HOW OLD PEOPLE LIVE

A Descriptive Case-Study of a Sample Group of Old Age Pensioners; their Living Conditions and Welfare Needs.

by

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ABSTRACT

This study examines the major difficulties experienced by a small sample of Old Age Pensioners in their daily living, and the manner in which these problems are resolved.

The method was to interview these persons personally, and to draw from the facts obtained, a word picture of their situations and needs.

The first section (Chapter I), describes generally, the major exigencies of elderly people in modern urban society, as known from current writing on the subject. The middle sections (Chapters II and III) depict (a) the housing situation, living conditions and health circumstances, (b) the personal life and social contacts of the persons interviewed.

On the basis of these "case histories," conclusions are drawn as to existing needs for certain services for the aged, which are not sufficiently recognized at present, or would enhance those already provided, in significant ways.
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HOW OLD PEOPLE LIVE

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CHAPTER 1

THE AGED IN INDUSTRIAL SOCIETY

An increasingly aging population is an unpleasant, unexpected and tragic result of the struggle for social and economic progress in industrial society. Certain marked features can be discerned in the development of this situation -- the lengthening of the life span; economic insecurity; poor health; inadequate living arrangement; improper use of leisure time, and so forth.

Increase in the life span over the last half-century in modern industrial society, has been due to the advance in medical techniques and the discovery of antibiotics, the growth of environmental health measures, and the rise of nutritional standards. In their recent book, The Economic Status of the Aged, Steiner and Dorfman have pointed out that in the United States, infant mortality has decreased to the extent that more than two-thirds of all persons who survive infancy will attain the age of 65, and many will live beyond.¹ If this trend derives from the advances in medical and other techniques outlined above, there is no doubt that Canada will also experience similar increases in the aged population.

Economic insecurity among the aged is, at least in part, a result of industrialization. Most modern industrial societies now accept the principle of compulsory retirement at 65. This situation creates economic insecurity for many aged people, especially those who have not

been able to establish some savings during their earlier years. In a recent book on the public welfare aspects of this subject, Elizabeth Wickenden states that: With the shift... to a heavy preponderance of wage employment in larger-scale industrial distributive and service enterprises, the opportunities for continued employment and economic participation of older people (have been) greatly narrowed.¹

Economic insecurity of the aged with its concomitant evils is handled in a variety of ways in industrial societies, but particularly by social insurance. In England, every employed person makes a monthly contribution from his wages towards the National Insurance scheme, which provides economic protection in old age, as well as other benefits. In the United States, employees and their employers contribute to the Old Age and Survivors Insurance program, which ensure protection for the individual against the economic hazards of old age.

Canada also makes economic provision for its aged population, though on a non-contributive basis. By the end of the 19th Century on this continent, the need for specific services for the aged population became apparent, and the provinces therefore enacted legislation to provide homes for the aged and infirm, hospitals for the indigent, and so forth. In 1927, the Old Age Pensions Act came into effect. This was a Dominion-Provincial act in which the federal government provided fifty percent of costs as a subsidy to provinces, for needy people over seventy years of age. This system did not take into account those destitute persons who were no longer in the labour force, either through physical disability, poor health or compulsory retirement, and who no

¹ Wickenden, E., The Needs of Older People; American Public Association; Chicago; 1953. pp. 4 & 5.
longer had a source of income. Fortunately, a growing number of reports on social security needs prepared by L.C. Marsh and others in 1943 proved effective, and legislation was later enacted to make provision for these people. So far as old people were concerned, legislative action was not taken till 1952, when the Old Age Pensions Act was changed to the Old Age Security (OAS) Act. This provided, without a means test, a pension for all persons over the age of 70. Unlike the Old Age Pensions Act, this new one was a federal program, all costs being the responsibility of the federal government. In addition, the Old Age Assistance (OAA) Act was enacted to provide, on a means basis, assistance on a sliding scale for needy persons between 65- and 69- years of age. Fifty percent of the costs here were provided by the federal government, and the other fifty percent was provided jointly by the provincial and municipal governments. At the present time, some provinces also provide supplementary assistance or Bonus as a means test, and this ranges from $10.00 per month in some provinces to $24.00 per month in British Columbia.

For persons who may be described as prematurely aged, there are also Blind Persons' and Disabled Persons' Allowances which are similarly available. These two programs are the joint responsibility of the federal and provincial governments, and function on a means-test basis. Other financial assistance includes War Veterans' Allowances, a federal program for needy veterans, or veterans over 60 years of age; and Social Assistance. Employee pension plans and retirement savings plans in some firms also enable people to make provision for old age; but these naturally
vary in coverage adequacy, and are of no use to people who have not worked long in one company or industry.

**Health.** Another fact which aged persons face, and which is perhaps the most critical change in the health picture, is their heightened proneness to the degenerative diseases. These diseases are expensive to treat and are quite beyond the budget of elderly people with limited means. As the life expectancy increases and as the population is augmented, the degree of ill-health among the aged becomes more acute. In a recent Canadian survey, Dr. Sydney Friedman, of the University of British Columbia has indicated that, of any 1000 persons between the ages of 50 and 60 from the general population:

"we shall find that approximately 619 will die from diseases of the cardiovascular system, 146 from cancer, 44 from accidents, 33 from pneumonia and influenza, 20 from tuberculosis, 21 from diabetes, and all other causes will account for the remaining 117".

He further pointed out that if cardiovascular diseases as an entity could be conquered, this alone would increase the life expectancy by ten or twelve years. But since the indigent aged person cannot afford the necessary medical treatment to effect prevention or cure of these diseases, it will rest with society whether this provision is made now or in the future.

In Canada there are a variety of public and voluntary services designed to meet some of the costs of illnesses. Some provinces provide prepaid medical public hospital care programs, in which the provincial or municipal government bears the major costs, with the individual making a small contribution. In some of the provinces older people receiving

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specific types of public assistance may benefit from programs of health care, administered and largely financed by the provincial governments. In British Columbia, the provincial government provides medical care and prepaid hospitalization for all recipients of Old Age Assistance (OAA) and Old Age Security and Bonus (OASB). This permits the recipient to secure the services of a private doctor of his choice, and also includes the coverage of most medical prescriptions.¹

Geriatric services for the aged are provided in veterans' hospitals, and in a few institutions. Nursing services in the home are made possible by voluntary agencies and public authorities. The Victorian Order of Nurses has given some attention to geriatric nursing, and now includes rehabilitative nursing procedures in their staff training program. Some local public health authorities provide home nursing care, especially in the smaller centres and rural areas where voluntary services are not available.

The federal government provides a series of grants to assist in the development of medical rehabilitation facilities. The Department of Veterans' Affairs has established a service for the assessment, treatment and rehabilitation of older veterans. Some national voluntary health organizations such as the Canadian National Institute for the Blind, and the Canadian Arthritis and Rheumatism Society, offer treatment and rehabilitation services which benefit many of the older population.

Living accommodation. Getting decent housing at rents they can afford to pay, is a serious difficulty which elderly people encounter in many modern urban societies. The trend is now towards building homes to

¹. c.f. p. 29.
accommodate the "nuclear family" only, i.e., making no provision for older relatives. In many instances aged people are forced to sell their own homes and move to smaller quarters, because they have neither the strength nor the money to maintain a large house or pay a high rent. Needless to say, needy people are under compulsion to seek cheap accommodation, because their small incomes will allow nothing better. It is small wonder, that such a large percentage of the indigent older people reside in downtown "skid road", a blighted area of large cities where rent is relatively low. Invariably, such accommodation provides inadequate housekeeping facilities with poor ventilation, light and heat. Very often there are many flights of stairs, the use of which only adds to the discomfort of these older persons.

All this creates for modern urban societies the responsibility of providing housing facilities at low rental rates, geared to meet the specific needs of the aged, e.g. modern household facilities, few or no stairs, elevator service where necessary, adequate heat, light and ventilation. Questions also arise regarding the location of such housing facilities. Should they be located in suburban areas, where conditions are "peaceful and quiet", Should they be built in residential areas where senior citizens may retain their contact with all age groups, Should they be erected in the city centre amidst all the excitement and activity, where shopping centres and recreational sources are easily accessible, Undoubtedly, the answers are not clear-cut, for older people, like all others, vary in their needs and preferences and provision should be made to meet varying needs.

In Canada, through the efforts of voluntary groups, along with provincial grants and federal loans, housing projects have been erected
in many of the larger cities, to provide housing accommodation at low rental rates. A number of provinces have made provision through legislation, for capital grants to organizations building approved accommodation for the elderly. In most cases, however, the supply of such accommodation does not nearly meet the demand. In Vancouver and surrounding districts, there are a number of housing projects which are all occupied, and for each of these there are waiting lists of three to four years' standing.

Institutional care for senior citizens in Canada is made possible through various forms of arrangements. There are "homes" which offer congregate care to the needy and incapacitated, as well as units supplying nursing care to elderly people who are not sufficiently ill to be hospitalized. Other institutions accommodate elderly persons who are ambulatory and need little or no supervision or assistance. A few provinces promote active programs for the provision of supervised care of old people who are able-bodied, in small proprietary boarding homes.

Recreational activities. It is a well accepted fact that, for the elderly person, leisure time has increased considerably in modern urban societies. This is perhaps due to compulsory retirement at 65 which leaves an individual with a considerable amount of spare time. Many students of gerontology have defended the right of elderly persons to creative activity, the opportunity for self-expression, and the choice to maintain a meaningful role in the society in which they live. These can be achieved in a number of ways, but it is a popular opinion that group activity provides a good medium for such expression. In Vancouver a number of organizations are concerned with the welfare of the aged. These organizations are sponsored by various groups; although they have
different emphases, they share a common objective— the welfare of the aged. There are about five different types of groups which may be distinguished.

1. **Provincial organizations.** There are two major bodies in British Columbia. The Old Age Pensioners’ Association is a provincial organization which works in the interest of older people. Its main emphasis is the struggle for higher pensions and improved services for elderly people, but the programs also include concerts, films, teas and other social activities. The Senior Citizens’ Association of B.C. is similarly a provincial organization whose purpose is to promote the welfare of senior citizens. This organization also includes a social program in addition to its main objective.

   A number of special groups of retired employees include the Government Retired Employees Association, the C.N.R. Veterans Association, the C.P. Pioneers’ Association and the Superannuated Federal Civil Servants.

2. **Church-sponsored groups** primarily emphasize a devotional period, followed by a social event. Although these groups support specific religious beliefs, they nevertheless make their programs available to aged men and women of all denominations.

3. **Social groups** are mainly concerned with social activities and exist in such places as the Alexandra and Gordon Neighbourhood houses, community centers, the Jewish Golden Age Club, the Vancouver Second Mile Society and many others.

4. **Camping opportunities** are also available through the First United Church in Vancouver. Unfortunately these facilities are limited so the number of elderly persons who can take advantage of this program is
fairly small.

5. **Educational opportunities** are available through the Vancouver Public Library, the Department of Adult Education and so forth.

Some enquiry has been made as to the methods employed in recruiting new members in these various groups, but unfortunately this aspect of the programs seems to be grossly neglected. The two provincial organizations (mentioned under 1. above) distribute newsletters and other information to its members, but no attempt is made to advertise the programs for the benefit of prospective members e.g. persons who have just started receiving O.A.A. or O.A.S. Generally speaking, it would appear that, although these facilities exist, they fail to attract the attention of those whom they intend to serve, due to a lack of adequate advertisement.

Although the OASB and OAA programs are the responsibility of the federal and provincial governments, the administration of these programs comes under the jurisdiction of municipal governments. In Vancouver, the agency concerned with administering these programs is the City Social Service Department (C.S.S.B.), whose responsibility it is to establish eligibility, complete annual investigations and make any enquiries which may be pertinent to the client's receipt of assistance.

The area which the C.S.S.B. serves is divided into four units - East, West, Centre and South Units. (See chart 1). In 1956, the department carried out a survey in an attempt to identify some of the unmet needs of recipients of O.A.A. and O.A.S.B. Out of this study it was discovered that the greatest number of single aged recipients lived in the Centre Unit area; that poor health bore a higher percentage here than in any other unit; that social isolation was much in evidence. Some discus-
sion of the Centre Unit area with pension workers (social workers working with pensioners) revealed interesting information concerning the area. Residents of this district had a variety of backgrounds. Some of them had been separated from their spouses as a result of death.

Many of the single men had worked in logging camps and mines all their lives, and in their twilight years had moved to Vancouver skidroad, where they could live cheaply on their limited resources. By moving to this location, most of them had left relatives and friends behind in the districts where once they lived, and some of their friends and acquaintances had passed away. In many instances, these persons had relatives who lived in other sections of the city, but they seldom or never came into contact with them. Many of the elderly people find it difficult to understand and accept the anonymity of modern city life, where crowds surge past without taking notice of a "stranger", especially an old man or woman.

In Vancouver, as in other western societies where financial security is often regarded as an index of success and status, the indigent aged person is forced into feeling he is of little import in the community. This serves to create in him feelings of inferiority and worthlessness, and drives him into being more withdrawn from social contacts. All this, of course, indicates a need for counselling of these aged persons, in order to help them understand and accept the "new society" in which they now live, and to enable them to maintain a more productive role in the community. A few of the pension workers consulted in the C.S.S.D. recognized the need for such counselling services, but admitted their inability to meet these needs because of heavy caseloads.
Other Studies. Over the last two decades, various studies have been undertaken in connection with problems of the aged in modern urban societies. Some of these studies have been very extensive while others have been simpler. Among the large-scale studies is Kutner's *Five Hundred over Sixty*, a study carried out to determine, among other things, whether services already existing in the community really met the needs of the indigent aged. One of his major findings was that resources for older people are geared, not to the large ambulatory segment of the population, but to the most severely ill, most dependent, most disturbed. Furthermore, he felt that services should include preventive work with elderly people.\(^1\) In 1956, Elizabeth Talker undertook a set of interviews on *Services for Married Couples on Assistance and Pension*. She attempted to obtain first-hand knowledge of their circumstances and to note any indication of services needed, by analyzing those already available. She concluded that some existing services needed to be expanded and new services introduced. In particular, she thought that recreational activities should be planned according to the particular interests of individuals in groups, in order to stimulate and encourage participation.\(^2\)

Dennis Guest, another Social Worker researcher, completed a thesis, four years earlier, on the facilities of Vancouver's Home for the Aged, and evaluated the extent to which it met the needs of its residents. Among the recommendations he made was the need for a reconsideration of the overall policy of the program; and the introduction of a Women's Auxiliary to provide the more personal touch to the program.\(^3\)

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There are other studies which do not deal specifically with problems of the aged population, but which nevertheless bear some relation to them. Such a study is Maureen Evans' thesis, Living on a Marginal Budget, which has a bearing on the present study. In a recent report on Needed Research in Welfare in British Columbia, Michael Wheeler includes consideration of the situation of the aged population in this province. The need for research in this field to stimulate better and more effective services for this group, is made apparent from several sources.

Scope and Method. The present study is an exploratory one, concentrating on the single indigent and aged persons in Vancouver. Many questions come to mind. What kind of living arrangements can such people afford from their limited income, and what is the nature of the household facilities provided, What kind of family relationships exist, and what contribution do relatives make towards the well-being of their aged kinfolk, To what extent do they participate in community life, recreational activities, organizational membership, etcetera, What personal problems do they encounter from day to day, and how are these resolved, To what extent does the social worker prove helpful in the lives of these needy old people, Neither time nor facilities permitted a thorough study of these questions on a city-wide basis, but enlightenment on such questions as the above can prepare the way for further definitive research.

It was logical to secure the assistance of the City Social Service Department, which could provide the best resource for this purpose. After considerable preliminary consultation, it was decided that

the Centre Unit would be most suitable for the purpose of this study, since the greatest number of single clients resided in that area. Following further consultation, the pension worker indicated 20 single recipients whom she knew to be mentally and emotionally equipped to be able to respond to such a study. Of these, seven men and five women were chosen at random. All but one responded well to the interviews. All the subjects chosen were single, over 65, living alone, and all had a maximum income of $79.00 per month from OAA or OASB. They were all white, but were of various national backgrounds.

Identifying information was obtained from files at the C.S.S.D., but the more substantial information was secured through personal interviews with the respondents. Each respondent was sent a letter which explained the nature and purpose of the study, with a request for the respondent's participation. Interviews were unstructured and lasted for one hour. During this period, an attempt was made to obtain individual profiles of those studied covering (a) living arrangements, (b) family relationships, (c) social life, (d) kind of problems being faced and (e) methods of resolving these problems.

In dealing with these people's "problems" it was evident that what constituted a problem for one person could be insignificant for another. For the purpose of this study, therefore, it was assumed that any experience or handicap which debarred the elderly person from realizing maximum satisfaction in life, must be accepted as "a problem".

In such small dimensions, this study cannot pretend to be representative of all the pros and cons of the needy aged in Vancouver, or to present a complete picture. It is reasonable, however, to compare this small local sample with many of the "pen pictures" which now appear in
contemporary literature. It seeks to portray some experiences of the daily lives of old people, and the manner in which they cope with economic and social limitations. In particular, it seeks to indicate whether counselling services are a medium of assistance to people in need, and if so, of what kind.
CHAPTER II

HOUSING, LIVING CONDITIONS AND HEALTH

How or where a person lives is largely dependent upon his economic status, and for the old person subsisting on a marginal income the range of choice is severely limited. The elderly persons who are the subject of this study live in the "skid road" area of Vancouver, which is close to the city centre and flanked on the north by waterfront and wharves. Day and night one can hear the noisy sound of traffic and the warning horns of approaching trains or ships. On the busy sidewalks men and women, shabbily dressed, walk about aimlessly, or simply stand around. Occasionally, a drunken man is to be seen tottering alone to find the nearest beer parlour.

The residents of this district live in cheap hotels and rooming houses, which are squeezed between warehouses and wholesale houses, or over cheap cafes, beer parlours, gambling and sports clubs. Drug stores and small grocery stores abound in the area. Generally speaking, the rooms in these dwelling places are dirty, old and shabby. The rent is cheap and the accommodation provides the minimum of comfort.

In this area well-maintained and attractive buildings are the exception. Sometimes the only entrance to the building lies through a cafe or beer-parlour on the main floor and, in order to get to the rooms above, one has to thread one's way through a throng of patrons. Stairways and corridors are often poorly lit and this in itself is a hazard for old people whose vision is deteriorating. In only one of the rooming
houses visited by the writer was the floor of the corridor adorned with a rug; for the most part corridors were bare and unpainted, though some effort was made to keep floors clean.

The majority of the people interviewed were fortunate to be living on the first floor but in these cheap hotels many old people live on upper floors which can be reached only after climbing several flights of stairs. Only four of the buildings visited provided elevator service, with the result that many of the elderly persons who were afflicted with arthritis, heart disease and other ailments, preferred to endure the tedium and isolation of their room rather than face the prospect of having to climb stairs on their return from an outing.

The average size of the eleven rooms visited was approximately 12' by 14'. The walls were mostly wooden and covered with wall-paper which was usually torn and brown with age. Some of the walls were decorated with family portraits and pictures, but in most cases they remained starkly bare. Although these hotel rooms were not originally equipped for housekeeping purposes, it would appear that, as more low-income groups seek them out for permanent accommodation, the managers adopt a more lenient attitude toward the preparation of meals in the rooms. Most of the managers permitted the use of a hot plate, but would not allow more substantial cooking equipment requiring more power. The furnishing of a typical room included a wash basin with running water, a bed, a dresser, a table and two chairs. Of the eleven rooms, two were sleeping rooms without cooking facilities, but the house-keeping rooms were all equipped with a hot plate.

Heating represented a serious problem for those pensioners whose only source of heat was a one- or two-burner hot plate. Such a
method of heating cannot be considered satisfactory for even the average room occupied by these elderly persons. In one instance the landlord provided central heating, but because he turned it off during most of the day, the pensioner was forced to visit her neighbour in the adjoining building in cold weather. Hot water was not always available and pensioners were constantly faced with the problem of heating water for dish washing, laundering and personal use. As a result of his lessened physical activity and poor blood circulation the older person is inclined to feel the cold more easily, so that this whole problem of heating is perhaps more serious for older persons than for those of a younger age group.

Toilet and bathing facilities were also inadequate. All of the persons visited shared toilet and bathing facilities with at least four other residents. Most pensioners did not mind sharing facilities, either because they felt these were clean and well-kept, or because they had become so resigned to this situation that they no longer cared. One woman resented sharing because her fellow residents did not use the facilities assigned to their own sex. Two others thought this sharing was infringing on their privacy and a few of the pensioners described the facilities as being filthy. In two instances the bathrooms were located close to the room, but the convenience this afforded was offset by the unbearable odour that emanated every time the bathroom door was opened. Moreover, the walls of the room were so poorly constructed that they were no barrier to the sound of flushing toilets, running bath-water, and squeaking doors.

Laundry facilities were available to seven of the pensioners, and were located in the basement of their buildings. The elderly persons,
however failed to use them for various reasons. Many found it too tiring to go down to the basement to launder a small quantity of clothing, and preferred to do the laundering in their own rooms. Others, especially the men, laundered only their undergarments in their rooms and sent other clothing to the cleaners. Fortunately, all but one of the pensioners were provided with bed linen, and, in some cases, towels, so they avoided the expense of laundering these articles.

Food storage facilities were found to be inadequate for all but one of the pensioners. A few of them tried to overcome this by storing non-perishables neatly in a box or in an old cabinet, but a few who were not quite so resourceful, strewed them in every vacant space they could find - on a table, in a corner, beside the bed. The only woman who had a refrigerator was also the only one who could store milk, green vegetables and meat. During the winter months, the problem of food storage is less acute, since the temperature on the window sill is usually cold enough to preserve milk and other perishable foods. This, however is impossible in summer or even in a mild winter.

Needless to say, this lack of storage facilities forces these old people into buying only enough meat and milk for one day which in turn, presents two major problems. First, they have to shop almost every day, which is often difficult due to their failing strength. Second, they are unable to budget their expenses in the most economical way. Some pensioners found that they could purchase goods at a cheaper rate on certain days, but were forced to neglect these opportunities to avoid loss from spoiling. As a result of these handicaps some pensioners did not bother to prepare themselves a substantial meal for days at a time and consequently their nutrition was affected. They could hardly afford much variety
so that eating afforded little pleasure. If they opened a can of baked beans one day, they would have to eat the remainder on the following day. They could not even break the monotony by baking occasionally, nor could they afford to purchase food from the bakery. A few of them treated themselves, at least once every month to full course meals at low cost in some of the neighbouring restaurants.

Reasons for living in the area. The principal reasons advanced for their choice of accommodation were (a) low rents, and (b) the convenient location of the area in relation to down-town shopping facilities. One of the elderly persons had lived in that area for almost thirty years and therefore felt she belonged there. A few others, however, had lived in the West End and other parts of the city, and had moved to their present location only because there was cheap accommodation here. Two of them had sold their houses and lived off the proceeds for a while. When this was gone and their only income was Old Age Assistance, they moved down into this area. Another man who had lived in the northern part of B.C. for several years, decided to move to Vancouver for a change, and settled in the skid-road area because his friends lived there.

But there were other factors besides financial ones which influenced their selection of accommodation. In one instance, a female pensioner was invited to live in the hotel which was being managed by a friend of long standing. Since she had no relatives nearby, this arrangement provided some degree of companionship for her. Another woman who had a serious back ailment chose her accommodation because it provided maid service and an elevator without any extra charge. One man had a shack in a suburb of Vancouver; but, because it was not adequately protected against cold weather, he moved into the city in the winter.
All the persons in the study were dissatisfied with their living arrangements although some of them were becoming resigned to their fate. Two of them had attempted to secure accommodation in some of the Vancouver Housing Projects, but without success. One woman had spent a short period in a boarding house situated away from the city centre, but she moved back again where there was more activity, and where shopping facilities were more accessible. She and a few others felt that boarding houses should be more centrally located because transportation was too costly for them.

One man was appalled by the types of people he encountered in the vicinity, and was alarmed at the noises and many fights in the neighbouring hotels. A woman who lived in the same hotel as he did was also a little fearful, but felt relatively safe since she did not go outdoors at night. There was one man who was so disgusted with his living arrangements that he wanted to move out immediately. Unfortunately, he did not know how or where to look for boarding house accommodation which would be more to his liking. An 83-year-old woman had heard of less expensive living accommodation, but she did not have the physical energy to go house-hunting, and had no one to help her move even if she did locate a place. All this would indicate that although most of these elderly people were not happy with their living arrangements they were unable to do otherwise because of a number of barriers.

**Income, Rent and Budget Problems.** Only two of the eleven persons were not receiving the full pension of $79.00 per month. Of the two, one was receiving $71.13 because she had an income from her former estate; the other was receiving $68.10 because she had a pension from the Workmen's Compensation Board. Almost all of them regarded the amount of
assistance they were receiving to be inadequate for their needs, and most of them felt that the federal government should do something about it. But in spite of the alleged inadequacy of these funds, some of the pensioners who were more economical were able to sustain themselves from one month to another. Others, of course, were always out of everything by the middle of the month, and one man in particular was constantly in debt either for rent, groceries, or dry cleaning. In general, their opinion of the adequacy of the pension seemed to be directly related to their previous standards of living. One woman who thought it was adequate had worked as a waitress in earlier life, and had been on Social Assistance for a long period before receiving Old Age Pension. On the other hand, a man who had worked as a dental mechanic found it extremely difficult to make ends meet.

Rent for these pensioners ranged between $26.00 per month for a sleeping room at the Salvation Army Shelter for men, and $50.00 per month for the only two-room suite occupied by one of the persons in this study. One other sleeping room, rented at $45.00 per month, was located in the hotel which provided the best quality of facilities. Housekeeping rooms ranged from $28.00 to $35.00 per month.

After the rent was paid the remaining money had to provide the pensioners with food, clothing, incidentals and other comforts. Needless to say, they could not afford new clothing and were therefore always forced to resort to second hand stores, or charitable donations. One 84 year old man complained that many of these second hand goods were not durable, so he was constantly faced with the problem of buying a "new" set of used clothing. A woman of 84, who is particularly sensitive to cold, found it very difficult to obtain warm
undergarments which were necessary for her comfort. One other man was unhappy because he never had any money left over for comforts and incidentals — razor blades, needles and thread, aspirins, toothpaste. A few of them would have liked an occasional glass of beer, but often had to depend on the generosity of friends and acquaintances. There was also a dearth of cigarettes and tobacco, and consequently, some of them had resorted to the practice of collecting sizeable cigarette butts.

Some of the women were quite interested in their appearance and found it impossible to buy cosmetics, shampoos and foundation garments. As a result, a few of them had given up the unequal struggle and became careless of good grooming. One woman of 69 whose hair hung like a weeping willow, actually seemed interested in making it look more attractive, for she was enquiring about the possibility of obtaining a hair cut and shampoo, for which she could afford 75¢.

**Three case examples.** The preceding section has described the living arrangements of eight of the pensioners studied. In the other three cases, the accommodation and manner of living were sufficiently different, each in their own way, to merit separate consideration. The first represents the most modern, most comfortable and most attractive accommodation of all the rooms visited. The second describes the dirtiest and most neglected room, whose occupant seemed as if he no longer cared about personal hygiene. The third case is that of a woman who, in spite of her limited income, was still able to maintain a home-like atmosphere with many familiar objects of her earlier life.

The hotel which provided the best quality of accommodation was slightly removed from the noise and traffic of the city centre. On the main floor there was a large quiet lounge, equipped with comfortable
chairs and a television set. A large window offered a good view of activity in the street. There was a self operated elevator which afforded quick transportation to the first floor, which was covered with a rug that muffled the sound of footsteps. Remarkably enough, no other hotel visited in the course of this study, enjoyed this luxury.

The pensioner's room itself was clean, well-kept and attractively arranged. A focal point was a window which was a source of light and overlooked the street below. The drapes were of the same material which covered her clothes closet and the bed spread and partial rug matched the walls of the room. The furnishings in the 14' x 12' room comprised a bed, a dresser with a large mirror, a corner table with a reading lamp, a comfortably cushioned rocking chair, and another small table on which was a portable radio. There were various other comforts about the room - figurines, two paintings and so forth. Hot and cold water were available in the room, but toilet facilities which were shared, were located about fifty feet down the hall. No cooking was allowed in the room although cooked food could be brought in. Maid service and bed linen were included in the rent of $45.00 per month. The 68-year-old woman who lived here was the only pensioner in this study who enjoyed this kind of accommodation. She had been a housewife all her life and had been on O.A.A. for only three years.

In marked contrast with this situation were the living conditions of an 84-year-old man who had been on pension for at least thirteen years. He lived in an old and worn rooming house situated above a row of second hand stores. A door from the sidewalk opened directly on a flight of stairs, which led to the second floor where this pensioner resided. The hallway itself was rather dismal, except at the other end where the
light from a window afforded an easier and more comfortable journey along the unfamiliar corridor. There were no rugs on the floor, and the sound of the interviewer's feminine footsteps called forth surprised and curious glances from half-opened doors. The walls were worn and smutty, and their only adornment were cobweb and fingerprints.

As the pensioner's door opened a foul odour came from within the room. The window in his room did not permit much light, since the adjoining building was only a few feet away. The bed did not have a spread, but two tattered blankets covered the bare mattress. Beside the bed was a wash basin which was heavily specked with grease and dirt. This man (like many of the other pensioners in the study) used the sink for a three fold purpose: personal cleanliness, dishwashing and laundering. Next to the wash basin was a blackish mildewed table with pots and pans which seemed as if they had not been washed for several days. Also on this table were the remains of food and a few groceries. In one corner of the room was a garbage can of a kind usually seen outdoors. Beside that stood an old rugged and dusty wooden cabinet which contained a few dishes. The floor was caked with dirt, and the ceiling hung with cobwebs. There were three chairs - a wooden straight backed one, and two cushioned ones which were so torn and dirty in appearance that they seemed a perfect breeding ground for vermin. There was also a two-burner hot plate which was dotted with grease spots, bits of food and rust. An old shredded curtain failed to cover his tattered and worn clothing which hung in a corner.

The "T" shirt which he wore was so soiled, it could hardly regain its whiteness even if it were bleached for a week. His personal appearance, as well as that of his room gave the impression that he had
long given up his hold on life. He was dirty and unkept and neither enjoyed cooking for himself, nor keeping himself or his environment clean and attractive.

In comparing this man's circumstances with those of the woman previously described, it is perhaps worthwhile to speculate what factors may have contributed to the significant differences between them. One cannot overlook the fact that the two buildings were themselves quite different in appearance and in the facilities they provided. But it is quite possible that past experience of the two people played a part in this. The woman had been a housewife all her life and had developed some skill in housekeeping. The man, on the other hand, had been a farmer and later, a labourer, during which time he had boarded with families. But this does not fully explain the filthiness of his room. Perhaps his health and environment were neglected because of his failing energy, or because of a loss of morale, or both.

Age, too, must be taken into account in this comparison. The woman had been on Old Age Assistance for only three years, and had owned a home with all its furnishings only five years before. She still had many friends who showed some interest in her, and she enjoyed fairly good health. The old man, on the other hand, had been on Old Age Pension for over thirteen years and had lived in this same room for about seven years. His friends had all died and his health was now very poor. All these had perhaps contributed to his loss of morale and consequent neglect of himself and his immediate environment.

The third pensioner, a woman, occupied a two-room suite in an apartment block. An old fashioned elevator, manned by an equally old gentleman, afforded slow but certain transport to the first floor where
she lived. The only source of light in the corridor came from a window about seventy feet down the hall.

The door from the corridor opened into Mrs. B's kitchenette, which contained a four burner stove with an oven, a large frigidaire, cupboards filled with dishes, and more cupboards which presumably contained groceries. There was a dinette set in the corner and a large kitchen sink. A very narrow passage led to the living room, which was furnished with cushioned chairs and two single chesterfield chairs. A small table stood in a corner with a reading lamp on it, and on the lower shelf a number of books were neatly arranged. There was a large old model radio which utilized more space than it deserved for she seldom used it. On either side of a well polished coffee table stood a cigarette stand from which green shrubs draped.

Several pictures decked the walls which, though not freshly painted, maintained good colour. The floor was adorned with a well kept though worn, Indian rug. There were a number of hand-made cushions and chair-tops, which probably served as a reminder of her hand work done in earlier life. Various little indoor plants and figurines also helped to enhance the suite. A bright window opened over a moderately busy street. Indeed, the suite which measured approximately 20' x 36' altogether, was rather crowded with all its contents, but it was most satisfying to the pensioner that she was living among familiar things and in a "homey" atmosphere.

Health problems. The health picture presented by the persons interviewed in the present study is in accord with the findings of a survey carried out by the Vancouver City Social Service Department in 1956. The purpose of this earlier study, was to ascertain the nature and
prevalence of specific problems experienced by elderly persons in receipt of public assistance, and poor health was discovered to be the greatest problem among those studied. The incidence of poor health among recipients was significantly higher in the district served by Centre Unit of the City Social Service Department, the actual percentages of recipients suffering poor health in the different units being as follows:

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One of the pensioners interviewed, a 67-year-old woman, had suffered a serious fall several months prior to the interview, and was still suffering considerable pain and discomfort. She had consulted her private doctor at the time of the accident, but claimed the doctor had merely given her a few pills and sent her on her way. After using several of these pills, she failed to get any relief and therefore decided to terminate her contact with the physician. Subsequently she attended a chiropractor whose treatment gave her considerable relief. Unfortunately, however, she learned from her social worker that chiropractic services were not covered by her Medical Card and as a result, she was faced with the responsibility of a bill for $50.00.¹ Because of the high cost of this service, she was forced to discontinue treatment.

Another woman complained that her doctor merely prescribed aspirins when she sought his advice so that she no longer consults him even when she is very ill. One of the men interviewed liked to have an annual check-up including X-rays and so forth. On his last visit he had been

¹. Persons in receipt of Old Age Assistance or Old Age Pension and Supplementary Assistance (Bonus) are eligible for free Medical care, when they present their Health Service Identity Card. c.f. p.
required by his doctor to pay $10.00 for this service, because it was not provided for under this medical scheme. Two other pensioners complained that they were required by their doctors to contribute out of their own pocket towards the cost of the service provided. They did not feel they could afford to pay doctor's fees from their meagre income and consequently avoided doctors and neglected their health.

One woman suffering from a heart condition and diabetes, in addition to having crippled hands and feet, no longer visited her doctor because she was unable to board the bus and could not afford a taxi. Six months previously she had suffered a fractured skull when she collapsed on her way to buy groceries.

One 84-year-old man consulted his doctor two years ago concerning severe pains and swelling in his legs. At that time, he expressed a wish to be hospitalized, but was advised by the physician that hospitalization would be useless. He returned home and has since suffered intensely from these pains. As a result he is forced to remain indoors most of the time and has no visitors. On two occasions during the past four months he collapsed on the sidewalk. At the time of the interview his condition was poor, his room and person filthy, and he had neither the energy nor the desire to prepare meals for himself.

One woman who has had multiple illnesses, experienced a "spell" sometime ago. She lived on the second floor and her only friend lived on the main floor of the apartment block. Since she did not have a telephone she sought the assistance of the couple in the adjoining suite, but they abruptly reported that they could not help and left her helpless in the corridor.

An 84-year-old woman in the group studied, had lived with her
sister for almost twenty years. Last year her sister had to be taken to hospital by ambulance shortly before she died, and the pensioner was faced with a bill for $16.00 from the ambulance company. One month later, she herself had to be taken to hospital by ambulance, and was presented with another bill for $16.00. The pensioner found it very distressing to have to cover these bills from her meagre income. This same woman was labouring under another difficulty of a kind frequently experienced by older people living alone. She wished to move to less expensive quarters, but was not physically capable of going "house hunting", and even if she were capable, she would need help in moving her belongings. Because there was no help forthcoming she was forced to remain in a room where she was not particularly happy.

In view of the variety of medical problems which this group has experienced, it seems appropriate at this juncture, to examine the nature of medical services which are provided for the needy aged. An agreement between the British Columbia Medical Association (B.C.M.A.)* and the Department of Social Welfare, sets out a plan by which costs of doctor's care are shared. There is also an arrangement with the Health Insurance Service of the Department of Health Services and Hospital Insurance, to pay for hospital benefits, and an agreement with the Pharmaceutical Association to supply prescribed drugs set down in the B.C. Formulary.

The Department of Social Welfare issues an Health Services Identity card (H.S.I.) to recipients of financial assistance, who are eligible for health services, and pays a premium for each registrant and each dependent to the B.C.M.A. This card is the client's authority

*Taken from the Policy Manual, Department of Social Welfare; Province of B.C. pp. 1, 2, 49.
to receive certain health services. Also, it is the authority to the
doctor, hospital or druggist to provide the service and to submit ac-
counts to the department for payment.

The Medical Services Division of the Department of Social
Welfare directs the health services programme. The division has an ad-
ministrative office and a provincial pharmacy. The pharmacy provides
special drugs (drugs not included in the B.C. Formulary) to clients, and
drugs on a continuing monthly basis to clients with chronic conditions,
who live in private hospitals and boarding homes.

By direct referral to his medical doctor, hospital or druggist,
the patient may receive (a) medical benefits, (b) hospital benefits or
(c) drugs. These may be further explained as follows. Services provided
by doctors include full medical, surgical and obstetrical care in home,
hospital and doctor’s office, in accordance with recognized medical prac-
tices. The arrangement for admission to acute hospitals, prescription of
drugs and medications, and examination by an oculist or ophthalmologist
are also included. The hospital insurance services provide for the pay-
ment of the co-insurance and general hospital services available under
the Hospital Insurance Act. Such hospital services include public ward
facilities, necessary operating and case room facilities, X-ray and
laboratory diagnostic and therapeutic procedures, anaesthetics and other
services, dressings and drugs as are prescribed by regulations. Drugs
prescribed by the client’s physician may be provided by local druggists,
according to the terms and regulations of the B.C. Formulary.

All H.S.I. cards for O.A.A. clients are prepared and sent
directly to the client by the O.A.A. Board. All O.A.A. recipients and
their dependents are eligible to receive health services, providing
they have resided in B.C. for at least one year continuously immediately prior to the date of commencement of O.A.A. All H.S.I. cards for O.A.S. cases in receipt of Supplementary Assistance (bonus) are prepared and sent directly to the client by the O.A.A. Board.

On the surface, such provisions appear to meet all medical needs of the indigent aged, but many drawbacks to these arrangements have emerged from the present study. Many of the elderly persons fear that they may be charged an additional fee for medical services received. This fear is well-founded on the actual experience which some of them have had in this regard. It is unfortunate that there is no clause in the agreement to protect pensioners against exploitation by dissatisfied medical practitioners.

There is another aspect of this subject which must not be treated lightly. A few medical practitioners pointed out to the writer that, according to the agreement, the provincial government would pay 75 per cent of the cost while the B.C.M.A. would contribute 25 per cent. At the present time, however the B.C.M.A. is contributing almost 50 per cent of the cost. These doctors claimed that the B.C.M.A. has raised this issue with the provincial government but to no avail. Since some medical practitioners find it necessary to charge pensioners contrary to the terms of the agreement, it is perhaps an indication that they are dissatisfied with their terms as they now exist. It seems imperative then, that the two parties of this agreement should review this situation and arrive at terms which are more acceptable to the B.C.M.A. Unless this is done soon, the effectiveness of this service to the aged will continue to deteriorate.

There is perhaps a need for an extension of the range of services outlined above. The agreement provides for examination by an
oculist or an ophthalmologist. Perhaps the services of chiropractors and similar well-recognized practitioners should also be made available to the needy aged. The B.C.M.A. does not regard chiropractors as professional medical practitioners, hence their services cannot be covered under this agreement. One cannot overlook the fact, however, that chiropractors enjoy considerable recognition in B.C. and elsewhere, nor the fact that their services do produce untold relief to many people. The B.C.M.A. has every right to reserve membership for whom it will, but the problem should not be dismissed here. Some provision should be made whereby pensioners could be permitted to use those services which will relieve their distresses.

It is rather to be regretted that some of those interviewed could not utilize available medical services either because they could not afford transportation or because they could not travel by bus for physical reasons. One woman claimed that her doctor visited her at home once every month, but home calls should not be expected except in cases of real emergency. On the other hand, the pensioner should not have to neglect his health because of lack of transportation, so some provision should be made within the community to meet this need.

Also evident from this study is the need for better coordination of services in the community. When the doctor realized that the 84-year-old man could not profit from hospitalization, he should have brought this to the attention of the C.S.S.D. so that a Boarding or Nursing Home placement could have been arranged. Such co-operation is necessary between groups and agencies serving the aged population, in order that these people might receive maximum benefit from available resources. Many a time, senior citizens have grown too irrational and con-
fused to judge what is best for them, and even more often, they are unaware of community resources. It is important, then that those who work with, and for them, be alert to their needs, and inform the persons who can help satisfy them.

Also connected with this, was the expression by some pensioners of a loss of confidence in the ability or interest of the doctor to be of real help. It is indeed possible that many of the problems of the elderly people are non-medical in nature. It is also possible that medical men, already frustrated by the fee loss they suffer by serving the indigent aged, may quickly dispatch these patients by prescribing aspirins without an examination. If community resources are well coordinated, these people can be directed to a social worker or psychiatrist, whenever social emotional or psychiatric problems are indicated.

There were two occasions when it became quite evident that accessibility to a telephone was an essential commodity rather than a luxury. The possible threat of isolation during serious illness, or untimely death due to the inability to secure help speedily, pointed up the need for elderly people to have easy access to a telephone. Most of the indigent ones cannot afford this out of their limited income, and one wonders whether some arrangement could not be made between the provincial government and the B.C. Telephone Company, to provide this service for needy pensioners. Needless to say, the telephone could have the added advantage of enabling the pensioner to maintain contact with friends and relatives in the community without having to travel. Those who are shut in, can order groceries or make further contacts with doctor, minister and so forth as the need may arise.

The Policy Manual points up quite clearly that "all H.S.I. cards
for O.A.A. and O.A.S. clients in receipt of Supplementary Assistance are prepared and sent directly to the client by the Old Age Assistance Board". Indeed the O.A.A. Board fulfils its duty by explaining in a covering letter that the medical card is enclosed, but no explanation is given concerning the various services which are available through the medical card. It is the duty of the visiting C.S.S.D. worker to point out the uses that can be made of the medical card, but this is often neglected because the worker is overwhelmed with an oversized case load. A verbal explanation is often necessary, because the client may be either poor-sighted, illiterate or too overwhelmed about receiving his pension, to take notice of the information regarding medical care. Very often the letter and card are carefully preserved in a dresser drawer and forgotten.

It is possible, that all these drawbacks hinder these elderly persons from taking greater advantage of the medical and hospital services which the Provincial government and B.C.M.A. have made available to them.

1. Policy Manual, Department of Social Welfare; Province of British Columbia; p. 49.
CHAPTER III

PERSONAL LIFE AND SOCIAL CONTACTS

Generally speaking the social life of the group studied was very limited, dull and uneventful. In most instances, relatives were either in other parts of Canada or in distant countries, and their friends had passed away. Recreational activities were curtailed either because of a lack of funds or a loss of interest.

All the women but only one of the men in this study had been married. This one man had had no children, and his wife had died six years after the union. The other married persons had lived for at least twenty years with their spouses before either death or separation had intervened. With one exception, the women had given birth to at least one child, and four of them stated they still had children alive. One woman had children living in this city, with whom she maintained occasional contact. Although they did not offer her any financial assistance, she bore no grudge against them, because they could not afford it, and because she did not think they were indebted to her. Another woman, whose daughter also lived in Vancouver refused to continue contact with her, because of a disagreement between them. One woman had a son and several grand children, but did not know of their whereabouts.

There was one other woman who had a son in this province and another on the East Coast. She had maintained constant contact with the boy in British Columbia, but was rather disappointed when he did not visit her last Christmas. She claimed that she had received financial assistance from her children in the past, and would be willing to do so again if they
could afford it. She thought, however, that she could never live with her children since she preferred to be independent. One unmarried man claimed he had relatives on the East Coast of Canada, with whom he corresponded frequently. He spoke fondly of them, and longed to move closer to them, but could not do this since the province of Quebec does not offer a bonus.

Friends. Friendship represented one of the rarest possessions of these elderly persons. Five of them reported that they still had at least one friend alive, but in most cases these friends did not live sufficiently close-by to facilitate visiting. The only friend of one of the elderly persons lived about 30 miles from Vancouver, but was nevertheless quite willing to render any assistance to the pensioner whenever necessary. Unfortunately, the pensioner had no means of contacting her friend in the event of an emergency, for she did not have a telephone nor did she have the telephone number of her friend.

Most of the pensioners claimed they had many acquaintances in the hotel where they lived, or in other parts of the city, but these were not people with whom they felt free to share their intimate thoughts. One 83-year-old woman was appalled by the lack of warmth that was evident among persons occupying rooms in the same hotel. She failed to understand why people were no longer interested in their fellows as they had done several years ago, in more rural districts.

A few of them reported that they were very lonely, and one woman in particular indicated that although she had several friends and acquaintances whom she saw from time to time, she still longed for warm and constant companionship. Another woman, who was extremely lonely, felt that it was decidedly too risky to attempt to be friendly in a city as large as
Vancouver. She had one friend in the apartment block where she lived - a woman to whom she was able to turn for help when she was sick - and was quite content to let all her eggs lie in this one basket. Actually, this woman had had several friends in earlier life, and had taken great pride in entertaining for she felt that this was one way to be popular. Unfortunately, an income of $79.00 per month did not allow for much entertaining, so her one-time mascot cruelly left her to the mercy of solitude and loneliness.

Strangely enough, there were two women who did not experience any loneliness, not because they had many friends or did a great deal of visiting, for the opposite was more correct. They simply wanted to be left alone. One of them, a woman of 67, had worked most of her life as a waitress during which time she had seen many people and had made many friends and acquaintances. Now two years after retiring, she was quite satisfied and relieved to be alone. Although she still had a few acquaintances in the city, she neither visited nor expected to be visited. The other woman in this category had never had many friends in earlier life, so she never cared for companionship, since she found people rather tiresome at times.

The death of friends - Their reaction. All the pensioners agreed that many of their friends had died over the last decade or so. In most cases, their concern about death had heightened during this period, but their attitude to it varied with their faith and philosophy of life. Two of the men who were devout Roman Catholics, nestled comfortably in the thought that after death, they would go to Purgatory where they would prepare to enjoy the bliss of heaven. Over the years a few of them had drifted away from their original faith, and their purpose in life had long grown
hazy. These demonstrated more fear, perhaps because of the uncertainty of the future.

An exception was one man of 84 who was "too busy living," to be distracted by thoughts of death. He argued that man continued to live on in spite of death, because his remains were conserved in the universe, which in itself is eternal. Death, then does not introduce an "after life" or a "better life" as some people perceive it, but merely marks the transition between life on this planet, and another in the universe. With such a belief this man was not afraid of the frightful "spectre" which so many of his fellows dread. For those who still retained their faith or some belief, there was evidently less anxiety about death, than there was among the others. In most cases, fear was more often connected with what happened after death than with the actual event of death.

Recreation. There was a real dearth of recreational participation among this group of pensioners. This was not surprising, for their energy and vitality had ebbed away with the passing years. Two of them, a woman of 69 and a man of 84, were perhaps more vigorous than the others, and were still interested in ballroom dancing. The woman expressed dissatisfaction with the new trend in which old and young no longer attend the same dances, as was practised in rural communities in her younger days.

In the majority of cases, the persons in this study engaged in activity which did not call for too much physical exertion. Most of them listened to the radio, but two of them confined their interest to the news casts only. There was one man who truly enjoyed listening to radio programs, but his radio was out of order, and he could not afford to have it repaired. Actually there are service clubs in this city which would
have had that radio repaired if the pensioner had sought their assistance. But because he was not aware of these resources, he sat in his room deprived of the entertainment from which he once derived so much pleasure.

Only one woman owned a television set. Three others had access to television in the lounge of their hotel, but only one of them took advantage of this luxury. Only one man continued to attend the movies, and this he did in the forenoon, since prices were cheapest at that time.

Most of the women had done one or all of sewing, knitting and crocheting in earlier years, but only one of them continued to pursue these hobbies. One man had owned a budgie for several years and spent a great deal of time caring for this pet. The pensioners were all able to get out for a walk once in a while, although their physical endurance determined how far and how often they could enjoy this pastime.

Clubs, Organizations, Churches. Club membership among the group studied was very rare. Only two of them claimed membership in any organization, and their attendance was by no means regular. Two others had belonged to organizations at some period in earlier life. Most of them were aware of the existence of clubs for senior citizens within the city, but were not interested in attending or seeking membership in any of these groups. One man explained that he had visited one of these organizations a few times, but once he discovered that some of its members indulged in the vice of back-biting, he quickly severed his contact with this group. Some of the pensioners complained that the time of meeting did not fit their schedule, for it was either too early in the day or too late at night.

Only four of the pensioners continued to attend church services. One 83-year-old woman regarded herself as an active member, even though
in October she had not yet been able to attend a single service for the
year. One other woman maintained some degree of interest through the
medium of radio and television. She had lost faith in the church and in
ministers whom she thought were not sure of the things they themselves
preached. Most of the pensioners had not attended a church service for
at least 20 years. One woman in this category claimed she had a Bible
which she sometimes read, but wished she could be favoured with a visit
from the minister. Incidentally, she had no idea where the nearest
church of her denomination was located, even though she had lived in
that vicinity for over 25 years. One 80-year-old woman who had not been
able to attend church for over a year, claimed that she belonged to a
group connected with the church. The purpose of this organization was to
promote the interest of senior citizens within the church. Yet no repre­
sentative from the group had visited or attempted to contact her during
her absence.

One exception to all this was an 84-year-old man who led such an
extraordinary existence as to merit special consideration. Mr. S. was an
84-year-old single man who appeared to be about 15 years younger than his
stated age. He was well-groomed, and unlike some of the other pensioners
in the study, he seemed to have retained interest in his personal appear­
ance. This old man was vibrant and simply oozing with vitality. His blue­
grey eyes twinkled gaily and he seemed unruffled by worry or care. Except
for a little anaemia, he enjoyed good health. He was born in England,
and since coming to Canada in 1909, he worked in various parts of this
country, as a machinist, a cook in logging camps, a fisherman and as a
fisheries inspector. He had supported himself adequately over the years,
but became dependent on Old Age Assistance shortly before his 70th birth-
day. This was necessary because he was unable to find employment at his age, and because he was not eligible for Old Age Security. At the time of the interview he was occupying a sleeping room at the Salvation Army Shelter for Men.

This man had never married or had any children. He had had several brothers and sisters, but only a sister, now 74 years old, had survived. She lived in Australia, and corresponded with him quite frequently. Many of his friends had died over the years, but a number of them whom he still visited occasionally lived within the limits of Vancouver. A few of them from Victoria still called on him from time to time. He enjoyed social intercourse, but found most of his acquaintances (and even some of his friends) rather dull and apathetic to world affairs and life around them.

Indeed, his scope of interest was by no means limited or narrowed, for he was as much interested in the situation in Laos or Africa as he was in local problems. He could not do much reading due to his failing sight, but listened to radio programs, and favoured those which dealt with scientific, economic or political information.

He felt that most commodities in present-day markets in Western society, were too synthetic. If he went to a beer parlour, he found that a glass of alcoholic beverage was diluted or concocted for commercial gain, so he was no longer inclined to procure himself an occasional drink. He recalled the days in England when he could buy a good "mug of ale", but those days were now forever in the past.

He neither attended the movies nor viewed television, but sometimes went down to the large recreation room on the main floor of the "Shelter" to engage in a game of pool, with some of his fellow residents.
However, this occurred only occasionally, for he thought that the recreation room often looked like a miniature public fair with men busily participating or moving around to look at various activities.

He did at one time belong to a lodge in the city, but terminated his membership when he found that their principles did not coincide with his own. Later on, he joined one of the clubs for Senior citizens, but found their program rather dull and childish, with a barrage of sing-songs. He thought the program leaders were too condescending, showed a lack of respect for the intelligence of older citizens and for their ability to maintain a mature level of interest and participation in the community.

one of his great hobbies was window shopping. This however, was not the stereotyped aimless journey from one window to another, gazing with frustration at the things he could not purchase. Rather, it involved a more organized and purposeful occupation. He chose several stores of a kind e.g. department stores or jewellers shops or clothiers, and compared the prices of similar merchandise from one shop to another.

Unlike the other pensioners, his life routine did not follow the same pattern all year round. He spent the spring and summer months in a two-room shack which he owned on property in a suburb of Vancouver. His time here was spent making and nurturing a flower garden and a vegetable garden for himself, and he did similar jobs for residents in the district. Indeed, he derived a great deal of satisfaction from his experience, for in addition to the monetary gains which accrued from his gardening, the products gave him a feeling of achievement and creativity. He was fascinated by life in every form - in people, in blooming flowers, in verdant
grass, in chirping birds and busy chipmunks. He could sit for hours just looking at life as revealed in these elements of nature. But because his shack was not furnished with heat or hot water, he returned to the city in the Fall of the year, to a way of living that was different but nevertheless, equally interesting.

Undoubtedly, there is a striking difference between this man's pattern of life and that of the others in this study. Although he was one of the two oldest persons in the group, he had more vitality, was more agile and alert than any of the others. Although he could no longer read, he did not give up his interest in current affairs, but maintained contact with the world around through the medium of wireless. He displayed a considerable degree of resourcefulness, for when he found he did not enjoy programs that organized groups offered, he sought alternative interests e.g. window shopping.

The pattern of life which this pensioner pursues certainly raises many questions: what are the factors which help the aged person to maintain a lively interest in life and the world around him, Can this vitality be assumed in old age, or is it merely a reflection of the person's behaviour in earlier life, Are inactivity, lack of interest and isolation necessarily concomittants of old age, or can one use his own initiative and inner resources to spend his life to the best advantage, These questions cannot be answered here from this limited study, but they should certainly be examined more closely in further research.
CHAPTER IV

OPPORTUNITIES FOR IMPROVED SERVICES

Most elderly people experience one or more of such exigencies as financial difficulties, inadequate housing, poor physical or emotional health, which, in turn, create further complications in their daily lives. But if they are given some assistance in their particular area of distress, it seems likely that many of these elderly people would be capable of living independently in the community. The present study indicates the need for a number of aids and services, which would enable the indigent aged to lead an independent existence in the community, as long as this is humanly possible. Some of these resources include household aids, medical care, housing facilities, social and recreational activities, and an adequate program for the integration of these services.

It will help to distinguish the services in question under two headings, (a) Community Resources and (b) Personal Services; and the exposition in this chapter thus falls into two parts. It will be apparent, however, that they are closely interrelated.

(a) Community Resources

Meals on Wheels. During the second world war, in England, the Women’s Voluntary Service, headed by Lady Redding, started the program commonly called "meals on wheels". The Program, which still exists, consists of the daily provision of a hot, full-course meal, for persons who are unable to prepare meals for themselves. The food is taken to the homes of those who have ordered it, and is obtained either at a minimal cost, or
free of charge, depending on the individual's ability to pay. The meals-on-wheels program is a voluntary service, the cost of which is covered through philanthropic contributions. A program of this kind seems necessary in Vancouver, to meet the need of many old people living alone. Such a program would make it possible for elderly persons to have at least one nourishing meal per day, which would lessen the possibility of ill health due to malnutrition. It would also solve at least part of the problem of inadequate food storage facilities, which so many of them experience.

Housekeeper service is another need which is quite evident from the present study. In Vancouver, this service is now provided for elderly couples in receipt of public assistance, who are no longer able to carry on with housekeeping chores. The C.S.S.D. restricts the service to couples only, since it maintains that every effort should be made to keep the spouses together, as long as possible. In the case of the single person, however, the principle falls by the way. Except in a few isolated instances, arrangements are usually made for admission to nursing or boarding homes, whenever the elderly person becomes incapable of managing on his own. This action is taken because the department regards it as uneconomical to provide housekeeper service for only one person.

Such a practice takes into consideration only one dimension of this situation, namely, the cost to the public in providing housekeeper service for one person. It is important, however, that those responsible for making decisions on this issue, should consider what it means to elderly persons to be removed from a familiar neighbourhood, room or house, which bears precious memories of the past; or how devastating it is to separate them from household objects, furniture, portraits and so forth, which, though worn and tattered, still serve as a link with their past. Like drowning men, these elderly people often clutch at these last
few "straws", which alone give some meaning to their existence. It is therefore important that every effort be made to enable them to carry on in their familiar surroundings, whenever this is feasible. In many instances, housekeeper service for about two or three hours per day would be adequate to keep the pensioner out of nursing or boarding home, for a period of time. To the writer's best knowledge, there is no policy regulation at the C.S.S.D. which restricts housekeeper service to elderly couples only, so this matter should be taken up by administration to expand the service to single persons, wherever possible.

A telephone is an aid which could be invaluable to single elderly persons living alone. Many of them are forced to remain indoors due to inclement weather, or physical ailments of some kind. If they had easy access to a telephone, they could contact a physician in an emergency; such action might well prevent an untimely death. With a telephone readily available, these elderly persons could also maintain contact with relatives and friends without the expense, and possible inconvenience, of making personal visits. Those who are temporarily shut in would also be able to order meals, drugs and groceries whenever necessary. It is conceivable that some special form of telephone service could be arranged between the Department of Social Welfare and the B.C. Telephone Company, to meet this need of the indigent aged in Vancouver.

Medical care, as provided in British Columbia, doubtless furnishes a scheme which theoretically makes generous provision for the elderly person on public assistance. But, as was pointed out earlier, many elderly people neglect their health because of the doctor's apparent indifference to their welfare, and also because of the growing trend towards extra fee-charging. These conditions need revision, in order that aged
people can seek and obtain medical care whenever needed. In addition, it seems necessary that the present medical plan make provision for preventive medical care. Existing facilities allow for medical consultation if the aged person is ill, but he or she is not permitted to see the doctor for a periodical check-up. As a result, many old folk visit the doctor only after their ailments have progressed to a stage beyond repair.

The Victorian Order of Nurses (V.O.N.) furnishes bedside care to senior citizens, under the direction of the family doctor. This service is offered as long as needed, and is often supplemented by health instructions. Referrals can be made to the V.O.N. by anyone who may be aware of the old person's need for nursing care. This program should be utilized more extensively, and similar services be made available by public health nurses, in an attempt to arrest illness and keep old people out of nursing homes as long as possible. Since the V.O.N. is already heavily pressed however, this program may require subsidy.

Housing facilities continue to leave much to be desired. It was pointed out in an earlier chapter that since the needs and preferences of senior citizens are numerous, housing facilities should also be varied to meet these needs. Low-rent units are needed in the city as well as in suburban areas; they should be built at ground level, or else elevators should be installed to avoid the discomfort of stair-climbing, which is often so tedious for old people. With all the efforts that have been made by voluntary groups of various kinds to provide old people's units, the supply is far behind the existing and future demand.

The services of the Central Housing Registry are most valuable
and commendable; they need to be expanded, and this cannot happen without more public support, financial and otherwise. The registry now provides a centrally located place, at which elderly people can obtain information about low-rental housing projects, and can make application for accommodation. There are five non-profit projects for senior citizens, which the registry now represents. It is obviously too few.

As a further aid to senior citizens who are waiting to secure low-rental accommodation in the projects, the registry has compiled a list of house-keeping rooms, sleeping rooms, homes offering room and board, and so forth. This service is invaluable to many old people, and it should be more widely publicized, so that those in need might be made aware of this facility. There is another associated need which the present study underlines, the need for assistance to old people in moving when they secure better housing accommodation. Both male and female volunteers could be of service in this area.

The need for social and recreational activities for the elderly became evident at various points in the course of this study. Many studies of old people have shown that a large number of elderly persons have fallen into isolation and loneliness, as their health has declined, and as relatives and friends have died or moved elsewhere. In earlier life, these people have often been so busy working to make ends meet, that they had little time to cultivate hobbies and social activities. Such persons undoubtedly have difficulty in becoming involved in groups and active recreations in later life. As an earlier chapter has accounted, a number of groups and associations in Vancouver have concerned themselves with the social life of senior citizens in one way or another; but this study and
other observations, make it clear that these programs are not too widely utilized by elderly people. Most of the people interviewed demonstrated little or no knowledge of existing organizations in the community, and this probably holds true for a large percentage of the needy aged in Vancouver.

The Community Information Service in Vancouver was consulted to find out how the various organizations publicized their programs. Some of the larger organizations, such as the B.C. Old Age Pensioners Association and the Senior Citizens Association of B.C., do this through their own newsletters. Neighbourhood houses advertise by means of their local community papers. The Information service itself has compiled a Directory of Social and Educational Activities for older people, a copy of which has been sent to all agencies working with senior citizens. These all appear to be excellent media of communication, but the fact remains that they reach only a very small proportion of the aged population. The newsletters usually reach people who are already members, and, due to staff shortages in the C.S.S.D., only a limited few of the pensioners receive information about these organizations. From all this, it would appear that the new recipient of O.A.A. or O.A.S.B. has only a slim chance of learning about these programs. It has been suggested that organizations neglect publicity because some of them do not regard it as being important, but also because they cannot afford the costs involved. Whatever the cause, it is necessary and important that knowledge of these programs come to the notice of elderly people, otherwise the programs will fail to serve their purpose.

Care should be taken in the various groups, to ensure that members are given the opportunity to participate in activities. It is not enough that they be entertained to movies, teas, and other more passive
activities. They should be encouraged to plan their programs in keeping with their own tastes and interests.

The services of well-trained social group workers should be made available to group leaders and those responsible for organizing various programs. This does not imply that social workers should take charge of these groups. In fact, it would not be the group worker's responsibility to change the form of any program, or the criteria for membership, etcetera, which originally may have been set up. The group worker's function should be that of a consultant to those leaders and organizers, who might need some expert assistance in planning programs, that would effectively meet the needs of the elderly persons.

Implications for Agencies. The suggestions mentioned above, have certain implications for agency as well as community planning, that must be taken into account if improvements are to be made in serving the aged in Vancouver. The agency administrator needs to be aware of the wide range of service needs among the aging population in Vancouver today. He should be convinced of the right of old people to be regarded as human beings and as citizens, and should have the integrity and enthusiasm to face the community and enlist its support in promoting better services for them. Furthermore, he should recognize the imbalance of casework services among different age groups in the agency, and should identify the needs of public assistance recipients, which require most intensive casework services, and those which require less. Tasks should be assigned in relation to qualification and degree of skill, to allow for maximum production on the part of personnel. For example, jobs can be divided into those involving (1) establishment of eligibility for public assistance, and so
forth, and (2) those requiring casework services. Of course, the ad-
ministrator would need to be supplied with additional staff in order to
make this a workable plan, but it is the responsibility of the community
to provide these.

The regulations with respect to Old Age Security stipulate
that a recipient of O.A.S.B. will be visited at least once in every five
years, while the recipient of O.A.A. will be visited once every year,
for a review of his circumstances. The reason for these visits is mainly
to ensure that these pensioners have not acquired any money, which would
make them ineligible for further benefits. The differential rate of re-
quired visits for O.A.A. and O.A.S.B. recipients, seems associated with
the fact that persons over 70 are less likely to acquire money through
employment or other sources, than those between 65 and 69.

Strict adherence to these regulations satisfy the requirements
for establishing eligibility, but this is by no means enough. The person
on O.A.A. (age 65 - 69) is more likely still to have a few friends and
social contacts such as clubs, church and informal groups or cliques.
He is likely to be more vivacious, and more aware of, and interested in
his environment. Having had (presumably) to fend for himself until this
time, he is more likely to know of resources in the community, which he
might utilize in time of need. The person over 70, however, often has re-
tired completely from social activities, because of physical incapacity.
His friends have more or less died out. He is often restricted to his
solitary room, and his little world becomes sadly centered around himself.
His infrequent contact with the outside world (both literally and figura-
tively) rather blunts his memory and sensitivity to life. It would seem,
then, that he needs to have frequent visits — visits that would keep him in touch with the community, visits from people who would show some interest in him as a human being, visits from people who would give him an opportunity to tell of his troubles, and who would give him some help with them. It is therefore the agency's responsibility to see to it that the number of visits be increased to meet needs which may arise.

The agency should promote in-service programs for those working with aged clients. Although social work assistants (those establishing eligibility) would not be doing case-work under the suggested plan, they should nevertheless be sufficiently knowledgeable of the needs of the aged to note any indication of social problems, and bring them to the attention of the caseworker. On the other hand, the caseworker would need, in addition to basic social work training, some knowledge of the physical changes common to the aging body, and the concomitant emotional, psychological and social effects which evolve as a result. The agency should ensure that this knowledge is supplied to those who need it.

When such a plan is effected, the C.S.S.D. should be prepared to study and analyse its experience in serving older clients, in an attempt to improve its program. It should also work co-operatively with other agencies and service groups in the community, to promote the interest of senior citizens. Finally, the agency needs to make the public aware of the exigencies of its aged clients, and the handicaps it encounters in providing solutions to resolve them, for unless the community is acquainted with these difficulties, it cannot be expected to take necessary action to remedy the present situation.
Implications for the Community.

In spite of beliefs to the contrary, the Vancouver community, in general, is too apathetic to the needs of its older population. And there is also no question, that, in view of the rapidly increasing number of difficulties arising for this group, immediate action is needed to remedy existing conditions. Assuming that the community is made sufficiently acquainted with conditions at the present time, it should be prepared to review and increase public assistance rates, augment low-rental housing, correct deficiencies in medical care, and so forth. But there is one requirement which stands out predominantly from this survey -- the need for the integration of services, both existing and newly planned for the future.

Throughout the city of Vancouver, there are a variety of public and private services for senior citizens. The people responsible for these programs are anxious to serve this segment of the population, but admit, in many instances, that they do not really know how they can best be of help. The writer knows of a service group in Vancouver, which assumes the responsibility of providing entertainment, treats, and so forth for a small number of elderly women. For about three months, this service group was unable to get its full complement of elderly people, because it did not know how to go about finding replacements.

Most agencies, clubs, etcetera, which are connected with senior citizens, tend to operate as if only their program mattered. Persons involved in these programs seem oblivious of the fact that the old person, like any other individual, cannot be partialized, and that every aspect
of his life and situation, bears some relation to the others. It seems only logical that agencies and so forth, seek to integrate their facilities, so that a more complete and satisfactory service would be given elderly people. In order to achieve this, the writer sees the necessity for establishing an organization, which might be called the Senior Citizens Agencies' Service Bureau.

Such a Service Bureau would invite membership from all public and voluntary agencies and institutions; recreational, church and other groups; programs promoted by service clubs; volunteers; associations; medical and psychiatric services; housing and any other services dealing with senior citizens. Each of these bodies would be registered with the Bureau, but registration would not affect the program content of any member group, i.e., a private group would be free to continue its program along previously established lines, with its own criteria for membership, and so forth.

The Bureau would be affiliated with the Community Chest and Councils of greater Vancouver and would consist of representatives of member groups, with these representatives acting as liaison between the community and their respective agencies. Each member group would have a department or section in the bureau, for example, medical, public health, housing, and so on. An information service within the Bureau would furnish brief information, but would refer callers, for more specific details, to whatever department is indicated. The information desk would also serve as a referral agent. If, for example, a caller advises that her elderly neighbour has been sick in bed for two days, this caller
would not need to know who is involved in such a situation. The information desk, however, would promptly relay the matter to the public health section, which in turn would arrange with the appropriate Metropolitan Health unit to visit, and take any necessary action.

Another function of the Bureau would be that of promoting interdisciplinary co-operation. This implies that each member would recognize that its service represents only a part of the total needs of elderly citizens, and that co-operation with all others would help in clarifying each member's role in the over-all scheme. This interaction should stimulate the desire to share knowledge, difficulties, successes and failures, and thus serve to strengthen the body as a whole.

Finally, the Bureau should provide highly specialized casework counselling services for all aged persons in Vancouver. The service would be specialized in the sense that, those offering these services would be professional social workers with geriatric training. Social group work service should also be available for any recreational, church or other activity groups, which might require consultation with regard to program planning.

Once organized, it would be the Bureau's responsibility to publicize its program, its function, and services to the aged population in this city. In addition, it should assume responsibility for ensuring that elderly people are made aware of the program. From time to time, it should seek to evaluate the effectiveness of its services, and seek to find ways of developing its facilities.

(b) Personal Services

The second major area for development clearly indicated in this
study, includes the need for information services, friendly visiting and casework counselling services.

Information service to senior citizens in Vancouver could be greatly facilitated through the Senior Citizens Bureau described above. If the elderly person, or his relatives, wish to know how they might obtain nursing home care, recreational activities or whatever, they need not wait until the social worker comes around next year, but they might secure the necessary information by calling the Bureau.

The need for friendly visiting was conspicuously felt during the course of this project. Many of the people visited were isolated from friends and relatives, and fellow occupants in the hotels were often "too busy", or too disinterested to engage in conversation. It would seem that volunteers and church groups should take up the challenge of visiting these lonely people on a regular basis. Such visits should be geared to keep elderly persons in touch with the community and with current affairs. Volunteers can often be helpful in writing letters for these elderly people, or by reading to those whose sight is failing.

Counselling services is another personal need which was clearly underlined during the study. Since this need is of particular interest in this study, it will be given detailed consideration. Of the group interviewed, a few were almost frightened by the physical changes which had taken place in their bodies, to the extent that they either denied or rebelled against the fact of aging. Others were very bitter against "young people", whom they felt were responsible for the social conditions which now prevail, namely, gross neglect of senior citizens. Others continued to
dwell on past memories of the "good old days", because they were too confused by the social changes which have occurred within their lifetime.

Needless to say, these elderly people need help from those who understand their difficulties, and the meaning they may hold for old people. Furthermore, they need the assistance of skilled caseworkers to help them to resolve some of their feelings, and to accept physical and social changes, which have occurred through the years.

Casework counselling to the aged cannot be successfully effected by virtue of one's lengthy experience in working with people, or by a natural talent for handling people. Such a service needs to be administered by a professional social worker who has acquired special knowledge and experience, which would enable him to make sound psycho-social diagnostic evaluations of the old person's situation. Once the worker has made his diagnosis, he needs to be sufficiently skilled to determine what form of treatment is appropriate to the particular case. It is perhaps suitable at this juncture, to outline some of the special skills needed by the person offering casework counselling services to the elderly person.

The casework counsellor should have knowledge of the special characteristics and needs of the older client, and an understanding of the changes brought about by the process of aging. As a person grows old, a number of organic changes inevitably occur, and many common ailments are therefore likely to afflict the aging person. In addition to this, there is a decline in physical and mental capacities which, in turn, create a number of emotional and psychological changes. The worker needs to be aware of these facts in order that he might empathize with his elderly
client, and understand the problems that are involved.

Another factor which the caseworker needs to bear in mind, is the part that cultural influences play in the lives of his clients. The aging client views his situation in the light of the cores and norms of his own background. If, in his original culture, it was socially unacceptable to receive public assistance, it is almost inevitable that he would feel some apprehension and resistance to accepting such help in later life. Many a time, the client who was born in a foreign country, demonstrates behavior or mannerisms which seem different or even unacceptable in North-western society. The alert worker would not affix a label to this client, without first exploring the cultural significance which such behavior might hold for the client.

It is also important for the worker to discern what resources exist within the client himself, and those offered in the community, in order to facilitate effective resolution of problems. Recognition of the client's physical capacities, emotional strength, mental alertness and motivation, is essential for making a realistic treatment plan for the old person with problems, and skill in doing this is not achieved by experience only, but through professional training. Very often, the elderly person is ignorant of services available to him, or is sometimes to inarticulate or confused to know how to intercede in his own behalf. The caseworker's knowledge of these facilities enables him to guide the client in using facilities to his best advantage.

The caseworker needs to employ skilful interviewing techniques, in order to encourage communication, and to further the client's partici-
patient in the casework process. Many a time, the aging client experiences difficulty in communicating, either because of language difficulties, illiteracy or physical disability. In such cases, the worker needs to exercise a great deal of patience, demonstrate genuine interest in the client's welfare, and encourage the use of gestures and so forth, to facilitate communication. These aids often serve to release the client's inhibitions and permit him to express himself with greater ease.

It is of vital importance that the caseworker recognize his own, and the client's feelings and attitudes, which might influence the caseworker-client relationship. It is indeed possible, that some personal prejudice can develop between the worker and client, but the skilful worker should be sensitive to such feelings, and handle them in such a manner as to avoid jeopardizing the relationship. Always present in the worker's mind, should be the goal — to help the elderly client.

Finally, the worker should be reliable, resourceful, empathic, a source of strength, and professional in the finest sense. He should be steady and honest in his dealings with the older client, and be able to set limits whenever this is necessary. Being resourceful implies that he should possess inner resources, which would enable him to exercise good judgement in dealing with his elderly clients. When he can truly empathize with his aging clients, they discern this, and are then assured of his desire to be of real help. This is an important requirement in the casework process. If the client is suspicious and dubious of the worker's intent, he thus creates a barrier, which prevents the development of a healthy atmosphere for the solution of problems. When the worker retains profes-
sional poise, he is thus able to keep the focus of his relationship and reach his objective.

All these are skills and attitudes which a caseworker needs in order to give counselling services to the aging clients. Needless to say, such skills are not attainable through experience only, but are developed through professional training provided in courses in Social Work.

While employed by a public agency, this writer encountered a number of elderly persons, seeking casework counselling. Unfortunately, these persons were not eligible for help, because they were not clients of the agency, i.e., they were not in receipt of public assistance. Of course, this does not imply that the C.S.S.D. should provide services for persons other than its own clientele, but it does indicate the need for counselling services as an adjunct of the public assistance program.

Casework counselling should be a special service available to all aged persons, not only those in receipt of public assistance. If these services are available only to the latter group, it suggests that only the needy aged have psycho-social problems, which is not the case. Special casework counselling services should therefore be organized, to provide such help for all elderly people in Vancouver, and should be a part of the earlier suggested Senior Citizens' Bureau. It is important that such a service be physically divorced from the public assistance program, which bears the stigma of a charitable institution. This stigma often inhibits some people from seeking help, that it would be advisable to avoid any apparent connection of the two, at least for the present time.

The provision of casework counselling services would not
automatically meet the psychosocial needs of elderly people in Vancouver. In fact, it needs to be said that many elderly people have little confidence in social workers, and regard them as persons akin to policemen, rather than professionals wanting to be of help. Old folk still harbour memories of the depression years, when they came into contact with "social Workers" who were severe and punitive in their attitudes to the needy.

Of course, many changes have been effected since that time. The term "relief" has been eliminated in favor of the more acceptable one "social assistance". The Old Age Pensions Act has been changed to the Old Age Security Act, and thereby ruled out the means test program for people aged 70 and over. Certainly, drastic changes have been made in the approach which professional social work commands serving for and dealing with the indigent. The needy is no longer regarded as someone who is culpable, but rather, as an individual in his own right, who needs to be respected and helped to attain maximum satisfaction in life. Great strides have been made to improve the curricula of schools of Social Work throughout Canada, and particular efforts are being made to provide information pertinent to work with the aged. In the last analysis however, caseworkers dealing with aging people, have the responsibility to reveal these changing attitudes by how they work with elderly clients. Through word and deed, the "welfare task" today is not only to lend a helping hand to those in need, but also to raise the morale and, if possible, the degree of participation, of those who are helped.

1. Even at present, workers at C.S.S.D. are called "investigators" by many clients.
Appendix A.

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(b) Specific References


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Dear

A student from the University of British Columbia, Mrs. E. Cuthbert, is making a study of services which are provided for aged persons in Vancouver.

The purpose of the study is to help us to learn whether we are giving you the best possible service, and to enable us to improve our services wherever possible.

The only way we can obtain the necessary information is through your assistance. We would like to ask you, therefore, to take part in this study through an interview with the student.

Any information you give will be treated as confidential. Your name will not be revealed to anyone.

Mrs. Cuthbert would like to meet with you at your home on . If you cannot be at home at that time, would you kindly telephone Mrs. Stil at the City Social Service Department RE. 1-5727. She will also be glad to answer any questions you may have about this.

We certainly appreciate your co-operation in this matter.

Yours truly,

T. T. Hill,
ADMINISTRATOR.
Appendix C.

INTERVIEW GUIDE

A. How do they live

(i) Are there cooking facilities (private, shared)?

(ii) Are toilet facilities on same floor? Shared?

(iii) Did they choose type of accommodation of their own accord, or because of a limited income?

(iv) Would higher incomes affect type of housing they now occupy?

(v) Are they satisfied with present arrangements (type of housing, facilities, location, etc.)?

B. Family Relationships

(i) Have they ever been married?

(ii) Where is the spouse at present?

(iii) Have they had children? Where do they now reside?

(iv) Do they still maintain contact with relatives? How often?

(v) Do relatives contribute to their maintenance? How do they feel about this?

C. Social Activities

(a) Friends

(i) How many friends do they have? Where do they live? How often do they exchange visits?

(ii) Are these friends sufficiently close to permit pensioner to share his intimate feelings with them?

(iii) Have many of their friends died? How does this experience affect them?

(iv) Do they make friends easily? Do they long to have new friends?
C. Social Activities

(b) Church Affiliation

(i) What is their religion?

(ii) Do they attend services? If not, why not?

(iii) Do they know their minister? Do they have friends in the church?

(c) Recreational Activities

(i) What do they do in their free time?

(ii) Do they have any hobbies or favorite pastimes?

(d) Clubs and Organizations

(i) Do they belong to any of these?

(ii) What is the extent of their participation in these?

D. Experience of Personal Problems

(i) What are their major problems?

E. How Are Problems Handled?

(i) Help of friends and relatives?

(ii) Social Worker?

(iii) Doctor?

(iv) Own inner resources?

(v) Other resources in the community?
CITY OF VANCOUVER
SOCIAL SERVICE DEPARTMENT

Unit Boundaries

CHART I
The Boundaries of Center Unit

UNIT OFFICES
CENTER
1530 W. 8th Ave.
RE 1-5727

SOUTH
49th and Knight
FA 1-3441

EAST
2610 Victoria Dr
TR 2-2515

WEST
1530 W. 8th Ave.
RE 1-5727