

HOME SERVICES FOR THE AGED

An experience survey, to assess the need for Home Care Services  
in the West End Area of Vancouver, 1966 - 1967

by

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## ABSTRACT

As medical advances make possible the increase of the individual's life span, the needs of older people become a greater concern in our society. This study is based on the assumption that home care services are a desirable alternative to prevailing methods of institutionalisation, and on the premise that the services needed to retain the elderly person in his own familiar environment can be assessed.

The district chosen for the project is the West End area of Vancouver, which comprises a high proportion of persons over the age of sixty-five years.

It is the primary aim of the study to develop a research interview schedule, which will enable subsequent investigators to explore the present topic more extensively. In this sense the project can be seen as a preliminary survey based on a limited sample, which has as its aim not so much the collection of data based on the design of a research instrument, but an exploration of the literature in regard to home services elsewhere and the construction of a research instrument. A critical analysis of the research methods used here is part of the research project. The thesis is an initial attempt to assess the extent of the need and to identify the types of need for home services as part of an ongoing programme in the research for such needed services which is undertaken by the School of Social Work at the University of British Columbia.

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## CHAPTER I

### INTRODUCTION

#### The Social Work Problem

The concern for the aged members of our Canadian society has attracted increasing interest in recent years, and in Vancouver, as one of the major cities in Canada, both public and private organizations are active in efforts to meet the problems of the city's aging population. The director and the staff members at Gordon Neighbourhood House, an agency which is at present serving some of the social needs of older people in the West End Area, have expressed an interest in obtaining information about the extent and type of needs for home services, which the older people living in this specific area have recognized and which they are willing to reveal in research interviews.

The United Community Services in the Greater Vancouver Area are also concerned about the kinds of services that might be implemented to care for the aged in their own homes in the community. Through contacts with these local agencies, the School of Social Work at the University of British Columbia became aware that there was a situation which would lend itself to systematic study and also provide the students with an opportunity to gain a practical experience in social work research.

Public opinion across Canada, as well as in Vancouver, is also concerned about old people's needs as they themselves view them. The final Report of the Special Committee of the Senate on Aging points to findings of the committee where:

... the contribution that can be made to the health and well-being of the elderly by that broad range of programmes which, together with social security and health programmes, constitute the social services of the modern community. (24, p.141)

Such a statement indicates the need for research at the local level if broad ranges of service are to be provided. This project is a beginning step in a service that hitherto has been neglected.

#### The Problem for Research

Through discussions with representatives of Gordon Neighbourhood House and the United Community Services of the Greater Vancouver Area and through a review of the existing literature, the present research workers have learned that home services for the aged might help to solve some of the problems that confront the older persons who maintain their own homes. However, the extent and the various dimensions of these are relatively unknown, although social agencies who are in contact with older persons, are well aware of some of the needs in individual cases. But information of this type is not readily available for research purposes and even if it were available, it would not be representative of the general population living in a given area.

It is evident that the need for home services must be explored by other methods and the project group decided that one appropriate solution to the research problem would be to undertake an experience survey. This would be a beginning made for exploratory purposes, which could subsequently lead to more representative and more complex studies.

The aim of the experience survey is to discover a method to assess the extent and the dimension of need for home services. It appears that there is a pressing need for systematic study of what aging persons themselves can tell about their daily living problems and how they view their needs and state their preferences for outside support and for friendly help. These considerations have guided the development of the plan for this project.

#### Purposes and Objectives

The main purpose of this study is the development of certain stages

in methodology. Emphasis has therefore been placed upon three aspects, namely, the methods for collecting a representative sample of older residents in a given area, the development of an interview schedule, and finally, the illustration of some ways in which the collected data can be compiled and analysed. For this study the researchers undertook a limited number of interviews in order to test the appropriateness of each of the three stages in research procedures mentioned here.

It is the objective of the interview schedule to assess the extent and the type of the needs of elderly people as they themselves describe them and to discover their attitudes towards accepting help from others. Furthermore, it is hoped that meaningful responses may be elicited as to the types of services these people would like to see developed. Finally, the present investigators hope that their critical assessment of the methodology used in this exploratory survey will enable future researchers to profit by both the positive and the negative experiences reported here.

#### Assumptions

From general contacts with people in the community and from information obtained from accumulated written material about human needs in general and needs of elderly people in particular, this study assumes that areas of need do exist and that these can be clearly identified and their prevalence can be estimated for a given population. Moreover, it is assumed that the nature of these needs can be elicited from the old person himself. The researchers suppose that the elderly person prefers to remain in his own familiar environment as long as possible in preference to accepting institutional care, and they consider that he should have the opportunity to state his own views as to what his needs are. These considerations suggest that personal interviews with representative samples of old persons are valid approaches to extract this information.

## Areas of Needs and Services

In attempting to define areas of need the researchers were aware of the definitions developed by Fromm (4) and Maslow (7); however, for purposes of this study it is necessary to develop operational definitions for certain broad concepts of need. Those selected for attention here are security, independence, privacy, social contact and self-worth. These needs are not seen to be peculiar to the age group of those over sixty-five years, but because of their fear of losing these and because many old persons have insufficient resources to meet these needs, they are important topics for study. The first task of the researchers is to give some theoretical orientation to the concept of need and to the various forms of need which are selected for exploration in this study.

In identifying these areas of need it must be remembered that the services that could be provided must have some relevance to the resources that the local community is prepared to make available. At the same time it is important to "listen" to demands for services as expressed by the retired persons. Although it might be helpful to consider whether such needed services should be provided by private or public organizations, or by a combination of both, and whether such service should be financed by social agencies, by the elderly persons themselves or by combined efforts, it is beyond the scope of this study to suggest guidelines for such vast undertakings.

## Method and Data Collection

The interview schedule is based on information available from other questionnaires, a review of the pertinent literature on home services and the recognition of needs. Such characteristics as sex, age, marital status, health, previous life style and experiences, present living arrangements, financial situation and, finally, some indication of the kinds of social

contacts are seen as important in determining the home services which an elderly person might require. The interview schedule was pre-tested for appropriateness and some revisions have been incorporated in the first draft of the interview schedule. (See Appendix A)

The sample is based on information available from the polling districts and the voters lists purchased from the Office of the Registrar of Voters, Provincial Government of British Columbia in Vancouver. These voters lists had been compiled recently for the Provincial Election on September 12, 1966, and are the most up-to-date documents available. The West End Area chosen for the research project is part of the "Vancouver Centre" Electoral District. Of the sixty-three polling stations in the West End Area nine were randomly chosen. From voters lists corresponding to the selected polling stations the names of those reported as "retired" were abstracted on separate lists. Three hundred and nine names comprise the potential sample of the nine polling stations. From these three hundred and nine names two samples were chosen which form the potential population. These two samples comprise a total of forty-five persons, each of whom were contacted by a letter of introduction. (See Appendix B) A few days after the letters were sent these individuals were visited in their homes.

#### Organization of the Body of Research

The theoretical considerations underlying this research project will be amplified and elaborated upon in the second chapter. This will include a review of selected literature on "Aging" with special reference to studies made or to programmes in operation elsewhere. Mention will be made of programmes for home services of the aged in other parts of Canada and a brief outline will be provided of schemes in other countries. The second chapter will also identify the major areas of need and define the terminology.

The third chapter is devoted to the methodological development. It

includes the sample design, discussion of the interview schedule structure and the rationale for the construction and wording of the questions. The approach used in making contacts and in interviewing the prospective respondents will also be described.

Chapter four presents a few illustrations of how the interview data may be compiled into tables and how each table may answer some questions about the respondents or about their needs for home services. It should be pointed out that the data are collected from a limited sample and the findings must be regarded as tentative.

The concluding chapter gives a critical assessment of the entire research project.

## CHAPTER II

## REVIEW OF THE LITERATURE

## Introduction

Changing facts, values and orientations of our society in relation to the aged population have stimulated public concern about the welfare of elderly people. When the needs of elderly people are considered and the means by which other communities are attempting to meet such needs are studied, it is apparent that home services for the aged may be a valid method of meeting some of the retired person's needs. This chapter reviews some of the current literature which led to the development of this study.

## Aging as a Societal Concern

Some concern for its aging members has always been a cultural value in all human societies. The extent and degree of this concern has increased, however, in the last few decades due to changes in the ways of securing food, shelter and other necessities. Industrialization and the resulting economic dependence of the individual upon income and employment led to a number of consequences. As one of the most influential factors of industrialization we must regard the regional mobility of the population as a whole, notably the trend that shows that Canadians are concentrating more and more in urban areas, where most of the industrial employment can be found. This shift of the population from rural to urban areas is associated with marked changes in the pattern of living of older people, and these changes, in turn, relate to changes of attitude of young people toward the aged.

The extended family, which formerly made provision for its elderly members in rural areas, found itself in different circumstances in an urban setting. To use housing as an example, it is evident that few of the recent home constructions in the towns and cities, include living space for the

retired members of the family. The change from extended to nuclear family was then greatly influenced by the absence of adequate living facilities for the aged members of the family unit in an urban setting.

A further consequence of the shift from rural to urban areas which involved the separation of the older from the younger generation, was the change in attitudes toward aging family members. In the rural environment, the care of the elderly had been a family responsibility; the metropolitan setting did not provide the facilities to make it possible for the aged to live with the new generation. Meanwhile, many members of the younger generation were unable or they rejected the responsibility to support their elderly relatives. Furthermore, societal values such as individuality, the stress upon economic independence and the right to privacy, which people claim during their "productive years" have gradually been accepted as a "right" that also applies to retired members of society.

Since the beginning of the century many problems of individuals such as illness, unemployment and care of children have become matters of increasing public concern. After the first World War the problems of elderly people, or adults who could no longer work, also gained more attention of both private and public bodies.

The establishment of homes for the aged, of old age pensions from government sources, and of public assistance to old persons reflect this growing concern. Greater awareness and concern for the aged members of our society have, therefore, been concomitant developments to the problem itself.

#### Changes in the Age Structure

During the twentieth century the concern for the aged members of Canadian society has also been influenced by the changes in the population structure. Until relatively recent times, the population segments in the various age brackets were relatively stable, if we discount the ravaging

influence of wars, epidemics and famines. With the modern advances and discoveries in the fields of medicine and hygiene and the increasing control of communicable diseases, it became possible to prevent the illness and death of many people in their childhood and middle age periods. The results are that many more people than formerly now live until they reach their sixties, seventies, or even later decades.

It has been forecast that the shift in the composition of the population in Canada will result, by 1991, in an approximate increase of 1.4 per cent in the proportion of Canadians over the age of sixty-five years. In 1961 the percentage of persons in Canada over the age of sixty-five was given as 7.6 per cent, this will increase to somewhat less than 9.0 per cent in 1991.(24) The same source estimates that the actual number of persons over the age of sixty-five, will, during that period of time, double from one and a half million at present, to three million by 1991.

The population distribution of the aged in the United States is at present similar to what has been estimated for Canada in 1991. In 1850 only 2.6 per cent of all persons in the United States were over the age of sixty-five; in 1962 the percentage had increased to 9.3 per cent.(25) Although Canada may have, at present, a comparatively low proportion of persons over the age of sixty-five, the concern about the aged exists and it is likely to become greater in the future.

#### Changes in Values and Norms Related to Aging

The seemingly monumental problems of the aged in our society need to be considered in relation to the backgrounds of present day societal norms and values. Much emphasis is being placed upon youth and on a person's ability to produce goods and services and to pay for what he consumes. Only those who have substantial savings and adequate income can hope to retain the economic status they had reached in their working years.

Our Canadian society tends to stress the functional values of economic usefulness. Indeed, it is one of the criteria by which the significance of the social role is assessed. We also cherish the middleclass values of individual responsibility, resourcefulness and self-reliance, and there is a reluctance to admit weakness or lack of these qualities, and to turn to others for help. Similarly, rationality is highly valued in the sense of the exercise of fore-thought, or conscious and deliberate planning for the later years, such as are involved in budgeting and in allocation of savings and other resources in the most efficient ways for retirement. Until quite recent times the ethics of independence and non-interference appear to have delayed a full scale investigation into the problems of old age.

In Canada the various governments, both federal and provincial, have been reluctant to go beyond the provision of a meager economic security programme for the older or retired person. However, during recent decades with rising standards of living in our highly productive society, there have been changes in attitudes toward the aging. Their economic and social ills are now viewed as some of our major welfare concerns.

Formerly the practice was to institutionalize the incapacitated elderly in hospitals or in old age homes, but there is a growing conviction now that it is better to care for the aged in their own familiar environments. This has become the policy in a number of European countries, notably Denmark and Sweden. Public opinion in Canada is now also demanding that allocation of resources and changes in values, such as the right to live well in one's later years, must become the rule for all persons who live beyond the so called "productive period" in their life cycle.

#### Assumptions

As the nuclear family takes precedence over the extended family system in our society, the older person is forced to rely on his or her own

resources. If he cannot meet his own needs, opportunities must now be made available through public or private resources, or a combination of both. It is also recognized now that the general needs for security, independence, privacy, social contact and self-worth, as defined below, do not constitute a peculiarity of old age. They are needs which are continuous throughout the life cycle.

The prevailing methods and means of institutionalization of the elderly persons are contrary to the desires and needs of many older people. These individuals would rather maintain their independence in their own familiar environment.

It is further assumed, that some aged individuals are unable to care for themselves in an independent way, because of physical, psychological and/or social deterioration, brought about through the natural processes of aging. But if some modifications were made in the environment and/or in provisions for services, many old people would be able to maintain some of their former social roles and to continue to live in familiar surroundings during most of their later decades.

#### Research on the Aged Supporting the Assumptions

There are certain facts, learned from previous research which support the above assumptions, which lead us to believe that a comprehensive program of home services can meet the needs of many elderly people in their own homes and thereby enable them to continue their own ways of living.

"The two primary mental disorders of later life, senile psychosis and cerebral arteriosclerosis are usually assumed to result from organic deterioration. In England, Lewis and Goldsmith (1943) made an attempt to search for a common etiological factor for these diseases. They discovered that failure to retain a place in the community, to be a member of a family, to have an appreciated share in the life of some household or working group

were common characteristics of the patients studied. They concluded that lack of social integration was the overall sociogenic factor in disorders of mental health.

In the United States Dunham (1957) observed the ecology of elderly psychotic patients, and discovered that the highest rate of the above diseases was to be found in the Middle Atlantic, the New England and the Pacific sections. This finding pointed to the fact that the largest number of old people suffering from mental disorders was to be found in the older, and more urbanized sections of the country, where the institution of the family had undergone its greatest strains and tensions."(5, p.10) Such findings indicate the elderly person's need to remain integrated in the community, and to maintain contact with his family.

Kutner's major finding was that our society's resources for older people have been developed in the main to serve the most severely ill, the most dependent, the most disturbed. They are not geared to the large ambulatory segment of the population.(6)

Supporting this finding, Dr. Peter Townsend said "that we have become an institutionally oriented society. (1.5% of those over 65 years are in institutions in Britain compared with 2% in Canada). It is clear 20% of persons residing in institutions need not have been there if some suitable housing was available in the community. Sixty per cent of elderly people in institutions were felt to be suitable for repatriation to their community provided suitable home care facilities were available".(32, p.1)

While there is an unnecessarily high percentage of elderly people institutionalized in Canada this practice is not consistent with the desires of older people. Dr. Zay gains the impression from surveys, most of which have been conducted in the United States, that "older persons prefer to live where they grew up and spent their lives" (52, p.22) and that elderly persons

(particularly the women) want to live independently, close to their children but not with them. (52, p.24)

The general findings of a study sponsored by the Canadian Welfare Council also point to the need for elderly people to live independently in their own familiar environments. (30, p.34) Many of them lack the means and the physical strength to follow this desire. A larger proportion of old people than of other adults are apt to be poor, alone, ill and/or physically or mentally handicapped. Many old people who are not seriously disabled may be maintained in their own familiar environments through supplying adequate housing and services at home.

A brief review of some of the observed trends and recent research on the aging population has been given here; especially in regard to a better understanding of older people's problems. We will turn now to an examination of the needs of elderly persons as individuals.

#### Needs of Elderly People

We are interested here in the needs of elderly people which might be met by home services. For the elderly person, there are physical, psychological and social changes (2, pp. 2-9) which affect the intensity of need and the individual's and society's ability to meet them. As already mentioned in Chapter I we have divided the concept of "need" into the broad areas of security, independence, privacy, social contact and self-worth using Erich Fromm's formulation (4) of higher needs as a basis. Each of these concepts represents a broad category of needs which is discussed here.

Throughout one's life the need for security in our society to-day is a shared responsibility between the individual and the institutions designed to support him which protect members against harm, deprivation, loneliness, unattended illness and other conditions which might threaten comfort or survival. (10, p.319) A distinction is made between material and psychological

security for aged people. Material security is defined as guaranteed income of sufficient kind and adequate housing according to the standard to which the individual has been accustomed. Psychological security is the knowledge of a continuity of life experience from the past and into the future with respect to such needs as adequate good health and satisfying relationships with friends, relatives and family.

The elderly person has a need to be independent in our society. The early stages of the life cycle of an individual normally follows a pattern moving from dependence to independence. When independence has been gained in the mature years, it is perceived as regression, particularly by the individual himself. Our society stresses and sometimes exaggerates the importance of independence and the older person, whose values derive from his society, is reluctant to accept help. The loss of independence threatens the fulfillment of his need to be creative and his need for individuality. (10, pp.319-320)

During the later stages in the life cycle in human life there is a deterioration in the physical, mental, social and/or emotional capacities of the individual which may make dependence a necessity. A careful assessment of the elderly person is therefore necessary to give help only in areas where it is required. This precaution serves to respect the older person's need for independence.

The need for privacy is used here mainly to refer to the physical environment of the aged person. In this context, it involves a quiet dwelling, a choice of residence and satisfactory living space. The importance of privacy cannot be underestimated. "Many older people rejected the idea of living in a Home for the Aged because there was no guarantee of privacy and dignity." (43, p.4)

Man's need for social contact is characterized by his need to live,

work and play in association with other human beings. It finds satisfactions in family life, in associations at work and in participation in organizations of one kind or another. (10, pp.318-319) It is a feeling of relatedness to other people and to the larger world. The means by which this need is met are both personal and impersonal. The former would be meaningful relationships with other people such as friends, relatives and professional people, and the latter would be contact with the larger society through public media: television, newspapers and radio. Social contact is necessary for mental health, however the extent and intensity of such a need in later years is related to previous life style.

The need for self-worth is related to the perception a person has of himself. In some aspects it is a reflection of how others see the individual. If the individual senses others see him as a useless member of society and as a burden to others then his self-concept often tends to be similar.

The number of former roles which the aged person can still perform is important to him. When he retires, society deprives the aged individual of playing certain former roles such as "worker or leader" and does not provide him with new roles. The aged individual views himself as society tends to view him - as useless.

#### Home Services for the Aged Defined

We will now turn to examples of definitions of home services which presently exist in some parts of Canada and the United States. The purpose of any service is to meet needs; home services for the aged are a "variety of services which would permit an older person to remain in the familiar environment of his own home with the maximum of comfort and security and render possible his return from health institutions as soon as possible". (24, p.154)

In Canada, a number of different types of services in the home have recently become available to elderly people. These services are offered by a variety of helping agencies and are under volunteer, public and/or private auspices. Such services may include one or more of the following types: home care, visiting nurse service, homemaker service, meals on wheels, friendly visiting and others.

Home care is defined as "care at home under the direction of the family physician utilizing the services of visiting nurse service and a homemaker service combined or separately." (34, p. 3) This is basically a medical program which could include physiotherapy, occupational therapy, social services, speech therapy, nutrition consultation, homemaker service, transportation, appliances, laboratory services and drugs. "Community based home care programs aim at preventing hospitalization by providing a range of services available to the physician on a home visiting basis. A secondary function is to facilitate early discharge from hospital of persons who could manage in the home." (32, p. 2)

VISITING NURSE SERVICE is "nursing service given by a registered nurse usually with further preparation in public health on a visitation basis and involves (a) Professional nursing care including rehabilitation. (b) Instructions in care for the family and patient. (c) Health supervision of the family. (d) Promotion of health and prevention of disease through health teaching." (34, p. 4)

HOMEMAKER SERVICE is "a community service sponsored by a public or voluntary health or welfare that employs personnel to furnish home help services to families with children; to convalescent, aged, acutely or chronically ill and disabled persons, or to all of these. Its primary function is the maintenance of household routines 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." (30, p.20)

MEALS-ON-WHEELS SERVICE is meals delivered to those unable to prepare their own meals in their own place of residence.

FRIENDLY VISITING is a kind of program which arranges for volunteers to visit and befriend elderly people.

There are still other services which might be rendered to elderly people in their own homes. They could include such help as handyman repair services for property care and minor repairs; a communication service, telephone calls, to the homebound; counselling services; information centres, and guardianship and protective services.

These are all services which are all rendered in the old person's home, some by professional and trained people, others by volunteers.

#### Programmes in Existence

A brief review of programs available in other countries and in different parts of Canada help to give an overview of what can and is being done in giving such services to elderly people. North America has lagged far behind the programs established in both Britain and the Continental European Countries.

GREAT BRITAIN. Great Britain has a unique service which began in 1950 and which has grown substantially from that time. It is called a Good Neighbour or "Pop in" service. Home visiting is the hub. Old people do not call for help but rather the visitor who relieves anxiety and provides companionship also anticipates the older person's needs. The visitor does a periodic check and is paid a retaining fee which makes this a job like any other service and thus their cases will not be left. If the visitor moves, he will report this to the agency who can then find a new visitor.

In 1965, Great Britain had more than 60,000 Home Helps but fewer than 4,000 of these were employed on a regular, full time basis. English Home Helps work under the direction, largely administrative, of "Home Help Organizer."

Helps undertake all types of housework. Officially, they do no nursing but work in contact with the doctor, health visitor and nurse. Other services available include a great variety, such as meals-on-wheels, recreational and occupational facilities located in the neighbourhood, workshops, structural or equipment alterations in houses, special equipment for sickness and injury and chiropody. Home Helps work with the aged and infirm.

SCANDINAVIA. The most highly developed services are found namely, in Scandinavia, Sweden, Norway, Finland and Denmark; all have well established, comprehensive, soundly financed services. Sweden's program "Social Home Help" is of particular interest as it encompasses four levels of workers, all of whom receive compulsory training in government schools. Service is given on the basis of need to all economic levels.

WESTERN EUROPE. With the exception of Italy, which has only a small service in Milan, all major Western European countries have firmly established comprehensive homemaker programs either directly administered by or substantially subsidized by their governments. In every country, except Great Britain and Italy, certain career types of training courses are compulsory.

On the European continent, as in North American, homemaker services have been developed by private agencies primarily but with substantial government subsidies. (49, p.11)

UNITED STATES. The Directory of Homemaker Services 1963 in the United States lists 303 homemaker programs in 44 states, the District of Columbia and Puerto Rico. (26, p.1) The families served were fairly evenly

divided between those with children and those with ill or disabled adults and aged persons; however, the families with children received 62 per cent of the hours of homemaker service. Sixty-five per cent of the agencies serve all types of families. In general, voluntary agencies tend to provide homemaker service to all types of families. Public agencies are more selective. The health agencies, for example, primarily care for the families with ill or disabled adults and aged persons. (26,p.2) However, since the time of the above publication, homemaker services have continued to expand.

NORTH CAROLINA. In a demonstration project, covering the 1960 period, North Carolina served the need for homemaker service of aged and disabled persons. This project was limited to those persons receiving Old Age Assistance or aid to the permanently and totally disabled. On the basis of this success, North Carolina made plans to extend these services on a broader, more flexible program. (27,pp. 3,5,37-40) The homemaker does light housekeeping, gives personal care and plays the role of educator. She does not do heavy work. (27,p.11)

BALTIMORE. Baltimore carried out an extensive survey in an attempt to learn the need for homemaker service. The research workers recognized that these needs as expressed by responding agencies as falling essentially into two categories - (1) Substitute care for the family in the absence of the mother and (2) Home help to the chronically ill and aged.

The Baltimore study revealed that one-third of the persons needing a homemaker service were aged individuals or couples. No less than 72 per cent of these persons and couples were not only aged but also chronically ill who could have been kept out of institutions provided that homemakers were available to supplement the work of the health agencies.

A different but related program was also under discussion and demonstration in Baltimore. The National Council of Jewish Women provided

a demonstration project of meals-on-wheels in 1961 and 1962. The results of this demonstration show that there are chronically ill and disabled persons at home who find it difficult or impossible to get out for meals or to prepare adequate meals for themselves. The demonstration has been serving 20 to 30 persons at one time, more than half of them for periods of less than one month. This means that although the client may be chronically ill or disabled (average age 72 years) the social need for home delivered meals is characteristically of short duration. (46)

EARLHAM. Earlham, Iowa, a rural community, is experimenting in providing a particularly interesting range of services to elderly clients. A citizens' group wishing to do something for senior citizens at first considered construction of a nursing home. However, after an intensive survey of elderly people it was found that the real need was for a home care program offering a variety of services which would enable elderly people to remain in their own homes. (30,p.65) With the utmost use of volunteers and existing services and with the co-operation of professional people they will provide nursing care, homemaker service, delivery of meals, friendly visiting, handyman services for property care and minor repairs and a communication service. (13,p.272)

CANADA. In Canada, the need for home services is slowly recognized. (24) The resources for home services are ad hoc, generally inadequate and/or lacking. The need for home nursing programs is recognized by health authorities in most provinces and so far as possible many of these authorities provide a limited or occasional service to some families. (30)

The Canadian Welfare Council in 1964, found there were approximately 55 Canadian communities with a voluntary homemaker service. In 1960, they undertook a survey and it was estimated that about 30 per cent of the Canadian

population was in areas served by homemaker programs. However, it had not been the general policy of Canadian homemaker agencies to provide service to elderly people except through the Red Cross. (30,p.20) This situation is rapidly changing as evidenced by Vancouver's increase in homemaker service. In November 1966, the Family Service Agency employed nine homemakers; they supplied temporary service usually where there were two or more children. In April, 1967, through the availability of government funds they now employ fifty homemakers and they also offer service to elderly persons for indefinite periods of time. Although no statistics are published, a representative of the Homemaker Service does not feel that they are reaching the aged populations.

In 1964 there were approximately ten organized Home Care programs operating in Canada, many as pilot or experimental projects. Although people of any age may use this service, it is particularly valuable to those over 60 years. (30,p.22)

Meals-on-wheels service is being given in at least five Canadian cities at present. Research is limited but there are indications that a contribution is being made to the elderly person's well-being. His social outlook and adaptation are affected. (16,p.275)

TORONTO. The Visiting Homemakers Association did a demonstration project to determine the extent and kind of services needed by providing part time home help to elderly people for a three year period 1958-1960 in a selected area of Toronto. Service was given to elderly people. This experiment was limited in its scope of providing effective service to the elderly, as it excluded those who required 24 hour service. Service was arranged on an hourly basis between 8:00 A.M. and 6:00 P.M. Individual arrangements were made on the basis of need. Their findings are particularly relevant to the present study and, therefore, deserve more elaboration here.

More than three-fourths of the clients were 70 years of age and over. The homemaker stayed from two to eight hours per day, made from one visit to five visits per week and gave service for a period of one day to 2½ years. Assistance was given with shopping, planning and cooking of meals, light housekeeping, washing and ironing, and personal care. They were not offered service for heavy cleaning, heavy washing or extensive nursing care. The most frequent requests were for assistance with light cleaning and cooking. Help with personal care was rarely requested. The regular warm visits of the homemaker on the morale of the aged was significant. Only a small number requested a single service. On the other hand, 60 per cent requested a combination of cleaning, assistance with meals, shopping and personal laundry.

The philosophy of the homemakers is one which involves helping the older person to retain as much independence as possible, and as long as possible, provided health and safety are guarded. However, the attitude of the aged to receiving help was significant. Clients characteristically resisted the idea that they were not able to manage themselves, and they feared intrusion into their personal way of life. They accepted a homemaker only when they were reassured by experience that she would not interfere with their independence. Over one third of those who inquired and/or applied for services withdrew before or after acceptance.

The researchers associated with this demonstration project felt that home services could be used in a preventive way by reaching out to older persons whose needs are less urgent. However, this would require a program of interpretation directed to the community and especially to the older persons themselves.

The Visiting Homemakers Association found, in a demonstration project that there was a need for homemaker service for elderly people and that the 139 clients served, furnish a measure of those older people most

urgently in need of service. (37) It is significant, however, that they did not serve those clients who required 24 hour service. Such service was outside the scope of their demonstration project. . Because of the broad range of needs of elderly people which such services might meet, levels of training might be incorporated and neighbourly help considered. (49) In attempting to determine the needs of elderly people, the researchers were not concerned with who would provide the service but only with what services must be provided. Thus, in this study, all types of needs are investigated, those which might be met by both professional and volunteer workers.

Through discussion in this chapter, the types of services provided elsewhere, and the needs of elderly people as perceived by observers of human beings and as researched previously, have been explored. This exploration aids us in the construction of the interview schedule itself, and in the interpretation of the responses to questions in the schedule.

## CHAPTER III

## METHODOLOGY AND COLLECTION OF DATA

## Introduction

A review of the available literature has tended to support our assumptions that the public is concerned about the aged, that elderly people do have needs which are not being adequately met and that older people themselves can tell us about those needs.

Furthermore, the research and experiments in other countries reveal that home services can offer some of the means to meet these needs. However, to our knowledge, no study has been conducted among elderly people in Vancouver to assess the extent and dimensions of these needs.

The primary aim of this study, then, is to develop a method by which the need for home care services can be assessed. This will involve the development of an instrument, which will explore certain needs of elderly people. In this sense, the design of this research project can be referred to as a pre-evaluation, which is less interested in the collection of data about the need for service and in deriving findings from these data, but is more concerned with the development of systematic ways to gather such information. It is hoped that the sampling process, the construction of the interview schedule and the approach used in the interview itself, as outlined below, will be of help in future research undertakings in this field.

## The Sample Design

In designing the sample the West End Area of Vancouver was chosen as the area of study because of the expressed concern of Gordon Neighbourhood House, whose director, Mrs. Margaret Jones, pointed to the lack of available help for elderly people. Through information from a study undertaken by the Community Chest and Councils of the Greater Vancouver Area in 1965, we are

aware that the proportion of retired persons is higher for the West End Area than for the entire city. The study reveals that in census tracts 1, 2, 3 and 4 corresponding to our sample area about one person in four is over the age of sixty-five years. (31)

It was necessary to obtain the names and addresses of retired persons in the sample area. In order to obtain this information, we had to investigate several available resources. Those we considered, were census material, the City's Directory, and the Municipal and Provincial Voters' Lists. The census material does not contain the names and addresses of individuals. The City's Directory lists names, addresses and occupational status but the names are given in alphabetical order, but not by area. The task of delineating the potential population desired for this study would be enormous. (50) The Municipal Voters' Lists, the most recent publication in 1965, does not list occupational status. (28) The voters' lists compiled for the provincial election, 1966, serves our purposes. (23) The compiled voters' lists refer to every registered voter in his respective polling district by name, status and address. The occupational status of the voter is stated and a person who no longer is gainfully employed is listed as "retired." Individuals listed under "retired" are assumed to be over sixty-five years of age and therefore they belong to the universe of "aged" from which this project has drawn a small sample.

The West End Area is part of the "Vancouver Centre" Electoral District, and as such comprises sixty-three polling districts or stations. The researchers agreed upon the following three stages of sample design. The first stage is an "area sampling" in which nine polling districts were drawn at random from the total of sixty-three polling districts. They include numbers 2, 15, 23, 29, 33, 44, 54, 56, and 58. With the exception of polling district 58, which is St. Paul's Hospital, all were incorporated in the sample. For the second stage of sampling the names of every person described as re-

tired in the eight selected polling districts were abstracted in the order in which they appeared. This procedure yielded a total of 309 names. The third stage involved the consecutive numbering of the names so obtained and every tenth person was chosen for the first research sample. Later it became necessary to draw a second sample in which every fifteenth name was chosen. A total of 45 names were obtained from these two ratio drawings and they represent the study's potential subjects.

In order to contact the persons chosen for the potential study sample, the researchers had prepared a letter of introduction (see appendix B), which outlined the aims and purposes of the project in a very general form. The purpose of the letter sent to the potential interviewee was acquaint the individual with the research project; to inform him of our intentions of personal contact; to assure him of our legitimate status as university students; to stress the confidentiality of information received; and mainly, to help us gain entrance when we approached him. It should be noted here that the timing of arrival of letter and that of the personal contact by the researchers was carefully considered. An attempt was made to approach the individual a few days after the letter had arrived and under no circumstances was the arrival of the letter and the visit spaced more than four days apart. This was done to prevent forgetfulness on the part of the potential respondent and thus to avoid confusion.

Table 1 shows the total number of persons so contacted and lists the number of successful and unsuccessful interviews.

TABLE 1

## Results of the Interview Contacts

Total number of contacts		45
Number of successful interviews		21
Reasons for non-completion on interviews	24	24
Had moved	7	
House demolished	1	
Not eligible	2	
Death	2	
On holiday	1	
Illness	2	
No interest	9	

Table 1 indicates that we lost just over fifty per cent of our potential sample for interviews although our source of names for the sample was of recent origin. That our various methods of approaching a potential interviewee have been generally effective can be seen from the fact that only nine out of forty-five gave outright refusals to be interviewed. The heavy shrinkage of the sample, due to various other reasons, indicates the necessity of obtaining the most recent sources or names available. Since the material for this study was of recent origin, namely, September, 1966, future researchers should be prepared to allow for a loss of at least fifty per cent of a potential sample of elderly people.

## The Interview Schedule

The researchers, while constructing and designing the interview schedule (see appendix A), were aware of schedules already existing in relation to the study of the aged. Three questionnaires were of particular help to us. The first is an interview schedule developed by McGill University researchers in 1958. (48) Although some parts of the schedule are not relevant for the purposes of our study, other components of it were useful. A second schedule, also developed at McGill University, had more direct pertinence to our project, particularly the section of the interview schedule dealing with

the "Capacity for Self-Care, Care in Illness, Social Isolation and Care Provided Everyday." (47) Lastly, the researchers were aware of the study prepared by Bethune et al which had particular relevance to the Greater Vancouver Area. (53)

A preface which states the purpose of the study is considered important, since it can be used to introduce the interview in a general way to the respondent. This statement is used to elaborate on the content of the letter the interviewee has received some days earlier. It gives added information and it can also help to ease any tensions the elderly person may have at the beginning of the interview. We stressed that by giving their information to us, the respondents make a meaningful contribution to the final project. We aimed to reduce the stilted formality arising out of the "question and answer approach," by interspersing short spoken comments where they seemed to be appropriate and by expanding short terse questions wherever possible.

We turn now to the various sections of the schedule and to the questions relating to these sections. The considerations which guided the construction of these questions will be stated in the order used for the corresponding questions.

The questions relating to marital status and age are included to obtain personal information which can be correlated with responses to other parts of the schedule. Residence mobility is particularly pertinent in regard to the reasons given for moving into the area under study. As can be seen, the question is left unstructured so as to elicit the widest possible range of responses. Questions 9, 10 and 11, relating to the type and state of maintenance of the housing are answered by the interviewer. This information can be obtained by observation and a more uniform interpretation is secured when the research workers make the estimates.

The need for privacy and the physical deterioration of the elderly person, as pointed out in chapter two, were the considerations which guided this part of the questionnaire. The number of rooms and the access to household utilities is important insofar as size of living space and distance to utilities may be crucial factors in the need for help. For the same reason the information in regard to access to neighbourhood facilities, such as stores, banks, library, etc. is pertinent, since it may reveal certain needs of elderly persons who find walking difficult. Question 15 asks, therefore, specifically for the type and the frequency of such help.

The questions relating to "Household Tasks" which determine the physical capacities are divided into three categories. The first concerns itself with the preparation of meals, the second with light housekeeping duties and the final one with the heavy household chores. In each category it is first established who carries out these household duties. This question is followed by a rating which attempts to assess the degree of difficulty encountered by whoever performs these duties. The final part of these categories asks whether help is desired and how often such help should be provided.

Question 20 concerns itself with the payment for regular help. Here we try to assess whether a person can afford to pay for home care services, and if so, to what extent the person would be able to meet the total cost of such assistance.

The questions pertaining to personal capacities, similar to the one relating to household tasks, are identified as an area in which an elderly person might be in need of help or assistance. This information would be particularly relevant if the individual is ill or has permanent disabilities.

It also seems relevant to establish whether the interviewee gives someone else help in exchange for help he receives in his own home. The researchers assume that such reciprocal relationships may exist in cases where help may be rendered by one person in such tasks as shopping, in exchange for help received in the home, such as cleaning.

One of the areas of need, as defined in chapter two, is the person's desire for social contact. Some means of assessing the kind, extent and frequency of social contacts had therefore to be developed by the researchers. The most probable contacts an elderly person might have are listed in the questionnaire with other unspecified ones to be filled in, if needed, by the interviewer. Three common ways of making social contacts are of interest to the study, namely, visits, telephone calls and letters. The frequency of these contacts was classified under the terms daily, bi-weekly, bi-monthly, monthly and never.

The desire for more frequent associations with people can be assessed in the subsequent question, where a definite need for friendly visits can be established.

In order to obtain some insight and understanding of the present pattern of social activities, our main emphasis has been to ask questions that will permit comparison of past and present activities. We assume that the accustomed life style of the individual and his particular past experiences would significantly influence his present interests. A list of probable interests and activities is therefore outlined. Importance is also placed upon a distinction between activities that are pursued outside the home and those that take place within the familiar environment of the person's own home. The question contains an unspecified section so as to account for activities and interests not included by the researchers. The following

question, number 28, relates to the reasons for the possible reduction in social activities. Included here are such considerations as lack of interest or friends to participate, lack of means of transportation or failure of health and non-availability of activities in the area. The types and the frequency of information obtained through the various news media are also perceived to be important. Question 29 is, therefore, an extension of the previous section on social contacts of the individual, since contact with the outside, even if non-reciprocal, is nevertheless contact as defined by the researchers.

A further area of need as identified by us and defined in chapter two, concerns itself with the elderly person's desire for financial security. The following part of the interview schedule is therefore designed to elicit information about the financial resources of the individual. The section of the questionnaire dealing with the financial situation of the interviewee is divided into two parts. The first part establishes the amount of monthly income, the second the source or sources of this income. The absolute minimum is taken to be \$75.00, since every person of Canadian Citizenship over the age of sixty-five years qualifies for the universal Old Age Security benefits. We included, however, a category for those not yet eligible for this Old Age Pension. The major source of income whether pensions, earnings, savings, financial assistance from relatives or other types of income is checked on the schedule. In cases where the person has income from present employment, the number of hours worked per week is recorded.

Another aspect in the life of the elderly person which is relevant for our study is the present state of his health. The section of the interview schedule entitled "Health" and "Acute Illness" attempts to elicit information in regard to general condition of health. It also asks

about assistance rendered during most recent cases of illness. Question 35 is designed to be a self-rating continuum ranging from "very good" to "very poor" over a five point scale. The following question itemizes the kind of complaint or complaints the person may have. This list contains only physical complaints of a chronic nature and is not designed to account for temporary illness. Information regarding partial incapacity due to impairment of sight or hearing, and correction of these handicaps such as the wearing of glasses, is included here. The degree to which these physical handicaps interfere with daily household tasks and with social activities is thought to be important. Although a simple "yes or no" type of answer is found to be sufficient, space has been left for additional comments. Questions relating to acute illness are relevant insofar as the researchers try to determine the resources available to the individual in cases of emergency. Questions regarding the availability of help in the preparation of meals and medical assistance in instances of short-term illness are pertinent here. The researchers were aware that some elderly persons may be in contact with organizations or groups in the community that provide help in cases of specific disabilities. Question 45 is therefore designed to establish whether such contact exists. The groups considered in this connection may be medical, nursing, church, social or recreational organizations.

Question 46 lists the types of services which the researchers see as corresponding to the needs for security, independence, privacy, social contact and self-worth as defined by them in chapter two. These include help with tasks in the home, help with chores outside the home, regular friendly visiting, nursing and homemaker services, regular preparation of meals, and a category of unspecified needs. The requests by the respondents for a particular type of service are ranked in order of importance.

The final question is designed to give the interviewee an opportunity to ask questions in regard to the study. The interview schedule closes with a note of thanks for the co-operation received and the interviewer assures the respondent of the value of the information he has given.

It was decided that apart from the purely factual and classified part of the schedule, the schedule should provide space for the interviewer to describe briefly other pertinent information that he has observed or that has been related to him by the elderly person. Of special interest here is the attitude toward acceptance of help, past employment, educational level and other general comments that are not necessarily related to the evaluation of the data.

A pretest was made of the schedule and the subjects were chosen from personal acquaintances. These people were thought to be particularly capable of offering constructive criticism. The pretest was given to four elderly people but it did not reveal any substantial shortcomings in the research instrument. However, the wording of some of the questions was amended as to clarity, consistency, simplicity and length. The sequence of the questions was also changed. More personal questions, such as health and financial situation were placed towards the end of the schedule so as to allow for the establishment of good rapport in the initial stage of interviewing.

#### The Interviewing Procedure

All interviews were conducted in the home of the respondents. The most advantageous time was found to be in the evenings between 7:00 P.M. and 9:00 P.M. The average interview lasted from 35 to 55 minutes. All interviews were carried out by the two members of the thesis group during a period of five weeks from the end of January, 1967, to the beginning of March, 1967.

The approach used by the interviewers was that of polite friendliness and they emphasized the valuable contribution the person could make in providing us with the information which only they could give us. The letter of introduction (see appendix B) mailed in advance of the house calls was mentioned by the research worker at the outset of the interview. If it seemed necessary, the research worker also showed a letter of identification (see appendix C) from the School of Social Work signed by the thesis consultant. This letter served to identify the bearer as a graduate student who was a member of the research group. It also identified the interviewer as the person who sent the letter of introduction to the interviewee.

Now that we have discussed the sampling procedure, the rationales underlying the construction of the interview schedule and the approach used for interviewing, we shall turn to illustrations of methods for analysis of this interview data.

## CHAPTER IV

## ILLUSTRATIONS OF METHODS OF ANALYSIS OF INTERVIEW DATA

The relatively small sample, primarily designed to test the appropriateness of the developed research instrument, forms the basis of our analysis. This small sample cannot be regarded as representative of the whole aging population in the West End Area but indicates findings that apply only to the persons interviewed. The researchers have, nevertheless, attempted a preliminary evaluation of some of the interview material. Although it is brief, this analysis can give some useful information about the personal characteristics of our sample group, as well as the extent of need for home care services. It can also illustrate how the interview data might be compiled so as to show relationships between selected factors.

## The Sample Profile

The researchers were able to complete 21 interview schedules. Of these persons 2 out of 7 are married and living with spouses, while 5 out of 7 are unattached.<sup>1</sup> The larger number of individuals, namely 13, are male, whereas only 8 are female. Although no useful conclusions can be drawn from so limited a sample, it does show that in this group fewer older women live in their own homes alone, than is the case among the older men. This finding may not be surprising, since the researchers gained the impression during the interviews, that the older men tend to guard their independence far more rigorously than do the older women.

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<sup>1</sup>For the purposes of this study, unattached refers to those who are single, divorced, separated or widowed.

The age and sex distribution of the sample is as outlined in Table 2.

Table 2 Age and Sex Distribution

Age in years	Sex		Total Retired Persons	
	Male	Female	Number	Percentage
Total	13	8	21	100
60 -- 64	2	-	2	10
65 -- 69	3	1	4	20
70 -- 74	2	1	3	15
75 -- 79	-	3	3	15
80 -- 84	5	2	7	30
85 -- 89	1	1	2	10

In Table 3 below the income distribution of the elderly persons is shown in relation to the marital status of the respondent.

Table 3 Income and Marital Status

Monthly Income (dollars)	Marital Status			
	Married		Unattached	
	Number	Per Cent	Number	Per Cent
Total	6	100	15	100
75 -- 99	-	--	2	13
100 --124	-	--	7	47
125 --149	-	--	1	6.5
150 --174	-	--	1	6.5
175 --199	-	--	-	--
200 and over	6	100	4	27

A group of eight persons shown in Table 3 have a monthly income that falls into the \$100 - 124 range. In seven out of fifteen

cases the present rate of \$75 Old Age Pension and the provincial supplement of \$30 would account for an income of \$105 a month. In two cases, where the individual is not yet eligible for the Old Age Pension, the monthly income is less than \$100. These people were in receipt of Social Assistance.

The number of persons who have additional income from private sources such as savings, private pension plans and financial assistance from relatives represent about forty per cent of the sample. Their income levels are, of course, above the level of those who depend on the Old Age Pension and the provincial supplement.

All married persons in the sample had a family income in excess of \$200 a month.

#### Variables selected for Analysis

In this brief analysis of interview materials the researchers are primarily interested in a number of factors directly related to the need for home services. These factors are as follows: the need for home care services at present, the need for home care services in an emergency situation, the distribution of needs according to age, marital status and income, and, finally the ability to pay for home care services.

Even during the process of interviewing it became evident to us that the present need for any of the home services listed is rather minimal, with the possible exception of regular friendly visiting. This finding is in itself perhaps not so startling, since all the older people we have interviewed have managed to adjust in some ways to their present circumstances. Secondly, if such adjustment proved to be impossible for the older person, he would likely have moved to a rest home and would therefore not be included in the potential sample.<sup>1</sup> It is therefore reasonable to assume that those

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<sup>1</sup>All rest homes and homes for the elderly in the area were excluded from the sample.

persons we interviewed in most cases have "managed" very well or have at least adjusted to their present situation.

Table 4 below outlines the distribution of presently needed services.

Table 4 Distribution of Currently Needed Home Care Services, for 21 Persons, Classified by Age.

Age in years	Types of Home Care Services <sup>a</sup>						
	total	help i.hom.	help o.hom.	reg. f.v.	n.h.s.	meals	none
total	21	-	-	6	-	-	15
60 -- 64	2	-	-	-	-	-	2
65 -- 69	4	-	-	-	-	-	4
70 -- 74	3	-	-	1	-	-	2
75 -- 79	3	-	-	-	-	-	3
80 -- 84	7	-	-	3	-	-	4
85 -- 89	2	-	-	2	-	-	-

<sup>a</sup>help i.hom.= help with daily chores in the house,  
 help o.hom.= help with chores outside the house,  
 reg.f.v. = regular friendly visiting,  
 n.h.s. = nursing and homemaker services,  
 meals = regular preparation of meals,  
 none = no services needed at present

Although six people expressed a present need for services regarding regular friendly visiting, no such need was evident in any of the other home service categories. Of those wanting this particular type of service, namely regular friendly visiting, four were single and two married. It is generally believed that the need for regular contact of a social kind tends to increase with age, but this assumption would have to be substantiated in a study of a large and representative sample.

### Need in Emergency Cases

The findings are strikingly different when we look at the need for home services in case of an emergency. The need for such home services is usually temporary and it occurs during acute illness or during short-term incapacity of the individual; it is then that the older person is in need of personal help and housekeeping assistance. The security of knowing that such services are available in the community in times of personal crisis, tends to be a very important factor among the people studied here.

Table 5 outlines the distribution of such services as might be needed in emergency situations. The units of service indicate the area of home services in which the respondents mentioned they may see a need arising in future emergency situations. These are the areas for which the interviewees would like to see home service programs developed. It may be pointed out that in most cases the respondents indicated a need for services in more than one category.

Table 5 Distribution of Units of Service in Emergency Situations According to Age

Age in years	total units	Types of Service in Emergency Situations <sup>a</sup>						
		help i.hom.	help o.hom.	reg. f.v.	n.h.s.	meals	wt.h.	none
Total units	33	9	10	3	5	6	11	10
60 -- 64	2	-	1	-	1	-	1	1
65 -- 69	3	1	1	-	-	1	1	3
70 -- 74	1	-	1	-	-	-	1	2
75 -- 79	6	2	1	-	1	2	2	1
80 -- 84	13	4	4	2	2	1	4	3

Age in years	total units	Types of Service in Emergency Situations <sup>a</sup>						
		help i.hom.	help o.hom.	reg. f.v.	n.h.s.	meals	wt.h.	none
85 -- 90	8	2	2	1	1	2	2	-

<sup>a</sup>help i.hom. = help with daily chores in the house,  
 help o.hom. = help with chores outside the house,  
 reg.f.v. = regular friendly visiting,  
 n.h.s. = nursing and homemaker services,  
 meals = regular preparation of meals,  
 wt.h. = number of persons wanting help in at  
 least one category  
 none = number of persons wanting no help in  
 any of the categories

Slightly more than half of the respondents, namely eleven persons, expressed a need for at least one of the services indicated. It would seem that such services as shopping and the running of errands, general cleaning chores in the home and the regular preparation of meals, are perceived as most desired. Nursing and homemaker services and regular friendly visiting tend to be less important. It must be remembered that all units of service listed above refer only to emergency needs.

A second and perhaps a more significant finding is the increase in expressed need with advancing age. As table 5 shows, almost two-thirds of the total units of service requested are expressed by those over 80 years of age. Marital status, although it is not shown in Table 5, tends to be an important factor. Of the eleven respondents, who expressed the need for services in emergency cases, only two were married, whereas in the total of ten persons, whose response was "no need for help", four were married. The expressed need for home services is therefore greatest among unattached persons past the age of eighty years.

#### Ability to Pay for Needed Services

One important consideration in the provision for home services for the aged is the ability to pay for these. The researchers are aware that

if such a programme is to be implemented, public and private service agencies or a combination of both, would have to subsidize such a scheme. We were therefore interested in determining the extent to which elderly persons in our sample are capable of paying for these services. The main distinction is made between those that are unable to pay any costs of such programme and those capable of paying at least part of these costs. Table 6 shows the distribution of ability to pay in relation to help wanted in emergency situations.

Table 6 Ability to Pay for Services and Need for Services

Need for Services	Ability to pay for Services		
	Total	Unable to Pay	Able to Pay
Total	21	12	9
Want help	11	5	6
Do not want help	10	7	3

It appears then that among the eleven individuals, who want these services provided on an emergency basis, more than half can make some contribution towards such a programme, while slightly less than one half of the group is not able to pay, even in part, for these services. Among those that could contribute, the rate most frequently mentioned is a dollar an hour plus care fare, but in one instance the rate mentioned is \$1.25 per hour plus care fare. Among the ten respondents who did not want any assistance in emergencies were three persons who already had arrangements for help and paid \$1.00 per hour. The remaining seven neither wanted services, nor were they able to pay for them if they could be provided. Here the researchers suggest that the reluctance of a given person to express his need for services may be related to his inability to pay for them.

Table 7 outlines the distribution of units of help wanted by the eleven respondents according to income and ability to pay.

Table 7 Distribution of Units of Service Wanted  
According to Income and Ability to Pay

Monthly Income (dollars)	Total Services	Types of Home Service <sup>a</sup>									
		H.i.hom.		H.o.hom.		Reg.F.V.		N.H.S.		Meals	
		c.p.	cn.p.	c.p.	cn.p.	c.p.	cn.p.	c.p.	cn.p.	c.p.	cn.p.
Total Services	33	6	3	6	4	3	-	3	2	4	2
75 -- 99	3	1	-	1	-	-	-	-	-	1	-
100 -- 124	8	1	1	1	1	-	-	-	2	1	1
125 -- 149	1	-	-	-	1	-	-	-	-	-	-
150 -- 174	3	-	1	-	1	-	-	-	-	-	1
175 -- 199	-	-	-	-	-	-	-	-	-	-	-
200 and ov.	18	4	1	4	1	3	-	3	-	2	-

<sup>a</sup>H.i.hom. = help in the house  
H.o.hom. = help outside the house  
Reg.F.V. = regular friendly visiting  
N.H.S. = nursing and homemaker services  
Meals = regular preparation of meals  
c.p. = can pay for service  
cn.p. = cannot pay for service

Out of a total of thirty-three service units requested in emergency situations, twenty-two service units or two-thirds of the total would be paid for, at least in part, by the persons receiving the services. The remaining third of these service units required in temporary situations would have to be financed by the service-giving agencies.

The more important findings from the short analysis in this chapter can be summed up briefly. The profile of the twenty-one elderly persons in the study sample shows that more than two-thirds are unattached and the rest are married. Forty percent of the respondents are over the age of eighty

years. Almost half of the interviewees have a monthly income in the range of \$100-124. One in seven has an income below this figure and two in five are above this income. These receive financial support from other sources than just Old Age Pension benefits.

The researchers were interested in the variables dealing with the need for services as related to age, urgency, income, kind and ability to pay for these. Little demand for home services exists at this point in time; however, it was found that such services are required by the elderly person in emergencies. The kinds of services needed in crisis situations are listed in order of numerical importance, namely, help outside the home, help inside the home, regular preparation of meals, nursing and homemaker services, and, finally, regular friendly visiting.

It was found that an increase in age brought about a greater demand for the provision of these services. Similarly, it was established that slightly more than one half of the respondents could meet at least the partial cost of such services and a dollar per hour was the most commonly mentioned rate.

The small size of the sample limits the usefulness of these findings considerably. It is hoped that future research based on a large random sample, that represents the universe from which such a study sample is drawn, will substantiate some of our findings.

## CHAPTER V

## CRITICISMS AND CONCLUSIONS

In regard to the sampling methods used the researchers found no reason to reject or change any of them. The use of polling districts and of voters lists, provided these are of relatively recent origin, is perhaps the most efficient and accurate method to select a random sample of retired people. Even in so short a time as the nine months that elapsed between the compilation of the provincial voters' lists in the summer of 1966 and our contact in January 1967, there was a total loss of ten persons in the total selected for interviews. Among these were seven people who moved out of the area, two who had died and in one instance the house was demolished and the whereabouts of the person we sought was unknown. It is therefore necessary to obtain the most recent materials available, in order to minimize shrinkages in random sampling which may occur due to any of the above events.

The selection of the West End Area of Vancouver as an area for a study such as the present one can be questioned. Although this area has a very high proportion of elderly people, the researchers found that many of these people lived in rooming houses or in very small apartments. Many of the interviewees had moved since their retirement because they were transients, or because they could not maintain their own homes. They chose the West End Area because it had easy access to shops, banks and other neighborhood facilities, and because they had been able to rent small living quarters there. Some of these people had left their familiar environments for reasons of adjustment in regard to declining physical strength or limitations of financial resources. In short, the elderly people interviewed had already made some major adjustments to changes after retirement and they had accepted their present situation. The researchers observed that people can learn to

adjust to discomforts. Furthermore, we did not discover any persons who have not been able to adjust to and accept a new situation. Thus, it is not surprising that the researchers found that the people they interviewed wanted home services only if and when they faced emergencies. A few wanted friendly visiting which is perhaps indicative of loneliness relating to their moving into a new environment. At present their needs for physical help in their homes are apparently minimal. Thus, the researchers would suggest that further research be conducted in an area such as Kerrisdale in Vancouver, where there is a larger proportion of home owners and of elderly persons who do not wish to leave their own homes after retirement. It is suggested by the researchers that home services may be more necessary for elderly people who occupy a house and who are no longer able to do such tasks as cleaning and repairs.

The technique used in preparing the potential interviewee for the study by letter proved effective. It was found, however, that due to the vague and ambivalent wording of the letter of introduction (see Appendix B) some of the potential respondents may have been lost to us. Nine persons from the sample when approached stated "no interest". It cannot be established whether this loss is actually due to the ambiguous text of the letter. The researchers assume, however, from the responses they obtained when these individuals were approached, that the interviewees thought that this study's purpose was "we would like to know whether you have any needs now" rather than understanding that the purpose of the study is an experience survey.

The researchers would also recommend that such an introductory letter be re-worded in more terse, unambivalent language. We might add that the stationery used with the letter-head of the School of Social Work at the University of British Columbia was found to be advantageous. Similarly, the letter carried by the researchers authorizing us to undertake the study under

the auspices of the School of Social Work proved useful.

One of the main criticisms which the researchers would now make of the interview schedule, has to do with the need for services in emergency situations. As can be seen from the results we obtained, it seems to be evident that few elderly persons are at present in need of home services. This is not surprising, since most individuals contacted had long since made some personal arrangements or adjustments in their present life pattern in order to accommodate themselves to the present situation. If these adjustments proved to be impossible to make, the individual most probably moved into an environment, where such services would be provided, as for example, in a rest home. The interview schedule, insofar as it attempts to determine the total present need among old people for home services, is therefore incomplete.

Although the present need for home services may or may not exist, the questions should be worded in such a way as to make clearer to the respondent that we are also interested in the potential need for such services in emergency situations. The various categories of the interview schedule dealing with need for services, should therefore include a question which can assess this potential need. Such a question could be worded as follows: "Do you think an emergency may arise in which you would like to make use of such service?"

The pretest of the interview schedule did not reveal this shortcoming; otherwise the schedule would have been amended correspondingly. This particular failure in the design of the instrument did not come to light until the interviews were well under way, and then it was too late to correct this omission. Although the question above was not incorporated into the questionnaire the researchers added it and recorded the responses separately, and they used these responses in the analysis later on.

The interviewers believe that previous life experiences such as

educational achievements and employment have a direct influence upon attitudes of older people in relation to the need they express, for home services. Hence, some questions about formal schooling and main occupation should be included in future research on the topic we started. One of the general impressions we gained during research interviewing is that people who have led a life of relative self-sufficiency and independence are reluctant to accept help in the home. The expressed need for home services was therefore much less than we expected.

It must be remembered that only slightly more than half of the respondents replied in the affirmative to the question of need for home services in emergency cases. If the personal observations of the researchers are to be considered, that is, in comparison with other individuals, whom they visited, and if they are to be given credit for their professional appraisal of the situation, the actual need for home services on an emergency basis is far greater than this study has revealed.

The point to be made in this connection is that the responses obtained from the interviewee cannot always be regarded as realistic, since individual pride, or an exaggerated desire to be independent, or an unwillingness to accept assistance of any type, appeared to mask the real need for these services. The responses obtained from the elderly persons themselves should therefore be substantially augmented by the information gained through observations made by the interviewer.

The researchers also believe that through extensive discussions with agencies which are concerned about the aged in our society and by contacts with representatives of organizations associated with the aged, much valuable information can be obtained. Although the responses of the elderly persons in need of services are vital and necessary, some attention should be paid to the social service agencies that have to implement such a programme.

There are a number of old age clubs and associations in the area and closer contact with their representatives would be a desirable asset for future research.

#### Conclusions

This research project was designed to explore the extent of need and to identify some of the types of need for home services for elderly persons in the West End Area of Vancouver. It is the first stage of a larger research undertaken by the School of Social Work at the University of British Columbia. The assumptions made in the study are first, that an alternative can be found to the prevailing practice of moving elderly persons to an institution when they need some personal or domestic help, and second, that the type of services required in home care can be assessed from responses through interviews with the older persons themselves.

The primary aim of the study has been to design a research instrument that can be used to assess this need for home services in large random samples. Since the present sample is based on a relatively small number of individuals the findings of this project are less important than the development of the methodology. The findings derived from our partial analysis of the data must also be recognized as incomplete or, at best, preliminary.

The types of home service programmes that can be implemented in Vancouver would depend on further research in the area and through close collaboration with existing agencies, associations and service-oriented organizations for the aged.

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## APPENDIX A

HOME SERVICES FOR RETIRED PERSONS

IN THE WEST END OF VANCOUVER:

An Experience Survey of Needs

1966 - 67

Name of Respondent: \_\_\_\_\_

Address of Respondent: \_\_\_\_\_

Date of Interview: \_\_\_\_\_

Time of Interview: \_\_\_\_\_

Duration of Interview: \_\_\_\_\_

Name of Interviewer: \_\_\_\_\_

## INTERVIEW SCHEDULE

## INTRODUCTION

We are doing a study to assess the services which might be provided to make living at home in an independent way a little easier for older people. We would like to have the benefit of your experience, so that we may know of the kinds of things which should be planned to help people in Vancouver to stay in their own homes and their own choice of neighborhood. So we are asking you questions about yourself and your own experiences. Your help and that of some others will help us to discover what people need to be able to stay in their own homes.

First we are going to ask you a few personal questions.

## MARITAL STATUS

1. Are you single ( ), married ( ), widowed ( ), separated ( ), or divorced ( )?
2. How long have you been married ( ), widowed ( ), separated ( ), or divorced ( )? Give number in years.

## AGE

3. What age group do you belong to?

59 or under ( )	75 - 79 years ( )
60 - 64 years ( )	80 - 84 years ( )
65 - 69 years ( )	85 - 89 years ( )
70 - 74 years ( )	90 and over ( )

## RESIDENCE MOBILITY

4. How many years (or months, if less than 1 year) have you lived in this dwelling? ( ) years, ( ) months.

5. Have you moved since retirement? Yes\_\_\_ No\_\_\_

6. If yes, from where to where? \_\_\_\_\_

7. Give some of the reasons for moving.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. Number of later moves if any? ( )

#### TYPE OF PRESENT HOUSING

9. Single dwelling ( )

single dwelling, partitioned (renovated) ( )

rooming house ( )

apartment ( )

10. Comments on general appearance of housing (exterior), such as state of repair, upkeep of grounds and general maintenance.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

11. In what storey does the person reside? ( )

staircase Yes ( ) No ( )

elevator Yes ( ) No ( )

If no elevator, number of stairs from the persons dwelling to the street level. ( )

12. Number of rooms? ( ) Shared use? ( ) Single use? ( )

	Shared	Single	Number of Persons Using It
kitchen	_____	_____	_____
toilet (if separate)	_____	_____	_____
bathroom	_____	_____	_____
bedroom	_____	_____	_____
living room	_____	_____	_____
balcony	_____	_____	_____
others (specify)	_____	_____	_____

## 13. Access to household utilities:

	<u>Single Use</u>	<u>Shared Use</u>	<u>Distance in Steps, Stairs</u>
Telephone	_____	_____	_____
Mail	_____	_____	_____
Television	_____	_____	_____
Radio	_____	_____	_____
Laundry	_____	_____	_____
Garbage Disposal	_____	_____	_____

## 14. Distance and access to outside facilities:

	<u>Number of City Blocks</u>	<u>Means of Transportation</u>
food stores	_____	_____
drug stores	_____	_____
recreational facilities	_____	_____
church	_____	_____
cleaners	_____	_____
shoe repair	_____	_____
library	_____	_____
bus if used	_____	_____
park	_____	_____
restaurants	_____	_____
bank	_____	_____
post office	_____	_____
doctor	_____	_____
others (specify)	_____	_____

Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## 15. Could you use any type of help with chores that take you out of the house?

Yes ( ) No ( )

If yes, specify type \_\_\_\_\_

\_\_\_\_\_

How often? daily ( ), once a week ( ), twice a week ( ), several times a week ( ), or once a month ( )?

## HOUSEHOLD TASKS

## PREPARATION OF MEALS

## 16. Who prepares your meals:



	<u>yourself</u>	<u>other house-</u> <u>hold members</u>	<u>hired help</u>	<u>others</u>
--	-----------------	--	-------------------	---------------

moving of furniture? \_\_\_\_\_  
cleaning of carpets? \_\_\_\_\_

19. Would you benefit from help? Yes ( ) No ( )

If yes how often? once per month ( ), twice per month ( ), and how many hours at each period?

number of hours ( )

20. Could you afford to pay for regular help? Yes ( ) No ( )

If yes, what rate per hour could you pay?

PERSONAL CAPACITIES

21. Do you have difficulties with:

	<u>easily done</u>	<u>with difficulty</u>	<u>with great difficulty</u>
--	--------------------	------------------------	------------------------------

dressing? \_\_\_\_\_  
washing? \_\_\_\_\_  
bathing? \_\_\_\_\_  
doing hair? \_\_\_\_\_  
shaving? \_\_\_\_\_  
others (specify) \_\_\_\_\_

22. Would you benefit from help in any of these areas? Yes ( ) No ( )

Which ones? \_\_\_\_\_

23. Do you ever help someone else in exchange for help in your own home?

Regularly ( ) Occasionally ( )

Comments \_\_\_\_\_

SOCIAL CONTACT

24. It has been said that retired people or those that are no longer employed have a tendency to get lonely but some maintain that retired or elderly people are no lonelier than other persons. We are interested in knowing the facts. We are interested to know with whom you maintain contact.

daily   bi-weekly   weekly   bi-monthly   monthly   never

relatives  
 -visit \_\_\_\_\_  
 -phone \_\_\_\_\_  
 -write \_\_\_\_\_

neighbors or  
 friends  
 -visit \_\_\_\_\_  
 -phone \_\_\_\_\_  
 -write \_\_\_\_\_

doctor or  
 nurse  
 -visit \_\_\_\_\_  
 -phone \_\_\_\_\_

minister or  
 church worker  
 -visit \_\_\_\_\_  
 -phone \_\_\_\_\_

welfare worker  
 -visit \_\_\_\_\_  
 -phone \_\_\_\_\_

others  
 -visit \_\_\_\_\_  
 -phone \_\_\_\_\_

\_\_\_\_\_

-visit \_\_\_\_\_  
 -phone \_\_\_\_\_

25. Do you feel you would like to see some people more often?

Yes ( )

No ( )

26. Would you enjoy having someone drop in sometime to chat with you?

Yes ( )

No ( )

if so how often?

#### SOCIAL ACTIVITIES

27. Most people have some sort of activity to which they have belonged throughout their lives. Some people stop going when they have retired while others find they have more time to attend. How is it with you?

Before retirement      After retirement

<u>daily</u>	<u>weekly</u>	<u>monthly</u>	<u>yearly</u>	<u>never</u>		<u>daily</u>	<u>weekly</u>	<u>monthly</u>	<u>yearly</u>	<u>never</u>
--------------	---------------	----------------	---------------	--------------	--	--------------	---------------	----------------	---------------	--------------

## A. Outside

## i) Organizational

clubs \_\_\_\_\_  
 playing cards \_\_\_\_\_

## ii) Individual

church attendance \_\_\_\_\_  
 movies \_\_\_\_\_  
 using library \_\_\_\_\_  
 visiting museum,  
 art galleries \_\_\_\_\_  
 concerts \_\_\_\_\_  
 beer parlour and/  
 or cocktail lounge \_\_\_\_\_

## B. Inside

listen to the radio \_\_\_\_\_  
 watch television \_\_\_\_\_  
 paint \_\_\_\_\_  
 handiwork \_\_\_\_\_  
 sit: do nothing \_\_\_\_\_  
 others \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

28. Some people tend to reduce activities outside the home for various reasons when they retire. Was this the case with you?

Yes ( )      No ( )

If yes, what were these reasons?

lack of interest	( )
lack of friends to participate	( )
failing health	( )
lack of transportation	( )
activity no longer available	( )
lack of money	( )

other reasons (specify) \_\_\_\_\_

---

### MEANS OF INFORMATION

29. Do you
- |                       |              |               |                |              |
|-----------------------|--------------|---------------|----------------|--------------|
|                       | <u>daily</u> | <u>weekly</u> | <u>monthly</u> | <u>never</u> |
| get a newspaper       | _____        | _____         | _____          | _____        |
| watch television      | _____        | _____         | _____          | _____        |
| read books            | _____        | _____         | _____          | _____        |
| read magazines        | _____        | _____         | _____          | _____        |
| get information about | _____        | _____         | _____          | _____        |
| political events      | _____        | _____         | _____          | _____        |
| listen to radio       | _____        | _____         | _____          | _____        |
| write letters         | _____        | _____         | _____          | _____        |

30.

### FINANCIAL SITUATION

30. Now we would like to know something about the amount and source of your income, but we are only interested in a rough approximation.

Into what category does your monthly income fall?

\$ 74 and below	( )	\$125 to \$149	( )	\$200 and over	( )
\$ 75 to \$99	( )	\$150 to \$174	( )		
\$100 to \$124	( )	\$175 to \$199	( )		

31. Sources of income. (One or more may be mentioned)
- Pensions ( )    Earnings now ( )    Savings ( )    Relatives ( )
- Others (specify)

32. What is the major source of income? Circle only one of the above.

33. If you have earnings now, what kind of work do you do?
- 
- 

How many hours per week do you work? (       )

34. Do you ever help someone else in exchange for help in your own home?

Comments \_\_\_\_\_

---

## HEALTH

35. Peoples' general health has much to do with how they are able to carry on their daily tasks at home and outside the house. How would you describe your general health?

very good ( ), good ( ), fair ( ), poor ( ), or very poor ( )?

36. What complaints do you have?

hear trouble? ( )

digestive trouble? ( )

bowel trouble? ( )

back trouble? ( )

respiratory trouble? ( )

arthritis? ( )

rheumatism? ( )

circulatory trouble ( )

others (specify)( ) \_\_\_\_\_

37. Is your sight good ( ), fair ( ), or poor ( )?

Do you wear glasses?

Is your hearing good ( ), fair ( ), or poor ( )?

Do you use a hearing aid?

38. Of those difficulties which you have mentioned do you feel they prevent you from carrying out your daily household chores?

Yes ( )

No ( )

39. Do you feel that these interfere with your social activities and social contacts? Yes ( ) No ( )

Comments \_\_\_\_\_

## ACUTE ILLNESS

40. When you get ill, whom do you contact? \_\_\_\_\_

41. How many days did you spend in bed ill last year? \_\_\_\_\_

42. Did you have anyone to help you to prepare meals for you?

---

43. Did you have a doctor whom you could contact? Yes ( ) No ( )

44. When did you last see the doctor?

last month ( ), 6 months ago ( ), more than one year ago ( )

45. Are you in contact with any organization or group?

Yes ( )

No ( )

medical or nursing groups ( )

Church groups ( )

social or recreational groups ( )

mutual benefit groups ( )

others ( )

46. Since we are trying to find out what kind of help retired people could use to make it easier for them to live in their own homes, we would like to know which kind of service you could use.

(rank in order of importance)

help with daily chores in the house i.e. cleaning ( )

help with chores outside the house i.e. shopping ( )

regular friendly visiting ( )

nursing or homemaker services ( )

regular preparation of meals ( )

others (specify) \_\_\_\_\_ ( )

47. I have asked you a lot of questions, perhaps you have some you would like to ask me? Comments \_\_\_\_\_

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We would like to thank you for your co-operation. This has been very helpful. I am sure that your contribution has been valuable.

Comments (particularly attitudes towards taking help).

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## APPENDIX B

THE UNIVERSITY OF BRITISH COLUMBIA

Vancouver 8, Canada

School of Social Work

School of Social Work,  
University of British Columbia,  
VANCOUVER 8, B.C.

Dear

At the School of Social Work at the University of British Columbia, we are doing a study to assess the need for home care services for the elderly citizens.

We are interested in learning what elderly people, living in the community, need in the way of friendly help and home services. Who can tell us better than the older citizens themselves? We want to know what your daily needs are, how you are able to cope with them and how you might benefit from other's help. Your name will not be used in the finished report of the study.

To get this information, first-hand, one of us would like to visit you for a short time in your own home when it is convenient for you. If you have a telephone, we will call you to arrange an appointment in the next couple of weeks. If you do not have a phone, we will write you a note suggesting a time for the visit.

We would like to thank you for your cooperation in helping us do this study.

Yours sincerely,

## APPENDIX C

THE UNIVERSITY OF BRITISH COLUMBIA

Vancouver 8, Canada

January, 1967

School of Social Work

TO WHOM IT MAY CONCERN:

The bearer of this letter is \_\_\_\_\_  
a member of a group of graduate students at the School of Social Work at the University of British Columbia. This group is making a study of the needs for home care services among retired persons who live in the West End area of Vancouver. The School of Social Work is sponsoring this study, which is under the supervision of Dr. Glen Hamilton and the guidance of Professor Eva R. Younge.

We hope to gather a great deal of first hand information that will be of help to various groups and agencies who are concerned about the needs of elderly people, and who are working to discover what these needs are, and to plan ways of meeting them.

Your experience and views are very important for this study. We hope you will further our work by giving us some of your first hand information in a half-hour interview. The materials you give us will be treated in strict confidence, and your name will not be used in the report of our study.

Thanking you for your co-operation, I am, on behalf of the students and the School of Social Work,

Yours sincerely,

(Signed)  
E. R. Younge  
Thesis Consultant

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