. From local discussion with a group of older men and women, who had the financial means, ample or marginal, to live as they chose, but who were on the verge of physical incapacity to live alone, certain facts emerged. Independent old men and women, with the intensity of people who are conscious of ebbing vitality, crave the following things:

(*a*) Privacy without loneliness.

(*b*) Companionship—chosen, if possible.

(*c*) Continued participation in the life around them to the limit of their capabilities.

(*d*) An opportunity to meet people of mutual interests, as well as people of all ages and experience in order to keep the mind alert.

(*e*) A wide choice of surroundings, urban or rural. A place they can appear to have discovered, rather than a place foisted upon them.

(*f*) Continued living in present surroundings, assisted by trained household-helpers, who do not consider it a menial work, but a dedicated, respected profession.

Plans for their own future should be a full-time job for all the men and women who have just retired. Now, when they are young-old is the time to choose, before true old age has robbed them of the privilege of choice.

5. The greatest problem (relative to accommodation and location) seems to be keeping the older person in touch with and/or reasonably close to the Community in which he or she has personal interests. (Church, old friends, familiar corner store, family, recreation or club). A person does not become a different human being when he reaches age 65, but he must, in most cases, adjust to a considerably reduced income.

6. Currently the Federal Government provides modest pensions for the over 70. The Government of Manitoba, under the Social Allowances Act, provides additional help on the basis of need.

From the time we are born we need social support of various kinds (i.e. education, family allowances, health-care, etc.). The aged need MORE than money—in some cases, domiciliary care in hostel-type accommodation—in many cases, a little help with housework, cooking or dressing, in their own homes, would keep them able to carry on a few years longer in dignity and health.

The whole philosophy of lumping people together in "Ghettoes for the Aged" should be carefully re-examined—do they really want to live like this? or have they any choice? It appears that initial cost may be less (not necessarily more economical) to build large Projects—also Government Aid Programs may be easier to administer under institutional conditions. Are we looking for an 'easy' solution to a very complex situation?

In our present society the truly ill and destitute are taken care of—the half sick and poorly cared for are really unknown. How do we find those who need help? Old people are suspicious of questions from strangers—could an organization, such as the Salvation Army be engaged by the Government to search out these people?

Nursing Homes are presently profit-making establishments—these should be examined and a set of minimum standards of care, supervision, and occupancy decided upon, and enforced.

Municipalities often unwittingly, legislate AGAINST housing for the Aged, by virtue of existing zoning regulations. This should be investigated. The National Housing Act does not provide SPECIFICALLY for Senior Citizen Housing. If a project qualifies as a family housing need, it may receive help through C.M.H.C.

The main gaps in accommodation and location appear to be:

(*a*) Where do the Aged really WANT to live?

(*b*) Some form of help for those still living in their own homes.

(*c*) The reservation of land by Cities and Municipalities for future accommodation for both large and small grouping of units.

(*d*) A diversity of kinds, locations, sizes and costs of such accommodations and/or care for the aged persons.

(*e*) The opportunity for the Aged to continue to exercise personal choice (do they want the bustle and activity of the City or quiet rural seclusion, or any of the variations in between?).

7. The main philosophic hurdle—does old age necessarily mean common interests? Should Housing for the Aged encourage this pseudo-democratic hodge-podge? All people group themselves naturally with those with common interests—and to some extent—with those of similar intellectual background.

It does not seem reasonable to assume that the retired courtroom lawyer would have many topics of mutual interest to discuss with the aged labourer's wife—unless they found it in a hobby such as gardening.

A community of interests seems essential for neighbourhood living at any time, but for the aging with their loss of mobility, living becomes intensified and more precious with limited physical range. When one cannot escape from the unpleasant neighbour or the over-bearing attendant, life under these conditions must surely become intolerable.

8. CPAC is essentially a promotional and educational organization, its main role being to provide a public forum for the debate and inter-action of ideas and policies relative to good planning. The Manitoba Division is presently engaged in a Comprehensive Housing Study. This study will continue to explore all possibilities and means of providing shelter for people in general, with specific emphasis on the Prairie City situation. This, of course, will include Housing for the Aged.

9. In conclusion we would draw the attention of the Senate Special Committee on Aging, to the more positive aspects of retirement. Many employers have pension plans but wash their hands of any further responsibility. Pre-retirement counselling and planning for retirement as early as age 40 should be encouraged.

If the Government recognizes the need for special housing and changes in legislation make the monies available for this purpose, this should be expanded to include facilities for social services within such projects. Every well planned Community should have facilities for all ages—which should be well within the main stream of normal life and activity.

Lastly, in re-evaluating the National Housing Act, the emphasis on lending must be changed to make the development of Housing for the Aged more attractive financially to private enterprise and/or non-profit organizations.

Second Session—Twenty-Sixth Parliament

1964

THE SENATE OF CANADA

PROCEEDINGS OF

THE SPECIAL COMMITTEE OF THE SENATE

ON

AGING

No. 11

THURSDAY, JUNE 11, 1964

The Honourable David A. Croll, *Chairman.*

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

WITNESSES:

Age and Opportunity Bureau of Winnipeg: Mr. Gordon B. Wiswell, President; *Notre Dame Day Centre of Winnipeg:* Mr. Don Browne, Supervisor; *National Employment Service:* Mr. William Thomson, Director; Mr. Kenneth E. Marsh, Assistant Director; Mr. Clement Pepin, Special Services Division.

APPENDICES

B-1—Brief from the Age and Opportunity Bureau of Winnipeg

C-1—Brief from the Notre Dame Day Centre of Winnipeg

D-1—Brief from the National Employment Service

E-1—Brief from the Senior Citizens Federation Association of Manitoba

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

20817—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 ajournments 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.

20817—1½

MINUTES OF PROCEEDINGS

THURSDAY, June 11th, 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*), Blois, Fergusson, Gershaw, Grosart, Haig, Inman, Lefrançois, McGrand, Pearson, Quart, Roebuck, Smith (*Kamloops*), and Sullivan.—14.

In attendance: Mr. R. E. G. Davis, Consultant;

Mrs. Svanhuit Josie, Assistant Consultant.

On Motion of the Honourable Senator Haig, it was Resolved to print the briefs submitted by the Age and Opportunity Bureau and the Notre Dame Day Centre both of the City of Winnipeg and the National Employment Service as appendices B-1, C-1 and D-1 to these proceedings.

A brief was submitted to the Committee by the Honourable Senator Haig on behalf of the Senior Citizens Federation Association of Manitoba who will not appear.

On Motion of the Honourable Senator Haig, it was Resolved to print the above mentioned brief as appendix E-1 to these proceedings.

The following witnesses were heard:

Age and Opportunity Bureau of Winnipeg: Mr. Gordon B. Wiswell, President.

Notre Dame Day Centre of Winnipeg: Mr. Don Browne, Supervisor.

National Employment Service: Mr. William Thomson, Director; Mr. Kenneth E. Marsh, Assistant Director. Mr. Clement Pepin, Special Service Division.

At 12.45 p.m. the Committee adjourned until Thursday, June 18th, 1964, at 10.00 a.m.

Attest.

Dale M. Jarvis,
Clerk of the Committee.

THE SENATE

SPECIAL COMMITTEE ON AGING

EVIDENCE

OTTAWA, Thursday, June 11, 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 this morning before us briefs from the Age and Opportunity Bureau of Winnipeg as well as that of the Board of Directors of the Notre Dame Day Centre of Winnipeg, and the brief prepared by the National Employment Service for the co-operating technical committee of the Special Committee of the Senate on Aging. Is it moved that they should be placed on the record?

Senator HAIG: I so move.

Hon. SENATORS: Carried.

(*See appendixes B-1, C-1 and D-1*).

Senator HAIG: Before we hear these gentlemen, I would like to advise that Mr. J. B. Carroll, Minister of Welfare of the Department of Welfare, Province of Manitoba, will be prepared to come to Ottawa in October to present his brief to the committee.

I have a submission from the Senior Citizens Association of Manitoba of which the members all have copies, and I would ask that it also be placed on the record. (*See Appendix E-1*).

I also wish to advise the committee that on June 9 this week a new project consisting of 49 suites for single persons, three suites for couples, which together with 29 suites previously constructed for couples makes a total of 81 suites built by this 40-member Winnipeg service club. Rents are $34.75 and $36.50 for single suites, and $49 for couples. Full taxes are paid to the City of Winnipeg. The total cost was about $430,000.

Special features include the provision of a games room and a lounge for the use of all tenants. Each single suite is equipped with a push button in the living room and in the bathroom, by which a tenant in an emergency can ring for help. Assistance bars at the fronts and sides of bathtubs are provided, along with stoves, refrigerators, thermostats, venetian blinds, laundry facilities and showers. Most tenants have a flower garden, and all who wish have a vegetable garden also.

The City of Winnipeg provided the land, and the Province of Manitoba made grants of $129,304 towards the cost. The Winnipeg Cosmopolitan Club and its members contributed about $21,130, the public contributed $1,050, and the balance of the cost was loaned by Central Mortgage and Housing Corporation repayable over 40 years at 5⅛ per cent interest.

The CHAIRMAN: I call the attention of the committee to the fact that one of our distinguished colleagues, Senator Joseph Sullivan, has with him a guest

in the person of Mr. Terrence Cawthorne, F.R.C.S., the President of the Royal Society of Medicine of England. Mr. Cawthorne will be speaking to us later today.

Our first witness this morning is Mr. Gordon Wiswell, President of the Age and Opportunity Bureau of Winnipeg. He is a graduate in business administration of Harvard University, and has been President of the Age and Opportunity Bureau in Winnipeg for two and a half years.

Sitting beside him is Mr. Donald Browne, who is a graduate of Pennsylvania State College. He attended the University of Manitoba School of Social Work, and graduated with a Master's degree in 1961. He is the Supervisor of the Notre Dame Day Centre, and an employee of the Winnipeg Welfare Department.

Gordon B. Wiswell, President, Age and Opportunity Bureau, Winnipeg: Mr. Chairman and honourable senators, as Board Chairman and spokesman for the Age and Opportunity Bureau of Winnipeg I would first extend our appreciation to the Senate Committee for the work they are doing in this vital field. Your leadership augurs well for the tremendous developments that are within reach of Canadians in the next few years in relationship to aging.

If you refer to page 6 of our brief you will see that the Age and Opportunity Bureau is administered by a voluntary board of directors and a competent staff. We are financed by the Community Chest, $10,000; the provincial Government, $9,000; and the Winnipeg Foundation, $3,000. This is the total budget, and as usual 80 per cent of it goes to salaries, and the remainder to heat, light and power, et cetera.

We started back in 1956, and our executive director was Miss Abernathy who retired last November. We have hired a new executive director as of one month ago. She does not have a professional social work background—we do have one professional on our staff—but she has a good background in administration and planning, and we feel she will be able to fill this important position in the Bureau in Winnipeg.

The Bureau, which is unique in Canada, provides counselling services for the individual aged citizen; it examines and studies opportunities and problems of older people in the community, and when inadequacies are revealed in services and resources it undertakes to urge appropriate action on the part of those responsible. The Bureau also provides a comprehensive central information service on all aspects of old age and aging.

I come here not as a professional, but as an interested volunteer trying to do something for our senior citizens in Winnipeg. I am a transplanted Maritimer. Following graduation I was with the General Electric Company in Toronto for ten years. I was born in Halifax, Nova Scotia, went to school in Quebec Province and I have been in Winnipeg since 1955, so I have seen a little bit of Canada.

We think that now is the time for facing new realities, and planning for the known realities of the future. We complain, in our brief, as do all people connected with this problem of aging, of the crippling inadequacy of statistical data, scientific knowledge, and accurate information. We want to emphasize and re-emphasize this inadequacy, and urge that money and effort be devoted to providing the necessary facts and figures. However, while we are firmly devoted to the principles of planning based on thorough studies, the scarcity of statistics must not stop us from taking advantage of the enormous possibilities of the present.

There are four subjects discussed in the brief we presented to you, which we select for particular attention. First, may I recall our recommendations about home care and home help and hot meals delivery service on pages 9, 19, 20 and 29 of the brief. We are working with the Victorian Order of Nurses

on an experimental basis, who are going to try to add home care service to their present responsibilities. It is our contention, based on well documented studies by our Community Welfare Planning Council, that home help and hot meals are major needs. There are two separate operations involved here; may I expand our thinking on the home help program first.

We give enthusiastic lip service to the principle of older people being helped to keep their dignity and independence as long as possible, live in their own homes as long as they can, not be institutionalized or hospitalized until it is finally unavoidable. However, those older people who do try to retain independent living arrangements, and look after themselves, are often defeated or miserable in their efforts for lack of a relatively unpretentious kind of help; a homemaker, an assistant, someone to help them over the heavy going in day by day life.

The days of the downtrodden "domestic servant" have long since passed, but the stigma is still on the phrase, and there are relatively few people in the labour force today who would choose to work at what the term "servant" suggests. An exalted version of service, however, is both possible and necessary if several conditions are present. Home help for older people can and should be given by trained and devoted women, and men as well, who are employed by the community, whose work has both adequate pay and respectable status, who recognize their function as a useful and valuable one. In a large and imaginative program to meet this need, we can find answers to many of the physical health, mental health, housing and economic problems of the aged.

The hot meal delivery—"Meals on Wheels"—service has proven its worth where it has been undertaken in Canada, and in wide use in Europe. We are all cognizant of the breakdown of both health and morals which accompanies malnutrition. Many of our older citizens, limited in funds and with diminishing energy and initiative, simply do not eat properly. They lose interest, and as the vicious circle takes its course they become depressed, less and less able to cope. The once-a-day hot meal delivery service has two infinitely important results—it feeds the recipient food he needs, and brings a friendly visitor whose cheer is equally vital. We are assured that older men living alone are particularly in need of this service.

Second, important projects we can undertake and organize right now have been mentioned and reiterated in many of the presentations you have received from across the country. We urge your attention to these. But we would like to suggest that action is required now for a social revolution which is currently brewing and will be upon us in less than fifteen years.

We refer of course to the implications for older people of the automation of industry. Every human being in the Western world is affected, of course, but the growing population of the aged is even more vulnerable.

By automation I do not mean mechanization which replaces man's energy, which happened in the industrial revolution. Automation today promises to replace the shop supervisor and even parts of the functions of works managers and other top management. Automation must therefore create separate problems of unemployment and leisure time since it does not seem possible that we can absorb increased output in Canada. Therefore, leisure time, particularly of senior citizens, is of critical importance and whether the senior citizen can be encouraged to enjoy culture or other non-productive work when he is unemployed is a great challenge to our society today.

Whether we take an alarmist or philosophical view of cybernatics, whether we look forward to its effects with pleasure or with dread, the simple facts are that the life of every man, woman and child in Canada will be changed, gradually in the next few years, radically by the end of the next decade. A

work week of three days, a whole new concept of education, a startlingly different economic system—all these will come within our lifetime.

Involved in this revolution is the older and the aging citizen of 1975. We talk a lot about preparation for old age; now is the time to do something about it.

These questions need answers. A whole new evaluation of "work" must be undertaken. The huge windfall of leisure time must be dealt with—it is a multi-million dollar gift—we can squander and dissipate it, or use it to the benefit of mankind. Our brief suggests the urgency, and we cannot overestimate this, for a big nation-wide, or even continent-wide, study of the implications of automation on human beings. This study must begin now; the automated genii is out of the bottle, either the power it releases can be harnessed, or George Orwell will have called the tragedies of 1984 just about right.

The third subject, on which all our volunteer board and committee members and our professional workers in the field have warmly concurred, is the need for broader and more comprehensive interpretation of the problems of the aged, for more information about services available. We have published a booklet for services available which is being rewritten now, for more and better "public relations" for older people and for the actual experience of aging. Somehow the problems need to be communicated to the public.

The fourth subject is in the area of housing. The National Housing Act was written to provide housing for families with children. We believe there are special needs of old people in design and lay-out, including recreation space in multiple family projects, which need special study. Under Section 16 with the current interest rate of 5¼ per cent this results in a rent of about $45 per month for a pensioner receiving $75 per month which is obviously too high. We believe that the National Housing Act needs particular sections included to assist the senior citizens' problem.

We feel that your study committee is the very group to tackle these four special needs and the other recommendations that have been made to you. As you do so, Mr. Chairman, ladies and gentlemen, we assure you of our firm and enthusiastic support, to say nothing of our warm appreciation. Perhaps your committee will agree with us that special study for senior citizens is required across the nation, and perhaps there could be more inter-provincial liaison.

Somehow these problems are the responsibility of governments, professionals and volunteers. With a good dose of leadership, we think progress is being made, and more will be made.

Thank you for this opportunity. If there are any questions I would be glad to try to answer them.

Mr. Don Browne, Supervisor, Notre Dame Day Centre, Winnipeg: Mr. Chairman, honourable senators, the Board of Directors of Notre Dame Day Centre, Winnipeg, values the opportunity of presenting this brief which is based on the practical experience gained through the service being rendered in our Day Centre.

Without the indulgence of the special committee of the Senate, many of these things would not be aired or organized so well. For many years school districts have accepted education for the worthy use of unoccupied time as an important objective. Since our current society is providing its older members larger amounts of unoccupied time it is quite fitting to help those older citizens in developing the inventiveness to use their new free time wisely and well, both for themselves and for the total society.

One will have no difficulty in accepting the idea that activities which will help older persons make effective use of their unoccupied time as being different from those of past years. Those who would serve the leisure-time needs of the aged must work out new definitions of recreation and provide new activities suited to mature bodies; seasoned habits, and the mores of retired living.

In this brief, those who are interested in the inactivity problems of the aged will find a new interpretation which will be helpful to practical situations. Here, too, leaders will find a way through which government can be a valuable partner in helping other community agencies assist the aged to a better life.

Recreation is a basic human need. The formulation of this concept for older men and women is a bold step forward in preserving mental, physical, and emotional health in later maturity. It is time to abandon the traditional notion that recreation is almost wholly the prerogative of youth.

Recreation can be passive, active, solitary, social, physical or mental relaxing or intense amateur or skilled. It can be the exploration of something new or the pursuit of something old. If it be right for the individual it is usually creative—of new relationships, of new ideas, of new things. Recreation can and could be time-consuming, particularly for the elderly, but it is recreation in combination with education which can give depth and meaning to time. Time without meaning deprives life itself of meaning. Recreation for the elderly, therefore, broadly conceived, contributes to their social adjustment, to their physical wellbeing, to their emotional stability, to their personal satisfactions, to a fuller use of free time, to purposeful retirement living.

In our democratic society the individual is deemed primarily responsible for one's own conduct, for meeting one's own needs. Society however has not made it possible for many older persons to carry this responsibility adequately and independently. This failure places upon our communities an obligation to help make that essential place for recreation a reality by developing for the elderly new opportunities for companionship and a rewarding social life for the development by the older people of their own resources, each in their own way.

Various levels of government are showing a growing concern, and rightly so, for the employment, shelter, and medical care of older people. But this is not enough. The problem of satisfying retirement activity still remains. The problem of finding a role of social usefulness that carries with it the respect of society, of building in our society a new concept of retirement remains. Retirement need not be a state of seclusion, a withdrawal but rather a period of satisfying experiences, of intellectual growth, of services for the common good. Every individual older person has a potential that is staggering. This potential could be made into a constructive community force. Providing the means for this fulfilment rests with the community so that capacities can be met as abundantly as possible. Any limitations that could be imposed could be that of the individual's limitations rather than by the lack of opportunities for creative living, made possible through recreation which is properly organized and developed.

What types of recreational services for the elderly could be provided by government agencies at public expense? What relationships could be established between public and private services?

As an answer to these questions certain principles need to be set as a guide in providing appropriate services for the aged and in providing the greatest possible co-operation between public and private agencies as they each work in this field of common concern.

All older persons do not need recreational services provided by government or private agencies. Government need not bear the total burden of providing the activities of which we have been concerned.

Government can, however, complement the services already provided by private groups to insure that all aged persons who do need organized opportunities for recreation may find such opportunities readily available through the combined efforts of both.

In this connection we suggest that the thing which may be most needed in most communities and which is most difficult for private agencies to provide

is a Day Centre for the use of older persons. Such a Centre could be open and available five days a week, 9 to 5, suitably equipped to meet their multiple needs and staffed with appropriately trained personnel. The supervision of such a Day Centre could be available for the use of private agencies in conducting their own programs for the aging, the provision of this Day Centre might be the most useful public service a city could provide for its senior adults.

It is possible that only about 5 per cent of the elderly are being served by present community efforts. Without competing with other services local governments could move into Day Centre programs. Elderly persons, like the rest of the population, differ from one another. Skillful leadership methods and considerable human understanding needs to go along with the provision of activity facilities. To insure high standards local governments are expected to place the operation of municipal programs for the aged in the hands of trained, experienced professional people through whose leadership recreation for the elderly can take on a character suited to the varied and complex needs of aged men and women. Recreation, then, is only a tool used to permit the continued development of the person.

Today there is encouraging evidence, even though it is spotty and sparse, that through newly released time, newly created opportunities, and newly stimulated interests the elderly are beginning to learn something of the benefits of recreation and to believe in their rights to these regardless of age. Our brief about the Notre Dame Day Centre, supports the evidence. They become more acutely aware of the need to keep on growing. Yet it is not enough for the elderly alone to come to this realization. The rest of the community must join the elders in discovering that there is a place for constructive recreative activity in everybody's life, in the late as well as the early years. Simply, this means service. This unique service, that is, Day Centres and we emphasize this uniqueness, can and does give support to all the resources you have heard about in the past months.

We have made no referral to a psychiatric setting, though 300 aged persons have been members. This is preventive care in the full meaning of the word.

What I have referred to is only an example of the preventive care that can be provided in a day centre program.

Your attention is called to the details contained in our brief dealing with community responsiveness in the program of a day centre. This involvement inter-connected and inter-dependent, seems to be the eventual wholesome aim of all in our democratic society. We can be more democratic with more involvement of the growing numbers of individuals, called collectively "the aged."

Thank you very much.

The CHAIRMAN: You have heard the presentations. Senator Haig, you will be given the first opportunity to ask questions.

Senator HAIG: I will defer.

Senator PEARSON: May I ask the witness a question, Mr. Chairman? The day centre you have been speaking about interests me considerably. My question is, how many day centres would you have in these large metropolitan areas? I am thinking of the ability of the aged people to get around from one place to another. How do you deal with that; do you have special transportation for them?

Mr. BROWNE: We provide no transportation, senator. They are all on their own. That is one reason for the results we are obtaining. They must exercise a good measure of their own initiative. A day centre is an organized way of having the participation of the elderly in the planning of their own activities. You are referred to the brief in this concern. We have people coming down

on crutches and in wheelchairs, and even falling in. This is a dramatic way of explaining it, but it is true. It has been said that probably a day centre for every 10,000 citizens might be appropriate.

I would suggest that this is a new venture providing the opportunity for experimentation, and perhaps resulting in the making of a few mistakes here and there, but we need this opportunity, and if we are going to be held rigidly to a four or five years experimentation, this means slowing up the process. The cost is 50 cents per person per day to operate this place, excluding staff salaries. To include them the cost may be around $1 per day. The point is, do you want to keep these people in a day centre at a dollar a day or to have them running in and out of nursing homes at $6 or $7 a day or to have them as hospital patients at perhaps $24 or $25 a day?

Senator PEARSON: I think you have an excellent idea, but I was just wondering how you were going to handle it.

The CHAIRMAN: Dr. Gershaw?

Senator GERSHAW: Mr. Chairman, may I ask the witnesses what is the most urgent need that these old people have at the present time that is not being met?

Mr. WISWELL: Mr. Chairman, that is a difficult question—to pick one single thing which is most urgent. We do not think there is only one thing.

The CHAIRMAN: Then give us your priorities.

Senator GERSHAW: Give us the most urgent need. We have to make a report, and I want to know what is most urgently needed.

Mr. WISWELL: I would list four urgent needs: first, is home care, home help and hot meals; secondly, a study of the leisure time problem, that is getting worse because of automation. Thirdly, to provide more information about the services available to the older people, better public relations and publicity of what is available. Fourthly, housing, to the extent of revising the act to better suit the facilities which are required for senior citizens as opposed to a young family with children.

Mr. DAVIS: Mr. Chairman, may I ask a question?—because it seems to me you said earlier, Mr. Wiswell, that you omitted health, because of the royal commission.

Mr. WISWELL: Oh, I did, indeed.

Mr. DAVIS: Are you omitting it from your list of priorities?

Mr. WISWELL: I can only make that No. 5. Health, and preventive health, in day centres, is certainly important.

The CHAIRMAN: What about housing—The new Housing Act which was passed by the House of Commons, and will be before the Senate today and passed either today or tomorrow?

Senator HAIG: Mr. Chairman, I explained that to Mr. Wiswell this morning. He did not know about that when he came here this morning, with regard to the National Housing Act.

Mr. WISWELL: I do not know if that answers the question that was raised.

The CHAIRMAN: I can tell you it answered that kind of problem that was intended to be met.

Senator GROSART: In part.

The CHAIRMAN: It never meets it fully.

Mr. BROWNE: On that question, Mr. Chairman, I do not want to diminish economic factors involved in priorities. To generalize, perhaps we can say what may be urgent is to find out how to contribute to the motivation of these

people, and to help them so as to permit them to learn how to learn again, and this involves all the details that are present in our individual, everyday lives.

The CHAIRMAN: Dr. McGrand?

Senator MCGRAND: In one part of your brief you refer to the well adult clinic by comparison with the well baby clinic. You would combine that well adult clinic with the day centres, is that right?

Mr. BROWNE: Yes. At our day centre a public health physician comes one morning a week and this could be seen as a well medical clinic. The investigations and discoveries are amazing. These people do not come for immediate treatment they come with problems—up here, in their head.

Mr. WISWELL: I think it is in the record somewhere that there is a second day centre which is just beginning now, in addition to the Notre Dame centre.

The CHAIRMAN: Who is responsible for that?

Mr. WISWELL: The Age and Opportunity Bureau promoted the idea as a special project and organized the financing of it. A provisional board of directors is now in place and will take over, the same as at Notre Dame.

The CHAIRMAN: In the same neighbourhood?

Mr. WISWELL: This would be in a different neighbourhood—the north end versus centre perhaps, but it is a different neighbourhood.

Mr. BROWNE: The composition of the neighbourhood is different.

The CHAIRMAN: Senator Grosart?

Senator GROSART: Mr. Chairman, I was very interested in the answer given to Dr. Gershaw's question about the priorities. However, income was not mentioned. To me, that is important, because at page four of your brief, you say:

> The present accepted basic minimum for the maintenance of an elderly person is $80.00 per month.

This happens to be the lowest figure that has been given this committee. The committee has been given estimates of this figure ranging up to $140. Is your answer based on the fact this is so close to the universal old age pension of $75 a month? I say that because if your figure is right, then we are very close to providing the basic minimum for all aging people over 70. Is that figure of $80 realistic?

Mr. WISWELL: This figure came out of the study made by the Community Welfare Planning Council of the Greater Winnipeg area.

Senator GROSART: On what date?

Mr. WISWELL: A year ago, 1963. I can give you a rough breakdown. It is as follows: food, $25; clothing, $5; rent, $35; personal expenses, $10; telephone and hydro, $2.50. That totals $77.50.

I think it is true that it is very difficult to measure what is an adequate income for anybody, senior or junior; but those figures are an indication of some of the basic costs of things in Winnipeg, realizing, of course, that across the country the cost of living is different in different cities, particularly urban as opposed to rural.

Senator GROSART: This provides nothing for emergencies or for dental care, and so on.

Mr. WISWELL: No, nothing for drugs, and such items.

Mr. BROWNE: Nothing for Day Centre programs.

Mr. WISWELL: Right.

The CHAIRMAN: How much less would you think would be required in a rural area?

Mr. WISWELL: I am not prepared to answer that question, Mr. Chairman.

Senator ROEBUCK: What about in a big city?

The CHAIRMAN: Winnipeg is a big city.

Senator ROEBUCK: I mean, a big city like Toronto!

Mr. BROWNE: There is nothing for socialization in all these figures you are giving—for cleaning, haircuts, entertainment, beauty shops, etc.

Senator GROSART: We have a phrase used over and over again—it is almost standard in the business now—"a modest but adequate standard of living." What would your figure be?

Mr. WISWELL: I cannot answer that question, Mr. Chairman. It is a difficult one.

Mr. BROWNE: This is an empirical one, as you have been asking the question repeatedly of all your witnesses, and this gives us an indication of how much work needs to be done yet. But from our experience of giving people the opportunity of leaving the home, it certainly costs money. I would suggest $5 a week for socialization as a minimum. When they come to the Day Centre they make friends and then they want to improve their appearance and get their clothes cleaned and get new clothes.

The CHAIRMAN: Mr. Wiswell, would you elaborate for a few minutes on the suggestion you threw out in the brief for the employment of these people outside the labour force?

Mr. WISWELL: I think this is tied in to the leisure time that senior citizens have, and what they should do with it. One of the things they can do is to do useful work of some kind, whether it be cultural or scientific work, or labouring or manual work, or whether it be going to a day centre. Perhaps the definition of "work" would be some activity to keep their mind active so they will not go stale.

The CHAIRMAN: Are you thinking of paid or unpaid work?

Mr. WISWELL: It could be paid or unpaid. Perhaps some senior citizens could be used as baby sitters, homemakers or friendly visitors; there could be some pay. Some could be volunteers, some could be paid.

Senator GROSART: Have you any empirical experience that would indicate the percentage of people over 65—and let us say, males over 65—who must supplement their income by paid employment?

Mr. BROWNE: "Who must supplement their income"—period. Why must it be "by paid employment"?

Senator GROSART: Because that is the subject we are discussing. Empirically from your experience, could you tell us? We are going to have a witness next from the National Employment Service.

Mr. BROWNE: In our day service programs roughly 62 per cent are living on $75 a month or less. Very few of them are able to compete in the labour market. That is why it is a difficult question to answer, because it does not fit our society today, because in order to work you must produce in the shop or employment service you are engaged in.

Senator GROSART: Have you had any experience in sheltered workshops in Winnipeg?

Mr. BROWNE: Extremely little, because there are none.

Senator HAIG: Well, depending on the definition of "sheltered workshop," the Society for Crippled Children have one, and the provincial government have started one.

Mr. BROWNE: That is a training program for the Society of Crippled Children and Adults. Only a few are kept there over a year's time.

The CHAIRMAN: We are groping, as Dr. Gershaw indicated to you, for guidance. We have had some evidence before us that the priorities are something like this: economic, health, housing and social. Would you care to comment on that, or is that difficult?

Mr. WISWELL: Economic, health—?

The CHAIRMAN: —housing and social.

Mr. WISWELL: Does "social" include recreation?

The CHAIRMAN: Yes. That seems to be the general order of priorities.

Mr. WISWELL: Where do you put home help or home care services?

The CHAIRMAN: You could put it into the social.

Mr. WISWELL: That is the group, Mr. Chairman.

The CHAIRMAN: What do you think, Mr. Browne?

Mr. BROWNE: I think so too. Can you take one and not include the others?

The CHAIRMAN: We would like to have your views. Both of you think that makes some sense?

Mr. WISWELL: Yes. The organization of our bureau has a standing committee on each one of the ones you have mentioned. We have a full-time committee, and those are the four committees because those are the four problems basically.

Senator INMAN: I would like to say this, for ten years I had a small hotel and in the winter time it was practically filled with elderly people. It was not always a matter of economics, but what they needed most was company.

Mr. WISWELL: The loneliness factor is awfully important.

Senator INMAN: They were there and they were happy. That is one of the big things they seemed to need. They had families and sons and daughters coming to see them occasionally, but they wanted to congregate together and talk.

Mr. WISWELL: And sometimes in this day and age families travel and are away in another city.

Senator INMAN: I found that was one of the big things, they were lonely.

Mr. WISWELL: Yes, it was mentioned in our brief as being very important. I tied this in with friendly visiting, day centres and recreational activity, to solve this real problem of loneliness.

The CHAIRMAN: We have had evidence here that you could be lonely in a crowd.

Mr. WISWELL: Yes, you can be lonely in the middle of a city.

The CHAIRMAN: Senator Irvine, you are at liberty to ask questions if you wish.

Senator IRVINE: Thank you, very kindly.

Senator McGRAND: The question of expensive drugs for old people comes up repeatedly in these meetings. What has been done at the day centre? Do you use it as a sort of clinic to reduce the cost of these expensive drugs? Or have you found you can get by with less drugs?

Mr. BROWNE: We have to know more about the medical insurance plan in Manitoba, and the opportunities available to the indigent through the provincial government and medicare which covers drugs. Then there is the case of people with, say, $2,000 in the bank and because of the means test they are not available to receive the insurance plans. I would emphasize that it is not a comprehensive service yet. What we have done personally in such cases is to make an arrangement through a local druggist to give a discount when our people need drugs.

Senator McGRAND: I am under the impression a lot of people suffer from loneliness and when they do they have a tendency to try to compensate for that by the use of drugs.

Mr. BROWNE: This may simply be attention seeking by going to the doctors. This is the need for companionship. We build roads and highways to rush people back and forth as quickly as possible, and even yet the speed is not satisfactory. The question is what do we do with the people when they get to where they are going? All the money in the world does not cut through loneliness.

Senator QUART: Regarding meals on wheels, I entirely agree with you, and not being a professional I do not have the professional viewpoint, but I agree about the loneliness as being a question of great priority in these day centres. However what has been the primary use of the day centres, have they been used primarily by, let us say, the people living on pensions, or do you have a different type of person going there, people who would be financially secure, but going there to combat loneliness?

Mr. BROWNE: We have people financially secure going there to overcome the frustration of loneliness. As to the meals, people are not going there to get an inexpensive meal. They go as an integral part of the program. They may go in the morning to do something and they may also want to do something in the afternoon, so they decide to have lunch there to save them the time or energy of going back and forth. The meal service is small because we are concerned with the socialization aspect first. In the matter of providing adequate income and adequate housing—public housing—we have to find the means to solve these problems socially. They need more facilities in this regard in an organized way. Bricks do not make a home, it is the activity that takes place there.

Senator QUART: You mentioned about the meals at the day centres, do you send meals to the homes too?

Mr. BROWNE: No.

Senator QUART: Have you any program in view to send meals to homes?

Mr. WISWELL: This question of "meals on wheels," and the delivery of meals to homes has been recommended by a research study done by the welfare council. We favour it completely, but the problem is how to do it. You have to find the finances, and the organization, people—volunteers—professional people to organize it and get the meals delivered and find the people who need them. I think through the provincial government social welfare department there does not seem to be a problem finding the people who need them.

Senator ROEBUCK: I think it would be useful to us if you could give some instance of the number of meals that could be delivered by one unit—the cost of it, and how many hours' work is involved in delivering meals. Definite information of that knd with estimates of cost would be of assistance. We have heard a great deal about meals on wheels but very little as to estimates of cost.

Mr. DAVIS: If I may intervene while we are waiting for this, we had a witness from Vancouver recently who indicated that some of the medical people at least in Vancouver are opposed to the whole idea on the ground that going out to do a little shopping is one of the few initiatives left to old people, and if you are going to bring meals to their homes they will never get out.

Mr. WISWELL: There are some doctors in our area who question the need for meals from a dietary point of view. They are not 100 per cent convinced that the diet of these people is that bad. However, this needs further study and needs further examination. But the delivering of meals on wheels also means that somebody gets a friendly visit, and takes some of the loneliness

out of the situation. I am afraid to answer the question about costs because I do not think we have this in the appendix we gave you. If there is some information in Winnipeg I will be glad to send it to you. I would suggest that at Brantford they do have a program going, and perhaps they would be able to give some idea of the costs.

The CHAIRMAN: We have that.

Senator GROSART: They gave it to us.

Mr. WISWELL: Dr. Anderson from Glasgow, Scotland, visited us last year and said they had a "meals on wheels" program over there that was highly successful from the point of view of the small number of people who received them.

Senator QUART: In London it is wonderful. It is done by women's voluntary services.

The CHAIRMAN: Senator Fergusson.

Senator FERGUSSON: There is one point I would like to ask about. On page 17 you state definitely that the plight of the single man with nominal income is particularly tragic. You think it is more tragic to be a man and to be poor and old than to be a woman?

Senator QUART: I think so.

Senator FERGUSSON: I wondered if you had said that because of some knowledge you had or some comparisons.

Mr. WISWELL: I will try to answer this as a volunteer and perhaps the professional could help me out on it. It seems to me that the senior citizen of 65, the woman, doesn't have the same kind of problem as the man. One of the reasons is that a woman during her lifetime has been a homemaker and a cook and had the problems of being a housewife. When she is old she continues to do this for the sake of something to do. A man does not normally or has not normally done this kind of work during his lifetime, and does not have experience of looking after a house or cooking his own meals, and when he is a senior citizen it is more difficult for him to provide these things for himself.

Senator FERGUSSON: We have had many women who have remained unmarried, and never had the responsibility of running a home, and the number of these coming into the labour force is increasing. Many of them had no education along homemaking lines. Wouldn't it be difficult for them too?

Mr. WISWELL: Single women who have never worked in their own home would be in the same class.

Mr. BROWNE: I think it is a matter of the degree of change that takes place. The man has been working and then he finds that the familiar things of 50 or 60 years of his lifetime are gone. On the other hand the things that have been familiar for a lifetime to the single elderly woman are still with her. The change for both is acute, they differ in degree.

Senator FERGUSSON: My next question may show my ignorance, but on page 21 you say:

> Also in the social services field, agencies working with the aged were enthusiastic in their appreciation of the Province of Manitoba's unique and effective social assistance legislation. Many other provinces might with profit emulate the splendid working arrangements between the Manitoba Government and private agencies.

What is the unique and effective social assistance legislation that Manitoba has that apparently other provinces do not have?

Mr. WISWELL: Perhaps I can duck that question and ask you to wait until you hear from the Province of Manitoba. In brief terms it is explained in our yellow booklet—this exhibit—in the last two pages. It is in Appendix A of this

yellow booklet. It lists the Province of Manitoba's social allowance program, which is part of the story but not the full story.

Senator FERGUSSON: I did not have time to read all the accompanying documents

Mr. WISWELL: I think this will give you some of it, but I will leave it to the Province to advise you as to what they are doing.

Senator FERGUSSON: At page 22 you recommend that the federal Government might take action to cause a national conference on aging. Do you not think that the national conference which the National Welfare Council is arranging with some sponsors for 1966 is sufficient, or do you think the conference should be called by the federal Government?

Mr. WISWELL: I understand that there is a national conference planned now for January 1966. I am not right up to date as to whether that date is firm or not. I have been hearing about a national conference for five years, and it always seems to be delayed. The reason is that this is a matter of trying to get an organization together in order to sponsor it. I hope it is a firm date this time. I understand that they have a very active committee working on it. Maybe the provincial people could have a conference of their own at some time before the national conference which will provide liaison and the trading of information across the country, which is very important.

Senator FERGUSSON: But do you think it would be better for the Government to do it rather than a private group?

Mr. WISWELL: If you are asking me, then I will say I certainly do not think the Government should do it alone.

Senator FERGUSSON: Perhaps I might tell you that Miss Hope Holmstead who is seated at the back of the room is the chairman of this committee.

The CHAIRMAN: And Senator Fergusson is a member of the committee.

Mr. WISWELL: Then you know more about it than we do. This is an example of the lack of communication there is. I knew of it only on the fringe.

Senator FERGUSSON: It seems to me that the plans of the committee will fulfill the requirement for a national conference. I have just one more remark. Since our last meeting I have received a copy of the study made by the Canadian Welfare Council on Housing for the Aged. I might mention that the other lady, Miss Marion Murphy, is the person who did most of the work on this. I think this is material we need very much, and if it is permitted I will move that copies of this be secured for all members of the committee. The price is $2.

The CHAIRMAN: Perhaps we could leave that for the Steering Committee to decide.

Mr. WISWELL: May I be placed on the mailing list? We have been waiting for this report.

Senator GROSART: I have just one question. On page 5 you speak, as do most of the briefs we have received, of the necessity of a co-ordinated approach. You say:

> Experience in the Greater Winnipeg area has shown the value of a co-ordinated approach to the problems of older people.

If you were the boss of this in Winnipeg how would you go about co-ordinating it?

Mr. WISWELL: Mr. Chairman, in our volunteer brueau with professional staff we try very hard to work with the Province of Manitoba and the City of Winnipeg. We have members of their staffs on our volunteer committees. We study and discuss what we are both doing. As the Minister of Welfare in Manitoba tells us he likes us because we volunteers do not cost him anything.

We try to know what they are doing, and they try to know what we are doing, and together we try to produce an answer. Would I be going too far if I said that this is what the Government in Ottawa is trying to do with the provinces—this is co-operative federalism. Is that a good phrase?

The CHAIRMAN: Yes, and it is acceptable, too.

Mr. WISWELL: We try to advise each other of what we are doing, hopefully with some leadership on one side or the other.

Senator GROSART: Is this a planned approach?

Mr. WISWELL: By working together we discuss plans and programs. We discuss what they do and what we can do; we discuss goals and objectives.

Senator MCGRAND: At page 4 of the study prepared by the Welfare Council of Greater Winnipeg entitled "Age and Opportunity" there is this paragraph:

> The complaint is sometimes heard that attitudes of offspring toward aged parents are not what they used to be. This complaint does not find much support in the survey. Three-fourths of those who have sons or daughters report seeing them frequently; another 20 per cent see them rarely, and only four per cent never see them.

Have you any idea if these people who see their parents frequently make any financial contribution to their support?

Mr. WISWELL: I do not have any statistical data on this. I can give you my personal experience, but I do not think that is good enough for an answer. We all know there are some sons and daughters who support their fathers and mothers, but statistically I could not give you an answer. Perhaps Mr. Browne can tell you.

Mr. BROWNE: The information is not available. These studies have not been made. These questions point up the need for thorough work.

Mr. WISWELL: This is an area in which we need statistics.

Mr. BROWNE: May I, in closing, say that the thing that hit me from all the reports that have come from this committee is something said by Miss Lola Wilson of Saskatchewan in March 1964:

> The only thing that limits us in the developments we can undertake is our own imagination.

I feel that we came here to present recommendations for the use of the social resources of the country, but if you ask specific questions as to how much and in what areas then I point out that you have already discussed these matters with the experts on costs. We have come with questions on socialization.

The CHAIRMAN: We consider you the experts.

Mr. BROWNE: Not in economics.

The CHAIRMAN: Economics is a very important part of the problem, but we are trying to get as much information as we can. That is why we ask the questions.

May I say, on behalf of the committee, that we appreciate very much the pains and care you took in presenting your briefs, and also the very fine statements both of you made this morning, and the way in which you answered the questions. On behalf of the committee I thank both of you very much.

When the committee began operations Mr. Davis arranged for a co-operating technical committee of various departments of the federal Government, and, of course, a very important one is the Department of Labour. Sitting on my right is one of our most distinguished civil servants, Mr. William Thomson, who is the Director of the National Employment Service. He entered the government service in 1931 in the Dominion Bureau of Statistics, and he has played a very important part in the counselling of discharged personnel after the war. He left the navy with the rank of lieutenant commander.

Next to him is Mr. Kenneth E. Marsh, who is the assistant director of the National Employment Service. He has been with it since its inception in 1941. Prior to that he was with the Employment Service of Canada, a branch of the Department of Labour, from 1936 to 1941. He is a graduate of Queen's University.

Next to him is Mr. Clement Pepin of the Special Services Division of the N.E.S. He joined the N.E.S. in 1946 as a Special Services Officer in Quebec City local employment office, and holds a diploma in Vocational Guidance from Laval University.

While employed at the local office he supplied conselling service to older workers in the Quebec City area until coming to Ottawa in 1955 as assistant to the Chief of Special Services on the national level. Since then, he assisted in the development of this operation which has grown from the point where in 1955 N.E.S. had full time Special Services Officers in only 26 of its largest offices to the present time where we have such officers in 150 of our offices.

In September, 1963, he was nominated to represent Canada at a meeting of experts on adult vocational guidance organized by the Manpower Division of the Organization for Economic Co-operation and Development.

Mr. William Thomson, Director, National Employment Service: Mr. Chairman, and honourable senators, we are very glad to have this opportunity of explaining the role of the National Employment Service in this very difficult problem of placing in employment older workers.

We are very glad to have this opportunity, because we have seen the results and benefits arising out of the previous Senate committees. For example, there was one very important Senate Committee on Manpower and Employment. I cannot recall the name of the chairman, but the report of this committee had quite a strong favourable impact on the operations of the Employment Service and a strong favourable impact on the manpower problem and it had a strong and favourable impact I think on the economic wellbeing of Canada generally.

We are hoping that the report which emanates from this committee will have a favourable impact on the wellbeing, economic and otherwise, of the old people whom we call "older workers". That is our parlance.

Before discussing the employment status of older persons, perhaps we should ask the question "What is an older worker?" A person is an older worker only when he encounters, or may expect to encounter, difficulty in keeping a job primarily due to his age.

This definition recognizes the existence of a problem and our placement experience points to the employment difficulties experienced by many older persons in the upper age brackets.

We are living in a work oriented society where it is unfortunate, but true, that there is a stigma attaching to the status of being unemployed. This results in a loss of social status as well as in frustration, forced idleness and material deprivation. These must be the consequences of a failure to solve the problem of employment opportunities for older workers?

Aware of this need through close contact with the problem, the Employment Service, almost since its inception, has been interested in a program to promote an increased acceptance of mature workers in business and in industry.

You will notice I say "almost since its inception," because the Employment Service, as it is now, commenced in 1941 and during the war years there were no older worker problems; and there would not be any older worker problems again if we had the same conditions with full employment, with two jobs

chasing every worker. However, that would not be a good situation. The employment situation has a good deal to do with the severity of the so-called older worker problem.

The N.E.S. is a voluntary public employment agency responsible for the operation of an effective recruitment and placement service, but we are also charged with the responsibility for the organization of the labour market, that is, such organization of the labour market as will lead to the fullest utilization of its labour force, including that segment of the labour force which includes the older workers.

In our endeavours to place older workers with employers, we do not do so on the basis of compassion, on the basis of moral sentiment, but on the basis of economy. In other words, we endeavour to place the older worker in a position where he can do the employer's job successfully. Any other sort of effort would result in the older worker being regarded as shoddy goods, and this is not our endeavour.

We think that every applicant, regardless of age, deserves equal consideration for any job opening for which he is qualified. This is consistent with the idea of referring the most competent applicant for each vacancy notified.

Over the years we have been talking about, and still talk about, the older worker problem. Actually, there are two distinct problems. These two problems require different remedies. There is the problem of the person, usually in his 60s or 70s, whose productive capacity has diminished. When I refer to 60s or 70s, this could happen as easily as early as his 40s. In many instances this requires counselling and rehabilitation of the worker.

There is also another problem which comes under this category, namely, the problem of people who, usually in the 40s but again they may be in the 50s or 60s, whose capacity to produce and perform is not tremendous, but because of misunderstanding, of prejudice, if you like, on the part of the employer in favour of younger workers, this man cannot find employment. In this case it is not the worker who requires counselling or rehabilitation, it is the employer who requires counselling. Of the two, I do not know which is the more insidious problem. Here we have employer resistance towards older workers. As a means of identifying this problem, a few years ago we examined every one of the orders we got from employers over a two-week period, to try to relate the age specification laid down by the employer with the duties to be performed. We found that nearly 12 per cent of all those vancancies contained some non-essential job specification. Most of them were specified as to age, but not all were age. Some of them specified men, when the job could be done equally by women; some of them specified a single woman when the job could be done equally by a married woman; but two-thirds of them related to age.

There again, I must point out, that all the discrimination because of age was not in the upper bracket. Some of them were discriminating against younger people, against teenagers. They were laying down age brackets, for example, 25 to 40, whereas a man or woman aged 24, or aged 50 or 60 could have done the job. This is a pretty serious problem. About two-thirds of those related to age. Non-essential age specifications were found on 7.5 per cent of all vacancies listed with local offices during the week reviewed. The maximum age limits were more pronounced for female than for male workers. We found that 74 per cent of the selected female vacancies were closed to workers over 35, while only 44 per cent of male vacancies were closed to this age group. We found that almost all of them were closed to workers over 65, 98 per cent were closed to those over 55; and 88 per cent were closed to those over 45; in this group of vacancies.

Furthermore, over a 12-month period we kept track of placement by age. There is a limit to the amount of statistics we can gather from placement operations in local offices. When we attempt to put a load on a local office they say it is too much for them and we hear that managers are being sacrificed on the altar of statistics. We make about one million placements per year, last year it was 1.2 million. In the year in which we made this count, 938,000 placements were made. Some 25 per cent of our placements were workers of 45 years of age and over. This amount would be 115,000. This sounds encouraging, but when you look at the people registered with us for employment, 27.6 of them are in this upper age bracket 45 and over, so the placements are nothing commensurate with the people actually registered and looking for employment.

We have been conducting a campaign for a number of years, which has taken various forms, all directd towards convincing the employer that he is missing a good bet, that there are advantages deriving from employing older workers.

There are certain advantages to be possessed over younger workers. It might be slightly more expensive to include the older worker in a pension scheme, but these are more than offset by the advantages, among which may be a decline in absenteeism, more regular attendance, increased turnover and so on.

On the question of publicity, we have available certain films. One is entitled, "Date of Birth", which was promoted very successfully by local offices during the fifties.

We produce booklets and one of these developed into almost a best seller, entitled, "How old is old?" There is a rather amusing story about one employer in Winnipeg, who had read the book. He phoned the office and said, "I want that man." But he happened to be a professional model. However, we have distributed 130,000 copies of this booklet, which tells the story in a convincing fashion, I think.

One of our best selling publications is entitled, "National Employment Services geared to meet Employment Needs", and this includes the story of the older worker.

A leaflet was put out recently, entitled, "Don't judge a man's worth by his date of birth". It has received a wide distribution.

There are many radio, press and TV releases in our publicity of this program, but I think the most effective method has been in our direct contact with employers. In operating the employment service, our employment officers visited employers to the tune of about 300,000 visits a year, and this presents a very good opportunity for the employment service to get over its message to the employer, and while sometimes it may not, nevertheless, we have highly qualified people.

If I may relate an incident just to illustrate my point: A few years ago we engaged in a job analysis program. There was no intention to analyze all jobs in Canada, but only those difficult to fill. One employer kept complaining to us that the people we were referring to him were not staying on the job. We said, "Let us analyze the job." We went in and analyzed the job. His specifications were for young and energetic people. It was a sitting-down job, which a one-legged person could have done. That person did not need to be young. What the employer did not tell us was that a left-handed person could not very well do the job, because of the equipment he was using. What the employer wanted and what the job wanted were two different things.

However, after we discussed it with him he refrained from asking for young, energetic people.

When a local office is notified of a vacancy, stating an age range, which it is thought in the opinion of the employment officer the work could be done by an older person, we tactfully try to draw this to the attention of the employer. We have been quite successful in this endeavour, particularly when an employer has set an age limit, and over a period where we kept count of a year and a half, 300 firms employing more than 50,000 employees revised their hiring policies as to age limit as a result of these individual contacts made by employment officers with them.

Moreover, from December 1951 to December 1959, we used a form for the purpose of employment, which included the name of the employer, and so on, and there was a space provided for the age of the employee. We have now removed this entirely from the form, because there were instances where perhaps the employer was giving age specifications simply because it was mentioned on the form. In fact, we dislike identifying an older workers, because we think it is a mistake. He is a worker—period, and if he is able to do the job successfully, that is sufficient.

We have also found in our experience that we must be patient. Sometimes if we cannot convince the employer on the worthwhileness of what we are doing, we can sometimes convince him to take the older worker on a trial basis, and in many cases this has resulted in the older worker being employed on a permanent basis, but particularly in the employer changing his whole policy concerning the worker as far as age is concerned.

The problem of employer resistance is intensified in time of heavy unemployment, when the older worker finds it much more difficult to get a job, and we look forward to a change in this situation. As a matter of fact, we predict that we are going to be faced with labour shortages during the summer.

Now, when we come to the deficiencies of workers themselves, I should mention first that there are many older workers that have no special employment problems. As a matter of fact, in the trades—bricklayers, electricians, carpenters, and so on, there is no older worker problem at all. Of course, they may be subject to the normal fluctuations of labour demands, but the kind of people I have mentioned are generally equipped to deal with it.

The second group deals with those older workers who are able to do the job, but are in difficulties because of the attitudes of employers. However, there are large numbers of workers who have deficiencies which would constitute major obstacles, even in the absence of employer resistance. Not all of these deficiencies take the form of a decline in productive capacity due to age.

One of the previous speakers here mentioned technological change and automation, and this will affect the older worker much more sharply than the younger worker; but the fact that the older worker has been discriminated against tends to a deterioration of his performance and in his ability to sell himself. These deficiencies must be overcome by the worker himself.

I mentioned automation and technological changes, also the prediction that people have to change their occupation several times during a lifetime. Some of these people are getting caught. Some have obsolete skills, and such persons are at a stage where, if it is not more difficult for them to learn, it is more difficult for them to apply themselves in the role of the learner. There are some areas of unemployment where people in the older bracket are getting vocational training, but it is more difficult for them to fit into the environment; or it is not so easy to teach the older worker new tricks.

One other thing that is hampering the older worker in his efforts to find employment is that the unemployed older worker has less education than the unemployed younger worker; and you know the message arising out of the

Senate committee on employment and manpower—the jobs today are demanding more and more of the worker, where education is needed.

Senator ROEBUCK: You mean school education?

Mr. THOMSON: School education, yes. I have figures on this, but I did not want to associate a lot of discussion with statistics.

Dealing with older workers who need some rehabilitation, we do not deal with them as general placements or run-of-the-mill applicants coming to our office. They are handled by special service officers. These special service officers do not specialize in older worker problems, simply because we cannot afford that kind of specialization at the moment; but perhaps arising from this committee, you may suggest that it is a worth-while thing to do; but these special service officers counsel and place groups such as older workers, handicapped workers, and people who require something extra in the way of service, to enable them to become competitive in the labour market.

I believe one of the briefs presented before this committee mentioned that something had been done earlier in Toronto on this—I think it was Miss Good, who had the idea that we had sort of stepped out of this picture. That is not true. We have been intensifying our activities in the special services field.

In fact, it is only a few years ago—and I think this was mentioned when you referred to Mr. Pépin—we had special services officers full time in 26 of our larger offices, but we now have them in 150 of these larger offices. It is part of their job to provide counselling to certain groups, including the older workman. This earlier experiment was started in Toronto in 1947-48, under the direction of Dr. Scott. I know that Dr. Scott, who has now retired, is quite pleased with what he started in these earlier years, because it has expanded. That experiment did demonstrate the value of a positive approach to the problem, one which involves taking a genuine interest in the older applicant, taking the time to know and understand him, and making a sincere effort to help him overcome his employment difficulties.

Although we have special services officers in only 150 of our 200-odd large offices it does not mean to say these facilities are not available in other offices, except they are given by people who have received some training, but they are not so well qualified as our special services officers. This little empire comes under Mr. Pépin, who has played a large part in the develoment of this service.

We have found that if the applicant is made to understand that the local office is putting forth a special effort to help him find a satisfactory job, he is more likely to welcome special attention, because they are not all ready to welcome counselling. We have to make him feel welcome and not feel that he is a problem case, because if he feels that he will neither welcome nor respond to the efforts of the counsellor, and will not come to the office, because he is not compelled to. The main thing about counselling is that we are emphasizing what the worker can do. He may have occupied a position where he earned $6,000, $7,000, or $8,000 a year, and now, when his career has gone, he is still looking for that $6,000, $7,000 or $8,000 a year, despite the fact he is going to a new employer who does not understand his experience or ability. Very often this approach results in a man lowering his sights, but we are still emphasizing what the applicant can do.

Once the problem has been identified and recognized by the applicant, the counsellor must be prepared to provide detailed information about job requirements, working conditions, training facilities, occupational trends and other employment information which will enable the applicant to assess the various job possibilities in relation to his interest and abilities. Counselling is not just a matter of advising a man to do this or that, but it is also a matter of getting him to understand the problems and getting him to seek solutions.

Vocational training for older persons. There is no age limit on the kind of training being done under Schedule 5 by the provinces. There is no age limit; age in itself is not a barrier; and employment officers are able to do the selecting for these courses and do not recognize age as a barrier.

We mentioned in our brief the older worker employment and training incentive program. This was a program introduced on an experimental basis last September, whereby the Government will pay $75 a month or half the salary to the employer hiring an employee over 45 years of age under certain conditions. Mr. Marsh will be able to say something, I would hope, on this program. It has been an entirely new program, perhaps somewhat controversial, but I think Mr. Marsh will have something more to say.

I am going to switch entirely to our N.E.S. program to encourage youngsters to stay in school. What does this have to do with the problems of the aging? I mentioned to you that when we analyse our applicants the older people, generally speaking, have much less education than the younger unemployed people. We think this will have a bearing on our stay-in-school program where we encourage the young people to further their education, and if he does receive counselling this will perhaps serve in ameliorating, if not solving, the problems of older workers in the years to come.

I would like to end on this note. I would like to explain that the interest of the National Employment Service in the so-called older worker employment program is not mainy compassionate or humanitarian. Our interest is mainly an economic one, and I did mention earlier our objective of organizing the labour market so as to effect the best possible utilization of the labour force. That includes the older worker segment of the labour force. If these workers are not placed in positions where they can become productive, they must be maintained. The cost of this maintenance is reflected in the cost of Canada's products, thus affecting Canada's ability to compete, and not only for the overseas markets, but for our own market. If, however, we are successful in our endeavours to make the total work force productive, then the economic health of Canada will be improved, more jobs will be created, and so on.

Thank you.

The CHAIRMAN: Mr. Marsh?

Mr. Kenneth E. Marsh, Assistant Director, National Employment Service: Mr. Chairman, honourable senators, I see the time is getting on and, fortunately, what I have to say will be brief, and I am sure you will be able to get away in time to make your luncheon appointments—

The CHAIRMAN: That is not bothering us. What is bothering us is that we want enough time to ask questions.

Mr. MARSH: I was about to add that—and to enable you to ask questions.

The older worker employment and training incentive program, as Mr. Thomson has said, was instituted by the Government last year. Hirings under the program commenced in October and extended to 31st March, though the program is still in effect.

The object of the program was to provide employment and opportunities with which training was associated for persons in the forty and over age group, to increase the capability of this group to obtain and hold steady employment. In this sense the program was regarded as a measure of rehabilitation, to assist these people who had experienced the greatest difficulty in finding and keeping a permanent job. In a sense also we feel that the operation of the program would help to demonstrate the value of the older worker to employers and assist in overcoming the resistance to the hiring of these people because of age alone.

The general terms of the arrangement were announced by the Minister of Finance in his budget address in June, and this provided for the payment of an allowance to employers to increase the number of their employees during the period November 1st, 1963 and January 31st, 1964. This is what we would call the hiring period. It was later extended. The allowance was payable to employers who hired as workers 45 years of age or over those who had been unemployed for at least six of the previous nine months, and workers who were not in receipt of unemployment insurance benefits or pension. The payment of the allowance was established at 50 per cent of the wages paid by the employer to the worker, or $75 a month, whichever was the lesser amount. Payment of the incentive was made conditional upon the employer providing the worker with a significant amount of training in the job in which he was engaged.

The Minister of Finance, in introducing the program, pointed out it was a new and rather novel approach to the employment problems of this group of workers. There had been facilities provided to give them formal training in the formal training programs, but here was a program that put the worker into an employment setting, putting him into a job and giving him the training in the job environment—and I think this was a rather important feature of the program.

Responsibility for the administration of the program was divided between the National Employment Service and the Department of Labour. The National Employment Service responsibilities had to do with determining the eligibility of jobs, and the eligibility of the workers for the incentive under the program.

The Department of Labour responsibility had to do with the provision of national publicity for the program, for the development and maintenance of co-operative relationships with the provincial rehabilitation and training authority, and also, and most important, for the research that will be undertaken to evaluate the worth of the program to the problem.

Certain conditions, qualifying conditions, apply both to the job and the worker within the intent of the program. These conditions were developed, and are the terms, if you like to call them that, in which the National Employment officers looked at the job and the worker to see if he would be eligible, to see if he is the kind of worker the program is meeting, and if the job is the kind which will provide the training and work environment for the worker to fit him better to take his place in the labour market.

I should like to discuss these conditions briefly with you; I shall tell you what they are and give a brief comment on each, if I may.

First of all, the conditions applying to the job and the employer. The first condition was that the job must be full-time and insurable under the Unemployment Insurance Act, but not including any job in any level of government or in a business or enterprise owned by a government. Now since the intent of the program was to equip the worker for continual employment, casual, part-time or seasonal jobs which would provide a minimum of work were excluded from the program. Furthermore it was felt that by restricting job eligibility to those insurable under the Unemployment Insurance Act, the worker in this job would be able to build up some entitlement to unemployment insurance which would tide him over any short periods of unemployment that might occur.

The second condition was that the job should not be one which was occupied by a previous incumbent since September 1, 1963. In other words it was not a job which had been left or from which a worker had been laid off within two months of inception of hirings under the program. The objective of the program was to create new jobs as far as possible in which workers would receive the more than ordinary amount of training that it was felt they needed to become

useful and to increase their skills and to become competitive in the labour market again.

It was not the intent of the program to create a preference in employment for the older worker for any job that might be existing in an employer's establishment.

The third condition was that the employer must provide a significant amount of approved training for the worker. The fourth condition was that the employer must have hired during the hiring period from November 1 to January 31, as established initially. This condition was made with two thoughts in mind; first, to concentrate the hiring during winter months when unemployment was higher, and, secondly, because the program was entirely experimental the hiring period was established so that it could be contained within a period of time 12 months after which the program could be assessed and evaluated, rather than to continue hirings over a long period, and pay the incentive for 12 months in a job to the point where it would become excessive long before we could really evaluate the work or the program.

Now, concerning the worker, we were looking for the persons who had experienced the greatest difficulty in finding and keeping employment, not the older worker Mr. Thomson was mentioning earlier who was not employed but who had saleable skills in the labour market, but those whose skills had deteriorated through long unemployment, or whose skills had been rendered obsolescent and had suffered long periods of unemployment thereby.

Now we come to the conditions applying to the worker. The first was that he must be 45 years of age or over at the date of hiring. The second condition was that he must have exhausted the available unemployment insurance benefits. It was thought when this condition was devised that it would be desirable, since the program was designed to benefit long-term unemployment, that those who had unemployment insurance entitlement would not fall into the term of long-term unemployed. During the first month of the operation of the program we found that this condition was unduly restrictive on the number of people who would be eligible and because of that this condition was rescinded.

The third condition was that the worker must have been unemployed for at least six of the previous nine months. This condition generally identified the long-term unemployment for which the program was designed. The fourth condition was that the worker must have registered with the National Employment Service or in some other way proved by satisfactory evidence his attachment to the labour market during the periods of unemployment in the previous nine months. This provision was made because it was not intended that the incentive should be applied to older workers who had retired from the labour market. So this condition restricted the program to the workers who had demonstrated a need for continuing employment.

The fifth condition was that a worker must not be in full-time employment at the date of hiring. This follows from the objective to assist long-term unemployed rather than those already in employment. The sixth condition was that the worker must not be in receipt of a universal old age pension or retirement benefit at an amount equal to or in excess of the universal old age pension. This was to discourage participation in the program by those workers retiring from employment or from the labour market.

Generally it was felt that persons aged 70 or over in receipt of old age pensions could be considered as having retired from the labour market, and also persons in receipt of private pensions in an equivalent amount would be considered in this class. The final condition pertaining to the worker was that the incentive payment would be made for only one member of the family household. I think the idea here was to spread the benefit of the incentive among as many family units as possible.

Now, as to the mechanics of the operation; the National Employment Service offices across the country received applications for their approval of jobs and workers from employers, and made a determination as to the eligibility of both the job and the worker for incentive payments under the program. These offices also receive demands for incentive payments.

The first incentive payment is payable three months after the worker has been in the job, and it is payable monthly thereafter for a period of 12 months, and the offices of the National Employment Service receive these demands for incentive payments, review them and pass them along to Treasury. I would add that the determinations made by the local offices as to the eligibility of jobs and workers under the present program were appealable to an incentive review committee established here in Ottawa. There were something fewer than 100 cases which reached the incentive review comittee on appeal, which speaks rather well of the judgment of the local offices and their ability to explain the program to employers and workers. That is just the mechanics of the operation.

I am sure you will be anxious to know something about the results. We can give you figures on the numbers of jobs and workers approved and hired under the program, and these are quantitative results that we can speak of totday. As to the quality results of the program, you will appreciate, I am sure, that a great deal of research has to be undertaken in order to determine whether we are reaching the right people with it; whether they are getting the programs we are intending to give them in the way of training, and a better chance in the labour market. This research, although it has already commenced, will not be completed for some few months yet. I know that when the research is completed, Mr. Chairman, the committee will be intensely interested in the results because this research will either make or break the continuance of the program if it comes up for consideration.

Quantitatively there were 3,481 applications for the approval of jobs made by employers. Of this number 2,438, or approximately 70 per cent of the jobs, were approved for incentive payment. Applications received for the approval of workers totalled 2,937, of which 2,187, or about 74 per cent of the applications, were approved for incentive payment. At the end of April there were 1,912 eligible workers hired for approved jobs.

Now, these figures may not seem overly impressive, but data on the over 45 group of the unemployed is not too readily available, as was mentioned here this morning. Nor would it be possible to determine from the available statistics what proportion of this group of over 45 could meet the qualifying conditions under the program. What this means, of course, is that we have no ready measure of the total group for which the program was designed. Hence, we should not attempt to measure the worth of the program on the basis of statistics alone. But, what the figures do represent—and I think this is important—is that there were some 1,900 workers in the over 45 age group who had experienced the greatest difficulty in obtaining and holding a steady job who now have an opportunity for occupational rehabilitation, and this occupational rehabilitation is being given in a work rather than a purely training session.

We hope that because of this their re-entry into the field of work will not only be facilitated, but that in the work situation itself this pioneer group—if you wish to refer to them in this way—will also constitute a significant example of the fact that the older worker can be an asset to the employer rather than a liability.

We feel that many of these 1,900 will probably stay in the same job with the same employer when the incentive period is over. Many of them will move on to other jobs with other employers, but here we have been able to

place these workers in a work setting and so provide them with training for a period of twelve months under an employer, and an excellent opportunity to demonstrate their worth.

The CHAIRMAN: I asked Senator Grosart to pay particular attention to your brief, although everyone has read it, and to relate the evidence given on other occasions to your brief. He is going to start the questioning.

Senator GROSART: Mr. Chairman, I do not know how much time we have—

The CHAIRMAN: You have as much time as you wish.

Senator GROSART: Well, stop me when you wish in order to allow other senators an opportunity. I am going to deal only with items in this brief with respect to which we have had previous comments in other briefs. I would like to say this, that in all the briefs we have had there is no single specific criticism of the National Employment Service in the older worker field. The general criticism is, I think, a compliment because it is that you may not have enough money and you may not have enough people to do the job. The one specific recommendation, apart from that general one, is that you should have, as Mr. Thomson mentioned, a separate bureau dealing with this problem. In that connection I will read you a comment which bears on this important point as to whether this committee should recommend that you be provided with the facilities to set up such a section. In the brief of the Montreal Council of Social Agencies, the Federation of Catholic Charities, and the Federation of Jewish Community Services, all of Montreal, we have this question:

> . . . is the N.E.S. perhaps contributing to perpetuation of erroneous public attitudes by directing the able older worker to the Special Placement Section which was set up for the physically handicapped and otherwise handicapped person, and which specializes in that field?

I will come back to that in a moment, but, first of all, I think it is important that we find out the size of the problem. On page 6 of your brief are some figures. Mr. Thomson has referred to them. If I might summarize them, you have a total of 115,000 placements. I presume those are not all separate individuals. There will be some repetition.

Mr. THOMSON: Placements of workers of 45 years of age and over.

Senator GROSART: I am glad you corrected me. I am going to use some vernacular rather than good language here, and say that 27.6 per cent got no jobs. They applied, but you had not jobs for them. You do not say what the number is, but if my arithmetic is correct it is about 40 per cent.

Mr. THOMSON: It varies, Senator Grosart. This is an average taken over a period of years. It would not be correct to say 40 per cent got no jobs. This was an actual inventory figure taken each month and averaged out over a period. Many of these people could have got jobs, but we know we are not getting the same share of jobs for the older workers that they represent as a percentage of the total of people looking for work.

Senator GROSART: What I am getting at is the total number in this general category with which we are involved. We have had a statement that this very intensive program by the Government has provided jobs for about 2,000. I would like to get from you and your associates, if I can, the number of people we are thinking of. You have made a specific statement that of those who applied to you in this age group 27.6 per cent were unplaced. I say that figure amounts to 44,000.

Mr. THOMSON: It is more than that.

Senator GROSART: There were 44,000 applications that you were unable to meet—I am not being critical because I think this is a wonderful effort and a tremendous achievement—

Mr. THOMSON: There would be more than 40,000 because in October 1963 the total number of unplaced applicants was 326,000 of which 78,000 were between the age of 45 and 64, and 19,000 were 65 years of age and over. This means that some 96,697 were 45 years of age and over out of the total, but I must hasten to point out that the 2,000 people we are talking about do not form a percentage of this group. They form a percentage of the group which are the long term hard kernel unemployed.

Senator GROSART: Yes, we understand that. Let me carry on from your figure. There were 90,000 that you knew of in the National Employment Service. How many people in this category wanting jobs did not come to you?

Mr. THOMSON: That figure is impossible to arrive at.

Senator GROSART: Would you guess at it?

Mr. THOMSON: If we compare it with the figures of the Dominion Bureau of Statistics then the Dominion Bureau of Statistics figure would be less than ours, regardless of the fact that their figure includes all the unemployed, and our figure includes the unemployed who have chosen to come to the National Employment Service. I would have to get into a very technical discussion as to why this is. Actually, there is a fair proportion of the people —the 90,000 I mentioned—who will have found jobs, because very often if a person finds a job on his own account he does not tell us. We are finding jobs for about a third of the hirings in Canada. If a person finds a job on his own account and does not tell us we keep him in the live files for a certain length of time. We know that our figure is smaller, but to what extent it is smaller we do not know. We know our figure is small, but to what extent we do not know.

Senator GROSART: Mr. Thomson, without going into too much detail, could you make a guess as to how many people over 45—I would prefer over 65 because that was more or less our terms of reference—want jobs and cannot get them? Just make a guess.

Mr. THOMSON: At any one time?

Senator GROSART: Yes.

Mr. THOMSON: I would not admit that people who register with us cannot get jobs, but this is the count. One may find a job tomorrow.

Senator GROSART: But how many at any given time?

Mr. THOMSON: Here are figures for 45 years of age and over, 97,000. I think that figure is correct, because though it does not include all the people unemployed, that is offset by this swelling factor that I have mentioned to you.

Senator GROSART: I still want the figure at any given date, how many people over 45 want jobs, and cannot get them. You are only speaking of those who come to you. How many more would there be? Would it be 200,000?

Mr. THOMSON: No.

Senator GROSART: Or 150,000?

Mr. THOMSON: Let me make a statement again. Our figure is about right, because though it does not include the figure of those others which may tend to make it too high—I would say the figure is right because it is based on the D.B.S. statistics.

Senator GROSART: Could we say 100,000?

The CHAIRMAN: I think you would break that 100,000 down into 20,000 who are 65 and over and 80,000 of from 45 to 65.

Senator GROSART: On page 45 you speak of age qualification. The Canadian Chamber of Commerce said in their brief that studies show, as you mention, that these older people have pretty definite plus qualifications, they mentioned low absenteeism, low accident proneness, high job skills, high personal quality. Do you have studies to support that?

Mr. THOMSON: Studies have been made which support this. There was a very intensive study conducted at two department stores in Toronto. I have not the result with me but no doubt the results are available to this committee.

The CHAIRMAN: I have seen the results of that and they bear out your statement.

Senator GROSART: The C.L.C. spoke of more objective tests being necessary in the matter of assessing the employability of older persons. What kind of objective tests should be made?

Mr. THOMSON: As of nine or ten months from now we will be equipped to apply aptitude and other tests to applicants in our offices. At the present we have the statistics units in 17 of our larger offices and our organization has approved the obtaining of a new instrument called a General Aptitude Test Battery. It is a very useful instrument which will be available to all offices across Canada. We are looking at this battery to sharpen considerably the precision with which we match people with jobs. It will be very useful concerning people whose jobs have disappeared and in pointing up other fields and occupations in which they may be suitable.

At the same time we are engaged in an endeavour to establish Canadian norms for the use of this test, because it is a test devised in the United States and while we know from several studies we have made that there is a good deal of similarity, nevertheless there are certain areas where there is not the same amount of similarity. For example in the case of nursing and such occupations, we need to set up separate norms for Canada. But this will be very useful in making our contribution.

Senator GROSART: On page 7 you speak of your efforts to create awareness amongst older workers and the very fine services you have. Would you say there is pretty general awareness; or, if I can put it another way, do you attract a substantial portion of the over 45s looking for work? Do they come to you—a substantial proportion?

Mr. THOMSON: I would think that we have a larger proportion of the over 45 unemployed force coming to us than possibly the younger group, because the younger group themselves have a better chance of finding employment on their own. For that reason I would say the larger proportion of older persons makes use of any yes.

Senator GROSART: Thank you. On page 11 you discuss your placement experience and the question of pensions. The Saskatchewan brief suggested that the Canada Pension Plan would greatly facilitate re-entry of older workers. To what extent are pension plans being used as a form of discrimination in the employment of older workers?

Mr. THOMSON: The use of pension plans is a very real consideration. I cannot say to what extent. Our pamphlet makes the case that while it is true that they have even over-emphasized the added cost of a pension plan, then you must get into the discussion of the factors that cannot be measured. For example, employers do not want to hire people, not just because of adding the cost of pensions, but because when the older person is brought in under the pension plan and then comes to the age to retire—they are over the $25 or $30 mark—and employers feel he is put in a position of being criticized and he asks why he should take on other people's problems.

The CHAIRMAN: You may stop there. We understand that. What we are interested in now is, assuming the Canada Pension Plan is in effect, you have the man who is receiving $25, $30 or $40. Now related as to what you can foresee, with what he will get under the pension plan and how that should affect the employer who has a very real moral obligation.

Mr. THOMSON: I think it will ameliorate it. It will not disappear entirely.

Senator GROSART: Would the portability feature be a great help?

Mr. THOMSON: It would be a great help.

Senator GROSART: On page 14—I am trying to hurry—

The CHAIRMAN: Take your time. These are valuable witnesses.

Senator GROSART: We come to facilities and services. You say that you have some 384 full-time special services officers in 150 of the larger N.E.S. offices. The same Montreal group I referred to suggested there should be "changes in the operation of N.E.S., to expand and refine its services to older persons." The Canadian Welfare Council said N.E.S. needs to be "strengthened to play a more significant role." The Catholic Women's League suggested that you should be in some way "interested in sheltered workshop programs." And there is another suggestion, which I will take up under another point. How many trained old age councillors, professionally trained, have you?

Mr. THOMSON: There is no one who falls into that category. They are trained special services officers, who deal with older workers as one of the several fields in which they specialize. The need is common to all fields and the need is for extra service officers so that they can operate and that the same person at present who deals with older workers deals also with the handicapped worker and youth.

There is only one place—my expert can correct me if I am wrong—Montreal, the only place where there are two people engaged in older worker problems alone.

I personally feel we cannot go on much longer without specializing in the older worker field. In the larger centres—we have not the facilities in some smaller centres where we have only two people, so we could not have specialists in older workers.

Senator GROSART: We have a remarkable fact arising out of the Scott Report, that some 50 per cent of previously unplaced older people have found employment after this kind of counselling.

Mr. THOMSON: I am talking of my field in exploring that, as to what we can get out of the Treasury Board and the Civil Service Commission and things like that.

The CHAIRMAN: Mr. Thomson, this is your opportunity to rally some allies on your side. Tell us what you think.

Mr. THOMSON: I am all for specialists in older workers field, but I must walk before I can run. When it comes to a small office, I would think what we need is a special services officer, who is able to work in the three fields, youth, handicapped people and older workers. However, I believe that in fair sized centres, you need more specialization. Let me get this plug in. Everybody is talking about the cost of running the employment services. I think they should be talking about the cost of not running a well equipped employment service.

Senator GROSART: But I want to get back to this: Is it really so that there is a possibility that 50 per cent of these people that are unable to find employment can be put to work by counselling?

Mr. THOMSON: Are we talking about the group whose capacity has diminished?

Senator GROSART: We had two references to this. The United Church brief said it was two-thirds, but I think there was a misunderstanding.

Mr. THOMSON: I would think it was more than that. We have a philosophy we follow, and I think it is good, that everybody is good for something. We have found, ladies and gentlemen, a job for a bedridden woman; she was employed sorting out little bits of coloured wool and feathers, making fly gauze. There are many like that. Many of them are handicapped because of the employer's idea, and are not really handicapped at all. I would say the figure would be closer to 90 per cent.

Senator GROSART: I am not speaking just of employability, but the fact that they got employment, on the evidence of the Scott experiment.

Mr. THOMSON: If we had the counselling facilities, there is no doubt it would help, but there is no special counselling service to assist workers. If we could invest in a scheme of older worker counselling in these areas, it would pay off, not only to the individual worker, but would make Canada's working force more productive.

Senator GROSART: It would be an investment. There are many places where you might find the money. For example, it seems to me that if you were able to place this number of persons, you would take a great many persons off old age assistance. If you are spending $30 million on these people, and half of them become employed, we can give you $15 million.

The CHAIRMAN: Mr. Thomson, who is doing the job you are not able to get the older men to do at the present time?

Mr. THOMSON: It is being done in 150 offices by people who are specializing in other fields besides the older worker. Naturally, I think it follows that if you could specialize alone in older worker problems, you would be more efficient. In 50 or 60 odd offices it is being done by a local office manager, or some other general placement officer.

The CHAIRMAN: I may have misunderstood you. I understood you to say to Senator Grosart that if you had specialists that you need, wherever you needed them, you could place almost half of the people between the ages of 45 and 65 in jobs that they have not got. Is that not what you said?

Mr. THOMSON: I say that they would be placeable. It would enhance our chances.

I want to make the point that we do not regard that this group of people from 45 to 65 or over that are registered with us—we don't take the stand there is any proportion of them unemployable; and if we had the facilities to give them individualized attention, we figure we could place them in employment; but we are dealing with mass production, and we deal with two million placements a year. However, it is a good investment; but to convince the powers-that-be is the trouble.

Senator GROSART: Mr. Thomson, do you find that employer resistance is decreasing by reason of your counselling services?

Mr. THOMSON: Yes. There is an improvement. In fact, as I quoted earlier, over a period of a year and a half, there were 300 employers, employing 50,000 persons, who had agreed to remove or raise their age limits.

Senator GROSART: It is paying off?

Mr. THOMSON: Yes, but it is difficult to measure it.

Senator GROSART: For the record, the Ontario Welfare Council states in its brief that "employment counselling for older applicants should be greatly extended." That is further support for you. May I then move to page 18, and this will be my last, where you discuss the employment and training centre

program, which Mr. Marsh outlined for us. The Welfare Council told us that the regulations under the act need revision to be really useful. Is that a correct statement?

Mr. MARSH: This is only something which research can tell us. We want to look at the restrictiveness of these conditions. We want to look at the kind of training produced, and so on. We want to be able to do this until we can get a breakdown to actual cases. Some of the restrictions or conditions were rather restrictive. I mentioned the one about entitlement to unemployment insurance benefits, and this became readily apparent early on, and it was rescinded. Again, the training period was established for three years, only it was extended for five years, because we found the program was too new for employers to just accept quite readily, and we felt they needed a longer period.

Senator GROSART: Were you not really disappointed that the number of applicants, both of employers and employees was as low as it was?

Mr. MARSH: Frankly, senator, we thought that we would have many more applications from employers and we would probably have many more workers who would qualify, but this didn't materialize. What the reasons are, I don't know. It may be that the conditions were too restrictive; it may be that employers were not just ready to accept this kind of plan.

Senator GROSART: But you are looking into that problem?

Mr. THOMSON: Yes, we were disappointed. At first, the program was slow, but it began to gather momentum. We got off at a very slow start. We got a certain amount of money for advertising, in addition to that originally allotted, and instead of spreading it across the board, we concentrated on one or two offices, and it was reflected in the number of applications. So if the experiment were repeated and there is more money to publicize it, there should be better results.

Senator GROSART: My final question relates to sheltered workshops. I have been impressed with the emphasis on sheltered workshops as a form of providing employment for more of the aged who must drop out of the "rat race"—if I may use the expression—of the labour market. The Saskatchewan brief quoted some figures to show that 50 per cent of the drop-outs of older workers are for health reasons, and only 20 per cent, which comes to about your figure, were wanting jobs and couldn't get them. The United Jewish Welfare Foundation told us that "public funds should be made available to construct and operate sheltered workshops," and that provincial and federal efforts in vocational training and rehabilitation are now " too much focused on younger persons, and should be changed to bring the full range of the older persons under regular or sheltered workshop employment." Could you comment on that? Have you had any experience with the sheltered workshop program, or have you any views on it?

Mr. THOMSON: We have had no experience, but we have views. Older workers are usually associated with the sheltered workshop; but I would be fearful of them just for older workers, because we don't want to have them identified as older workers. The reason is given that you cannot participate, or it is difficult in participating in the age training program, because it is oriented to younger people, and thereby you are going to put him in an entirely different setting. Would you not be afraid you would be putting a label on this man? There is no age limit, and we are the people responsible for selecting applicants, and as far as we are concerned there is no age stipulation, except in some cases where the job is one with a special age requirement.

The CHAIRMAN: Does not society put a label on him, and have not we to face that?

Mr. THOMSON: We have to face it, but we must not help do it.

The CHAIRMAN: Well, we say, "You are wrong in putting that label on them, and we must do something about it." But that is quite a long-term job.

Mr. THOMSON: Would not we be aiding and abetting this tendency if we said we have this separate division for older workers? You would be providing "lavatory" facilities for them?

Senator GROSART: We have a figure of 50 per cent who cannot work eight hours a day, five days a week, for health reasons. We have obviously other reasons why a large number of these older people could benefit from modified work opportunities. Do you not agree? Would you not like to have a place to which to send people who could only work four hours a day, three days a week?

Mr. THOMSON: We have many, many, many jobs calling for workers who work four hours a day, three days a week. This is what many of the older workers are gravitating towards. I am a bit fearful about this approach.

The CHAIRMAN: What is bothering you on that point? After all, you have years of experience and knowledge in this occupation and we are amateurs.

Senator HAIG: We will soon become professionals if we keep going.

The CHAIRMAN: A worker is a worker, but you have the young worker, you have the aged worker. You have the older man and you have the man Senator Grosart talks about who can only do a special kind of job because of age or infirmity. You are afraid to segregate him for fear you will put him into a class that will deteriorate his approach.

Mr. THOMSON: I have the fear that we will put a label on him that suggests he is a second, third, fourth or fifth-class worker. I believe if we get the worker, whether handicapped or older, in a certain environment as opposed to a person who is not so old who has all his physical capacities, if we yield to the sheltered workshop we are going to have a man with a label on his back that he is sort of "soiled goods" or "less than adequate goods."

The CHAIRMAN: You are saying to this committee, "Be bold and do not get sidetracked. The man whose problems you are studying is as good as anybody else in his field"?

Mr. THOMSON: Within certain work environments.

The CHAIRMAN: Within his field?

Mr. THOMSON: Yes, this is what we believe in.

The CHAIRMAN: That is the depth of experience you more than anyone else in Canada has.

Mr. THOMSON: This is our philosophy, and we are promoting this right across the board.

Senator PEARSON: You are not trying to divide them into groups?

Mr. THOMSON: No. This is behind the reluctance to specialize in certain groups, being a little afraid we are dividing them up, because you then start identifying jobs for older workers.

Senator GROSART: The last question was my "final" question, but this is my "last" question. The Alberta brief is much less optimistic than you are about the opportunities that may be available for openings in the labour force for older people. In their brief they said this:

> If you had limited this section—

and that is "occupational opportunities"—

> to paid employment my remarks would be few since the evidence seems overwhelming that such opportunities to persons over 65 are rapidly diminishing.

He goes on:

> Without labouring the point it seems evident to me—and this was the minister speaking—
> that our present aging population with its limited training must recognize it is almost outside the working force.

Would you comment on that, please?

Mr. THOMSON: When you look too far into the future I said we were running into a very full employment situation this year. When you start getting into automation I think, if I understand correctly, this is what is being hinted at, the first people to suffer will be the older workers. This is not true in certain classes. The older doctor is not going to disappear any quicker than anybody else, and the same with certain tradesmen. The dire prophets of automation forecast a great mass of unemployment. I do not contribute to that kind of thinking at all. We have had some automation in Canada, and a lot more in the United States, and as of today there are more people employed in Canada than ever before. Unless I knew what it was aiming at, I would hate to get into this automation question with regard to this kind of comment.

The CHAIRMAN: This was a minister and his deputy minister, and they seemed to have their feet on the ground. What he said, in effect, was this, as I understood him, that sooner or later you are going to have a lower layer of people for whom you have to provide everything.

Mr. THOMPSON: Did he mean "lower" in terms of competence?

The CHAIRMAN: He felt they were almost completely out of the labour market, and that we would have to provide for them.

Mr. THOMSON: Why concentrate on the older workers in that regard?

The CHAIRMAN: Well, we are dealing only with them.

Mr. THOMSON: But you could use the same argument when it comes to the lower 50 per cent in terms of competence, and this could be an 18 or 19-year old. If it is going to be the less competent people, then the older worker has no monopoly on incompetence. He is saying there will be a time when we will not be able to employ the less competent workers.

Senator GERSHAW: The older people are moving out of the farms and into the cities, and they are not trained to do any work in the cities.

The CHAIRMAN: That is what Mr. Thomson is saying.

Senator GERSHAW: That is what the minister from Alberta brought out.

The CHAIRMAN: I have seen some studies in the United States, and I have not seen any from Britain, talking in those same terms. Have you seen any?

Mr. THOMSON: On the question of automation and the workers it is going to displace, if there is going to be any displacement it is going to be of the less competent workers, but I do not see any relationship between that and the older worker problem.

The CHAIRMAN: You say the older man today has less skills than the younger man?

Mr. THOMSON: We have two facets of the problem. Many of these older workers' capacity to produce had not diminished the least little bit, and it was the employer discriminating against him falsely. On the other hand, there were people whose capacity to produce had diminished when they got older. If you will look at Mr. Shawning's interesting paper on labour force participation, this shows the percentage of people of working age actually in the labour force, and shows the labour force participation going up for women and down for men. But with the older age group there has been quite a distinction, not necessarily

because of the inability of a man to compete, but perhaps more because of the increase in pension plans, and so on, that will take care of him and remove the necessity for him to be in the labour force.

Again, I want to keep on hammering home the point I do not recognize the older worker as, and will do everything I can to prevent recognizing him as, a separate animal. This business of automation and being able to do the same amount of work with fewer people does not only affect the older people. Many farmers are young people, for instance, and it doesn't just affect the older workers.

Senator GROSART: Being "in the work force" is not necessarily being "at work." For example, the D.B.S. figures show that between ages of 55 and 59, 86.6 males are in the work force; between 60 and 64, 75; between 65 and 69, 47; over 70, 20 per cent. Surely, they are not all at work?

Mr. THOMSON: If you are saying that being of working age does not mean being in the work force, I will agree with this. Women will take strong exception to being kept outside the labour force, because they are working when they are keeping house.

The CHAIRMAN: They sure are. We have had a very interesting day today. Is there anything else?

Mr. DAVIS: Could I intervene? I think you related this—if we are to follow the optimistic view of Mr. Thomson in this area—to the question of retraining following from these obsolescent skills. In your brief you make a general statement on page 18—

> Increasing numbers of older persons are becoming interested in increasing their employability through training, and that substantial numbers are being referred to courses of training.

Mr. THOMSON: Separate and apart from the 1,900 people, Mr. Marsh mentioned, 2,600 people, unemployed people, 45 years of age, underwent training last year in addition to the 1,900.

Mr. DAVIS: But in relation to the numbers of younger people who are coming on the labour market and who also require training?

Mr. PEPIN: We have in Toronto a woman who is 68 and she is taking a typing course at the moment.

Mr. DAVIS: The fact that you know of that instance proves that she is an exception.

Mr. PEPIN: Yes, but the point of view is that age is no barrier if the person is motivated towards further training. If that is the situation the person is sent for a training course.

Senator GROSART: I think the total in 1962 was 32,000 trained under the federally sponsored vocational training programs.

The CHAIRMAN: Mr. Thomson, Mr. Marsh and Mr. Pepin, I want to say on behalf of the committee that we are not only impressed with your presentation, and the manner in which you answered the questions, but also by the excellence with which you have dealt with this matter. You have given us a lift this morning by your manner of presenting your point of view and philosophy. Some of your views, I am sure, are shared by a very large number of the committee and some of them are worth giving a second thought to. Some of the things I liked very much, and I am sure I am speaking on behalf of the committee in saying how proud we are of our civil servants and the men conducting the administrative affairs of our country. We don't often have an opportunity of expressing our appreciation. I want to let you know that the committee does appreciate it.

The committee adjourned.

APPENDIX B-1

A BRIEF
PRESENTED TO
THE SENATE'S SPECIAL COMMITTEE ON AGING
BY THE
AGE AND OPPORTUNITY BUREAU
OF WINNIPEG

CONTENTS

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I Principles and Philosophy in Planning

The basic principles which underly good social work practice for any age group are fundamental to services for the aged. However, it may be useful to articulate some of these which form the base for the Age and Opportunity Bureau's operation and service.

(i) Older people have the right to human dignity and a sense of worth, and should be encouraged to be and feel independent and self-sufficient.

(ii) Opportunities should be provided for older people to participate in meaningful, useful and stimulating activities according to their needs and capacities. The elderly have an equal right to peace and privacy, and should have freedom to choose the nature of their activity.

(iii) The older age group has a right and indeed a responsibility to be involved in the total life of the community and not segregated or ignored in community life.

(iv) It is not enough for society to recognize and meet its obligation to meet the basic needs of the elderly for food, shelter, health care and an adequate income. Having added new years to life, thought must be given to adding new life to those years.

(v) The ability to learn new skills, explore new ideas, and assume new responsibilities may remain with an individual all his life. Lack of activity and challenge can lead to loneliness, stagnation, apathy—a mental and a physical deterioration. In view of the recognized close relationship between mental and physical health, the provision of adequate facilities for leisure time activities is preventive medicine in the broadest sense, and should be encouraged.

(vi) In accepting the concept of prevention, the goal of study and research should be to prevent the inception of disease, to mitigate the effects of aging and disease, and to reduce the social and economic burdens of disability in aging.

(vii) As many and varied as are the possible living arrangements in modern society as a whole should be available to older people, and it is vitally important that older citizens have the right to choose the kind of accommodation they want, within limits of their financial and physical capabilities. Housing specifically designed for occupancy by the aged can meet both the need for independence and the security of knowing that they are cared for and about if illness or infirmity occurs. Housing projects for older people should not be apart from the main stream of community life.

(viii) Because of certain fears and a sense of apprehension which have been traditionally related to thoughts of old age, young and early middle aged people tend to shy away from the realities of aging. Public understanding and awareness, public support of services for the Aged is essential to successful handling of the "problems of the Aged".

(ix) A basic principle of our society at present is that the most effective services for older people result from the cooperative efforts of both governmental and voluntary agencies, and from a partnership of professional and volunteer workers, with full provision for older people to be closely involved in planning for their own health, welfare and recreation services and opportunities. The respective spheres of responsibility between public and private agencies can be worked out in discussion and conference in a democratic way, with flexibility and imagination a requirement in every situation.

(x) As advances in the field of gerontology and geriatrics and care of the aged in every way are rapid, and as many services are experimental in nature, there is constant need for evaluation of approaches and services, and need for encouragement of those breaking new ground or exploring new frontiers.

II Summary of Major Problems and Needs

In studies, surveys, conferences and discussions, the Age and Opportunity Bureau has isolated many problems of older people. In suggesting major ones, we do not intend to minimize minor or subsidiary issues of relative importance:

1. It is clearly recognized by all that an adequate income is a basic requirement. The present accepted basic minimum for the maintenance of an elderly person is eighty dollars (80.00) per month.[1] We admit that there are many needs of equal importance, that money will not resolve all the problems of the aged, but we urge continual attention to their financial needs, and provision of sufficient income for more than bare survival.

2. Without specifying any particular scheme, we support the principles of retirement planning, an outstanding need of the aging. We take this to include an examination of the validity of an arbitrary retirement age, the development of a satisfactory pension plan, and specific planning by both employees and individuals for gradual retirement.

3. A third fundamental problem of older people is loneliness, faced in an environment of enforced idleness, sometimes called leisure time. Knowledge of how to use this time meaningfully, skill to make this time worthwhile, facilities to provide settings for leisure time activities are all in short supply.

4. Public apathy and lack of information, a kind of universal apprehension creates a major problem for older people. Many people, not liking the idea of aging, reject the needs of older people, deny the elderly a position of importance, value, responsibility, security, the opportunity to participate in the life of the community.

5. In the area of housing and living arrangements, the increase in the number of older people, the trend to smaller homes, the mobility of the population all point to problems in elderly persons' housing. While no one solution is deemed possible or advisable, a major need at present is the revision of legislation, the creation of laws specifically governing this situation, to enable various housing schemes to be developed and assisted to an adequate degree.

6. A dearth of adequate basic scientific and statistical information is a serious problem in dealing with the aged. While much is known, and increasing attention is being given to this problem, a research program to determine the natural history of aging, the physical, psychological, medical socio-economic characteristics of the aging process, would be extremely valuable, particularly in meeting the physical and mental health needs of the aged.

7. Experience in the Greater Winnipeg area has shown the value of a co-ordinated approach to the problems of older people. Where such co-operation does not exist, a plethora of services may attack one aspect of need while a paucity exists to deal with others, and the problems of the aged be increased rather than resolved. The co-ordination and co-operation referred to should exist between voluntary and public services, between various levels of government, between voluntary organizations and social agencies, between fund-raising bodies and direct services, health, welfare and recreation groups.

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[1] The same standard could be provided for an elderly couple for $144-$148 per month.

III The Age and Opportunity Bureau

"For AGE is OPPORTUNITY no less
Than youth itself, though in another dress,
Just as the evening twilight fades away
The sky is filled with stars, invisible by day."

—Longfellow

Eight years ago, because a group of Greater Winnipeg citizens took Longfellow's vision to heart, the Age and Opportunity Bureau came into being. Specifically, the Bureau was the result of a comprehensive survey conducted by the Welfare Council, now the Community Welfare Planning Council.

The Age and Opportunity Bureau is administered by a voluntary Board of Directors and a competent staff. Having received initial financial backing from the Junior League of Winnipeg and The Winnipeg Foundation it is now financed by the Community Chest of Greater Winnipeg, The Provincial Government and the Winnipeg Foundation.

The Bureau, which is unique in Canada, provides counselling services for the individual aged citizen; it examines and studies opportunities and problems of older people in the community, and when inadequacies are revealed in services and resources it undertakes to urge appropriate action on the part of those responsible. The Bureau also provides a comprehensive central information service on all aspects of old age and aging.

A summary of recent activity will illustrate the Bureau's work. It should be emphasized that as our committees study one aspect of need, such as income maintenance, employment, leisure time activities, living arrangements, health, the focus is always on the "whole" person, the individual's total well-being.

A Committee on Income Maintenance in Retirement studied in depth over a two year period (1960-62) the present Old Age Security plan and other pension schemes, and made recommendations to the Board, which accepted them and forwarded them to members of Parliament and the Senate in 1962.

The Bureau selected "Planning for Retirement" as the theme for its 1963 Conference which was well attended by volunteers and professional workers in the field as well as an encouraging number of employers.

The *Recreation Committee* of the Bureau has been very active; for instance encouragement of community centres, churches, etc. has helped in the development of programs for senior adults. In 1957 there were nineteen clubs for older people, in 1964 there are over sixty in all parts of the City. The Bureau offers training sessions for volunteers who work with these clubs; the Bureau staff is available for advice, and a Handbook is currently being prepared as an aid in this area. Reference is made to results of a Questionnaire processed in the Spring of 1964 which attempts to define and describe the club members and their needs.

As a result of study and recommendations of the Bureau in co-operation with the Community Welfare Planning Council, there was established in 1960 a rehabilitative centre to promote social and emotional adjustment of the lonely aged. The Notre Dame Day Centre, as an experimental "first" for Canada, is presenting its own brief to the Senate Committee, which will be of great interest. In view of the resounding success of the Notre Dame Day Centre, the Bureau has been instrumental in setting up a second such agency in North Winnipeg. A Provisional Board is currently engaged in completing plans for opening the new centre.

In co-operation with a staff member of the Provincial Welfare Department, a staff member of the Bureau has been helping set up craft programs in two "Old Peoples Homes" and a Nursing Home as an experimental "pilot project".

Encouragement has also been given to sponsors and residents of Housing projects to develop a program of activities and ideally to provide recreational facilities in the projects.

The Age and Opportunity Bureau does not normally provide direct service, but to meet an evident problem, namely the summer doldrums for older people, the Bureau in 1960 launched a Summer Outing program. In the summer of 1960 three outings were attended by 304 persons; in 1963 nine outings involved 46 busses and 1,620 persons. Now that the popularity of the program has been proven, the Bureau will be examining it in detail. The Bureau's function has been to charter busses, make arrangements for tickets, meals, a volunteer "tour director."

A further contribution to leisure time activities for older people has been the soliciting and distribution of tickets to various entertainments and events. In 1962, 2,231 tickets were distributed; last year the number was slightly lower.

The Living Arrangements Committee, recognizing the need for a variety of choices of housing to be available for older people, recognizing also the limitations of the National Housing Act, Section 16 in particular, has studied the matter and taken action. A study of 676 applicants to housing projects and people seeking help from the Bureau, together with exhaustive examination of legislation resulted in a brief to Ottawa in 1960. Partly as a result of this appeal, a grant was made available to the Canadian Welfare Council for a study of the whole question, and the Bureau is actively interested in the Canadian Welfare Council report, as it is in the outcome of discussions on legislative changes, amendments and new legislation with respect to Housing.

In view of the aggressive and commendable action by the Provincial Welfare Department in respect of financial aid for housing projects, the Bureau was glad to assist in 1962-63 by preparing a Handbook of Standards for Housing Projects. The handbook has been of great value to both voluntary and municipal bodies.

Discussions are under way between Committee members and civic and provincial authorities for improvements in codes for occupancy standards, licensing and zoning regulations, and of equal importance, interpretation to the public of the need for these standards and roles.

The Health Committee of the Bureau has recognized the need for information, and the lack of enough definitive data in the field of geriatrics. To this end, in 1962 a Workshop was held with the theme "New Objectives for the Old" which was attended by some 116 delegates. Many new ideas and recommendations emerged which are dealt with below.

Internationally recognized geriatric authorities such as Dr. Ferguson Anderson of the University of Glasgow who visited Winnipeg in the fall of 1963 have been brought to the City to help supplement the knowledge and experience of doctors, nurses, social workers, students, in this field.

Home care programs have been studied by the Health Committee, and Ministers of Health and Welfare asked to call a meeting of all concerned to consider extensions to this type of service.

To meet the double problem of undernourishment and loneliness, particularly of the aged living alone, the Bureau asked the Community Welfare Planning Council to study the need for Home Help and Meals Delivery Service. The report submitted in 1961 recommended that such a service be established, but money has not been available to do so to date.

The Friendly Visiting program is another "direct service" project of the Bureau. Some 54 volunteers serve as a corps of visitors to help the enormous and soul-destroying problem of loneliness. The Bureau serves as a recruiting and training centre and as a resource for information and advice about special problems. A Workshop on Friendly Visiting held in 1963 was attended by 138

people and helped expand interest in this essential service. The Bureau's Corps of Friendly Visitors, it should be emphasized, includes a large percentage of senior citizens.

One of the productions of the Age and Opportunity Bureau, in line with its function of information-giving, was a Directory of Services available for older people. This directory is currently being revised.

There are many more services the Bureau would like to give, and of course a great deal of unfinished business is always on hand. Prior to listing some of the problems facing the Age and Opportunity Bureau and all other agencies, it may be well to outline the four major obstacles to our more rapid progress toward our ultimate goals:

(1) The lack of money and shortage of money is a perennial problem, particularly for the agency dependent on voluntary funds. This however is coupled with the other problems, namely,

(2) The shortage of trained professional social workers to staff existing facilities, to help expand facilities and services to meet needs and to train volunteers and part-time staffs. The shortage of competent workers is compounded as a problem by

(3) The inadequacy of documented scientific data to help in the accurate definition of need, provision of services and prevention of problems. And this inadequacy is reflected and complicated by

(4) The apathy of the general community, its fear of or unwillingness to recognize the big and growing problems of the aging.

IV Problems and Needs

The principal function of this study is to set forth some of the problems and un-met needs of the aged in our community. In order to consolidate the ideas of as many agencies and individuals as possible, the Age and Opportunity Bureau has consulted with a number of representatives of services for the Aged, and has reviewed reports of conferences and workshops over the past five years. What follows is a compilation, generally agreed upon by a group of agency representatives, together with comments from conference reports, Age and Opportunity Bureau Board of Directors minutes, and briefs to various levels of government.

1. *Income Maintenance and Employment*

In Manitoba about 9% of our population, or 80,000 people, are 65 years or older. Those reaching the age of 65 now have a further life expectancy of 13½ years if they are male, 15 years if they are female. This rapid lengthening of human life, for all its pleasant aspects, constitutes a major base for problems for any community. As the cost of living rises, it is essential that the minimum Old Age Pension be raised in proportion, (and it is equally realistic to urge that subsidized housing be available for those living at bare minimum incomes). At the beginning of 1961, over 5,000 persons, aged 65-70, were receiving Old Age Assistance in Manitoba, indicating that many people at retirement age, or who have to retire earlier, lack adequate income from properties or pension plans to maintain themselves. A further income problem exists in dealing with the gap between the "accepted" retirement age of 65 and the pensionable age of 70.

At the 1962 Conference on the Aged, workshops on Income Maintenance suggested that—

(*a*) There be a step-up of facilities for retraining people in middle years whose skills are no longer useful in our economic system.

(*b*) Counselling services be increased to aid people embarking on new occupations in middle life, or planning for retirement or for reduced income.

(*c*) Attention be given to the need for sheltered workshops and facilities for the marketing of saleable products resulting for hobbies of older people.

The 1962 Workshop re-iterated previous proposals in emphasizing the need for a National Conference to bring together representatives of government, employers, voluntary agencies and organized labour for the purpose of clarifying roles and responsibilities, needs and ideas in the area of planning for old age and retirement.

Discussions with agency representatives elicited strong endorsation of the need for early and comprehensive "Training for Retirement and Training for the Use of Leisure". It was reiterated again and again that there is a need for Canadians to take a new look at the nature of work, that with automation and an already over-whelmingly larger labour force, work as such should not necessarily be the goal for the aged. Creative retirement, with satisfying alternatives to work, should be explored. According to Dr. K. J. Charles, Assistant Professor of Economics, University of Manitoba, and many other authorities, automation will shortly cause the work week to shrink beyond recognition. This is one of the most important facts of this century. In a recent address to the Manitoba Association of Social workers (April 25, 1964), Dr. Charles posed some of the questions, admitting he had no answers. His concluding remarks summarize the core of the problem:

> Man's pre-occupation with the pursuit of material gain has so much dominated his life, that the values of the market have spilled over into all aspects of his life, and determined the values of our society. When once man's energies are released from bondage to the pursuit of economic gain, then it is bound to profoundly influence the concepts and values of our society. Work is a compulsive activity in our world. In an automated world, the man to whom work is a compulsive activity may pose some problems. One hopes he would be allowed to cultivate his garden in unautomated ecstasy. In the world of tomorrow man has to learn to find satisfaction and meaning in a life devoid of work. Can he learn to emulate the birds of the air, "who sow not, neither do they reap"? Can he become like the lilies of the field, "who toil not, neither do they spin"? Automation will bring plenty to man but will it bring happiness? Is it not because of the prevalence of unhappiness and neurosis, that man dreads the leisure which will come in the wake of automation? What will he do without the escape of work? Does man not dread leisure, because it will at last bring man face to face with himself? To learn to live with himself, man needs a philosophy to guide his life. Where will he find it?

There is a dramatic urgency in the need for a research project on the effects of automation on the entire population of Canada, particularly on the aged and aging. Such a project should include statistical studies and analysis in depth of the problem, and practical recommendations for the use of time. Part of this is a need for a co-operative comprehensive attack on the ills of idleness—a "prophylactic approach to aging", an attempt to prepare people for and therefore prevent the bad effects of enforced idleness.

Representatives of voluntary agencies also agreed that some form of adequate pension provided for the aged is essential. They pointed out that many agencies are now spending a great deal of valuable time trying to resolve financial difficulties; if these did not exist workers would be free to get on with urgently required services.

2. *Leisure Time Services*

Experts agree that if mental and physical deterioration of the aging is to be retarded or avoided, new interests and goals must be formed, or old ones re-discovered. The creative use of leisure or free time has been a major area of Bureau study. The Age and Opportunity Recreation Committee in 1964 has summarized gaps in existing leisure time services as including the following:

(*a*) There are insufficient opportunities for the gainful use of leisure time, and there should be encouragement toward the provision of such opportunities by business, industry, community services, labour groups and levels of government.

(*b*) There is need for an expansion of programs like Day Centres, programs for senior citizens in group work and family or neighbourhood agencies. This includes the need for more money and more volunteers to assist in these projects.

(*c*) While there are increasing opportunities for leisure time activities for the healthy ambulatory aged, older people who are homebound, in hospitals or in institutions have too little to do with too much time.

(*d*) There is no real and readily available counselling service available to the majority of older people unless they have a financial or a medical problem.

(*e*) While a limited number of adult education opportunities are available, there is a need for encouragement, and in some cases financial subsidy, for older people to take advantage of them. Communication media could improve their program planning with older people in mind as readers and audience.

Agencies and institutions consulted as to problems and un-met needs in the area of recreation agreed in principle with the above comments, and emphasized the need for a wide range of leisure time activities to be available for older people, related to the wide variety of need and demand.

The superintendent of an institutional home for elderly ladies reported that in her opinion women were less at a loss for activity than men. Men tend to lose their sense of identity with the cessation of work, whereas "women's work is never done". Several representatives of institutions noted the need to recognize individual requirements and tastes in the planning of recreational programs.

There was wholehearted agreement that one of the important requirements in the field of leisure time services was a clarification of government vis-a-vis voluntary responsibilities. Regret was expressed that the Federal Government's aid to physical fitness programs seems to be rather more sport and youth minded rather than designed for all ages. It was agreed that voluntary agencies should give leadership and impetus to leisure time programs, but that more financial support from governments is needed. An example offered was the value that would accrue from the availability of more generous loan funds for recreation facilities in housing projects, which are not presently available.

3. *Housing*

In Manitoba in 1951 about 50 per cent of the population lived in rural communities. In 1961 some 70% now live in urban centres, and it may be that the increase in the proportion of older people is even higher. For the elderly a sense of loneliness and insecurity can result from a change of environment. The problem is further compounded by the high degree of physical mobility characteristic of families today. Frail, elderly people in greater numbers find themselves unknown by their neighbours, isolated from their loved ones.

Manitoba agencies and committees concerned with housing in general and/or housing for the aged in particular recognize that there is no one type of housing which is likely to provide the answer to all problems of accommodation for the Aged. A gap in knowledge and statistical information exists which might be met by a thorough and imaginative investigation.

The Living Arrangements Committee has expressed in both its 1963 Annual Report and in 1964 discussions, concern with problems related to zoning and licensing and the enforcement of building and health regulations.

Representatives of community agencies also emphasized the need for a variety of living accommodation to be available to older people. There was general agreement with the need for higher licensing standards, and enlightened zoning laws.

The plight of the single man with minimal income was referred to as particularly tragic.

The lack of sufficient information on the housing problem was deplored; but even without documentation, agencies were of the opinion that many older people were living in deplorable nursing homes that should be closed, that small private boarding homes can easily exploit the elderly and provision should be made for their inspection and licensing.

The opinion was also expressed that grants and loans might be made available for the erection of properly planned non-profit nursing homes, which would hopefully have the effect of providing standard-raising competition for private profit-making operations of this nature.

The work of the Provincial Government in the area of housing for older people was warmly commended by the voluntary agencies.

Agencies re-iterated a fundamental need which has been indicated in various publications, including the Handbook on Standards referred to above, namely that regardless of nature or location of housing projects for the aged, the sponsors have a responsibility to follow up, to provide continuity of interest and service, to extend their program to embrace the best principles of work with the aged.

One of the Homes for the Aged reported meeting the need for contact with the "outside" community by opening its facilities and program to older residents in the surrounding residential area. This is an example of how interrelated are living arrangements, recreation services, and in this case mental health and a feeling of usefulness.

4. *Health Services*

It is recognized that persons over 65 years require more medical care than younger persons. Of interest if the fact that in 1962 in Manitoba, 9,250 people over 65 are receiving Medicare cards which made possible medical and hospital care. The increase of $10.00 in the Old Age Pension removed 4,500 persons from Social Allowance rolls, but none from the Medicare program. The number of elderly patients who are in hospitals because they are covered by the Manitoba Hospital Services Plan but who could be receiving adequate care elsewhere if facilities were available is not known, but authorities agree the number is probably high.

Studies in the United States (and Canadian figures probably do not differ appreciably), estimate that one out of five chronically ill persons in a general hospital does not need to be there. The Age and Opportunity Bureau's Health and Medical Committee agrees that if the fragmented and diverse facilities in the Community were co-ordinated, more effective services could be offered in home care and suitable places other than hospitals.

Parallel to this runs the feeling on the part of many medical authorities that there is a lack of uniformity in various agencies' methods of obtaining medical attention for the Aged. Also related is the need for increased "in-between" services for non-hospitalized elderly people, like visiting nurses, home-maker services, controlled boarding homes, day and night care hospitals, in order to help these people remain active members of the Community as long as possible.

There is a lack of information and a shortage of the dissemenation of what information there is about health needs for the aged, about services and care available to them, about ancillary services to supplement hospital and rehabilitative care. There is a need for increased understanding and co-operation between various public and private agencies and organizations in this field.

A most serious problem exists in the area of rehabilitation services for the elderly. Facilities, particularly in the rural areas, are in short supply. Formal education at the University training level and in-service training is required in the process and procedures of rehabilitation for all professional people involved with families of patients require training and guidance in understanding older people, what the older person's rehabilitation involve. Therapeutic day centres located at strategic areas would help meet a real need.

With an aging population and with many of our older citizens living in rooms with inadequate facilities, nutrition is becoming an increasing problem in this group. Poor food habits often pre-dispose to ill health. Partly in order to supplement the sometimes inadequate diets of elderly people living on minimal incomes, partly to meet the needs of older people, particularly single men and frail single women who have neither the interest nor the incentive to prepare proper food for themselves, a hot meal delivery service is needed. Experiments in other cities and programs analysed show that the service has a two-fold value; it not only improves the physical health of the recipient, but the accompanying friendly visit of the delivery volunteer helps in the area of emotional and mental health.

The need for preventative services in the area of health for the older person is constant and growing. A service which does not presently exist except in the Notre Dame Day Centre, is the "Well Adult Clinic" a medical examining and counselling service similar to the well-baby clinics which have had such enormous value in early detection and prevention of disease in another age group.

Health authorities and conference delegates at various times in the last three years have re-iterated to the Age and Opportunity Bureau their feeling that there is a need for improved assessment facilities, perhaps a hospital-based panel, for provision of information and evaluation of the older patient. They feel that communication could be improved between the hospital and the Community and its agencies, that follow-up facilities for the supervision and care of discharged patients could be improved, that there are still institutions which support the concept of the "rest-cure" for older patients and that this is an idea that should be abandoned; that hospital designs could be modified to include provision for older patients, e.g., wards which would accommodate larger number of patients with smaller nursing staff, lower beds, routines permitting elderly people to keep active by playing a larger part in their own treatment and nursing care.

When low cost units are being developed for people in the older age group, provision should be made for a planned health counselling service by a public health nurse. Regular health counselling service might assist in preventing some illnesses and other illnesses would not progress to the stage where prolonged treatment was necessary.

Many specific problems related to health have been discussed and recommendations referred to appropriate bodies.

5. *Social Services*

A principal problem to be isolated in the over-all area of social services is the lack of a well publicized efficient and authoritative central information centre where elderly people can obtain accurate information and direction about social services, health agencies, leisure time opportunities, financial problems. The Age and Opportunity Bureau provides an embryonic service in this direction, but much remains to be done.

Also in the social services field, agencies working with the aged were enthusiastic in their appreciation of the Province of Manitoba's unique and effective Social Assistance legislation. Many other provinces might with profit emulate the splendid working arrangements between the Manitoba Government and private agencies.

The most significant gap in services for older people described by social agencies representatives was that of home-help, specially trained "homemaker"assistants who would help the self-sufficient independent elderly person in his or her own home. It was recognized that the "domestic servant" elements of this home-help should be eliminated, and that this could be accomplished if the community itself were the employer. The role of the helper would be dignified as a vocation, of real value to both individuals and society in general.

V Government Action and Co-operation

1. *Federal Government*

The Age and Opportunity Bureau would like to commend the Federal Government, and the Senate in particular for the effort it is making to examine all aspects of the problems and needs of the aged. We hope that the findings of the Senate's Special Committee will provide a base for further extension research and study. One of the most pressing needs in relation to the aging is adequate information and scientific analysis; the Federal Government could give leadership and finances in launching this vital research.

A second project in which the Federal Government might take action is that of calling a National Conference, perhaps following a series of regional conferences which would bring together representatives of all levels of government, voluntary organizations, employers, labour groups, for the purpose of clarifying roles and responsibilities, needs and ideas in the area of planning for the aged. There is still confusion as to public and private responsibilities and functions, and a clarification could lead to creative co-operation to an ever greater degree than presently exists.

In the area of income and income maintenance the Federal Government is urged to continue its efforts to provide an adequate pension and pension plan for all Canadians.

With reference to employment of older people, a suggestion was made at last year's Conference on "Planning for Retirement" that a Royal Commission might be established by the Federal Government to study and plan for the achievement of a higher level of employment for the work force in general, and that such a Commission should pay special attention to the provision of

employment for the older worker. However, the Age and Opportunity Bureau recognizes the close relationship between the problem of unemployment of younger people, the inadequate number of jobs that exist now, and the increasing number of old people with time on their hands. It is to be hoped that the problems of employment for older citizens can be resolved in part with an increase in provisions and facilities for the satisfactory use of leisure time outside the employed labour force.

Specifically, the Federal Government is urged to give leadership and funds now, to a major Research Project of nation-wide proportions to determine the profound effects of automation on the population of Canada. Such a project would, of course, relate directly to the aging—the present day work force who will constitute a leisure time force in the very near future.

For those people who need or desperately want to work, it is suggested that the National Employment Service should enlarge its services to older people. Special departments for counselling and placing the elderly, similar to those operating in Montreal and Toronto, are recommended. In some cases placement Bureaus for part-time employment opportunities might be set up in day centres.

In the leisure time area, the Federal Government is urged to make funds available to the provinces for use in providing services for leisure time activities on a share cost basis. The inclusion of provision for older people in programs of recreation and physical fitness is urged.

Earlier in this brief the importance of specific Federal legislation concerning housing for the aged was dealth with in some detail. Those interested in housing in the Age and Opportunity Bureau commend action taken so far by the Federal Government, and urge further progress in improving existing and developing new legislation as required. A comprehensive housing act is needed, dealing with all aspects of housing for the aged, including both building new accommodation and the conversion of old buildings, provision for older people to finance improvements on independent housing, special regulations concerning designs in a wide variety of housing projects, provision for adequate standards in space and facilities.

One aspect of the research mentioned above as being desirable to help in future planning is some study of the relationship between housing and health and welfare. There is a lack of factual and documented information available about the connection between adequate living arrangements and physical and mental health; such data might indicate the value of investment in housing as a measure to prevent costly social services expenditures.

The Age and Opportunity Bureau awaits with great interest the Canadian Welfare Council's report on housing for the Aged and urges the Federal Government to continue its concern in this field.

Of major importance in relation to the health of Canadians is the need for concentrated research on the actual process of aging. Action in this area is urged on the part of all levels of government, universities, medical colleges, etc., and it is suggested that the Federal Government might be the proper authority to provide leadership and stimulation in this regard.

In examining the many aspects of concern with the Aged, members of the Age and Opportunity Bureau committees and study groups have noted a lack of knowledge on the part of many people about the services and facilities that are provided by the Federal Government. Two examples will suffice; a number of valuable pamphlets on such subjects as diet are available but not widely distributed, and there are grants and bursaries available for people interested in getting training in public health which require much wider advertising. All this relates to the suggestions made above to the effect that efficient information centres would be useful.

In summary, the Federal Government is urged to continue its work in connection with the aged, not only in the area of finances but also in providing leadership in research and planning. The co-operation which currently exists between the Federal and the Provincial governments as well as the co-operation between government and voluntary organizations is commended and should be continued, strengthened and improved as a result of study and experience.

2. *Provincial Government*

The relationship enjoyed by the Province of Manitoba and the Age and Opportunity Bureau and other voluntary organizations concerned with the aged is most satisfactory. Its emulation by other provinces would be mutually beneficial. In addition, this brief should contain commendation of the Province of Manitoba's excellent Social Allowance Program.

In attempting to assess desirable future action, it is obvious that whatever in the foregoing section of this chapter is applicable to co-operative action by the Provincial Government is recommended. It is our contention that the Province must take the major responsibility for enacting appropriate legislation to provide municipalities with the proper framework for services for the Aged. This applies to leisure time facilities and programs, housing project and other services. The Provincial Government should continue to give leadership to the lower levels of government, and to help equalize financial imbalances in various parts of the Province by special grants to municipalities.

The Provincial Government should be responsible for coordinating the use of funds provided by the Federal Government for recreation and leisure time services.

It is hoped that the Provincial Government Department of Welfare and the Central Mortgage and Housing Corporation can reach complete agreement as to architectural design and standards of facilities in housing programs, in order that under delay restrictions of "red tape" and extra expense in construction can be prevented.

In view of the rising rent levels of older citizens' housing now being constructed, the Age and Opportunity Bureau would like to see the Provincial Government make an annual grant to all recognized housing projects. This grant would be used to reduce the monthly rental charges, or keep them at a reasonable level.

Provincial Government grants toward the initial construction of housing projects could be varied from year to year depending on the average cost of construction of a unit within a stated period. This would result in the Province paying a fixed percentage of construction costs and would also have a beneficial effect on rent levels.

The Provincial Government has helped pioneer staff training courses for people working with older people in housing projects, and it is hoped that there can be an intensification of this program.

Health and housing problems are, of course, inter-related, and it is hoped that the Provincial Government will continue to cooperate with private agencies and institutions which are trying to improve standards of care for the aged in private institutions. In particular, Provincial Governments should help provide financial support for the home-help program referred to earlier. The Ministers of Health and Welfare have been asked to call a meeting of all concerned with Home Care programs. It is hoped that such programs can be extended, as they would seem to be one of the most urgent needs and most useful solutions to problems of health and living arrangements faced by the Aging.

3. *Municipal Government*

Much of what is accomplished in principle and/or financially supported by the federal and provincial levels of government is actually put into practice by the municipal authorities. In view of this, these suggestions in the foregoing which are applicable are assumed to be included in this section of our presentation.

Full co-operation on the part of municipal authorities is essential to the success of national and provincial efforts to raise the level of income and to assure adequate financial provision for older citizens. Co-operation in facing the problems of employment is also essential, but it is recognized that the creation and satisfactory use of the leisure time of the aged is not necessarily or exclusively related to employment.

With regard to leisure time facilities provided by municipal governments, it is recommended that services for older people should be incorporated to a much greater extent than is currently the case in existing facilities. Time, funds and facilities should be reallocated to meet the needs of the entire community, *including* senior citizens. The provision of and facilities in parks and playground areas is an illustration of this need.

Particularly in the recreation field, it is recommended that Municipal Governments should provide qualified staff in the Community facilities they do provide. Support of Day Centres is urged in view of the enormous success of the initial project in the City of Winnipeg.

Discussions in the Age and Opportunity Bureau have been consistent in their concern about leigslation and regulations having to do with housing, both old and new. It is hoped that municipalities will become more informed and more involved in this situation, which is basic to the well-being of the Aged.

The advance reservation of desirable land as potential sites for housing projects for older people has already been referred to as an important aspect of planning. Municipalities can and should take an active part in this area.

As many privately launched housing projects will eventually be turned over to the municipalities and therefore be a valuable asset, vigorous support of a wide variety of such projects on the part of municipal authorities is urged.

There are many ways in which municipalities are assisting housing projects. Some give land, some give grants in aid. More can be done, and consistent patterns should be developed. In some cases, for example, municipalities provide tax exemptions, but on a year by year basis so that long term planning is made difficult.

Municipal authorities can be very helpful in maintaining high standards in construction of housing project, both from the planning and the physical building points of view. They can encourage continuity in the standards of service given to tenants, adequate provision for recreational programs, for instance.

In the area of conversion and improvement of existing living arrangements, municipalities can play a key role in encouraging and supporting the conversion of old buildings into good boarding and rooming houses, the provision of housing for older people in town planning and redevelopment schemes, the enforcement of regulations governing rooming house facilities and standards, the licensing of rooming houses. It is clear that strict enforcement of law which would result in many homes and houses being closed down would be fruitless if there were no alternative arrangements for the present tenants, but continued and energetic attacks on these problems are urgently needed.

Municipalities can and should examine their zoning regulations and revise them to allow for both new construction and conversion of old buildings in R1 areas for older people. Both the health and the morale of the aged are adversely affected by poor housing, and the long-term result is added costs for remedial care, which costs eventually become a municipal responsibility.

The efforts of municipal authorities to provide excellent municipal hospital facilities is commended; public health services annually are satisfactory. However, co-operation from municipalities in the development of home care programs, home help and hot meals delivery services will be essential to their success.

The prospect and value of "well-adult" clinics, similar to City Health Department's "Well-baby" Clinics has been discussed, and municipal health authorities should explore means of providing such "well-adult" clinics. Health counselling services such as the one available at the Notre Dame Day Centre are an example. Every effort should be made to co-operate in research and study projects which will enlarge society's knowledge about aging and the prevention of illness related to aging.

The spirit of co-operation which exists between municipal governments and voluntary agencies should be nurtured and developed. While specific responsibilities of public and private organizations should be the subject of constant study and evaluation, mutual concern provides for every practical mutual support and service at the point of contact between an agency and its elderly client. Money grants to such organizations as the V.O.N., staff loans to day centres and recreation projects, municipal regulations affecting health safety and sanitation standards in housing are all examples of the kind of practical co-operation that is required.

APPENDIX C-1

BRIEF

BOARD OF DIRECTORS
of the
NOTRE DAME DAY CENTRE
590 Notre Dame Avenue, Winnipeg, Manitoba
to the
SPECIAL COMMITTEE ON AGING
of the
SENATE
PARLIAMENT OF CANADA
OTTAWA
JUNE 11, 1964

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I

COVERING LETTER

To the Special Committee of the Senate on Aging

Honorable Senators:

The Board of Directors of Notre Dame Day Centre, Winnipeg, values the opportunity of presenting this Brief which is based on the practical experience gained through the service being rendered in our Day Centre.

The success of our project has received wide-spread recognition, but undoubtedly this success is due to the high standard and professional policy adopted even before the Day Centre was opened and adhered to always and unwaveringly, inspite of some early difficulties.

This standard and policy, made clear in our Brief, requires repeated explantation to the public since it makes the significant difference between Day Centres like ours and other projects for Senior Citizens which use in a general and loose way the name Day Centre.

Some thought by your Committee as well as by our Board may bring forth a name more specifically applicable to and self-explanatory of Day Centres with rehabilitation services as the objective.

We are gratified that Mr. Don Browne, our professional Supervisor for almost three years, has co-operated with the Board in making it possible to be our spokesman to your Committee. However, since the subject of your study will most surely require further presentations our Board feels that travel and other expenses could be provided so that a professional could be accompanied by an experienced volunteer. This we feel would be ideal since the professional and volunteer work together in the project and so could combine to make the presentation and discussion inclusive of both viewpoints.

With cordial thanks for the time you will give to hearing and considering our Brief and earnest hopes for most fruitful conclusions from your study,

Sincerely,

Florence H. McDonald
(Mrs. J. R. McDonald),
President.

Don Browne,
Supervisor.

June 11, 1964.

NOTRE DAME DAY CENTRE
BOARD OF DIRECTORS

Mrs. J. R. McDonald, Chairman; Mr. E. Anderson, Miss L. Aylsworth, Mrs. A. G. Cook, Secretary; Father Dunphy, Mr. C. S. Fletcher, Mrs. G. Gregory, Mr. R. Hooper, Miss M. Insley, Mrs. W. Irwin, Mrs. L. Johnston, Mrs. C. G. Kirshaw, Vice-President; Mr. J. R. Lindsay, Treasurer; Mrs. A. N. Miles, Mr. A. Rossen, Mrs. R. E. Smith, Mr. F. Steele, Mr. I. C. Steevens, Mr. F. Stevens, Vice-President; Dr. L. Truelove, Mr. G. D. Walker.

II

INTRODUCTION

1. The Seniors in today's community

A. *The Numbers*

The monthly letter of the Royal Bank of Canada, October, 1960, quoting a study by the Royal Commission on Canada's economic prospects notes that "in 1955 there were 1,730,000 persons in Canada aged 60 years and over . . . by 1980 there will be 3,345,000 an increase of 93 per cent."

In Metropolitan Winnipeg, the area from which this Brief emanates it is estimated that by 1971 there will be 50,000 citizens 65 years of age or older or about one in ten of the population.

Referring again to the Royal Bank letter it says of this new problem, "so far as is known no culture in history has ever had such a high proportion of people past middle age."

B. *The Environment*

Quite generally the senior person today lives in an environment where all things are considered possible for young people and, with the exception of mere existence, all things are considered impossible for the seniors. This is so, largely because in the average case life's accepted employment comes to an end, some physical weaknesses appear, economic resources are often reduced, social contacts become fewer, family programs make little or no allowance for senior members and the increased pace of living seems to leave them idle and isolated.

Leo William Simmons, Professor of Sociology, Yale University, has said, "We are accustomed to hearing a great deal about the problems and little about the opportunities of old age as if aging were to be regarded as a curse after all our efforts to attain it."

C. *The Opportunities*

The vital secret of happiness in old age, it is said, is to keep moving; and one might well add to keep thinking and working at something purposeful. The mind need not age and all the experience of past years need not be fruitless. A few years ago "Industry" pointed out that 64% of the world's great achievements have been accomplished by men who had passed their 60th year.

Seniors can further develop their skills and abilities, can learn new ones, can be productive both as individuals or as a group and can be as worthy participants in the community as any other age group.

D. *An Answer*

Winnipeg has found that a most successful answer is the Day Centre with its specialized program.

III

DAY CENTRE FOR SENIOR CITIZENS

1. *Definition*

This is a recent development and a new resource. A Day Centre recognizing the broad needs of older persons is an agency providing a daily professionally supervised and staffed, planned activity program for persons sixty years of age or older and carried on in premises comfortable, adequate and

well equipped. The program offers its members the opportunity for productive and satisfying use of the free, unused hours, to overcome the empty and lonely hours left by loss of employment, household duties, or relationship responsibilities. Essentially it is a mental health and adult education program which promotes the social emotional adjustment of the older person, giving companionship and activity in an environment favourable to continued growth. It is a program based on the recognition that physical, mental and emotional activity are primary needs. It is a program which is growing with the reassuring implication that the older person has the strength and capacity to use such a program effectively.

IV

NOTRE DAME DAY CENTRE, WINNIPEG

1. *Its Beginning*

In 1954-56 the Winnipeg Welfare Planning Council studied, thoroughly, the situation regarding Winnipeg's Senior Citizens. The implementation of the recommendations resulting from this study led to the appointment of a committee to examine New York City's use of Day Centres for Senior Citizens. Finally, this was accepted as the kind of service Winnipeg's older citizens needed. In October, 1960, the first Day Centre of this particular type held its "house-warming" in premises on Notre Dame Avenue.

2. *Its Purpose*

Concisely stated the purpose is

A. To promote the rehabilitation of personal effeciency by making it possible for the older person to make the maximum use of the capacities least damaged or lessened by disuse.

B. To promote the social and emotional adjustment by making it possible to find companionship and create an environment that is favourable to expansion, giving a sense of security.

C. To promote community usefulness by creating a feeling of adequacy and accomplishment through an activity program that could lead to community projects.

Some continue to believe that a characteristic of normal elderly people is a diminution of the capacity to make use of inner resources and a weakening of reaction to emotional challenges. Some believe still that the aged must have a narrowing range of interests. This may be true for those Senior Citizens who have no real interest or planned activity, but it is certainly much less true for the members who come to the Day Centre. The Day Centre provides an acceptable, wholesome, integrated community, constantly in motion and change, which can be positive in the growth and development of the individual. The Day Centre is a form of social therapy and education. Acceptance, recognition, attention and relationships make for a steady recovery from fear, loneliness, frustration, and inactivity.

3. *Its Organization*

A. The volunteer Board whose personnel is representative of the Community and whose responsibility is the setting and maintaining of policy; the financing and staffing of the Centre; the providing of adequate premises properly furnished, maintained, and equipped for all the needs of the Senior Citizens, including songs, recitations, Rhythm Band and Entertainers; each celebrant addresses the gathering from an area set aside for their

See p. 1071

particular use. How many state that this is their first birthday party! They feel wanted and accepted as is indicated by the feeling and the few words expressed by each celebrant. Special occasions such as holidays, Burn's Day, Children's Day, etc. also calls for parties. Appropriate refreshments are served and dancing usually takes place.

(2) *Concerts and Sing-Songs*—The participants look forward to these weekly sessions with great enjoyment. The largest attendance is on these days. The Rhythm Band and Entertainers consists of 25 members and they provide the bulk of the performers. More want to perform than can be accommodated. So only occasionally do non-members entertain. The activity is helpful to many as a form of exercise and whose co-ordination and sense of rhythm have now greatly improved. Also, it is an outlet for feelings found in artistic inclinations.

(3) *Outings*—Usually once a month—these may be educational and entertaining; picnics, bus excursions, industrial tours, institutional visits. The uniting of individuals into a cohesive group is aided by such activities.

(4) *Films*—Shown on alternate Tuesdays. The selection of films is based upon the idea of providing new information as well as enjoyment, and attendance at movies is a part of community life. The films are obtained free through the Winnipeg Library as the main source, larger industrial firms and private persons who have taken films and slides while on extensive trips.

(5) *Dancing*—Usually twice a month as a primary program, and at parties and sing-songs. The energy expended there could drive an atomic bus! The music is live, provided mainly by the members.

(6) *Games*—Shuffleboard, darts, cards, checkers, chess, quiz programs, spelling bees, etc. These are available in programed or free associations. Exercise of the body, particularly in doing the things that the person likes and enjoys, retards physical deterioration.

(7) *Lectures*—Town-Hall meetings, guest speakers and entertainers, political elections panels, etc. Exercise of the minds does seem to retard deterioration of the intellectual processes. From a therapy point of view, a balanced program of mental and physical exercise will maintain the intergration of the individual. It is as important as a balanced diet.

B. *Small group Activities* (Special interest groups each limited as to numbers). Positive experience in living together make for group identity and each individual gains much from the group he or she helps to create. These usually meet once a week, in the mornings.

(1) *Arts and Crafts*—These do not require special skills or knowledge gained over many years, yet they will develop interest and awaken talent. Frequently, success in one activity encourages the members to try other activities which in the past have presented frustrating experiences, and which may now, with the help of the group and staff, become more satisfying.

Needlework—sewing, knitting, crocheting, etc.
Metal Work—copper, aluminum: etching and tooling
Leatherwork—of all kinds
Painting—all media
Crushed stone etching—decorative and adaptable

The pride of creation in the members is difficult to describe. Such activities give the members a feeling of worthwhile accomplishment, and their creativity attracts new members to the Day Centre. Their ability to be artistically creative is exhibited frequently to the public in Tea and Sale evenings on the Premises and Art Shows in public places, i.e. Public Library, Shopping Centre.

(2) *Dramatics*—This is somewhat informal and impromptu. Achieving participation and some active expression is probably just as significant as refined play art.

(3) *Glee Club*—Group singing provides many delightful moments and is a means of facilitating contact and rapport.

(4) *Writing*—Involving the publication of the Day Centre's monthly periodical, "Silver Threads."

(5) *Red Cross*—Co-operating with the local Chapter in making gauze wipes (59,000 in 1963); Mount Carmel Clinic (free medical attention and free medicines) receives uncounted thousands of medicine bottles and pill boxes; made 55,000 bedside bags from old newspapers for a small private hospital.

C. *Year Round Activities*

The development of the members participation in this program makes possible this summary of activities for 1963.

—Wrote to Metro Transit to have the West bound bus stop moved closer to the Day Centre. This was accomplished and only because of that letter.

—Wrote to Metro Street and Traffic Division to have traffic control signals installed at the Day Centre intersection. This too was done.

—Entertained 800 elderly people at the Playhouse in a Giant Sing-Song. (At no admission price.)

—Contributed $2128 to the cost of the Centre's operations in 1963.

—Discussed a local controversy involving dental hygiene.

—Grossed $600 from two evenings of Tea & Sale.

—Provided 134 members (from membership 166) to the Annual Christmas Dinner.

—Visited 12 different groups of elderly and/or infirm people for entertainment purposes, and to demonstrate what can be done given the opportunities.

—Held Political rallies at each election during the year.

—Continued the wholesome relationships with youth groups; Junior Red Cross, The Order of the Black Square, school groups.

—Provided the entire program for the Y.M.C.A. Christmas Party for the Aged (a repeat performance.)

—Continued the relationship with the Junior Chamber of Commerce.

—Welcomed Social Work Students, Student Nurses, Service Clubs, etc. to the Day Centre for observation and information.

—Served as resource for Great West Life Employees group.

—Resource for developing concern in more Day Centres.

—Resource for Foster Home program of mentally ill.

—Resource for planning of various Health and Welfare Institutions.

—Resource for Public and Private Social Service Agencies.

—Resource for the C.B.C.-T.V., Winnipeg, Nationwide program on the Aged.

5. *Its Value*

A. *Counselling Service*

The Day Centre is effective in providing this service for its members. In a friendly permissive and familiar atmosphere the member who freely chooses the daily activities here also moves more easily to the Social Worker

when faced with an unresolved personal problem. Some people find it exceedingly difficult to seek professional advice. Lacking sufficient initiative to mobilize the inner resources required to move towards an agency, many never reach it. Within the Day Centre, the simple fact of the availability of this assistance permits a member to approach the Supervisor easily and naturally. An additional factor is the positive and meaningful relationships which are established between members and staff in the course of the day-to-day activities at the Day Centre. To seek help from the Supervisor in evaluating an intimate personal problem is a normal outgrowth of developing relationships.

Example: One member was visibly shaken and trembling in describing a painful experience with an over-zealous collection agent. An examination of available resources brought about an equitable solution. The member in question now has an impressive savings account in a local bank.

B. *Self-Government for Members*

It is recognized that the older person has experiences, skills, and capacities to do most things. This ability, whenever possible, extends to the program activities of the Day Centre through a self-governing Executive, elected constitutionally, composed of the four usual officers and all Committee Chairmen. The members have their own by-laws that effectively, with few rules, regulates their own structure, within the framework of Board Policy. The six Standing Committees are most desirable in order to activate as many members as possible. Even the smallest job within the Day Centre can have an appropriate official title, and most of these could be elective positions. Staff does only what the members cannot do.

Whenever possible some responsibility for some activity is placed in the hands of members. The Supervisor's role is to guide, to channel the strengths, and help develop leadership qualities. This has been difficult mainly because the people who attend have had little or no experience in organized groups. Many have insufficient ability to express themselves, partly because of language and for lack of educational experiences. For these reasons, staff participation is of a more active variety and somewhat more directing as to planning. But the members are mostly involved in the administration of their Sick-Benefits; Refreshments, both financing (they have their own funds) and preparation; and Committee work. Perhaps, the Supervisor can be seen as a catalytic agent.

C. *Representative Membership*

Participants have come from various sources, the largest single one being by word of mouth—by invitation from an active member to a neighbour, friend, or even a stranger. Agencies having knowledge of lonely, isolated, unhappy older persons are invited to extend invitations to them. The practise is to write a brief referral to the Day Centre and then co-operate in having the first visit a friendly, warm one. Cultural and financial background has nothing to do with membership. Please see the statistics for some aspects of composition of the membership.

D. *Service from the Community*

The Day Centre utilizes other community services in the development of a rich and satisfying program. The Main Branch Library assists in our own library and provides the major supply of films. Fort Garry Public Library exhibited to the public over 50 of our members' paintings. Day Centre membership frequently is invited to be guests at public and private places of interest and entertainment. For the first time many of the older people are using the community facilities which they helped to build. Of special significance in the

maintenance of good physical health and the prevention of deterioration in the members is a health counselling service provided by the Winnipeg Health Department.

E. *Service to the Community*

The growth of the Day Centre is paralleled by the community's developing awareness and participation by the members in community work. The feeling of usefulness and accomplishment is shown in alertness. The contribution to Concordia Hospital of all the requirements for bedside disposal bags made from old newspapers is a telling example. A member confined to Concordia observed that the Nurses were wasting valuable treatment time in making these bags. On her return to the Day Centre this lady soon inspired others to help in this service to the hospital. Containers for dry and wet medicines are collected for Mount Carmel Clinic. In both instances, the agency had no funds for purchase of the equipment. The Red Cross gets wipes in large amounts. Nursing homes, Mental Hospitals, Service Clubs, Senior Citizens Clubs, treatment hospitals, etc., have been visited, entertained and assisted in program matter. The Day Centre members themselves have been effective community representatives, and the greatest increase in membership has been a result of their efforts. Perhaps the most startling evidence of community awareness has been the response of this group (the membership) to the Board of Directors efforts to raise the financial support needed for the Notre Dame Day Centre; the membership, as a group in the community, provided 19.7% of the total expense for the year 1963 when 62% are living on $75.00 per month or less. This is a clear demonstration of concern for their own well-being and appreciation for the new larger premises provided for them by the Board of Directors.

Many elderly persons had thousands of dollars spent on them in medical treatments and after the physical restoration has taken place what do they do with their repaired bodies is a good question. Some have been able to continue with their rehabilitation in a social way, in company of others, and stimulated into activity by attending this Day Centre.

V

CONCLUSION

The members belong to this Day Centre and this Day Centre belongs to the members, individually and as a group. They contribute money (of which they have little), time (in which they are quite wealthy), energy (which is a variable), and handiwork (which has assisted in making the Centre lovelier and better equipped).

The value to the community of the Notre Dame Day Centre is implicit in the degree to which the Day Centre program promotes the preservation of personality and mental health. Since the major emphasis is prevention, the group activities are geared to arrest and to prevent the deterioration that comes from the older person's feelings of insecurity and rejection. Opportunity is given for activities which make possible a sense of adequacy and accomplishment. In a community that provides acceptance, companionship, and warmth there is fulfilment.

In evaluating the Day Centre program, many positive changes are observed in the individual member. This aged person moves from isolation into a community. The older one has a place to go—a reason for going, a reason to dress and prepare for association with other people. Something has to be done—something with interest and which is done at one's own pace. Physical activity

and mental stimulation are present. Then Senior Citizen has the opportunity for the continuation or renewal of meaningful social relationships. One learns to approach reality situations, accepting and adjusting to aging in a setting with contemporaries which promotes change and growth. Said a typical member, "I have gotten more companionship from here than anywhere else in my life." And this story of another, told to the staff secretary by a bowling companion who is the daughter of our member. The older person was a man with nothing to say at home and nothing to do there. Now, as the daughter relates, her father does not stop talking in his visits to her, talking of his being on the Executive Committee, on the House Committee, and of his friends. Wife and daughter are amazed at his conversation! He talks of whom he met and what he did. Says his daughter, "He is proud to have a place where his wife and daughter do not go."

Unlike the first Day Centre for the Aged in North America (Hodgson Centre in New York) where the membership dropped sharply six months after opening, this Notre Dame Day Centre kept enlarging, until a halt and cut-back was necessary. Why? Hodgson Centre had no professional worker for six months, so that the few aggressive members guided the activities. From the beginning in our Day Centre the professional staff has been able to give the guidance necessary to those aggressive members so that their positive resources have been constructively used. Their own committees, their own by-laws, their own decisions are always in evidence. The members prepare their own parties, own refreshments, own welcoming committee. Regressive behaviour is treated by the group in a positive manner. Former officers have not been permitted to hide easily from responsibility. Disturbing behavior by some does not so easily bring demands for expulsion. Group belonging is met for the infirm by means of Life Membership. Volunteers are used sparingly, for several reasons, one of which is due to the high degree of group interaction in carrying on the program.

By providing entertainment, enjoyment, fun, and purposeful activity, the Day Centre has served as a second home for those who need it, or as a work-substitute for those who need that. Expectation is that an active continuing life is possible. Less active and less well motivated persons are encouraged and supported. Financial barriers and attitudes, cultural barriers and attitudes are diminished in their divisive dimensions. Individuals have an innate capacity to heal themselves, if they are provided a setting where they can feel secure enough to examine their problems. As an individual is helped to feel more sure, the need to shut out unwanted bits of information decreases. As perception is broadened, by necessity, values and attitudes expressed by society will be included. Particularly in a group setting, this means that the solution to a problem, although it starts out as ego-centric, must ultimately resolve the paradox that man can only get his needs met through others.

What do older people need and want? Their needs are those of other groups, no matter the age or background. They need to be free from fear; need to belong; need to achieve. The older person needs to grow in mind and abilities; needs economic security, love, and affection.

The community needs to have the participation of elderly persons in the planning of the developments of the aged. The Day Centre could be an organized way of doing this.

We recognize that behaviour is motivated by some need of the individual. And it is becoming increasingly obvious that older people react in the same way to gratifications and frustrations, to needs and to opportunities for social development as do all human beings whatever their age. Yet this obvious fact is not always anticipated nor always clearly seen. Fortunately for Greater Winnipeg some farsighted individuals concentrated on bringing together a

co-operative effort between public and private resources, which did benefit a group of people in particular circumstances and with conspicuous problems—congested living conditions, longevity, and loneliness. The Notre Dame Day Centre is the meeting place which has clearly established another obvious fact, which could be well acknowledged, namely—creative energy is ageless.

VI

RECOMMENDATIONS

Preface

The Federal Government and ten Provincial Departments of Welfare and the Departments of Health in their concern for the general welfare of the people they serve, have recognized the existence of special needs of specific groups of the population,—indigent; defectives; unemployed; recreation; dependents; medically ill; etc.

Department workers have become increasingly aware of the particular nature of the problems of the older person, whom they have found more and more to be isolated members of the community.

The variables of the problems are so many and so extensive and acute that it is beyond the scope of private agencies alone.

Responsibility for the physical welfare of the older person: hospitals; special housing accommodations; pensions; public assistance; etc.—has to a degree been accepted by the Government.

However, those efforts needed to provide social protection and treatment for the preservation of personality have not been paralleled as in the above areas.

Government aids natural resources in preserving them by planning, but little consideration has been given to the emotional well-being of the older person as indicated by the inadequate provision of services and activities which might give to older people feelings of usefulness and belonging, feelings of adequacy and accomplishment, feelings of acceptance and understanding. Yet, people are our greatest natural resource.

Planned activity develops goals and provides incentives. While recreation is important it is only one aspect of the activity needs of the older person. Occasional and short contacts inherent in recreation are satisfying, but there is need for creative and purposeful activity to meet the basic biological and psychological needs of unemployed, unoccupied older people.

Let this be asked: What mistakes have we made that could be avoided in the future? How can the equipment and techniques be improved?

The idea of change and the need for change needs to be accepted as one of the first principles.

Services for older people now must be recognized as a total community need and a total community responsibility. People and Services have many different characteristics and problems. Some common approaches, approaches that arise out of the need to overcome the poverty, industrial backwardness, low cultural and educational level, the common lot of loneliness, etc. are sorely needed. Then, many, many more people who live long will like it.

Therefore we recommend that consideration be given to:

1. Services for older people in Day Centres which would be recognized by the various departments involved in the essential services of Health and Welfare. Such consideration based on the understanding that this program

is fundamentally a social work function would accept the policy of employing professional social work principles, processes and standards. Further, the Committee

A. consider that a Federal Agency accept central responsibility for this service.

B. consider that staff be assigned by local Departments of Welfare (excluding special staff) and that such staff be reimbursed by the Federal Agency according to existing formula.

2. Establishing of a Federal Interdepartmental arrangement to include services of Health, Social Welfare, Housing, Education, Parks, etc. whose function would be to:

A. Explore long-range plans of various agencies for educational and recreational services for older people.

B. Co-ordinate services that overlap or unnecessarily duplicate, and to determine the best means of using the special services offered by each Department.

C. Provide means to make use of specialized services, staff, and facilities (includes funds to bring into existence necessary collateral and specialized services.)

D. Recruit advisory help from specialized national organizations such as Canadian Welfare Council.

3. A research and education program be organized by the Federal Agency to evaluate, encourage and guide local Day Centre programs. This would lead to,

A. Surveys and evaluations of demonstrated techniques and existing resources in education, recreation, group work, and activity programs which contribute to the well-being of older people.

B. Studies to determine standards for personnel physical facilities, equipment, and services of Day Centre programs.

C. A statement of ways and means of helping Day Centres achieve proper standards by: information publications, consultation service, institutes, in-service training programs for staff and volunteers.

D. Explorations in the professional training of personnel providing services in Social Work, recreation, and education. Such exploration would be directed towards: analysis of existing educational opportunities, encouraging of scholarships and fellowships offered by Universities, schools, and agencies to students interested in work with the aged.

E. A public information program directed to the older population and the community as a whole: This to stimulate interest and support from the community on behalf of Day Centre programs for older people, would inform the older person of opportunities presently or potentially available to them.

4. Establishment of a Day Centre program in every community with a population of 10,000 or more persons. For instance, establishing them in

A. Institutions, particularly mental hospitals and hospitals for the chronically ill. (Municipal Hospitals in Winnipeg for example.)

B. Cities with large populations may consider Day Centres for each 10,000 of population.

5. Services for older people in Day Centre programs be recognized as a total community need and a total community responsibility. Local committees or councils could be organized including all branches of government, private agencies, educational institutions and the general public, with advisory help recruited from specialized organizations.

6. Establishing a special formula for the financing of Day Centre programs for older people as a matching grant in-aid system whereby the Federal Agency gives assistance to Provinces.

A. This could be based on an amount equal to one dollar per person over 65 years of age in the Province. Such Federal Assistance could encourage local program development. (Based on D.B.S. 1961—1.4 milion in Canada over 65 years. Manitoba has about 85,000 of these).

APPENDIX

1. Statistics

A. *Monthly Averages, 1963*

MEMBERS	
Total Membership	158
Male	87
Female	71
Living with partner	41.8
Both members	10.5
Female only	5.8
Male only	14.9
AGE GROUPING	
59 or less	9
60-64	15
65-69	24
70-74	35
75-79	45
80 and over	30
Average Age	
Male	73
Female	71.8
Total Membership	72.5
ATTENDANCE Available Days	20.8
Total No. Attending	1310
Average Per Day	63
Per Cent	39.8
Attended (days)	
Nil	21
(Ill full month)	(10)
1-5	51
6-10	31
11-15	21
16 to 1 less total	23
Perfect	11
	158

B. *Per Capita Cost*

	1962	1963
Total Attendance	15,549	15,718
Total Possible Days	252	250
Total Operating Cost	$7,000*	$10,817*
Cost per day per Admission	$ 0.45	$ 0.69†

*This does not include the salary for the staff, which is provided by the City of Winnipeg. Were salary to be included, per diem costs would double.

†This increase is a direct result of the costs of capital improvements, necessary to the move in July, 1963, to our present quarters—larger and better suited to the fulfilment of our policy. Without these capital improvements this figure would be around $0.50. We may expect this to be so for the remaining period of our 5 year lease.

C. *Source of Direct Financial Contribution to Operating Cost*

	1962	1963
Membership	$745 (11%)	$2128 (19.7%)
Kiwanis & Foundation	$7000 (100%)	$8000 (75.5%)
Others	$529 (7%)	$511 (4.8%)

2. Press Article

NOTE: Because the Board of the Notre Dame Day Centre considers the following statement to be valuable and discerning, we are including it in this submission with appreciation to the writer.

EXCERPT FROM WINNIPEG TRIBUNE, 14 November, 1963

By—Val Werier

OLDER CITIZENS HAVE CENTRE OF THEIR OWN

When Dr. Ferguson Anderson of Glasgow visited the Notre Dame Day Centre, he was moved to describe it as the best Centre he has ever seen for older people.

Dr. Anderson, an authority on geriatrics and advisor to hospitals in western Scotland, said: "I've seen day centres in different parts of Scotland, England and Ireland, but I've never seen one in which obviously so much help is being given to older people from companionship with one another. It's doing a first-rate job in preventive medicine."

In other centres, activities are organized for older people. The difference in Winnipeg's Centre, says Dr. Anderson, is that the members conduct their own activities.

The Notre Dame Day Centre is the only Centre of its kind in Winnipeg. It's purpose is to provide recreative activity for lonely older men and women who vegetate in rooming houses, isolated from the community. In this it has succeeded to a remarkable degree.

Now in its fourth year, it has a membership of 160, has turned away another 200 because it can handle no more. Most of those refused live in other neighbourhoods or are "Club Hoppers," those who flit around to different community clubs to take advantage of their weekly afternoons for Senior Citizens.

"They are already busy," says Don Browne, Supervisor of the Centre, "and don't really need us."

The Centre has a daily attendance of 62, a high level of activity for a membership of its size. The average age is 73. Two-thirds live entirely on their old age pensions.

It is open from 9 a.m. to 5 p.m. five days a week. Activities include handicrafts, discussion groups, sing-songs, quiz programs, bingo, cards and games.

Typical of how the members generate their own activities are the sing-songs. Rarely are entertainers brought in. Members have their own rhythm band, and individual performers who sing, recite or play various instruments.

Once a year the Centre rents a theatre for a sing-song. At the last one 800 turned up. In other ways the members have been stimulated to contribute to the community. They do some work for hospitals, go to other institutions to perform and have encouraged two of them to start their own rhythm bands.

All this has been what Dr. Anderson describes as fine preventive medicine. For example, one man who had been an athlete in his youth, suffered a stroke and spent his time in his room waiting for death. The Centre gave him a new lease on life, as it did for an incipient alcoholic who became one of the leading members.

The program has so impressed medical observers that student nurses visit the Centre in the interests of geriatrics.

A few of the members have been sufficiently stimulated to obtain part time work and engage in other activities. They have left the Centre and that's fine with Mr. Browne. It has no desire toward empire building.

The problem of the Centre is one of success. "We don't want to be bigger," says Mr. Browne, "and we don't want to be the only such Centre in Winnipeg."

* * * * * *

This Brief submitted on behalf of the Board of Directors, Notre Dame Day Centre.

Sincerely,

Florence H. McDonald
President

Don Browne
Supervisor

APPENDIX D-1

OLDER PERSONS
EMPLOYMENT STATUS AND OPPORTUNITIES

Prepared For

THE CO-OPERATING TECHNICAL COMMITTEE

of the

SPECIAL COMMITTEE OF THE SENATE ON AGING

National Employment Service

January 1964

NATIONAL EMPLOYMENT SERVICE

OLDER PERSONS—EMPLOYMENT STATUS AND OPPORTUNITIES

Introduction

Before discussing the employment status of older persons, perhaps we should ask the question "What is an older worker?" A person is an older worker only when he encounters, or may expect to encounter, difficulty in obtaining or keeping a job primarily due to his age. This definition recognizes the existence of a problem, and our placement experience points to the employment difficulties experienced by many older persons. While persons as young as 35 have been considered too old for some jobs, it has been our experience that the problem is most likely to arise after a person reaches the age of 45. The very early incidence of the employment problem makes this area considerably broader than most of the others under study, and a vital one due to the far-reaching effects of unemployment on the individual's economic and social circumstances.

We are living in a work oriented society where employment takes on the added importance of a determinant of social status as well as a means of livelihood. Equally important is the stigma which attaches to unemployment, resulting in a loss of social status as well as frustration, forced idleness and material deprivation. These must be the consequences of a failure to solve the problem of employment opportunities for older persons, and must alert us to the need to find employment for all those older persons who have the need, the capacity and the will to work.

Aware of this need through its close contact with the problem, the National Employment Service has continually sought to promote an increased acceptance of mature workers in business and industry. Before discussing the specific measures adopted, it may be useful to consider how and why NES is concerned with the problem and the principles underlying its campaign to overcome age barriers to employment.

The National Employment Service is a public employment agency responsible for the operation of an effective recruitment and placement service; that is, with assisting workers to find suitable employment and employers to find suitable workers. It is also charged with a responsibility for the organization

of the labour market as an integral part of a program for the achievement of the highest possible level of employment. Thus, NES is concerned with the problem of the older worker in two important ways:

(1) With finding satisfactory jobs for individual older applicants.

(2) With the maximum utilization of the productive capacity of this large sector of the population.

An effective recruitment and placement service plays an important role in the nation's economy. Placements resulting from precise matching of workers and jobs can result in increased productivity, which may in turn pave the way for new job opportunities. The operation of an effective service requires the continuing co-operation of employers in listing their vacancies with our offices. As employers are not required to do so, we can assure their continuing support only by providing the best possible service—by referring only workers who can meet job requirements. In supplying this service, we must endeavour to refer the most competent applicant available for each job opening. It follows that the appeal on behalf of the older worker must be based on the economic grounds that the worker can meet the requirements of the job. An appeal based on sentiment and not supported by applicant ability may succeed in placing one worker, but may deprive others of the opportunity for employment through the employer's loss of faith in the quality of service he receives. Thus, NES is primarily concerned with older applicants who can earn their pay and will prove a profitable investment to the firm which employs them.

On the other hand, each applicant regardless of age, deserves equal consideration for any job opening for which he is qualified. This is consistent with NES policy of referring the most competent applicant for each vacancy notified. It is not difficult to convince an employer that his interests are best served by filling each job with the most competent person available; it is far more difficult to persuade him that it is also in his interest to keep limitations to the very minimum compatible with job requirements so as to broaden the field of applicants available, thereby increasing the chances of selecting the best qualified.

Nature of the Problem

While some type of employment problem may affect workers as early as age 45, there is evidence that generally, the problems encountered by those under 65 differ somewhat from those of persons over 65. The basic problem of securing suitable employment is common to both groups and appears to be the product of two main factors:

(1) A reluctance on the part of employers to hire or even consider hiring older persons.

(2) Employment deficiencies in workers themselves.

It has been our experience that the relative importance of these factors varies between the two age groups. The first factor, employer resistance, is probably the major cause of employment problems in the 45 to 64 age group, as workers in this group tend to possess skills which should enable them to compete for employment on at least an equal basis with younger persons. While this resistance certainly does not diminish with age, (the opposite, in fact, is true), it tends to be over-shadowed among persons over 65 by the presence of employment deficiencies which would be considered serious drawbacks to employment even in the absence of employer resistance.

While neither of these factors relates solely to one group or the other, it is likely that the elimination of employer resistance would solve the problems of most persons in the 45 to 64 age group, whereas an additional effort designed to overcome employment deficiencies in workers themselves would still be required to solve the problems of most of those in the over 65 age group.

It is necessary each time we are confronted with an employment problem to determine whether one or both of these factors is responsible, as different remedial measures must be applied. For this reason we will consider the two factors separately, outlining the specific measures appropriate to each.

Employer Resistance

Through the placement experience of its local offices over the years and through various special studies, NES has become increasingly aware of this factor and of the considerations on which it is based.

Survey of Order Specifications

Employers sometimes list vacancies with our local offices which contain what may be called non-performance specifications; that is, specifications covering applicant qualifications or capacities not strictly essential to successful job performance. A survey undertaken in 1959 to determine the extent of such specifications supplied tangible evidence of employer resistance to the hiring of older persons. The survey covered job vacancies listed with NES local offices during a two-week period in April 1959. When results were tabulated it was ascertained that 11.7 per cent of all vacancies listed during the period contained non-performance specifications, almost two-thirds of them relating to age. Deeper study was given to specifications relating only to age, and for this purpose vacancies listed during only one week of the survey period were used, reducing the amount of detailed work involved. Non-essential age specifications were found on 7.5 per cent of all vacancies listed with local offices during the week. While this may not appear an unduly high proportion, it is not a measure of total employer resistance, as it does not take into account resistance which may occur at the time of hiring. For example, in deciding to hire one of several workers referred by the local office, an employer may fail to give equal consideration to older persons, preferring the younger applicant even though no age limits were stated when the vacancy was listed. This type of resistance cannot be measured from a study of vacancies alone.

Closer study of the selected vacancies revealed that while there was a substantial degree of restriction applied against the younger worker, employers were considerably less flexible on maximum than on minimum age limits. Of this group of vacancies, almost 100 per cent were closed to workers over 65 years of age; 97.6 per cent to those over 55; and 88.4 per cent to those over 45. Maximum age limits were rather more pronounced for the female than for male workers, as 73.7 per cent of the selected female vacancies were closed to workers over 35, while only 43.6 per cent of male vacancies were closed to this age group.

Special Reports on Placement of Workers over 45

Further evidence of this resistance was obtained from a series of local office reports covering the period October 1959 to March 1961. The following table gives data by region for the period October 1959 to September 1960

comparing placements of older workers (45 and over) expressed as a percentage of total placements with unplaced applicants 45 and over expressed as a percentage of total unplaced applicants.

Region	Average Percentage of Unplaced Applicants 45 and Over	Placements of Workers 45 and Over as Percentage of Total Placements
Atlantic	28.0	15.2
Quebec	22.7	10.7
Ontario	29.8	12.9
Prairie	30.0	13.0
Pacific	32.9	10.8
CANADA	27.6	12.3

It is immediately apparent that a disproportionately small number of older workers was being placed. On an average throughout the year 27.6 per cent of applicants were in the age group 45 and over, while this group represented only 12.3 per cent of total placements. Incidentally, total placements numbered 938,735 while placements of workers over 45 totalled 115,611.

NES Campaign to Eliminate Unrealistic Age Barriers

Over the years, NES has carried on a continuing campaign to combat the deep-seated resistance to the hiring of older persons. This campaign has at all times concentrated on the economic advantages of hiring older workers and the limiting effects of artificial age barriers on the supply of qualified applicants available for specific job openings. Specific measures adopted fall into two broad categories: (1) general publicity aimed at employers as a group, and (2) direct contact with individual employers.

1. *General Publicity*

Generally speaking, all available media have been used in the attempt to create a more favourable attitude toward the hiring of older persons. The results of such efforts are difficult to measure, but are believed to have met with some success.

Films. A film entitled "Date of Birth" was promoted very successfully by local offices during 1950-51. This film was revised and brought up to date in 1960, and our offices were asked to co-operate with the Canadian Chamber of Commerce which was promoting the film in connection with a continuing national campaign on behalf of the older worker. NES agreed to provide speakers or participate in panel discussions which could relate the over-all problem to local conditions.

Booklets and Leaflets. Since 1959 NES has distributed more than 125,000 copies of a booklet entitled "How Old Is Old?" This booklet has been well received and is generally considered a best seller for this type of publication. It presents the results of extensive research and experience, and stresses the importance of employer attitudes as a factor in the problem. It also examines some of the reasons generally given for these attitudes, and finds that the majority have little or no factual basis. Sound economic arguments favouring the hiring of competent older persons are backed up with case histories of outstanding successes achieved in the placement of older workers.

Another publication, entitled "NES Geared to Canada's Employment Needs", describes NES service to the older applicant and further emphasizes the role of NES in helping to assure the best use of the country's human

resources. It also urges employers to recognize the many desirable characteristics of the older worker, including capability, reliability, maturity, judgment and experience, stressing the advantages of following a realistic policy of seeking only qualities and capabilities regardless of age.

More recently (1963) our local offices have distributed a leaflet prepared by the Department of Labour entitled "Don't Judge a Man's Worth by His Date of Birth". This publication deals with the common objections to older persons as employees, making use of charts and tables to demonstrate the superior record of mature persons in such areas as labour turnover, absenteeism and accident rates.

Radio, Press and TV Releases. Officers of the NES are acutely conscious of the need for the business and industrial community to be encouraged to take full advantage of the skills and potential of the older worker. They have thus taken every opportunity to promote increased awareness and understanding through timely use of these publicity media.

2. *Direct Contact with Employers*

Our experience has shown that general publicity campaigns are usually most effective when coupled with a more direct and individualized approach. An employer may be genuinely impressed by widespread publicity, yet remain unconvinced of its applicability to his own situation. We have found this to be the case in promoting employment of older persons. Direct contact with employers can be used in one of two ways:

(*a*) When a local office is notified of a vacancy stating an age range which appears restrictive in the light of job requirements, the employment officer carefully considers the essentiality of the specification. If it appears unnecessary, he may bring it to the attention of the employer at that time, with the aim of having the restriction removed or relaxed. In all such cases the emphasis must be on the essentiality of the specification and the limit which it places on the choice of qualified applicants. Tact is essential, of course, as the employer has the right to specify the type of applicant he prefers. If he is successful in lowering the age barriers, the employment officer may be able to refer and place an applicant who is better able to meet job requirements, thus creating the possibility of further placements of qualified older persons with the same employer.

(*b*) The type of approach made to an individual employer will vary with the relationship between the office and the employer. In some cases it may be preferable to discuss age specifications in a more general way during an employer relations visit. Employer relations is the term used to designate the work of establishing and maintaining business connections with employers to the end that their labour interests will be properly served by the local offices. Employer relations visits provide the opportunity for an office to improve its service to an employer through discussion of problems encountered in the past. Employment officers through their detailed knowledge of the labour market may be in a position to assist the employer in the solution of various employment problems. If a good relationship has been established, these visits can be used to promote the cause of older workers by relating their desirable qualities to the specific requirements of the employer's operation. They may also enable the officer to uncover an opportunity for an individual older applicant whose services could be valuable to the employer. NES makes about 300,000 employer relations visits annually.

Our efforts have been intensified in recent years, partly as a result of the survey in 1959 and partly as a result of increased general concern over the age discrimination which is apparently taking place. Local offices have been asked to make every effort to reduce or eliminate age barriers and to assure that no discrimination against older persons originates within the local office. In December 1959, the space formerly provided for age on the form used to record employers' requests for workers was deleted to discourage any tendency on the part of the order taker to ask an employer to state an age range merely because of the space provided on the form.

Results of Efforts

Mention has already been made of the special reports on the placement of workers over 45. In addition to the number of such placements, these reports contained statistics on the number of employers who had changed their hiring policy as a result of publicity or local office action. From October 1959 to March 1961, some 301 firms with more than 50,000 employees revised their hiring policies, the majority removing upper age limits entirely. Many others were reported to be moving gradually towards acceptance of older workers providing they have the ability to do the job. Progress was made in obtaining recognition of the value of older workers in jobs where qualities such as maturity, reliability and judgment are of primary importance. It was also found that employer resistance might be overcome in specific instances if the employer could be persuaded to hire an older person on a trial basis.

Further Study of Placement Experience

Local offices are continually assessing the employment situation with regard to older persons, and the observations resulting from their experience provide the basis for the following generalizations.

Some employers request older workers, preferring their stability and experience. These are generally well qualified workers, with special skills or with a particular educational background. On the whole, however, placement of older persons, and especially those over 65, is made difficult by the unwillingness of employers to consider older persons for the majority of vacancies. Because employers left to their own devices tend to seek younger workers, the placement of older persons often requires the individual selling of applicant skills. The problem of employer resistance is intensified in times of heavy unemployment, when there is a larger supply of younger persons available, and the employer is in a position to give preference.

Employers are generally more willing to consider older persons for seasonal or temporary employment where pensions and training are not factors. The willingness, of course, depends on the ability of these workers to meet the physical and other demands of such work. Evidence of this is found in the large numbers of older persons who find employment in seasonal harvesting and gardening, and as ticket takers, guards and attendants at exhibitions and fairs such as the Canadian National Exhibition. Seasonal or temporary employment may meet the needs of some older persons, but is not adequate for those who require and are capable of steady employment. It is useful, however, in providing temporary financial relief and as evidence of ability and desire to work, bearing in mind that long periods of continuous unemployment increase the difficulties of securing steady work.

Employment Deficiencies in Workers

Many older workers have no special employment problems. They may be subject to the normal fluctuations of labour demand, but are generally well equipped to compete for employment. Many others are equally well equipped, and are barred from employment only by the attitudes of employers. There are large numbers, however, with deficiencies which would constitute major obstacles even in the absence of employer resistance. Not all of these deficiencies take the form of a decline in productive capacity due to age. Some have their origins in the wider area of economic environment, stemming from employer attitudes or technological progress. These deficiencies are considered under this heading because they must be overcome largely by the worker himself.

The attitude of employers to the hiring of older workers may have consequences beyond the immediate denial of employment. Repeated rejection on account of age will eventually lead to discouragement, frustration and loss of self-confidence, which will in turn affect the ability to make a good impression on an employer.

We are living in an age of rapid technological progress which renders old occupational skills obsolete and creates an almost over-night demand for new ones, often at a higher level. This rapid shifting of demand creates a type of unemployment to which the older worker may be especially vulnerable. He may have acquired early in his working life skills which he has used over the years to earn his livelihood, only to find they are no longer in demand. If he has worked at jobs requiring relatively little skill, he finds that there jobs are becoming scarce. While he may be aware of the need to acquire new skills, he may experience difficulty in adjusting to the role of a pupil or learner, even though he may be fully capable of absorbing training. He may be lacking the basic education required for entrance to a particular course of training. As a result, he may decide to forego learning new skills and succeed in finding a job with less responsibility and a lower rate of pay. He may find this an unsatisfactory solution because he is unable to make the financial and personal adjustment required by his new status.

Finally, there may be an actual decline in the physical or mental capacity of the worker. There are certain occupations and activities for which the worker is too old because he is unable to meet the physical or mental requirements. He may experience emotional difficulties resulting from his unwillingness to admit that he is no longer able to make a living at his former occupation. He may tend to feel that because he is too old for one job, he is too old for everything.

These are some of the problems, apart from the problem of employer resistance, which must be solved if we are to find suitable employment for older applicants, enabling them to maintain their place in society and utilizing their productive capacity. They must be solved if we are to take full advantage of any favourable change in employer attitudes.

NES Service to the Older Applicant

While employment problems stemming from employment deficiencies must be solved largely by the worker, it is the rare individual who can analyze himself, isolate his difficulties and devise means to overcome them without some outside help. The National Employment Service provides assistance through the activities of its special services section. At the present time, there are some 384 full time special services officers in 150 of the larger NES offices. The remaining smaller local offices carry out the special service function by using a designated officer on a part-time basis. These officers give special attention to the older applicant as well as various other categories of applicants

who have particular employment problems. Youth, veterans and handicapped applicants are among these groups.

One of the ways in which the trained special sevices officers can help to meet the needs of these applicants is through employment counselling. While the techniques used in counselling may vary with differences in requirements of the different groups, the process of counselling is essentially the same—assisting the applicant to discover his work capacities, to relate his interests and abilities to job requirements and occupational trends and to map out a constructive plan of action.

An early experiment with counselling designed especially for older persons was carried on in Toronto in 1947-48 under the direction of Dr. Wilfred G. Scott. While the total number of applicants counselled was not large, this experiment demonstrated the beneficial effects of counselling on the attitude of older persons toward their problems and on their ability to find work.

While most of the statistical data collected during the experiment are now out-dated, the final results are still of interest. Although the counselling unit itself did not make placements, it is known that more than half of the applicants were successful in obtaining employment after counselling. These results were encouraging in view of the general reluctance of employers to hire older persons, and taking into consideration that almost half of the applicants were over 65, many had left school at a very early age and some had been out of work for as long as two years. That more than half of those who found work did so on their own initiative is evidence of the extent to which counselling was able to restore the confidence of applicants in their own abilities.

Perhaps the most important contribution of the experiment was in the influence it has had on the counselling which is now provided by special services officers. The Toronto experiment demonstrated the value of a positive approach to the problem—one which involves taking a genuine interest in the older applicant, taking the time to know and understand him and making a sincere effort to help him overcome his employment difficulties.

Employment counselling, as well as special assistance in uncovering suitable job openings, is now available in all NES offices to applicants who desire to make use of it. If the applicant does not want counselling, there is usually no point in forcing him to accept it. As we have already mentioned, not every older applicant has problems which require the attention of a special services officer. Some who do have problems, however, may be unaware of them or reluctant to recognize them. It may be necessary for an employment officer to point them out and to explain how an employment counsellor may be able to assist in their solution. If the applicant is made to understand that the local office is putting forth a special effort to help him find a satisfactory job, he is more likely to welcome special attention. If, on the other hand, he is made to feel he is a "problem case", he will neither welcome nor respond to the efforts of the counsellor.

Counselling is carried on through one or more counselling interviews, which are usually longer and more intensive than the general employment interview. An important primary step is the determination of the exact nature of the problem and obtaining the applicant's recognition of it. Detailed information must be obtained from the applicant concerning his education, physical condition, work history and general background, as the problem may lie in any of these areas. This probing is also essential to the determination of the applicant's capabilities and interests which must precede decision as to the most suitable type of employment. At this stage, a positive approach which emphasizes that there are many things which the applicant *can* do will usually encourage him to take a realistic view of his limitations and to consider job possibilities accordingly.

Once the problem has been identified and recognized by the applicant, the counsellor must be prepared to provide the applicant with detailed information about job requirements, working conditions, training facilities, occupational trends and other employment information which will enable the applicant to assess various job possibilities in relation to his interests and abilities.

The final stage is that of deciding how best to go about obtaining the type of employment which has been agreed upon. If no major difficulties are anticipated, the applicant will be referred to a general placement unit, or he may be able to obtain employment on his own initiative. If, however, a need for further assistance is indicated, the special services officer may make the initial contact with an employer on his behalf and, in some cases accompany the applicant to an interview.

Counselling may uncover a need for other types of assistance before employment is feasible. In some cases, medical or psychiatric attention is desirable, and the counsellor may tactfully suggest this to the applicant. In other cases vocational training may be suggested to the applicant as a means of increasing his employability.

Vocational Training for Older Persons

Most vocational training for adults in Canada is provided by the individual provinces with costs being shared by the Federal government under the terms of Technical and Vocational Training Agreement. In addition there are a number of privately operated trade schools and business colleges which offer opportunities for training.

NES is involved in vocational training to the extent of referring to courses of training those applicants who meet the specifications established by the training authorities concerned. The selection criteria for courses under the Canadian Vocational Training Program are established by the provinces, and selection is made jointly by representatives of the province operating the training program and designated officers of NES.

Generally speaking, selection of trainees is based on interest, ability and suitability. Persons selected are basically those who are considered capable of absorbing the proposed training, and whose employability and economic contribution will be substantially increased as a result of training. Where training in a specific occupation is proposed, persons should be expected to obtain employment in that occupation, taking into account expressed interest, motivation and stability, as well as the demand for workers in the occupation.

Although some courses of training may have upper age limits necessitated by the physical requirements of a job, age in itself is not a barrier to selection if the general criteria can be met. Although the majority of applications for training are from younger persons, NES offices report that increasing numbers of older persons are becoming interested in increasing their employability through training, and that substantial numbers are being referred to courses of training.

Older Worker Employment and Training Incentive Program

NES is currently participating in this program which represents a new approach to the problem of employment opportunities for older workers. Subject to certain qualifying conditions relating to both the job and the worker, the Federal government will pay an incentive to employers who provide employment with which training is associated to workers over 45 years of age. While the program is also intended to demonstrate the value of older workers, its primary intent is to increase the capability of the long term unemployed

in the 45 and over age group by encouraging the development of basic marketable skills in combination with immediate employment. In this sense the program is regarded as a means of rehabilitating those older workers who have experienced difficulty in finding and keeping a permanent job through lack of up-to-date training and experience. While it is perhaps early to speculate on the ultimate success of a program which is still in the experimental stages, it is almost certain to be of assistance to those workers who are employed under the program.

NES Stay in School Program

Throughout this presentation we have emphasized the importance of education as a factor in obtaining employment and enabling the worker to adapt to changes in occupational requirements during his working life. These are the prime reasons for the NES Stay in School Program aimed at the young person who is thinking of leaving school. Any progress which is made in convincing youth to further their education will have both an immediate and a long term effect on the older worker problem. In the short run it will reduce competition for the diminishing number of jobs which can be filled by persons with low educational atttainment. It will also have the effect of increasing the skills and adaptability of future generations of older workers.

Further Study of Placement Experience

Employment opportunities for older persons are often influenced by a low over-all demand for the occupations in which large numbers of older persons are registered. Many male workers, for example, are registered as watchmen and caretakers, and many females as companions and child monitors. Because of this large supply, employers tend to ask for specialized qualifications.

The degree of skill or education possessed by the worker is often an important factor. Unskilled older workers are generally difficult to place. Highly skilled craftsmen in shortage occupations, on the other hand, are often able to find work as long as they are capable. Our experience has shown that clerical workers are often in a better position than those with a background of factory work. Workers with pronounced physical defects are almost always difficult to place, as are persons who appear older than their age.

Conclusion

The point of major importance emerging from all these considerations is, of course, that there are two separate, though not wholly distinct problems—the one relating to current hiring policies in relation to older persons, the other to the worker himself. Both problems have been dealt with in some detail in the foregoing but we should, in conclusion, emphasize the importance of solving the former in the solution of the over-all problem.

Not only will a change in employer attitudes virtually eliminate the difficulties of placing older persons without deficiencies but it is essential to the ultimate placement of workers whose deficiencies have been recognized and at least partially overcome by counselling, vocational training or other remedial measures.

National Employment Service

January 1964

APPENDIX E-1

SUBMISSION BY

SENIOR CITIZENS FEDERATION ASSOCIATION OF MANITOBA

TO

Special Committee on Ageing,
The Senate,
Ottawa, Ontario.

Dear Senators:

The Senior Citizens Federation Association of Manitoba hereby submit our views, asked for by your Special Committee on Ageing in a letter received by Mr. T. Marshall (P. President of our Association) on March 24.

We have endeavoured to make our brief as short as possible and at the same time to answer those questions of greatest concern to both ourselves and your special committee in an intelligible manner.

A. *Economic Needs of Older People*

Inadequate income seems to be the major problem facing a large percentage of our Senior Citizens. This embarrassment starts at, or closely following, the time that the "bread-winner" is retired or released from his regular employment.

We submit, therefore:

(1) That Old Age Security should start at the compulsory retirement age, (sixty-five at present). At this age many have had years of hardship and want due to their jobs being passed to younger people, resulting in themselves being rendered too old to be re-employed in their specialty, and in many cases, not able to regain employment in anything at all.

(2) That the Old Age Security should be raised to One Hundred Dollars (100.00) at the present time, and at the same time, making it flexible, so that it may be adjusted to meet the changing situations caused by the fluctuations in the Cost of Living Index.

(3) That the Senior Citizens should be exempt from the payment of taxes from which they no longer receive any direct benefit. The School-tax is outstanding in this field. The Senior Citizen has paid this tax gladly for many decades, and without any assistance in the way of Childrens Allowance. It is strongly felt that it is now the younger persons turn.

B. *Occupational Opportunities*

(1) Jobs of all class and quality are now becoming scarce for the middle aged, and that scarcity is being more and more felt. It is therefore fairly fully recognized that the services of Senior Citizens are no longer required.

(2) Some employers are taking advantage of the above mentioned situation and are offering certain menial jobs to older people at wages lower than would be paid to younger people doing the same work.

C. *Housing*

(1) We suggest that many more low rental homes be built for (single and couples) subsidized by the various governments to the point where rentals will not exceed 20% of the Old Age Security.

D. *Health & Institutional Care*

(1) Owing to the ever rising costs of Medical and Hospital services, we fully support the contention of the need of an all inclusive Canadian Health Plan. This should include Doctors' Care, Prescription Medicines, Hospital Services, Nursing Home Care, etc., etc.

(2) More Senior Citizens institutions are needed, i.e. Homes, Special Therapy Hospitals, etcetera. We feel these should be built and maintained under Government supervision.

(3) Those needing such institutions and services should be accepted and fairly treated, regardless of their financial status.

E. *Social Services*

(1) Senior Citizens should be encouraged in recreational activities, indoors and out. Recreational rooms, lawns, handicraft facilities, etcetera would be a necessary supplement.

(2) Reading and Writing Rooms stocked with books from the Public Library, and writing materials, would be a very valuable addition to most Senior Citizens Centres.

All these considerations, as far as is practically possible, should be extended to all recipients of Old Age Security. With a little assistance, institutions could extend their Special Services, such as Libraries, and Handicraft, to all eligible Senior Citizens in the vicinity of their institutions.

Respectfully submitted,

The Senior Citizens Federation Ass'n. of Man.

(Sgd.) A. L. Froude, President.

Second Session—Twenty-sixth Parliament

1964

THE SENATE OF CANADA

PROCEEDINGS OF

THE SPECIAL COMMITTEE OF THE SENATE

ON

AGING

No. 12

THURSDAY, JUNE 18, 1964

The Honourable David A. Croll, *Chairman.*

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

WITNESSES:

Government of New Brunswick: Mr. J. Ernest Anderson, Deputy Minister of Youth and Welfare. Mrs. Trevor N. B. Lennam, M.S.W., Child Welfare Branch, Department of Youth and Welfare. *Anglican Church of Canada:* Miss Anne M. Davison, Assistant Secretary, Department of Christian Social Service. Dr. Cope W. Schwenger, Associate Professor of Public Health, School of Hygiene, University of Toronto. The Reverend Kenneth W. Trickey.

APPENDICES

F-1—Brief from the Government of New Brunswick

G-1—Brief from the Anglican Church of Canada

H-1—Brief from the Senior Citizens' Club of Kitchener

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

20819—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.

20819—1½

MINUTES OF PROCEEDINGS

THURSDAY, JUNE 18, 1964.

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

Present: The Honourable Senators: Croll (*Chairman*), Blois, Fergusson, Gershaw, Grosart, Haig, Inman, Lefrançois, McGrand, Quart, Roebuck, 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 Government of New Brunswick and the Anglican Church of Canada as appendices F-1 and G-1 to these proceedings.

A brief was submitted to the Committee by The Senior Citizens' Club of Kitchener who will not appear.

On Motion of the Honourable Senator Haig, it was Resolved to print the above mentioned brief as appendix H-1 to these proceedings.

The following witnesses were heard:
Government of New Brunswick:

Mr. J. Ernest Anderson, Deputy Minister of Youth and Welfare.

Mrs. Trevor N. B. Lennam, M.S.W., Child Welfare Branch, Department of Youth and Welfare.
Anglican Church of Canada:

Miss Anne M. Davison, Assistant Secretary, Department of Christian Social Service.

Dr. Cope W. Schwenger, Associate Professor of Public Health, School of Hygiene, University of Toronto.

The Reverend Kenneth W. Trickey.

At 12.25 p.m. the Committee adjourned until Thursday, June 25th, 1964, at 10.00 a.m.

Attest.

Dale M. Jarvis,
Clerk of the Committee.

THE SENATE

SPECIAL COMMITTEE ON AGING

EVIDENCE

OTTAWA, Thursday, June 18, 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. I wish a motion to print the briefs of the Government of New Brunswick and of the Anglican Church of Canada.

Senator HAIG: I so move.

Hon. SENATORS: Carried. (*See appendixes F-1 and G-1*)

The CHAIRMAN: We have one more brief from an organization that does not wish to appear before the committee. It is the brief of the Senior Citizens Club of Kitchener affiliated with the recreation commission. May I have a motion to print?

Senator HAIG: I so move.

Hon. SENATORS: Agreed.

(*See appendix H-1*)

The CHAIRMAN: On behalf of the Province of New Brunswick we have appearing before us this morning Mr. Anderson who is the Deputy Minister of Youth and Welfare of the Province of New Brunswick. He is a graduate of the University of New Brunswick and was deputy head of Social Services from 1950 to 1960, and Deputy Minister of Youth and Welfare from 1960 on. With him is Mrs. Una Lennam, who is a graduate of the University of Leeds, England and Wayne State University in Detroit. She is with the Child Welfare Branch of the Department of Youth and Welfare, and has had a great deal of experience in that field.

Would you like to speak first, Mr. Anderson?

Mr. J. Ernest Anderson, Deputy Minister, Department of Youth and Welfare, Province of New Brunswick: Mr. Chairman and Honourable Senators: We are certainly very pleased to appear before you to present the brief on behalf of the Government of New Brunswick. I would also like to thank you for the kind reception you have given us this morning.

Our brief was forwarded to your committee some time ago and our purpose is, therefore, to amplify briefly one or two of our recommendations and attempt to answer questions you may wish to ask.

We realize that many of our recommendations have been put forward in other briefs but would wish to emphasize three points in making our presentation.

We need sound social planning at the national, provincial, and community level. The components of a good plan to provide service to the aged probably exist in our present social structure. Much can be done by persons with the required interest and drive, with little or no expense to the public. The task is to get these services organized.

Our second point is that a great amount of study has been done in recent years and much has been written about the problems and needs of the aging and old age. There is no doubt that people today are more aware of the problems of this age group but we do not feel that this awareness has produced comparable action for the welfare of the aged.

I would like to illustrate this with two examples.

It is common knowledge that our life expectancy has increased sharply and continues to increase. However, this has not resulted in concrete action to advance the compulsory retirement age arbitrarily set years ago at sixty-five by government, management and labour. This adversely affects a person who is physically and mentally capable and desirous of continuing employment for one, two, three, or five years.

The need for adequate nursing home care has been clearly demonstrated particularly following the introduction of the insured hospital services plan. However, this most important service to the aged has been allowed to develop in a haphazard way with the responsibility falling on charitable organizations and private enterprise.

Our brief indicates that services for the elderly must become a specialized program; otherwise their needs will be subordinated to the more vigorous demands of the young. You may ask, who should be responsible for such a program. Provincial and municipal governments could be responsible for putting several of our recommendations into effect. However, we feel the overall direction for such a program should be a federal responsibility. We are convinced that it is only through direction from the national level that we can hope to have, within a reasonable time, a good, uniform standard of services for our aging population.

Lastly, we offer no zealous argument for any one of the services we recommend because the power to produce results from any single service is dependent on the total program for the aged. We tend to get excited about one resource or one service, but it is unfair to expect too much from any one or two without a full supporting program—employment, health services, housing, recreation and education.

Mr. Chairman and Members of the Committee, if it meets with your approval, I will ask Mrs. Lennam, who is mainly responsible for the preparation of the brief, to say a few words with respect to it.

Mrs. Una Lennam, Child Welfare Branch, Department of Youth and Welfare, Province of New Brunswick: Mr. Chairman and honourable senators, my first task must be to try to account for the method, scope and character of the investigation we conducted. We decided that the best method of responding to the spirit as well as the letter of your kind invitation to report upon our services to the aged in New Brunswick was to make a fresh start. It seemed to us that a more constructive assessment would follow by employing the method of a direct approach rather than merely drawing up an evaluation of our present and past record. We had in mind the idea of finding out from a limited sampling of old people themselves what they wanted now.

The response to our first questionnaire, while giving us some valuable information, made us aware of the limitation inherent in this primary enquiry. The sampling had been restricted to a low-income group, and the replies to questions were either too brief or too negative to be of great value.

Accordingly it was decided to supplement the findings from the questionnaire by conducting a broader enquiry based upon personal interviews of a wider variety of old people. We were particularly concerned to include people of different cultural, racial and economic backgrounds. We were also hopeful of exploring much more thoroughly the feeling, attitudes, hopes and fears of old people on a more intimate and revealing scale. We may thus say that the

main contents of the brief result from what we learned directly from old people themselves. Although the approach has been, on the whole, rather a personal one, it is to be hoped that we have been able, in a small way, to present an apprehensible image of the older person as he sees himself in his own world.

The brevity of the investigation and report proceeds from the basic intention to raise questions rather than to prescribe solutions. In a sense, this is simply evidence of an attempt to grasp a very complex sociological problem, and to discuss some of its most important aspects as they became more and more clear during the course of the enquiry. One of the chief rewards of this study has been the self-acknowledgment of the way in which my own ideas, certainly, about the care of the elderly, have been radically changed. One might describe this transformation as a replacement—high-minded intention has had to make way for more realistic proposals. Let me illustrate this point concretely.

Seeking to find a way of life for the aged which would combine a reasonable degree of comfort and security with a measure of independence, I envisaged an institution formed of cottage units and offering centrally all essential facilities —chapel, store, medical clinic, solarium, barber and beauty salons, et cetera. Such a construction, I felt, would ideally meet basic needs and provide an environment conducive to independence without isolation. Actual conversation with old people quickly demolished such an attractive fantasy. Too many were demonstrably and intuitively afraid of such a place; afraid of the immensity of it; afraid of the possible regimentation within it; afraid of the loss of contact with the untidy world outside it. We came to realize that a grandiose scheme of this sort, despite the persuasive ideality of its facade, was, in reality, a pathetic—and even inhuman—method of rejecting the elderly. Old people may be in need of shelters; they certainly do not want shelves, however ample or secure they may be.

In the course of further investigation, and very particularly as a result of personal communication with a number of varied old people, I began to understand that I at least had started the investigation a victim of presupposition and subject to many of the prejudices of those who attempt to administer to and legislate for the elderly. Too much of our attitude is rooted in fear, guilt and evasion about the old and this betrays itself in such a descriptive euphemism as "senior citizens." We have unconsciously projected the prime concern of our society—an emphasis upon material well-being—into our attempted dealing with the older generation, and consequently overvalued this concern at the expense of other and more important needs. The provision of higher pensions, medical care, lodging in public institutions and other benefits may seem to be an obvious means of alleviation but perhaps we shall delude ourselves if we restrict our concern to mere material aid. The onset of age does not—though too often we assume that it does—segregate people from the human condition, and such things as respect, responsibility, affection and above all a desire to serve and work—in short all those things which make for a recognition of a purposeful individuality—are less tangible but perhaps more essential needs that we should try to recognize and fulfil.

Our submission emphasizes and amplifies this point in a number of places. Perhaps the rather personal character of the investigation is in some way responsible for this; yet it has seemed to us important that an understanding of and attempts to find the solution to the problem of elderly people must be founded upon a knowledge of the individual. Too often our planning casually assumes a homogeneity among old folk which really does not exist or seeks to treat the 'group' without recognition of the multiplicity of the persons who are so insensitively classified. We need less remote bureaucratic planning and a great deal more thorough investigation of old people themselves, particularly in the areas of their needs, their desires, their opinions, their attitudes and feelings. It is our opinion that well-intentioned theories and schemes have

lost touch with human realities, and that unless we return to considering the individual, we shall be in danger of perpetrating unwitting injustices and petty cruelties. Above all is the peril of treating—no doubt with scientific skill and commendable economy—a large and valuable segment of our society as impersonally and as efficiently as we would treat a species of domestic animal, once useful and now to be sentimentally, and, with a modicum of comfort, securely detached from the great struggle of life.

The notion of relegating the aged to peaceful havens of segregated comfort and security is a quaint appeasement of our mass-guilt and a pathetic comment upon not only human nature but upon life itself. On the contrary, it should be our task on the united level of federal, provincial, municipal and rural co-operative endeavour to do the very opposite. We need to couple our sympathetic concession to old age with an imaginative effort to re-engage it once more in human activity—in service, work, education, and recreation. Let us give them the means to be useful, the means to create, the means to continue the great struggle. Banish them to segregated institutions—however comfortable—divorce them from active participation in mundane affairs—on whatever charitable grounds—and we conterfeit Heaven. Heaven is near enough, why anticipate it? However old we may be there is Earth and Life to enjoy.

The CHAIRMAN: Dr. McGrand, you were formerly minister of the department in New Brunswick, perhaps you would like to know how the department is doing since you left? Have you some questions?

Senator MCGRAND: I have a list of questions. But I don't think I should monopolize the meeting. I don't think I could do justice to this brief in one or two questions.

Is the chief problem you find in New Brunswick related to the amount of money that these old people get in the way of pensions, or is it perhaps a problem of developing better use of the money to make them spend it to greater advantage? I think probably you would have to draw some distinction between the rural and urban communities in discussing this question.

Mrs. LENNAM: Mr. Chairman, we have discussed this ourselves. Money, of course, is an important answer because it buys services. By this I do not necessarily mean money given as higher pensions, but because of the things it will do. It will buy a great many services for old people. It can help to re-engage them in activities again. But I don't think money is the complete answer, if it is just a question of higher pensions, although it is an important one.

Mr. ANDERSON: Mr. Chairman, I certainly agree with Senator McGrand that there is a great difference between the rural and urban needs as far as the aged go. This matter of pension does make a lot of difference in rural areas.

Senator MCGRAND: On page 37 of the brief you say: "It is a fact that a very large number of people arrive at old age totally unprepared for it, psychologically or economically." You have underlined the words "totally unprepared", and I underline the word "psychologically". That seems to me to be one of the great problems with old people. Psychologically they are not prepared for it and I think they are not prepared, but I would like to know what you had in mind when you wrote that.

Mrs. LENNAM: Well, most of them, I think, are perhaps fearful of old age, and therefore never thought about it very much before. They had not made any material provision for their old age, partly as a result of their not wanting to face up to it, and not wanting to think of it, or what would happen to them later. I think it was an evasion really of some of the problems. Some old people do not see old age as a segment of their lives, it is just a continuation of life, and therefore they are not going to see it as a separate entity.

Senator MCGRAND: I asked that question for this reason; most of the people you met came up in the day when there was a great deal of self-

reliance, and they developed self-reliance. In this generation people are not developing self-reliance, they are depending on Government at some level to do a lot for them. My opinion is that those people will be less prepared for old age than the present generation of old people; do you agree?

Mrs. LENNAM: You mean the future generation will be even less prepared than the present?

Senator MCGRAND: The people who will be aged in the next 10 or 15 years.

Mrs. LENNAM: Yes, I would agree with that; not just because of the welfare provisions, but the fact that they feel they don't have to take responsibility for themselves quite as much as they did before.

Senator MCGRAND: On page 13 you say "Men complain that they 'never had a sick day' until after they stopped working" and on page 12 you find that 59 per cent of old people are spending about 10 per cent of their pensions on drugs. Did you find that people who had never had a day's sickness and who went along in good physical health found themselves after they retired getting these expensive medicines?

Mrs. LENNAM: Yes, I did. The percentage I got was from the questionnaire, and we didn't see the people. But the ones who were seen, not all, but many of them, felt better physically when working. They may not have been earning much money, but they were continuing to live. Then they were in a productive environment but now they didn't have incentives, and they became preoccupied with things that otherwise would go unnoticed. They had physical complaints, and memory lapses and things like that.

Senator MCGRAND: I have one more question; on page 22 you say that a lot of these old people are getting into homes because they are not wanted in their own homes. You mention here an example—"My son's wife didn't want me." "He was placed in an institution." Certainly there are lots of old people who are not wanted in their own homes, whether there is a daughter-in-law or their own daughter. Do you find much difference between the treatment of old people in homes where the daughter-in-law is the housewife or where their own daughter is the housewife?

Mrs. LENNAM: Quite frankly, I do not know if I talked to enough people to come up with a generalization on this, but I talked to several people who had daughters and who had tried to live with them and found it unsatisfactory. They were embittered. They said things like, "It's all right to be a baby sitter, but for other things they do not want us."

These people felt uncomfortable and it required great efforts for them as well as for their daughters.

Senator MCGRAND: It is not necessary to put the burden on the daughters-in-law and sons-in-law unless they would rather do that than put it on their own children.

That is all the questions I would ask.

Senator HAIG: May I ask when the survey which you refer to was conducted?

Mrs. LENNAM: The questionnaires were sent out in December and the interviews were started in January and went on through February.

Senator HAIG: What area was this survey conducted in?

Mrs. LENNAM: In Fredericton and around Fredericton.

Senator HAIG: In other words, you had city and rural people combined.

Mrs. LENNAM: Yes.

Mr. ANDERSON: The interviews were in Fredericton, but the questionnaires were over the whole province.

Senator HAIG: How were the clients chosen?

Mr. ANDERSON: Questionnaires were sent out to the field people to deliver personally; this is what Mrs. Lennam referred to as a low income group. These people told to investigate a cross-section of the near 70 group, and people dependent on pensions. Mrs. Lennam then made this personal investigation in the proximity of the Fredericton area, within a radius of 50 miles of Fredericton.

Senator HAIG: In other words, you got questionnaires in and also went out and made personal interviews. From that, does Mrs. Lennam suggest that social workers conduct more investigations in the field than reading books? Because you indicated that your views on this whole question changed as a result of this investigation. Is that true?

Mrs. LENNAM: Certainly, as far as I was concerned, and I think this was true of the department. There were some recommendations which might have been different if we had not conducted this survey. There would have been a different emphasis, certainly.

Senator HAIG: I would just ask Mr. Anderson this question: You mentioned the question of organization on a federal, provincial and municipal level. Would you find that there is cooperation between the government departments and voluntary organizations?

Mr. ANDERSON: You certainly have to have cooperation between the different levels of government, but a program like this has to start at the top. If it starts at the municipal or even the provincial level, then it takes years to get the program started, whereas at the national level these things would give us a good program in a reasonable time.

Senator HAIG: Another question. On page 32 of the brief, in the last paragraph, does that mean that there is no compulsory retirement age and that the worker might continue after 65 if he is physically and mentally able?

Mr. ANDERSON: That is what we feel, in view of the now extended life expectancy. If a person is mentally and physically able to work and wants to continue working, then he should be allowed to do it.

Of course, there are exceptions to that; perhaps in management, where they might want people retired or promoted to a board, for instance, so there might be more progressive leadership from younger people. However, 90 percent of the people are doing routine jobs in life which follow straight through, and if a person is mentally and physically able he should be permitted, if he wishes, to continue employment after 65.

Senator GROSART: Mr. Chairman, I would like to say first of all that it is amazing the amount of information that this very small sample survey has turned up. My understanding is that your sample is 72 people. Is that correct?

Mrs. LENNAM: The sample for the questionnaires was 72 people; the interviews covered an additional number of people. I could not tell you the exact number, because sometimes they were interviewed in groups and at other times they were interviewed individually.

Senator GROSART: Would you guess at the total number of your sample? You have percentage figures throughout your tables. What number are these a percentage of, roughly?

Mrs. LENNAM: Two hundred, probably.

Senator GROSART: About 200?

Mr. DAVIS: Was this in the interviews only or altogether?

Mrs. LENNAM: Altogether, I think. Perhaps, 250 would be better.

Senator GROSART: All right, 200 to 250. The standard Gallop Poll is about 2,000. I know that you make some reservations about the validity of the statistics turned up, but I have compared them with the national figures, where available, and by and large you compare very favourably. However, in some

areas, particularly income or assets of recipients, your figures are very, very low; much lower than anything that has been turned up anywhere else.

Mrs. LENNAM: This is, of course, what I referred to as a low income group. These were the people who had the questionnaires.

Senator GROSART: I am somewhat interested in your table which appears on page 42. This is the table concerning *Monthly Income From Old Age Assistance And Old Age Security.*

First of all, you have the symbols OAA and OAS. Are those by any chance reversed? Because you say that the OAS—I presume that is Old Age Security—is $75, but your note says that you have not taken this into consideration.

Mrs. LENNAM: The Old Age Security was $75, but the Old Age Assistance was $65 at that time. It was raised, but not before the questionnaire was sent out.

Senator GROSART: Oh! I see. Now, your note gives 21, 59, 7 and 6 as percentages. What does that refer to? Which of the figures above?

Mrs. LENNAM: Well, they were asked on the questionnaires how many received any help from organizations, friends and relatives, and we discovered that 21% were helped financially; 59% received no help from friends, relatives or organizations not substantial enough to mention; the one percent were those who supplemented their allowances with another pension—perhaps a railroad pension or something like that. Seven percent did odd jobbing, and another 6 percent were supplemented by very small amounts.

Senator GROSART: Seven percent of your total had income from employment.

Mrs. LENNAM: That is right.

Senator GROSART: This applies to your whole sample?

Mrs. LENNAM: The questionnaire sample only, not those interviewed.

Senator GROSART: You say that one percent supplemented their allowance with another pension and 6 percent supplemented their allowance by pensions and rentals. Does one refer to pensions and one to assistance?

Mrs. LENNAM: The other one, 6 percent, was purely another pension. In other words, they had no social assistance at all, no Old Age Security.

Senator GROSART: The 6 percent?

Mrs. LENNAM: Yes, the 6 percent of those to whom the questionnaire went.

Senator GROSART: That is where I was confused because your heading is "Pension or Allowance".

Mrs. LENNAM: Yes.

Senator GROSART: So that should come out. At page 36 you suggest that the cost of drugs to the aged should be shared under the assistance plan. Would you go so far as to say they should be provided free?

Mr. ANDERSON: Mr. Chairman, that is one thing that we did not consider. In New Brunswick—as you know, this varies from province to province—the province does not share in the cost of drugs and dental and optical costs with the municipalities. These are full municipal responsibilities in New Brunswick. Our conditions of sharing with the municipalities follow the terms of the federal unemployment assistance agreement. We have not considered the possibility of providing drugs free.

Senator GROSART: How would the cost be shared under your suggestion?

Mr. ANDERSON: Under the unemployment assistance agreement the federal Government shares 50 per cent of the payments made by a province under social assistance. In our case, it is the Social Assistance Act. We, in turn, then reimburse the municipalities $1 per capita plus 70 per cent of all expenditures in excess of $1 per capita. This works out to approximately 75 to 80 per cent, depending

on the social assistance load in a municipality. In the better-off municipalities our contribution is higher because they have a lower social assistance load. As drugs are excluded under the federal agreement, the province excludes them.

The CHAIRMAN: Are drugs excluded under the federal agreement?

Mr. ANDERSON: Yes, sir.

The CHAIRMAN: To all provinces?

Mr. ANDERSON: Yes.

Senator GROSART: That is under the Unemployment Assistance Act?

Mr. ANDERSON: Yes, it takes in drugs, medical costs and optical and dental expenses. They are the ones that are listed.

Senator GROSART: Some provinces provide free drugs to persons in various categories.

Mr. ANDERSON: I do not know whether they provide them free. There are, of course, free drugs given to diabetics, for instance, but each province has a different formula by which they assist the municipalities. Some may reimburse the full cost of drugs, but in our province we do not assist the municipalities in that respect.

Senator GROSART: Where does the statutory responsibility lie in New Brunswick for the care of the aged? Perhaps I can clarify that. Is it as it is in Ontario, for example, at the county level?

Mr. ANDERSON: Yes, I would think so, though the Social Assistance Act which was passed in 1960 rescinded our old so-called Poor Law. The province, under the Social Assistance Act, has assumed a lot more responsibility for the aged. We are paying 50 per cent of the administrative costs of the social assistance program in the municipalities, so we are getting more involved with responsibilities and costs.

The CHAIRMAN: Senator Fergusson?

Senator FERGUSSON: I was so interested that I have forgotten what I had in mind. You mentioned some of the things we do not have in New Brunswick, but I wonder, Mr. Anderson, or Mrs. Lennam, if you would elaborate a little bit about New Brunswick's Homes Act—which is mentioned at page 4. From what I have heard of some other provinces this is one thing we are doing very well. It is quite advanced legislation. Can you tell us how we decided to do this down in New Brunswick?

Mr. ANDERSON: To answer this question I would not want to leave the impression with the committee that we feel in New Brunswick that our social assistance program is behind that of any other province. I do not want to leave that impression with the committee, because while one province is ahead in something then perhaps we are ahead in something else.

To answer Senator Fergusson's question, the Auxiliary Homes Act was passed with the idea of sponsoring or assisting municipalities and voluntary organizations, such as service clubs and church groups, to construct so-called auxiliary homes. Their purpose was to look after people who, through the ravages of age and disease, required custodial care. These people, of course, are not eligible for insured hospital services. This is a rough definition of a patient that is eligible for care in an auxiliary home.

Under this program the province agreed to supply 50 per cent of the cost of such a home and equipment, or up to $2,000 a bed, whichever was the lesser.

We felt that this would give quite an impetus to building these nursing homes in the province, but unfortunately in the three or four years that the act has been in effect only two organizations have made any use of it. There was a home built by the Pentecostal Association, and our contribution to that

amounted to approximately $32,000, and two units were built by the United Church of Canada, the province's share of which was around $30,000.

The CHAIRMAN: To what do you attribute the fact that no more organizations took advantage of it?

Mr. ANDERSON: As we point out in another part of the brief, with reference to possible amendment of the National Housing Act, $2,000 a bed will not build an auxiliary home, and to raise $2,000 or $3,000 per bed is just more than these organizations, church people and municipalities want to spend at the present time.

Senator HAIG: It costs you about $5,000 a bed?

Mr. ANDERSON: The latest one that the United Church has been working on in Sackville will cost from $5,000 to $6,000 a bed.

Senator FERGUSSON: I think the point I was trying to make was that although there is something similar to what you have just described in other provinces, in New Brunswick we do have an act providing for the licensing of homes, which is something that is not common to all provinces. I think it is at page 3 of your brief that you mention that.

The CHAIRMAN: The licensing of nursing homes?

Senator FERGUSSON: Yes. If a home cares for more than two people then it has to be licensed.

Mr. ANDERSON: Yes, if it were less than two, then a family looking after an elderly father and mother would have to be licensed as well.

The CHAIRMAN: May I follow this up for one moment, Mr. Anderson? Would the new amendments to the National Housing Act, which provide for 90 per cent loans for such things as you envisage in your Auxiliary Homes Act, make any difference? The province or an organization would have only to provide ten per cent, and the federal Government would provide the rest.

Mr. ANDERSON: I think it certainly would make a difference, Mr. Chairman, because I know there have been organizations such as service clubs which would have gone into this thing if it were not for the lack of money. As you know, the National Housing Act provides money for this type of construction providing you build on a unit to bed basis. You have to have a housing unit for each bed. You have to have a hostel type of building. This has put the brakes on it. I know that amendments have been made to the National Housing Act, but I do not know whether they cover this.

The CHAIRMAN: Yes, they do.

Senator HAIG: There is also the maintenance. It is all right to be able to get 90 per cent on an NHA loan, but the organization supporting this home would have to provide for maintenance.

Senator GROSART: Not only that, but they have to pay back the money.

Senator FERGUSSON: At the bottom of page 37 the brief says:

> It should be the task of the Department of Welfare, Health and Labour (on both the Federal and Provincial levels) to concert action in undertaking to educate the public.

I think there are one or two other references where you have mentioned different government organizations that should be doing this. Do you not think we also need the voluntary agencies that can sometimes give excellent leadership?

Mrs. LENNAM: I do agree, Senator Fergusson. Civic governments, too, and service clubs and other voluntary organizations should make a contribution.

Senator FERGUSSON: How much do you think they should contribute? What can they do towards contributing in this field?

Mrs. LENNAM: On the national level they can use such media as television, radio, newspapers and magazines to propagate education.

Senator FERGUSSON: You would not limit this to something to be done by governments?

Mrs. LENNAM: No.

Senator FERGUSSON: May I say one word more? Maybe it ill becomes me to say so, but I think that this has been a wonderful presentation. I think it is most imaginative and forward-looking, and perhaps these words may seem contradictory but I think it is also very practical and down-to-earth. Personally I must say I am much impressed with it, and I am very proud that it came from New Brunswick.

Senator GERSHAW: Mr. Chairman, we have witnesses who are in touch with this whole problem. I would like to ask what they consider to be the most urgent need of these senior citizens that is not being met at the present time.

Mrs. LENNAM: The senior citizens themselves? I think perhaps independence was the most important thing to them. This would include the security of money, and it would include being able to contribute by going out to work—the continuation of life, really, as they have always known it, perhaps slowing down, and perhaps with some variations, but feeling that they had a human value. I know I interviewed one old gentleman and he had had very little money when he was working, and he found it difficult to get jobs, but he was struggling along. Unfortunately he just couldn't survive on the outside so he had to be put in a Home. When I was talking to him I asked him when he first felt old, and he said "When I came into this hole—I mean home". He didn't realize the error he had made, but it showed what he was thinking. He had good physical care and he had companionship with other people, but he wasn't a part of life as far as he was concerned.

Senator MCGRAND: When you make a grant to these groups who build a home for the aged, and you have already mentioned that you made two, do you lay down any requirement for the care of patients by a registered nurse?

Mr. ANDERSON: That follows from the question you asked a moment ago concerning the licensing of homes. In our department we license two types of homes, one for the aged, and nursing homes. Nursing Homes require registered nursing care 24 hours of the day.

Senator MCGRAND: I am asking if a home such as one I have in mind—do you require the services of registered nurses in that home?

Mr. ANDERSON: I know the home you have in mind, and that is registered as a home for the aged.

Senator MCGRAND: There are people there who stay in bed all the time and never get out of bed. But yet I don't think there is any nursing service there?

Mr. ANDERSON: That particular home is registered as a home for the aged.

Senator MCGRAND: But it is a nursing home because people there are in bed all the time and they cannot get out and they have to be fed in bed and they certainly need nursing care.

Mr. ANDERSON: That is the reason I mentioned in my brief the need for adequate nursing home care. The home you are referring to cannot meet the standard required for a nursing home, and therefore it is licensed as a home for the aged. Where patients are bedfast they should be taken care of by being placed in a proper nursing home. Many people felt there should be a kind of continuity between the homes for the aged and nursing homes. This is something we feel is badly needed.

Senator QUART: You mention here on page 5 that the Royal Canadian Legion has taken advantage of loans from Central Mortgage and Housing and has erected one low rental housing unit for the aged at Fredericton. Three more —two in Saint John, one in Moncton—are currently under construction. Now are those low rental homes restricted to the veterans and their families?

Mr. ANDERSON: No. The one I mentioned in Moncton is being built by the Legion, and the two in Saint John are service club homes.

Senator INMAN: I am wondering if there is any way of knowing what percentage of these elderly people who are pensioners prefer living with a good family, as compared to those who prefer to go to an institution providing they can look after themselves.

Mrs. LENNAM: You mean not necessarily their own family?

Senator INMAN: In my own province now there are many people with farms who take these pensioners in and they are very happy because they can do things.

Mrs. LENNAM: I did ask a group of senior citizens at a club whether they would prefer to live in an institution, when they could not be independent, or whether they would like private family care. They found it very hard to make a definite decision on this. Institutions were terrifying to them. One or two of them knew of institutions that they would not mind going to, and they were not sure what going into private families would be like. Thinking of a good family and a good institution most of them favoured the family care. Many were already in boarding homes.

The CHAIRMAN: The overwhelming amount of evidence before the committee indicates these priorities—economic, including employment, health, social, including housing and recreation, in about that order. Would you like to make some comment on that? We should be glad to hear from both of you.

Mr. ANDERSON: I think as far as this is concerned Mrs. Lennam might have more to say, but I certainly would agree with that order of precedence.

The CHAIRMAN: Would you like to agree?

Mrs. LENNAM: What was the order?

The CHAIRMAN: I said economic, including employment, health, social, including housing and recreation.

Mrs. LENNAM: It is a very difficult question to answer. I couldn't tell you really whether I would put them in that order. They all seem so important. Perhaps that is a very fair order.

Senator GROSART: On this matter of income—something I don't understand is why there is the disparity between what the aged people need and what they are obtaining from the Government sources available to them. This table on page 43, as I figure it, indicates that the mean of the requirements as stated by the interviewees amounts to about $125 a month for a single person. This is taking the mean here. Now my understanding is that any aged person over 70 gets $75 under the universal pension and is entitled, if in need, to $65, which would add up to $140. Now why is it when $140 is available to any aged person in need that you have this problem? I know the means test is one answer.

Mrs. LENNAM: My understanding is now that they are not eligible for $140 a month. These were for couples—a husband and wife being eligible.

Senator GROSART: What is your act in New Brunswick?

Mr. ANDERSON: The Social Assistance Act.

Senator GROSART: Does this apply to people over seventy?

Mr. ANDERSON: Approximately 10 per cent of the money spent on social assistance in the province is spent on people over 65, and this includes the over-70 group too.

Senator GROSART: What is the maximum in New Brunswick any person over 70 can get in addition to the pension?

Mr. ANDERSON: In addition to the pensions there is no limit set.

We have a minimum standard for food, for instance, but there is no top limit.

Senator GROSART: So, theoretically, any person can get his financial needs met.

Mr. ANDERSON: That is right.

Senator GROSART: What is the bar? Is it the means test?

Mr. ANDERSON: I think it is chiefly that we have not over-come the old Poor Law thinking in the municipalities. That is chiefly the difficulty.

As I said, it is only four years since the Support of the Poor Act was repealed, and there is still this thinking of just giving people enough to exist on. There has been a big improvement in the last two years in standard and average payments, which have increased in the municipalities. We also see a big improvement, certainly, in our welfare program, particularly looking after the aged people through benefits supplementing their Old Age Assistance or Security.

Senator GROSART: Do you find any disparity between municipalities in their treatment of people applying for assistance?

Mr. ANDERSON: There was at the start, but now, through periodic conferences, by bringing welfare people in and training them and by getting people to think uniformly, there is less disparity. It is a little higher in urban areas, but fairly even across the province. You have to develop local standards to deal with rural and urban populations.

Senator GROSART: Is there resistance from municipal councillors because they have to pay part of the share?

Mr. ANDERSON: There is always resistance when you have to pay. They feel, of course, that this matter of drugs, medical and dental care, is a burden on them and should be shared by the province, but generally speaking we are not getting too much opposition from the municipalities. There was considerable opposition at the start when the act was first brought in.

Senator GROSART: I think, Mr. Minister, that your brief does your province a bit of an injustice. In the opening paragraph, it says that there is no organized program or plan for providing health care or institutional care for the aged citizens of the Province of New Brunswick.

Mr. ANDERSON: Mr. Chairman, on that I would say that when we were asked to prepare the brief, and it was made the responsibility of our department, we checked with the other departments that we felt were concerned—the Department of Health and the Department of Labour and the Department of Education. What we have published here on pages 1 and 2 are the exact answers we got back from those particular departments.

Senator GROSART: But you have legislation which is part of your plan.

Mr. ANDERSON: This comes under the Department of Health and Welfare. However, we just quoted the answers as given.

Senator GROSART: The same applied to the statement on page 36, paragraph 2, where it suggests that the Department of Health and Welfare in New Brunswick are not operating specifically to meet the needs of the older people.

Mr. ANDERSON: I think we are in that case referring to Voluntary Organizations. Mrs. Lennam will correct me if I am wrong there.

Mrs. LENNAM: I am sorry if we have mislead you.

The CHAIRMAN: We will change that in the brief; It should read "no voluntary organizations", because that makes quite a difference.

Senator GROSART: Finally, Mr. Minister, could you just give us the titles of the legislation that you have in New Brunswick, under which aged persons can get some assistance, leaving out the Federal acts.

Mr. ANDERSON: Number one is the Social Assistance Act; next would be the Auxiliary Homes Act; and then we have our own Provincial Act, the Old Age Assistance Act. However, that is just a continuation of the Federal act, and is permissive legislation under Federal Law.

Senator GROSART: You do not have an Elderly Persons' Housing Act?

Mr. ANDERSON: No.

Senator GROSART: What about rehabilitation services?

Mr. ANDERSON: Yes, but they come under the Department of Health.

Senator GROSART: Does that apply to aged persons, too?

Mr. ANDERSON: I do not think the program does; if it applies, it is only very slightly as far as the elderly are concerned. It applies more to the people who can be rehabilitated back to useful employment.

Senator GROSART: Your Medical Welfare Plan would be of great assistance to the aged persons.

Mr. ANDERSON: Yes.

The CHAIRMAN: If there are no further questions, may I say that the honourable senators have already expressed the view of the committee on your brief and presentation. May I just say that it brings to us a breath of freshness that we very much appreciate. Thank you very much for coming.

We have three witnesses, guests, to speak on behalf of the brief before us today.

First of all there is Miss Anne Davison, who is a graduate in Arts of Trinity College, Toronto, and the School of Social Work, University of Toronto. She has very wide and varied experience in welfare work, both in this country and abroad. She spent 17 years as a social worker in China and Korea. Her area of responsibility now is immigration and aging. To her right is Reverend Kenneth Trickey, who is a graduate from McGill University in Arts and in Theology and who has his Masters Degree. Reverend Trickey has a distinguished war record, and is the chairman of the Montreal Committee for two years, this committee has studied the problems of the aging. He is a Board member of the Montreal Home for the Aged, and is on the senior citizen section of the Montreal Council for social service.

To Reverend Trickey's right is Doctor Schwenger. Dr. Schwenger graduated in medicine from the University of Toronto, and is a board member on the Ontario Welfare Council Section on Aging, and also the Toronto Second Mile Club. In 1962, he was granted a World Health Organization fellowship and spent 12 weeks in Europe observing chronic illness and aging. In 1964, he assisted in research projects on the social and medical needs of the aging of metro Toronto.

Miss Anne Davison: If I may explain a little bit of the background set-up of the committee, the Anglican Church is extremely interested and happy that such a committee was set up by the Senate, and they are looking to it for great things.

We took your advice very literally in being brief in our brief, and we have aimed to say the things that we felt were unique from the church point of view, because we are aware that some of the other presentations which you will be having would say other things.

We have made this a study committee; we did not do any research projects. We made the committee centre in Toronto, and we chose the members of the committee as representative as possible of people who were actively engaged in working with the aging and who knew that field.

Dr. Schwenger was chairman of our committee. We had one clergyman, a retired public health nurse, a churchwoman, a retired businessman, a man who has worked on housing from the Department of Architecture, and there was one of the Sisters who is director of a church home for the aged in downtown Toronto. I think perhaps that is the mechanical set-up of the committee which presented the brief.

Dr. Cope W. Schwenger: Mr. Chairman, I am going to try to be brief in dealing with some of the points that came out of our study group. First of all, we reminded ourselves that the church has always had a special interest in the problems of the aged. It was in the middle ages that the monasteries set up the first hospitals. That is where the word "hospitality" comes from—an extension of Christian church to the poor, the sick and the old.

At the present time the Anglican Church, in addition to its concern for every aging individual in the context of the family, has a more highly organized program at the parish and diocesan level. For many years, homes for the aged, nursing homes and more recently housing units have been sponsored in dioceses from British Columbia to Newfoundland.

Senior citizens' clubs have become very popular and also day care centres, and these have frequently been church oriented. For many years the church was the only institution in Canada that was doing very much friendly visiting—there has been a re-emphasis on this service in recent years.

We feel in spite of the enormous progress that has been made in Canada over the last 25 years that our older people are still unfortunately "second-class citizens." There is still a great deal of unnecessary sickness, poverty and loneliness.

I would like to remind the members of this committee of just one or two statistics. I hope you will bear with me and keep in mind my public health background. First of all, so far as sickness is concerned, 7½ per cent of our older population over 65 take up approximately one-third of the time of our general practitioners, and occupy over 25 per cent of our hospital beds. Fifteen per cent of this group suffer from serious disablement, compared with three per cent of the general population. In other words, this is the group that is most in need of medical attention.

On the other hand, they appear to be the group least able to pay for their medical expenses. In 1960, 85 per cent of Canadians over 65 years of age were not sending in income tax returns, meaning that their income was less than $1,500 a year. From the census report that we received from D.B.S. for which we are very grateful to the Senate Committee we found that approximately three-quarters of the women and one-half of the men over 65 years of age have an annual income of less than $1,000 a year.

What about loneliness? From the same set of statistics we find that 85 per cent of the women over 80 years of age are single, widowed or divorced. 122,000 persons of over 70 years of age (mainly women) are living alone, and we must keep in mind the fact that the highest successful suicide rate not only in Canada but throughout the western world is among lonely unhappy old men living by themselves.

In spite of the fact that the family is still taking the major responsibility in the care of the aged, it is quite obvious that this is becoming increasingly difficult, if not impossible in many instances. The conclusion we came to is that the community must continue to take over a bigger share of this burden. This does not necessarily mean only Government; it means also a greater voluntary effort, including that of the church which could certainly do a great deal more than they are doing at the present time.

The situation is improving, and improving rapidly, but we have a long way to go in order to catch up with what is being done in western Europe.

What about principles in the care of the aged which are often mouthed but not always believed? You, gentlemen, must have heard these many times before. At any rate, our committee subscribed to the following three principles. First of all that older people have as much right to adequate health and welfare services as the rest of the population, and at a reasonable cost. This does not mean old-fashioned charity but should now be a matter of social justice.

The second principle is that older people should have as much freedom of choice as possible. There are two implications in subscribing to this belief. The first one is that in order to have freedom of choice you have a variety of facilities to choose from—accommodation, recreation and so on. Secondly, one must periodically ask older people what they want so that it is not a matter of our choice but theirs! I was very grateful to the committee for going to the older people themselves in Metropolitan Toronto. That was a very inspiring meeting to some of us who were able to be present.

The third principle is that if older people have a choice then most—but not all—of them are going to choose to live in their own home as long as possible. They are usually going to choose to be independent and they are going to choose integration into the community. This is not only what they want, but it has been proven over and over again to be better and cheaper for them.

Our brief was divided into five sections. First of all, there are the economic needs of older people. The conclusion we came to was that in order to plan we have to have much better statistics than we have at the present. Although we realize the great pressure on the Dominion Bureau of Statistics, and are grateful for the information we have obtained, we still think there should be a great deal more statistical information available to us. Not only do we need to know what the situation is at the present time but we must try to look into the future. We need to have more projections and these future estimates should be revised periodically. We are still discussing projections made in the report of the Gordon Commission in 1957 which stated that nine per cent of Canadians in 1980 will be over 65 years of age. This may well be too high!

What about the meaning of economic "adequacy" and "indigency"? This committee came to the conclusion that we need to study these terms. We must do research into them, and find out what they mean. They are going to mean different things in different parts of the country.

Our committee was certainly sold on the idea of a contributory portable pension which should be pegged to the cost of living, as it is in at least twelve European countries. We feel that in order to conserve their limited resources older people should be protected in some way or other from unscrupulous salesmen, particularly those selling cemetery plots and engaged in house repairs.

A great number of older people need help in making wills, and in investing their limited funds. They also need advice so far as trustee and guardianship are concerned.

Another point on which there was strong feeling expressed by some of the members of the committee was the matter of premature discharge of long-standing employees.

It was felt that in particular two areas needed to be investigated. It is stated that employers sometimes fire their middle aged employees for the simple reason that they want to avoid paying a full pension when they reach the age of 70. There is another practice, which is said to be prevalent, in which small businesses are sold for the purpose of avoiding succession duties. This also may well mean the premature discharge of long-time employees.

What about employment and occupation? Our committee felt that we really must be realistic about this matter. There is going to be in the future, a continuing decrease in the proportion of older men in the labour market. This is happening in every one of the industrialized western nations in spite of everything that is being done to prevent it. To us there seems to be a

simple answer, although it is not so simple when you try to implement it. This is that we need to prepare people for retirement, and this may be for an even earlier retirement in the future while we have continuing unemployment and automation takes an even greater toll. This means preparation for retirement instituted by employers, trade unions, physicians, clergymen and others.

We think it is a good idea to emphasize the wisdom, maturity and judgment of old age and while we are not expecting miracles, we do feel there could be more sheltered workshops made available. After all, they have at least 5,000 older people in sheltered employment in the small country of Sweden. We feel there should be more day care centres, and this must be more than just recreation. Day care centres, including adult education, could be more frequently church sponsored.

There are two very difficult groups with respect to retirement. One is the older man with a poor education who has been devoted to his job and has limited interests. It is very difficult to interest such a person in other than euchre and shuffleboard. I hope we can use more imagination in order to keep this group of persons interested.

Another group includes the shy older person, who becomes increasingly self-centred and more difficult to get along with. Nobody really wants to be with such a person. The church must try to reach these people and keep them in the stream of life. There should be some special concern for these groups, but I am afraid we have not got any pat answer.

In this particular section we put in a comment on the education of the professional in the area of gerontology. Rather interestingly, a survey which I am sure you have all seen, has been recently done by the Ontario Welfare Council on Education of Professional People in Aging and was issued since we prepared this brief. It bears out what we have felt, namely, that only six out of 27 theological colleges in the Province of Ontario were providing any special instruction in the area of aging. Our committee was convinced that there needs to be a lot more special information given in order to better equip the ministry in pastoral counselling of the elderly.

Coming to the question of housing, one of our conclusions is that in planning, every effort must be made to disrupt as little as possible the familiar living pattern of older people. We do indeed have a long way to go to catch up with Western Europe in this particular area. Canada at the present time has about one per cent—15,000—of its population aged over 65 in self-contained specially built accommodations for older people. In Metropolitan Toronto, which I understand is the best off in this regard, there is approximately two per cent. In Stockholm in 1956, 15 per cent of their pensioners had already been provided with this type of accommodation. In 1951 in the City of Copenhagen 13 per cent of pensioners were living in this same type of accommodation. We certainly subscribe to the principle of older people being kept in their own homes as long as possible, and this means a lot more revamping of existing accommodation. It is rather interesting to notice that welfare departments of Great Britain provide older people with ramps, rails, and help to revamp kitchen facilities in order to keep older people in their own homes. This saves money in the long run. As far as housing is concerned we need a variety of bungalows, row houses, flats, hotels and so on. We need most but not all of them integrated into the community. Many more of these could be church-sponsored. We feel there is a particular need for hostel accommodation, an in-between type of accommodation where they are neither completely on their own, nor completely looked after. This would be something between housing and a home for the aged, and should contain communal facilities for dining, laundry, and entertainment. These could be church-sponsored if there were bigger grants available.

We put in a special plea for meals on wheels which we felt might be made more widely available through church kitchens. The situation in this country with regard to meals on wheels is surprising. At present in Canada we have 24 people receiving meals on wheels in the City of Brantford compared with at least eight percent of those over 65 receiving such a service in Sweden.

Another crying need is that of chiropodists. In Edinburgh there are five full-time chiropodists employed under the Department of Health, and I understand they are going to have to add more. In Canada this is about nonexistent as a public service.

Another matter in which I am particularly interested is the question of providing public health nursing services. It is rather interesting to note that in the City of Edinburgh although 2½ per cent of the aged received health visitor—Public Health Nurse—services, 38 per cent needed them. I want to put in a special plea here—although it is somewhat off the track of the brief—that I am convinced the health department must become much more old-age orientated. They are in an admirable position to co-ordinate community services at home. In order to stimulate the interest of the health department in this area the Senate committee could recommend a rather simple procedure, that is to have a register of older people set up in each health department. When a person gets to pension age I don't see why the name could not be sent to the health department much in the same way as is done with birth registrations and a routine visit could be made by the public health nurse. A decision could then be made as to whether a follow-up visit is necessary or desired by the older person. In Norway in all of the big cities, the health welfare centre gets a list of all people over the age of 70, and they are automatically contacted either by letter or by a visit from a social worker.

The important thing is that the names are made available. The reason why Holland has better statistics than anywhere else, and realize more precisely the needs of their older people, is because they make the names known to responsible officials who can then take steps to investigate the needs. What are the objections to this? We have a much too highly developed sense of confidentiality with regard to those receiving the pension. It is no kindness to older people to keep these names hidden. I am sure that most old people would welcome another visitor, and particularly visits by public health nurses.

I am at present interested in a research project on the needs of older people at home. We will never be sure of their needs unless we can get a random sample of these old people. The obvious way of getting it is to tap the resources of the old age security branch which are at present clouded in secrecy.

There is no doubt that the population of future homes for the aged is going to be progressively older, sicker, and will be mainly composed of older women. This will mean more medical and nursing care and much more rehabilitation including occupational therapy, physiotherapy, speech therapy, etc. This all means more money, since it cannot be done cheaply. The church is in an admirable position to assist in this but bigger grants are needed. However, it will save the community money in the long run to have as many homes as possible run by voluntary effort such as the church and closely supervised by the Government. In Holland we have an example of this where such services are very largely church orientated.

A comment about size; we have had an unnecessary hassle in this country about the size of homes for the aged. It is perfectly delightful to think of the smaller home of 30 to 50 beds. This would be excellent if the older people would use these homes. However they don't want to go there except as a last resort no matter how attractive this may be. In Sweden they have overbuilt

homes of this type and now they find they need much bigger homes with more facilities.

A short comment about the mentally confused elderly. If suitable rehabilitation is carried out it has been shown that you can get up to a 50 per cent salvage rate. The word "dementia" should go by the board—it is far too easy to rationalize its use where little or no therapeutic effort has been made. Furthermore I do not think we should mix the mentally and physically unwell, rather we need special institutions as in some European countries which are imbued with the philosophy of rehabilitation.

With regard to the question of day care centres the Jewish homes for the aged are to be complimented on the work they are doing in breaking down the walls of their institutions and carrying their services into the community. This could be done by other suitably placed municipal homes for the aged.

I have one or two comments on nursing homes which have been tossed back and forth between Health and Welfare. Nobody seems to want to take responsible for these homes. One major difficulty is that no nursing home operator can afford to provide rehabilitation and various other services we would like to see them provide on $5 to $6 a day. I was really impressed to learn that the Province of New Brunswick has instituted province-wide regulations to cover the situation and trust that the other provinces will follow suit. Much higher government subsidies and much stricter controls are long overdue throughout Canada.

I am convinced that geriatric hospital care must be a part of the general hospital or at least closely co-ordinated with it. When you separate chronic care for the aged the standard drops. If you divorce your older patient with chronic disease from the general hospital you will have a lower standard of care. The same situation applies to psychiatric care, and an attempt is being made to rectify this by returning psychiatric care to the general hospital. In Great Britain one found enthusiastic energetic young geriatricians, and one found day and night hospitals, halfway houses and progressive patient care for geriatric patients. There is a need for more geriatric out-patient departments and we feel that the "well oldster clinic", although an interesting idea, has not yet proven itself and needs more research on it.

Lastly, in the area of social services, one of our recommendations was that every effort must be made by the community to make available services that would provide a continuity of concern throughout all of retired life.

As far as the church is concerned, we felt that of all community institutions this must continue to treat people as individuals with as little segregation as possible. There should be even more friendly visiting by the church, although admittedly a great deal is already being done. It is the most logical institution to provide this service and this means better preparation with less onus on the minister and more on the members of the congregation.

Churches could provide more surveys of the needs of older people in their congregations. How many, for instance, realize the need of the parishioners for transportation to services? The church is definitely youth oriented along with the rest of society, and it must also change its focus to include more older people. We must go beyond the segregation of the aged into recreation groups. It is not enough to have a weekly citizen's club.

Lastly, many delegations must have emphasized, as we have emphasized in our brief, the crying need for co-ordination. You cannot separate the planning of housing, domiciliary services, communal care, or any of the other many services and facilities for older persons. One must have an overall co-ordinated effort if you expect services to be effective and efficient.

This means working together on the provincial level between Departments of Labour, Health, Welfare, Education, etc., and particularly between health and welfare, which many of us are convinced are almost inseparable with regard to the care of the aged.

The relationship between health and welfare departments in some areas of Canada leaves a great deal to be desired. Much better co-operation is needed.

Teamwork is needed with regard to home care services, and the co-ordination should be provided by the physician. Unfortunately, however, he is poorly prepared, as a rule, in this role and improvements at the undergraduate and graduate level are necessary.

The last plea is for the local community to set up co-ordinating councils. We feel that a goodly share of the planning must remain at the local level, because needs vary from one community to the other as indeed they vary from one province to another.

One major difficulty at present, as we see it, is that the services for the aged in Canada is fractionated and piecemeal. There should be a lot more leadership at the local level to provide co-ordination and to avoid existing gap and reduplications.

The CHAIRMAN: Is there anything you would like to add, Reverend Trickey.

Reverend Kenneth W. Trickey: The two main statements have already been given, but I would like to sum up by saying that the church regards the aged as not a unit but a continuing in the main stream of life, and therefore as frequently as possible should not be cut off from that main stream of life, and segregated into these various homes and various institutions. It believes that everything should be done to try to keep them in their familiar surroundings.

On page 4 of this brief, adding another recommendation, we feel very strongly that there needs to be some overall standard for nursing homes. This is a complicated problem because various governments go about it in various ways, but there are institutions operating as nursing homes which the church feels are not giving the services which they should give.

In other words, we need more adequate supervision here.

Lastly, the church as a whole would welcome, I think, the senators telling us quite from the shoulder what the church should be doing in this area. We would welcome your criticism and your suggestions.

Too often, people tend to soft pedal their ideas to the clergy and to the church, and we certainly hope that this study which you are doing will tell us exactly what you feel the needs are, and not hesitate to give some challenge to us.

We would welcome it. Thank you.

Miss DAVISON: Mr. Chairman, there are just a few words I would like to add to this, Preparing the brief has revealed to us some of our own shortcomings. Naturally, the parish is controlled by the clergy and when his training of how to work with the aging has not been adequate, there is perhaps a lopsided balance in the parish.

I don't think any of the church leaders or clergy would say that they have no responsibility for older people, but these elderly members of the church and their problems have many times been set aside, I fear, until a later date when there will be more time. We have been in that category, I think, but are ready to rise now to what society feels our responsibilities should be.

The church has always treated a person as a whole person. It has dealt with families as a whole, and kept the older person and the community together, as a unit.

Agencies often cause segregation by giving a specific service but the church has not had that kind of segregation. The church has been in existence for a long time. In many ways we are old also, and we need to have it spelled out very clearly where we are needed. Do not hesitate to say it loudly, because when it comes to hearing the things we should do we are often slightly deaf.

Senator FERGUSSON: Mr. Chairman, I am very much interested in the brief. There are a few things that I noticed when reading it over that I would like to mention. First, on page 5, paragraph 12, there is a reference to legal advice, that legal advice should be given to older people. Have you thought that through any further than that they should have it? Do you think this should be given freely as legal aid by lawyers who will give time for this sort of thing, or should it be provided by voluntary organizations who would raise money to pay lawyers to give legal assistance, or is it something which the government should undertake and should pay for? Have you thought the suggestion through, that far?

Dr. SCHWENGER: I am going to pass this on to Miss Davison, because there was not a concensus on this.

Miss DAVISON: The communities we are aware of had different standards. Sometimes they felt that they were adequately served by the voluntary giving of the legal aid institutions in existence. On the other hand, very often, the older people did not even use this because they did not know about it. There was a gap between their knowing about what was available and also the fact that many communities did not have any availble.

However, we did not go any further than that.

Reverend TRICKEY: Another idea which comes in here, senator, is the fact which is pointed out on page 4, number 2. If not only legal advice, but other advice also was available, and if people knew about it, there could be an awful lot lessening of heartache and people being taken in by unscrupulous persons.

At our meeting I mentioned to the committee that I did not see why they tied up financial and investment advice with legal advice. Perhaps there might be in various communities retired members of a stock exchange or brokers and bankers who could give advice to people in this whole area, because they are the specialists in this field.

Senator FERGUSSON: It might be a voluntary effort by people who are specialists in those professions?

Miss DAVISON: There is one senior citizens' club on the outskirts of Toronto which has a couple of retired lawyers who give their advice.

The CHAIRMAN: Yes, I know about that. As a matter of fact, not only are there retired lawyers but a group of retired businessmen and other people who give their time freely. It has been an excellent effort.

Senator GROSART: Of course, the retired lawyers are not in homes for the aged.

Senator FERGUSSON: I would like to mention the third recommendation in paragraph 13 on page 5 of your brief. I was puzzled by what it meant, but your explanation, Dr. Schwenger, made it clear enough to me. Do you really think this happens very often—this business of discharging people on the winding up of a business so as to save succession duty?

Dr. SCHWENGER: Senator Fergusson, there was no consensus on this, and I personally did not feel it was all that common.

Miss DAVISON: One of our committee members was a retired man who felt very strongly about this. He felt we were inclined to criticize employers who fired employees two or three years before retirement—that we were inclined to be critical of the employer in cutting off what should be his responsibility. He told us that the owners of many small businesses who had made a success over the years had arranged a plan for retirement. They plan for their own retirement and for the clearing up of their own estate. The Succession Duty Act requires that the duty be paid in cash immediately, as you know, and they planned to have that cash on hand in order to be ready for that occasion. In order to do that then at the time the old man retired he would be obliged to sell his small business.

It was drawn to the attention of our committee that in the City of Toronto alone there were dozens of situations in which small businesses were sold and bought up by large corporations which then became rather impersonal employers. Three weeks after the brief was written an editorial on this very subject appeared on the front page of the *Financial Post* of February 1.

Senator FERGUSSON: I have one other question. In your fifth recommendation you refer to the fact that more emphasis should be placed on the subject of gerontology by educational institutions. I am just wondering if any theological colleges have special classes on gerontology, or do they teach it in connection with social work? Have such classes been set up?

Reverend TRICKEY: Certainly the college I attended did not, and I do not know of any that teach it specifically. It may come in indirectly in the pastoral counselling lectures, but it certainly is not given the emphasis it should be given. One of the first things that a rector does when he arrives in his parish is to visit the elderly people. We are continually dealing with the older people and their problems, and we are not being adequately trained to deal with them. There may be some of our colleges in the west who teach this subject specifically, but I cannot say which they are.

Dr. SCHWENGER: May I speak to that, Mr. Chairman?

The CHAIRMAN: Yes.

Dr. SCHWENGER: The survey I mentioned is the one that was done by the Ontario Welfare Council for Ontario, and please do not feel that the criticism was directed only at the theological colleges. We find, for instance, that none of the five schools of law have any special instruction on aging—and only three out of eleven departments of psychology have special information in this area.

Senator FERGUSSON: Thank you very much. I should have known that because I am a member of the Ontario Welfare Council. I wonder whether there is much in Canada that we can get on this subject. Do you know of publications which tell about what is being done—publications that would be helpful, say, to a young minister in giving leadership in his own parish?

Miss DAVISON: Very often when we have requests for this we have to use American information. There is not too much in Canada. We have appreciated in the past the publication of *On Growing Old* and the suggestions in it that the Canadian Welfare Council put out a few years ago. We hope that the concentration on older citizens will be enough reason for bringing this back again.

We appreciate the Department of Labour's monthly report in which they always have a one-page report on senior citizens and the employment of older people. The Ontario Welfare Council has a newsletter which gives some idea of what is happening practically in the area of the aging. The Red Cross is a clearing house, and the minutes of their Senior Citizens' Committee have practical ideas. The Metropolitan Toronto Social Planning Council puts out a bulletin occasionally, and we are thankful for the articles that come in the *Canadian Welfare*. Very often we are asked for more things than exist.

Senator FERGUSSON: You mentioned going to American publications to get information. I suppose you are familiar with the magazine *Aging* that is published by the United States Department of Health, Education and Welfare. I think I might say that in the early days of the Canadian Welfare Council's Committee on Aging it had a great admiration for this publication. The committee tried to get the Department of National Health and Welfare to issue something similar in Canada. Do you think that something like that magazine issued by the Department of National Health and Welfare, or any other department looking after older people, would be useful?

Miss DAVISON: I am sure it would be most useful.

Senator FERGUSSON: That might be something this committee could recommend.

Reverend TRICKEY: It would be useful, and I think it would be something that would be used. It is rather difficult to have information come to you piecemeal—an article here, an article there, and an editorial in the press. There is so much change going on all the time in this whole area of aging that it is very difficult to keep up with it unless there is a magazine or a digest or a pamphlet of the kind you mentioned which would keep us abreast of events.

Senator MCGRAND: I have one question. What success has the church experienced with families who leave the welfare of their parents to others?

Reverend TRICKEY: That is a difficult question to answer off the cuff, sir. There are two problems here, as I see it. When people leave their parents in the hands of others they do not do so with any cruelty necessarily in mind, or any idea of shrinking responsibility. In large metropolitan areas where many people live in small apartments there is not the space available for parents. Quite often, when parents are living with their families, there is a great deal of friction and tension. In the parishes in which I have had experience I found the majority of older people wanting to be on their own, and independent of their families. They wanted to go and visit their families, and be welcomed in the family group for a while, but not on a permanent basis. They like the children for a little while, but they do not want them continually around them. There are reasons for this, as you are well aware.

With respect to the question of giving responsibility to others, I can say that the church homes with which I am familiar seem to be working out very well. We have small homes which provide an atmosphere as close to a home atmosphere as possible, and as much care as possible is provided. And the people that are in our church homes, that I know of, are very happy and would not want to leave. The problem is of course when elderly people become ill, and you have to give them nursing care, and many of our church homes are not equipped to do that.

The CHAIRMAN: Let me ask you the same question I asked the representatives from New Brunswick. I would like you to comment on the list of priorities which appear to be economic, including employment, health, social, including housing and recreation, I notice you marked them down, Doctor. Now could you give us a comment on that? You asked us to be straightforward and tell you what we thought, and now we ask the same of you.

Dr. SCHWENGER: We have discussed the priorities as you gave them and felt that the order was a reasonable one. They are all, of course, inter-related.

The CHAIRMAN: That really doesn't help us.

Reverend TRICKEY: Certainly you have the main features. You have got your main headings. And I think it is a first-rate job. We are in agreement here.

The CHAIRMAN: We are very happy that you are. We appreciate your viewpoint. This is not something off the cuff. This is a result of a great deal of evidence we have heard and much thought on the subject.

Dr. SCHWENGER: I am very happy to see economics at the top of the list. It is perfectly delightful to suggest to an older person that he should take up bird watching as a hobby, but this does not have much meaning if he doesn't know where his next meal is coming from.

The CHAIRMAN: Senator Haig.

Senator HAIG: I think the witnesses do not need to depreciate what the chuch is doing in this connection. I am interested in page 5 about which Senator Fergusson spoke a short while back, and also the mention on page 8 in connection with theological training. Doesn't the minister in his pastoral visits, or the

deaconess in the church find out these older people? Doesn't the church have surveys made periodically mainly in connection with envelope collections and so on, and don't you find out who those older people are and where they live and so on?

Reverend TRICKEY: We do in rural areas, and we try to do the best we can in urban areas, but particularly in an urban parish in a downtown metropolitan city we know there are some older people in these large apartment blocks that we don't know exist. I know of one parish in Montreal where we have had the whole parish area surveyed by telephone, which is a complicated matter, to find out about the people in the apartment blocks who belong to the church or who have an affiliation with the Anglican Church. When we find these people we direct them to the services available in the community if they need them.

Dr. SCHWENGER: I think it fair to say that we were not so much criticizing what was going on, but that a great deal more of the same should be carried out. Obviously the minister who has 30 per cent of his congregation over 65 years of age cannot, even if he wanted to, ignore this area, but he needs more training in how to handle it.

The CHAIRMAN: You say they need more training. Don't you think we have enough on our shoulders without going into that? I can see what would happen if we started telling the churches what to do.

Senator HAIG: On page 13, section 32, you discuss friendly visiting. In your opinion is this more necessary in the inner city parishes of the downtown church—aren't there more older people congregated in the downtown areas than in the suburbs and cannot this be done, and is it not being done by some organization in your church where they set up a special department to deal with this kind of action. I know in my own church in Winnipeg we have this organization which meets once a week in the afternoon, and also they have a couple of ladies who go out weekly, and more often if necessary, and do this friendly visiting and find out what is wrong with people who are not going to church and why they are not going, and on special occasions they bring these people to church. Can this not be done within the individual church organization?

Miss DAVISON: It is being done. But we don't want to segregate. Friendly visiting often includes the greeting of immigrants and welcoming them to the parishes.

Senator HAIG: But would this not include older people?

Miss DAVISON: Yes, but often the volunteer seems inadequately equipped as also are the clergy at times to do this. They don't know how to deal with them. In this area we have found the Red Cross course in how to be a friendly visitor most helpful.

Senator GROSART: I have two questions. The first one is, does the church have an arbitrary compulsory retirement age with its own employees?

Reverend TRICKEY: Some dioceses do. This is on a diocesan basis. I think those that have it have the age set at seventy. The diocese of Montreal at the present time has a motion before the Synod that the clergy should retire from full-time service at age 70, but clergy are in a better position than some of the laity in this position in that many of them who retire work harder than ever before because they are made honorary assistants of parishes.

Senator GROSART: But you do have as a principle in some areas or in some dioceses an arbitrary retirement age irrespective of the ability of the person to carry on.

Miss DAVISON: Each diocese has its own arrangement, and whatever is done after 70 is usually done on a yearly basis.

Senator GROSART: But it is arbitrary. The Government itself has its arbitrary retirement age and so has industry—everybody says you should not have it, but they do it, and even the church does it.

Dr. SCHWENGER: This older minister who is retired sometimes becomes not only the second priest of a congregation, but he may be given the charge of visiting older people while the younger man will have the job of visiting the younger parishioners.

Senator HAIG: But the age is as arbitrary as it is for the fellow in the production line.

Miss DAVISON: The clergy make this rule for themselves, and they all think it is a good idea. It is not imposed from outside.

Senator GROSART: That is democracy. On the question of priorities we have all been interested in the examples given about other countries, particularly the Scandinavian countries, and to some extent Great Britain. They appear to be away ahead of us in certain areas. But surely we must not lose sight of the fact that Canada appears to lead the world in the percentage of its gross national income paid out to the aged. You may have other figures, but as far as I know at least one-sixth of our national expenditures may well be paid out in this field. We start with about $1,000,000,000 for universal old age pensions, $30,000,000 in old age assistance, and the others add up pretty close to $1,500,000. I was going to ask you whether it is possible we are making a mistake in putting so much emphasis on the dollar.

Dr. SCHWENGER: I think the point is that they have not been so pension-minded in Europe as perhaps we are here, but have been more oriented towards services, particularly the services to keep older persons at home. This is where we fall down very badly.

Senator GROSART: This leads to my next question. There seems to be, today, a direct conflict of evidence—you must have noticed it—between the evidence we had from New Brunswick, urging a limit of 20 or 30 persons per home, and your statement, doctor, that this was mostly emotional and sentimental and that the 200 persons home might be more efficient.

Now, this, of course, takes us right into the Roscow study, which I am sure you know all about. However, we are getting conflicting evidence on this. The surveys will show, as the New Brunswick one did, that old people say "As to the choice between an institution and my own home", there is no question about it. But the Roscow study shows that people may say they prefer to stay in their own home but that once they are in the right type of institution they are happy, and I want to make one further comment on that. This phrase, "my own home", which keeps coming up is not, I think, well enough defined, because as you read the New Brunswick survey you assume that people mean that they want to stay in the home that they have owned, or lived in, all their lives, and I do not think this is the truth of their response. Could you comment on that?

Dr. SCHWENGER: If you provide only one type of facility for older people, and they have no choice, they may adjust to it, even if it is away out in the suburbs or if it has six people to a room. They must, in fact, adjust if no choice is given to them.

If you do give them a choice to be in their own home with the additional necessary facilities and services they will choose that. They will put it first on the list.

The point I made about hostel care is that when you put frail old people in their own single, individual apartments with laundry, recreation and meals provided, this is almost equivalent to what we used to provide in our sentimentalized 20 to 30 bed homes.

If you provide the hostel type of housing accommodation, then you do not need that small idealized home—as they have found in Sweden where they have been overbuilt. Many of the people in these small Swedish homes are sick and in need of intensive nursing care and rehabilitation, but they cannot provide these in homes with 30 beds. That is why they are talking about bigger homes with more services.

The CHAIRMAN: Senator Grosart, do you remember when the minister from Alberta was here and we raised the matter concerning homes that contained room for 50 people, and we asked him the question about providing medical facilities? And, on the other hand, you remember the Jewish home for the aged, where it was said that they provided accommodation for medical facilities along with living facilities and along with hospital facilities. So as a whole all these would be available almost under one roof.

Senator GROSART: This is my point, Mr. Chairman. The more evidence I hear, the more convinced I am that the answer, or one of the answers, for a very large percentage of older people is a home-like atmosphere created in an institution equipped to give them the many gradations of care that they will require from year to year. One just cannot say of an aged person, "Here are your requirements," and then put them in a particular type of home for 15 years. These requirements are going to change year by year, and therefore we are very interested in the suggestion of a home for 200 or 300 people.

Dr. SCHWENGER: There is no doubt that there are persons outside the institutions who are getting older and sicker, but who are staying out of institutions as long as possible. The increase of pensions has led to an increase of about 10 years on the average age in our homes for the aged. These people just stay out of the homes as long as possible, and, I hate to use the term, but they use it only as a last resort.

The CHAIRMAN: Doctor, why is the Riverdale Hospital in Toronto not filled?

Dr. SCHWENGER: This is not just limited to the Riverdale Hospital. It is a world wide problem. In Toronto it is partly a result of the general shortage of nurses, but beyond that it is a problem of having professional people who actually want to, or choose to work with the aged.

This is a problem not only in Canada but in some of the most sophisticated institutions in Scandinavia. It is the problem of persuading people to work with the aged. In some of the institutions in Scandinavia, they have students in university and high school filling in at times because of the shortage of staff.

Senator GROSART: Is the reason for that because the average doctor is interested in a patient he can cure?

Dr. SCHWENGER: The average physician feels he must "cure" each and every patient. There must a a new word emphasized in medical education and that is "control". There has to be a new type of prevention discussed and that is "secondary prevention". We must maintain these older people at a certain level and not necessarily cure them.

Senator QUART: My questions are very brief. Regarding friendly visiting services, I happen to know that in the Anglican Church ancillary, they have friendly visiting services, but in view of the fact that some of these older, but not needy people, died, and were found dead 2 or 3 days after—and this did happen in the month of December—they have started as of January a telephone committee where the younger people get together—and this does not necessarily mean that they leave their children or anything—and telephone to the older persons every day and say, "How are you today?" and so on and so forth. This is working very well, I know.

Now, regarding Senator Grosart's remarks as to the age of retirement for the clergy, I happen to know very intimately and well Canon Young of

Saint John, New Brunswick; he is a very, very old person, but he goes on visiting parishioners, and I think he is very young-minded and is doing a wonderful job.

Now, you have asked us to be critical and I would ask you to be critical of us. In your opinion has this Senate committee been instrumental in some measure—I hope in great measure—of alerting more of the public and of getting more favourable public opinion in support of local projects for the aging, or for perhaps stimulating volunteers to get in and help? Do you think this committee has really been helpful?

Reverend TRICKEY: I would say yes; from my experience in Montreal associations and The Aging Section of the Montreal Council of Social Agencies; and certainly in the dioceses of Montreal. I think there has been an upsurge of interest in the problems of the aged and the needs and requirements of the aged. I believe this has been given great impetus by your committee. I think perhaps Miss Davison should speak on the national level.

Miss DAVISON: The Senate committee here has been a direct influence on our setting up an aging committee within the Council for Social Service of the Anglican Church. This committee had its first meeting this week.

Senator GROSART: One final question on that very point. At page 10 we read that the church looks forward to positive recommendations and results arising from the special committee. Dr. Schwenger, in general, in what areas would you expect to see positive recommendations from this committee?

Dr. SCHWENGER: Well, that is a very difficult question.

Senator GROSART: I do not want you to go into details, but our problem is to make reports, not merely to say "Here is the evidence" and summarize it. Can you suggest areas in which we might make possible recommendations for action.

Dr. SCHWENGER: I am not going to answer that question, but I do want to go back to this area of public relations, which I think has been missing somehow from the Senate's deliberations.

I know there has been some publicity, but much more is necessary. You should perhaps bring out an interim report which people can react to and go on from there; this might be the wisest thing to do.

It is extremely difficult to be absolutely sure with regard to generalizations for a country as big as Canada. With the population as diffuse as it is, to make specific recommendations with regard to aging in local communities is perhaps impossible, and I think this is going to be your problem: to make generalizations which will hold true more or less for the whole country.

Senator GROSART: I am an ex-newspaper man and an ex-P.R. man, and I can tell the committee right now that unless we make recommendations there will be no publicity.

The CHAIRMAN: Have you anything to add, Mr. Trickey?

Reverend TRICKEY: From sitting at the back of the room while the representatives from New Brunswick were speaking you seemed to me to be quite interested in medical costs for the elderly. I would make this statement, that in the rural areas there seems to be a great financial burden on the sick elderly people with respect to medical bills. Those in the big cities can go to the hospitals, to the out-patient clinics, and get their medicines for a dollar or 75 cents, but in the rural areas—and in the Eastern Townships where I am now—there are no such facilities. This creates terrific problems. Have you found this to be so in other rural areas?

Senator GROSART: I am concerned that there are elderly people who are more sick and more unhappy than they need to be because they cannot afford the drugs they need.

Miss DAVISON: May I suggest an answer to your question? I think one of the most important things that this committee of the Senate can do to support what we are saying is to point out that old people are important. We would be able to do a better staffing job at Riverdale Hospital if that were made known. Not only do the old people need us, but we need them. Too many of our senior citizens relax because they are expected to relax. They give up because society expects them to give up. I am sure we are setting the foundation for a complete change in that attitude.

Dr. SCHWENGER: I do not want to repeat myself, but may I as a final comment say that it is very important for us to have the statistics with respect to the needs of older people in the population? It has, however, been shown conclusively that older people in the population form the group most in need of medical care, and they are the ones least able to afford it.

Senator GROSART: Could you undertake to prepare, Doctor, if you were asked, a questionnaire that could be distributed on the basis of a Gallup poll and I have great faith in the accuracy of Gallup polls. I am thinking of a sample of 2,000. Would this give us valuable information that we do not have now?

Dr. SCHWENGER: I am convinced it would. Right now I am drawing up a questionnaire for my own research that could be applied to older people in their own homes. The survey will be conducted by the public health nurses. Within three years, with the help of a National Health grant, I hope to be able to provide the answer at least for Metropolitan Toronto.

Senator HAIG: Mr. Chairman, I think we should extend it beyond the great City of Toronto.

The CHAIRMAN: I was particularly intrigued by one thing you said. You talked about the confidentiality of the names that the Government has of people who are 70 and over, and your suggestion that these names should be passed down to authorities at a lower level.

Dr. SCHWENGER: With the emphasis on "responsible authorities."

The CHAIRMAN: Excuse me just a minute. You suggested those names should be passed down to a lower level, which means down to the provincial authorities. That is the next lowest level. The provincial authorities could then notify the municipal authorities, because that is their only contact. They could notify them that there are so many people of 70 years of age and over in a particular area. I think it was your thought then that at that point somebody in the welfare department of the municipality would contact these people for the purpose of ascertaining generally what the score is. At that stage do you foresee any resentment? You know what I mean, do you not?

Dr. SCHWENGER: Yes.

The CHAIRMAN: I can take you back many, many years when the Ford Motor Company raised the wages of its employees to $5 a day, which was an astounding thing to do in that day. It then sent people around to the homes to find out how the employees spent the $5 a day. This was very much resented and dropped almost at once. What do you think would be the reaction here?

Dr. SCHWENGER: I think part of the resentment expected may be the result of the feeling that the Old Age pension is in fact, charity, and the older person does not want everybody else knowing he or she receives the Old Age cheque. This attitude is disappearing rapidly. I am not thinking of the public health nurse or the social worker arriving at the same time as the pension cheque. What I am contending is that either one of these professional people could visit older persons of a specified age—say 70 years because it is convenient—with the idea of helping that person in assessing his or her needs and resources. There may be some resentment on the part of a few, but if there is then there would be no further visits. That same resentment may sometimes occur in con-

nection with routine baby visits. If the public health nurse detects it, then it is a simple matter just not to go back.

The CHAIRMAN: You admit that there is some resentment on the part of these older persons. What do you think would be the attitude of the local council with respect to it? There are always some people who say we are spending too much money.

Dr. SCHWENGER: I think if you balance the small number of people who might resent this kind of visit against the large number who would welcome it, then you would certainly consider it ought to be done. You will find out a large number of individuals in your community who would be otherwise forgotten about. I think on balance your local council would be all for it.

Senator GROSART: I agree with that. These are not names that the Income Tax Department has, and they are not confidential.

The CHAIRMAN: The figures are.

Senator GROSART: No, I do not think they are.

The CHAIRMAN: I am talking about those who receive the Old Age Pension.

Senator GROSART: Those names are not confidential.

Dr. SCHWENGER: I have discovered they are held to be extremely confidential by the Department concerned.

Senator GROSART: In respect to the recipient there is no undertaking of confidence as there is in respect of income tax returns.

The CHAIRMAN: We have had a very interesting morning. You have talked frankly, with force and with a full conviction. We appreciate very much your coming here this morning. You have added something to our knowledge which, at this stage of the hearings is an accomplishment. For that we thank you.

The committee adjourned.

BRIEF

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The limitations of this brief survey will be at once apparent. No claim or pretence will be advanced on its behalf. The restricted scope, the omission of scientifically gathered and evaluated data, and other obvious deficiencies are, perhaps, more revealing than the modest attempt it makes to assess the difficulties of Old Age in New Brunswick and the few proposals it offers about that problem. The lack of information about the true condition (perhaps even the plight) of the elderly is matched by the absence of competent means of gathering and accurately evaluating such information. It would appear that we have, like others, accepted Bacon's proposition that "Age will not be defied," but that we have only an inadequate conception of how its hardships might be mitigated, and even less conception of how it may be made "serene and bright." To state this is tantamount to an admission that here in New Brunswick, as elsewhere, there is widespread indifference to the subject. We have lived with the problem quite comfortably, become habituated to it, and, complacently, all but ignored it. One rarely concedes that a habit or an attitude should be allowed the dimension of a problem.

We welcome the initiative and the spirit of the Senate in addressing itself to this great matter. Our response, however meagre, to its national enquiry is an attempt to contribute something positive towards its investigation. Although it may fall short of weightier contributions from other sources, this survey has, at least, provided us with an opportunity of taking a hard look at the problem as it faces us upon our own doorstep. What we have observed is hardly comforting and provides no ground for complacency. It is to be hoped that we shall benefit from the review of our own situation.

We have misgivings of another kind, too. It would appear to us that no effectual solution to the paramount problems of Old Age will proceed from an investigation, however well intentioned, however broad in scope, that is devoid of scientific analysis and measurement of all the variable and complex data. An investigation of this kind belongs properly to the spheres of the sociologist and economist and not to that of a legislative body. If this seems an ungrateful reflection upon the genuine interest, the deep concern and the unimpeachable sincerity of the authority presently conducting the enquiry, we must advert to a number of the chief hazards inherent in the situation as it now stands. There is a danger that, without a highly skilled and scientific evaluation of the problem, only *ad hoc* solutions will be provided, well meant, no doubt, but remote from the true nature of the problem. There is also the danger that such proposals, as are the outcome of the present method of enquiry, will merely turn out to be the familiar but strongly-held pre-conceptions about Old Age, and that these shibboleths will be promoted behind a facade of information untested by scientific analysis, and having little basis upon actual fact. Yet a third danger, perhaps the greatest of all, because it may appear to offer easily accessible and practical ways of dealing with the manifold difficulties, presents itself: the outcome of the enquiry may be a set of proposals based upon the adaptation to the Canadian scene of the gerontological studies of other countries. We cannot believe that any of these possible results of the investigation will prove adequate, since all would be mere expedients, and, as such, out of close touch with the realities of our situation, geographic, economic, racial, social, rural and civic. We shall still have no proper theoretical or practical basis upon which to formulate a humane, coherent and constructive attitude to Old Age.

We need a thorough and highly skilled examination of the basic data itself, and this should be placed in the right hands, supported by a generous allocation of funds, and also supported by public interest now aroused by the Senate's admirable initiative and concern with the problem. The need is urgent. Within the foreseeable future what we now call the problem of Old Age will certainly be the problem of the Middle-Aged. That is the measure of the speed at which we are advancing. More and more it becomes clear that it is the society which determines the precise 'moment of truth' when the individual makes the inevitable discovery that his or her usefulness is at an end. The essential despair of that recognition proceeds not so much from an awareness of declining physical or mental power, but rather from the helpless sense of waste and futility. Latent skills, abilities and energies, diminished perhaps, still cry out for usage and are condemned. Too many men and women in this category suffer the cruelest handicap—enforced idleness. The loss of independence, which is so often the result, withers the human spirit; the loss of self-respect corrodes the morale. To be old is to be useless; that is the "worst of woes that wait on age," as even this brief and tentative survey makes clear.

I. REPORTS FROM DEPARTMENTS OF THE NEW BRUNSWICK GOVERNMENT

The DEPARTMENT OF HEALTH has no organized programme or plan for providing health care or institutional care for the aged citizens of the Province of New Brunswick.

The DEPARTMENT OF LABOUR is concerned about the conspicuous discrimination against elderly workers made by employers in New Brunswick. It is evident that advancing age and difficulty in obtaining employment increase in direct proportion. The Department hopes that the Senate Committee might determine whether Federal or Provincial legislation could help to rectify this employment situation for older persons.

A recent New Brunswick Department of Labour survey shows that between 1951-61 the labour force within the age group 65 and over declined by 16 per cent, although the population therein increased by 20 per cent. (It is interesting to note that the male portion of this age group declined by 24 per cent, whereas the female portion increased by 46 per cent.)

A similar increase in the older population is predicted within the next decade, whereas the labour force is expected to decline. This decline seems to reflect the widespread adoption of compulsory retirement and pension schemes and the reluctance of employers to hire older workers because of the higher insurance risk under a pension scheme.

In this age group the increased participation of women in the labour force is due to (*a*) the earlier mortality of men, (*b*) the number of widows who have non-wage incomes and are not urgently interested in pensions and other labour welfare benefits, (c) the rapid postwar growth of the professional and managerial efficiency of women, and (*d*) the development of service industries.

Although the Department proposes no research into problems related specifically to the elderly, two research projects currently under consideration may provide helpful information on the employment and income needs of older people.

The DEPARTMENT OF EDUCATION has increased the pensions of teachers. By the Teachers' Pensions Act of 1944 and its subsequent amendments the minimum yearly pension has increased from $250 to $1,000 and the maximum from $800 to $6,000.

The DEPARTMENT OF YOUTH AND WELFARE now offers some services to the aged in New Brunswick. Prior to 1959, there was no geriatric programme

in the Province of New Brunswick. Aged persons with no family or home lived in private homes, rented rooms and institutions operated by fraternal or religious bodies. The Government has been made aware, though the years, of the fact that some private boarding houses for the elderly left much to be desired regarding food, sanitation, fire safety, etc., and it was becoming increasingly obvious that some of these private homes were more interested in the additional income than in the comfort of the old persons. It must be remembered, too, that the various increases in Old Age Assistance and Old Age Security pensions made it more attractive for people with spare space in their homes to take advantage of this.

Regulations governing the licensing and inspection of Homes for the Aged and Infirm were put into effect on January 1, 1959. Homes accommodating more than two aged or infirm persons must be licensed. The licensing procedure calls for the inspection of the Home by the Provincial Fire Marshal, the District Medical Health Officer and an Inspector from the Department of Youth and Welfare. Inspections are carried out each year, or more frequently as the need arises. If a Home provides the services of a registered nurse on a twenty-four hour basis, it may be licensed as a Nursing Home.

At the present time there are sixty-six Homes for the Aged and eight Nursing Homes in the Province. The total bed capacity is 1,802. In this connection, it should be pointed out that a great number of persons now in Homes for the Aged should, because of their physical condition, be in Nursing Homes. Ideally, and this is undoubtedly the intent of the licensing regulations, those patients or guests who are able to look after themselves with a minimum of supervision should be accommodated in Homes for the Aged. The semi-invalid and totally incapacitated should be looked after in Nursing Homes where the required care would be provided by competent nursing personnel. However, most, if not all, Homes for the Aged now accommodate all three classes of patients, owing to the shortage of Nursing Homes. This is a most unhappy situation, as these Homes are not equipped for such function and cannot provide the professional care sick and elderly people need. The situation has been tolerated *faute de mieux,* but will require close study in the near future if we are to develop a broader geriatric programme.

As a start to correct the above-described situation, the New Brunswick Government, in 1960, enacted the Auxiliary Homes Act, which provides for the payment of $2,000.00 per bed or 50 per cent of the capital cost, including equipment, whichever is the lesser. The grant may be made to one or more municipalities, or to religious, philanthropic or charitable organizations. So far, only two religious bodies have taken advantage of the grant. This is not because of a lack of interest but because of the difficulty in obtaining the required additional finance to complete the projects. The National Housing Act provides long-term loans through Central Mortgage and Housing for the construction of hostel-type nursing homes and homes for the aged provided that row-housing or self-contained units are constructed in connection with this project on a unit-to-bed basis. This regulation is restrictive and has delayed construction of adequate old-age and nursing-home accommodation.

The Royal Canadian Legion has taken advantage of loans through Central Mortgage and Housing and has erected one low-rental housing unit for the aged at Fredericton. Three more (two in Saint John, one in Moncton) are currently under construction.

Cost of Maintenance of the Aged

Recipients of Old Age Assistance and Old Age Security who are in good health usually are self-supporting in the institutions mentioned above. However, those who require special care, the cost of which is above what they can afford to pay, apply to the Welfare authorities in their own municipality, and this

supplementary income, paid by Social Assistance, is borne by Municipal, Provincial and Federal Governments.

During the last fiscal year, $4,717,271 was paid out of public funds (Municipal, Provincial and Federal) to assist people 65 years and over living in New Brunswick.[1] This included supplemental allowances to persons over 70 years.

II. INVESTIGATION OF SERVICES TO THE AGED

Method

A review of the provisions made by the Provincial Government for its aged citizens revealed clearly that we knew too little about our elderly population, particularly about their feelings and attitudes towards their circumstances. Up to this time our evaluation of their unmet needs had been arbitrary and subjective. We soon realized that a sample survey of the problems of the aged in New Brunswick was an essential preliminary to a discussion on ways and means of developing or expanding our present programme.

This survey was conducted in two ways, by questionnaire and by interview.

Questionnaire

A questionaire was drafter and six copies (See Appendix I) were sent to each of the twenty-two Welfare Investigators of the Department of Youth and Welfare. The investigators were asked to meet selected persons over 65 years of age and help them complete the questionnaire.

The investigators selected old people whom they had served on behalf of the Department (i.e. most of them are or were receiving Old Age Assistance). The sample, therefore, was from a low income group, who had required financial support from the Government before reaching 70 years of age. Of the one hundred thirty-two questionnaires returned to us, only seventy-two were used in the study. Many questionnaires were completed at too late a date to be used; some were eliminated because they failed to meet the requirements of the study.

Interviews

After the questionnaires were completed and returned, it became evident that the method of enquiry, with its factual and material bias, had only suggested and not defined the wide issues involved in serving our aged. They had not, for instance, supplied us with explicit information about the following:

(*a*) preparation for and expectations of old age,

(*b*) the age at which a person decides that he is old, and the circumstances that lead to this decision,

(*c*) the elderly person's view of society's attitude towards him, and

(*d*) feelings about living in an institution for the aged.

Accordingly, it was decided to interview old people individually and in groups in order to extend our understanding of these particular and related problems.

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[1] *Old Age Assistance*

Administration	$ 191,049
Payments	$ 4,141,222
Total	$ 4,332,271

Social Assistance
(estimated 10% of caseload)

Administration	$ 35,000
For those in Homes for Special Care and receiving supplementary allowances at home	$ 350,000
Total	$ 385,000

Five institutions accommodating from ten to one hundred and forty old people, and one Senior Citizens' Club were visited. In the institutions only those who were able to understand the purpose of our interviews and who were able to respond intelligently to our questions were selected.

The old people were generally delighted to express their views. The visits gave them companionship for a brief time, a feeling of contributing to life once more and a knowledge that they had not been abandoned by Society. Their response was a revelation. Some of the persons interviewed were advised one day in advance of our intention and their answers were generally more thoughtful and to the point.

Findings

An old lady of 65 was resigned to chronic ill-health, spiritual inertia and complete dependency. The contrasting vigour, humour and courage of the young man of 83, a wheel-chair patient in the same institution, illustrates the simple but so often forgotten fact that we cannot lump together all people over 65 years of age into one broad category. The variables of temperament, age and circumstance defy this kind of classification, and any attempt to impose homogeneity upon it will inevitably lead to varying degrees of inhumanity. Something of this great variety among the aged is clearly shown even by our brief survey. However, despite the expressed multiplicity of needs and handicaps, we are able to discern certain common factors.

Income

On an allowance of $75 monthly the weekly income is $17.30. It appears that the average cost per week of maintaining oneself in a house is $13.[1] The weekly cost of board and lodging averages $14. This leaves $4 and $3 per week respectively to meet all other needs (listed in Appendix II).

The additional income requested (the average of which is $6 weekly or $25 a month) therefore seems to underestimate basic needs.

Housing Costs

The cost of accommodation in New Brunswick varies a great deal; it is generally considered to be higher in urban communities. The low-rental housing unit for the aged situated close to Fredericton is just maintaining itself by charging over $49 a month for the six double units i.e. over $11 weekly for two persons. An apartment for one in a similar project would, therefore, cost at least $6.

The average combined cost of rent (or tax) and fuel,[2] ascertained from our questionnaire, was $4 to $5 weekly; in a housing project the cost is higher.

Food Costs

The New Brunswick Department of Health recently estimated the minimum food costs for persons in New Brunswick. They based the quantity and type of food to be bought on *Canada's Food Rules*. The costs per week vary throughout the Province between $6 to $7.50[3] for a single adult and $10 to $12 for two people.

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[1] Rent or tax $2.50; fuel $2.50; light $1; groceries $6; medicine $1.

[2] Older people generally require greater warmth, and fuel costs mount with age.

[3] The sample week's groceries given below is for a single adult on a very limited income.

Milk	1 qt. + 1 pt.	Macaroni	1–1 lb. box
Grapefruit Juice	1–20 oz. can	Bologna	½ lb.
Apples	2	Salt Cod	10 oz.
Potatoes	3 lbs.	Eggs	½ doz.
Carrots	1 lb.	Split peas	1–1 lb. bag
Green Beans	1–20 oz. can	W. Sugar	1–1 lb. bag
Shredded Wheat	1–12 oz. can	Peanut Butter	1 lb.
Bread	4 loaves	Cheddar Cheese	¼ lb.
Margarine	1 lb.	Tea	½ lb.

It will be noticed that this list does not include any household items often classified as groceries because they may be bought in a supermarket e.g. detergents, soap, toilet tissue, tooth paste, razor blades, shampoo, light bulbs.

This pre-supposes that old people buy wisely and are knowledgeable about nutritional needs.[1]

In our survey we found that 30 per cent of married couples spent less than $10 weekly on food and that 10 per cent of single persons spent less than $6 a week on groceries.

Medical Costs

Forty-two per cent of the people spent $5-$10 a month on medicine. This is a large portion of their total monthly income. In a discussion with a group of older people living independently, it was suggested by them that certain prescriptions should be given in smaller quantities and so eliminate waste; some said that they only buy half the amount prescribed, returning for more if necessary.

Employment

Thirty per cent of the men who answered the questionnaire wanted to go out to work. This is a high proportion. Some specified "light work." However, all types of work requested (labourer, gardener, janitor, clerk, barber, and watchman) were difficult to obtain.

This difficulty in finding employment was substantiated in interviews with men in institutions who had been compelled to retire from the labour force after a long struggle to find work.

The brightest prospect for a Senior Citizens' Club was a new quilt they were all about to make. They usually sold their quilts to members of the Club, and bought something for the Club with the proceeds. The work and not the profit had the appeal.

Men complained that they "never had a sick day" until after they stopped working.

Craftsmen felt they had something to offer younger people; they knew they could train people for work even if they could not do it themselves. However, they believed that the young felt they wanted nothing from the old.

In and out of institutions there was an expressed need for something useful to do. One self-styled inventor wanted some work tools; he said that he was busy on an invention because he desperately wanted to leave something to the world. This occupation, even with such limited equipment as cardboard cartons, kept him going.

Many had very little education and time hung heavily on their hands. They wished someone would give them something useful to do. Some men in institutions were anxiously awaiting the summer months when they could keep busy in the garden and take walks. They recognized that they felt healthier and that their memories were keener then.

It seemed that people who were more advanced educationally were less isolated, had greater inner resources, and had more varied and absorbing interests. The better educated women over 80 years of age said they were past the stage of wanting any occupational or work therapy; they had set and accepted their own pattern of activity. However, they believed that they might have appreciated this service twenty years earlier.

Companionship

Our old people are lonely. Sixty-six per cent of those answering the questionnaire wanted someone to visit them, mostly for companionship. The corroding effect of loneliness was amply illustrated by those interviewed. Loneliness undermined self-confidence and diminished the sense of purpose in life. Physical and emotional discomforts, previously ignored, tolerated or overcome,

[1]No Government or private agency has the responsibility for guiding older people in their food purchases.

overwhelmed them when they were alone. They wanted to belong to someone, and to have attention and affection.

In answer to the questionnaire's final enquiry, "What do you feel you need most in your old age?" 18 per cent mentioned companionship in their reply, 12 per cent wanted a person or place to give them care and 4 per cent felt the need of money for travel to see relatives and friends. Isolation and loneliness are two grim evils to the aged.

Desired Mode of Living

Eighty-one per cent of those who completed the questionnaire wanted to live in their own home. Their sincere desire for this was repeatedly expressed by such comments as "Want to live alone" and "Prefer to live in own home."

Fourteen per cent wished to live with a relative; another 6 per cent made this their second choice after their own home.[1]

Five per cent preferred institutional life; another 12 per cent selected it as their second choice. Of the total number who gave consideration to living in an institution, 53 per cent wanted to retain some independence there (one even requested a private room); 47 per cent selected a more communal pattern of living. Only 20 per cent felt the need to have nursing care now.

Responses of old people living outside of an institution

Most of them said they wanted to live in their own homes for as long as possible. There was general anxiety amongst those living in their own homes that they would have to relinquish their independence because of an illness or disability with which they could have coped at an earlier age. Some of those now living in an institution volunteered that they had been compelled to abandon their own homes because they were no longer able to look after themselves adequately.

Because of this, homemaker services were considered an essential part of any programme for the elderly. Thirty-five per cent of those who completed the questionnaire required such a service now. Many of those interviewed wished it were available in case they should need it temporarily at some future date. They felt that any illness at an advanced age tended to produce greater helplessness. Therefore, a trained home-help, under the authority of a qualified agency, had more appeal than an independently hired housekeeper.

A 'meals-on-wheels' service was considered an admirable way of ensuring hot, nutritious meals to the elderly, enabling them to maintain themselves longer in their own homes. Some people volunteered that such a service would give lonely old people something to look forward to—a visitor and a hot meal together.

The people interviewed were greatly interested in the development of low-rental housing units designed for older people; but only if this housing is located in the centre of an urban area where most amenities are within walking distance. They want to feel a part of the life of the busy community and not be placed apart from it. Many are willing to sacrifice the comfort of such low-cost dwellings built outside of town for the greater benefits of living in the heart of the community's activities.

Some of the single persons were boarding in private homes. They preferred this to moving into an institution. The development of private home care was described to them, and their reactions were invited. The response was positive, both from those currently boarding and from those in their own homes. Many volunteered that they would prefer to continue to live with a family, in the event of their living alone becoming no longer practicable. If such homes

[1]Of this total, 71 per cent preferred living with an adult child, 29 per cent with a sibling.

were selected and supervised by a competent authority, they would have the assurance of proper protection, which is an increasingly important factor with advancing age.

They were asked to state which type of care would have more appeal—an institution or private home care—if they could no longer maintain themselves independently in their own homes. They found it so difficult even to assay an answer, because they were basing their decisions on existent institutions and known boarding houses. Only when they could conceive of more ideal living arrangements in both types of home could they reach a decision. Most of them favoured private home care; some believed that an institution would fulfill their needs better; a few hated to consider either possibility. Of those who were more disposed to institutional living, all wanted to avoid close interpersonal relationships; they regarded an institution merely as a safe retreat. They were fearful of becoming totally dependent in an institution. Equating money with independence, they bemoaned the loss of their pension—"they take your pension away from you and give you back a small amount or nothing for your own use."

It was extremely important for them to be able to participate in any decision about their future. There was great anxiety that if they entered an institution, selected by them, and they became ill and required alternative care, they would not be well enough to make the decision on the plan for their care—"when you're ill and unable to fight for yourself, they can do anything with you," volunteered one troubled person. They therefore favoured an institution that would keep them until death. They strongly urged that good medical facilities be attached directly to an institution for the aged.

Responses of old people living in an institution

Again, where medical attention was not available within the institution, there was deep concern over their future care. A nursing home, attached to their institution, providing at least convalescent care after release from hospital, would give the continuity of care they needed, and thus relieve their minds of this anxiety.

Many of them regretted selling their own home, often having been encouraged to do so by well-intentioned relatives—"everyone wants their own home" was one lady's comment.

Those who had been boarding wished they could have managed to find suitable boarding homes at rates within their means so that they could still be independent.

For those living in Homes for the Aged with accommodation for less than twenty people, there was much greater satisfaction with their present mode of existence. Most of them were relatively contented there and felt fortunate to have that type of care. Many spoke sadly of their desperate loneliness when they lived alone. Yet their fear of living in an "institution" spurred them to remain alone until illness or other circumstance forced them into a Home. If they had realized that a Home need not be an "institution" they would have entered a Home earlier.

These Homes, because of their small size, can be run as private homes and can maintain a 'family' atmosphere. There was a happy blend of private and communal activity. Most rooms are for one person; some rooms will accommodate two persons, and married couples are eligible for care. In each Home there is a central dining room, set up with small dining tables. There is a communal lounge; but it is possible to entertain and even serve tea in one's own room.

Pattern of the Past

Most old people interviewed said that in the past there was always some willing relative to assume the responsibility for the care of their parents when they were unable or unwilling to look after themselves.

Many explanations for the current change in attitude were offered (passing of the family homestead, increased mobility of their family, smaller houses, etc.) but rarely believed. There was a general feeling that they had been rejected by the younger generation and thus made to feel useless.

The fathers of most of the old people questioned had worked until death or illness forced their retirement, generally at about 70 years of age. They had mostly worked as independent craftsmen or farmers; they retired at their own decision. The majority of men interviewed nostalgically wished for the continuance of this pattern.

Preparation for Old Age

Those people with moderately high incomes generally prepared for their older years by investing in insurance policies. This was not common in the lower-income group.

Apart from this financial preparation relatively few made any constructive plans for their old age. On the whole, feelings towards retirement and old age were negative and therefore ignored. Not many people thought about their old age, let alone planned for it. Many women said they had expected to live out their older years with their husbands; widowhood had left them totally unprepared.

Some had expected to live with their adult children, although this expectation had sometimes never been voiced, and usually had not been openly and constructively planned. Failure to work out a satisfactory *modus vivendi* in the home of their adult children often bewildered and embittered them.

The Onset of Old Age

The men, almost unanimously, felt they were old very soon after they had entered an institution. Many times this coincided with the end of their working days, so both factors no doubt contributed to their resigned acknowledgement.

Many had been very poor before they went into an institution. They had been forced to move from one boarding home to another; they had lost jobs; they had faced uncertainty and insecurity. But they were in the struggle for life; their very independence was stimulating. Only after placement in an institution did the rot set in. They were then sheltered from life, and they had abandoned the struggle. They had nothing to make their lives significant.

Some, both men and women, said they felt old when their health deteriorated to the point of helplessness; dependency on account of ill health signalled old age to them.

A few, and these were people in small Homes for the Aged, did not acknowledge they were old. They felt better both physically and mentally since they had had the care and companionship the Home offered. Their spirits were high and they did not regard themselves as old. One delightful lady in her mid-eighties remarked that if she had not had her picture taken she might never have said she was old.

Some Reasons for Admission to an Institution

The reasons were numerous; but most of them conformed to three general patterns.

1. Relatives (primarily their adult children) no longer wanted to take care of them.

> This was particularly true when extra care was required, as in the case of a disabled person. One elderly man, who had put all his savings into the house of his son and daughter-in-law, was confined to a wheelchair after an illness; he then had to face the bitter truth that he was an unwanted burden—"my son's wife didn't want me." He was placed in an institution.

Some, of course, had no desire to live with their adult children. As one lady expressed it, she felt that in old age she did not want to be involved in the burden, problems and confusion of a young family again. Others said that they felt uncomfortable with younger people. Some had lived with their married children but had found the difficulties of adjustment too great to want to persevere.

2. Illness, disability or lack of finances made independent living no longer possible.

Illness, particularly heart ailment, made it impossible for some people to maintain themselves independently. These people had to relinquish their homes and seek protective care. Many were unmarried or widowed with no children, and had no close living relatives.

Most of the men interviewed in the Municipal Homes had been unable to find work and had insufficient funds to remain in boarding homes. Such an institution was their only resort.

Often the cold winters were too hard on the older person, and they went to live in an institution. Some men still clung to the hope that they would find work one summer and be able to go out again into the world; others were reconciled to the permanency of their plight.

Following her retirement a spinster lived with her sister and her husband until the husband's death. Then her sister had a stroke, and she devoted herself to looking after her sister until she was physically unable to carry the full responsibility. Now they share a room in an institution, and this lady continues to give more limited care to her sister. She was one of the more satisfied persons interviewed, as she had a job to do, a function and a purpose in life.

3. The death of a spouse and the psychological inability to live alone.

There were several cases of elderly persons who had lived with various friends until they felt unwanted when they became older. Private family care would have provided these people with the family life they craved, and with homes nearer to their friends than a rural institution.

The apartment rented by two sisters, both over 80 years of age, was sold, and they had not the physical or mental resources to hunt for another; an institution was their solution. If low-rental housing for the elderly had been available to them in the city they would have been delighted to remain independent.

Summary of Findings

The outcome of the above enquiry may best be summarized by reference to the practical needs and the personal feelings of the elderly people who participated.

Among their immediate practical needs were requests for such things as higher pensions, the provision of medical services within their severely restricted means, employment that would continue to utilize their diminished skills and energies, and accommodation appropriate to their physical and financial situation. It is also clear, however, that they craved less tangible but no less important necessities. Although many of these old folk displayed courage in the face of adversity and varying degrees of reconciliation towards their lot, they looked back to the past with nostalgic regret. It seemed to them that they had outlived a time when there was a larger measure of family unity, a time when old age was respected and honoured, a time when retirement from active life was less suddenly and harshly imposed upon them by irresistible forces from without. Too many of these reflected the bitterness, humiliation,

fear, apathy and ill health that had overtaken them as a result of their increasing isolation from active life. No longer useful they now felt rejected.

If we are to address ourselves seriously to their plight, we must begin by acknowledging that the fundamental need of old people is not a security measured by dole or dollar, but rather a security which is inherent within and which grows out of independence, usefulness and the acceptance by society of the root fact that the aged still have a contribution to make to the commonweal. Homes for the Aged, increased pensions, extended medical protection—all these material benefits are necessary. They are no substitute, however, for matters of the mind and heart—the need for affection, the tolerant understanding of the younger generation, companionship, and some means, however small, of demonstrating that they still belong to life.

III. RECOMMENDATIONS

Our survey has shown that even if an elderly person remained healthy, he still had to face certain socioenvironmental problems concomitant with aging—housing, finance, loneliness and boredom and the related losses of independence, sense of purpose, responsibility and usefulness.

In the previous section, we described the situational and affectional needs of the older person. In this section we shall propose ways of meeting these needs. Again, we must remember that people over 65 years of age cannot be dealt with as a uniform, undifferentiated group. They are not all healthy; but neither are they all invalids. Not all the elderly need or want the services we are recommending. But some need a lot of help, and a lot need some help.

Housing

Own Home

The aged population in New Brunswick is not heavily institutionalized, and the greatest demand is for independent living in one's own home.

Regional housing offices are required in New Brunswick to give information on available housing to the aged, to explore new facilities for their care, and to protect them against exploitation by landlords and housing agents.

To help people remain in their own homes, the development of homemaker services deserves immediate attention. The training and supervision of homemakers should be controlled by competent authorities. By their training[1] these homemakers would offer more than domestic service. They could sustain interest, hope and a sense of purpose in the aged person. They might help to restore a feeling of usefulness to the bed- and house-bound elderly.

An additional service for the house-bound old person could be a regular delivery of a hot, nutritious mid-day meal. The organization of this service in an urban community would be simple, and it would have more justification in New Brunswick than a day centre providing low-cost meals.

Low-Rental One Storey Housing

We recommend the construction of low-rental dwellings specifically designed for the elderly.

These could be one-storey units of up to ten apartments especially planned for the safety and convenience of the aged, with communal laundry facilities and a general recreation room.

The alternative is to design for the aged a percentage of units in a general housing project so that the aged would not be set apart from the younger population. Such units built for the single, unattached old person are also required.

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[1]Elementary home economics, nursing and social work.

Homemaker and 'meals-on-wheels' services could be more economically available with these small groupings of the aged.

These buildings must be located centrally in the community (close to churches, stores, recreational facilities, etc.). Buying cheap land for these projects outside of towns is blatant evidence of our devaluation of our older citizens.

Institutions

It would be convenient to unite different types of institutional care (e.g. Homes for the Aged and Nursing Homes) in either one building or in adjacent buildings under a single administration. The residents might readily move from one type of care to another, as is appropriate, without breaking the continuity of their care.

We recommend that the Federal Government, through Central Mortgage and Housing, make loans available for the hostel-type construction of homes for the aged and nursing homes, eliminating the restrictive stipulations.

Congregate Home for the Aged

This type of living is in demand from both single and married persons who want to be independent of family, etc., and yet require the protective care of an institution. The companionship, the recreational and occupational opportunities and the security of prompt medical and nursing attention combined in a permanent home are what some consider to be their basic requirements.

It is clearly apparent that an institutional setting must be avoided in planning for this type of care. Centrally located establishments are recommended accommodating no more than twenty persons (to facilitate homogeneous grouping and therefore more congenial company) which allows each resident wide scope in the choice of his routine. There should be an enlightened staff, adequate in number, personality and training to provide good care to all residents. In the urban areas many services could be used by more than one small Home for the Aged: e.g. nursing and convalescent homes, auxiliary staff (physician, nurse, psychiatrist, psychologist, social worker, occupational and social therapists, etc.) and library facilities.

We still need to know more about the types of aged person for whom this living arrangement is beneficial. Old people should not be admitted to a Home (or shelved there by a relative) just because of their inadequate planning or ignorance of other resources available to them.

Custodial Care

More Nursing and Convalescent Homes are needed for the care of the aged discharged from hospitals, whose needs cannot be met on an outpatient basis. Because of the high operating costs, not many aged can afford to pay the rates required to make the Home self-supporting. Some financial help would be required in order to ensure proper protection and care for all old persons in such need.

Private Home Care

There is a need for substitute family homes for older people who cannot remain in their own homes or live in the homes of their adult children. This foster-home type of care, so advanced in child placement work, not only provides care and protection for the aged, but would give them a feeling of belonging to the community. A congenial family setting, selected and supervised by an agency to ensure proper care, would provide continuity of a life-long pattern to the elderly person. Many old people are paying board in private homes, having selected this living arrangement in preference to an institution or their own home; the development of private home care would offer them greater protection and service.

Employment

It is unquestionably more difficult for an older person to find employment. Industry and business are generally resistant to hiring new employees over 45 years of age. More vigorous public campaigning to propagate the great need of employment for the elderly must be organized. To neglect this important area of the older person's life is not only morally unprincipled but economically unwise.

Retirement

Compulsory retirement from employment (the active services, business and public life) at an arbitrarily determined age imposes an irreversible loss on society as well as upon the individual. Studies have shown that the rate of decline in abilities varies with each individual and that all abilities do not decline at the same rate.

Employers should make a distinction between the worker, at say 65, who has retained his skills and mental efficiency and the worker whose skills have diminished and whose health and strength have deteriorated. In each specific case, when retirement is adjudged desirable by the employer or worker (within the pensionable age range of retirement) they should discuss it frankly and decide the future date of retirement. The structure of certain businesses may enable the employers to evaluate periodically the capabilities of their older workers, and to retire them, if necessary, from their regular jobs to work more suitable to their advancing years. This would not be demotion but a recognition that the decline of certain aspects of an older person's ability is often compensated by other important qualities, such as judgement, experience and accuracy.

Two other methods of aiding the re-employment of older persons deserve consideration. These have been suggested by old people themselves; but, in New Brunswick, their possible benefits have never been tested.

Workshop

Sheltered workshops have primarily been provided for younger persons, handicapped by accident or illness, to enable them to have a useful and productive place in society. Is the development of workshops for older persons a worthwhile proposition? If the activity offered by workshops would help to provide older people with a sense of purpose and responsibility, with companionship and some financial gain, perhaps they should be established in several urban communities, at least on an experimental basis.

An Agency for the Registration of Services by the Aged

In New Brunswick the most that any National Employment Office offers is a special placement section. Although this service is available to older people, no special provisions are made to meet their particular needs. Until the general public is aware of the qualities an older person may have, as well as the importance of offering older people a working stake in their community, a special programme to encourage the employment of older workers seems to be an essential.

A retired worker with a skill, craft or specialized knowledge should be able to register for work (full- or part-time, paid or voluntary) at an agency devoted exclusively to (*a*) publicizing the need to employ older workers, (*b*) encouraging individual employers to hire older workers, and (*c*) preparing those approaching old age for the variety of employment opportunities that might await them after their enforced retirement. Some sort of agency performing these functions appears to be necessary.

Recreational, Occupational and Educational Programmes

Greater recreational and occupational opportunities are needed for the aged. With the extended co-operation of various Government Departments—Health, Industry, Labour, Welfare—our service clubs and private agencies, sound social planning for the older group could be developed.

Recreation Centres

Centres should be created where older people could learn and/or practise crafts and hobbies for recreational or commercial purposes. Organizations already established (e.g. Senior Citizens' Clubs) could be expanded to provide this extra service.

We also recommend:

(1) A regular radio and television programme designed to open up new interests to them.
(2) Lower prices for their admission to the cinema in the afternoon.
(3) Reduced travel rates on trains and buses at slack times, so that they might visit friends and relatives more often.

Occupational and/or Work Therapy

For many aged persons who are house-bound or in institutions, appropriate work and not rest would be more beneficial. A therapist could visit homes and institutions and give work according to the person's interests and abilities. The added incentive of remuneration for their work might, of course, give them the necessary impetus to renewed productivity.

Education

Many people in later life find the time and inclination to pursue education in several specialized fields. We recommend weekend or evening schools (public school buildings might be used) to encourage creative and educational interests.

Medical and Preventive Care

Old people on restricted incomes cannot meet the high cost of drugs and medical care. We recommend that the cost of drugs should be shareable under the Unemployment Assistance agreement.

There are no voluntary agencies, either health or welfare, in New Brunswick that are operating specifically to meet the needs of older people. Community resources have gone principally into institutions for the aged, and, more recently, into social centres. Most of our welfare funds are invested in ongoing programmes, particularly those serving children.

We need to adapt our existing programmes to give preventive services—medical, social and psychological—for the aged population of New Brunswick, so that we can help to maintain them in good physical and mental health, to keep them functioning productively and to avoid family breakdowns by the provision of timely counselling.

Older people need help with their emotional and social problems as much, if not more, than does our younger population. Even though such services are available, older people are often timorous and less self-assured about seeking help for themselves. Therefore, publicity should be given to any organization that can offer help with personal problems to the aged group.

Preparation for Old Age

Of the many illusions we entertain, few are stronger than our fond dream of old age with its bright expectation of rest, security and leisure at last to pursue neglected interests, to travel, 'to live i' the sun'. Such hopes are seldom realized. The majority of us must adjust (very often quite suddenly) to a

harsher reality—enforced idleness, loneliness, illness (too often chronic)—and this adjustment has to be made with slender means or perhaps without means at all. It is a fact that a very large number of people arrive at old age totally unprepared for it, psychologically or economically. The resulting bewilderment and frustration deepens into grievance and isolation; the body becomes vulnerable and mental and physical decline set in. The disillusionment is often a cruel one.

So entrenched is our capacity for self-deception that it is doubtful whether illusions about an idyllic old age can ever be put into a more realistic perspective. Nevertheless, much may be done to mitigate the harsher realities. There is a great need for a programme that will help to formulate, in the widest possible way, a more rational and constructive attitude to the advent of age. It should be the task of the Departments of Welfare, Health and Labour (on both the Federal and Provincial levels) to concert action in undertaking to educate the public. There is widespread ignorance of many of the most important aspects of old age—health, nutrition and social security, for instance, to say nothing of the crucial matter of work. Surely it is not beyond the scope of Government to accept the main responsibility for this, and, by imaginatively using the resources of all the media of communication, help bring about a more enlightened view? It is to be hoped that the present investigation by the Senate Committee, which has already done much to arouse public interest in this problem, will continue to stimulate a larger awareness of this need.

APPENDIX I: QUESTIONNAIRE

Male ( ) Female ( ) Age ( )

Do you live in a town ( ) village ( ) or rural area ( )?

Do you live alone ( ) with your husband ( ) wife ( ) with relatives ( ) or friends ( )?

Do you live in a house ( ) or an apartment ( )?

Are you helped with money ( ) food ( ) clothing ( ) by relatives ( ) friends ( ) or organization (please state name of organization)_____

Total Monthly Income	
Old Age Pension____	Other (please specify)_____

What are your present total savings?_____

Monthly Costs for—

Accommodation	Taxes	Fuel	Light	Groceries	Medicine	Other (please specify)

From what ailments do you suffer?_____

Can you walk about ( ) look after yourself ( ) or are you confined a great deal to bed ( ) or to your home ( )?

Would you like someone to visit you regularly? Yes ( ) No ( )
If yes, is this for companionship ( ), to help you do some useful or satisfying work at home ( ) or to plan your future care with you ( )?

What additional monthly income do you think you need to live comfortably?_____

Do you feel able to take up employment? Yes ( ) No ( )
If yes, state whether full time ( ) or part time ( ) or odd jobbing ( ), and what type of work you want_____

What type of accommodation would you prefer if it were available to you?

(*a*) Your own home ( )? If so would you need a home help? Yes ( ) No ( ). If yes, full time ( ) or part time ( )?

(*b*) Living with relatives ( )? Brother or sister ( ) son or daughter ( ) other ( )? If you are not living with them now, what has prevented you?_____

(*c*) Institution ( )? If so, would you require a nurse on the staff? Yes ( ) No ( ). Would you want to retain some independence ( ) or live communally ( )?

What do you do for recreation? T.V. ( ) radio ( ) cinema ( ) reading ( ) handicraft ( ), attend meetings of organizations ( ) other (please specify)_____

What do you feel you need most in your old age?_____

Appendix II: Tabulated Findings From Questionnaire

In December, 1963, 72 persons in New Brunswick were interviewed by welfare investigators in order to complete questionnaires relating to their income, expenditures, health, mode of living and needs. Most of those interviewed were recipients at one time of Old Age Assistance.

Findings Expressed in Percentages

Sex

	Male (48.5)	Female (51.5)
Under 70 years	52	66
70 years and over	48	34
Living with spouse	64	26

Place of Living

Town	Village	Rural Area	House	Apartment
18	29	53	91	9

Monthly Income from Old Age Assistance and Old Age Security

(The increase in Old Age Assistance from $65 to $75 monthly, effective in December, 1963, is not reflected in these findings)

One Allowance		Two Allowances (couples)			Other Pension or Allowance
OAA($65)	OAS($75)	OAA($130)	OAS($150)	OAA & OAS($140)	($50 to $300)
*34	*29	3	7	21	6

* Approximately 25 per cent of these recipients look after their spouse on this allowance.

Note:—21 per cent are helped financially by relatives or friends.
1 per cent supplement their allowance with another pension.
7 per cent supplement their allowance with employment.
6 per cent supplement their allowance by rentals, etc.

Monthly Expenditures for Basic Needs

(Accommodation, Fuel, Light, Groceries and Medicine)

Accommodation

Rent or Tax on House	71
Room and Board	18
Free Board with relatives or friends	9
Lodging (providing own food)	2

Rent or Tax on House*		Room and Board Payments	
Less than $10	50	Less than $50	42
$10 – $30	44	$50 – $65	58
Over $30	6		

* Approximately 60 per cent are occupied by a married couple.

Fuel		*Light*	
$10 or less	44	$3 or less	24
$11 – $15	33	$4 – $ 6	60
$16 – $20	23	$7 – $10	16

Groceries			*Medicine*	
	For one person	For two persons		
$20 or less	8	6	Nothing	21
$21 – $ 39	21	8	Less than $5	19
$40 – $ 50	12	31	$ 5 – $10	42
$51 – $100		14	$11 – $20	13
			Over $20	5

Other monthly costs included clothing, household items, church dues, insurance, telephone car operation or taxi service, housekeeping service, doctor's care, tobacco, etc.

Total Savings

Nothing	44
Less than $100	13
$ 100 – $ 500	19
$ 500 – $1,000	12
$1,000 – $3,000	12

Additional Monthly Income Requested

	Single	Couple
*Nothing at Present	21	28
$20	10	28
$25	22	47
$26 – $50	25	53
$75	12	63
$100 or more	10	28

* 64 per cent are living with relatives or friends.

Physical Condition

Walk about and Maintain Themselves	Walk about but Need caring for	Confined to Bed	Confined to Home
81	16	3	31

24 per cent have no *severe* physical ailments.

Employment

30 per cent of the men interviewed wanted employment, mostly part-time or odd-jobbing. Most of the women were looking after their homes themselves. Only 5 per cent of the women wanted to go out to work.

Visitors

66 per cent (of whom 40 per cent were husband and wife) wanted someone to visit them regularly, mostly for companionship. Others wanted someone to help them do useful or satisfying work, or to help them plan their future.

Recreation

Television	72	Meetings	16
Radio	72	Card-parties	13
Reading	41	Other	8
Handicrafts	21		

Desired Mode of Living

Institution	5
With a Relative	14
*Own Home	81

* 65 per cent required no home help; the others wanted part-time help (26%) or full-time help (9%).

Expressed Needs

Money	28	Home with their adult child when unable to look after themselves	6
Security	19	Comfortable Home	6
Independence	18	Rest and Quiet	4
Companionship	18	Money for Travel	4
Person or place to give care	12	Burial Money	3
Good Health	10		
Lower Cost of Medicine	9		

A BRIEF

Submitted On Behalf Of

THE ANGLICAN CHURCH OF CANADA

to the

SPECIAL COMMITTEE OF THE SENATE

on

AGING

Prepared by a Special Committee of the Department of Christian Social Service of the Anglican Church of Canada, Church House, 600 Jarvis Street,

Toronto, Ontario
June, 1964

20819—5½

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INTRODUCTION

1. This brief has been prepared by a Special Committee of the Department of Christian Social Service of the Anglican Church of Canada. This Department welcomes the opportunity of appearing before the Special Committee of the Senate on Aging.

2. The members of the Senate of Canada are to be commended for their foresight in setting up a Special Committee to examine the problems involved in the promotion of the welfare of aged and aging persons. Much more public concern is needed in order to stimulate support for local projects all across Canada many of which are carried on by volunteers. The Senate Committee through their deliberations will undoubtedly spread more widely knowledge of the positive factors of old age and thus change the commonly held community stereotype of hopelessness and pessimism and at the same time stimulate enthusiasm for progressive planning and action.

3. The Church has always had a special concern for the elderly. One of the great social achievements of the Middle Ages was the foundation of the Hospital by the Christian Church and the extension of "hospitality" to the poor, the old and the sick in addition to the traveller and the pilgrim.

4. It is of the utmost concern to the church, that each individual live in the world as an integrated person, realizing the full potential of his physical ability, emotional resources, intellectual capacity, and spiritual maturity because every person deserves this opportunity as a child of God. Everything that contributes to the enrichment and fulfilment of life for older persons is therefore desirable.

5. Citizens of every age have the moral right to have available an adequate standard of health and welfare services at reasonable cost. The number of older persons is increasing and has more extensive health and welfare requirements than other groups in the population. Individual resources are often not sufficient to meet the needs of the elderly citizen, thus requiring family, church and community to undertake greater responsibility. The Church shares with the State a responsibility and concern to see that everything is done to meet the changing needs of the old person and maintain him as an effective part of society. One task of the Church is to use every means possible to inspire dedication among all who serve the elderly.

6. The best care for the aged is to retain them as part of a normal heterogeneous community as long as possible. They should only be treated as a distinctive group when their physical and mental needs require such particular attention. Every effort must be made by health, recreation, welfare and religious groups to include the aged in normal community activity. The importance of helping older people to use their increased leisure time effectively and profitably cannot be over-estimated.

7. An old person should be permitted as much freedom of choice as he is able to exercise with regard to all decisions that affect him, e.g. his accommodation and neighbourhood, his recreation and continuing education, his friendships and religious affiliation. Christian belief that man is a child of God demands this freedom of choice as an essential expression of respect for his worth and dignity. The community at every level should provide a variety of kinds of accommodation, recreation centres, etc. so that the opportunity for choice exists in daily living.

8. The Anglican Church in Canada is composed of 28 dioceses each one of which is responsible for carrying out the work of the Church within its borders. Following this pattern, Church-sponsored projects for the Aged are planned and financed under the Bishop and Synod of each Diocese. A variety of types of institutions exists across Canada such as Homes for Aged, nursing homes, and housing units. For a list of these see Appendix I.

9. In addition to these Anglicans serve the community in coordinated municipal projects together with public and voluntary agencies. As individuals they also serve on numerous auxiliaries and boards of institutions. The Church may sponsor a service, which when established may be taken over by the community and it often opens its doors to Senior Citizens clubs and day care centres, or sponsors such clubs in the community. Friendly visiting is frequently Church centred in its organization.

RECOMMENDATIONS

It is recommended:

1. That research be instituted into the adequacy of incomes of retired people. Much useful information could be obtained from the census of 1961. (Paragraph 10).

2. That ways and means be explored to protect old people from the unscrupulous pressures of some salesmen, credit firms, and cemetery lot salesmen. (Paragraph 12).

3. That study be made into the relation between the payment of succession duties and the pre-retirement discharge of employees. (Paragraph 13).

4. That preparation for retirement is essential for all, and every suitable agency in the community, including the church should expand its counselling services in this field. (Paragraph 14).

5. That more emphasis should be placed on the subject of gerontology in educational institutions. (Paragraphs 12, 14 and 19).

6. That society must place more emphasis on the positive employment factors of old age such as wisdom, maturity, judgment and ability to accept responsibility. (Paragraph 16).

7. That every effort should be made to identify isolated elderly people early and keep them in the stream of life. (Paragraph 20).

8. That the community in planning for older people be encouraged to seek the opinions of the older members of society themselves. (Paragraphs 17 and 21).

9. That in all planning for the care of the aged every effort be made to disrupt as little as possible the familiar living patterns of the individuals concerned. (Paragraphs 21, 22, 23 and 24).

10. That grants be more readily available to churches for hostels, nursing homes and small institutions with central eating facilities which would lend themselves to more imaginative admission policies and a variety of intermediate services. (Paragraphs 24, 25 and 28).

11. That community effort be made to coordinate supportive home services to the elderly. Consideration should be given to using available church kitchens for either meals on wheels or cafeteria service. (Paragraphs 26 and 27).

12. That every effort be made by the community to make available services that would provide a continuity of concern throughout all of retired life. (Paragraphs 31, 32, 33 and 34).

13. That coordinating councils on aging be instituted in all local communities. (Paragraph 35).

I. ECONOMIC NEEDS OF OLDER PEOPLE

10. *Adequate Income*

An older person has the moral right to have his basic economic needs met adequately as long as he lives. As adequacy may be defined in various ways, from one area to another, effective research is required to ascertain what adequacy really is in the several regions of Canada today. Ways and means of meeting the needs must respect the innate dignity of the person assisted. Much better planning would be possible if information on economic resources could be extracted from the 1961 census and made readily available.

11. *Portable Pensions*

Insofar as the portable pension plan provides security for employees as they move from one job to another, it will help to meet the fear of economic insecurity and is therefore a plan to be commended. When pensions are adequate, a person is more likely to be able to retain his independence and provide for his own requirements with dignity.

12. *Legal Advice*

Elderly people frequently need guidance in making financial decisions because they are not always able to see clearly their implications nor do they always have confidence in services which are already available. Older people may be pressured into paying for unnecessary and expensive house repairs, hearing aids, glasses, cemetery plots, etc. Legal advice in making wills, the investment of capital funds, the transfer of trusteeship of all personal affairs and even guardianship have been found to be valuable services. More of such services should be accessible to needy persons and well-known to them and their families.

13. *Pre-Retirement Discharge*

The Church is concerned when persons are discharged from employment a year or two before retirement age and suffering ensues. This situation demands investigation. When the head of a small family business retires and anticipates the paying of succession duties he may feel pressure to sell the business in order to meet the tax requirements of the law and thus frequently is forced to discharge prematurely long-time employees. Some consideration should be given to the relation between succession duties and premature discharge. Also some employers may take the opportunity to avoid paying full pensions by discharging employees prior to normal retirement age. Portable pensions will help to relieve this situation.

II. EMPLOYMENT AND OCCUPATIONAL OPPORTUNITIES

14. *Preparation for Retirement*

Preparation for retirement preferably should be initiated by the individual person himself who looks ahead and makes plans toward it as a goal. However, assistance and stimulation should be given to him by the employer, the Trade Union, the Church or any other suitable agency in the community in a way that will preserve his dignity. When the attitude to work is wholesome, and plans have been made in advance, retirement does not descend suddenly as an unpleasant experience that cannot be avoided. Children should be taught in childhood to value ways of living in society that will be rewarding not only in preparation for earning a living but also in contributing to the welfare of others and the general enrichment of life. Retirement would then be accepted as a normal milestone in the span of life, at the appropriate time for each individual.

15. *Retirement Activity*

Retirement can be a time to revive old interests or learn new ones. Gradual retirement plans make this possible for many employees. Sheltered workshops will meet the needs of others. Work may be just as rewarding for a volunteer as for a paid employee and the choice is so much greater. Keeping abreast of the times and being a well informed voting citizen are fundamental aspects of a balanced retirement that may lead to usefulness in the community and personal satisfaction and happiness.

16. *Post-Retirement Paid Employment*

Post-retirement paid employment is a subject which involves extensive knowledge of the country's economic condition, an area in which the Church has limited knowledge. However it seems evident to us that our present-day economy has placed an over-emphasis on the ability of youth to produce more cheaply and quickly than older employees. This has set a standard for our youth which puts a premium on speed and productive capacity. When a person retires, he is liable to feel unimportant and useless. The possibility of retraining him for less strenuous but essential employment has received too little attention. Usually his years of experience have given him wisdom, maturity, judgment and the ability to accept responsibility. He wants to be useful and respected and is often ready to learn new skills. The Department of Labour has expressed this principle in various ways in their publications in recent years. All efforts to experiment with programs of retraining are commendable.

17. *Social Needs*

The Church has an important role to play in encouraging part-time occupational opportunities as well as clubs and day centres where recreational and social needs of older citizens are given primary emphasis. Much more could be done in this field. An individual reaches the point of feeling recognition as a worthwile person when he can exercise choice in what he does with his time. The more opportunity he has to choose his friends, hobbies, service projects and reading, the more he retains his feeling of personal integrity. Senior Citizens' clubs may provide the place where a group of people with leisure time are able to organize talks and discussions which will be intellectually stimulating for all in the group.

18. *Post-Retirement Education*

A well informed retired person is an asset in any community. His continued growth and development as a contributing member of society is most desirable and should be encouraged. This may appeal to some when the opportunity is given in a formal adult education setting. Others will be attracted to quiet individual study in libraries or in discussion groups. If more were expected of persons at this point not only would more be given but everyone would be richer in meaningful relationships. The elderly person should become aware of the enriching experience of educational opportunities so that he can make a contribution to society and add to his own feeling of usefulness. This is part of the education of the aged that is a primary responsibility of the Church and must be carried out on an individual basis as a part of pastoral counselling.

19. *Theological Training*

The Church must emphasize the subject of gerontology in the theological colleges so that the clergy will be better trained to recognize the challenge of pastoral counselling of the aged and be stimulated to give it a place when they have parish responsibilities themselves. Some attention is given to this now but it should be increased. Theological colleges should see that their students are better informed about where to discover the community resources and special services that are available so that they can cooperate with them.

20. *Isolated Elderly People*

A difficult challenge in this area is how to reach those people who have had limited interests all their lives, narrowing still more as they grow older. This may be the result of not having had educational opportunities or suitable friends or acquaintances to extend their horizons. Also hard to reach are those so conditioned by self-centeredness or rugged individualism that they have become anti-social and find extreme difficulty in relating to all others including those

of their own age group. The Church has no pat solution for reaching this need in our midst, but it is concerned about such people who may become increasingly withdrawn and lonely and often disintegrate prematurely into senility. Every effort must be made to identify them early and keep them in the stream of life.

III. HOUSING

21. *Choice of Housing*

Where an older person lives is important to him, because he is at home most of the time. When he first retires, he may choose a suburban home and after five years change to a more convenient apartment dwelling. Ten years later he may move into a cooperative living project. The extent of choice depends not only on the availability of housing at a reasonable rent but also on the number and efficiency of home services that the particular community has had the foresight and resources to organize. Different types of accommodation will have very different values for a person at 65 compared with one at 95 years of age. Familiarity of surroundings is often the most important and deciding factor on which housing is chosen. Isolated situations are rejected if there is a choice available. Change of any kind is resisted and help is frequently needed to actually face and accept it. Any change would not seem so drastic if the opinion of the older people themselves had been sought at the planning stages.

22. *Family Housing*

The older person as with all other age groups had a need for familiar companions and usually enjoys them a few at a time. The Church holds that this universal necessity is best satisfied within the context of the home—which appears to have been divinely appointed for that purpose. The extent to which the aging constitute a community problem today is essentially the degree to which they are excluded from the natural family unit. The problem derives not so much from the increased number of persons in the higher age brackets as from the influences affecting the homes of our society which make it difficult for our older folk to fulfil their traditional role within the family setting.

23. *Small Homes*

Residences in order to remain homelike should accommodate less than fifty people. Where this is impossible, large residences could be broken up into clearly defined units or "houses". Smaller groups would make it possible for people to remain living within their own familiar neighborhood. To submerge the individual's identity in a huge, impersonal institution is no less unkind than to exile him from the shops, bus lines, neighbours, library and Church, all of which have been well known and well used over the years. Isolation within society should be avoided. As the principal processes that occur in aging are probably physical rather than mental or spiritual, it is unlikely that people would choose to leave familiar environment where they can still continue their old interests and contacts. We commend those planning municipal homes for the aged who have included a chapel as an integral part of the institution.

24. *Church Homes*

The establishing and maintaining of small residences can become a suitable voluntary undertaking for community groups such as parish churches. With a long history in the Judeo-Christian tradition of the obligation of caring for older members the Church is well fitted to perform this kind of function and has the necessary motivation for creating a home-like atmosphere. The Church already has provided some Homes for the Aged of this nature but the need

for more of them exists. Dedicated staff and volunteers to work with the elderly in homes as well as other institutions are required everywhere.

25. *Intermediate Services*

Practically all areas of Canada have a tremendous gap in available facilities and services between complete independence in their own homes and helpless dependence in institutions. Hostel type accommodation is needed with a variety of intermediate facilities and services. The Church looks forward to positive recommendations and results arising from the Special Committee on Aging's investigation, and will be glad to cooperate in raising standards of service to the aged. If capital funds were more readily available for financing hostels, nursing homes and small institutions with central eating facilities, many more churches would be able to institute such programs and thus further fulfil their responsibility to the aging community. It is recognized that such grants must be contingent upon meeting suitable standards for location, design, organization and staff.

IV. HEALTH AND INSTITUTIONAL CARE

26. *Home Services*

It has been shown from a social and a medical point of view that many people can be cared for appropriately in their own homes. It is to be preferred that optimum home services be provided to old persons when needed, so that they may continue to live in the place which is familiar to them and where they are happy. For example, the attention of a physician, visiting nurse, occupational therapist, physiotherapist or podiatrist, should be available at home when needed. The services of a visiting housekeeper or home maker may be essential in many situations. Relatives with understanding and sympathy for the old person play an important role as do concerned and helpful neighbours. When a person has no relatives or friends it is the duty of the Church or a community agency to provide a substitute. The value of having a responsible person visit a lonely elderly person as a daytime sitter or caller may postpone the day when institutional care will have to be provided.

27. *Nutrition*

Good nutrition is important for health and happiness at all ages. For some older people the preparation of wholesome and well balanced hot meals is very difficult. The Church and other community groups may have a role to play here in supplying a hot meal once or twice a week in the old person's room or alternatively, served on community premises with voluntary drivers to bring those who are not able to come by themselves. When the meal is served in the Church hall or other centre, it is desirable to have it club-centred where members can receive along with their meal, friendship and an exchange of opinion even if it is just about the weather. Each recipient is usually required to pay a nominal price for the meal whether provided through the program known as "Meals on Wheels" or bringing together a group to some central cafeteria. Most local Churches already have well equipped kitchens which could be used as centres from which meal service of this nature could be developed under adequate supervision.

28. *Intermediate Institutional Care*

When the old person needs more care than home services provide, various kinds of in-between accommodation are essential. There is an urgent need for hostel-type accommodation with a variety of ancillary services as stressed in Paragraph 25. The aging person may have to be removed temporarily from living with his family in order to give a younger person a rest from twenty-four-hour-a-day care. Such imaginative plans as six weeks in an institution

alternating with a period at home have been tried in other countries and found helpful. Some elderly people can manage at home in the summer time and need hostel care in the winter time. Others prefer to be with their family all year and spend vacations separately. If more small institutions were available, they could be used in a variety of helpful ways with more imaginative admission policies.

29. *Mental Health*

The mental health of the older person is important and remains so as long as he lives. He is often distressed about his own physical needs, and should have suitable help in understanding his growing limitations, and how to live with them. Actual retirement requires many adjustments. Occupational routine is changed and this brings inevitable doubts to the person about what is really important. At this point he needs to accept the fact that a person's real worth is not in what he does or how fast he can do it, but in what he is. It is here, through recognition of the inherent worth of each individual in the sight of God that the Church can give supportive friendship and guidance.

V. SOCIAL SERVICE

30. *Casework Services*

As a man or woman grows older and his faculties diminish, he tends to be reluctant to face change, to understand and accept his own limitations and problems. His family likewise may find it hard to accept such changes. This often leads to conflict between generations and the destruction of what could be a warm and helpful continuing family relationship. It is here that the casework services of a community agency in cooperation with the Church and her clergy can give valued service working jointly with the father or mother and the next familial generation. Such resources may be part of a regular family service association program or specially organized to work in the community with aging people.

31. *Parish Life*

The aging members of the Church need the warmth and friendliness of the other members of God's family. The encouragement to participate as fully as they can in the activities, provides assurance that they have a place in Church life which is important. The security of being part of on-going parish life becomes more meaningful as faculties diminish and old friends become fewer. Programs directed by Church organizations should be expected to have staff dedicated to their job of making elderly people happy and comfortable and giving them individual thought and care.

32. *Friendly Visiting*

The Church commends the program available in some communities whereby training is given to those who wish to improve their skill as friendly visitors. This should be expanded and used more widely by those who wish to express a neighbourliness and do not know how. An older person might be the visitor or the one visited but wherever there is an enlarging of community relationships, it adds to the enrichment of the personalities of those involved and the process of living retains its true meaning—a concern for others, an opportunity and experience that should not be denied a person at any age. The Church has a special responsibility to visit regularly the shut-in elderly members of the congregation. Very often this is the only existing community program of friendly visiting and needs to be strengthened and extended.

33. *Loneliness*

Loneliness is inevitable in the adjustment of a retired person to a world where one's children and fellow workers have proven that they can manage without dependency on him. Where contemporaries have thinned out over the years because of death or distance, loneliness is something that everyone must face as they live into retirement. If the person from his youth has been well trained in developing a sense of responsibility, a concern for others and a desire to help them, the pattern of service is well established and he will want to continue finding ways of being useful and sharing in the on-going life of his community. The potential experience and ability hidden in senior citizens groups that might be recruited for service to others is yet largely unexplored. To know that one has a place in the Family of God and that no one else can take that place does much to stimulate participation and to counteract the inclination to withdraw and to feel useless and unnecessary. Attendance at public worship and the mid-week meeting is often the last outing to be dropped as physical limitations grow more severe. The sustaining ministration of the Church can assist the old person to face death with confidence and hope as the years lengthen and he approaches the end of life.

34. *Continuity of Concern*

The Church will always have responsibility where the worth of a person in his own eyes and in the sight of God is concerned. One way that this can be expressed is in providing a continuity of interest in people throughout their lives. In addition to the spiritual welfare of people, Church emphasis has been placed on tennis courts and gymnasia for the young; work shops and assembly halls for adults. Church related thoughtfulness for the older groups should extend to such things as installation of railings, ramps, telephones, volunteer drivers when needed and social club centres. When the time comes for a person to go temporarily into hospital or permanently into nursing home, this caring "family" is at his side through crises of sickness, social difficulties, or senility as long as there is life. Security of this nature is beyond price because there is a feeling of acceptance among friends. The church serves this purpose now to its members. Others are able to receive service from the social agencies, who then withdraw when the emergency is over. These people also need a continuity of concern.

35. The Church is only one of the agencies in the community working for its senior members and there is responsibility on all groups to cooperate with each other in planning and in operation. Coordinating councils on aging should be instituted in all local communities so that gaps in service and duplication of effort can be avoided, and up-to-date information be made readily available. No stone should be left unturned to see that every lonely old person has a hand he may grasp when it becomes necessary. To a Christian it is not the length of life that is the most important aspect, but rather the fullness of living which gives life meaning. The term "aging" is not relevant to the spiritual world where there is continuing growth in maturity, unselfishness and God-likeness.

APPENDIX

The following is a list of institutions under the exclusive direction of the Anglican Church of Canada to serve the needs of the aged:

Diocese of British Columbia (Vancouver Island)
- Caroline Macklem Home for elderly women
- Twilight Homes, 20 housing units
- Aged Folks Guest Homes cottages and apartments

Diocese of New Westminster (Vancouver and District)
- St. Jude's Home for elderly women
- King Edward Court—48 apartments

Diocese of the Arctic
- Residence beside Pangnirtung Hospital

Diocese of Edmonton
- Elizabeth House for elderly women

Diocese of Huron
- Cooperative housing for elderly

Diocese of Toronto
- Church Home for the Aged for elderly women
- Strachan Houses for men and women
- St. Matthew's Home for men and women
- St. Bartholomew's Cooperative residence
- Church of the Good Samaritan for men

Diocese of Montreal
- St. Margaret's Home for elderly women
- The Church Home for elderly women
- Nesbitt Residence for men and women

Diocese of Quebec
- Finlay Home for elderly men

Diocese of Rupert's Land
- St. Philip's Home for men and women

Diocese of Newfoundland
- Home for the Aged—under construction

APPENDIX H-1

The Senior Citizens' Club of Kitchener
affiliated with
The Recreation Commission of Kitchener,

February 3, 1964.

The Senate Committee on Aging,
The Senate of Canada,
Parliament Buildings,
Ottawa, Ontario.

Dear Sirs:

The Senior Citizens of what is called the West Central Ontario district of Municipal Recreation, are aware that the Senate of the Federal Government has appointed a committee to investigate the needs and problems of elderly Canadian people.

We understand that the Committee wishes to make contact with individuals and groups of elderly people. We are hereby submitting some of our ideas on this subject of aging.

First, retirement from industry and other occupations has been arbitrarily fixed at the age of 65. We do not lose our skills and mental abilities overnight, and in many cases we feel frustrated when we are told we are no longer useful to business, industry and society. Some of us do not submit willingly to this circumstance, and we seek occupation wherever we can find a niche to fit into. Most of the time this is attained at considerably less income than we had before.

It is true that our span of life has been lengthened greatly in the past half century due to science and research by the medical profession. However, very little has been done to give desirable direction to these extra years. Moreover, these added years are often attained by the use of expensive medical prescriptions which can and do put a heavy strain on the financial resources of retired unemployed people.

Please do understand that not many of us resent our conditions. We do not organize strikes or sit down in protest. However, we do have to exercise considerable ingenuity to avoid being placed on the relief rolls. We do not wish to be a burden upon the younger generations, and we do enjoy having a certain degree of independence. We are grateful for the assistance that has been given to us in the past. Old Age Security Pension has been a wonderful lift to thousands. We do look with dismay at those who must face the gap between 65 and 70, who are released from their gainful employment by arbitrary rulings and face a bleak period of 5 years with no industrial or government pension to tide them over. Employment at 65 years of age is almost impossible these days in industry.

By the time the 70th year rolls around, the spouse may be deceased and the remaining partner so very lonely that he or she may face severe mental illness. The need of such people has been met to some extent by Senior Citizens' groups. Such groups, on their own volition, are seeking solutions for

these pressing problems by enlisting the services of progressively thinking people from universities and other educational institutions; a ray of hope has been breaking on the horizon for the older generation who have been overlooked in this matter for a considerable number of years. We enjoy education possibly more than young people do. Many of us, through lack of funds, were unable to acquire the benefits of higher education. What we did get in this respect was often at a considerable sacrifice to our parents.

The initial shock of retirement could be greatly diminished by some form of mental preparation prior to the actual time of separation from regular employment. The retiree could receive a briefing on possible occupations according to his or her accomplishments or training. The Director of this program would need to be carefully selected. An experienced counsellor might fit the bill. The program should include instruction on proper exercise, nutrition, mental stimuli and social contacts.

There should be included information on annual medical checkups, proper rest, variety of interests, encouragement of interests in arts and sciences and methods of promoting contentment of mind, relaxation of body and spiritual challenge. All this should result in a person of good nature. The evening of life should be tranquil and cheerful, giving us the opportunity to leave it in dignity and peace.

At this point we would emphasize that learning does not necessarily cease at 65. There are members in our Senior Citizens Club in their late 70's and 80's who are finding a genuine delight in increasing their education and ability to understand what is happening in this rapidly changing world. For instance, they want to possess the required knowledge to vote intelligently on questions that have the welfare of all humanity at heart. If means could be provided to encourage and satisfy these worthy desires, the effect would be the reduction of the destructive elements of hatred, fear and envy. If the education of the elderly people continues to be neglected, there is a danger that rational thinking, on the part of the elderly, shall be replaced merely by attitudes, habits and opinions that are irrational.

The universities are capable of providing trained help in respect of up-dating Senior Citizens' education; but the government shall have to provide the backing. This would entail a constant reorientation of university instruction and research with a view to keeping abreast with social and economic changes.

The increase in the number of elderly people has been rapid. Consider the statistics produced by the Royal Commission on Canada's economic prospects. The Commission states that in 1955 there were 1,750,000 Canadians 60 years of age and over. By 1980 this number shall have increased to 3,345,000. An increase of 93%. This is a large segment of our total population.

The Senior Citizens movement is organized now on a national basis. It consists of thousands of elderly people, the majority of whom have alert minds and constructive ideas. They are ready to give to others what they have acquired through many years of effort, often through privation and sacrifice. The good guidance provided to these people can provide a stabilizing influence on their fellow citizens, both young and old. They can thus become assets instead of liabilities in their respective communities.

Gentlemen, in your deliberations, if you can arrive at solutions for several, or even one, of the points that I have placed before you, I am sure that my

elderly brothers and sisters would profit by becoming more useful to the society to which they belong.

In closing allow me to quote a passage from Richter: "Like a morning dream, life becomes more and more bright the longer we live; and the reason of everything appears more clear. What has puzzled us before seems less mysterious and the crooked paths look straighter as we approach the end".

Yours sincerely,

On behalf of the Kitchener
Senior Citizens Club

(Sgd.)
H. J. Zeller, President

(Sgd.) (Mrs.)
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