

(c) Meals-on-Wheels.

Local authorities in Great Britain are enabled under Section 31 of the National Assistance Act of 1948, to make grants towards the cost of providing meals for old people. In April, 1950, over 350 meal services were being run in different parts of the country, by voluntary committees with local authority assistance. The Women's Voluntary Services and the British Red Cross Society in particular, have been active in this field. The Women's Voluntary Service supply, in Sussex alone, nearly 6,000 meals a month to needy old people - the charges made vary between 8d. and 1/7d. a meal.

Under these schemes, mobile meal services deliver hot meals to old people in their own homes at least once or twice a week at a nominal charge of between sixpence and 1/6d. per meal. Apart from offering a valuable service in itself the meals-on-wheels service, as it is known, is a useful means of maintaining touch with old people who are infirm, and of discovering other needs which should be reported to social agencies.

Free meal services are utilised in some instances for the preparation of meals for the meals-on-wheels service and powers to utilise school meal facilities for this purpose have been granted by the Minister of Education on the following understanding and conditions:-

Where the local education authority is in a position to undertake the work without undue disorganisation in its school meal service, it may undertake the preparation of meals for the meals-on-wheels scheme provided the full cost of this work is recovered, the meals are only prepared on days when the school meal service is in operation; and the voluntary committee of the organisation must supply containers and undertake full responsibility for the transport of the meals from the kitchen.

One such scheme conducted by the Women's Voluntary Services in England, is run by 24 members who work in teams of three, a driver, a server and runner. The meals, cooked by the Municipal Catering Department are served by means of a mobile canteen donated by the American Red Cross.

(d) Friendly Visitors, Sitters-up, Shopping, Library and Other Assistance.

The provision of food and housekeeping services, however, is not enough. The aged person, perhaps more than any other, requires the warmth and interest of a kindly companion to compensate for the loss very often experienced, of friends and relatives.

The need is especially pressing in the case of those old people who are housebound through physical infirmity and ill-health. Friendly visiting on a regular basis has been widely developed in Great Britain in answer to this need.

The Chief .....



The Chief Medical Officer of Scotland, urging the expansion of services of this kind in an article published in "The Medical Officer" said -

"In particular we must remember the loneliness that sometimes comes to the elderly and the amount of help that can be afforded by a sympathetic and regular visitor going in as a personal friend every week or at least every fortnight, just chatting and listening, and perhaps helping the old person with failing eyes to write a letter to some distant relative."

A similar form of help which has been developed in Ireland is the provision of domestic assistance by neighbours, who perform household duties for one or two hours a day, and are paid for their services at the rate of 1/6d. per hour.

The Council of Social Service in Scarborough has organised a voluntary panel of visitors, consisting of eighteen women who visit more than sixty aged people, an average of once a fortnight. The visitors hold discussions on their work and submit information relating to the old people, for recording on a central index system. An organising committee consisting of representatives of various women's organisations conducts this scheme. "These ladies keep a friendly eye upon the old folk and endeavour to help them in their difficulties."

In Liverpool the Municipal Social Welfare Department shares in the provision of friendly visiting services and the following is an account of the scheme which has been planned.

"The extension of statutory services for old people has shown an urgent need for further services of the more personal kind which are not favoured by statutory provisions, and which can probably best be provided by voluntary workers actuated by a spirit of good neighbourliness. Home visiting is of particular value, for it can lessen the feelings of isolation and loneliness, and through it we can ensure that old people have all the services they need when in difficulty.

The Ministry of Health has recently issued a circular to local authorities dealing with this and other matters concerning old people, stressing the importance of closer co-operation between statutory and voluntary bodies for this purpose. The Liverpool Old People's Welfare Committee and the Social Welfare Department in the City have drawn up a scheme to try to provide a visitor for any old person who is lonely and in need of help. A great deal of such visiting is already undertaken by such organisations as the Old Age Pensioners' Club, the Churches, the British Red Cross Society, and the British Legion but a more comprehensive and integrated scheme now seems necessary.



The Social Welfare Department is sending a letter to local authority departments including such people as rent-collectors, gasmeter-readers as well as doctors in hospitals asking them for names of old people living alone who may need help. Social welfare visitors will make the initial visit and arrange where necessary for such domiciliary services as a home-help or district nurse. Where and when friendly visiting is needed they will refer the matter to the Old People's Welfare Committee. This Committee has undertaken to recruit the necessary volunteers to deal with the visiting.

Another example of a friendly visiting scheme is in application in Balckburn where 1,600 old people living alone are visited at the rate of 400 a week by voluntary workers.

To indicate the importance which is being attached to the services of the voluntary friendly visitor to the aged in Great Britain, here is an extract from a plea made in the House of Commons in February, 1949, by the Rt. Hon. James Griffith, Minister of National Insurance:-

"I make an appeal. There are lots of men and women with time on their hands who perhaps are seeking ways in which they can be of service. Here is a real service which they could render. If they can give a couple of hours in an afternoon in order to visit some old gentleman or lady, or perhaps two together, and talk to them they will be helping. We are in constant touch with the National Council of Social Services and the Old People's Welfare Association. The Board is represented on their Committee and we hope to continue an increasingly effective service to remove what is now one of the biggest problems in this field - the terrible loneliness of old people."

Voluntary visitors of this kind can bring much comfort to the old people, by providing them with many little extras which they would not otherwise be able to afford. Crafts, materials, games, books, magazines and even the provision of such aids as invalid chairs can help to ease the life of an old person.

Sometimes such groups of workers are referred to as "Group Companions" and anyone willing to spend an hour reading or chatting with the old, can give valuable service in this way. Generally, it is considered that persons between the ages of thirty and fifty are most suitable for the work.

Sitters-in are another variation of friendly visitors. In this work it is possible to recruit the old to help the old. By this means the able-bodied aged earn a few shillings more by giving to the less able-bodied companionship and simple help. The fee charged is ten shillings per night.

Befriending of the aged may be organised by women's organisations or other groups. In Elstree, for example, the Women's Organisation operates a scheme in which more than 100 women assist by providing an "old people's friend" in every street.



A variation of the friendly visiting idea is the provision of so-called "sitters-up" for old people who cannot be left alone at night. In Nottingham, for example, the Women's Voluntary Services provides a paid service from 9 p.m. to 8 a.m. which includes the washing of the patient and making of beds.

Befriending schemes should be developed and extended so as to encompass all old people in the community, whether well-to-do living with relatives or otherwise, whenever difficulties arise out of the aging process.

(e) Laundry Service.

Many old people with limited means are able to manage on their own with a little help with the heavier chores. Assistance with laundry relieves one of the most strenuous tasks which they may have to perform. In the case of sick or infirm old people and old people who are incontinent a laundry service is an urgent need.

The National Corporation for the Care of Old People in Britain, has made a grant to the Bristol Council of Social Services for the purpose of running an experimental laundry service for old people. In addition a number of local authorities provide a laundry service for the bedridden.

In order to encourage the extension of laundry help for aged persons, the British Minister of Health has instructed hospital authorities to place their laundry facilities at the disposal of local authorities wherever possible.

The Bristol launderette service is housed in the basement of one of the old age homes run by the Council of Social Services, and operates as follows:-

"The elderly people are able to bring their washing to the laundry and to use the washing machine equipment themselves with the aid of a volunteer, or alternatively in appropriate cases the washing is undertaken entirely by volunteers when, for example, the laundry is being done for a bedridden or elderly person who is unable to get out. In such cases, the laundry is brought by specially arranged transport and in some cases by a home-help. A charge is made to the old people of 1/6 for 9 lbs. of washing. The residents in the home are taking a lively interest in the launderette, access to which is through a separate entrance, and the residents are already not only using the launderette themselves but are helping with the ironing process and have in fact saved money to purchase one of the actual washing machines installed."

Local authorities are given power under the Housing Act of 1949 (Sections 7 and 8) to provide laundry services in housing schemes including provision for old people.



A modern bathing centre at Marylebone, London, which is equipped with a laundry unit, undertakes washing on behalf of incontinent old people with whom the laundering of linen constitutes a problem. The attendants are paid an extra half-penny an hour for performing such work, which is undertaken on production of a certificate from the Medical Officer of Health.

(f) Linen Service and Household Equipment.

Associated with the need for a laundering service, is the problem of the provision of sufficient linen for incontinent old people. In London the Central Council for District Nursing has established a "Comforts Fund" providing sheets, drawsheets, pillow cases, towels and nightclothes on loan to needy old people under care of district nurses.

A pool of household equipment has been suggested as a further practical need which remains to be met. Old people frequently need some item of household use which they cannot afford. A small collection of household utensils should be built up from which such necessities could be provided.

(g) Bathing Services.

Many old people live in tenements and rooms lacking a bathroom. Two different types of schemes have been evolved overseas to meet this deficiency. In a London borough, (Marylebone) a municipal bath-house is reserved for the use of old age pensioners on one day each week at a cost of a sixpence a bath and attendants are available to give any assistance to the old age pensioners that may be necessary.

The second type of provision is being undertaken by the Southall Town Council in Middlesex. A hot bath service is brought to the home of the elderly person. A Health Department car has been specially adapted to carry a twenty-gallon tank of hot water, a zinc bath on wheels and several yards of rubber tubing. The bath is wheeled into the house and hot water pumped into it from the car. Men and women attendants are available to help old people when necessary.

(h) Books on Wheels.

The Women's Voluntary Services in England have developed a special library service for the elderly. In Rochester, this scheme works as follows:- a mobile van and a driver are provided by the W.V.S. and books and a travelling library assistant are made available by the Public Library of Rochester. Each reader is permitted to borrow two fiction and up to four non-fiction books at a time. The service calls at the home of each old person once a week and was inaugurated with 54 old people as members.

(i) Home .....



(i) Home Chiropody, Physiotherapy and Occupational Therapy.

Defects of the feet are a common malady of old age, and often seriously affect the old person's ability to be self-sufficient. A substantial measure of relief for old people suffering from foot trouble may be afforded through the organisation of mobile chiropody services such as have been developed overseas.

The need for chiropody was discussed at the 1950 National Conference on the Care of Old People in Britain. It was pointed out that there had been an increased demand in the past few years for this service. Many old people living alone, were unable to devote as much attention as they should to details of hygiene, some for example, were unable to cut their own toenails, with the result that their feet were neglected and crippling disabilities developed. Cases had occurred where the wearing of slippers to avoid pain had led to serious accidents. Death had resulted from septicaemia produced from ingrowing toenails.

A voluntary service has been developed in several centres in Britain to attempt to cope with these problems. In Bristol a chiropodist is employed on a part-time basis to give treatment at various points. Two further chiropodists conduct clinics, the old people making a payment of approximately two shillings towards the cost of treatment. About 400 are given treatment in one year.

In Liverpool, a chiropody service for the aged was developed by the Liverpool Personal Service Society in 1947. Old people's clubs, by arrangement with the foot hospital may refer old people in needy circumstances for treatment, at a nominal charge of a few pence. Free transport is provided to the hospital. Two ancillary schemes were run by chiropodists, one on the premises of a youth club and the other in private rooms. About 5,000 people over 60 were treated under these schemes during 1950. In Plymouth a chiropody service provides both clinical attention and domiciliary treatment in the case of old people who are unable to get out.

Physiotherapy required by old people suffering from rheumatic and other complaints is another need which is being met on a domiciliary basis, in the all-out effort which is being made in Great Britain to enable old people to remain in their own homes. In East Sussex a mobile physiotherapy service covers the entire county, bringing home-therapy to many elderly sufferers. Several vans, working in conjunction with the hospitals and general practitioners, travel round the country, serving people who would otherwise be unable to afford home-treatment and cannot get to hospital. The service is conducted by a voluntary committee which raises funds from the public.

It has been suggested that the physiotherapy services should also be combined with the provision of occupational therapy for the home-bound.

(j) Emergency .....



(j) Emergency Help.

Old people living alone need some means of calling assistance in an emergency. Old people's welfare committees in three localities in England have established an emergency system whereby old people in distress may signal for help by placing in the window a special card, which will be noticed by welfare workers going their rounds or by members of the public.

Two other localities have evolved another type of emergency call system, working in co-operation with the local dairymen. These men report immediately to the old people's welfare committees, whenever an elderly customer fails to take in his milk within a certain time.

(k) Domiciliary or Home-Care of the Infirm and Chronically Ill.

The idea of a sick old person being able to continue to live on his own, and of welfare services being directed towards this end may seem at first impractical. Yet domiciliary care for the aged is the ideal now sought after in dealing with the infirm in Great Britain and the U.S.A.

In a Memorandum to the Minister of Health the National Old People's Welfare Committee emphasised the economic advantages of domiciliary as opposed to institutional care for the infirm aged:-

"..... the cost of looking after an old person at home is far less than that of caring for a patient in a hospital and it is obviously easier to obtain home-helps than nurses. The cost, too, of looking after a patient in a home is far less than that incurred while he occupies a hospital bed. It would seem then on general grounds of economy, there is a case for the provision of more care for old people in their own homes ....."

Apart from the economic advantages, the benefit to the old person of remaining in his own environment and maintaining his old neighbourhood and home associations, is immense.

Of interest, is a report on the American National Committee on Homemaker Service which at its annual meeting in November, 1951, studied ways and means of extending homemaker or home-help facilities so as to help meet the needs of the chronically ill.

British opinion on the subject of domiciliary care of the infirm aged is reflected in the report of the National Conference on the Care of Old People, held at Brighton in 1950. The Report of British National Conference stated that old people should only be removed from their homes for acute medical and surgical reasons, or if home-care has become impossible. Of the care of the infirm at home, the report says that:-

"For the majority it must be our aim to reproduce in their own houses as much as possible of all they would have enjoyed had they been in hospital. Let us reflect what the hospital has to offer:- medical skill, diagnostic facilities and treatment (especially physiotherapy),

nursing .....



nursing care, medico-social advice, regular meals, treatment and a bed with clean linen. Some of these can be made available by a 'ferry service' of transport between home and hospital without admission. Others can be reproduced at home from the resources of other statutory bodies, notably the local authority's home-nursing and home-help services. The statutory bodies ..... working in close liaison are able to provide the framework for a home-hospital service and the leaven of such a service will come from the ever-ready help of the voluntary organisation."

The report refers to some 600 elderly patients treated over a period of two years, under the home-hospital service of St. Heliers Hospital in Surrey, of whom only one in three required admission to hospital on a short-term basis, although all remained potential patients for admission at any time.

The working of the home-hospital service is as follows - an almoner from the hospital visits all elderly patients seeking admission, for whom there are no immediate vacancies. The hospital physician in close collaboration with the family doctor, then assesses each case in the patient's own home. This ensures that referral to hospital is made only in the most essential cases. The report of the National Conference stresses the importance of this home-visit by the hospital team in every case.

"Without it no true picture can be obtained as to the relative urgency for admission or suitability for home-care."

The report also draws attention to the tragedy of many chronically sick people who remain on the waiting list for admission to hospital for lengthy periods during which no responsibility is assumed by the hospital authorities for either treatment or care.

"Let us face facts, as many of them have, in any case, to stay at home and wait in vain. Let us then designedly leave the majority in their homes and concentrate our efforts on admitting to hospital individual cases which medical and social assessment have shown to be the most urgent and let us do this irrespective of chronological sequence in the waiting list."

Under the National Health Service Act, provision is made for two teams - one working in the home, consisting of the family doctor, home or district nurse, health-visitor, home-help, relatives, friends and neighbours; and the other, working in the hospital, composed of the physician and his medical staff, the nursing staff, almoner, physiotherapist, occupational therapist, dietitian and chiropodist.

Dr. Margery Warren in "The Social Service Review" stresses that it is better to treat old people at home in their customary surroundings, and to use the home-team whenever this is possible.

With the ....;....



With the provision of sufficient transport facilities hospital out-patients' services can be extensively used for sick old people and offer a more satisfactory alternative to hospital confinement. In the St. Helier Hospital, shortage of beds originally forced the authorities to seek an alternative means of dealing with the sick and infirm aged, and the home-hospital service was evolved. What started as merely a make-shift arrangement, however, was found to possess important advantages in itself and gradually it was realised that the emphasis had moved from the hospital to the home.

In the United States, two experiments are being conducted in the home-care of the chronic sick aged. Dr. Bluestone in New York, has pioneered in this field. The difference between this and the British scheme lies in the fact that the aged patient under the American plan is regarded as a member of a sort of extra-mural ward. The hospital physician is in sole charge and the family doctor relinquishes control. Under the British scheme, the family doctor remains in attendance and works in with the hospital staff, enlisting the full help of the social welfare facilities available in the community.

(1) The effects of Institutional Care compared with Domiciliary Aid.

An interesting experiment in the care of elderly persons was carried out in America by Ruth Laverty, director of a home for the aged women in New York, and lecturer in Aging at the New York University. The following extracts have been taken from a report on this Study which appeared in the "Journal of Gerontology", October, 1950.

The Study related to 30 elderly women, 15 of whom were admitted into a home for the aged, and 15 of whom were placed on a non-resident care programme, or domiciliary service.

"The residents at the home under institutional care were freed from all normal anxiety. Nursing and medical care were immediately available on the premises in case of need. The building, a modern one, provided each woman with her own private room, comfortably and attractively furnished .... Well-planned recreational and occupational activities took care of their leisure hours. They were permitted full freedom to go and come as they pleased and to have any visitors at any time or on any day.

The non-residents were also relieved of all anxieties but they carried full responsibility for their own care. Financial need was alleviated either through public or private assistance. The Home also gave monthly grants for necessary items which could not be supplied by any other source. All community resources were used on behalf of their welfare. Partial or full employment or voluntary work was encouraged. The women lived in furnished rooms or small apartments, did their own marketing, cooking, cleaning and recreational planning.

Preventive .....



Preventive medical care was strongly emphasised. Visiting-nurse activities, private physicians, district clinics and hospitals were used as needed. Non-residents were considered members of the Peabody family and were invited to all major social events at the Home....

After a two-year period the resident and non-resident groups were compared. The findings are enlightening and should prove of particular significance to organisations interested in the development of services or programmes for the aged.

Physically.

The Medical reports revealed that the non-residents as a group, all of whom were still living, maintained better health than the controlled group at the Home. The general pace and tempo of the experimental group seemed noticeably faster than that of the controlled group in the Home. More than half were even in better physical condition than when they were originally examined at the time of acceptance .....

Emotionally.

The non-residents seemed to be a much happier group. Their conversations with the case worker indicated a decided trend towards externalisation of interests. They were alert to local and world affairs and participated enthusiastically in neighborhood and church activities. Their relationships with friends, neighbors, employers and other people with whom they were in contact was good. There was little or no evidence of self-pity and they showed a strong desire to be helpful to others. More interesting they did not think of themselves as old, yet frequently referred to the resident group as "those poor old ladies at the Home." Their activities were normal and healthy and their planning was in terms of the present and future all of which makes for good mental hygiene.

Conversations between the case worker and the residents on the other hand pointed to a pattern of internalised interests with excessive pre-occupation with self. They tended to exaggerate minor ailments and were given to much self-pity. Hoarding, criticism of their neighbors, constant demands for attention, suspicions, strong rivalries, resentment and resistance against even slight deviations in routine and reluctance to participate in the Home's activities were some of the more common reactions noticed. They thought of themselves as very old ladies, liked to have everything done for them, and spent much time in planning for their funerals .....

Financially .....



Financially.

Non-residents handled their budgets limited as they were, in a much more realistic fashion ..... The behaviour of the residents approximates that of children who were not too close to reality and who looked to their parents to supply all their needs and whims, even to the point of indulging in 'ladylike tantrums' to get what they wanted in the way they wanted it.

From the Home's point of view the cost of the non-resident programme is an exceedingly economical one. Figures, especially if expressed in dollars and cents, can be very graphic. Citing current figures, the average cost to the Home for each non-resident is \$16.56 a month. The per capita cost of each Home resident is \$125 per month. It is estimated that one full-time case worker can serve forty, possibly even fifty non-residents, provided that all her time is devoted to them and not drained off by other duties; Whereas a staff of 20 people is needed to care for the 50 residents in the Home. As indicated previously full utilisation of personal resources, which includes rehabilitation for employment plus community resources produce this dollar economy in the care of older people.

The two groups were compared at the end of three years and again after the fourth year. The findings are essentially the same. The non-resident Aid Plan sponsored by the Peabody Home for Aged Women is now in its fifth year of operation .....

The conclusions drawn from this Study stand out clearly:-

Casework methods in using the basic emotional needs of the aged is a successful rehabilitative approach.

Mental and physical deterioration may be retarded by encouraging normal community living as opposed to premature institutional admission.

Institutional placement is far more costly than a home-care service therefore, protective supervision should be considered only for those who are no longer capable of self-care.

Assurance of eventual home admission when in need of institutional care relieves fears related to future illness, tends to alleviate pressure for immediate admission and gives the aged a feeling of security."

Thus in .....



Thus in the small experimental group handled it will be seen that those under non-resident care -

1. were better in health;
2. emotionally better adjusted and much happier;
3. cost less to maintain than the elderly women housed in the institution.

Whilst this Study relates to only a small number of women of a particular group it is nevertheless significant in providing a factual indication of the advantages of domiciliary care as compared with institutional life.

(m) Do Aged Persons Prefer to Live Alone?

An interesting question in considering methods of housing and care for aged persons requiring accommodation, is the problem of whether they actually prefer to be housed under independent circumstances or whether they should be encouraged to live with relatives or other persons. It would be unrealistic to attempt to suggest hard and fast principles. There would obviously be many who would rather stay with married children or friends, or be housed with other aged persons, many for whom such arrangements would, in fact, prove the most satisfactory. However, the results of a public opinion poll carried out in 1951, among a large number of elderly persons in Minnesota, are of interest in revealing the possible fallacies of a widespread belief that old people dread the prospect of living alone.

The following question was put to a representative cross-section of persons twenty-one years and over:-

"Where do you think elderly people should live to be happier if they have the choice - in homes or institutions with other elderly people or should they live alone; or should they live with their children?"

The replies obtained were:-

|                        | <u>All Adults.</u> | <u>Those 60 years<br/>and over.</u> |
|------------------------|--------------------|-------------------------------------|
| In homes, institutions | 23%                | 16%                                 |
| Alone                  | 33%                | 52%                                 |
| With Children          | 16%                | 11%                                 |
| Qualified              | 25%                | 20%                                 |
| No opinion             | 3%                 | 1%                                  |
|                        | <u>100%</u>        | <u>100%</u>                         |

(The qualified answers covered replies such as 'It depends on the aged person' or 'They should live alone if they can manage financially', and so on.)



B. ACCOMMODATION FOR THE AGED.

The old man or woman should be housed as far as possible, as an ordinary member of the community, living and functioning in it in the same way as any other person.

In order to assist old people to find sufficient accommodation in among general housing provisions it has been the practice in England for many years, for public authorities to allocate one per cent of public housing to the aged. An increase in this proportion to the figure of 5% has been recently advocated by the Survey Committee on the Problems of the Aged sponsored by the Nuffield Foundation, which has made a nationwide study of the needs of the aged in Great Britain.

So important is the principle of housing the aged with the rest of the community, that the National Old People's Welfare Committee, holds the view that not only public housing schemes, but every large block of flats should contain a certain proportion of units set aside for older people.

This latter view is also held by the authoritative New York Legislative Committee on the Problems of the Aged, which has stated that:

"In general all new housing projects should contain provisions for persons of all age-groups, and the able-bodied aged should be housed with the rest of the community."

The New York State and City in 1951, announced that all State-aided public housing projects would in future be required to allocate to aged persons approximately 5% of all dwelling units erected.

The reserved units were to be specially designed to meet the needs of the aged, with non-slip floors, square bathtubs with handgrips, and other facilities.

The apartments for older persons are to be part of general buildings erected for family use, but will be kept together in a single wing, the object being to "give them all the advantages of community living without the disadvantages". Fifty-thousand units are to be erected of which at least 2,500 will be for older persons. The cost of the scheme will be in the region of \$735,000,000 and a rental of about 9 dollars will be charged.

In providing adequate community housing for the aged pensioner it has been suggested that rental should not exceed 15% of his income. Housing for old persons in Scandinavia have been planned on this basis. For old persons of other income groups the general standard of 20% set by the Manchester Housing Authority and widely recognised by housing authorities throughout the British Commonwealth, might be followed.

(a) Small Houses or Cottages for the Aged.

A normal home-life as an independent member of the community may best be secured for the aged person by enabling him to live in his own private dwelling. The ideal at which to aim in housing old persons, is, therefore, the provision of small houses or cottages preferably with their own gardens.



The Housing Manual of the British Ministry of Health, summarising the latest ideas on this subject, says that accommodation for aged persons should be provided in self-contained dwellings which should have easy access to churches, shops, and places of entertainment. They should be placed in a position which will ensure a pleasant outlook from the living-room, where the old people are likely to spend much of their time.

The Manual suggests that the cottages should be erected in pairs or in terraces in different parts of the neighbourhood and mixed with other developments so that the aged persons may have full opportunity for contact with the younger generation, and for maintaining an interest in the life of the community around them.

In planning dwellings of this kind, says the Manual, special attention should be paid to such points as the avoiding of drafts, the sheltering of front and backdoor, good thermal insulation, easy access to the fuel stove from within the house, clear space on either side of the bed and a handrail for the bath. Stairways and steps should be avoided wherever possible.

A special sub-committee of the British Central Housing Advisory Committee is drawing up a detailed guide for local authorities providing housing for old people. A similar committee is considering this question in Scotland.

Among the many post-war housing schemes in the United Kingdom, making provision for old people as a part of general housing projects, is the Harold Hill Estate of the London County Council. Here pairs of old people's cottages are interspersed with the dwellings of the general project.

The Harold Hill Housing Estate, opened by the Minister of Health in Essex in 1949, exemplifies an ideal means of housing persons in private dwellings situated in the midst of ordinary family houses. The following description of the project is taken from the "Home Affairs Survey" of 6th December, 1949:-

"Harold Hill is a large London County Council Housing Estate planned when complete to contain some 7,380 dwellings. The Council is providing two forms of accommodation designed for old people who are either fully able-bodied or still in fairly good health. For those who are able to care for themselves, a number of single-roomed bungalows are being provided through the Estate, interspersed with normal dwellings occupied by younger families. These bungalows are usually arranged in pairs, filling in corner spaces between groups of normal two-storied houses. In addition, single-roomed dwellings are being sited in groups in conjunction with clubs and reading rooms and a warden's cottage .....

The bungalows .....



The bungalows have been sited so as to give maximum privacy in the space provided at the rear of the dwellings, which will, in due course be laid out as a communal garden with bowling green and seating accommodation under the existing trees, the whole providing a quiet retreat. The fronts of the dwellings, however, has been planned facing Estate roads to avoid any feeling of exclusion by giving the tenants the opportunity of viewing the general life of the Estate from their livingrooms.

The group contains 41 bungalows, a club-room, and a cottage for the warden. The bungalows are similar to the type used throughout the Estate, except that they have been modified to enable them to be erected in small terraces instead of in pairs.

Half the accommodation provided consists of a single livingroom with a bed recess, a fitted kitchen, a bathroom and a fuel stove. The living-room is entered from the covered porch via a small entrance hall; it has an area of some 200 square feet, including the bed recess and bay window. It is fitted with an open fireplace with a backboiler for hot water supply. There are also electric points for connecting portable electric apparatus. The bed space has a built-in wardrobe and can be curtained off.

The kitchen in each bungalow is provided with built-in cupboards and a dresser, larder, sink and draining board, with gas or electric wash boiler underneath. As in all the Council's dwellings, the choice of gas or electric power for cooking is left to the tenant. The bathroom is provided with a W.C. and a hand washbasin and a bath which has been specially designed for use by old people, by being partially sunk into the floor and raised a little more than 18 inches above it .....

On the northside of the group of dwellings is a terrace of six bungalows, with a two-storey recreation block or clubhouse in the centre. This block, it is hoped will form the focal point of the old people's community life and to this end it has been designed to incorporate a livingroom, reading-room, library and facilities for making tea, all of which will combine to make this a centre where old people can, when they wish, enjoy to the full the benefits of company and good fellowship."

Isledon House, Islington, provides another interesting model. Erected by the London Parochial Charity Trustees, this scheme consists of self-contained dwellings with communal canteen, commonroom, sickbay and laundry, built in a group adjoining a block of family flats. The "Sunset" Cottages of Edmonton, consist of a group of six semi-detached cottages, each consisting of a livingroom, bedroom and bathroom. The cottages are surrounded by lawn and each resident has his own vegetable garden.

In America .....



In America the provision of clusters of "Senior Dwellings" has been proposed by Hertha Kraus, Professor of Social Economy of the Bryn Mawr College. These are remodelled older houses or newly built houses scattered over various types of neighbourhoods and offered at every rent level. In particular an adequate number of dwelling units for one or two persons, at low or middle rentals should be provided. All units should be easy to run and require the minimum of household work. In addition, Professor Kraus suggests a certain proportion, possibly up to 20%, should be especially designed to accommodate old persons who are disabled or incapacitated. The design of these dwellings should be adapted to meet the requirements of persons needing assistance with bathing, persons who are partially sighted, or who use a wheel-chair. Group services, such as housekeeping and nursing aid should be provided under the direction of a qualified resident hostess, who would generally guide and supervise the welfare of the old people.

Each scheme should have ample provision for the use of leisure-time. The lay-out of the project should include facilities both for outdoor and indoor recreation. The services of voluntary organisations, churches, and other community agencies might be enlisted to conduct various activities.

(b) Co-operative Houses.

Where the provision of separate dwellings is not possible for financial or other reasons, the experiment tried out in Canada, of providing "co-operative" housing is of interest. Many variations in these houses are found but "Elizabeth House", Toronto, provides a model pattern upon which such schemes might be based.

This is a small, six roomed house, in a terrace of houses. It is occupied by five elderly women, each of whom has a private room with an electric hot-plate on which she may prepare her own meals if she prefers this to dining in the communal kitchen, which serves as commonroom for the residents. The old ladies share responsibility for household chores, taking it in turns to do the shopping, cooking and other work. Generally, they have one meal, the noon-meal together. The cost of rental, heat, electricity and the noonday meal are shared by the residents who thus manage to live very economically, the total cost working out at about \$9 per head per month.

The successful operation of co-operative houses hinges largely on the reasonable health and independence of the residents. Where one of them becomes enfeebled or mentally senile, it is essential that adequate facilities should exist for transfer to a suitable institution. In the case of "Elizabeth House", this is ensured through the friendly supervision of the church worker who initiated the scheme. In Johannesburg such supervision might be the work of the local Social Affairs Department or a voluntary agency interested in co-operative schemes.

Co-operative .....



Co-operative housing for small groups of elderly people was first initiated by the State of Washington. In New York City and New Jersey similar co-operative housing projects have been developed for the aged.

(c) Flatlets or Apartments for the Aged.

If accommodation cannot be provided for old people in separate dwellings, the most satisfactory means of preserving their independence is by providing housing in the form of private flatlets or apartments. In the setting and design of these units the guiding principle must be in every case, the retention of normal functioning in the community.

The flatlets and apartments for old people should be a part of larger blocks of flats for family use. They should be situated in various residential areas and be graded in rentals to meet the needs of all incomes. They should be specially designed for old people and should preferably be on the ground or first-floor level. Whenever possible they should be serviced and provided with communal canteens, laundry, sickbay, and leisure-time facilities. In England local authorities are empowered under the Housing Act of 1949 to provide laundry and canteen services as part of the amenities for their tenants.

Apartment schemes for old people have been developed on a large scale throughout Europe and in America. In Zurich a series of buildings comprising 200 apartments for old people have been planned by the City. Each apartment consists of one room with entrance vestibule, a lavatory and a kitchenette.

In Canada, under the National Housing Act, various schemes have been established. In the town of Berlington, Ontario, is a project of special interest. Townspeople have raised one-third of the cost of a block of flats for old people, the Federal Government meeting the remaining two-thirds by amortisation. Each apartment has its own bathroom and kitchen. There are two-room apartments for single people, with a bedroom, sittingroom and kitchen for which a rental of \$16 a month is charged. Three-room apartments are provided for couples at a charge of \$21 a month which includes heat and electricity. In 47 years, the rentals will have repaid the Federal Government the amount advanced and the scheme costs the people of the City, maintenance only.

The Municipality of Copenhagen up to October 1948, had erected 5,240 flatlets for old people and aims eventually to have a total of 8,000. Twelve blocks of flats are placed in different parts of the town in the areas in which the old persons have always lived. The flats each have livingrooms placed in such a way as to catch the sunlight. They have central heating, gas, electric light and hot and cold water. For those who do not wish to cook their own meals, there is a community kitchen providing dinners at nominal cost. Flats for married couples consist of two rooms, an entrance hall, kitchen and lavatory. Bachelor flats are provided for single persons, consisting of one room with a bed alcove, kitchen and lavatory. Bathrooms are shared and there are communal feasting rooms with kitchens adjoining, which the old people may reserve for entertaining their families and friends.

The flats .....



The flats have balconies fitted with window boxes and each block is surrounded by a garden and lawns. In all accommodation is provided for 1,600 at "Old People's Town", as the scheme is called. There are 35 resident staff officials. The scheme is financed almost exclusively by the Municipality, the Government contributing only to operational costs. Loans for the construction of the apartments were obtained from private capital with a Government guarantee of the loan. Rentals within the range of old people's pensions are charged. A feature of special interest is the inclusion in some schemes of adjoining infant-schools and creches, which have been located there to give the old people the pleasure of having children nearby.

In the U.S.A. a number of apartment projects for older people have been instituted by family agencies which supervise them closely. Some are run in conjunction with established homes for the aged. Examples of such extension schemes are to be found in New York, Cleveland, Baltimore and Chicago. The old people either live on their own in private flatlets, or share a flat with another, and have a communal diningroom, medical and leisure-time facilities.

"Tomkins Square House" in New York offers an interesting example for study. Operated by the Community Services Society of New York, by whom it was started in 1929, this project contains sixty units of one or two rooms. Flatlets may be furnished or unfurnished, as desired, and include a kitchen with full cooking and refrigeration facilities. There is a cafeteria serving meals at low cost to those who do not wish to prepare their own. Baths are shared between two or three flatlets and there are commonrooms for the residents and a communal laundry service.

(d) "Plus Granny" Flats - Granny Apartments or the "Mother-in-Law" House.

The "Plus Granny" flat is an interesting development permitting of privacy and independence for the old person, while at the same time allowing of proximity to his family or relatives. Old people would often like to remain close to their married children, without actually living in the same household.

The "Plus Granny" flat consists of an independent flat attached to an ordinary house, with an inter-connecting door. The flat, called in America a "Granny Flat", consists of a bed-sittingroom, kitchen and bathroom. An independent small housekeeping unit with a separate entrance, it safeguards the privacy and independence both of the old person and of the children.

This combination .....



This combination unit has many advantages. It allows the old person to maintain his place in the community rather than separated from it. It enables younger persons to keep closer contact with and interest in their aged relatives, adds to the emotional security of the older person and provides him with ready access to nursing attention and housekeeping assistance when this is necessary. Further, it provides a channel for mutual assistance on both sides, the grandparent in his turn often being able to help with the care of the children, or household chores.

The scheme has also other advantages. The rental of the separate unit might help the householder to pay for his home. Initially it might serve as a flat for a married son or daughter, and later when one or other parent dies, as a home for the widowed member, who might then use the main house as a source of income. Thus the "Granny Flats" may form "part of a wise and practical retirement plan."

(e) Foster-Home Care for the Aged.

Where private dwellings or apartments cannot be provided for old people, or where the old person is unsuited to life of this kind, the method of Foster Home Care, is often the most satisfactory substitute. This offers the old person opportunities for a home-life and the maintenance of social contacts and psychological security with only partial loss of independence.

In recent years, many social agencies in America have initiated schemes of foster-home care for single elderly persons. This is a new adaptation of foster-home placement which was formerly only for children. The characteristics of the aged person, and the situation in the home in which he is to be placed are carefully studied by the agency before selection of a foster-home is made. Rigid standards are demanded from the foster-home which should be able to provide the old person with a private room well-prepared food, the use of a telephone, facilities for receiving visitors and other requirements.

Under the Private Residence Programme developed by the Jewish Community Service of Queens-Nassau, a boarding-rate of \$130 a month is charged. The aged person must be able to re-imburse the agency to the extent of \$70, the equivalent of the amount received in Old Age Assistance from the Department of Public Welfare, by clients meeting eligibility requirements.

All foster-houses .....



All foster-houses are closely supervised throughout the period of placement, by the responsible social agency, which also provides counselling and assistance as required by the elderly person. Foster-families are sought which will accept the client as a member of the family group, and clients are selected in turn, who will most readily adapt themselves to the life of the family. It has been found that the closest integration and harmony is achieved where there is some common bond between the two, such as a common religion or nationality.

The best method of locating foster-families for old people has been found to be advertisement through the press. All applications, however, must be carefully investigated to eliminate the danger of the old person being exploited for personal ends - to act as nursemaid to the children, to do housework, or serve as a companion.

Foster-home placement has been extensively developed as a form of care for the aged in America. In New York a Foster-Home Placement Programme for old people was initiated as far back as 1933, and by 1950 more than 2,000 old people were being cared for under this scheme.

The foster-care method of placement for the aged has not as yet been tried out in South Africa, and considerable scope exists in this field for welfare agencies concerned with the care of the aged. There will always, of course, be a number of old persons who would prefer to live in the comparative independence of their own quiet rooms, but there are many for whom the warmth and companionship of a foster-family would offer the most beneficial environment.

(f) Residential Clubs for Elderly Men and Women.

If an old person cannot or does not wish to live in his or her own home, or in the home of another, the private residential club offers an interesting alternative. Here the elderly person may mingle with others, yet fully preserve his independence. The preparation of his food, the cleaning of his room, and his laundry may be done for him but there is no loss of self-respect. A friendly interest may be maintained in him, but there is no hint of the patronage and dependency which is implied in the old aged home or institution. He is a member of a club, on the lines of the Y.M.C.A. or Y.W.C.A. - a self-contained, independent person, with a great deal of freedom, not the inmate of a home.

In a .....



In a paper read to the Canadian National Conference on Social Work in 1950, Mrs. Jean Good, of the Toronto Welfare Council outlined the main requirements of a residential club for elderly persons, based on the experience of four residential clubs which had been in operation for some time. She stated that accommodation for not more than 15 to 30 people should be provided (economies affected by accommodating larger numbers were negligible). Further the following basic requirements were listed:-

"(1) There must be provision of easy transfer for mentally enfeebled or chronically infirm people from the club to facilities suited to their care and treatment.

(2) The residential club should be close to transportation, churches, shops, libraries, etc., but away from the smoke of the factories.

(3) There should be a garden for the residents with 'green fingers' to plant a few flowers or vegetables.

(4) It is important to have single rooms. Respect for the personality of the individual demands that each old person has his or her own window, in cases where it is necessary to subdivide large rooms.

(5) A common room, diningroom or cafeteria an infirmary for residents with a temporary illness, are primary essentials in planning."

The residential club should preferably open membership not merely to the very old but to other men or women in the community, reserving always a substantial proportion of its accommodation for those over 50 or 60. In this way any possibility of stigma attaching to the club as an establishment purely for the aged would be avoided.

#### C. LEISURE-TIME SERVICES FOR THE AGED.

One of the greatest hardships of old age, leading to much suffering, is its loneliness. When old people are living alone, and have lost relations and friends, this is an especially cruel problem. A description has been given by a London busman of how lonely old men and women board his bus to be taken wherever it goes, simply as a way of filling empty hours. Another account relates to teetotal old men in a certain city who regularly attend the meetings of "Alcoholics Anonymous" just for company and to be able to talk to people.

Whilst .....



Whilst vocational, social and recreational opportunities for old people decline with advancing years, and reduced mobility, their creative ability and capacity for self-expression do not disappear with age. With the increased time at their disposal after retirement, and at the same time, with the heightened loneliness, which age often brings, it is more than ever essential that adequate leisure-time opportunities should be provided for people in the later years of life.

Clark Tibbitts, interpreting the general feeling of the American National Conference on Aging, in 1950, said:-

"It is recognised ..... that the human organism changes with age, that physical capacity declines and that physiological functions deteriorate, but that satisfactory performance and self-sufficiency can be prolonged further than we have tended to think. In addition there is general agreement that mental capacity may persist well into advanced years. Underlying the proposals and conclusions reached by the delegates is the belief that, during the long, slow process of senescence, the human personality continues to unfold and that the elderly person may have increasing usefulness as a creative member of society ....."

Whilst the capacity for creative expression still remains, it is essential that the individual should continue as he enters into old age, to be provided with full opportunity for the use of his faculties. His mind should further be kept constructively occupied and off the subject of himself as much as possible if he is not to retrogress both emotionally and mentally.

Full cognisance of these considerations must, therefore, be taken in meeting the needs of the aged, and every opportunity must be afforded them of taking their rightful place in community activities of all sorts, the appreciation of the arts, and various avocational skills.

(a) Clubs for Old People.

Clubs designed especially for the participation of older people have achieved considerable success in Great Britain and the United States.

There are now over 2,500 old people's clubs in the United Kingdom, run mainly by local old people's welfare committees. These clubs are assisted by grants from the National Corporation for the Care of Old People and grants-in-aid from local authorities provided under Section 31 of the National Assistance Act, which empowers municipalities to contribute to the funds of any voluntary organisation "whose activities consist in or include the provision of recreation or meals for old people."

The National Old People's Welfare Committee regards these clubs as a valuable channel through which advice and help may be made available to old people in a manner which is acceptable to them. The provision of opportunities for friendly social contact with both members and staff, is of great benefit to the older person, enriching his life with fresh interests and opportunities.

In England .....



In England these clubs are most commonly known as "Darby and Joan" or "Fireside" clubs. A typical club consists of a lounge, with a bright fire and a piano, a ladies' room with sewing machine, a library, a room for darts, cards and billiards, and facilities for a midday meal and tea.

In the United States, too, much emphasis has been placed upon the provision of leisure-time facilities for the aged. Among the earliest programmes to be organised was the Hodson Centre in New York established in 1946. Activities conducted at the Centre include woodwork, embroidery, choral singing, dramatics, painting, poetry and writing. The Centre has approximately 400 members, all of whom are over 60 years of age. As the result of the success of the Hodson Centre more than 30 similar centres have since been opened, by the New York Department of Public Welfare and other agencies, throughout the City.

Some 75 recreation centres have been established for older people in Philadelphia, where sponsorship of the scheme has come mainly from local Y.M.C.A. groups, the churches and community centres. The activities of the clubs vary from indoor games to handicrafts such as weaving and carpentry work.

In the Chicago area, there are about 38 leisure-time groups designed for elderly people. Detroit has fifteen clubs and Cleveland a similar number of centres.

In one area, the Local Welfare Board (Hennepin) has employed a full-time groupwork consultant to promote opportunities for old people to lead fuller and more satisfying lives. Within 8 months of the appointment of this expert, 20 clubs for old persons were established in Hennepin, with a membership of more than 900. The clubs are sponsored by libraries, settlement houses, community councils, recreation commissions, school community centres, churches and other organisations in the community.

It is interesting to note that it was a recommendation from the American National Conference on Aging, held in 1950, through the Federal Security Agency, that consultants should be appointed to help committees plan their services for the aged.

Many names are given to old people's clubs, for example, the "Best Ages" Club, "Merrymakers" Club, "Maturity" Club, "Golden Age" Club, "Friendly Neighbours" and so on, whilst centres which are open daily are sometimes known as "Day Care" centres.

Experience in this work has indicated that older persons are interested mainly in activities such as shows, sports, dancing, arts and crafts, and especially get togethers and opportunities for social life.

Generally .....



Generally, facilities provided through such clubs should include opportunities for participation in community activities of all sorts, for the development of a hobby, appreciation of the arts, and any other type of activity in which old people may find satisfaction. When hobbies are organised, however, an endeavour should be made to find occupations of real satisfaction rather than empty means of filling the time.

Clubs should be open to old people of all income groups, since loneliness is not confined to those who are poor. This is a principle realised both by the National Old People's Welfare Committee in Great Britain, and by authorities dealing with aged in the U.S.A. Raymond Hilliard, Executive Director of the Welfare Council of New York has said:-

"The problem of the older person is by no means confined to the 11% of those 65 years and over in this City who are in receipt of Public Assistance. There are problems of living conditions, recreation, of opportunity for cultural satisfaction which cut across all economic groups ....."

In organising old people's clubs no barriers of income or similar qualifications should be permitted.

Thus old people's clubs meet a serious need in helping to counteract the loneliness of the aged, especially those living by themselves, offering them companionship and new interests and, where hobbies and crafts are organised, giving them fresh occupation for their free time.

A variation of the clubs for old men and women is a so-called "Make-do and Mend" club which meets weekly and provides opportunities for old people to renovate and repair their clothes and other belongings. Lectures and demonstrations are also arranged at these clubs.

Some hesitation was experienced by pioneer workers in the field of group work with the aged, that club organisation would not appeal to old people, who tend on the whole to be conservative in their interests and slow in making new contacts and friends. Experience, however, has shown this fear to be groundless, and a strong demand for old people's clubs has been evident both in Great Britain and the United States.

(b) Holiday Schemes for Old People.

The opportunity for a change at the seaside or in the country is frequently denied to old people, either because they have not the means to afford a holiday or are not strong enough, to travel by themselves. In England, the National Old People's Welfare Committee is encouraging local welfare committees to make holiday facilities available to old people in their areas. Whilst the National Committee stresses the desirability of setting up more holiday homes for old people (there are several in operation in Britain), it urges local committees to extend provision for the more able-bodied aged

by means .....



by means of individual holiday schemes. These offer a more economical method than the running of expensive holiday homes, and many successful experiments in providing individual holidays have been tried.

In 1950, the Birmingham Council for Old People arranged for 550 old people to be given a fortnight's holiday at the seaside resort of Weston-Super-Mare. In terms of an agreement with the Hotels and Restaurants Association, the old people were provided with accommodation in 28 small hotels, at a reduced rate of £2.15.0. a week. They were given special concessions to play on local bowling greens and provided with various entertainments. Special bus transport to and from Birmingham, was arranged.

A similar holiday scheme was recently organised by the County Welfare Committee in Derbyshire which secured the use of a small new seaside hotel. 600 old people from homes and institutions were taken for a holiday at the seaside.

Another successful scheme is that inaugurated by the Bristol Old People's Welfare Committee working in co-operation with the Old People's Welfare Committee in Torquay. Two groups of old people were sent from Bristol and Torquay for a holiday of two weeks. The use was obtained of a hotel adjoining a residential home for old people in Torquay and the visitors were able to make use of the facilities of the home, and exchange social visits with the residents.

(c) Camping for the Aged.

A new and somewhat unexpected field in which experimentation in service for the aged has been carried out with considerable success, is that of open-air camping. On first thought, camping is an activity which may not appear to be suitable for elderly people, who may be susceptible to rheumatism and chills. Yet, contrary to expectations, camping has proved to be most popular with old people, particularly in the United States.

The first outdoor camp to be organised in Cleveland, provides an interesting illustration of the way in which the experiment has been made to work. A camp, consisting of two five-day sessions, was organised in September, 1949, on a camping site owned by the City, some 16 miles from Cleveland. The requirements were that applicants must be 60 years or over, able to get about without undue assistance, and not in need of a special diet. A certificate of reasonable physical health, provided by a doctor of the City Health Department or by a private physician, two weeks before the commencement of the camp, was required.

Members .....



**Collection Number: AD1715**

**SOUTH AFRICAN INSTITUTE OF RACE RELATIONS (SAIRR), 1892-1974**

**PUBLISHER:**

*Collection Funder:- Atlantic Philanthropies Foundation*

*Publisher:- Historical Papers Research Archive*

*Location:- Johannesburg*

©2013

**LEGAL NOTICES:**

**Copyright Notice:** All materials on the Historical Papers website are protected by South African copyright law and may not be reproduced, distributed, transmitted, displayed, or otherwise published in any format, without the prior written permission of the copyright owner.

**Disclaimer and Terms of Use:** Provided that you maintain all copyright and other notices contained therein, you may download material (one machine readable copy and one print copy per page) for your personal and/or educational non-commercial use only.

People using these records relating to the archives of Historical Papers, The Library, University of the Witwatersrand, Johannesburg, are reminded that such records sometimes contain material which is uncorroborated, inaccurate, distorted or untrue. While these digital records are true facsimiles of paper documents and the information contained herein is obtained from sources believed to be accurate and reliable, Historical Papers, University of the Witwatersrand has not independently verified their content. Consequently, the University is not responsible for any errors or omissions and excludes any and all liability for any errors in or omissions from the information on the website or any related information on third party websites accessible from this website.

This document forms part of the archive of the South African Institute of Race Relations (SAIRR), held at the Historical Papers Research Archive at The University of the Witwatersrand, Johannesburg, South Africa.