

A STUDY OF
HOUSING CONDITIONS OF OLD PEOPLE IN MONTREAL
BY JEAN CAMERON

for Central Mortgage and Housing Corporation

OTTAWA, 1957

TABLE OF CONTENTS

CHAPTER	Page
I Introduction: <i>Purpose of the Study;</i> <i>Method and Scope of the Study;</i> <i>Acknowledgements</i>	1
THE OLD PEOPLE IN MONTREAL	
II French Speaking	7
III English Speaking	11
IV Jewish	14
V Chinese	18
VI Negro	22
VII The Elderly Blind	25
VIII Institutions for Elderly English Speaking People	27
IX Institutions for Elderly French Speaking People	32
X The Montreal Refuges	36
XI Clubs and Recreational Centres	39
XII Accidents - <i>Common Causes; A Visit to a Montreal Hospital</i>	42
XIII Questionnaire Findings - <i>Method of Selecting the Sample;</i> <i>Results of the Survey.</i>	48
XIV Conclusions and Recommendations	65

There has been a growing concern for the housing requirements of older people with modest incomes in Canadian cities. This study is offered as a contribution towards the greater understanding of their situation and their needs. It gives a broad impression of the circumstances under which a large number of people are living in the old central areas of our cities and shows the many forms of shelter and succour that are available within one metropolitan community.

Central Mortgage and Housing Corporation has published this study because of its interest in the provision of new housing for old people, through the National Housing Act 1954. Under Section 16 of the Act loans have been made to a number of limited dividend housing corporations for the construction of housing for old people.

The author of this study, Miss Jean Cameron, has had previous experience in housing investigations. She was provided with financial assistance for carrying out the study but the methods used were of her own devising. The observations and conclusions are those of the author and should not necessarily be regarded as the views of Central Mortgage and Housing Corporation.

CHAPTER I

INTRODUCTION

Purpose of the Study:

This study is concerned with the housing circumstances of old people. An intimate knowledge of the domestic requirements of old people and an appreciation of their attitudes to life are an essential background to the design of housing for their particular use.

Problems associated with the housing of aged persons are becoming more critical as our aged population increases. In 1921 only 4.77% of Canada's population was over the age of 65. In 1955, this proportion had risen to an estimated 7.67% when there were 1,203,400 people in Canada 65 years of age or over. This trend is expected to continue. As this particular study is limited to Montreal, it should be noted that in 1951 there were 88,317 people over 65 years of age living in the metropolitan area of Montreal.

Financial problems loom large in the lives of older people. In 1951 when old age pensions were granted to those over 70 years on the basis of a means test, 21,310 persons in Montreal, or 48% of those in the eligible age group, were at least partially dependent on the pension. Since January 1952, all persons aged seventy or over receive the old age pension without a

means test, but Old Age Assistance Allowances are granted to those between the ages of 65 and 70 on the basis of this test. In 1955, 7,384 people in Montreal received this allowance.

This study has been limited to a consideration of the requirements of old people in the Montreal area who are not too infirm to look after themselves and who are quite capable of living independently in self-contained housing units. It is not concerned with those old people who must be accommodated in some kind of institution where all services have been provided for them.

Some insight into the housing problems of elderly people has been sought through personal interviews and an examination of the conditions under which they are living. From an understanding of the nature of the difficulties with which they are faced, it may be possible to draw some conclusions as to how these difficulties may be overcome in the design of housing for the use of old people.

Method and Scope of the Study

A Questionnaire was used for personal interviews with old people (pp. 77-80)

This was designed to obtain information concerning:

- (1) Present living conditions,
- (2) The problems associated with these conditions,
- (3) Preferences and requirements for siting, planning and equipment of housing designed for their use.

The Questionnaire was completed by the interviewer during the course of visits to the houses of old people. In order to cover a wide variety of cultural backgrounds and traditions, old people of many racial origins were included in the survey sample, e.g., French, English, Jewish, European, Chinese, Negro. Their different backgrounds evidently influenced their preferences and requirements for housing.

In addition to those who live independently, there are some four thousand elderly people in Montreal who live in institutions for the aged. It seemed to be a necessary part of the study to discover why these people had entered the institutions and to what extent some of them might be physically capable of caring for themselves if suitable accommodation were available. It is known that amongst old people there is a widespread fear of having to enter an institution. A number of institutions were therefore visited in order to explore these circumstances and also to gain further knowledge of the physical arrangements that might be suitable for old people. This may provide some confirmation of the conclusions to be drawn from the Questionnaire investigations.

As a further source of information some study was made of other types of accommodation, such as refuges and hostels, which were known to house large numbers of old people. It seemed pertinent to the study to discover what kind of needs they fulfilled and to what extent they were used as 'permanent' homes by old people in Montreal.

There is a high rate of accidents among old people and a large number of these occur in the patients' own homes. They are usually related to features in the design and equipment in the home. The records of some of the large hospitals in Montreal provide useful information on this subject and indicate some of the ways in which old people are susceptible to accidents, what are the hazards to be avoided and how the dangers may be overcome. It is interesting to compare this medical evidence with the views expressed by old people themselves.

Welfare agencies, community centres, old-age clubs, churches, hospitals and other institutions, as well as local health and welfare authorities, were consulted in order to obtain information on the broader

aspects of old people's housing problems in the city.

It would be appropriate here to recognize the limitations inherent in a sample survey of this kind. The elderly people selected for interview were largely chosen because they were known to have some kind of housing problem. Consequently it cannot be claimed that the picture presented is a true presentation of the living conditions of the whole aged population of Montreal. However, it may be said that the study provides a fairly accurate picture of these old people in Montreal who have the greatest need for some relief from their present housing conditions.

Apart from the nature of the cases which were selected for interview there was also, of course, a limitation on the number of interviews that could be conducted. Since the sample survey was small in extent, it is necessary to include the information drawn from other sources in order to arrive at general conclusions. When all the observations made in the course of this study are related to one another it may, perhaps, be claimed that a fairly reliable impression is given of the housing problems and needs of old people in Montreal.

Acknowledgements

The cooperation and help of the following persons and organizations is gratefully acknowledged:

The Montreal Council of Social Agencies

Le Conseil des Oeuvres

The Family Welfare Association

The Jewish Family Welfare Department of the Baron de Hirsh Institute

The Catholic Welfare Bureau

La Societe de Service Social Aux Familles

The Canadian National Institute for the Blind

The Montreal Association for the Blind

The Royal Victoria Hospital

The Montreal General Hospital

The Reddy Memorial Hospital

The University Settlement and Health Centre

The Negro Community Centre Inc.

The Canadian Jewish Congress

Christ Church Cathedral

St. George's Church

Church of St. James the Apostle

First Baptist Church

St. Patrick's Church

Chinese Presbyterian Church

The Negro Church

Dr. Tyhurst - Allan Memorial Institute

Dr. Hoffman - Allan Memorial Institute

Mrs. Jean Trueland - President, Montreal Soroptimists

Miss M. Kerr - Frances Russel Club

Mrs. Neilson - Darby and Joan Club, I.O.D.E.

L'aide Aux Vieux Couples

Asile des Vieilles Gens

Foyer du Sacre Coeur

Hospice St. Antoine

The Eventide Home for Men

The Father Dowd Memorial Home

St. Margaret's Home

The Sheltering Home

The Church Home

The United Church Home

St. Martha's Home

Belvedere

The Montreal Hebrew Old People's and Sheltering Home

Montreal Association for the Blind - Old Peoples' Home

The Salvation Army Hostel

The Meurling Refuge

The Old Brewery Mission

CHAPTER II

THE FRENCH SPEAKING OLD PEOPLE IN MONTREAL

For generations French Canadian people have accepted the responsibility of caring for their aged parents. Family ties and traditions are strong and it has been an accepted way of life for the old people to move in with their young families. This was a fairly satisfactory solution to the problem when their society was largely rural. But nowadays the small city apartment has replaced the large rambling farmhouse and it is becoming less and less practicable for young people to have their parents with them. The French Canadian family is still large and it needs all, and more than all, the space available to them.

The old people require a certain amount of peace and quiet. Young French Canadian families often have several children and they become weary and irritated by the constant noise. There is no longer sufficient space to which they can retire for rest and quiet when they need it. The lack of adequate sound-proofing in many apartments aggravates their difficulties. The younger people naturally want to entertain their friends and the noise deprives the old people of their rest. Also, in many cases, they get involved in endless baby-sittings. Left to themselves, or given more privacy, they would retire to bed quite early but this is often impossible.

Old people are usually extremely fond of their children and grandchildren but, under modern living conditions, there are too many obstacles to allow an harmonious continuation of their traditional family way of living.

Independent accommodation, within their means, is not easy to find for many French Canadian old people. A large proportion of them are dependent upon either the Old Age Assistance or the Old Age Security pension as their only source of income. As a result many of them live under extremely unsatisfactory conditions. They are forced to pay high rents in rooming-houses for the most inadequate facilities. The rooms allotted to old people are generally situated at the top of the house and the continual stair climbing involved presents a real hardship to these people.

It is quite usual for bathroom and kitchen facilities to be shared by large numbers of tenants. In the case of the French Canadian old people this does not present as great a problem as it does with other groups. It seems likely that because these people have grown up in large families and because they themselves have had a large number of children, they are more accustomed to sharing these facilities. Whatever the reason, they accept this inconvenience without complaint and consider the 'community life' as normal.

To the French Canadian old people the location of their dwellings is the all-important factor. Most of them have lived in Montreal all their lives, in fact, many have remained in the same district for years. Their friends and families live nearby and they have a strong attachment to their parishes and churches. Their social life usually centres around their families and, as many of them have had large numbers of children, there are plenty of relatives to visit. They do not seek recreation outside this group. Special

old people's clubs are not provided for the French Canadians, as they are for the English speaking old people, simply because there does not seem to be anything like the same need for them. There is one small club where some of the elderly men gather to play billiards, but this seems to be the only one of its type. Their main interests in life are their relatives and friends whom they have known for many years. During the questionnaire visits it was noticed that the fact of being in a familiar neighbourhood was of great importance to the old people, even though living conditions were of a very low standard. Inconveniences amounting to real hardship were completely outweighed by the neighbourhood factor.

The greatest urban housing need for French Canadian old people is accommodation for married couples. The young families have barely enough space for one aged person; space for two is almost always impossible. A married couple has an urge for independence and they feel themselves to be a separate family unit with their own routine and way of life. A single widowed parent can be absorbed more easily into the family and can accept its way of life much more readily. Aged married couples are also extremely reluctant to enter an institution. Unfortunately many French Canadian institutions for the aged separate the old couples, and they are only allowed to see each other for certain brief periods of time. For this reason, elderly couples particularly resist the idea of entering an institution while the single unattached people are, generally speaking, not so reluctant.

These institutions for the French speaking aged, however, can never hope to accommodate more than a small fraction of the people who

seek admission. Almost every one of these institutions has a waiting list for admission equal to, or far exceeding, the number of residents who are already there. The welfare agencies have long lists of elderly clients who are living under extremely bad housing conditions. After paying high rents they are left with incomes which are insufficient to buy even the necessary minimum amount of food. Many of them are completely dependent on the Old Age Pension as their means of livelihood and this is quite inadequate to meet the costs of healthy living.

CHAPTER III

THE ENGLISH SPEAKING OLD PEOPLE IN MONTREAL

The English speaking old people of Montreal tend to live very lonely and isolated lives. The tremendous wave of immigration before the first World War brought over large numbers of unattached people from the British Isles. Many of these people are now in the age group of 65 - 75 years. Because they came over as single persons with no family, and because they themselves only had one or two children, they do not have a large family circle in old age. Now that their children have married and gone away, and they have become widowed, they find themselves quite alone. Many of them would like to return to the British Isles but lack of money makes this impossible.

The majority of these people are dependent upon their pension; they have practically no other resources. Some speak of savings lost in 'the depression', others tell of long-term illnesses which have taken all their money. A few of these old people have a little money which they have been able to save but this usually has been set aside for funeral expenses. A death, '...unwept, unhonoured and unsung...' is a very real fear of these people. In order to be certain of a 'decent' funeral they will hold on to their savings or an insurance policy, despite the fact that they are otherwise quite destitute.

As in the case of the French speaking old people, large numbers of the English live in rooming houses. They experience the same kind of difficulties in finding places that will take them in, and they are forced to move frequently. Usually the movement is just to a different street in the same locality, but sometimes they must go further afield. The old people's physical deterioration and lack of energy together with the cost of transportation often makes it impossible for them to travel any great distance in search of rooms. In most cases they do not seem to feel any strong ties of sentiment to influence their choice of location; there is certainly nothing to compare with the French Canadians' ties to their neighbourhood.

The English speaking people seem to be more reticent than the French. Many of them feel ashamed of their unattractive, tiny rooms; they prefer that others do not know how they live. They will go out and meet their friends at the Old Age Clubs but hesitate to ask them to visit them at home. During bad weather and illness, when they are unable to go out, they tend to be even more isolated than at other times. A telephone, which might help to alleviate their loneliness, is a luxury few of them can afford.

The idea of entering an institution for the aged is abhorrent to most English speaking old people. Despite the fact that they are lonely and that their small pension income makes it impossible for them to find satisfactory living accommodation, they cling to their independence. The old stories about 'the workhouse' are still heard but, even when the old people realize that these conditions no longer exist, they do not want to enter a Home. They are afraid of losing their identity in an institution, of having to live with rules and regulations and of having to share accommodation and

facilities with strange people. It is only when they are too worn out and sick to continue the struggle for existence alone that they will reluctantly agree to enter a Home.

CHAPTER IV

THE JEWISH OLD PEOPLE IN MONTREAL

The Jewish people in Montreal are largely an immigrant population. Their traditional pattern of immigration has been one in which the young people leave their homes, establish themselves in the new country, and then send for their aging parents. However, the events of the last twenty-five years have upset this pattern. During the years 1930-46 no Jewish immigrants came to Montreal from Europe, and many parents were unable to join their young families already settled here. Instead, six million Jewish people were killed in Europe. The old people suffered the most. In 1946, when immigration began again, only the young had survived to come. As many as 25,000 Jewish immigrants came to Canada between 1946 and 1954; most of them had no parents to follow them. Consequently, the Jewish population of Montreal has proportionately fewer old people than the other racial groups. As there are not many people left in the European 'reservoir' of Jews, the number of immigrants is dropping. The population trend, as regards the old people, will now probably follow the same pattern as the rest of the English speaking community in Montreal.

The Jewish residential area in Montreal forms a geographical wedge between the French Canadian section to the east and the English to the west. This area has been the Jewish section for many years, with little alteration

except a slight movement to the west. The residents work in the nearby garment and clothing factories. New factories were built farther north but, as housing was scarce there, most people continued to live in the old area. The Jewish community organizations, the schools, synagogues, clubs and shops are all located in this section of the city. Some of the more prosperous younger people have moved west into Notre Dame de Grace and the Town of Mount Royal, but the older people remain among their familiar surroundings; they are happy and do not wish to leave the area.

Most immigrant people work to a later age than the established population due to financial reasons and a basic feeling of insecurity. However, this is not the case with Jewish people; they usually stop work at sixty, the average retirement age in the city. There is a certain stigma attached to a young Jewish family if their parents have to continue working after this age.

The elderly Jewish people in Montreal have a housing problem which is similar, in many instances, to that of the other races and religious groups in the city. But there are some reasons for their difficulties which are closely linked to the Jewish culture and religion.

For generations past the young Jewish person has accepted the responsibility of caring for his aged parents. Because of their long history of persecution Jewish people have always tended to stay together in groups, helping one another; this applies particularly to families when old age comes. Modern living conditions have brought a considerable change in the circumstances of the Jewish old people. Because of the small apartments of the young married couples and their tendency to travel and move around, the old people are gradually being rejected. There is no longer enough room for them and they feel that they are a burden to others.

Most of the elderly Jewish people were brought up in a strictly

Orthodox Jewish manner. This creates a problem because many young Jewish families are gradually departing from the older strict religious customs and observances. Many are no longer strictly Kosher and an elderly person often finds it impossible to eat the same food or use the same dishes as his young family. Some elderly people feel that they cannot live under the same roof with a person who eats pork or bacon. The situation often becomes quite impossible. Although some kind of compromise is often made, the old customs are so basic that no arrangement is ever really satisfactory. To the elderly Orthodox Jewish person life is intolerable in any other way than that which conforms to the Orthodox beliefs and principles, and he finds that he simply cannot live with his young family. It is not just a question of harmony; the basic necessity of eating becomes an impossibility. This was repeatedly found to be the case during the interviews with elderly Jewish people now living alone.

The Jewish old person does not like the idea of entering an institution any more than the other elderly people in Montreal. But the Hebrew Old People's Home does offer strict conformity to the Orthodox customs, and some of the old people have left their children and gone into the Home for that reason. However, many old people live lonely and uncomfortable lives alone in rooms because they hate the idea of institutional life.

Nearly all the old people interviewed in the Jewish area of Montreal said that they would not like to leave this section of town because it was where they had lived all their lives, and where their people were, as well as their synagogue, library, etc. Only a very small proportion of the Jewish people who were interviewed said that they would not mind moving to another part of the city, and these were all cases where both husband and wife were still living.

Of the thirty Jewish old people who were visited at home, seven stated that they had no relations because they had all been killed in Europe; one had been informed that her entire family in Russia had been liquidated. It is hardly surprising that these people cling to their familiar friends, to the environment in which they have lived for an average of thirty years, and to their traditions; these provide the kind of security which they need.

CHAPTER V

THE CHINESE OLD PEOPLE IN MONTREAL

The Chinese population of Montreal numbers about 2,000 persons; one third of these people are over sixty years of age. At the present time there are a great many elderly Chinese men in the city who have no family to care for them or help them. This is due to the fact that until 1947 married Chinese men were not admitted to Canada with their families. Since 1947, when the Immigration Act was changed, wives and children under the age of twenty-one, have been allowed to come to Canada.

The first Chinese settlers, who are now old people, have lived hard lives and endured low standards of living. Most of these men operated laundries or restaurants and worked very long hours. Because of their hard lives and their congested, unhealthy living conditions many of these men became seriously ill and worn out; they had to stop work at the age of fifty.

The Chinese usually maintain high moral standards. But, because the men were not allowed to bring their wives to Canada, some of them sought company of another kind. The lack of normal marital relationships and an unwillingness to seek medical attention has led to a good deal of serious disease and blindness amongst Chinese people.

The Chinese families group together in Clans according to their surnames. Often the whole Clan will live together in one house where the elderly people are looked after and finally, their funeral expenses are paid. Sometimes the Clans own property. The standards of living in the old Clan homes are very low. Several people live, sleep, cook and eat in one small room and there is a great deal of disease. Eating is the main interest of the Chinese; poor environment, the congestion and the humble accommodation do not concern them as long as they can cook and eat the food they like in their own manner.

One Clan house that was visited during the survey housed twenty old people. The overcrowding was bad - two, three or sometimes four men were eating, sleeping and living in one room seven feet by nine feet. There were bunks, but some of the people slept on the floor, others on tables or any piece of furniture. There was only one stove on which everyone cooked his own food. There was no icebox or refrigerator so the food was not particularly fresh; in fact, there was a noticeable smell from it. Some of the men looked sick and diseased and there was an unhealthy odour throughout the building. The house is given some kind of a cleaning once a week and the Clan Office, on the ground floor, is kept reasonably clean and tidy. There was a type of living-room, also on the ground floor, where Chinese newspapers could be read by all the Clan members. The old people spend most of their time in the house; they stay up very late at night and sleep all morning, sometimes until afternoon. During the evening they talk about their families.

There is a serious problem regarding the housing of the elderly Chinese in Montreal. Although visits to Clan houses revealed unpleasant

smelling, congested rooms overcrowded with sick, ill-clad people, the Chinese man is generally quite content. He would hate to leave his section of town and would rather die than leave his Clan and his people. He judges by standards quite different from those of other Canadians and he does not welcome suggestions for any kind of a change.

Because the Chinese have not established relationships outside their own community and because most of the old people can speak only Chinese and will eat only Chinese food, the idea of entering a French or English institution is not acceptable to them. When this survey was undertaken there were only ten Chinese people in institutions; they were not happy and their only pleasure in life was being visited by Chinese friends or clergy who would talk to them in Chinese about their families.

There is a Chinese Presbyterian minister who lives in 'Chinatown', working among his people, particularly the younger families. He also helps the elderly Chinese men to secure their Old Age Pension; many do not realize that they are eligible, and some do not even know of its existence. A small Chinese hospital is run by Nuns in the district. It looks after about sixteen people, most of whom are old and sick. (In 1950 a community centre was built which offers a health service, a gymnasium and a school for children. It functions very efficiently, providing a varied programme of activities for the Chinese people, but it is the only one of its kind in Canada.)

Since 1947, young Chinese families have been allowed to come to Canada, and over 200 such families have settled in Montreal. These young families are beginning to adopt Canadian ways, speak English and eat Canadian food. They are beginning to mix more with the rest of the Montreal people and to absorb the Western pattern of living. They are experiencing a

different living standard from the old people who live in considerable squalor, and they will not be content to accept these old living arrangements when they reach old age.

Because the elderly Chinese people live quietly and contentedly - they do not beg and they do not break the law - they are not noticed by the general public. But, tucked away in Chinatown, the old people live in extremely poor conditions. They have worked hard and saved what money they could, but they know only squalor in their old age.

CHAPTER VI

THE NEGRO OLD PEOPLE IN MONTREAL

The growing Negro population of Montreal contains a high percentage of aged persons. The proportion of these elderly people to the other age groups is also steadily increasing. Most of the Negro people came to Montreal from the West Indies or the Maritimes seeking better working conditions. The men generally worked for the railway companies while the women entered domestic service. As a group, these people are generally underprivileged. They live in rooming-houses which are often dark, dingy, dilapidated and congested.

The problems inherent in elderly people living with their young families are much the same here as in the other racial groups. However, these difficulties are somewhat intensified with the Negroes who came from the West Indies. They are very strict in observing their old customs and superstitions, and it is a tradition for the parents to select the marital partners of their children. Living in Canada, this causes even more friction than it would normally and the rebellious young people want to strike out and escape the parental yoke.

When an elderly mother does live with the young family, the daughter often goes to work. Then, 'Grandma' has to look after the home and the

children, which is often too much for her. An elderly woman with responsibilities beyond her strength and capabilities is a frequent problem in the Negro community. The old ladies are generally said to have more problems than the men. Many of them continue to work in domestic service, on a daytime basis, long after they have ceased to be physically competent. However, they struggle to maintain their independence at all costs.

The elderly men are usually former railway workers. They spend their days down at the railway yards exchanging yarns and reminiscences. Often the working men will give them a dollar or two at the end of the day.

The elderly coloured person resists institutional care, and there is quite a stigma attached to sending an aged relative to an institution. The Negro person fears unhappiness, isolation from the others of his race, and perhaps a poor welcome from his white fellow residents. Also, the Negro people prefer their own highly spiced cooking to the blander meals of the white people, and they continue to cook their own meals for as long as they possibly can. This fact is borne out by the experiences of hospitals with Negro 'in-patients'.

Sunday is the social day for most of the old people, particularly the women. Elderly people account for sixty per cent of the Negro church attendance on Sundays. After church is the time for visiting friends and relatives.

During the past ten years there has been a change in the employment of coloured people. The younger generation are attending colleges and entering the professions. Many work in offices in the city, or they have become mechanics, engineers or chemists. There is a corresponding rise in their standard of living. The young Negro families are moving out from

'below the tracks' to the suburban districts of Notre-Dame-de-Grace and Montreal North; others have gone across the river to Mackayville and Ville Jacques Cartier.

Apparently the desire for home ownership is widespread among the coloured people; saving to buy a lot and build seems to be a common goal. Nearly all of the people visited, even the very elderly or impoverished, expressed a longing to own a home of their own. This is evidenced by the fact that many young Negro families have moved to homes of their own in Ville Jacques Cartier. Although their houses are generally of an extremely flimsy, shack-type construction and are almost completely lacking in services, this does not diminish their pride in home ownership. Certainly there is no doubt that these new homes are an improvement over the dark, congested, ill-ventilated rooming-houses 'below the tracks' which have been the Negroes' lot for many years.

The Negro people seem to be very adaptable. None of those who were interviewed seemed to mind the possibility of leaving their familiar surroundings and their racial group. In fact, they seemed to welcome the idea of mixing with other people in order to better their lives. The churches are their strongest ties in the community but most of the old people would be glad of the opportunity to enjoy better housing away from the old Negro district.

CHAPTER VII

THE ELDERLY BLIND

There are 1,800 blind people living in Montreal. A large majority of these people are over fifty years of age - 1,000 are over sixty and of these 400 are past the age of sixty-five years.

The problems of the elderly blind person, who has been without sight for some time, are not very different from those of other old people. They are usually quite independent and resist the idea of entering an institution, just as the sighted people do. Given suitable accommodation there are many elderly blind people who would be quite able, and would prefer, to live on their own in a normal community. In actual fact, there are a large number of elderly blind people who do live quite independently in rooms or apartments.

The results of interviews with several of these blind people indicate that their needs and preferences do not really vary from those of sighted old people. A few minor adaptations, such as the conversion of the oven temperature indicator to one which may be used in the Braille manner, are the only special requirements of the blind person. The younger blind people seem to welcome new ideas to help them, but the older people have learned to cope with normal fixtures and appliances in the home and are quite content.

Any elaborate planning of their homes would seem unnecessary and probably unwanted. Statistics show that accidents occur less often to blind people than to the sighted, because the blind people take the necessary precautions and are less likely to be distracted. This applies not only in their homes but also at their places of employment.

It is only when a person becomes blind in old age that he or she may need supervision and care. An old person cannot adjust or learn new skills in the same way a younger person can. Unfortunately all the normal difficulties of old age are blamed on the blindness which becomes, in consequence, much more of a burden. It is only in cases like this that the loss of sight becomes the main reason for giving up independence.

In Montreal there is a Home for old people which is run by the Montreal Association for the Blind. There is very little difference in its layout, planning and operation from the other old people's Homes in the city. The matron mentioned that until a new resident becomes familiar with the geography of the building there is some danger of accidents and special gravel paths have been laid in the garden to guide the residents back to the building. However, most of the other problems she encounters are those common to all institutions for the aged. It is not the fact of being blind but the infirmities of old age and the inability to find rooms at a rent they can afford which prompt the elderly blind people to enter this Home.

CHAPTER VIII

**INSTITUTIONS FOR
ELDERLY ENGLISH SPEAKING PEOPLE**

There are about twelve Homes for elderly English-speaking persons in Montreal, providing accommodation for almost 800 people over the age of sixty. Altogether they have a known waiting list of another 800 people, but some Homes no longer maintain a waiting list. The number of applications is so far in excess of the accommodation available that such a list would serve no useful purpose. The Homes are run by the Federated Charities or various religious orders.

As a rule, full board is provided. Charges vary considerably but, in most cases, those who are entirely dependent on the Old Age Pension are allowed to retain a small amount (perhaps five dollars a month) for their personal needs; the remainder is paid to the Home.

Most of the Homes are in old buildings or in converted private houses. An exception is the Hebrew Old People's Home. This building, designed specifically for the purpose of housing elderly persons, was started in 1928 and completed in 1935. Unfortunately it now accommodates many more people than was the original intention and, like most of the other Homes, it suffers from overcrowding.

In the Homes which were not originally designed for elderly people precautions have been taken to prevent accidents. Old people often have

poor eyesight; they walk with shuffling steps and are inclined to slip or trip easily. In more than half the Homes visited gates have been fitted to the heads of the stairways. Apparently this has been found necessary because so many of the old people must get up during the night to use the bathroom and accidents have occurred in the dark when they have stumbled and fallen downstairs. Practically every person in charge of a Home has mentioned the difficulties experienced by old people when getting in and out of bathtubs. In all cases, where residents are not assisted with their bathing, some form of seat has been fitted in the bath. Handrails and non-slip rubber mats have also been installed. Some of the bathtubs are the old fashioned type with a curved rim which provides a good grip when getting in or out. Other causes of accidents which were frequently mentioned were highly polished floors and obstacles such as door sills found in the converted houses.

Health standards vary considerably in the Homes, as does the treatment of sickness. Most of the matrons in charge of the Homes are trained nurses or nursing sisters of a religious order. Almost all old people have some form of ailment and in several of the Homes there are many old people who are virtually moribund. Most of the Homes, however, do not allow the old people to remain when they become chronically ill or bedridden; three Homes do permit this and give the invalids full nursing care and treatment. There is another Home which nominally does not keep those who become very sick or senile, but in actual fact it houses many bedridden people. The Hebrew Old People's Home has a complete medical staff (Doctor, Dentist, Physiotherapist, Ophthalmologist and Chiropodist) on the premises with fully equipped surgeries. A panel of consultants is also available.

The only Homes in which residents seem to be noticeably depressed or unhappy are those in which there appears to be nothing for them to do. Fifty per cent of the Homes expect and encourage the residents to look after their own rooms and to help with the lighter chores such as dishwashing and table-setting. In the larger institutions this is not practicable from an administrative point of view, but the superintendents of all the Homes consider that, in the interests of physical and mental health, it is most important that the old people be kept busy. The ladies usually do not resent being asked to look after their own rooms or to help with the dishes. On the other hand, the old gentlemen in the Salvation Army Home do resent the idea; they feel that they pay for their accommodation and are not in a charitable Home. Most of the ladies prefer to do their personal laundry as far as they are able, and although standards vary considerably some of the Homes have modern, well-equipped laundries and drying rooms. Almost all the Homes encourage this activity; an exception is a large home run by Anglican sisters housing a large number of very sick and senile old ladies.

In one small Home, of about twenty people, the residents cook and prepare their own individual meals and live independently without the supervision of a matron. The building is by no means ideal because there are three floors and a basement and there is no elevator. Some of the residents must go up and down a considerable number of stairs to the laundry or to the sitting rooms. However, the communal kitchens, which appear to work very well, are on the first and third floors so that cooking does not present much of a "stair" problem. The difficulties of shopping during bad weather have been overcome as most of the residents telephone for their groceries to be delivered. This Home has been operating for only a few years and the arrangement is still regarded as an experiment by the Family Welfare

Association which is responsible for it. It is one of the only two Homes which provide accommodation for married couples to live together. Two other Homes, which take in people of both sexes, separate the married couples who can meet only at certain times during the day.

Those in charge of the Homes are almost unanimously of the opinion that single rooms are the most satisfactory accommodation for elderly people. Even when only two people share a room there is often friction due to differing tastes and moods. When should the radio be turned on? Should the window be opened? What is the right time for resting or pottering? etc. Learning to share living quarters with somebody else is extremely difficult for an older person. Unfortunately there is only one Home where each resident has a single room. In most cases rooms are shared by two, three or more persons and, in some of the Homes, there are wards containing up to forty people.

Most of the Homes allow residents to bring into their rooms a certain amount of their own furniture if they wish. The amount permitted varies with the Home and the limitations of space. It is interesting to note that where the residents have furnished their rooms with personal belongings they scarcely use the communal sitting rooms; they prefer to sit among their own possessions in their own rooms, however small.

Elderly people like to sit at windows looking out onto a busy street. In the Homes, it is very noticeable that the residents gather in those rooms which overlook the street, watching for hours, with great interest, what goes on in the neighbourhood outside. During the summer the less active ones sit on the verandahs while the stronger ones go outside into the gardens.

It is estimated that about fifty per cent of the people who are living in

these institutions could look after themselves and prepare their own meals if they were given suitable accommodation which they could afford.

CHAPTER IX

**INSTITUTIONS FOR
ELDERLY FRENCH SPEAKING PEOPLE**

The institutions for French-speaking old people in Montreal number about thirty. Almost all of them are operated by nuns of Roman Catholic religious orders and they accommodate about 3,000 elderly people of both sexes. In all cases full board is provided and nursing care is usually given to the sick or senile. Charges vary according to the ability to pay; those who are entirely dependent on the Old Age Pension pay most of the Pension to the Home, retaining a small amount for personal use.

French Canadian old people's Homes are usually large institutions, each housing about a hundred persons. Because of the large numbers of residents there is usually a certain amount of regimentation and quite a number of rules and regulations. In some of the institutions there are men's and women's clothes rooms in which all the garments are hung together according to type. They are labelled and numbered to be handed out on appropriate occasions and locked up again after use. There seems to be a certain loss of personal dignity in this kind of arrangement although residents do not express any complaint. Some of the institutions, however, manage to preserve a more "homely" atmosphere despite the large numbers.

In most cases the Homes are filled to capacity and some of them are very overcrowded. Nearly all of them retain long waiting lists and extra beds have been added to rooms and dormitories in many Homes. Because most of the buildings are old they are often rather dark and gloomy in appearance, both inside and outside. The disadvantage of too many stairs in these old buildings has generally been offset by the installation of elevators.

Although many of the Homes accept married couples, the majority of them separate the couples and they can only meet during certain hours of the day. In one case meetings are only possible outside in the grounds so that the couples have no opportunity of seeing each other during the winter or in inclement weather. This separation of the married couples is perhaps one of the least satisfactory features of the French Canadian Hospices.

In the larger Homes the old people do not actively participate in the running of the establishment, but in the smaller ones they do a certain amount of dusting, sweeping, table-setting and dishwashing, etc. Sometimes they help with the ironing in the laundries. The old ladies like to potter and to keep their own rooms tidy when they have individual or shared rooms. This is especially the case when married couples are able to share a room. In one Home of this type, the couples have brought in some of their own furniture and they take pride in their rooms and possessions; this is a particularly happy and friendly Home run by "Les Filles Reparatrices du Divin-Coeur". Unfortunately most of the Homes only have dormitories for their residents. In all cases meals are prepared for the residents and their laundry is done by the staff. Some of the elderly ladies do their personal laundry if they can.

There are usually separate dormitories or infirmaries for the very sick or senile old people in the larger institutions; in most cases these are staffed

by resident nursing sisters. Health standards vary considerably and many of the Homes contain large numbers who are too feeble to look after themselves.

Some of the Homes have spacious gardens, a typical feature of the religious institutions in Quebec; but there are several Homes in the congested areas of the city where there are not even verandahs for sitting-out space. The active old people in these Homes wander out into the streets; some go and sit in the neighbouring churches; many take a great interest in watching the activities in the nearby markets. However, in some of the Homes the residents are only allowed out on one fixed day per week.

As was also found to be the case in the English-speaking institutions, the old people like to sit at windows and look out on to busy streets. Often this is their only contact with the outside world. In one Home, situated close to the railway tracks, the old people gather together around the windows at the times when they know the trains will go by; they do not seem to be at all disturbed by the frequent noise.

Safety precautions have been taken in these Homes in much the same way as they have been in the English-speaking institutions. Gates have been fitted to the heads of the stairways. Without them, stairs are considered to be a dangerous hazard. The difficulties of older people getting in and out of bathtubs are also experienced here. Usually the staff give assistance when necessary. In some cases showers have been installed as alternative arrangements, but the old ladies do not like them and they will not use them if they can avoid it. In one Home small cubicles have been constructed with seats and showers; they appear to be well designed but the ladies still hesitate to use them. However, some of the men prefer showers to baths. Handrails have generally been installed in the baths, and in some cases

wooden seats have been fitted across the rims. During one of the visits it was learned that a Boston home for the aged has installed baths which have been specially designed for old people; they are built in the shape of a chair and the old people are now able to go on taking baths long after they would have found it impossible to use a normal bathtub.

In all of the Homes which were visited, it was felt that the nuns take a personal interest in their old people. This counterbalances the somewhat grim and austere aspects of the old buildings. Most of the old people appear to be happy and well cared for.

CHAPTER X

THE MONTREAL REFUGES

There are three Refuges in Montreal. These are organizations which provide nightly accommodation for men who are destitute, indigent or vagrant. To a large number of elderly men these places are their only home; it was decided to investigate them in order to determine the part they play in housing the elderly people of Montreal.

Two of the Refuges have a more or less permanent clientele of old men who arrive regularly every night in search of a bed and a meal. The smaller of these two Refuges operates a kind of permanent hostel for old age pensioners; the other Refuge looks after many elderly men who, for one reason or another, do not receive the Old Age Pension. Between them, these two Refuges give beds to some two hundred elderly men each night. Although these organizations deal with some of the roughest men in the city and with many who have sunk to the lowest depths, the buildings are surprisingly clean and comfortable. In the larger establishment there is compulsory fumigation on entry each night.

The third Refuge does not provide sleeping accommodation for fear that the old men might become permanent residents. Its real purpose is to give temporary care to as many men as possible; free meals and clothing

are given to those who come for assistance.

The habitues of these Refuges do not appear to be discontented. They prefer this existence to life in an institution. Some have actually entered institutions and, finding the restrictions intolerable, have left and returned to the Refuges. These men prize their independence above all else; they prefer to be hungry, but able to do as they please. From the time they shamble out of the Refuges in the early morning to the evening, they are completely free. Many who cling to this independence are really too sick and feeble to wander the streets all day, especially during inclement weather. But they will not give in and go to an institution.

In the summer, when the weather is fine, these men stay outside most of the day. They congregate in little groups around the parks, squares or slopes of the Mountain. Some of them do not return to the Refuges to sleep during the summer; they sleep out in the open in disused sheds or empty houses until winter sets in. These men have been nicknamed "Les Allouettes" by those in charge of the Refuges.

In poor weather the haunts of these men are numerous and varied. The churches provide warmth and shelter for many. A random visit to L'Eglise Notre Dame du Bonsecours revealed twenty old men placidly sitting in pews towards the back of the Church, several of them fast asleep. They are also known at the railway stations where they sit and watch the world go by, enjoying the warmth and movement around them. Windsor Station and Central Station are the clubs of these old people who come every day to meet their friends and, if possible, spend their entire day. They are, of course, a problem to the railway officials who try to move them on. But even so, a day spent sitting in the station, with a cup of tea for refreshment in the middle of the day, is a routine for a great many old

men. The Public Libraries are also haunts of these old people. Some of them sit there for hours, never opening a book. The large stores on Ste. Catherine Street are frequented by a few but, as there is not much opportunity for sitting down, they are less popular as places to spend the day. Although vagrant old men are not really allowed to sit and doze in the Y.M.C.A. buildings, they constantly go there if they have the opportunity. Continual vigilance is necessary to ensure that the public rooms do not become filled with destitute old men who sit fast asleep, often snoring loudly.

Obviously, there is an urgent need for some kind of recreational centre where these men, particularly those who are feeble and sick, could go and spend the day. They need somewhere where they can sit and talk, smoke, perhaps play cards or have the use of a piano. Because these men are rough, and some can only be described as tough, such a place would have to be carefully planned and well disciplined. There is certainly a need to provide some daytime shelter for these old people who cannot accept the restrictions of an institution.

CHAPTER XI

CLUBS AND RECREATIONAL CENTRES

Loneliness is a very real problem to the aged. When visits were made to elderly people who lived in their own 'homes' it was one of the hardships most often lamented or frequently noticed. These old people often live isolated lives in a single room having little contact with the outside world. They have a great deal of leisure but little with which to occupy their time. For physical reasons their activities are restricted and they are forced to spend a great deal of time alone. Loneliness coupled with a lack of mental stimulation has an adverse affect on the physical and spiritual health of old people. Sometimes it is the only reason why the decision is taken to surrender independence and enter an institution. Next to financial difficulties, loneliness is the greatest problem of growing older. This should be remembered when plans are made to provide individual housing accommodation for old people.

One of the ways in which this problem is being partially solved is by the provision of neighbourhood clubs and recreation centres for old people. In Montreal there are several of these clubs run by women's organizations and church groups. They provide various types of meeting places for elderly people. For some old people these clubs have become the focal points of

their lives; the discovery and subsequent membership in a club has, in many cases, altered the whole life of an old and lonely person. Unfortunately, many old people do not know of the existence of these clubs and the organizers cannot hope to find all the old people who would like to join. In any case, more clubs are needed.

The attitude of the elderly club members is interesting to note. Apparently, the real measure of the club's success is the extent to which the members feel the club is their own concern. For this reason the clubs are not run as charities and there is a small membership fee fixed by the members themselves. Two clubs which meet once a week charge their members ten cents a week. Another club which meets three days a week charges fifteen cents a week. The meeting places of these clubs vary considerably. The Soroptimists run one of the most successful old people's clubs in a small empty shop in a poor part of town. Its membership is comparatively small, about twenty old ladies, and it is perhaps due to this that the atmosphere is particularly homely, friendly and informal. The club is open most days and the members can meet casually to chat, sew, knit, play games or make a cup of tea. Once a week the Soroptimists provide an excellent hot dinner which is followed by the playing of card games and Bingo.

In the larger clubs there is more organization. They meet on one or two afternoons a week in a hall. Proceedings are often opened by the singing of old familiar songs; these are very popular. Then, perhaps, notices of forthcoming entertainments, such as movies or talks, are read and news is given of members who are sick. After this the meeting breaks into small groups and the members play cards or chat and knit. The old

men usually prefer to sit and smoke together. Finally, tea and light refreshments are served by the sponsoring women's organization.

The wants of these old people who join the clubs are simple - the opportunity to make and meet friends, a little cheer, warmth and companionship. They do not like to be highly organized and they do not like to learn new things. They enjoy borrowing books and magazines from the club libraries and the ladies like to take knitting wool home with them. Some of the clubs provide wool which is knitted into squares by the ladies and then joined together to make blankets which are given to the sick and needy. The special parties at Christmas or other times of celebration are extremely popular.

There is often a great deal of pride attached to club membership. The old people make great efforts to look their best for the meetings. Many of the old ladies had become careless in their dress and personal appearance when they lived isolated lives, but when they joined a club they began to take a new interest in themselves. There was a pathetic contrast in the appearance of some of the old people when unannounced visits were made to their rooms. Some old people belong to all of the clubs and they make the rounds, finding one to visit nearly every day of the week. These clubs are their only interest in life and their only way of making friends.

A club for old people does not have to be elaborate or extensively furnished. Reasonably comfortable chairs and tables are all the furniture that is required. They should be well heated, there should be toilet facilities and equipment should be available for making tea. Because old people cannot usually travel great distances, these clubs should be in the neighbourhood in which they live.

CHAPTER XII

ACCIDENTS

Almost one third of all fatal accidents occur among people over the age of sixty-five. The majority of these accidents take place out of doors, usually during the winter months. However, there are a great many which occur in the home and which can be related directly to details of planning and design. In order to obtain information about these mishaps, visits were made to several large hospitals in Montreal, the staffs were consulted and access was given to case records. The following is a summary of the information gathered from these sources.

There are several physical infirmities which, to a large extent, must be considered as an inevitable part of the aging process. Because of the physical and mental changes which occur in old age, details of home design which have been awkward and rather annoying in younger days become a severe menace to life and limb in old age. Old people react more slowly and they cannot move as quickly as the young. The living arrangements for an old person should be altered in accordance with his changed capacities.

Impaired vision is a common but serious handicap to old people and it is the cause of many accidents. There is a change in the coordination of eye muscles; they are slower to respond and the eyes misjudge near distances. For these reasons dark corners should always be avoided in rooms

or passages; if there must be stairs in an old person's dwelling, they should be well illuminated. Light coloured paint work also helps. Burns and scalds are common among old people and lights over the stove and sink are most important.

Changes in the bone structure cause elderly persons' limbs to fracture more easily than those of younger people. One of the most common types of fracture, which is confined almost exclusively to old people, is the femur or hip fracture. A large number of these cases are admitted to hospital each year but the authorities believe that this number could be reduced by attention to the following details of housing design.

1) FLOORS

Highly polished floor surfaces and "scatter rugs" are among the most frequent causes of accidents. Alternative floor coverings should be used. One of the hospitals has experimented with some of the new plastic type of floor covering which has proved most successful. It is easily cleaned, is attractive in appearance and offers a strong resistance to slipping.

2) BATHS

Baths are a constant source of trouble to old people and the hospitals report many cases of old people who have fallen while getting in or out of a bathtub. The fear of slipping in a bath is almost as great a hazard as the slippery surface and awkward shape of the tub. When the joints stiffen due to rheumatic ailments it is often quite impossible for an older person to get in or out of a normal bathtub. Many old people have ceased even to try to take a bath, others can do so only by kneeling in the tub for, if they sit down, they will be unable to pull themselves up to get out again.

The installation of handrails and non-slip rubber mats inside a conventional bathtub make bathing much less of a hazard to old people. Wooden seats which stretch across the baths are often used in hospitals and institutions but these seats prevent proper immersion. Although these devices help to overcome some of the difficulties, they do not solve the whole problem. There is an urgent need for a special bathtub designed to suit the physical capabilities of old people.

3) CUPBOARDS

Old people have difficulty in stretching up and down and many accidents occur when cupboards and shelves are beyond their reach. They stand on chairs, stools or tables in order to reach what they want and they often fall, sustaining major fractures. Poor vision and an impaired sense of balance also play their part in this type of accident. Cupboards, shelves and household apparatus should be fixed at a lower than average height for old people and electrical outlets should be a few feet above the floor level.

4) WINDOWS

Double windows which are light, easily opened and closed, and placed at a lower than average height are ideal for old people's housing. Windows have to be cleaned and curtained and several cases of accidents have been noted when old people stood on chairs, or even chairs on tables, to accomplish this. If the windows are lower than usual, the old people can carry out these chores easily and they will be able to sit comfortably at the window looking out at the street, a favourite pastime of elderly people.

5) STAIRS

Stairs are a serious hazard to elderly people. Insufficient lighting coupled with weak eyesight, rheumatic conditions, poor sense of balance and slow reaction time all play their part. Heart conditions and other ailments often make stair climbing a dangerous exertion and most old people cannot manage more than one short flight of stairs. If there must be staircases in old people's houses, they ought to be well lit and bannistered. Handrails on both sides prevent many falls and serious fractures and they are a great help to those who must pull themselves up by their arms.

6) BEDS

A number of old people have fallen while getting in or out of bed. This usually happens when the bed is high off the ground and occurs quite frequently in hospitals. In homes where the beds are low there is no problem, but many old people cling to the heavy, old-fashioned furniture which they have had all their lives. Sometimes a stool is used as a step-up to the bed, but stools tend to slip away from underfoot and falls result. One hospital uses a small three step ladder which fits right on to the bed.

7) GAS

Our questionnaire results indicate that old people in Montreal generally prefer to use gas for cooking purposes. They have used it all their lives and, as in other things, they do not like to change old habits. Nevertheless, the hospital staffs were unanimous in their opinion that gas should not be used. Many cases of explosion, injury or asphyxiation have occurred. Old people's senses are dulled and often they do not notice that anything is wrong with the

air when a gas jet is turned on, unlit. Such cases are often admitted to the hospital but it is usually too late by the time they are discovered. The use of electricity eliminates these hazards.

The hospital staffs confirmed the fact that there are few accidents among the elderly blind people because these people are accustomed to taking the necessary precautions both inside and outside their homes.

There is a very high percentage of admissions to hospitals in the older age groups, both as a result of accidents and also for treatment of illness. Old people enter hospitals more often than the young because many of them live quite alone and there is no one to look after them in time of illness or accident. This problem could be considerably relieved if it were possible to house the old people in simple, labour-saving dwellings. Some form of visiting domestic help, for an hour or two a day, might be all that would be required. Visiting nurses are already available, but meals, tidying up and shopping are the real problems. The meals on wheels type of service which exists in England would, of course, solve the greatest difficulty.

In this connection, it was also pointed out that not all of the physical inadequacies of the old people are simply the inescapable infirmities of old age. Many of them result from neglect of physical condition and, in particular, inadequate diet. The financial strain caused by the high cost of many old people's present living accommodation is usually at the root of this trouble in Montreal.

A Visit to a Montreal Hospital

In an attempt to discover the nature and causes of the accidents suffered by old people, a visit was made to two large women's wards of a Montreal hospital. The patients in the first ward were surgical cases of all ages. There were five women with ages ranging from 69 - 80 who were suffering

from fractured femurs. Two had slipped on their kitchen floor, one had fallen going upstairs, one going downstairs and one had slipped while dressing in her bedroom. In the second ward there were four elderly women with fractures. In all cases the causes of their accidents were directly related to highly polished floors or scatter rugs.

The Sisters in charge of these wards reported that there were nearly always a number of elderly patients suffering from fractured femurs. Apparently old people tend to shuffle when they walk and highly polished floors are very dangerous for them. Because their bone structure has changed, a fall usually results in a fracture.

The Sisters mentioned that when it is time to discharge an elderly fracture case they become acutely aware of the housing problem for aged people. In many cases the former landlady takes the opportunity of the old person's absence to say that she cannot have her back again. Often relatives who formerly housed 'Grandma' decide that they prefer being without her and somehow there is no longer room for her. Another factor which adds to this problem is that very often, when an elderly person has an accident, he or she may temporarily show signs of senility. In many cases this disappears completely and there is a return to normal after the shock has worn off; but relatives or landladies who witness what has happened are afraid that the condition is permanent, or that it will return, and they become anxious to rid themselves of the responsibility.

Sometimes it is weeks or months, often they are completely well again, before these patients can be discharged from hospital simply because there is nowhere for them to live. In an interview with one old lady it was revealed that she had been in hospital for six weeks just waiting for somewhere to go.

CHAPTER XIII

QUESTIONNAIRE FINDINGS

Method of Selecting the Sample

This survey was primarily concerned with people who, given suitable housing accommodation, would be able to live and care for themselves quite independently. To maintain this qualification it was not possible to use a straight census sample. The selection of people to be interviewed had to be confined to elderly persons who were still reasonably healthy and active. As we were also interested in what kind of housing these people should have, we further limited those selected for interviews to cases of healthy old people on whose lives a housing difficulty had made some impact.

As the housing problems of the elderly are often related to financial difficulties, the main social service agencies of Montreal were asked to provide the names and addresses of their numerous elderly clients. These included both French and English speaking people and adherents of the Roman Catholic, Protestant and Jewish faiths. Two of the clubs which provide recreational facilities for old people in Montreal furnished the names and addresses of their members; at a third club the members were approached individually, during a club meeting, and a selection was made of those to be visited. As most elderly people suffer from some kind of physical ailment, the social service departments of the hospitals were asked

to produce the names and addresses of some of their elderly out-patients. Social workers also provided the names of old people who were known to have housing problems. The Canadian National Institute for the Blind compiled a small list of their elderly people who were living quite independently in normal housing. The waiting lists of institutions for the aged were consulted but, as many people had been waiting for admission for several years, they were difficult to locate; the majority had moved several times in the interval and some had died. (For these reasons many of the institutions do not attempt to keep lists.)

There are cases of housing difficulties which are not related to finances; some people are living in housing which has become too large for their needs. These cases were more difficult to discover as they were not known to any particular organization or agency. However, the clergy in those parishes with a large number of old people were interviewed and the names and addresses of elderly parishioners were collected. These lists provided a good cross-section of old people generally and helped to balance the cases of extreme poverty found in the lists supplied by the social agencies.

One large hospital compiled a list of elderly patients who had sustained fractures in accidents at home; these were not necessarily cases with housing difficulties; in many instances their housing circumstances were unknown but, as each accident had taken place in the patient's home, it was felt that some useful information might be gleaned from interviewing them.

From all these sources, the social agencies, the clubs for the elderly, the hospitals, churches and institutions, a list was compiled of the people to be visited. There was no predetermined number of interviews to be given; it was felt that the interviews should continue until some kind of pattern

emerged from which conclusions might be drawn. Each racial group was dealt with separately in an attempt to discover the extent to which racial and cultural differences determined their preferences and requirements. The total number of interviews in each racial group was in the same proportion as the size of that group in the total aged population of the city. Thus, the whole could be summarized to make a fairly representative picture of the housing problems of the aged in Montreal.

Results of the Survey

Approximately 200 people were interviewed. 32% were males and 68% females and their average age was 71 years. The majority of these people were of French or British origin, but a proportionate number of Jewish, European, Negro and Chinese persons were included. The religious proportions were 45% Roman Catholic, 38% Protestant, 13% Jewish and 4% unclassified. The average length of residence in Montreal was 43 years. The French speaking people had lived in the city for the greatest length of time and many had been in Montreal all their lives. Most of the English speaking people had immigrated to Canada in their youth; they seemed to live very lonely and isolated lives for most of them were widowed, their children had married and scattered and their remaining relatives were living in Britain.

Occupations prior to retirement were many and various, covering almost every profession, business and labouring trade. The majority of the Jewish old people had worked in the clothing and tailoring trades although some had been shop-keepers. The Negro group fitted closely into the categories of domestic service for the women and railway work for the men. Almost all the Chinese men had worked in laundries or restaurants.

1) Finances

It was quite obvious that most of the people interviewed were living under severe financial stress and that poverty played a large part in all their housing problems. 79% of them were dependent upon the Old Age Pension as their main source of income and 25% received some kind of assistance from one of the welfare agencies. In some cases this took the form of financial assistance under the terms of the Quebec Public Charities Act, but in others it took the form of clothing or other items.

The 21% who were not receiving their Old Age Pension were composed mainly of those people who had not completed the period of twenty years residence in Canada which is necessary in order to obtain the Pension. Some were unable to prove their age as records had been lost. Others in this group were under 70 years of age; they were either still working or were between the ages of 60 and 65 but unable to work for reasons of health.

Only 23% of the people had some small savings or were able to earn a little extra with which to supplement their pension. Employment on a part time basis is difficult to find and elderly people are not welcomed. Many of the ladies said that they disguised their ages and applied to the departmental stores at Christmas and other busy seasons to try and earn a little money. Many of these people had saved a certain amount of money, but this had been spent during prolonged illnesses or in providing a funeral for their spouse. Others had a small sum laid aside for their own burial expenses and, although they were practically starving, they would not touch it.

2) Rents and Accommodation

The majority of those interviewed, both married and single, lived in rooming houses of various types and standards. The average rent paid by the single elderly people living in one room was six dollars a week.

Married couples living in one room paid an average of nine dollars a week. As the Old Age Pension provided an income of only \$40.00 per month when this survey was undertaken, these people had very little left with which to purchase food, clothing and other necessities after the rent had been paid. In fact, it was observed that many of them were living on extremely inadequate diets; they stay in bed during the entire morning in order to avoid the necessity of eating before midday. The financial plight of the married couples was slightly less difficult, providing that both were receiving the Pension, but they had an even more difficult time than single people in finding somewhere to live.

The average length of residence in the same dwelling was a little under three years. Most of the old people complained of great trouble in finding a place to live. They found that landlords did not welcome them because of their age, their low incomes and the likelihood that they would become sick and feeble. The landlords took them in only if they could not find 'better' tenants, and their length of stay was usually determined by how soon the landlords could find more profitable occupants for the rooms. Many of the old people said that if they became sick their landlords immediately found some excuse to 'get rid of them'.

The rooming houses in which these people lived were usually in the poorer districts of the city; in nearly all cases the rooms allotted to the old people were up in the attics or down in the basements. The average amount of accommodation was one very small room in which the tenants lived, ate and slept.

A very small proportion of the old people had more accommodation than they could conveniently manage or afford. In these cases an old lady

was often left alone in the large family house after her family had grown up, married and left home, and her husband had died. Finding suitable and congenial smaller accommodation was not an easy task. Some solved the problem by taking in boarders and thereby securing an income to help meet the costs of upkeep, but usually these old people were physically incapable of the extra work involved.

About 87% of the old people said that they would prefer to live alone in self-contained accommodation. On further reflection many remarked that they would not mind sharing with 'a good friend', but that they would not like to be allotted a fellow-resident at random. The remaining 13% who preferred to share accommodation were actually doing so when visited. Most of them were living with another single or bereaved relative or a friend. About 20% objected to a lack of privacy in their living arrangements and 11% complained of noise. It was noticed that those who objected to noise were usually very sick or feeble.

3) Health Standards

Only 13% of the old people said that they suffered from no serious or chronic illness. Over 44% complained of some form of rheumatic or arthritic disease, 17% had varying degrees of heart trouble and 36% had some other ailment such as tuberculosis, cancer, bronchitis, diabetes, hypertension or strokes.

Despite the fact that most of the diseases were of a quite severe nature, the vast majority of the old people said that they were quite able to do their own housekeeping. The main difficulty encountered as a result of the ailments was stair climbing. 42% of the people said that they had trouble going upstairs. (11% had no stairs to climb). Difficulties were also mentioned regarding bathing and shopping.

Many of the old people (60%) suffered from impaired vision and several were quite blind. Those who were blind seemed able to manage their own housekeeping without undue hardship.

Only 25% of the elderly persons said that they had difficulty in turning knobs and door handles. This was due to arthritic or rheumatic disease which crippled and stiffened the joints.

A number of the people (15%) reported that they had experienced some kind of accident in their homes. 63% of these accidents involved falls on stairs. These were attributed to the fact that stairs were often steep and poorly illuminated. 18% of the accidents occurred as a result of slipping on polished floor surfaces or tripping over mats; a few people had stumbled over door sills. 14% of the accidents had occurred when people stood on chairs to reach cupboards or shelves. The injuries sustained as a result of these accidents were, in most cases, of a serious nature.

4) Bathroom Facilities

Only 15% of the old people had private bathroom facilities. The average number of persons with whom the other 85% shared a bathroom was eight. Many cases of extreme hardship were encountered and rooming houses were visited where as many as thirty-five persons shared the use of one bathroom and toilet. The number of those who complained of inconvenience in sharing was relatively small (29%). Most of the people were quite content to share with three or four others. The complaints mostly came from the English speaking people while the French speaking persons did not feel that sharing was any great hardship. (46% of the English people complained and 16% of the French.) In fact, the average number of persons sharing each bathroom was ten in the French group as compared to seven in the English group.

It should be mentioned here that several of the people did not have the use of a bath at all and that there were others who did not use the rooming-house bath because they found it too dirty.

Only half of the people who were interviewed had their bathroom on the same floor as their living and sleeping room. The others usually had to go up or down one flight of stairs although there were several instances where two flights had to be climbed.

Difficulty in getting in and out of the bath was a complaint of 68% of those interviewed. 17% said that they were unable to take baths because of this difficulty. Some people mentioned that they might be able to manage better if they had handrails to grip, to steady themselves when getting in and to pull themselves up when getting out. The rheumatic ailments coupled with a fear of slipping were responsible for most of the difficulties encountered.

The old people were asked if they would find it easier to use a shower and if they would prefer to have one. Every one of the old ladies who were visited said that they did not like showers and would not use them. The men, on the other hand, showed great enthusiasm at the suggestion and all of them said that they would prefer to use them. The old ladies spoke of the complete relaxation of a bath and the soothing comfort to aching rheumatic joints.

A little less than 25% of the people said that they were afraid of being locked in the bathroom and unable to get out again. Many of these people felt that a simple hook to keep the door closed was much easier to manipulate than stiff locks and bolts.

5) Kitchen Facilities

Although 5% received board at their place of residence, 98% of all the people said that they were quite able to do their own cooking and most people said that they preferred to cook for themselves. 37% did all their cooking in the one room in which they lived. The cooking apparatus in these cases consisted of one or two gas or electric burners usually placed on a small table or shelf. 41% shared cooking facilities. There were usually one or two communal kitchens per rooming house and each was shared by about eight persons. Only 56% of the people had their cooking facilities on the same floor as their living-room. (This number includes the 37% who cooked in their one room.)

Gas was much more frequently used for cooking than electricity. (87% used gas.) Most of the old people said that they had used gas all their lives, that they were accustomed to it and preferred it because it was easier to regulate. Two people who had very little eyesight said that they felt safer using gas because when the burners were alight they could faintly see them and knew they were lit, whereas they would be quite unable to tell whether electric burners were on or off. The average number of burners used by the old people was three. Those who cooked in their one room had one or two burners, while the communal kitchens were usually equipped with a range consisting of an oven and four burners.

About 61% of the people had the use of an oven but there was very little complaint from those who were without one. A few people said that they were not supposed to eat fried food and that, without an oven, it was difficult to follow this ruling. On the other hand, many people said that even if they had an oven in which to 'cook a roast' they would not be able to afford to buy a roast to cook.

Only 25% used a refrigerator, but 56% owned or had the use of an ice-box. The other 19% kept their easily perishable food on outside windowsills. However, only 4% of the people complained that they found their cooking equipment inadequate. Several people said that cooking in one small room was made extremely difficult by the size of it and the crowding of the furniture into the small space.

Less than 1% of the people said that they went out regularly for meals. 73% stated that they did go out to eat on rare occasions but the financial straits of the majority of the people prevented this practice.

Garbage disposal was often found to be a difficult problem. Only 25% of the old people had their garbage collected from the same floor as their rooms. 28% had to carry it downstairs while 47% had to take it right outside. This constituted quite a hardship for a large number of persons.

6) Laundry

The questionnaire revealed that most old people are able to do a certain amount of their own laundry; 52% of all the people visited said that they regularly did all their laundry, while 39% stated that they did some. The 'some' usually represented personal garments as opposed to the heavier and more bulky bed linens and towels.

It was quite obvious that there were hardships and inconveniences involved in the laundering but these stemmed from the very inadequate laundry facilities rather than from personal, physical capabilities. Over one quarter of the people had to wash, dry and iron their laundry in the one room in which they lived. Usually the washing was done in a small wash basin and hung on a line across the entire room, often dripping on bed and chairs; the ironing was often done on top of a small bureau or table.

Although 72% had the use of a kitchen or bathroom for washing purposes, it must be remembered that usually these rooms were shared by an average of eight persons and therefore there would be a good deal of 'waiting one's turn and not taking too long'. Also, as only about half the people had bathroom and kitchen facilities on the same floor as their 'living-room', there was considerable carrying of heavy, wet laundry up and down stairs.

The main problem was the drying, and over half the people who were interviewed complained of difficulties in this connection. 50% of the people had nowhere, other than their one room, in which to dry their laundry. Laundry strung across these rooms was a very common sight during the interviews and it was obviously a source of distress and embarrassment, as well as a nuisance, to the old ladies.

The interviews showed that the elderly men also attended to their personal laundry. They did not express any particular feeling of difficulty over it and seemed quite satisfied and able to do it.

7) Stairs

The average number of stairs which the old people had to climb or descend to reach their rooms from the street was 22. Only 11% of the people were found to have no stairs at all. The average number of times which the old people went up and down per day was approximately two.

Stairs constituted a difficulty and a hazard for most of the old people. 55% said that they could not manage any stairs without difficulty and 45% felt that they could manage one flight of stairs without hardship.

It should be mentioned that in many cases the stairs which the old people had to climb were steep, dark and badly bannistered. Some had outside stairs to contend with and a few of these people were 'marooned'

during the more severe, icy weather conditions. 33% of the people said that poor eyesight coupled with ill-lit stairways constituted their main problem, while 45% said that their chief difficulty was concerned with an inadequate handrail. These people were usually sufferers from rheumatic diseases which made it necessary for them to pull themselves upstairs by their arms. They needed support from a handrail on both sides of the stairs.

8) Cleaning

Despite the crowded and congested state of most of the old people's rooms, only 18% expressed difficulty over cleaning their rooms. 63% of these people said that the difficulties were experienced because of the nature of their room and its furnishings and 37% said that they had difficulty on account of their personal capabilities.

9) Heating

Radiators were used to heat the rooms of 61% of the old people and the remainder obtained heat from furnaces or stoves. Many of the rooming houses had stoves on the landings and these were the only source of heat in the whole building. 21% complained that their rooms were cold during the winter and nearly all the people whose rooms were heated by the stove-on-the-landing system said that they had to leave their doors open during most of the day in order to get any warmth at all into their rooms.

Furnaces or stoves had to be attended to by 29% of the people and 24% of these said that they brought fuel to their stoves by hand. A very few elderly men earned small remunerations or reductions in rent by assisting in stoking the furnaces in rooming houses.

Only 45% of the people said that they found their rooms reasonably comfortable in all weather. Over 20% complained that their rooms were too

cold and 13% said that their rooms were damp. The general impression of darkness and gloom in the old people's accommodation was supported by the fact that 50% complained that their rooms were too dark.

Visits to large houses occupied by single old ladies after their families had scattered revealed a few instances of the old ladies struggling to tend coal furnaces by hand, and having to fetch the coal from outside sheds.

10) Furnishings

Of the people who were visited, 45% owned a certain amount of furniture but less than half of this number possessed sufficient for their needs. In many cases a person living in a rooming house had brought in one or two treasured pieces but no more. 57% of the furniture was of the heavy, cumbersome, old fashioned type.

Clothes storage space seemed to be extremely inadequate in most of the accommodation visited; 24% of the people had no cupboard or closet for hanging garments. These people, who lived in one room, used the back of the door in every case. Sometimes a piece of material was draped over to cover up the garments but often there was no protection or disguise.

Despite the general appearance of inadequacy, 64% of the people who were questioned said they felt that they had sufficient space for their clothes. Most of them seemed to possess very few garments and this was probably the reason for the general lack of complaint. Their low financial state forbids much expenditure on clothing and what they do own has to last for many years. One quite small closet and a chest of drawers would adequately store all their articles of clothing.

Over one third of the people questioned said that they were unable to reach the shelves and cupboards in their room without standing on chairs

and tables. Many were afraid that they might fall and some actually had fallen.

11) Telephone

Over 80% of the people who were visited said that there was a telephone in the building and 83% of these people said that they used it. The people who did not use it said that they could not afford to do so, but they felt that if an emergency occurred they would use it. Many people said that they would like to be able to use the telephone for shopping purposes, particularly during bad weather or when they were sick. However, most people pointed out that not only would they have to pay for the telephone call but they would also have to pay delivery charges and in many cases the extra cost would be more than they could afford to pay. 68% of the people did use the telephone occasionally for shopping when it was really necessary. 89% used it for contacting relatives or friends; again, this usually occurred during inclement weather when the old people were unable to get out.

12) Neighbourhoods

Their present neighbourhoods were preferred by 81% of those interviewed. The average length of time that they had lived in these neighbourhoods was 18 1/2 years. The French speaking group showed the longest average residence in their districts, and the elderly Jewish people had lived in their area for an average of 30 years.

Most old people who were visited were living in fairly central or busy sectors of town and most of their needs as regards outside facilities were located reasonably nearby. Shopping centres and churches were usually fifteen minutes away, the corner store five minutes, public transportation ten minutes, and medical care twenty minutes.

The old people said that shopping took them outside the most often. Church attendance came next and was closely followed by visits to friends and relatives. Quite a large number of the English speaking people attended clubs for elderly persons each week, and several were regular patients at clinics. 42% of the people complained that they had difficulty in going out to shop. This generally occurred during the winter months when streets are slippery and also during periods of illness.

The French speaking people generally seemed to have relatives living about 15 minutes away. Their friends were generally five minutes away. The English speaking people did not seem to be so close to friends or relatives. Many had no relatives at all in the city as their children had grown up and gone away and they, themselves, had been widowed. These people tended to live lonely lives and many were completely dependent upon the old people's clubs for their social and recreational life. Friends did not come to visit them - those they had met at the clubs lived too far away. Also a large number of these people were a little ashamed of their tiny and unattractive rooms and preferred that their friends should not know how they lived. They had usually known much better days.

On the other hand the French speaking old people, with their larger families, seemed to have more social contacts in their neighbourhoods. 84% of all the old people were regular church goers and many seemed very attached to their local church.

Only 21% of the people attended cinemas. Many said that they would like to be able to do so but that they could not afford the cost. Others said that their eyesight was too weak. However, 88% of all the people read during their spare time. The reading seemed to range from books down to

mere head-line reading of newspapers due to failing sight. 94% listened to their radios, their main indoor interest.

That the old people's hobbies and activities are limited by their finances was borne out by the fact that 89% complained that cost is the most severe deterrent to their activities.

13) Outdoor Interests

Only 19% of the people who were visited kept pets and 79% of this number belonged to the English speaking group. The pets were usually canaries or budgerigars, but several people owned cats or dogs. Many people said that they would very much like to have a pet but that they were not allowed to keep them. Some of the old people put up with extreme hardship in order to keep their animals and often one felt that the dog or cat was perhaps better fed than the owner!

A room overlooking a busy street was preferred by 95%. They did not like to feel cut off from the world. Many seemed to spend most of their days sitting and looking out of windows and watching all the outside happenings. They particularly enjoyed watching children at play.

Only 28% had a verandah, less than 6% had the use of a garden and only 10% could regularly go to sit in a park. These figures seemed very low as 100% of the old people said that they loved to sit out when the weather was suitable. A few of the people who had verandahs had to climb out of windows in order to get out on them and these people said that it was extremely difficult and that they were afraid of falling.

A fondness for gardening and the desire to have a garden was expressed by 57%. The English group were the most eager for gardens. However, one felt that some of them were inclined to forget the

infirmities of old age in their enthusiasm and that if they were actually given a garden they would find themselves unable to tend it.

When the old people were asked what they considered to be the most inconvenient feature about their present accommodation, a great variety of answers were received. Stairs ranked highest on the list and the too expensive rent came next. Others complained of isolation and loneliness; of small and cramped rooms; of darkness and lack of sun and air. Some felt that the lack of a bathroom was their biggest problem - others felt that the generally dirty and dilapidated state of their rooming house was the worst feature. In many cases one felt that there were such an overwhelming number of inadequate or unpleasant features that it was difficult to decide which was the most inconvenient.

CHAPTER XIV

CONCLUSIONS AND RECOMMENDATIONS

The general picture which emerges from the survey of Montreal's aged population indicates that there is a great deal that is unsatisfactory and a great deal that is lacking in the way of facilities and care for old people.

Large numbers are dependent upon incomes of forty-six dollars per month. They cannot find employment to supplement this money and they are forced to live under extremely unsatisfactory housing conditions. Many live in single rooms in the cheaper types of rooming-house and for this accommodation they have to pay as much as three quarters of their incomes. Often they are lonely and unhappy and many of them cannot afford to buy a sufficient amount of food.

The arrangements whereby old people live with their young families are usually unsatisfactory nowadays because of the modern small apartments and the general lack of privacy in them. People struggle with these arrangements because 'blood is thicker than water' but usually, neither the old person nor the young family are completely happy.

There is a very real dread of entering institutions. The old people cling to their independence at all costs. In many of the institutions the old people have to share large dormitories and live according to a great many

rules and regulations; the married couples are usually separated; the loss of personal dignity and individuality in such circumstances is not recognized. Sometimes there is not enough recreational or constructive activity to occupy the old people and there is a rapid deterioration in their physical and mental health. One has the feeling that the old people are sitting apathetically 'waiting to die'.

As the years go by, the proportion of aged to the other groups of our population is steadily increasing and the attendant problems are also growing. It is no longer sufficient for the communities to regard their responsibilities to the old people simply in terms of the provision of institutions for the aged. Old people live to a greater age nowadays and they are more healthy and active than formerly. They have resources for making useful contributions to society which are almost completely untapped. Most of them would like to continue doing some kind of productive work if they were able. They enjoy the feeling of adequacy, accomplishment and usefulness. In modern society, with the increasing proportion of old people, it is becoming more important that they should contribute for as long as they are able.

The majority of the old people can and do live on their own, quite independently. Many more would continue to do so for much longer if suitable living arrangements were available for them. They are happier in their own homes, enjoying the close contacts with friends and relatives which are usually lost on entering institutions.

The following suggestions relate to some of the broader aspects of the general problems which were observed during the course of the survey. Although they do not all relate specifically to 'housing', as such, the

problems are so interrelated that they cannot be considered separately.

1. Central Old People's Welfare Department

There is a need for some coordinating body to whom application could be made for advice, by the old people, and from whom information could be obtained as to the various services available to them. This society could function in a fashion similar to the Children's Aid Society and it could act as a link between the various community programmes for the aged. It could serve as a central planning bureau and a channel for research into the various problems. Advice could be given on chronic sickness, housing, recreation, employment and many other problems.

2. Rooms Registry Service

Young people in Montreal are offered the advice and protection of a rooming-house registry. The needs of the old people for this kind of service are just as great. They lack the physical energy to travel far in search of suitable rooms and often take what is nearest to them because they are too tired to look further afield. Not all landlords are of the 'heartless' type which was so often the case where the old people were living. Landlords who are sympathetic can be found - with time and patience. Also they might more readily accept the old people if they felt that they would not become burdens upon them in sickness: if they could call upon some society for help. The old people themselves would be tremendously relieved if they felt that someone would find them a room that was suitable for their needs. There is a very real fear of eviction and of being 'without a roof over their heads'.

3. Boarding Out Care

A more widespread use could be made of the system of boarding out or

foster home care. This would serve those people who are not ill enough to require nursing but who are unable to manage their own housekeeping. This kind of care might be regarded as the intermediate arrangement, before institutional care is necessary. Again, a central old people's department could supervise and inspect suitable homes.

Old people could live with families as boarders. They would have their meals provided but would otherwise have the opportunity of being quite independent in their own rooms. They could visit and be visited by friends and relatives.

This kind of arrangement was occasionally encountered during the visits to individual old people. It seemed to work well. Often the old person assumed a 'grandparent' role to the children of the family. But because she was a 'boarder' and not a member of the family she did not become burdened by too much baby sitting, etc. She felt free to withdraw to the privacy of her own room whenever she felt like it. Her privacy was respected. Not being a member of the family, she lived independently, retaining her former status and yet receiving the needed amount of care and protection.

The young family were glad of the extra income and often found their new boarder to be a very helpful and cooperative addition to the household.

4. Institutions

The role of the institution as a home for old people continues to be of the utmost importance. However, it should no longer be a dumping ground for all the older, unwanted people in the community. A good institution can provide a real home for those who are chronically sick or feeble or for whom it is impossible to make arrangements for independent living. Respect for personality is of the utmost importance and Homes should be small enough

to allow for the preservation of individuality.

Visits to the institutions showed very clearly that old people do not like to be 'herded together'. They like to be close to other people but not too close. They are happiest in those Homes where they can enjoy a certain amount of privacy when they wish.

There is a need for more recreational and other types of activity, especially in the larger Homes. In the small Homes the old people seem to take a more active part in the maintenance of the establishment. They are busier and happier. When this is not practicable it should be possible for the old people to have other things with which to occupy their minds and energies. The physical and mental deterioration which often occurs soon after entry to the Homes is usually caused by the lack of incentive and mental stimulus.

There should be more opportunity for the old people to keep contact with 'the present' and some outlet for pleasure seeking. Visitors from outside should be more encouraged and welcomed. As old friends and family seem gradually to disappear from contact with the institutionalized old person so his feeling of isolation grows. Senility occurs most often when there is a deterioration of the personality due to diminishing human contacts.

Most old people suffer from some form of chronic ailment and if more of the reasonably healthy ones are to be encouraged to live independently the institutions must make provision to care for more of the sick people. Therefore, it is most important that there should be adequate and efficient medical and nursing care in the institutions. At present this does not always exist and old people are haunted by the knowledge that they will be 'turned out' if they become sick.

If these things were done and if rules and regulations could be cut to a minimum, they might make a useful contribution towards the removal of the dreadful fear of going into an institution.

The 'Day Care' programme of the Hebrew Old People's Home has much to commend it during the present time of overcrowding and inadequate accommodation. It is still in an experimental stage but it may prove to be the solution to the problems of some individuals. In any case it offers an introduction and paves the way to complete entry into institutional care. The use of the institution is made available to old people who are living 'outside'. They can come to the Home each day, or a few times a week, as they wish. They receive medical care and attention, occupational and recreative therapy, religious services, social services and their meals, as well as having the opportunity for companionship. Most of the old people live in rooms near the Home. The programme seems to be very useful for the person who wants to remain 'independent' and yet is in need of a certain amount of care and protection.

5. Family House Annexes

The idea of building an extra ground floor room as annex to an ordinary family dwelling for housing an aged parent has much to commend it. In this room, which can have a separate entrance, the elderly parent can live quite independently and yet be 'under the family wing'. The old person can preserve his or her privacy, have his own friends to visit, while at the same time enjoying frequent contact with his family when he desires. He can be close to the family but not so close as to lose his own identity. His former status can continue to be recognized by others. Mutual help could be rendered in time of sickness or crisis. There are many people for whom

this way of living might be the most satisfactory. It seems likely that it would particularly lend itself to the French speaking group whose family ties are particularly strong.

6. Employment

The provision of recreational facilities is not in itself enough for the old people's occupation. The elderly person who is able to perform productive work is far happier and healthier. To many old people the extra money which they could earn would mean the difference between semi-starvation and well-being.

As the numbers of old people increase, it becomes more and more necessary to think of them in terms of productive people rather than complete dependents.

Many jobs could be done successfully by old people to the economic advantage of both themselves and the community. There should be more opportunity for work on a part-time basis. At present, the old people search in vain for some suitable employment. Some kind of job placement service for old people might serve a very useful purpose.

'Sheltered Workshops' could be used more widely for those who need to work under special conditions.

7. Recreation

There is a great need for more recreational clubs for old people in Montreal. The popularity of those which do exist is a proof of this need. There are many people who cannot go to them because of location and others who do not know that they exist. There should be more widespread publicity. The physical arrangements need only be of the simplest nature. All that is required is a place where the old people can meet together to sit and talk, to play card games or knit, etc.

Some kind of club for old men might be the answer to the problems of the 'refuge dwellers' who have to wander the streets all day during severe winter weather and who get moved around from stations to libraries and churches, etc. The more feeble and sick people would probably welcome a place to go to when they felt like it.

8. Medical and Other Care

More people would be able to live independently and would be less of a burden to the community if there were more services available to them in their own homes, particularly in times of sickness. One hospital has instituted a programme of 'home visiting' and care for patients. This service enables the hospital to discharge patients more quickly, thereby releasing hospital beds.

Visiting nursing care is available in Montreal but some kind of temporary domestic help and a 'meals on wheels' type of service are urgently needed. Visiting libraries would also be popular with old people who are not able to go out a great deal. Most of them are able to read a certain amount and many of them depend on reading as their main recreation.

9. Individual Housing for Old People

There are economic reasons for keeping old people in their own homes for as long as possible. It was observed throughout the survey that the old people cling to the independence of their own 'place' for as long as they possibly can and often under the most appalling conditions. There is a tremendous need for better 'individual' accommodation, both for couples and for single people, at rents which they can afford.

Generally, the old people's tastes are simple. They need homes which are designed to suit the 'physical changes due to old age'. Because of their physical deterioration old people tire more easily than younger persons. Therefore, facilities must be provided which will make it possible for them to carry out their household tasks without undue fatigue and strain.

The following points summarize some of the particular requirements and attitudes of the old people with regard to housing designed specially for them.

1. Housing for old people should be located within short walking distance of shops, churches, transportation, medical facilities, libraries and recreational centres. The cost of transportation to any of these places seriously affects an old person's budget.
2. Old people's housing should not be isolated from ordinary family housing. Groups of housing for old people should each be limited to about twenty units.
3. Old people enjoy watching children and they like to look out on to an active street, but they should have the possibility of isolation and privacy. Some part of their home, preferably the bedroom, should serve as a refuge from noise when required.
4. Most old people who are living alone prefer to have self-contained accommodation but many of them have a friend or relative with whom they would be quite glad to share.
5. An even temperature of seventy-two degrees should be maintained in old people's housing.
6. A small entrance hall or lobby should be provided whenever possible to eliminate draughts.

7. If stairs are necessary as part of an old person's housing project there should not be more than one flight to each unit.
8. Stairs should not be steep. They must be well-lit and handrails should be provided on both sides. Light coloured paintwork on treads is an advantage.
9. Windows should be placed so as to give the maximum amount of illumination possible, particularly in 'work areas'.
10. Windows should be easy to open and close.
11. Whenever possible, living room or bed-sitting room windows should command a 'street view' which can be seen from a seated position.
12. Windows should be low for the above purpose and also for convenience of cleaning and curtaining.
13. Most old people suffer from some degree of impaired vision, therefore there must be good lighting and no dark corners in their houses.
14. There is a sufficiently high proportion of old people who have difficulty in turning knobs and handles to warrant the suggestion that 'lever-type' handles should be substituted for the round knobs whenever possible.
15. Few people own sufficient furniture to equip their accommodation. Much of what they own is of the heavy, cumbersome and old fashioned type.
16. Although old people generally prefer to use gas for their cooking purposes, electricity is much safer. It also has the advantage of being cleaner. Electric stoves should have indicator lights.
17. 'Single' old people who are living alone do not require a large gas range of four burners and oven. Two burners are generally found to be quite sufficient. Some of these people like to have the use of an oven but many find it unnecessary.

18. The height of 'work surfaces' for old people should be slightly lower than is average in kitchens.
19. All cupboards should be placed so as to avoid unnecessary stooping or standing on chairs for reaching purposes.
20. Some provision should be made for refuse disposal in upstairs apartments.
21. Old people do not seem to be particularly inconvenienced by sharing bathroom facilities with one or two other people.
22. Old ladies do not like the idea of showers in place of baths. The elderly men accept the idea as sensible and perhaps preferable.
23. There is a great need for the design of some kind of special bath to suit the physical capabilities of old people.
24. Handrails should always be fitted to walls around ordinary baths which are to be used by old people.
25. Bathroom door locks should be of a very simple type to allow easy operation.
26. Old people are generally able to do most of their own laundry. Adequate facilities, particularly for drying purposes, are needed.
27. Most old people seem to possess very small quantities of personal garments. One average size 'hanging closet' (22" x 3') together with a small chest of drawers would appear to be adequate.
28. Special precautions should be taken to minimize the risk of accidents. Highly polished floor surfaces should be avoided. Lights should be low, wherever possible, in order to allow easy replacement of bulbs.
29. Some provision should always be made for sitting outside. To avoid the use of stairs in second floor apartments, balconies would probably be the best answer.

30. Old people greatly enjoy sitting in gardens. Few of them are actually able to tend gardens themselves although many would enjoy the opportunity to 'potter'. A small strip of communal garden where they could sit during fine weather would be greatly enjoyed and appreciated.
31. Old people are generally able to cook their own meals and they usually prefer to do so. However, most of them enjoy going out to eat occasionally if they can afford it. A nearby cafeteria or snack bar would probably be well patronized.
32. Club rooms are an important item in connection with old people's housing. Such facilities are greatly appreciated.
33. The following facts might be borne in mind when colours are selected for painting those objects in the home which need to be clearly visible. (e.g. handrails, light switches, stair-treads, etc.) The lens of the eye tends to become yellow with age. Blue is absorbed and becomes darker to the vision. It is, therefore, more difficult for old people to see blue or green or other colours which contain blue. White is very suitable. The most clearly visible colour, other than white, is yellow.
34. In old age the high sounding notes become less audible. Low notes should be used for door bells and any sound alarms which are designed to attract the attention of old people in cases of emergency.

CENTRAL MORTGAGE AND HOUSING CORPORATION

SURVEY OF HOUSING CONDITIONS OF ELDERLY PERSONS IN MONTREAL

- Social Service Case.
- Institution Waiting List.
- Recreation Club Member.
- Hospital Patient.
- Pensioner.

Age	Sex	Nationality Language	Marital Status	Religion
-----	-----	-------------------------	----------------	----------

Family Composition.

Living Alone	Married	Living with a Relative	Living with Family
--------------	---------	------------------------	--------------------

Is anyone disabled?

Are you living apart from spouse because of housing difficulties?

Income.

O. A. Pension	Q. P. C. A.	Other Pension	Agency Aid	Other earnings
---------------	-------------	---------------	------------	----------------

What is or was your occupation?

1. How many years since retiring?

	2. What is the cost of your heating fuel?.....	2.	\$
	3. What does your gas and electricity cost?.....	3.	\$
	4. Any other regular monthly costs?.....	4.	\$

Home Owner

	5. For how long have you owned your home?	5.	
	6. How many rooms are there?.....	6.	
	7. How many people live there?	7.	
	8. Do you let part of it?.....	8.	

Tenant

	9. What is the cost of your heating fuel?.....	9.	\$
	10. What does your gas and electricity cost?.....	10.	\$
	11. What is your rent?	11.	\$
	12. For how long have you lived here?	12.	
	13. Where did you live previously?.....	13.	
	14. Do you share accommodation with relatives?	14.	
	15. How many rooms are exclusively yours?.....	15.	
	16. How many do you share the use of?.....	16.	

	17. For how long have you lived in Montreal?.....	17.	
	18. Where did you live before?.....	18.	
	19. Do you feel that you have too little accommodation?,.....	19.	
	20. Do you feel that you have too much accommodation?	20.	
	21. Do you prefer to have self-contained accommodation?.....	21.	
	22. Do you prefer to share accommodation?	22.	

Bathroom.

- 23. Do you have private bathroom facilities? 23.
- 24. If not, with how many do you share use of bathroom? 24.
- 25. Do you find this inconvenient?..... 25.
- 26. Is the bathroom on the same floor as your rooms? 26.
- 27. Do you have difficulty over getting in and out of bath?..... 27.
- 28. Would you prefer to have or find it easier to use a shower?..... 28.
- 29. Do you have any fear of being locked in the bathroom? 29.

Kitchen Facilities.

- 30. Do you have private kitchen facilities? 30.
- 31. Is your kitchen on the same floor as your living room? 31.
- 32. Can you do your own cooking?..... 32.
- 33. Do you cook with gas or electricity? 33.
- 34. How many burners or hot plates have you? 34.
- 35. Have you an oven? 35.
- 36. Have you an icebox?..... 36.
- 37. Have you a refrigerator? 37.
- 38. Do you find cooking equipment adequate? 38.
- 39. Do you go out to eat occasionally? 39.
- 40. - habitually? 40.
- 41. Is your garbage collected from the same floor? 41.
- 42. downstairs in the house? 42.
- 43. outside?..... 43.

Laundry.

- 44. Do you do your own laundry?..... (some or all) 44.
- 45. Where do you do laundry?..... 45.
- 46. Where do you dry laundry? 46.
- 47. Do you have difficulty over laundry? 47.

Stairs.

- 48. How many stairs do you have to climb to get to your room from outside?..... 48.
- 49. How many times do you go up and down per day usually? 49.
- 50. How many stairs can you manage per day without trouble? 50.
- 51. Do you have any particular difficulty e.g. sight? 51.
- 52. handrail? 52.

Cleaning.

- 53. Do you have any difficulty over cleaning your rooms? 53.
- 54. Is it because of the nature of the room? 54.
- 55. your personal capabilities? 55.

Heating.

- 56. What kind of heating arrangements have you? 56.
- 57. Do you look after it? 57.
- 58. Do you bring fuel to it by hand? 58.

General.

- 59. Is your home damp? 59.
- 60. dark?..... 60.
- 61. cold?..... 61.
- 62. Do you find it comfortable in summer? 62.
- 63. Do you feel that you lack privacy in any way?..... 63.
- A. Can you conveniently reach all your shelves and cupboards? A.

Furnishings.

- 64. Do you own furniture?..... 64.
- 65. Do you own sufficient furniture for your needs?..... 65.
- 66. Is it large and old fashioned? 66.
- 67. Do you have adequate clothes storage space? 67.
- 68. Is there a telephone in the building?..... 68.
- 69. Do you use it? 69.
- 70. Do you use it for shopping purposes? 70.
- 71. contacting relatives and friends? 71.

Neighbourhood.

- 72. Do you like living in this neighbourhood?..... 72.
- 73. For how long have you lived in the neighbourhood? 73.
- 74. How long does it take to get to your nearest store?..... 74.
- 75. shopping centre? 75.
- 76. transportation?..... 76.
- 77. Church..... 77.
- 78. Medical care? 78.
- 79. Where do you go out to most often?..... 79.
- 80. Do you have difficulty over going out to shop? 80.
- 81. How long does it take you to go to your near relatives? 81.
- 82. close friends?..... 82.
- 83. How often do you go to see your friends?..... 83.
- 84. relatives?..... 84.
- 85. Do most of your friends live near here?..... 85.
- 86. Do friends and relatives come to visit you?..... 86.
- 87. What do you do in your leisure time?... Church?..... 87.
- 88. Cinema?..... 88.
- 89. Read?..... 89.
- 90. Sew or Knit?..... 90.
- 91. Listen to Radio? 91.
- 92. Attend Clubs?..... 92.
- 93. Is cost a deterrent to your outside activities?..... 93.

Health.

- 94. Do you have any major chronic disease or impairment? 94.
- 95. How does this affect your ability to care for yourself and home?..... 95.
- 96. Do you suffer from impaired vision?..... 96.
- 97. Do you have difficulty in turning knobs and handles?..... 97.
- 98. Are you bothered by noise?..... 98.
- 99. Have you had any serious accident in your home? 99.
- 100. If so, what was the cause and nature of it?..... 100.
- 101. Is there anything that you find inconvenient about living here? 101.

Other Remarks.

- 102. Do you have any pets?..... 102.
- 103. Do you like to sit and look out on to a busy street?..... 103.
- 104. Do you enjoy watching children?..... 104.
- 105. Is there anywhere you can sit out in Summer? Verandah? 105.
..... Garden?.....
..... Park?.....
- 106. Do you like to sit outside in Summer?..... 106.
- 107. Do you like Gardening?..... 107.

Comments.