SERVICES FOR MARRIED COUPLES ON ASSISTANCE AND PENSION

A Type Study
of a Selected Group of Cases
Vancouver, 1956.

by
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1956

The University of British Columbia
ABSTRACT

There are many studies and reports on the needs of the Aged. This thesis adopts the "type-study" approach, and seeks to get the information as reported by old people themselves. For this purpose it confines itself to (a) persons on social assistance, old age assistance or old age pension, and (b) married couples, age limits being fifty-five to seventy-five years.

The eighteen couples chosen for study were interviewed in their homes, the object being to get first-hand knowledge of their circumstances and their own point of view of their needs. This was aided by a prior study of case material from the City of Vancouver Social Service Department. It proved possible, in the main, to typify married couples at this age who could be considered "adjusted" and "unadjusted". This study points up the unmet needs of the unadjusted type, and suggests amelioration of their present circumstances by expansion of volunteer and housekeeper services and certain kinds of recreational units. New services suggested for future experiment which would probably apply to both groups include improvement in communications, specialized in-service staff training, and extension of casework counselling services to include older groups not in need of economic aid.

An attempt has been made to stress the preventive and rehabilitative aspects which may prove capable of avoiding and correcting accelerated ageing. The subject is of special concern in British Columbia to-day, due to the lengthening span of old age, and growing industrialization with its concomitant economic and family problems.
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My thanks are due to the eighteen couples who so willingly shared their experiences with me in the interest of improvement in social work programmes.
SERVICES FOR MARRIED COUPLES ON ASSISTANCE AND PENSION

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Vancouver, 1956
Chapter I

PROBLEMS OF THE OLDER AGE GROUPS

Old age has been a respected and protected condition of man throughout recorded history. In the East, it is held in especial veneration and is the symbol of wisdom and experience. In China, Pakistan and India institutions for the aged are unknown, the rightful place for old people being considered as being with the family. Whether rich or poor, the grandparents' share of the family life is always there.

On the American continent, however, the pattern of culture is entirely different. But the concern for the needs of the older people is as old as public welfare itself; for old age was one of the conditions of man first to be recognized as deserving of social support although, for a long time, only in a limited way. The early settlers in America brought with them from England the Poor Law concepts of governmental provision against destitution in old age. The almshouse and poor relief were intended only to pick up the worst casualties of the prevalent system of inclusive family responsibility, and seem extremely inadequate according to modern ideas of social responsibility. Nevertheless, they were in reality fore-runners of present day public welfare concepts. This historical process, though slow and irregular, needs to be seen in perspective in order to be understood.

The evolution of public welfare and the development of modern industrial society have resulted in the fact that the job
of the family has become a matter of social responsibility, and is increasingly shared by community and governmental organizations. Welfare of the older generation is one such example.

The present day interest in the later years of life is evidenced in many ways. Thus, new terminology has been invented, such as "gerontology", to describe the scientific study of ageing, and "senior citizen", as a term of respect to describe older individuals. There are many conferences, commissions, reports, planning and research projects. Magazines are full of articles on the same subject. Yet the fact that older people are also human beings, with social and family interests, does not always seem to be accepted. There are many professions and services which, unintentionally or otherwise, have the effect of segregating them. And it is here that the problem of ageing seems to have root.

This has four facets:

Changing Family Patterns

Social "bad conscience" arises when people's sense of ethical values does not conform with current social reality. It is characteristic of periods when social arrangements have not kept pace with changing individual or group needs. Thus, today, many of the ethical values are still centred in a time-honoured way of life, in which older people typically belonged to a large family group embracing several generations. Their need for economic security, for a useful social role, for a continuity in life's
developmental pattern, for companionship, social protection, and a sense of "belonging" were all met within the spreading family circle.

But the present is an industrial economy rather than the old family farm. The city houses and apartments are often small. There is frequent movement, and the economy is almost wholly monetary. Less labour is put into meeting needs by home production, more is bought in the market, and there is a tight race between income and expenditure. The children are much more likely to be the primary focus of family life, to whom heavy obligations are felt.

Grandparents cannot always be easily or productively assimilated in such a setting. Since they cannot serve as members of a household's productive team, they are no longer an economic asset, but rather an added charge against a limited family budget. Moreover, there are fewer members of the family group to share the task of absorbing the older generation into their daily lives, and these few may well be scattered across the continent. The family has, in reality, ceased to be dependable or satisfactory as the sole medium for assuring economic or social protection in old age. Even the solid affectional and spiritual values it should retain have been, in some measure, undermined by the conflicts which inevitably result from failure to recognize and accept its changing social function.

The family is man's most precious social asset and the
matrix of all his social institutions. But, over the centuries and in different cultures, it has undergone many changes of function. In fact, it has been one of the marks of advancing civilization when concepts of mutual aid and social interdependence moved beyond the blood relationship of family ties to the broader social unit of the community. There is, therefore, no intrinsic loss of ethical values in such a broadening base of shared responsibility for any group in the population. It is no less honourable to provide dignified, comfortable, and independent living quarters for the elderly retired couple, than to house them in the old spare room off the family dining room on the family farm. In the urban realities of modern life, it is more satisfactory for all concerned to provide independent quarters, rather than crowd the children onto the living room day-bed, in order to conform to a familiar but impracticable concept of social obligation. Similarly, the social security program, providing income on a dignified, self-respecting basis to retired people, recognizes their right to be free of a degree of dependence on their own children, which could only create conflict in the realities of modern life.

But the attitudes of the older people reflect their lack of adjustment to this pattern. Many find themselves in an uncomfortable and crippling condition of mental conflict which hampers their enjoyment of the special potentialities of their later years. They may suffer a sense of lost pride or status because their children are failing to fulfil their social pattern of filial
The Economic Problems of Growing Industrialization

Some problems of the older age groups are due to economic conditions which have undergone a radical change and have affected income and productivity. When self-employed on the family farm or in small family enterprises, the continued employment of older family members was not difficult. The diminution of their responsibility and effort came about naturally and gradually as the younger family partners took over the major role. With the shift to wage employment in large-scale industrial and service enterprises, the opportunities for continued employment of older people were greatly diminished. Moreover, this trend was seriously aggravated and accelerated by the unemployment of the depression years. Psychological, social and economic pressures all combined to force out the older worker in order to keep younger men on the job.

The Lengthening Span of Old Age

The average span of life has been increased by the vast strides in the sciences of medicine and gerontology. Never before in history have so many people lived as long as they do today. This is the result particularly of elimination of the diseases of childhood. And yet it is likely that there will be a greater increase in the life span, due to the fact that public health measures and medical sciences are now beginning to conquer the diseases and ailments of the later years.
However, this lengthened span or extended period of life expectancy really covers two distinct phases. One of these is the period or condition of continued vigour; the other is the potential period of declining vitality and health, which all who live long enough must ultimately reach. Not only are the needs of the two phases very different, but their potential total span is actually long enough to embrace not one, but two generations, e.g. a woman, forced out of work at sixty, may well join her mother of eighty in the same "old age group".

Many of the special problems of later years are related to this unrealistic tendency to place all people over a particular age (it may be anywhere from fifty upwards) into a single pigeon-hole of attitude, policy, and social organization. Such sweeping categorization is always resented, and in physical, psychological and welfare terms, it is often seriously wrong.

The Problem of Population

The fourth basic problem peculiar to the older people of the present generation is their unprecedented numbers. Not only are there more of them altogether, but they represent a steadily increasing proportion in the total population. A glance at the official census figures for Canada (see Table overleaf) will make this clear:

(a) In the age group 0 - 9, there was no proportionate increase in 1941, but a decrease. This was reflected in 1951 for the age
Table I. Population of Canada by Age Groups
Census Years 1931 - 1951
(showing absolute and percentage increases)

<table>
<thead>
<tr>
<th>Age Group</th>
<th>1931 Total</th>
<th>1941 Total</th>
<th>Increase</th>
<th>1951 Total</th>
<th>Increase</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Number</td>
<td>P. C.</td>
<td>Number</td>
<td>P. C.</td>
</tr>
<tr>
<td>0 - 9</td>
<td>2,207,536</td>
<td>2,097,674</td>
<td>-</td>
<td>3,119,952</td>
<td>1,022,278</td>
</tr>
<tr>
<td>10 - 19</td>
<td>2,114,250</td>
<td>2,220,912</td>
<td>106,662</td>
<td>2,188,755</td>
<td>-</td>
</tr>
<tr>
<td>20 - 29</td>
<td>1,698,189</td>
<td>1,999,416</td>
<td>301,227</td>
<td>2,219,856</td>
<td>-</td>
</tr>
<tr>
<td>30 - 39</td>
<td>1,397,930</td>
<td>1,603,370</td>
<td>205,440</td>
<td>2,041,867</td>
<td>-</td>
</tr>
<tr>
<td>40 - 49</td>
<td>1,231,924</td>
<td>1,311,691</td>
<td>79,767</td>
<td>1,613,246</td>
<td>-</td>
</tr>
<tr>
<td>50 - 59</td>
<td>856,140</td>
<td>1,098,586</td>
<td>242,456</td>
<td>1,233,346</td>
<td>-</td>
</tr>
<tr>
<td>60 - 69</td>
<td>525,978</td>
<td>714,875</td>
<td>188,897</td>
<td>939,649</td>
<td>224,774</td>
</tr>
<tr>
<td>70 - 79</td>
<td>270,340</td>
<td>352,796</td>
<td>82,456</td>
<td>503,464</td>
<td>150,667</td>
</tr>
<tr>
<td>80 - 89</td>
<td>68,330</td>
<td>99,150</td>
<td>30,820</td>
<td>136,390</td>
<td>37,240</td>
</tr>
<tr>
<td>90 &amp; over</td>
<td>6,169</td>
<td>8,145</td>
<td>1,976</td>
<td>12,923</td>
<td>4,778</td>
</tr>
</tbody>
</table>

Source: Canada Year Book 1954
group 10 - 19. However, there was a great increase in births in 1951, showing a percentage of 48.73. Other things remaining equal, this should result in an even greater rise in the number of persons over sixty, fifty years from now.

(b) In the last four age groups, the percentage increases in 1941 and 1951 show a marked upward trend over the other age groups. The average increase in the groups up to 59 is 14.46% in 1941, and 24.7% in 1951. In the age groups from 60 upwards, the average increase is 25.89% in 1941, and 42.59% in 1951.

Population Trends in British Columbia

Population figures in British Columbia follow the same trend even more strongly.1 The 1951 census figures for this age group in the province showed as much as 97.13% increase over the 1941 figures for the same age group. In the higher group from 60 upwards, even a greater increase is shown over the last ten years than comparative figures for the total Canadian population.

Following is a table which gives a comparison between the average increases for the two age groups: 0 - 59, and 60 and over, for Canada and British Columbia:

Table II. Comparative Increases in Older Age Groups
British Columbia and Canada, 1931 - 1951

(Percentage increase in decades)

<table>
<thead>
<tr>
<th>Age Group</th>
<th>1931 - 1941</th>
<th>1941 - 1951</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Canada</td>
<td>Br. Col.</td>
</tr>
<tr>
<td>0 - 59</td>
<td>14.46</td>
<td>18.28</td>
</tr>
<tr>
<td>60 and over</td>
<td>35.89</td>
<td>91.65</td>
</tr>
</tbody>
</table>

1 See Table III overleaf.
### Table III. Population of British Columbia by Age Groups

**Census Years 1931 - 1951**

*(showing increases and percentage increases)*

<table>
<thead>
<tr>
<th>Age Group</th>
<th>1931</th>
<th>1941</th>
<th>1951</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>Total</td>
<td>Increase</td>
</tr>
<tr>
<td>0 - 9</td>
<td>111,274</td>
<td>114,427</td>
<td>3,153</td>
</tr>
<tr>
<td>10 - 19</td>
<td>122,391</td>
<td>127,326</td>
<td>4,935</td>
</tr>
<tr>
<td>20 - 29</td>
<td>107,487</td>
<td>141,149</td>
<td>33,662</td>
</tr>
<tr>
<td>30 - 39</td>
<td>98,733</td>
<td>117,794</td>
<td>19,061</td>
</tr>
<tr>
<td>40 - 49</td>
<td>112,494</td>
<td>100,605</td>
<td>-</td>
</tr>
<tr>
<td>50 - 59</td>
<td>79,204</td>
<td>106,056</td>
<td>26,852</td>
</tr>
<tr>
<td>60 - 69</td>
<td>41,824</td>
<td>72,025</td>
<td>30,201</td>
</tr>
<tr>
<td>70 - 79</td>
<td>17,147</td>
<td>30,680</td>
<td>13,533</td>
</tr>
<tr>
<td>80 - 89</td>
<td>3,436</td>
<td>7,240</td>
<td>3,804</td>
</tr>
<tr>
<td>90 &amp; over</td>
<td>273</td>
<td>559</td>
<td>286</td>
</tr>
</tbody>
</table>

**Source:** Census of Canada 1951

Vol. I, Table 19

The Needs of Older People

The needs of old people, in essentials at least, are the needs of all people, with some modifications to allow for their lessened strength and speed and sureness of movement, and possibly their decreased ability to adjust and adapt. They need to feel that they are wanted and useful, and to have a sense of "belonging". Like all other human beings, of whatever age, they need affection and recognition. Given emotional security, they can do a fair job of adjusting themselves to all kinds of cramped and inconvenient living arrangements.

On a more practical level, the older person needs at least a minimum of physical comfort and security. He needs the financial security and independence that a pension gives him, if he has not accumulated means privately. Independence is very important, and he should have the opportunity to choose for himself where and how he will live, within the realistic limitations the environment imposes; this must be further qualified wherever personal limitations, due to illness and failing faculties, because of age, make it necessary to change his way of life, against his own wishes. But while he is able to do so, he should participate in plans being made for him.

Older persons also need living accommodation planned to their specific needs. Their need for food, shelter, comforts and emotional satisfactions are the same as those of other adults, with certain handicaps such as are due to failing strength, loss of
employment, etc. Age brings with it many ills, too often including hardening of attitudes, and older persons are usually unable to accept the changing fashions of living, and become the focus of complaint and criticism. Youngsters are given a degree of freedom to-day that the grandmother or grandfather might well feel dangerous and foolhardy in the extreme if they cling to the standards of their own day. Many manners and customs that are different can disturb an older person who has lost his elasticity. The world is moving at a faster pace and is full of bewildering gadgets and new ways of doing things that seem to be beyond his failing strength and ability to adapt. This causes a great deal of insecurity. He needs a maximum of understanding from people he meets, but too often he receives all varieties of rejection, misunderstanding and impatience.

Food, though essential to the maintenance of life, affords a special source of pleasure for the older person. He is no longer able to experience a number of physical satisfactions enjoyed by younger persons and, therefore, focuses much of the other lost pleasures in eating. Food also has a great importance socially, for a person can enjoy eating in the company of friends. But meals of the older person are somewhat different. For example, raw vegetables are troublesome to persons with dentures or without any teeth at all, and are avoided by them. The same is true of fried foods and heavy pastry, both of which are difficult to digest.

Again, where living arrangements are concerned, a few
inexpensive "gadgets" would make an older person happier; e.g., an extra light, a floor mat that is safe, a hand-rail for support to get into a bathtub, or a shower instead of a tub, where that is preferable. Physical comfort is a requisite for happiness and contentment.¹

The main point in all the above instances seems to be the very important fact that the older person needs to be "understood" and valued as a human being; the tendency to regard older persons as a race or kind apart from other humans should be avoided. The elderly man or woman is simply a man or woman who has lived quite a long time, but who still has the same basic needs, desires and reactions as other people who have not lived as long. Probably many of the problems of the older person would never arise if they were not made to feel by the younger persons that they were not quite of this world. The working world has no job to offer to the less agile and quick person, whose strength and stamina have decreased with the passing years. Children have moved out into homes of their own where there is no room for the older person, whose own home has perhaps been broken up by death. New ideas and methods have come into use faster than he has been able to apprehend them, and he is regarded merely as an "old fogey" by the younger generations, who have no desire to hear his opinions. Gradually, it is borne in on him from all sides that he

¹Most of these and the succeeding examples are drawn from the study by Bernice Leydier.
is superfluous. True, he may be an irritating and disliked superfluity, or a treasured and beloved one, or perhaps even an amusing one, nevertheless, he no longer feels needed in the scheme of life.

The natural reaction to a feeling of no longer belonging to the world, or having a real part to play in it, causes some of the difficulties that are met with by those who come in contact with the senior citizens. Sometimes they fight back by being irritable and over-critical, or seek a vicarious sharing of life by being curious and prying into the affairs of others. They may retreat to a position of superiority, from which they watch suspiciously, and deprecate everything that is new and different. Their retreat may be into a concentration on themselves and their own needs and desires. A few are able to meet the attempt of the world to shelve them by aggressively carving a place for themselves, learning new things, and demonstrating in some way that they most emphatically are not "done". Whatever the reaction, it is largely determined by the degree of maturity reached during adulthood and the pattern of reactions established since then. The crises at this stage of life, too, are met in the same characteristic manner.

Older years and retirement bring with them dull and useless days, an uprooting from all they have known previously. It is a phase of life with fewest adaptation possibilities, when the flexibility of the person is diminished as well as the ability to
modify the environment. There are frustrations and losses in most areas of living. There is decrease in physical strength, and failing of faculties, such as sight and hearing, so that activities must be circumscribed. Advancing years bring loss of friends and to many, both financial and physical dependence in some degree. Possibly, the most serious of all calamities at this stage is emotional starvation, which comes when all the other disadvantages are making themselves felt.

Older persons face their advancing years with reluctance. This period is rarely attractive to others or pleasant to themselves, even when they can pay their way and retain their wit, humour and health. But the flavour of life lasts a long time, and they do not wish to be regarded as apart from the world around them, nor to cease functioning as citizens and members of families. Nevertheless, the cumulative effect of the ills and disabilities, physical, social and economic, which tend to increase with age, are great, and make the achievement of a healthy adjustment a challenging and difficult one.

The Process of "Ageing"

Ageing differs from individual to individual. This is evident physically, and even more noticeably, psychologically. It is a well-known fact that Michael Angelo painted "The Last Judgment" at the age of seventy. In some fields of creative thinking, philosophy, medicine, music, politics, etc., individuals, on an average, may be at their best in the late thirties or forties. However, in
sports like tennis, boxing, football, baseball, etc., the age of highest performance is the mid-twenties, and invariably the champion is dethroned by a younger man. In a sense, the ageing process really starts about the age of twenty-one; but loss in one field is made up by gain in another, and thus it is no disadvantage, and its effects are out-weighed by experience.

The chronological period at which ageing is of significance varies with the individual and his life situation. While among the urban and industrial population this may fall somewhere between forty and fifty, in the rural or farming population it comes much later. It could even be said that ageing begins with conception and only ends with death. Fixing a limit is arbitrary, and there is no single chronological age at which people begin to feel old. Such limits may, of course, be set for purposes of research, legislation, eligibility, and so on. Although all individuals show a certain loss of elasticity of the skin, of the lens in the eye, and of the blood vessels, yet there are individual differences in degree of these organic alterations. Psychologically, the individual differences are even greater, and in emotional life, ageing may be virtually absent. This is a very important point for individuals between 55 and 70, for, during this period they may be more patient and tolerant, for example, than many individuals at any age in their lives. Some may be capable of branching out successfully into new and creative fields of endeavour. The truth of this statement is beautifully expressed by the famous Bengali poet, Rabindranath Tagore:
"I thought that my voyage had come to its end at the last limit of my power—that the path before me was closed, that provisions were exhausted, and the time come to take shelter in a silent obscurity.

"But I find that Thy will knows no end in me. And when old words die out on the tongue, new melodies break forth from the heart; and when the old tracks are lost, new country is revealed with its wonders."

If the later years, therefore, are to be the "harvest" years—years of personal fulfilment and of social honour—the community must offer this age a sense of security, an opportunity to fulfil potentialities for growth and self-expression in creative activity, of participation in a group. They should be accepted on their own merits as members of the total community.

Some Local Studies

It is to be expected that in recent years in British Columbia, growing interest has led to several studies of the problems of the older age groups. In 1945 the Community Chest and Council of the City of Vancouver published a report covering the problem in very wide terms. This study, which was revised in 1948, included consideration of several fields of interest—maintenance, care and accommodation, housing, medical care, other health requirements, and recreation. The Committee on the Care of the Aged has

developed many sub-committees in continuing its work over the years, and has initiated a number of projects. In addition, four studies, undertaken by students of the University of British Columbia School of Social Work, have dealt with specific problems concerning the care of ageing citizens. A study by Bernice Leydier\(^1\) appraised conditions in licensed boarding homes in Vancouver, with an analysis of their limitations, and made recommendations for future planning. A thesis by M. B. McKenzie\(^2\) included a comprehensive survey of the facilities for the care of the older war veterans in Shaughnessy Hospital. A critical evaluation of Taylor Manor, a large Vancouver institution for old people was the theme of the Guest thesis.\(^3\) A study of the values and limitations of foster home care for the Dependent Aged was made by R. M. Deildal in 1955.\(^4\) Other thesis studies, while not concerned primarily with senior citizens, have given consideration to various aspects of their problems, and have contributed to the general body of knowledge on the same problems. The National Council of Jewish Women of Canada provided a fellowship to the School of Social Work, to be used for the study of the recreational interests and activities of the aged in Vancouver. The report of the study which was


issued in mimeographed form in 1954 includes a description of the existing recreational facilities for senior citizens, with recommendations for further research projects. The Vancouver Housing Association has helped to publicize many projects for old persons' housing, and issued a valuable compendium on the subject in 1948.

Focus of Present Study

The age group 55 - 75 was chosen for this study for specific reasons. Due to the lengthened life span, "old age" covers two distinct phases: 55 to 75, and 75 and over. The first of these periods is one of continued vigour when, more or less, all physical and mental powers are intact, with the added value of experience. As history has shown, this is the period when politicians, poets, sculptors, painters and others have shown their best talents. Psychologically, it can be a creative age; and if the older citizens are helped at this time to fulfil their potentialities for self-expression, not only will it be a service to them, but also a gain to society. This is very relevant for social work, and for sympathetic understanding of old people.

Secondly, this has a bearing on the preventive and rehabilitative aspects. Public concern can not be limited to those who are already "officially" aged, i.e. sixty-five or over, when the

1Grant, Joan, Recreational Interests and Activities for Senior Citizens in Vancouver, School of Social Work, University of British Columbia, August 1954.
problem has become acute, and when any action taken is liable to be on an emergency basis. It is necessary to go down the age scale to that variable point at which the problems of ageing originate. Preventative programmes must be organized while persons are in vigorous mental health, even if, in some cases, they may be disabled physically. With appropriate services, senility may be avoided, or at least put off for a considerable time, and the older citizens provided with inspiration, information and interpretation, and made to feel themselves to be useful members of Society.

Married couples on assistance were chosen for this study, as none of the previous studies had dealt with the problems from their special angle. Being on assistance, their activities are likely to be limited because of the limited means at their disposal. On the other hand, some of their problems may not be so acute. For example, the problem of loneliness, which takes hold of so many single persons, would not be so severe in the case of married couples. At the same time there might be a tendency to remain house-bound and not mix with the outside world. Again, it is easier to obtain a room for a couple than it is for a single person, while the problem of rent is also eased. Couples, too, would prefer to stay at home, rather than receive institutional care. Their problems thus appear to be less complex. It was therefore thought feasible to select married couples for purposes of study. The study approaches the problem from three points of view. Firstly, it
attempts to arrive diagnostically at typical situations in which the couples are placed. Secondly, it tries to view things from the angle of the citizens themselves; and, thirdly, it attempts to indicate the services needed, by analyzing the services already available.

In British Columbia, financial assistance received between the ages of 55 and 75 can be of three different kinds, according to the age of the recipient. Between 55 and 64, it is provided through Social Assistance. Between 65 and 69, it is Old Age Assistance, and from 70 onwards it is Old Age Security.¹

After discussion with the Welfare Director, it was decided to limit the study to a selected number of couples in one of the four unit areas into which the City Social Service Department is organized. West Unit was chosen (see Fig. 1), and the Supervisor and district workers of this Unit provided a list of nineteen couples out of the total number of cases under their jurisdiction, who fulfilled the following conditions:-

(a) All were between the ages of 55 and 75;
(b) All were receiving assistance of some kind;
(c) They were couples living alone.

Method and Procedure

This study has been of an exploratory nature and, as such, no attempt has been made to present statistical measure-...
CITY OF VANCOUVER
SOCIAL SERVICE DEPARTMENT

Unit Boundaries

UNIT OFFICES
CENTRE
1530 West 8th Ave.
Ba. 5727

SOUTH
41st & Fraser
Fr. 2717 & Fr. 2512

EAST
2610 Victoria Dr.
Ha. 4512

WEST
1530 West 8th Ave.
Ba. 5727
ments of any kind. An attempt has been made to indicate that
the needs exist, especially in the typical situations of the
unadjusted couples. On the basis of the information obtained,
suggestions have been made for the amelioration of the present
circumstances by expansion of existing services and introduc-
tion of new ones.

Particular care was exercised in preparing the couples
to participate in the survey. The caseworkers carrying the
cases visited each couple and gave them a brief explanation of
the purpose of the study, and asked them if they were willing
to co-operate. It was made quite clear that it was entirely
voluntary on their part to do so. Of the nineteen couples, all
but one agreed. As this was purely voluntary on their part,
this one couple had to be left out of the study group.

A thorough study was made of all available information
for the eighteen couples. Case records were examined very care-
fully, and when more than one worker had handled the case, each
worker's viewpoint and social report were studied.¹ After this
case-study, the couples were visited in their homes by the
writer.

At the outset, it was made quite clear to the couples
that the interview was strictly confidential, and that no names
would be revealed. Each interview lasted, on an average, about

¹See Appendix A.
three-quarters of an hour. The couple were allowed to talk freely, but the interview was guided into relevant channels of study. Apart from the statements made by the couples, the state of their home, their health and personality make-up and areas of social contact, as well as the way they expressed themselves, all revealed a great deal. The writer has tried to form an independent picture of their personalities, not influenced by the district workers' impressions.

It was necessary to make one more point clear to each couple, viz. that this study was being carried out quite independently of the City Social Service Department, that its main focus was to get the viewpoint of the older couples, and was in no way going to affect their social assistance. This, in addition to its confidentiality, made them feel free to express themselves and to offer whatever suggestions they had to make.

Taking notes during the interview was kept at a minimum, so as to make the couples feel at ease and free to talk without losing the thread of their speech. This was made possible by the fact that the "face-sheet" information was already collected from the case records and had only to be checked for its correctness.

There was a minimum amount of direction. General areas were opened up for discussion, asking the couples to relate their own experiences. Direct questions were used as sparingly as possible and, in most instances, were reserved for the purpose of filling in details, and for keeping the interview within the
area of inquiry by preventing the interviewee from going off at a tangent in any particular area. It was noteworthy that most of the couples responded with a keen interest. Indeed, the degree of co-operation shown exceeded the writer's expectations.

\[1\] See Appendix B.
Chapter II

EIGHTEEN MARRIED COUPLES

The eighteen couples who were interviewed are all known to the City of Vancouver Social Service Department by virtue of the fact that they are either on Social Allowance, or receive Old Age Assistance or Old Age Security, which is accompanied by a bonus, provided for people who have resided in British Columbia for three years prior to the time of application. Their ages vary from 55 to 75, the median age for men being 70, and for women, 66. They all live by themselves, mostly in rented rooms, attic or basement suites. Only two couples own homes of their own.

The object of the interview was to get a general idea of their circumstances, their physical and mental condition, and degree of adjustment. The chief purpose was to get their own views on the subject of services already given, and the need, if any, for more services, and the types of those services.

In some instances, it was found that the couples were unable to articulate their needs, while others were unable to visualize whether there could be further services beyond financial support and medical services. In almost all cases they were completely satisfied with the medical services; but as regards economic aid, while all were grateful for what they got, they were all agreed that they had to be careful with every cent.
After spending on food and rent, "nothing was left for clothing" or other items, was a frequent comment. They were grateful for the recent increase of $5.00 a month: Though very little for a single person, this meant more for a couple; i.e., an increase of $10.00 a month.

The statements made by all the couples, in the three categories of assistance, were carefully weighed, and it was found that they fell into two groups or types:

Group I: Those couples that were fairly well adjusted to their present circumstances, and appeared to be mature individuals with an optimistic outlook, in spite of physical handicaps, in some cases. Ten couples illustrate this group.

Group II: Those couples that were not so adjusted, their dissatisfaction and insecurity forming a background to their outlook on every aspect of life. Eight couples illustrate this group.

**Group I - Adjusted Couples**

1. Mr. and Mrs. A

This couple affords an excellent example of how even a severely disabling disease need not prevent a good adjustment to prevailing conditions. The woman has suffered from muscular atrophy for the past eighteen years, and has been bed-ridden for fourteen years. Starting with her feet and legs, the disease continued to steal on her very slowly, till now, after eighteen
years, she has only a slight use of her left arm and can turn her head and neck only; yet she has an amazing hold on life. She is serene, calm and mentally alert. During the interview she did most of the talking, while the husband seemed anxious and depressed. She invited the writer to visit again, thus showing a need for home visiting service.

The adjustment of this couple is due in large measure to the care and attention they receive from their only daughter. Their housing problem is also solved by renting the basement of their daughter's house.

Even under such circumstances, the husband and daughter take Mrs. A for an outing, by carrying her in a chair to their car. At home she likes to listen to the radio, and reads the daily papers and magazines. As the couple is unable to attend church, the pastor visits them at home.

The couple are well-adjusted. They are satisfied with the medical care and attention received from the Social Service Department. They have a few good friends, and the filial devotion of their daughter is a great comfort and a source of strength.

2. Mr. and Mrs. B

Here, too, Mrs. B is under doctor's care, but her ailment is not as disabling as that of Mrs. A. The couple have good familial ties, and a number of friends. They have rented the basement of their daughter's house; this makes them feel secure. Both
have a good deal of leisure-time activities, and their religious needs are met. Although they miss having a car, which they had to give up, they are, on the whole, a satisfied couple.

3. **Mr. and Mrs. C**

Mr. C has had four strokes, and is bed-ridden. He also suffers from a hernia, and has a cataract on one eye. Mrs. C is in fairly good health, but her day is fully occupied with nursing care.

Their house is large and the rent is high. In addition, it is quite dark, so that they have to keep the lights on all day. Their daughter, who is separated from her husband, stays with them. She pays for her board, and has her own television set. The board money goes towards paying for the high rent of the house, while the television set helps to pass the leisure hours.

Mrs. C is fond of knitting and does this whenever she has spare time. Since this couple are unable to attend church, they believe in the motto, "Be good, do good". The reactions of this couple are positive on all points except housing.

4. **Mr. and Mrs. D**

This is a happy couple, mature and well-adjusted to the changed situation. Once they were rich, owned a house, a car, fine clothes and luxuries. Now everything is lost. But both are content with their lot. Mr. D commented, "The taxpayers are providing for us, and can give us only the bare necessities; we should not expect more." He added, "B. C. welfare services are the best in Canada."
Mr. D has phlebitis, yet walks to the beach, which is not far from the house. Mrs. D has Parkinson's disease, which has badly affected her left hand, tongue, and speech.

They are fairly well housed at present. They have no children, but have a large circle of friends, who drop in "every other day, almost". They also have relatives who are fairly close to them. Both are fond of reading; they listen to the radio and watch television. They are fond of dogs and own two. Mr. D does gardening in his spare time.

5. **Mr. and Mrs. E**

This is a couple with a positive outlook. They feel they have enough and want nothing more, except that Mrs. E states she could do with a little more money. They are both in good health, except that Mr. E suffers from hernia. They own the house in which they live and have rented a portion of it to tenants. They have three children, all married, who visit them quite often. Their leisure time is spent in reading and listening to the radio.

Mr. E was the only man of all the couples who could express an opinion on Canada's export policy and the inflation of prices.

6. **Mr. and Mrs. F**

This is a fairly well-adjusted couple. Mr. F has arthritis. Mrs. F is in moderately good health. They occupy a basement suite, which is overcrowded with articles so that there is hardly space to move about in. However much they would like to move to
another house, they cannot do so because they would have to pay a higher rental and would have to buy a new stove, which they cannot afford.

They have six children, who visit them often, and one daughter lives with them. They have a number of friends too. Apart from the usual leisure-time activities, Mr. F paints as a hobby. Mrs. F is an active member of a church group and takes part in arranging teas, bazaars, etc.

7. Mr. and Mrs. G

This is definitely a happy couple. For both this is a second union; they are attached to each other. They both have health problems as Mr. G has hardening of the arteries, affecting his legs, while Mrs. G is under the doctor’s care for heart and nerves. She has had an operation for a gall bladder complaint.

They have a bright, sunny suite on the main floor, and are fortunate in having one married daughter living in another suite in the same building. Their grandchildren are in and out of the apartment all day long and the grandparents are very fond of them. They spend their leisure time in watching television and in reading books and magazines.

8. Mr. and Mrs. H

Insofar as health is concerned, Mr. H has several complications. He has had pneumonia several times and also suffers from high blood pressure. His eyes are affected and so also is
one of his legs. He cannot see beyond six feet or so, and is under the doctor's care. However, Mrs. H is a healthy, active woman.

They have three children and some grandchildren, who visit them often and take them out for drives in their car. Mrs. H is an active member of a church group and takes part in teas, dinners and bazaars. They said that their spiritual needs are well met. They are satisfied with their house, and make good use of their leisure hours.

9. Mr. and Mrs. I

This is a second marriage for both Mr. and Mrs. I. Mr. I suffers from kidney trouble, for which he has to take sulphur drugs, and also has sinus trouble. Mrs. I complains of poor memory, but is in fairly good health.

Their rooms are on the main floor and the rental is fair. They have a few friends, and their only daughter, who lives in Saskatchewan, corresponds with them regularly. Unfortunately, they do not read much due to weak eyesight, nor do they belong to any clubs. Mr. I has strong opinions that the older person should be allowed to work and earn money without being "penalized".

10. Mr. and Mrs. J

Mr. J has a weak heart, coronary thrombosis and an affected left hand. He is not able to go out much. Mrs. J has chronic arthritis of ankle and spine. They live in a basement suite, fairly satisfactory as regards rent and accommodation.
Their five children are all settled in life and visit them often. They take Mr. and Mrs. J out for drives and for supper at their homes, to which the couple look forward with pleasure. Besides reading, Mrs. J knits and crochets. She is member of a club and is convener of a missionary group. Their spiritual needs, they maintain, are met.

**Group II - Unadjusted Couples**

11. **Mr. and Mrs. K**

Mr. K has been in the army, having served in both World Wars. He is now suffering from neurasthenia. Mrs. K is in good health. They live in a rented attic suite, have no children, no friends and no recreational satisfactions, nor are their religious needs met. Their special areas of insecurity are their housing problems, since they have to put up with many inconveniences, and the economic insecurity with regard to Mrs. K's social allowance.

12. **Mr. and Mrs. L**

Mr. L has a paralyzed leg and suffers from deafness. Mrs. L has had an operation for cancer of the breast.

They live on the second floor, which is very inconvenient for their age and state of health. Added to this, the house has been sold and they have been asked to move. This has created a feeling of considerable anxiety on their part. Besides the worry of searching for a new home, there is the fear of not finding one to suit their economic circumstances.
It is unfortunate that they have lost their children and have no friends, either. For amusement they play cards and listen to the radio. They have no social contacts of any kind and their religious needs are not met. They feel very insecure in meeting their need for clothing, etc.

13. Mr. and Mrs. M

Mr. M is under doctor's treatment for heart trouble. Mrs. M is well. They have recently moved into their present tenement but it costs them $80.00 a month. A neighbour, an old blind lady, also on pension, but well-to-do, helps them with the rent in return for services. The couple are anxious about payment of rent, should anything happen to the old lady.

Mr. and Mrs. M have no children and very few friends. They spend their leisure in the usual manner but the rest of their needs are not met and they feel a great deal of insecurity. Mr. M had two suggestions to offer: "Age depends on health." Therefore, (a) those with chronic diseases should have the pensionable age reduced; (b) those who are healthy and able to work should be allowed to do so without setting any age limit. This would keep the balance for those who did not own their homes.

14. Mr. and Mrs. N

Mr. N is stone deaf and Mrs. N has a heart condition. There is a difference of eleven years between their ages but they appear very much attached to one another. They own their five-roomed house, on which the mortgage has been paid up, so they now have to pay taxes only. Mr. N busies himself around the house
with the chores. They have no children, but have friends who visit them. Their relatives, who live in England, send them books and magazines which Mrs. N, in turn, passes on to others. They also listen to the radio and read the daily papers. They are very fond of their pet dog.

This couple appear to be very insecure. Mrs. N seems to have some guilt feelings around accepting social allowance. She is very self-conscious about wearing glasses supplied by the Department, because they are a particular uniform colour, and may be recognized by the public as being from the Department. Her suggestion was that the glasses should be varied in colour and shape like those on the market, so that confidentiality about receipt of assistance might be preserved. Mrs. N shows the need for intensive casework.

15. Mr. and Mrs. O

Mr. O suffers from heart trouble, while Mrs. O is in good health. They live in a housekeeping room on the main floor. The rent is reasonable and the room is bright, but small and cramped. A married daughter corresponds with them, but they do not mix socially with other people. Mr. O said, "You cannot feel secure when someone else takes care of you." Their leisure is spent in reading, listening to the radio and going for short walks. Mrs. O does much crochet work.

16. Mr. and Mrs. P

Dissatisfaction is the key-note of the life of this couple. Mr. P suffers from arthritis in his leg and from eye-trouble. Mrs. P, who has lumbago and is overweight, is under
the doctor's care. Their rooms are in a tenement, situated in
an industrial area. It is not considered a "safe" locality by
them for Mrs. P to go out alone. Shops are distant, so
marketing is not easy.

There are no children by the union, but, by a former
marriage Mrs. P has two children. They are now married and have
nothing to do with their mother. The couple have no friends and
no hobbies, except that Mr. P does carpentry in his leisure
hours. There is no link with the outside world and intensive
casework services are indicated.

17. Mr. and Mrs. Q

Mr. Q has rheumatism and an artificial leg. Mrs. Q
has arthritis, bronchitis and high blood pressure. She is under
the doctor's care. They live in a rented basement suite in a
house belonging to Mr. Q's brother. Evidently they are not
satisfied with their rooms, for, when writer visited them, she was
received by them in the living room of the owner of the house.

There are no children of their marriage, but each has
children by a previous marriage. None, however, has any contact
with their parents. Leisure time is spent in reading and in
listening to the radio. Mrs. Q does some embroidery. Unfortu-
nately, they have no outside contacts and feel very lonely.

18. Mr. and Mrs. R.

Mr. R suffers from hernia. In 1952, he fractured his
right leg and ankle. Mrs. R has had operations for varicose veins.
Over a long period she has been taking pills ordered for her by
her doctor, and is wondering if so many pills are good for her health. She wanted to know if she could change her doctor, not having confidence in her present one. The counselling services of a case worker are necessary in this case.

Mr. and Mrs. R live in two attic rooms. There are a good many steps to climb and the toilet facilities and telephone are on the floor below. The whole arrangement is too inconvenient for persons of their age and state of health. They have no children, no friends or acquaintances. They seldom go out, nor do they attend church. Their only link with the outside world is the daily paper and the radio. Their problems are many and varied; it is not surprising that they are discontented and unhappy.
Chapter III

SERVICES AND NEEDS

As already explained, the older citizens of Vancouver in need of assistance fall into three categories:

(a) Social Assistance (below 65 years)
(b) Old Age Assistance (between 65 and 69 years)
(c) Old Age Security or Pension (70 and over)

For each of the above programmes, the terms and conditions of eligibility are different, as also types of service offered by the City of Vancouver Social Service Department. These are described below:

(a) **Social Assistance Programs**

The British Columbia Act to provide Social Assistance was passed in 1945. It defines various terms, and the connotation of the term "social assistance" is to be noted. Apart from financial assistance, assistance in kind, institutional, nursing, boarding, or foster home care, it also includes counselling service, health services, occupational training, re-training, or therapy for indigent persons and mentally or physically handicapped persons, and, generally, any form of aid necessary to relieve destitution and suffering. It includes "aid in money or in kind to municipalities, boards, commissions, organizations or persons providing aid, care, or health services to indigent, sick
or infirm persons, and in reimbursing expenditures made by
them."

The financial assistance is given on a means test basis
to those who are destitute and unemployable, and who have resided
in the Province of British Columbia for one year continuously.
The cost of providing this assistance is shared by the Provincial
Government and the Municipalities on an 80/20 basis. The cash
allowance for one person, which was $45.00 per month, has been
increased to $50.00 per month, as from April 1, 1956.

(b) **Old Age Assistance**

Under the Old Age Assistance Act, provision is made for
cash allowances, subject to a means test, for those citizens who
are between the ages of 65 and 69, and who have resided in Canada
for twenty years. Old Age Assistance is paid at the rate of
$40.00 a month, shared equally by the Provincial and Federal
Governments. To this the Provincial Government adds a bonus up
to $20.00 a month to British Columbia residents.

(c) **Old Age Security**

The Old Age Security Act provides for a cash allowance
of $40.00 per month, without a means test, to persons seventy
years of age and over, who have resided in Canada for twenty years.

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1Article 2, Chapter 310 of the Act to provide Social Assistance.
The cost is borne entirely by the Federal Government.

To supplement Old Age Security, the Province provides a cost-of-living bonus up to $20.00 per month, on a means test basis, to those who have resided in British Columbia for three years immediately preceding the date of application.

Thus, the cases of the older citizens known to the Public Welfare Department are only of those who are in receipt of the bonus, and who thus become entitled to the other services mentioned in the Old Age Assistance Act, viz. "By friendly advice, assist the recipient in any matter relating to the assistance and the expenditure thereof".¹

The Vancouver Social Service Department does not have direct authority over the administration of Old Age Assistance programmes, which are financed by the Federal and Provincial Governments. The local department, however, provides only visiting services to such cases and prepares annual field service reports.

Man does not live by bread alone, but he does need to have bread. He must also have clothing, a roof over his head, and the other basic necessities of life. The society which hopes to

¹Old Age Assistance Act, Chapter 55 of the Statutes of Canada 1951, article (g).
give ageing people an opportunity to live out their older years in comfort and happiness, has to look to economic needs first.

In addition to economic aid, other services are available to the group on Social Assistance, as mentioned in the Social Assistance Act, given above, the chief of these being casework and counselling services and services to meet health needs.

Casework and Counselling Services

Some elderly people who come to public welfare agencies are able to cope with the problems of daily living reasonably well, if they can be provided with a decent level of subsistence. For a substantial number, however, this is not true; when they come to public welfare agencies, they bring with them a wide variety of personal problems with which they need help. The welfare department, by assisting with these needs, which are over and above the provision of economic assistance, is making an important contribution to the well-being of individuals in this group.

For some people, the very nature of ageing and its effect upon physical and mental abilities make it necessary that they have help, not only with their financial, but also with their personal problems. Sometimes this kind of help comes from the family, but often this is not possible. Families may be scattered or are unwilling to help. Often the problems are beyond their
understanding and ability to solve. As a result, a great amount of time is spent counselling and advising them, to help them to solve the problems of daily life. Discerning, warm-hearted case workers give specially needed services to the human beings with whom they are working.

The nature of the welfare workers' contacts varies from simple, friendly visiting to complicated casework. The lonely, unwell, fearful older person may derive great benefit from the knowledge that a younger, healthy, friendly person, representing an agency with resources, is keeping in touch with him and has an interest in his well-being. Such knowledge alone may go a long way toward giving the older person courage to tackle and solve his problems.

Older people often need help in thinking through their own situations, and in making plans for the future. Sometimes they need to be helped to face the changes which have been taking place within them—physical, mental and emotional. Outside counselling is frequently necessary around their relationships with their friends and family. Not only do children sometimes fail to see clearly their responsibilities to their parents, but also the older people, themselves, need help in developing new relationships with their children. Much can be accomplished through working with the families of older people.

The provision of services of this kind on the part of an agency entails a certain amount of planning. The activities
must be visualized as a definite part of the agency job. Case loads must be planned with this in mind. The larger the case loads, the less chance the agency has for meeting these important individual needs. This is, in fact, true of Vancouver to-day. While the first group, viz. the Social Assistance cases, are receiving some benefit of the casework and counselling services, no such provision is made for the remaining two groups—those receiving Old Age Assistance and Old Age Pension. These two groups are entirely deprived of these services (except those receiving institutional care). This is due to the fact that each worker has an average caseload of two thousand. The only thing the worker can do is to prepare annual reports to establish eligibility for economic aid in each case. "District visitors make from five to eight visits per day. Boarding and nursing home cases are visited monthly to deliver comfort allowance checks and obtain endorsements on old age assistance, security and bonus checks. Persons to whom monthly checks are mailed (about half of social assistance cases) are visited only once every three months to obtain income statements. Certain cases are, of course, given much more attention, and brief office contacts may be made monthly with clients who call for their checks. Normally, old age assistance recipients are contacted once a year, so that annual field service reports may be completed. One-tenth of the Old Age Security bonus cases are supposed to be visited each year, but this programme, like that of Old Age Assist-
ance cases is lagging because of lack of staff.\textsuperscript{1}

Workers must be of a calibre able to deal with some of the very difficult problems with which they might be faced. This means a careful job of selection on the part of the agency. In this respect, Vancouver is very fortunate: "Administration of these services is being carried out by a staff of city and provincial employees who, by comparison with many other public welfare jurisdictions, are well prepared and trained for their jobs, and who are devoting themselves to their work with intelligence, diligence, and excellent spirit."\textsuperscript{2}

Agency policies must be clear as to just what is expected of the visitors, insofar as casework services are concerned. There is more or less general agreement that provision of these services is a basic part of the public welfare job.

Services to Meet Health Needs

These are given to all the three categories alike, as need arises.

Medical care is provided for all recipients of assistance by the B.C. College of Physicians and Surgeons. An agreement provides that the Provincial Department of Health and Welfare

\textsuperscript{1}From the Report on an Administrative Survey of the Municipal Government - City of Vancouver, British Columbia, by Corcoran, Jacobi, Hilliard and others, (Public Administration Service, Chicago) page 111.

\textsuperscript{2}Ibid. page 113.
shall pay the College a per capita amount per annum per recipient, and the College shall pay its individual practitioners for the services they render. This system assures adequate care for all recipients except those in need of nursing home care. The Social Service Department is well organized for meeting the problems of nursing home needs of its charges.

Every person, once his eligibility for assistance is established, is given a medical identity card. This entitles him to complete medical coverage. The person can go to any doctor of his choice, and any medicines or drugs necessary in his case (provided they are mentioned in the B.C. Formulary\(^1\)) are supplied to him, free of charge, on the recommendation of his doctor. If, however, a particular drug prescribed is not mentioned in the Formulary, a committee, set up for the purpose, looks into the matter to determine the necessity for the drug in that particular case.

In addition to drugs, appliances such as glasses, dentures, artificial limbs and eyes, orthopaedic appliances (boots and braces) are also supplied free of charge.

The procedure in such cases is for the doctor to send the order to the department. Investigation is made into the situation. If there is any other resource, such as relatives, they are asked to pay for the needed article; or, if the person has a

\(^1\)A compilation of common drugs used in the practice of medicine.
fair amount in the bank, he is expected to provide it, unless there are extenuating circumstances. If, however, the request for an appliance is not realistic, such as for a hearing aid in the case of an older person who will take a long time to adjust to it, the application is rejected on those grounds. On the other hand, if provision of an appliance would aid rehabilitation, there is very little that cannot be supplied.

Custodial Care

It is the responsibility of the department to provide care for people suffering from chronic disabilities and old age. To this end, there have been established in the community approximately forty privately operated custodial institutions or Boarding Homes, which provide general care to about 500 patients. These individuals are ambulatory, but, either because of age or disability, cannot care for themselves in their own homes. Both social workers and nurses in the department visit these people, in response to requests from the patient himself, or from his doctor, relatives, or landlady. A decision is made as to what is the best plan for the person's future care. Sometimes it is considered more expedient, particularly in the case of an elderly man and wife living together, to provide part-time or full-time housekeeping services, rather than institutional care. The department employs the services of approximately 35 housekeepers

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1The average cost is from $65 to $85 a month per person.
at all times, either on a part-time or full-time basis. The rate of pay for this service is from seventy-five cents an hour to $6.00 a day for an eight-hour day.

If, however, more extensive care is required, it may be necessary to place the patient in a chronic hospital. Or the department may use a private hospital or a public institution, such as the Provincial Infirmary. Such individuals usually require very extensive nursing care. They may be semi-ambulatory or bedridden. The rate of care varies from $150 to $210 a month. The department has approximately four hundred such cases, and there is a waiting list for care, varying between twenty in the summer months to sometimes as high as one hundred in the winter.

One of the most outstanding needs is physiotherapy and occupational therapy for this group of patients, although there is a small unit of fifty beds where this is available. These patients are all attended by doctors of their own choice, and are visited at regular intervals by social workers and nurses of the Social Service Department.

The nurses encourage the operators of the institutions to improve the standards of accommodation and care, and these are maintained at a definite level by legislation and licensing. An effort is made to keep the personnel of the institutions abreast of the times by educational training. This is still quite limited and in the process of development.
The medical section also makes provision for psychiatric examination of the clientele by private psychiatrists, or through clinics; and a follow-up treatment is available when indicated. If necessary, committals are arranged to the Provincial Mental Hospital, short-term psychiatric clinics, or the Home for the Aged (senile cases).

It is also a function of the medical section to assist social workers in obtaining up-to-date medical histories and reports on all clients, with a view to the establishment of good general health.

Where indicated, rehabilitation services can be paid for, as, for example, in the Western Society for Rehabilitation. Re-training courses for handicapped people can be arranged also.

The Nutritionist

A nutritionist, who is on the staff of the Metropolitan Health Department, is assigned to the City Social Service Department. She gives services to the Boarding and Nursing Home operators in the capacity of consultant. She also gives part-time assistance, on nutritional problems, to all social workers in the four units of the City of Vancouver Social Service Department.

Unmet Needs

Health Needs

The health services offered by the department to its
clientele are very comprehensive and among the best on the continent. Yet, some further needs are indicated:

1. "The most severe problem of the medical service section is lack of sufficient capacity in the Boarding and Nursing Homes under its control."¹

2. Need for more physiotherapy and occupational therapy.

3. Urgent need for more homes at various levels, particularly an active unit, operated by the department or some other official body, where a rehabilitation programme could be effectively introduced.

4. Additional nutrition staff to enable the Health Department to give more service on food needs to Boarding and Nursing Homes.

Group II indicated a sense of insecurity in other directions, some of which are described below:

Housing

At the present time there is an urgent need for the establishment of appropriate accommodation, at reasonable cost, for older persons in normal health, so as to facilitate their continuing a normal home life as long as possible. Some of the

¹From the Report on an Administrative Survey of the Municipal Government - City of Vancouver, British Columbia, by Corcoran, Jacobi, Hilliard and others (Public Administration Service, Chicago) page 111.
couples interviewed are living in unhealthy basements; others are in attics, or on the second floor and have two flights of stairs to climb, while the toilet facilities are on the lower floor. This is an undue hardship in the evening of life, especially when there is a physical disability as well. Even when housed on the main floor, the rooms are small and cramped, and there is no space in which to move about. In every case the rent is high and, to the older couples, with their inelastic and meagre incomes, they are exorbitant.

Over and above everything, two of the couples had been given notice to vacate as the house had been sold. They were at a loss to know where to find another place within their limited means. The trials and tribulations of house-hunting are well described by William MacEachern, in his articles in the Toronto Daily Star.\(^1\) Old people are not popular as tenants and are very often refused accommodation on the grounds of age alone. They are likely to have to pay heavily for the poorest accommodation. The prejudice of the landlords against old people as lodgers comes, perhaps, from the fact that they need extra heat, and often extra services in keeping rooms clean.

Older people, who are past the peak of their energies, cannot face the problem of house-hunting which, in a city such as

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\(^1\) MacEachern, William: *Fourteen Days as an Old Age Pensioner* (The Toronto Daily Star) pages 3 to 5.
Vancouver, calls for almost unlimited energy and stamina. They need help in securing a satisfactory house. For them the problem assumes large proportions; and it is a complicated and difficult matter for several reasons. For most older persons the family pattern has changed materially since their middle years, thus necessitating a change in living habits. Economic circumstances are different, and their own needs have changed. They need a place to live that will not place heavy exactions on their strength; will not subject them to undue hazards; will make possible their participation in social and other activities, and will assure the availability of such services, companionship and supportive help they may require. For most older people segregated housing is not the solution, since they desire to be part of normal community life. An urgent need is therefore apparent for low-rent housing suitable for retired couples.

**Employment**

Some couples in Group II indicated that they would like part-time employment or special jobs. Assistance in finding these would be greatly appreciated by them. Such activities would boost their morale. The supplying of material needs costs money, and financial security is, in itself, a need of the aged. One of the solutions to this problem is full employment for those of working age, combined with a definite policy of raising the upper limit of the working age group. This would result in financial
security, depending on their own ability to support themselves through continued employment.

The longer a person works, the shorter the remaining years for which he has to provide. Any system of Old Age Assistance that discourages saving, as does the present system in Canada, is a short-sighted policy. Why should a man pay an insurance premium for twenty years, in order to obtain an annuity of $40.00 a month, when, by doing so, he prevents himself from getting Old Age Assistance? In the words of the old people themselves, "I am not allowed to earn", or, "If I work, my assistance will be cut off." These are some examples of the effect of the current rules and regulations in regard to exemption of earnings in establishing eligibility. A uniform and realistic policy should be established for exemption of earned income, in keeping with modern cost of living, and in such a way as to promote the incentive to earn.

Counselling Service

The inadequacy of the present casework and counselling programmes is apparent from the heavy caseloads of workers carrying old age cases, as has already been commented upon. This state of affairs leads to a general sense of insecurity. Almost all of the couples in Group II showed this insecurity in many directions, demonstrating the need for services of reassurance and support. These couples have no children of their own, and friends are few. Loneliness is hard to overcome and, with one of the partners bed-
ridden or suffering from some chronic illness, the other is also house-bound most of the time. Great need is shown in such instances for some contact with the outside world—for someone who could visit and make them feel he or she is interested in them for their own sakes. The couples would also welcome guidance in such matters as getting a house, shifting to another house, aid in securing a job, and a thousand and one things of like nature.

Where the individuals are not able to go far, it would help if they belonged to a club or a day centre in the vicinity, where the older person could easily walk over and mix with other individuals. Many persons, who are physically able to get about in the community, have withdrawn from all social contacts and activities, even though they feel lonely and have a need for social relationships. The greater the time spent by an individual alone in his solitary room, the more he becomes prone to physical ailments and regressive behaviour, and these, in turn, hasten the onset of senility.
Chapter IV

SOME POSSIBLE DEVELOPMENTS OF SERVICE

The couples that were interviewed fall naturally into two types--those that are adjusted to their present situation, and those that are not so adjusted.

Typical Adjustment Patterns

A couple in Group I is a couple well-adjusted to their present circumstances. They have lived a satisfying life, have enjoyed living and feel that life has been worth-while. They are content with what they have had. They have few regrets and little fear of the future. They are secure and can face old age with equanimity and a feeling of well-earned rest.

The children they have reared are now well-settled in life. They visit them, take them out, and, in time of illness, are a source of strength and support.

They have no housing difficulties. The home is either owned by one of the children, or a married son or daughter lives as a next-door neighbour, always at hand. The grandchildren come in and out of the house, and are a source of eternal joy with their toddling and loving lispings. It compensates for all the ill-health; for they feel they are wanted and loved by their children and grandchildren, and there is the sense of belonging, in the fullest meaning of the term. Nothing else matters.
Grandpa can play with the kids, and grandma can knit and mend, and the day passes merrily and there is a sense of complete satisfaction.

**Typical Unadjustment Patterns**

A couple in this group is an insecure, anxious couple. They are very much aware that they no longer have their former physical strength or mental agility. Their fears are concerned with the immediate future. The Society on the American Continent glorifies independence and self-sufficiency. The couple fear dependence upon people who will now regard them as a nuisance. The possibility of failing, body and mind, of pain and of helplessness preys upon them. Ill-health makes them irritable; anxiety and fear make them nervous; uncertainty either makes them rigid in their ideas, in a stubborn attempt to prove themselves right, or it may make them indecisive, unable to make up their own minds. The frustration of failing faculties, and the thought of ambitions that will never now be realized, may make them jealous of younger persons. The unsolved problems of their lives come out into the open; formerly controlled sharply, now, in part released from inhibition, the old persons may feel that if ever they had a right to complain, to demand, to say what they think is right, now is the time.

Adolescence is considered to be a struggle between the dependency of childhood and the independence of adulthood, a holding back with regrets for the irresponsibility of younger
years, and a striving for the greater responsibility of growing up. Old age may be considered, in reverse, as a struggle between the independence, relative self-sufficiency and vigorous physical and mental activity of adulthood, and the increasing dependence of old age. What that struggle means to each person, how upsetting the inevitable biological development is, depends upon the way each problem has been met before, as life brought it in its successive stages.

Some Implications

In describing the existing services, some gaps became evident, and a further need for services was felt in some directions for the type of couples in Group II. This is the type that is insecure. These couples have no children, few friends, and are house-bound. The casework services of the Department do not reach them although their financial needs are met. There is a serious disparity here between the broad concept of public welfare for the ageing that we talk about in conference and committee meetings, and the services actually provided in the local offices. Casework has been tested by time and experience and is known to produce good results. It has proved its efficiency in terms of therapy. And yet a section of the older community groups cannot get it. Every substantial geographic area has old people who are lonesome, frightened and frail in mind and body. Clearly, social action is necessary, and it is a matter for the leaders of the community to see that, in the near future, these services are fully restored to all categories of senior citizens.
Extension of Housekeeper Service

It was mentioned before (Chapter II), that the Department engages about thirty-five housekeepers. This number is quite inadequate, in view of the large number of persons who need such service. Also, the number of boarding and nursing homes have an ever-increasing number of people on their waiting lists. Beds in chronic hospitals must be used for the most urgent cases. And even if such facilities were available, there still would be many people who would be unwilling to accept them. As strength and health fail with advancing years, and people become separated from family and friends, familiar surroundings and possessions become more and more important to them. It is natural for elderly people, especially married couples, to want to live in accustomed places and among their own belongings. In most situations it is socially and economically desirable to keep them there. Many of these couples can manage very well if they are provided with some day help with their household duties.

In view of these facts, the housekeeper service should be considerably expanded.

The second aspect of disparity between theory and practice is the absence of programmes which are widely discussed and assumed to be worthwhile; e.g., employment, and rehabilitation for older persons. Such programmes can be definitely remedial, dynamic and constructive. These services are made available to younger clients and to the blind and disabled. They could be
extended to the older citizens with a little more effort and expense.

Employment

Most people manifest little hope of getting jobs for people who are over 55 years of age. This is also the attitude of most employers. If work possibilities are considered at all, they are in terms of part-time occupation or sheltered workshops. These do have their rightful place in the overall scheme, and deserve a large place too. But it is not realistic to think that this is as far as welfare can go in promoting employment for the elderly. Should the possibilities of work for the older citizen be neglected? And must his desire to be useful be satisfied only through voluntary, civic, or family activities? Public welfare should have a role to play in expanding employment opportunities for the ageing, either through stimulation of other agencies or through operating guidance, training and placement services within the Public Welfare Organization. A large number of workers over 65 continue to be capable workers and, furthermore, want to keep on working; while doctors report that there is a decreasing rate of physical ageing. Therefore, employment opportunities should not be overlooked, especially in years to come, when inflation continues to reduce the adequacy of savings, pensions and assistance payments. With the increase in the number of older people, in the years ahead, there will be too much pressure to keep public expenditures down, and agencies cannot neglect any opportunities to return the older person to the labour market.
Encouragement of Recreation and Activity Programmes

1. **Golden Age Clubs**

These should give specialized service for older citizens, offering recreation and companionship through club activity in as many geographical parts of the city as possible. The agency's role would be that of stimulating and encouraging existing organized groups to act as sponsors for new clubs. Services provided would be:

(a) A place, comfortably furnished, having very few steps to climb, warm, with good lighting and a piano; for senior citizens love to sing.

(b) Light refreshments, for people aren't strangers after "breaking bread" together.

(c) Transportation for those physically unable to use public facilities, or who cannot pay for them.

(d) Leadership, usually a volunteer worker.

The advantages of these programmes are that the senior citizens begin to identify, gain recognition, make friends, become important to others and to themselves—in short, they are no longer the "walking dead", for it is fun to be alive again. It also tends to correct the tendency of married couples to remain house-bound.

2. **Day Centres**

The management of these would be similar to that of the Golden Age Clubs. The purpose would be to provide a daily,
professionally supervised, planned activity programme for older citizens. The programme would offer its members the opportunity for the productive and satisfying use of the free day-time hours, the empty and lonely hours, previously occupied by employment, business, household duties and family responsibilities. Essentially, it is a mental health and adult education programme which promotes the social and emotional adjustment of the older person, giving him companionship and activity in an environment favourable to his continual growth. It is a programme based on the recognition that physical, mental and emotional activities are primary human needs, and fundamental in preserving personality. The continual use of abilities and experience through an activity programme of such a Centre provides essential feelings of adequacy, accomplishment and usefulness.

The Programme: This should comprise diverse activities suitable for the interests and capacities of the members. It should include some such activities as the following:

1. Large group activities (for participation by total membership), such as:

- Parties - for birthdays, holidays and other special occasions
- Outings - picnics, boat rides, bus excursions
- Lectures, films, guest entertainers
- Concerts and entertainment programmes presented by membership through music and dramatic groups
- Dancing
- Callisthenics (limited)
- Games - billiards, shuffleboard, checkers, chess, cards, dominoes, horseshoe pitching.
2. **Small group activities (special interest groups)**

   (i) **Classes and discussion groups:**
   
   Languages, including English  
   Nutrition  
   Health  
   Current events  
   General discussion groups, or any topic of  
   special interest.

   (ii) **Music:**
   
   Music appreciation  
   Choral group  
   Rhythm band  
   Instruction on musical instruments  
   Orchestra or small ensemble

3. **Arts and Crafts**

   Painting  
   Ceramics and sculpture  
   Needlework - sewing, knitting, crocheting,  
   rug-making, etc.  
   Woodwork - carpentry, wood-carving  
   Basketry  
   Weaving - floor, table and hand looms  
   Metal work - art metal, wrought iron  
   Jewelry

4. **Dramatics**

5. **Poetry and creative writing (publication of Centre periodical, library service).**

   Through the Centre, older persons have opportunities for  
   community work, whereby their own feelings of usefulness and  
   accomplishment are reinforced. They can contribute to community  
   welfare in hospitals, old age homes, nursing homes and children's  
   institutions. They can prepare bandages and dressings, feed  
   hospital patients, escort the blind, provide companionship and
perform various services for shut-ins. The music and choral groups could entertain outside the Centre. They could make and repair toys for children and gifts for disabled veterans. They could also share their knowledge and skill in the various arts and crafts groups of younger members.

The Centre can be especially effective in providing a counselling service for its members. In a friendly, permissive and familiar atmosphere, the member moves more easily to the counsellor when faced with an unresolved personal problem. Counselling should be an integral part of the total Centre programme.

**Improvement in Communications**

This is necessary both in expansion of services and in introducing new services. The staff should know the latest developments in other provinces in Canada, and in other countries, such as the United States or the European countries. Publications of committees and conferences, which contribute to the spread of knowledge about welfare and ageing, should reach the staff. They should know about the programmes that work, and about those that have failed. There should be more co-ordination and planning between different divisions and between different levels of operation concerned with services to the ageing citizens. Attractive, intelligible reports should be made available to everyone on the staff. Effective communication cannot be secured with one office copy going around. Audio-visual aids would be very useful in this
connection, as also attendance at conferences and joint planning meetings with other community organizations.

**Specialized Professional In-service Training for Workers**

The inevitable programme developments of the future will necessitate an extensive re-tooling of staff skills. This can only be done by expanding, intensifying, and re-orienting training programmes. There are two reasons for this:

1. The need for specialized courses has not so far been recognized, whether they relate to casework, group work, or community organization. The workers who are doing specialized work with the ageing have had to add to their basic knowledge through a strenuous and lengthy process of self-education.

2. Secondly, the majority of workers dealing with older citizens have been compelled to focus on the mechanics of determining and re-checking eligibility, and on meeting emergency situations, such as transfers to a hospital or nursing home. This has discouraged interest, imagination and constructive work.

To provide adequate services, training must revitalize appreciation of the older client as a precious human being, a person with potentials. This will revive interest, imagination, and a positive approach to the problem.

**Continued Surveys and Research**

Planning for the proper care of the ageing citizens is
a matter in which the City Social Service Department and the Social Welfare Branch of the Provincial Government should play prominent parts, but which, principally, is a matter of total community concern. Plans for meeting the need must not overlook the value of prevention, especially prevention of chronic invalidism. Such prevention might be attained through early diagnosis and treatment, planned rehabilitation, and intensified research in geriatrics.

The older person who needs help and cannot get it will, in many cases, eventually cost the community more than if competent guidance were made available to him initially. Withholding of rehabilitation may result in expenses for institutional care.

Public welfare will, therefore, have to develop a comprehensive service programme available to all older people as well as to those requiring public assistance. The problem can only be solved by research in the services now being given by the workers to the older recipients. What kind of problems come up? What is done about them? Who does it? How much time, effort and skill are required? How many letters, phone calls, visits? What does the service cost?

This kind of information is essential if public welfare is to be prepared to meet the coming development. A service programme of this nature will require a re-orientation of the total agency programme, as well as the most efficient refinement of skills and procedures. It must be remembered that the change
will be very gradual. There will be sufficient time for a planned transition.

**New Trends**

The non-financial needs of the elderly are even more important than the financial needs. An older person may not be in need of the bonus or the cost-of-living allowance, and yet may have problems around living arrangements, medical care, family relationships, and a great variety of other perplexities, with which he or she may need help. The numbers of persons in this age group is expected to continue to increase, principally because of the lengthening of life through new medical discoveries. This makes it necessary to plan for the future as well as for immediate present needs. Such planning would involve:

1. a study of the present needs;
2. an evaluation of the resources currently available to meet such need, and
3. the development of a comprehensive plan for meeting the needs of the future.

**Introduction of Services that can be Performed by Volunteers**

The main service allotted to volunteers is that of friendly visiting. There are married couples and older citizens who are house-bound and are unable to attend day centres or clubs and participate in these activities, and are thus deprived of normal social life. For these, the provision of food, clothing, shelter
and medical care is not enough.

Friendly visiting to the sick and the poor is not new. The activities of many churches and fraternal organizations have long included this service. But the partnership between private and public social work agencies in developing and using this service, the skilled planning of ways in which the friendly visitor can supplement (but never replace) the professional services of the ageing, and the concentration on the needs of the older persons to be met by this programme—these are relatively new and exciting developments.

In every case, the volunteer should undergo a careful orientation before starting work. She should know, not only her own role, but also her relationship to the agency, to the client, and to the community. She should be familiar with all the agency programmes. She should attend individual and group conferences, and regular periodic conferences with the supervisor of volunteers, and with the caseworker.

In addition to friendly visiting, volunteers may be assigned other tasks like motor service to clinics and churches, collection and renovation of clothing, serving and raising of funds for special purposes.

Care should be taken, however, not to allot them cases who present severe emotional or personality problems.

Provision of a Full-time Staff Consultant on Services to the Ageing

As social work has been re-assessing its relationship
to ageing during the last decade, there has been in the United States an interesting addition to staff services, both in public and private agencies. This is the supplementing of traditional staff positions with one or more full-time consultants on services for ageing. His help may be sought by corporations and unions concerned with personnel programmes for ageing workers; by fraternal and civic groups looking for special projects; by religious denominations operating homes, hospitals, or other social services; by professions, such as education, nursing, or architecture, that want to adapt better to the needs of the ageing. To the consultant also come questions from people in government, agriculture, sociology, advertising, radio, television and the press. In some agencies, the troubled older person comes to the consultant's office with questions not customarily handled by other staff workers, and with problems no agencies exist to meet.

Rehabilitation for Self-care

The trend in public welfare towards rehabilitation for self-care is quite obvious. But the great advances in physical medicine and psychotherapy since the last war have almost exclusively been used for younger people judged to be employable. Purposeful rehabilitation for the older citizen, which will keep him out of nursing home or hospital has been almost omitted. It is unwise to pour millions of dollars into institutional construction and custodial nursing, when a large proportion of the elder patients can be restored to the point where they can look after their own personal needs.
Implications for Prevention

The impact of ageing on the social and economic structure on the American Continent is so great, and so pervasive, that implementation of the ways to prevent dependency becomes necessary.

To accomplish this, programmes must be related to the total community, for aged dependents come from all parts of the community. Therefore, programmes must not be limited to those actually receiving financial assistance.

Secondly, to do the job well, public welfare cannot limit its concern to those who are already officially aged; i.e., 65 and over. It is necessary to go down the age scale to that variable point at which the problems of ageing originate.

The programmes that would help to prevent dependency in the older age groups would be:

1. Programmes of health education, as well as broader education for ageing;
2. All kinds of activity centres, including crafts and civic and social participation;
3. Adult education and vocational re-training.

Such programmes must be fostered until they are integral parts of community living, and they are accepted and used as widely and naturally as the Y.W.C.A., Y.M.C.A. or the Red Cross Society.

Thus the agency will have to develop more ingenuity and
and imagination in devising additional co-operative arrangements with local groups in terms of planning and providing services for senior citizens.

**Conclusion**

The later years, like any other phase of the life span, present their special opportunities and their special problems of adaptation, both for the individual and for that collection of individuals we call Society. An attempt was made to analyze some of these problems in the preceding chapters, and to indicate how public welfare can help the older individual in adjustment. But, in the end, the question of ageing inevitably reverts to its philosophic base: The values and meaning that man seeks for in his life.

The basic worth of each individual life and personality is the central value of public welfare. The marshalling of collective strength to support the individual, especially in his times of vulnerability, is its particular assignment. This is done, not to pamper weakness at the expense of strength, but, rather, to permit each man to fulfil his own destiny and realize his own stature through a pooling of the strength of all.

This is a process which begins at birth, supports the child and youth through his period of growth to self-reliance, helps the adult carry the burdens of maturity, and sustains the social and economic relationships of those in their later years. The individual
and his needs are, at all times, the central focus. It is only as these needs change that the services to meet them must likewise change. The social philosophy remains constant. The value of the developing human personality knows no age limits.

However, the population is growing older, fast. The whole challenge of the older age awaits men and women of pioneering spirit, of imagination, of vision and of understanding. The writer has tried to suggest some guideposts for helping older citizens to happier, richer, and more useful lives by more comprehensive case-work counselling, group activities, occupation, a secure shelter and general interest in living; above all, by going down the age scale, and fostering programmes of prevention at the point where the problems originate. These will provide opportunities for the older adult to find companionship, to feel needed, to enlarge his experiences and knowledge, to meet his responsibilities as a citizen, and to feel secure and happy. It would promote self-esteem and acceptance so necessary to people of all ages, for the American society to-day puts a premium on the feeling of status, and frowns when there is no contribution. The senior citizen finds himself, all too often, in the paradoxical situation of trying to remain a contributing member of a society that is taking away his opportunity to do so.

It is not only the older single person that has problems; married couples are no less exposed. They, too, can be cut off from social relationships and outside interests, and are usually
faced with an ever-increasing number of unmet needs. Age does not come either suddenly or unexpectedly. It comes to both rich and poor alike; for senior citizens are individuals, with individual personalities, desires, problems, and needs. These needs are essentially the same as those of all people, but complicated by their waning abilities. Some of their problems relate to material needs, but others to less tangible, but equally real and important emotional needs. This is a time of the upsurging of all unsolved problems of the past, fears and anxieties, conflicts and frustrations, relationships with people, present difficulties magnified by lack of release through physical activity, and yet with less ability to help themselves.

It is sometimes forgotten that the welfare of the aged is important for the welfare of children. The treatment of the elder and his ultimate place in the family bear significantly upon the welfare and social orientation of subsequent generations. The moral and ethical standards rest with the elders of a culture. The child is guided into socially appropriate ways of thinking and behaving through the example of his parents and through appeal to his logic; but the effectiveness of this educational system depends to a large extent upon the awe in which the child holds his elders and the inspirational goals they personify. "It seems clear that the maintenance of the grandparent ideal as the fount of wisdom, the oracle of perfection and the source of love, tempered with unwavering adherence to principle is important in the creation of an ideal conscience in the child.... A strong possibility of
real social danger and of potential damage to children is contained in any cultural system in which the elders are devalued. The debasement of the elder as the symbol of authority has a tendency to diminish the importance of all authority. It creates in the younger person an exalted belief in his own capacity to destroy tradition, flout mores, and reject qualities of discipline that have been historically established and have stood the test of application throughout the ages. The youngster can develop out of these experiences the point of view that he is a law unto himself, and that his wishes are superior to the demands of society. This attitude is likely to lead to acts of delinquency and crime perpetrated against society.

The youngsters watch the subtle, and sometimes overt, rejection meted out to the grandparents by their parents, and this creates in them a certain set of attitudes. As the child incorporates in himself the image of his parent as part of his internal social organization, he absorbs among other things this very pattern of sadism against the elder. Thus is guaranteed the fact that the vicious cycle of elder rejection will remain unbroken through generation after generation. The tendency of a culture to reject its elders, to neglect and discard the symbolic representatives of authority may well be a matter of great significance in stimulating tendencies of excessive rebellion, insuperable urges to destroy tradition, and unbridled longings for

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boundless emancipation in the young. One of the answers to the problem of youthful misbehaviour is to be found in a study of the senior members of society.

In the foregoing pages a fairly large assortment of sociological and psychological elements that bear upon the welfare of senior citizens and their families has been considered. It has been demonstrated that many of the causes leading to the development of senility originate in human attitudes and psychological inclinations. This strongly suggests that the factors contributing to the psychological infirmities of ageing are within man’s potential to manage and manipulate. It may further be stated that much of what is seen as senility to-day is preventable in the future, with appropriate mental and social hygiene.

Primarily, as has been pointed out, the needs of older persons are the same as those of any other group in the community. To some degree they must be met with in special ways. In their solution, the facts about ageing and their special needs must be taken into account, just as, in child welfare programmes, the needs of children are considered. The problems of ageing are not greater than those of other age groups. Therefore, programmes for senior citizens must get their due share in the total community programmes.

There is a growing realization that the later years are not an end, but, rather, one of the many phases of life blending
into each other. With the co-operation of individuals, of groups, both public and private, and of the community as a whole, the older adult can regain and maintain his rightful place in society as a useful and happy citizen.
Appendix A

Information Obtained from Case-Records

1. Name and address
2. Date and place of birth
3. Date of marriage
4. Number of children
5. Former occupation
6. Religion
7. Physical and Mental condition
8. Housing arrangements and rent paid
Appendix B

Guide Questions Used in Interviews

1. How do you feel as regards physical health? (problems if any)

2. How many children do you have?

3. How often do your children visit you? (where applicable)

4. How many friends do you have? Are they close friends? How often do you see them?

5. Is the house space adequate? Are there many stairs to climb? Is the rent fair? Is your home conveniently located for marketing purposes?

6. How much free time do you have?

7. What do you do in your free time?

8. What are your hobbies or favourite pastimes?

9. How much time do you spend each day in reading? What kind of book, magazine etc. do you read?

10. Do you go to the movies? If so, how often? If not, why not?

11. Do you listen to the radio? For how long? Which programmes do you like the best?

12. Do you belong to any club or association?

13. Do you go to church? Does your pastor visit you?

14. Are you satisfied with your present position? Does it make you feel secure?

15. If your income has been lowered, what things have you had to do because of this? (e.g. moved to a less expensive home; eat less expensive foods; buy less expensive clothes).
Appendix C

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