

AN EXAMINATION OF SOCIAL NEEDS
OF ELDERLY RESIDENTS
OF
H.S.B.A. GARDENS
AN ELDERLY PERSONS HOUSING UNIT
IN NORTH WINNIPEG

IMPLICATION FOR CHANGE AND INTERVENTION

Report of a Practicum

Presented to
The Faculty of Graduate Studies
University of Manitoba

in
Partial Fulfillment of the Requirements
for the Degree of
Master of Social Work

by
Norman D. Freedman, B.S.W.

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ABSTRACT

The Board of Directors of H.S.B.A. Gardens, a senior citizen residence, were interested in studying the effectiveness of current services in this facility. This study was developed to gather information relative to the residents at H.S.B.A. Gardens. A questionnaire examining such variables as psycho-social, household maintenance, food, ethno-cultural, physical health functioning, mental health functioning and availability of family, friends and community resources was administered to 30 elderly residents of this facility. This study discusses the results of the survey. Most respondents reported independence in meal preparation and present transportation assistance meets their collective needs. The results indicate that the residents, for the most part, are capable of independent living, and that most respondents have a strong network of family and friends.

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So many people have given of their time, experience and wisdom. It is not possible to name them all and so I wish to thank all those anonymous who have helped make this study a reality.

Most important among those are the residents of H.S.B.A. Gardens. My advisory committee composed of Professor Don Fuchs, Professor Bob van der Krabben and Mrs. Mary Nichol earn my eternal thanks and gratitude for their advice and support.

Family and friends are a special blessing. Their support, understanding and encouragement over the years of my studies, both undergraduate and graduate provided the impetus for continuation and completion of this study. My special thanks to my parents, and my sons Jeff and Larry.

The dedication of this study to my devoted wife, Leona indicates my love and appreciation for her support, availability and advice whenever needed.

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INTRODUCTION

The primary purpose of the Masters Practicum in Social Work is to provide the student with a learning experience.

This writer's professional career as a social worker began in 1972 following graduation with a Bachelor of Social Work Degree. For in excess of six years professional activity was directed to child and family related services providing individual, marital, and family counselling. In 1978, a change in career direction from child welfare to a specialization in gerontology required the development of information and knowledge in this specific and specialized field.

It has long been this writer's concern that the frail elderly experience many stressful events which can affect the status of the aged. Observation by this writer and discussion with others in the field, led to the belief that isolation and nutrition were among some of the more serious limitations affecting elderly persons who live in their own homes or independently in apartments.

This writer was employed as a social worker with Jewish Child and Family Service for a five year period. Case work responsibilities included working with individual residents of H.S.B.A. Gardens, a senior citizen apartment

complex. During this time, objectives focusing on a study of needs and supports to the elderly residents of our community were developed.

H.S.B.A. Gardens was chosen as a focus of this study because the Board of Management of this facility was investigating the possibility of expansion. It therefore appeared appropriate to study the effectiveness of current services and to establish guidelines for future programming.

With the approval of the Board of Management, this writer undertook this study entitled "An Examination of Social Needs of Elderly Residents of H.S.B.A. Gardens, an Elderly Persons Housing Unit in North Winnipeg: Implication for Change and Intervention".

Objective 1. To look at the social needs of the elderly residents of H.S.B.A. Gardens, and by examining their resources to determine if their present needs are being met.

Objective 2. To begin to operationalize models of intervention to help meet some of those needs which have been identified as being unmet.

It is expected that the writer, through review of gerontological literature will expand his knowledge base in the areas of services to the elderly, intergenerational and

older adult support systems, senior citizen residences and other needs and resources affecting the elderly of our community.

Additional benefits to the writer include the acquisition of organizational skills in planning and operationalization of programs of benefit to needy consumer groups as well as the ability to evaluate outcome of intervention and to determine the most appropriate evaluation tool. The overarching goal of the practicum is to be increasingly capable of providing appropriate social work intervention in the field of gerontology.

The method chosen was to individually interview those residents who agreed to participate.

The report will outline what the student did and what he was able to learn.

A document highlighting findings and recommendations arising from this study will be presented to the Board of Directors at a special Board meeting to be convened for this purpose.

The Board of Directors are instrumental in making decisions that affect the facility. It is anticipated that the Board will be able to implement change based on research findings or will be able to identify and access persons who are capable of implementing changes based upon this report.

CHAPTER I

LITERATURE REVIEW

Institutions form the base of our society. They are defined as "patterns that regulate behaviour in established ways" (Berger and Berger, 1975; p. 10). They usually follow a procedure that is transmitted historically, based on moral authority, objectivity and externality. The most significant quality of institutions is their coerciveness. They are able to force us to function in structure and form which is based on social control rather than individuality. Goffman, whose work focuses on the total institution in general and in the way such institutions affect ". . . the structure of the self" (1961: xiii) of the institutional resident, defines the total institution as:

a place of residence and work where a large number of like-situated individuals, cut off from the wider society for an appreciable period of time, together lead an enclosed, formally administered round of life.
(xiii)

Canadian and American society has had a custodial orientation towards the aged and the institutional facility (old folks home, nursing home, personal care home) has been one of the most accessible sources of care for this group. Due to the lack of alternative services for the provision of social, economic, psychological and physical needs, the elderly are often forced to seek institutional care even

when they require only a few of the services offered (Brody, 1969). Available research also confirms this trend towards the increased utilization of institutional facilities (Bennett, 1963).

Until recently families looked to institutions as the optimum solution for the care and needs of the aging community. In more recent times, a growing challenge is being offered in the form of alternatives to institutionalization. Families are now shifting the emphasis back to themselves for a greater decision-making process, and to provide anchors and supports to their aging parents.

The development of programs to suit the needs and interests of the elderly is crucial.

Statistics and population projections indicate increasing numbers of elderly in the population (Statistics Canada, 1975, 1980, 1981) face problems of limited physical, economic, and social resources (Busse, 1978; Rao, 1973). In 1900 life expectancy at birth was 48.2 years for white males and 51.1 for females. In 1974 it rose to 68.0 and 76.6 for white men and women. In 1900 the age grouping of 65 and older constituted less than 4% of the population (Monk, 1979).

In 1976, the elderly aged 65 and older comprised 8.7% of the total Canadian population and 10.4% of the Manitoba population. In 1981 this increased to 9.7% and 11.8%

respectively (Statistics Canada, 1982). Powell and Martin (1980) and Wigdor (1978), Stone and Fletcher (1981, Chart No. 2), estimate the Canadian population over 65 will increase to in excess of 20% of the total population by 2031.

The increase in both numbers and percentage of elderly in our population has definite effects on our health care systems. Health costs for the elderly are higher than for any other group (Wigdor, 1978). The elderly use a much greater percentage of patient days in hospitals and physician services than is their proportion in the population (Powell and Martin, 1979; Rumbout, 1975; Stone and Fletcher, 1981 #16).

The North American trend is now towards developing and implementing alternatives to long-term institutional care for the elderly (Brody, 1978; Strieb, 1980).

"It is in the area of home care that the most significant future developments in home care delivery lie" (Aurbach & Gerber, 1976: 43). It has been shown that many elderly are capable of functioning at home with proper resources and supports of home help services (Kahn, et al., 1977).

Dulude (1978: 92) indicates that a significant percentage of residents in nursing homes in Canada in 1975 were considered to be sufficiently self-sufficient that they

could have remained in their own homes with home and social service supports. Similarly, patients occupying beds in hospitals could be cared for at home for less cost. Murphy (1975) in his cross-sectional survey, found 6.2% of the 265 occupied beds were filled by patients who did not require the medical care of an acute ward. Christine McArtle and Associates (1975) during their nine month study, found that 11 patients who in fact did not require the care of an acute medical ward, accounted for 160 out of 482 bed weeks.

The reduction of hospital or personal care home placement can be enhanced by the mobilization of appropriate home care supported systems, thus allowing the elderly to remain in the community much longer in a safe environment, and to maintain a greater degree of independence and dignity (Noelker & Harel, 1978; Spasoff, et al., 1978).

Shanas (1979b) in her study using data from a 1975 U.S. national probability survey of non-institutionalized persons, 65 years of age and older, found that 5.5% to 10% of all non-institutionalized elderly require some degree of home care. Eighty percent of this home care is given by the immediate family and friends. Data from the survey suggest that most of the sick and frail elderly in the U.S. were not in institutions or group quarters, rather they were living in their own homes or in the homes of family members. Care of these old people fell mainly to family and friends.

The usual source of aid for the aged who are bedfast is the husband or wife. The bedfast and those elderly who are ambulatory but become ill need to have food brought to them, meals prepared and help with housework. When wives became incapacitated their husbands will take over traditionally female roles, and women somehow find the strength to lift and turn bedfast husbands. These spouses generally require outside help since they are themselves elderly.

In a study reported by Jette and Branch (1981) on the use of long-term care (LTC) assistance by the non-institutionalized elderly all over the age of seventy, 37% lived alone. Of those who did not live alone, 37% resided with their spouses and only 26% lived with family and/or friends. Basic activities of daily living (ADL) such as walking, dressing, bathing and eating were performed by 80% of the sample without assistance. Instrumental ADL such as housekeeping, grocery shopping and food preparation was given in the form of aid from family and friends to 18% of the sample. Basic ADL aid was supplied to half the sample by informal support networks. Thirty-eight percent got formal support only through various government and private social agencies, with the remaining 12% using a combination of formal and informal means of support. Compare this to 86% of the elderly that used only informal support sources to perform instrumental ADL.

The inclusion and provision of alternatives to long-term institutionalization such as home care or other alternatives such as day care, Meals on Wheels or congregate meals, are frequently less expensive (Hurtado, et al., 1972; Morris and Harris, 1976; Lalonde, 1974; Weiner, et al., 1978: 199).

There are several factors that contribute to poor nutrition. Among these are issues of age, decrease in need for food, inadequate education and loneliness.

Three major national studies on nutritional status and dietary intake of the elderly have been published. The results of these and others are summarized in Nutrition and the Elderly (Posner, 1979).

These studies suggest that the elderly constitute a population that is vulnerable to nutritional deficiencies by indicating that from 10% of the aged population to as many as 56.2% may be consuming diets that are unable to provide adequate levels of nutrition.

Lack of interest in eating because of loneliness is not uncommon, particularly in elderly people who live alone. Malnutrition may accentuate the lack of appetite in the elderly. By making the older person feel sick and weak, malnutrition not only may perpetuate but even accelerate itself.

Aging, insofar as it is accompanied by a decline in

physical activity, brings with it a decrease in overall need for food, but not food values. Elderly should have more food value per unit of food than younger people who have larger food intakes (National Dairy Council, 1960).

It has often been noted that when the elderly are hospitalized and particular attention is paid to diet, chronically emaciated persons frequently respond not only with rapid gains up to 15% in body weight, but also with improvement in general health and the disappearance of various aches, pains and other symptoms that evidently were due to nutritional deficiencies.

Recently, folic acid deficiency has been discovered in many elderly people, sometimes associated with mental and neurologic changes (folic acid, one of the principal vitamins, is found mainly in the fresh green leafy vegetables and fruit, organ meats, liver and dried yeast) (refer to Journal of American Geriatric Society, Vol. 18, pp. 67 and 317; Vol. 19, p. 536; Vol. 20, pp. 93 and 294; re folic acid).

Upon examining patients - many of them elderly and malnourished - with neurologic complaints of various kinds, investigators in Toronto found some with very low blood levels of folic acid. In addition to suffering from irritability, sleeplessness, forgetfulness and other such neurologic problems, some showed definite anemia from folic acid deficiency.

Local nutrition studies further support the data which indicates vulnerability to nutrient deficiencies (Johnson & Chappell, 1979).

Effective intervention to overcome the complexities of poor nutrition must involve many disciplines. The previous studies mentioned propose that poor health, social isolation, financial situation, appetite, education and the process of aging are all factors which affect nutritional status of the elderly.

Young (1976) and Watkin (1976) among others, emphasize the difficulties in ascertaining the total degree of nutritional problems among the aged. However, a recent study in Manitoba found some relationship between food related value-orientations and socio-economic status level and diet patterns (Harrison, et al., 1979). These results support other studies designed to assess and examine indices relating to food or nutrient intake of the elderly (Reid and Miles, 1977; Todhunter, 1976; Guthrie, et al., 1972; Kohrs, et al., 1979; LeBovit, 1965; Grotkowski and Simms, 1978).

A review of the literature by Johnson (1964) regarding animal studies has concluded that a significant relationship exists between nutrition, health and premature aging. Similar conclusions are reached from research with human subjects.

A 1962 dietary study of 60 women revealed a pro-

nounced correlation between health and diet, with most of the subjects whose diet was better than average being clinically assessed as being better than average in health (Exton-Smith and Staton, 1965). Goodman (1958: 359) indicates, "Elderly people often have vague illnesses for which miraculous changes have been accomplished merely by giving them a plenteous diet."

A study of food habits in the independent elderly, in various settings, discovered wide individual variations in intake, but all indicated deficiencies in a number of areas (Bransby and Osborne, 1953; Jordan et al., 1954; Ohlson, et al., 1948; Pike, et al., 1947; Saint et al., 1953).

Other authors have stated that nutritional problems are universal in scope with variations based on ethnic, racial and environmental factors (see, for example, Davidson, 1962; Dibble, 1967; Fry et al., 1963; Guthrie et al., 1972; LeBovitz, 1965; Lyons and Trulson, 1956; McGandy et al., 1966; and Steinkamp et al., 1965).

Because of these factors and since Canadian senior citizens have been identified as a risk group with respect to nutrition, it is important to develop nutrition programs to accommodate the requirements and concerns of this group (Monagle, 1967; Johnson and Feniak, 1965; Rae and Burke, 1978; Leichter, Angel and Lee, 1978; Health and Welfare Canada, 1973; Reid and Miles, 1977).

A survey by Jung and Johnke (1962) indicated that few elderly had received adequate nutrition education. Low income levels contribute to the elderly buying cheaper foods and preparing meals that are not necessarily nutritionally balanced (Beeukes, 1960; Davidson et al., 1962). However, nutritional deficiencies also exist among people living above the poverty line (Galton, 1975). In their report, an extensive review of existing literature on the nutrition of the elderly, Johnson & Chappell (1979) indicate that:

The overall opinion among the nutrition professionals interviewed was that the major "nutrient needs" of older persons were not food at all. The decreased ability of older persons to obtain and prepare foods because of economics, physical and social circumstances as well as a decreased interest in life were felt to be significant in influencing the nutrition of the elderly.

The loneliness of living by oneself gives the feeling of not wanting to cook for one. This diminishes the opportunity of preparing a balanced meal. Poor dental health also affects food choices. Davidson et al. (1962, op. cit.) reports that a survey of dental health indicates a better chewing efficiency for those people in higher income brackets. They argue that it is indicative that improved dental health would do much to improve nutrition in the aged.

Authors researched, discuss ways of meeting nutritional needs and in particular how to counteract the factors that contribute to poor nutrition. They suggest

that an important factor in exploring the issues of nutrition has been in studying the social and psychological aspects of food, especially relative to the elderly. Sherwood (1973) believes, "The congregate meal can be used to advantage as a medium of social interaction through which knowledge, attitudes and values are communicated and inculcated and desired changes are successfully realized."

Congregate meals are a service that is generally used by the mobile elderly. It has the benefits of enabling the elderly to get out of the house and become involved in socialization. It is more efficient than Meals on Wheels in the sense that more old people can be served utilizing less manpower. Additionally, signs of deterioration or inability to cope can be detected by staff or volunteers much more readily.

Bechill (1971) indicates that characteristically congregate meals attract those most likely to be affected by social isolation, poor health, limited access to transportation and social and leisure activities, as well as those with inadequate diet and lack of nutritional knowledge. Indications are that participation in congregate meal programs seems to reduce the severity of these problems.

An individual interacts with many people in a variety of settings throughout his lifetime. Gordon (1969) indicates that transaction is "linked to the organism and

environment in its exchange aspect, provisionally through feedback to both organism and environment."

The concept of ecology within the framework of community mental health is characterized by two central themes: (1) It focuses on the environmental (particularly social systems) context of psychological health and illness; and (2) It views psychological adjustment in terms of the transactional relationship between the individual and the environment (Holahan, 1977). As the individual ages he becomes more dependent. This dependent role is difficult for the individual to come to terms with. The increased dependency and its effect on the individual and his family activates or introduces the widely held perception in our society that the elderly, as a rule, are alienated from their families, especially their children. This myth has been fed by articles in the popular press. As a result of holding this assumption to be true, a special emphasis has been placed on programs to meet the needs of the alienated aged. While there is no doubt such instances do exist, they constitute a minority of cases.

Reviewing some of the literature available, there is an indication that the extended family is the most important external source of support, emotional, social and physical, for the elderly (Shanas, 1979a; Sussman, 1976). The awareness of the importance of the family has

also led to the development of new family therapy models for working with the elderly, their families and the problems of aging (Kerr and Weakland, 1979 Kuypers and Trute, 1978; Quinn and Keller, 1981).

It has been suggested that a symbiotic relationship between people and their systems exists, a relationship in which people move to become part, to negotiate difficult systems of demand and relationship. The strength of people is their ability to negotiate their systems (peer groups, families, neighbours, etc.) and the strength of systems lies in their ability to integrate their people, to incorporate them in what needs to be done (Bronfenbrenner, 1977; Caplan, 1974; Hoffman, 1969; Pincus and Minahan, 1973; Germain, 1979).

Germain (1981: 323) defines this as

Attempts to match environments to people's needs and goals by selecting among environmental instruments of help, and intervening in people-environment transactions in order to release adaptive capacities and improve environments.

This refers to a dynamic system which is functionally interrelated with every other part. In the past, the development of skills, in casework or group work, has concentrated on the transactions between the practitioner and his client(s). "Adaption to the environment is a necessary condition to the existence of every living creature and every functioning community" (Thompson, 1956: 73).

In this framework, no longer could the practitioner ignore the client's "world" of interactions. One focus of the practitioner's activity in this framework is to strengthen the client's ability to deal with his interactional system. The design of the focus is to help the individual, or group of individuals, negotiate and exercise some control over the demands and relationships with which he/she must come to terms (i.e., family, peer groups, etc.). The practitioner may also work with a system representative to help the system reach out in a more functionally adequate way to help the client in his problem solving process.

It is incumbent upon the researcher to thoroughly familiarize himself with the subject or system he is studying.

The researcher's role, then, is dependent upon the activities of the client and his interactional system. If we say that the researcher's role is intervention, we must know what he intervenes in.

The professional worker intervenes in a situation where there is some inability on the part of individuals or groups to function effectively with the resources at their command. Most often, there is some actual or threatened stress of deprivation. Social work,

. . . brings a helping service which involves an increasingly skillful and disciplined intervention through two main channels: (1) A direct professional relationship with individuals and groups; and (2) Collaborative processes with other interested workers, lay and professional. (Bartlett, 1959: 160).

Thus, "social work as a system exists to assist in the mediation and reconciliation of the conflicting demands and function of the work and family systems" (Polsky, 1969: 14).

"In many respects, social system theory is not a theory at all, for it does not specify sequences of cause and effect, namely hypotheses and tests of hypotheses, the basic elements of a theory" (Polsky, 1969: 12). It is a framework, a model, applicable to any dynamic or recurring process of events.

Zadeh and Polak (1969: VII) point out:

. . . system theory is a discipline in its own right--a discipline which aims at providing a common abstract basis and unified conceptual framework for studying the behaviour of various types and systems. Within this framework, then, system theory may be viewed as a collection of general methods as well as special techniques and algorithms for dealing with problems . . . within its domain.

The intent of this study is to identify potential areas of disequilibrium between individuals and the environment in order to prevent occurrence or reoccurrence of the disequilibrium. By focusing on social relationships between individuals and their families or peers, we can better understand these situations and facilitate restoration of

impaired capacity or prevention of social dysfunction.

Reiss (1971) in a description of family systems, discusses the "environment-sensitive" family as being one that holds the values of using cues from the family, and at the same time using cues from the environment for its decision-making process.

Ashby (1960) proposes that systems operate with what he calls bimodal feedback mechanisms. Such systems remain stable as long as the environment around them does not change. However, the systems will respond to a new setting to meet the demands of change. It is suggested that change most often comes from random elements. Bateson (1978: 98) says, "the ongoing process of change feeds on the random."

These concepts suggest a transactional process through which the individual relates to his environment (geographical, cultural, social and private) and through which the environment relates to him. It implies "the idea of an organism in a geographic environment who is enculturized, and socialized, and through those processes learns to establish and maintain a number of different modes of relations and communications with different dimensions or patternings of the organism-environment field" (Frank, 1958: 202).

The boundaries of human interaction are usually legally defined or are defined by tradition. In a third

type, the participants make up the boundaries themselves (Ruesch, 1958).

The implication of interaction is of great import when one considers the environment of a senior citizen complex. Any change which occurs in this setting can have reciprocal effect on all residents.

A human being is a dynamic entity, and unlike any other species has the capability to interact symbolically. The phenomenon of social interactions is such a critical focus point that wherever two or more interacting organisms or personalities constitute a system, it becomes a special kind of system distinctly different from other types of interaction.

A system is a whole, which functions as a whole by virtue of the interdependence of its parts. There are linkages between individuals, groups and communities, etc. We must look at the effect of an individual on a system or sub-system or a system on the individual.

Bronfenbrenner (1977) outlines a series of definitions such as the "microsystem," the immediate setting containing the person; the "mesosystem," the interrelations among the major settings in a person's life, the "exosystem," the social structures which encompass the immediate settings, and the "macrosystem," the overarching patterns of the cultural system.

In the context of this paper, the microsystem can be interpreted as referring to an individual residing in his own suite, the mesosystem to his apartment complex, and to kin who reside outside this complex. The exosystem to the synagogue, shopping centre, medical offices, recreational facilities, etc., that the individual might have contact with.

Coser (1969) in his work on multiple group affiliation, indicates that if attachments to many groups are allowed, thus creating a multitude of competing loyalties, these will act as a balancing force.

The term social network can describe the social structure of intimacy and range comparable to families but not based on kinship alone. John Barnes (1954: 43) describes it as "each person is, as it were, in touch with a number of other people, some of whom are directly in touch with each other and some of whom are not . . ."

A network is the total relational field of a person and usually has space/time representation. Although a network has a low degree of visibility, it has a high degree of information-exchange properties. A network has few formal rules, but consists of relationships between many persons, some of whom are known to many others in the network, while others merely form a linkage between persons. (Speck and Attneave, 1973: 10)

Lewis Thomas, (1974: 62-63), in Lives of a Cell, discussing termite behaviour suggests that connectedness such as touching or conversation can bring about groupings.

"It is the being touched that counts . . . any termite can become a group termite if touched frequently enough by others."

This writer has developed a model which helps support this claim as it reflects with the individual in his/her environment (see Fig. 1, 2, 3).

Although the family is the matrix of its members' psychosocial development, it must also accommodate to society and ensure some continuity to its culture.

Stephens (1975) reports that residents of retirement homes are generally those with no children. The suggestion is that some of the elderly who seek special housing may do so because there are no primary family kinship ties to keep them in more customary circumstances.

Shanas (1979a, 1979b) reports that in 1975, about one-third of the older population in the United States reported seeing some relative, who was neither a spouse, nor a sibling, nor a child, nor a grandson, during the previous week. Atchley and Associates (1977, 1979) have suggested a conceptual distinction between patterns of interaction with parents, siblings and children as a category compared with other kin.

Jonas (1979) makes an assumption of a conceptual distinction prevailing between familial and non-familial support. As this author points out, the former is assumed

of primary importance; and furthermore that an inverse relationship between participation in the two sets of social bonds exists. Primacy of time, energy, interest, emotional investment is given to kinship bonds and this investment in turn detracts from involvement in non-family relationships.

Rose (1962) and Hochschild (1973) discuss the development of peer-type bonds among the elderly. They argue that these bonds arise only when the elderly are free to develop such a subculture by virtue of relaxation of family ties.

It can be assumed and even researched that the physical proximity encountered in an apartment complex such as the one being studied will bring about an increase in the development of peer-type bonds.

A number of authors discuss the role relationship shared by the elderly as they exit from major social roles. As Hochschild (1973: 21) writes it, "the old, because they tend to occupy a similar status, are bound to the old." Rose (1962: 1976) notes some of the characteristics shared only by elderly, such as their physical limitations, age segregation and common interests based on common generational experiences in a rapidly changing society. The elderly also share with one another, adjustment to the inevitability of death (Marshall, 1975a, 1975b).

Blau (1973) believes that friendship with one's peers

becomes a vital need of the individual. Haas-Hawkins (1978) argues that the counter-intuitive findings in some literature, that contact with intergenerational family members does little to elevate morale, while the friendship of neighbours is clearly related to less loneliness, is explained according to social exchange theory.

Social exchange theory suggests "that age peers are more desirable as confidants because family ties are involuntary and may involve perception of increased dependency . . ." Haas-Hawkins (1978: 253). The elderly person's capacity to reciprocate and maintain equal exchange with his family might be limited and thus he might be hesitant in asking for help.

It is very difficult for those weakened by old age to live normal lives in the community when they cannot rely on the aid of relatives. People without spouses or children and perhaps few living friends, find themselves isolated to the point where they become candidates for institutionalization if they are to survive.

An excellent study by Lowenthal and Haven (1968) on the significance of intimate friendship in old age contains information which serves to confirm that friendship is an effective alternative in diminishing the demoralizing effects of role exit. In this context the authors are identifying role exit as being the results of the three

major social losses that beset older people, namely widowhood, retirement and decreased social participation. They show that a single intimate friend is an effective buffer against any of these losses.

Contrary to the myth of "family abandonment" (Brody, 1978) which is perpetuated by the frequency of contact by professionals with those few older persons who are childless or alienated from their children, adult children do have a sense of obligation to their aging parents.

Support for the myth that the aged are alienated is meager and based on illustrative case studies of individuals (Brody, 1978). It is also implied that those elderly that live apart from their children are neglected by their offspring and relatives, and therefore are in a state of alienation. This belief of alienation, if held true would have great implication for this study and subsequent intervention. Since the Second World War, a great deal of social gerontology research was based on this presumed alienation. There have been a number of assumptions and half truths postulated that suggest that the elderly are alienated. These include the belief that: (a) due to geographic mobility in our society most old people who have offspring live at great distances from their children; (b) due to the alienation of the elderly from their children, most older parents rarely see their children; (c) due to

the predominance of the nuclear family in our society, a majority of old people rarely see their siblings or other relatives; and (d) because of the availability of large human service bureaucracies, families are no longer important as a source of care for the elderly. In their research Kohen (1983) and Shanas (1979a) indicate that for the most part these views of elderly alienation are not true. The elderly are certainly not as a rule abandoned by their families. This holds true among all ethnic groups studied by Weeks and Cuellar (1981: 393) even though:

Family members will be more involved among ethnic groups that are traditionally associated with strong family relationships, especially groups with an Asian (including Pacific Islander) background.

While there are definite differences among ethnic groups as to the degree of family network and social agency aid to the aged there is no doubt of the central helping role played by the family of the aged.

Considerable literature is available that suggests that families of older persons have been involved in the provision of services (Morgan, 1982; Shanas, 1979). Morgan (1982) in her review of the literature identifies financial aid from kin in evidence although it is less clearly defined as a normative function of the family than is emotional support.

Morgan (1982) suggests that a large percentage of

middle generation kin are in fact supporting one generation or the other (younger - older) and that the financial exchange among generations is significant.

Hendricks and Hendricks (1977) claim the aged almost always turn to family for financial assistance, but friends and neighbours constitute viable substitutes for family in time of illness.

The family system and structure seems not to have greatly changed in our society over time, with the various generations preferring to live independently where economic conditions permit. The improved health of the aged in this century has meant that many more live to old age and continue to have an impact on the lives of their children and grandchildren. This interaction of the generations might best be understood if seen from the point of view of its influence on the behaviour of the middle generation where the paradigm of the nuclear family as a rule applies. It should be noted that aid between the generations of a family flows both ways. A U.S. study done in 1975 suggests that more than half of the persons aged 80 or older still give material aid to their own middle-aged and older children (Cohler, 1983). Contact among family members in contemporary urban society is frequent and ongoing although it is difficult to make any clear statement at this time as to the quality of these relationships.

Instrumental care of the failing elderly in the community seems to fall largely to spouses and daughters (Stoller and Earl, 1983). In cases where the elderly are widowed the great majority of services are supplied by adult daughters or daughters-in-law. While sons are most likely to give financial support when needed, it is the daughters who:

. . . shop and run errands; give personal care; do household maintenance tasks, coordinate, mobilize and monitor services from other sources; and fill in when an arranged care program breaks down.

(Brody, 1981: 747)

It is clear, however, that families do not possess unending resources for attending to the complex health and social needs of elderly relatives (Monk, 1979). The strain of the middle generation adult maintaining a level of financial and emotional support to one's children, spouse and parents leads to what this author calls role strain. Goode (1960) analyzed role strain as resulting from concurrent demands on beleaguered individuals with multiple roles to fill. A major factor in the provision of care to the elderly includes increasing health service costs which threaten to exceed an individual's capability to pay, and a decrease in the ability of hospitals and institutions to provide care, thus a greater focus on home health care and support for both acute and chronic illnesses of the aged. Geographic distance and decreasing fertility rates indicate

that families will be less available as providers of traditional care giving roles.

Judith Treas (1977) writing in Family Support Systems for the Aged, provides documentation that indicates that due to changes in population patterns, in social roles and in the economic organization of society, new roles for kin have emerged. Citing demographics, she shows that today's middle age adult is more likely to have a living parent, and fewer children to call upon for assistance than his ancestors. Additionally, as our elderly are living longer, their children are no longer the prime-age adults, but are the "young-old" themselves with their declining energy, health, and finances. Bengston and Dowd (1980) concur as they indicate that the problems of aging are essentially problems of decreasing power resources: money, approval, esteem or respect and compliance. Increasingly, women are working outside the home, which cuts into time available to shop for their elderly or shut-in kin or provide nursing functions. These trends suggest a future in which the family is no longer able to provide daily care to the aged who cannot care for themselves. The increased longevity and the increase of the numbers of elderly, coupled with changing life patterns of the younger generation would suggest that the family will increasingly come under great strain to provide adequate support.

Despite the lack of societal guidelines, Puner (1974) feels that the importance of family involvement with the elderly has not diminished and in fact the affectional and supportive functions of the family are crucial integrative mechanisms for the elderly in our society. Sussman and Burchinal (1962) suggest that sociological and demographic changes in society have not changed the importance of family relations in the lives of the elderly, especially in times of illness, difficulty, or crisis, or on ceremonial occasions. However, they suggest that emotional support by the adult children has replaced physical support and care of the elderly individual.

Savitsky and Sharkey (1972: 4) in Family Interaction in the Aged, conclude that family interaction constitutes a significant form of personal relationships in the aged. Their presentation stressed the intergenerational aspect of family interaction. They base this not only to the individual in his active participation in family life but also to an assessment of fluctuations in chronic medical and neuropsychiatric disorders. They indicate that, "in the area of family relationships there takes place a reversal of roles, at least under pathologic conditions, based upon shifts in dependency relationships".

Blumer (1969) believes that people relate on the basis of the meaning things have for them, and that the meaning

of these is derived from the social interaction one has with his fellow man.

Peters (1978) in studying non-family peer relations has produced a scheme comparable to that as developed by Bengston and Schrader (1978) for intergenerational familial relations. The variables include frequency of interaction, number of friends and neighbours, intimacy, attraction, spontaneity, assistance-support, and attitude toward friendship.

Hochschild (1973) in her book The Unexpected Community reports that the 43 residents of the subsidized apartment building compared themselves to their own age cohorts and not to the young. She found considerable evidence of what she calls "sibling bond", a relationship (interaction) involving reciprocity and similarity between two people. It implies that each have similar needs and are able to potentially fulfill similar need. The dependability of exchange is implied if not actually provided.

In attempting to develop a theoretical basis for assessing need the writer has drawn, in part, on theory and knowledge from the behavioral and social sciences. As evidenced in the present literature review, there are many facets of the situation that must be considered before logical and practical decisions can be made regarding the planning and implementation of services for the elderly.

It has been shown that family is an important source of support for the elderly. Information was also provided to show the importance of helpful and supportive age cohorts. In this study, a review of the environmental and transactional emphasis was undertaken. Peer and family affiliations were examined. The opinions studied during this review suggested that the major nutrient needs are not food. The normal aging process brings about a decrease in nutrient status. There are many significant factors which affect and influence the nutrition of the elderly. Some of these include: the decreased ability to obtain and prepare foods because of limitation of finances, physical ability in shopping for and preparing meals, as well as social circumstances and decreased interest in life. This information gathered through the literature review identified areas of concern. As a result, it guided the development of the questionnaire and plans for subsequent intervention.

Definition of Concepts

For the purpose of this study the term "aged" will define persons 60 years of age and over. This definition is in keeping with most studies and statistical reports. Their terms include old people, the elderly, old folks and senior citizens.

"Aging is continuous . . . It may be defined perhaps,

as the changes which are introduced by the factor of time in living" (Stieglitz, 1949). Characterizing it as a biological process Strehler (1971) indicates that aging is degenerative, marked by losses in functional capacity, developed over extended periods of time gradually and progressively. While this process is universal, its rate and expression may vary. The age related physiological changes are intrinsic to the organism and not in the environment or in behaviour.

Aged individuals will be considered frail or at risk when they are unable to perform some function(s) essential to continued living in health and safety at home. The indication that one is frail is such that even with realistic assistance of family and friends, he would be unable to remain at home without the additional support of community resources (Manitoba Government Policy Manual).

The target population will consist of the elderly persons (60 and over) who reside in the H.S.B.A. Gardens. The practicum will draw upon all respondents who volunteer their participation in the study.

The research methodology will use, through face-to-face interviews, a questionnaire format developed to elicit information to determine the needs and wishes of the respondents. The questionnaire was compiled to cover the principal points of concern relative to six need areas and

will include demographic, attitudinal and behavioural data. Care was taken in its preparation in order to reduce ambiguity in the questions asked and to simplify resulting answers.

This review of the literature has provided a greater understanding of the needs of the elderly. Through this review, the development of the study was undertaken to determine the needs of the residents of H.S.B.A. Gardens.

CHAPTER II

THE PRACTICUM SETTING, METHODS & PROCEDURES

The Setting

The setting for this practicum is the Hebrew Sick Benefit Association Gardens. The Hebrew Sick Benefit Association was founded in 1906 and for many years during the waves of European immigrations played a vital role in assisting Jewish emigres to become established in Winnipeg. Interest free loans, low cost medical services; a cemetery with low cost burial insurance, a religious congregation during the "High Holidays", and a hall for social celebrations such as weddings, were amongst the services provided.

Within the City of Winnipeg, earliest Jewish settlement had been compact, and centered near Main Street, just south of the C.P.R. yards. After the First World War the centre of gravity moved North and for a while centered along Selkirk Avenue where the existing premises of the Association were built. Subsequent to the Second World War, the Jewish community split into two centres of settlement, one south in the River Heights area, and the historic north settlement, moving its centre of gravity steadily northward, so that today it now is located in the "Garden City" area.

During the early 1950's the executive of the Association sensing these migrations, secured a site of nearly four acres in the new Garden City development area, with the intention of some day building a new synagogue and Association premises.

In the late 1960's and before the activity of M.H.R.C. in the field, the Association perceived the need for senior citizens' accommodation since at that time there was simply no facility for religiously inclined Jewish people who could be classified as "well aged." In 1969, the Hebrew Sick Benefit Association Foundation Inc., in effect a subsidiary organization, was established and in 1970 a 50 dwelling unit building now known as "H.S.B.A. Gardens" was built on a portion of their site with Federal and Provincial assistance. The development of this apartment was also brought about by the identification of the need for low-cost housing for the elderly in North Winnipeg and was a forerunner of many similar complexes since built.

This non-profit entity provides single dwelling units for those elderly who desire a totally independent living situation. Each suite is self-contained with fridge and stove supplied. Residents are responsible for their own shopping, meal preparation and laundry.

Opportunities for participation in social and recreational activities, inside or outside this complex, allows

for a well rounded and satisfying experience for residents. Residents have the right and opportunity to choose to what degree they wish to involve themselves in organized or unorganized activities.

The facility is governed by a Board of Directors which consists of 15 members elected at an annual general meeting. The Board members are elected for a three year term with one-third being 'new' each year.

Methods and Procedures

For the purpose of this study, the residents of H.S.B.A. Gardens were identified as the target population. Data, assessing consumer needs, was collected only from the respondents.

Because there are only a maximum of 49 units available for rental in the study facility, sampling techniques were not utilized. It was determined that the population was sufficiently small enough to include all who agreed to participate. At the same time it was anticipated that the sample would provide sufficient participation to make this a reasonable sized target population.

It was determined that the age of respondents would be restricted to those over the age of 60. However, if individuals under the age of 60 contacted the writer, or were members of the Seniors Group, and agreed to participate,

they were interviewed and counted in the sample.

The final sample included 30 individuals, 60% of the total maximum population in this facility. This number represents 75% of those available to participate in the survey after discounting apartment vacancies (2), residents out of town (1), residents under the age of 60 (2), and those in hospital or too ill to have visitors (4). Four residents declined to participate and the writer was unable to contact six others even after making four attempts at various times of the day and evening of the period of time that the questionnaire was being administered.

To obtain the survey sample, the Board of Directors of the H.S.B.A. Foundation was contacted. The initial request was for permission to undertake the study at this location and request for an up-to-date resident list. This first contact was by letter and was followed up with a presentation at a Board meeting outlining the purpose and goals of the study (Appendix I). The Board of Directors in approving the study in principle, appointed a committee to meet with this writer to develop criteria that would coincide with the Board's interest and mandate for present and future planning (Appendix II).

A series of meetings were held with the sub-committee assigned.

Arising out of the discussions was the Board's desire

and interest to better understand the social conditions affecting the residents so that program planning and supportive services could be developed.

It was determined that the residents' interests would best be met by:

1. Identifying the social need of the resident population.
2. Determining if this need is being met.
3. Recommending models of intervention to help meet these identified needs.

Discussions were also held with the Coordinator of the weekly Seniors Program requesting her assistance in publicizing the study to those participants. The coordinator, in outlining her role, and the intent and scope of the program provided some historical background to its development. Initial provision of regular recreational and social programming was provided on a start-up basis under the auspices of Norwest Coop. (Appendix III) Norwest's mandate was not to provide ongoing programming. Program coordination was delegated by the Board of Directors to volunteers. However, due to lack of appropriate and relevant experience and the lack of ongoing commitment by volunteers, the program was doomed to failure. The ongoing development and provision of service was undertaken by the outreach component of the Stay Young Program of the YMHA

Jewish Community Center, which presently staffs and provides program direction and development. The structure and program highlights are outlined in Appendix IV. There does not appear to be any formalized reporting system in place.

Additionally, as a follow-up to a meeting with the Rabbi of the sponsoring synagogue (Beth Israel Synagogue), he provided a supporting letter which was distributed along with correspondence to the potential participants. The Rabbi, new to this congregation and to this city, had only limited knowledge of the facility, but believed his contact to be one of a spiritual nature as required or requested. He was not aware of any formalized interaction between himself and the Foundation Directors or residents.

Informal discussion with residents in general in the front foyer, a social gathering place, helped identify some of the strengths and limitations of the facility both in terms of the physical plant and in terms of the interactional foundation provided by relationships and stimulative atmosphere. These discussions also helped identify issues and questions that were incorporated into the questionnaire design.

Questionnaire Design

i) Introduction

In an attempt to develop an appropriate design for the

social needs questionnaire, a number of data gathering instruments were examined. It was determined that no suitable format was available to satisfy the goals of this study. The writer then developed the questionnaire specifically for this study.

ii) Identification of Need Areas

In determining the need areas to be included on the interview schedule, a literature review of studies related to the current study was undertaken. A Manitoba study conducted by the Department of Health and Social Development determined nine basic need areas of the elderly. For the purpose of this study, six areas of need were examined. These were: (1) Psycho-social, (2) Household maintenance, food, (3) Ethno-cultural, (4) Physical health functioning, (5) Mental health functioning, (6) Availability of family, friends and community resources.

Interview Schedule

In order to properly assess the needs of this consumer group two types of information, Factual and Perceptual, were incorporated. Included in factual information are the demographics, i.e. age, sex, education, etc. and data related to behaviour, such as frequency of contact with significant others. Perceptual data relates to measures of

satisfaction, with respect to services utilized as well as views and feelings regarding service improvement.

The questionnaire incorporated the six need areas previously mentioned, a section on demography and a face sheet. The face sheet provided information regarding the intent, the confidentiality, and the anonymity of the study. This is shown in Appendix V.

Pretesting of the initial drafts were undertaken by social work peers, and by individuals who were thought to be representative of potential respondents. As a result, some changes in wording, question type and format were incorporated into the final draft, but structure remained unchanged.

The final interview schedule was submitted to the Research Ethics Review Committee of the School of Social Work, to ensure that respondents were protected in their participation in this research study.

In-person interviews was the research method chosen because of time and budgetary constraints. It was also felt that in-person interviews would provide a higher response rate. Additionally, it was felt that face-to-face contact with respondents could ensure a more complete gathering of data.

Interviewing

Upon completion of the final interview schedule, plans commenced to begin the interview process. Letters of introduction by the researcher and the Rabbi of the sponsoring Synagogue were mailed to potential respondents. This is shown in Appendices VI, VII, VIII and IX. Letters to Jewish residents differ only in that the introduction was written both in English and Jewish.

Follow-up phone calls were made to determine individual resident's willingness to participate in the survey. In some cases, residents were recruited by personal contact in the social area during visits. Once individuals agreed to participate, they were given choices as to day and time for administration of the questionnaire. All interviews were conducted by the writer, who, as much as possible, was consistent in communicating with the respondents. Interviews covered the period from February 26, 1985 to March 25, 1985.

Coding and Data Analysis

Coding of the questionnaires was carried out by the writer on a continuous basis as interviews were completed. Data was entered into the mainframe computer at the University of Manitoba, and was analyzed using a statistical package for the social sciences (S.P.S.S.X.) program.

Procedures in Developing Programs

Meetings were held with the committee appointed by the Board of Directors and this writer. Arising out of these meetings was the development of an interest questionnaire (Appendix X). Plans for further action were to be held in abeyance until the fall, when the total Board could meet and study the research recommendations.

CHAPTER III

EVALUATION

Demographic Characteristics

The sample for this survey consisted of 30 aged individuals of which 63% (19) were females and 37% (11) were males. The mean age of the respondents was 74.4 years with ages ranging from 60 to 91.

Of these residents surveyed, 10% (3) were married, but none living together with their respective spouses. Of the remainder, 20% (6) were separated (2) or divorced (4), and 56% (17) were widowed. Thirteen percent (4) of the respondents never married. Twenty-three (77%) of those surveyed reported a total of 61 children living in various parts of the country. The mean number of children was 2.66 with a minimum of one ranging to seven living.

Responses from 26 surveys show that length of marriages ranged from two years to 67 years. Those who were widowed reported a range from one to 32 years since the loss of their spouse.

The majority of respondents (14) were born in Russia, Ukraine or Poland while 10 were born in Canada (Table 1). The number of years since moving to Canada ranges from three to 81.

TABLE 1

LOCATION OF BIRTH OF SURVEY RESPONDENTS

<u>LOCATION</u>	<u>PERCENT</u>
Canada	33
United States	7
France	3
Russia Ukraine	47
Other	<u>10</u>
	100
	n=30

Twenty-nine of the respondents can communicate in English although some in a very limited fashion, while one individual speaks only Russian and Yiddish. Language literacy ranges from two respondents who communicate only in English to one who can fluently interact in more than seven different languages. Eighteen of twenty-nine respondents communicate most often in English while 11 use English, Yiddish and Russian interchangeably. One respondent communicates only in Russian and Yiddish and requires assistance with interpretation.

Only 25 respondents supplied information relative to educational level attained. The majority of respondents (20 or 80%) did not attend beyond High School level and 48% had less than nine years formal schooling. One respondent did not attend school at all and one was a college Graduate (Table 2).

TABLE 2
EDUCATIONAL LEVEL ATTAINED
OF SURVEY RESPONDENTS

<u>LAST YEAR OF SCHOOL COMPLETED</u>	<u>PERCENT</u>
None	3
One to eight years	37
Nine to 12 years	27
Business or Tech	7
Incomplete College	7
College Grad	3
No response	<u>17</u>
	101
	n=30

Outcome Findings

Table 3 details the interactional contacts of the respondents as reported in the survey. For the most part, children and grandchildren are regular visitors to the residents, while visits by other relatives and friends occur less frequently. Residents also maintain greater and more regular contact with children and grandchildren through visits and phone contact or correspondence than they do with other relatives and friends.

Contact with neighbours (mainly in the building) is limited to socializing in the foyer and common room for

TABLE 3

INTERACTIONAL CONTACTS OF SURVEY RESPONDENTS

	<u>DO THEY VISIT YOU</u>						<u>DO YOU GO OUT WITH THEM</u>						<u>DO YOU PHONE OR WRITE</u>					
	# RESPONDENTS	DAILY	WEEKLY OR MORE	MONTHLY OR MORE	YEARLY OR MORE	NEVER	# RESPONDENTS	DAILY	WEEKLY OR MORE	MONTHLY OR MORE	YEARLY OR MORE	NEVER	# RESPONDENTS	DAILY	WEEKLY OR MORE	MONTHLY OR MORE	YEARLY OR MORE	NEVER
SPOUSE	5 100%	0	0	1 20	0	4 80	5 100%	1 20	1 20	1 20	0	2 40	5 100%	0	1 20	0	0	4 80
CHILD	21 100%	3 14	9 43	4 19	2 10	3 14	21 101%	2 10	15 71	2 10	2 10	0	21 100%	10 48	11 52	0	0	0
GRANDCHILD	17 101%	1 6	9 53	4 24	3 18	0	21 101%	3 14	11 52	3 14	4 19	0	20% 100%	7 35	12 60	1 5	0	0
RELATIVES	16 100%	1 6	3 19	4 25	6 37	2 13	21 101%	0 29	6 29	6 29	7 33	2 10	24 100%	2 8	10 38	9 42	3 12	0
FRIENDS	15 99%	0	2 13	5 33	5 33	3 20	20 100%	1 5	4 20	10 50	5 25	0	19 100%	1 5	16 85	1 5	1 5	0
NEIGHBOURS	26 100%	18 69	7 27	0	0	1 4	29 100%	22 76	7 24	0	0	0	4 100%	1 25	1 25	0	0	2 50

weekly social programs or special events, and while shopping together. While few residents maintain sufficiently close contact to be with each other for long periods of time, there are some close relationships that have developed and flourished. Residents reported that they maintain surveillance of one another to ensure safety and well-being.

The results of this survey differ significantly from The Needs of the Winnipeg Jewish Elderly (1978 Commission on Aging, Winnipeg Jewish Community Council, p. 58) in that the latter shows 75% of respondents experience extreme to very extreme isolation, while the former maintain a good degree of interaction with significant others. The W.J.C.C. survey goes on to point out that 86% of the respondents interact with only one or less people daily within one's own household (Commission, p. 57). The differences between the results of the two surveys may be misleading due to the fact that interaction among people residing in Elderly Persons Housing (EPH's) usually is greater than among people residing in their own homes or regular apartment buildings with mixed age ranges and family constellations. Notwithstanding this, the reported interaction by respondents indicate very high relationships, in that close to 50% of respondents report daily in-person contact with children, grandchildren or other relatives.

Statistical results (Tables 4 and 5) suggest that the survey participants are a fairly intransient group. 76.7% of the respondents have lived in the West Kildonan/North End area of the city for more than ten years, while 97% have lived in this community two or more years. As well, 20% have lived in this facility for over five years while 57% of the residents have lived here in excess of one year.

TABLE 4

LENGTH OF RESIDENCE IN NORTH WINNIPEG
OF SURVEY RESPONDENTS

<u>LENGTH OF RESIDENCY</u>	<u>PERCENT</u>
0 - 2 years	3
more than 2 - 5 years	10
more than 5 - 10 years	10
more than 10 years	<u>77</u>
	100
	n=30

TABLE 5

LENGTH OF RESIDENCE IN H.S.B.A. GARDENS
OF SURVEY RESPONDENTS

<u>LENGTH OF RESIDENCY</u>	<u>PERCENT</u>
Less than 6 months	27
6 months - 1 year	17
1 year - less than 3 years	23
3 years - less than 5 years	13
over 5 years	<u>20</u>
	100
	n=30

During the 18 month period preceding this study, the facility had experienced a high incidence of vacancy due to deaths and placement in personal care homes. Many of those who departed the facility during this period were among the original tenants who moved in when the facility opened in 1972.

Due to poor management which has since been corrected, it is only just recently that the suites have been properly advertised and rented, accounting for 27% of those surveyed residing in this facility for six months or less.

These results are significant in that they convey stability. When dealing with a constant group of people, program planning can be more readily accomplished and continuity of programming can be maintained. With this stability the Board can undertake long-term planning and apply for government grants and subsidies for further requirements. As the residents age, their need for improved security or safety devices increases. The increased length of residence justifies the consideration of these needs.

Individuals were not queried as to disability, but rather, were asked to respond to areas in their daily activities in which they experienced difficulty.

Information relating to transportation was elicited through responses to three categories: transportation

affecting participation in recreation, medical services and household management. The respondents were universal in indicating that transportation was non-problematic with reference to social and recreational activity (93%), medical care (87%) and household management (93%). Residents have available to them a number of transportation options including walking, bus, shopping van, family or own mode of transportation. Most respondents took advantage of more than one option. The most commonly utilized mode of transportation includes bus (10), van for shopping (9) and walking (7). Within one-half mile radius there are many services including major department, grocery, pharmacy establishments, medical centres, including a hospital and banks, restaurants and specialty shops. Only one respondent complained of transportation inadequacies in the area, and this was in reference to the buses not going right into the Garden City Square lot (Safeway) rather than the present practice of just stopping on the street. None of the respondents surveyed took advantage of those stores which delivered groceries.

For the most part the shopping complexes are easily accessible by non-transfer bus rides and there are no barriers to those sufficiently mobile to walk to the major shops.

Financial need limiting participation in in-house or

other programs was only expressed by two respondents. Both of these respondents were under age 65 and not yet eligible for old age security. As a result they had to be very frugal in their spending to ensure their basic needs were met.

Rents are controlled by the Central Mortgage and Housing Corporation (C.M.H.C.) and as well, rents, subsidized to qualified occupants through provincially (M.H.R.C.) run S.A.F.E.R. Program, are limited to 25% of income and include heat, hydro and kitchen appliances (fridge and stove). Rents are presently being maintained at less than \$200 per month.

In excess of 50% of the respondents registered their independence both through their responses to the query "How do you perform these activities" (Table 6) and in the

TABLE 6

PERFORMANCE OF ACTIVITIES OF DAILY LIVING
OF SURVEY RESPONDENTS

<u>METHOD</u>	<u>PERCENT</u>
Independent	50
Cope with difficulty	27
Occ. private help	3
Not do as necessary	7
Regular home help	3
Family assistance	3
Two or more of above	3
No response	<u>3</u>
	99
	n=30

respondents not having any help available or requiring any additional help (Tables 7 and 8). Only two respondents indicated that they needed more help than presently receiving.

TABLE 7

AVAILABILITY OF HELP WITH TASKS OF DAILY LIVING
OF SURVEY RESPONDENTS

<u>AVAILABILITY</u>	<u>PERCENT</u>
Yes	47
No	50
No response	<u>3</u>
	100
	n=30

TABLE 8

SURVEY RESPONDENT'S
NEED FOR INCREASED HELP

<u>NEED FOR INCREASED HELP</u>	<u>PERCENT</u>
Yes	7
No	40
No response	<u>53</u>
	100
	n=30

As can be seen in Tables 9 and 10, household maintenance and laundry tasks prove to be the most difficult for the respondent to manage.

TABLE 9

PERFORMANCE OF HOUSEHOLD MAINTENANCE TASKS
OF SURVEY RESPONDENTS

<u>WITH DIFFICULTY</u>	<u>PERCENT</u>
Yes	40
No	<u>60</u>
	100
	n=30

TABLE 10

PERFORMANCE OF LAUNDRY TASKS
OF SURVEY RESPONDENTS

<u>WITH DIFFICULTY</u>	<u>PERCENT</u>
Yes	37
No	<u>63</u>
	100
	n=30

Of those expressing some difficulty in performing activities of daily living, 65% cope with their difficulty or do not do the activity as often as they believe necessary, while the remainder receive some help from family, community resources or privately purchased help. Most of these respondents cite poor or weakening health as the root cause limiting their activity.

When respondents were asked what would happen if the help they were receiving was no longer available, 43% (6) believed that they would require placement in a personal care home, and one respondent indicated that hospitaliza-

tion would be the inevitable result. Fifty percent (7) indicated they would try to find alternate help or would just have to manage but with increased difficulty.

In analyzing the results of questions relating to socialization and activities (Table 11), it would appear that most respondents (14 or 47%) participate only in programs offered in the building. Few of the people interviewed are active in community programming. Most respondents (22/29 or 75%) were not interested in participating in any other activity than already indicated. Reasons for not participating ranged from poor health to the belief that there was insufficient interest by residents or that their program of interest was not being offered.

TABLE 11

PARTICIPATION IN SOCIAL AND RECREATIONAL ACTIVITIES
BY SURVEY RESPONDENTS

<u>ACTIVITY TYPE</u>	<u>PERCENT</u>
Program in building	47
Visit with family	20
Church/Synagogue	13
Volunteer work	3
Two or more of above	13
None	<u>3</u>
	99
	n=30

Results from the section requesting information regarding the housing complex and neighbourhood indicated satisfaction in all areas. The respondents reported no barriers to their mobility and expressed no concerns regarding safety in the community.

Most respondents indicated that they had to travel further than three blocks to shop. As was previously indicated however, the majority were able to obtain most of their requirements within a 1/2 mile radius at the shopping centre.

Of the respondents surveyed, 46.7% shopped for groceries weekly, while the remainder shopped either daily (6.7%) or two or more times per week (46.7%). Many of those who shopped more often than weekly indicated that they do so to allow themselves an additional outing during the week.

This survey did not attempt to determine the nutritional level of meals eaten by the respondents. However, it would appear that, at least on the surface, the majority are capable of independence in meal preparation. Only two respondents indicated that they required help in meal preparation and they presently are receiving such assistance; one by family and one by community homemaking service. Sixty-three percent of the respondents indicate that they eat three meals daily and 1/3 eat twice daily. One respon-

dent with a diabetic condition reports that she consumed four small meals daily as required. Fifty-nine percent of the respondents do not snack on an ongoing basis while 38% (11) report that they do snack occasionally.

Most residents (24 or 80%) eat alone while five report that they regularly eat with others, either family or friends, in the building or outside of the building. One individual reports that she eats occasionally with friends and family, but also eats most of her meals alone. Twenty percent of the respondents indicate some difficulty eating because of problems with natural and/or false teeth.

None of the respondents had ever attended a regularly scheduled meal program, and only one of three respondents who were aware of such programs could identify a name or location.

Of the 11 respondents who indicated that they would come to a meal program if it were offered, eight were Jewish and three non-Jewish.

The majority (6) who would come to a meal program, would only attend if the program were offered in the building, but four respondents would go five blocks or further if the meal offered were to their liking (Table 12).

There was no discernible preference stated between having the meal provided at noon as opposed to evening

(Table 13) and most had no preference as to kinds of food served (Table 14).

TABLE 12

TRAVEL LIMITS FOR MEAL PROGRAMS
BY SURVEY RESPONDENTS

<u>DISTANCE WILLING TO TRAVEL</u>	<u>ADJUSTED PERCENT</u>
Downstairs	50
Two blocks	17
Five blocks	8
Further	<u>25</u>
	100
	n=30

TABLE 13

SURVEY RESPONDENT'S TIME PREFERENCE
FOR PROVISION OF MEAL PROGRAM

<u>TIME PREFERRED</u>	<u>ADJUSTED PERCENT</u>
Noon	42
Evening	33
No preference	<u>25</u>
	100
	n=30

TABLE 14

PROGRAM MEAL TYPE PREFERENCE
OF SURVEY RESPONDENT

<u>TYPE PREFERRED</u>	<u>ADJUSTED PERCENT</u>
Meat	17
No preference	<u>83</u>
	100
	n=30

Forty percent indicated they might attend a meal program one time a week. Three respondents (30%) indicated they would attend such a program as often as able and one respondent stated that he would attend five days a week if meals were offered that frequently.

Only three of 12 responses to the question of Kashruth indicated that the respondents would want only strictly Kosher meals. Of the respondents interviewed, 25 were knowledgeable of Meals on Wheels, but only three had ever received this service. No residents were receiving Meals on Wheels at the time of this study. Eight Jewish residents indicated that they would order Meals on Wheels if they were unable to prepare their own meals, but only if the service provided Kosher meals. Five Jewish residents would order Meals on Wheels, if required, with no concern as to Kashruth. The remaining Jewish respondents indicated that they would not consider Meals on Wheels under any circumstances. None of the non-Jewish respondents indicated their willingness to take Meals on Wheels even if needed.

The significance of this data is unclear since the questionnaire design did not allow for further interpretation in this category.

Analysis of Results

The committee attempted to determine the social needs

of the residents of H.S.B.A. Gardens with appropriate research methodology. As outlined, the study focused on six basic areas which were thought to provide a reasonably accurate description of the respondent group.

The concept of Elderly Person's Housing is the provision of housing to people fully capable of independent residential living at an affordable rent. H.S.B.A. Foundation was built for the elderly who might be impaired but not ill, those not requiring immediate institutionalization, and low income earners.

The survey results present a population that reports itself as being capable, for the most part, of independent living, with the minimum of service input requirements. This was shown in the area of the various daily task activities wherein most residents were capable of independence. The maintenance and laundry tasks proved to be most difficult, a fact not uncommon with the elderly at large.

Survey results indicate that these respondents, at least, have a strong network of family and friends to depend upon for ongoing contact and support. While there appears to be cliques and power struggles always active, there is also an informal support system among the residents to provide surveillance. Discussion with residents provided information about resident activity, visitors and if an identified resident was in or out of the building.

It is reported that a small number of residents keep to themselves, and rarely are seen, let alone participate in any activity.

Transportation issues for the most part were non-problematic. Bus stops in either direction were available in front of the facility, with residents able to travel non-transfer to the Shopping Centre and also able, with little effort or distance, transfer to buses travelling downtown. The facility also, through the Seniors Program offers weekly shopping transportation via a 12 passenger van for those wishing to take advantage of this service. The major shopping area was also within manageable walking distance.

Most respondents report that they are independent in meal preparation. There was no investigation of the nutritional value of meals consumed. While the majority of respondents were aware of Meals on Wheels, only three had ever utilized this service, a fact which supports the appropriateness of the residents in this facility. One third of the respondents would order Meals on Wheels if required, but eight indicated their willingness only if Meals on Wheels were Kosher. Sixteen respondents would not order Meals on Wheels, Kosher or not. Respondents were not questioned as to their negative responses to Meals on Wheels, but it seemed that an important theme to this area

was issues of independence.

Eleven of those questioned, responded positively to the development of a Congregate Meal Program, but only three felt that Kashruth was an issue. While the interviewer explained the concept of Congregate Meals as a meal prepared, served and consumed in a dining area, no discussion relative to cost was undertaken. Should a meal program be undertaken, it might successfully begin on a small scale, given the interest expressed.

What Was Learned

As adults reach retirement age (usually ages 60-65), the responsibilities of parenting and employment decrease. A number of researchers show a corresponding decline in social contacts and activities with age (Blau, 1973; Booth, 1972; Riley and Foner, 1968). Among the factors which affect the social life of the elderly and increased incidents of isolation, are decreasing mobility, physical impairment such as reduction in sight and hearing, and decreased contact with immediate family.

Analyzing the results of the questionnaire it appears that the respondents are generally independent in most activities of daily living and have a significant interactional and supportive group to depend upon to allow the self care role to continue.

The location of this apartment complex reinforces independent living in that the building is located in an area which provides many of the elderly daily resource supports. The apartments are suitable, and most residents consider their accommodation satisfactory. Taking into account rent subsidies, the residents appear to be, for the most part, financially independent.

While this respondent group has a reportedly high level of social interaction with family and others, it appears to be mainly of a surveillance and service oriented type of contact. Due to limited opportunity to attend formalized and informal gatherings outside this facility, it is important to supply in-residence programming for those who would enjoy more socially oriented activities. Respondents indicated a high level of satisfaction with programs presently organized in the facility, but generally felt there was not enough varied programming or opportunity for development of programs of self-interest. There was no indication of any self governing body or resident council in operation in this facility.

Procedures in Developing Programs

The word activity has come to mean many things to many people and can be both active and passive in nature. It can be labelled as doing something as opposed to doing

nothing. Activity is seen as highly desirable and having beneficial effects on independence.

Analytically, successful aging would mean that a person is able to maintain an optimal position within his social life space in relation to his psychological and biological capacities." (Williams & Loeb, 1968, p. 380)

Overservicing is to be avoided because it may encourage dependence rather than maximize independence and self-determination.

It can be argued that programs capable of retarding isolation or loneliness should not be left to the initiative of residents, themselves.

By the same token, however, programming arranged by the Board or staff of such a residence can lead to programming that is theoretically favorable but not necessarily interesting to the group that it is attempting to entertain.

The committee of the Board focused on issues of programming and self-determination in an attempt to determine the scope and nature of service provision. It was agreed that to ensure appropriate development of programs of interest to them, resident's input and involvement should be requested. An interest questionnaire was developed to elicit information regarding interest in the provision of regular movie nights, as well as requesting input for other types of programming residents would like developed. (Appendix X)

During the discussion and planning meetings, the committee was informed of a newly identified resource, namely the availability of a van for more than just shopping needs. The committee decided that development of plans and guidelines be undertaken to obtain and distribute tickets, normally made available to community service groups for use by special consumer groups. Utilizing the van in this manner would allow for greater participation in community programming especially during the evenings.

While expressed interest in a Congregate Meal Program was limited to one-third of the respondents, this number should be sufficient to undertake a pilot project to study the need for and acceptance of a nutrition program at this facility. Plans for a nutritional program need to take into account many aspects beyond just nutrition.

Factors affecting Congregate Meal provision include finances available, cooking equipment and food storage facilities, and food preferences.

Active planning and doing rather than passive listening help to maintain interest. It would be therefore appropriate, and yes, even necessary for the participants to be involved in all aspects from developing the concept to planning menus and assisting with meal preparation and service. The goal should be the development of creative leadership. Experience reports "the importance of meeting

the social and psychological as well as the physical needs of the elderly" (Pelcovits, 1973).

Evaluation of Process

The writer's main purpose was to examine the social needs of a group of elderly residents in an elderly person's housing unit and to suggest methods for change. The design was geared for the purpose of identifying areas of need within six basic areas previously identified. An implicit purpose of the study was the seeking of systematic data which would allow for a basis of recommending and implementing change.

The writer attempted to provide a degree of internal validity so that the design could be extended in relation to other groups of the elderly.

On the assumption that the data obtained is valid, conclusions consistent with this data and with respect to respondent independence were made. Consultation with the Board Committee assigned to work with this writer has already generated an interest questionnaire to determine resident interest and desire for future programming. Based upon the conclusions, recommendations will be made to the Board which will encourage greater participation on behalf of Board members and a more meaningful input on the part of residents. In this regard, it appears that the writer has

accomplished the purpose of his study. Certainly research of a replicated nature would lead to increased confidence and would allow for further generalization.

Possible Limitations

1) Missing responses from the 19 unavailable residents (38%) may affect the overall results, but nevertheless, the 62% participation rate should sufficiently allow for accurate and representative reporting.

2) More detailed information regarding respondent desires or need for increased programming (social or recreational) might strengthen the conclusions and is open for further study and examination.

What Was Learned

Most respondents were initially hesitant to discuss personal issues with the writer, fearing that questions were intended to "spy" on residents with the overall intent to harm them in some way. It was very important initially to clearly identify oneself, and to openly discuss the purpose of the interview in general before attempting to administer the questionnaire. It was certainly comforting from a professional point of view to see that the elderly, for the most part, continue to be surveillant and do not offer any personal information until clear about the intent

of the interview and the interviewer. Many of the elderly did not read the introductory letter, believing it to be unimportant or non-relevant to them, thus the follow-up phone call became an important tool in identifying the project.

While most of the questions were clear and concise, some did require clarification during the interview. Great care must be taken in the development of a questionnaire to ensure its clarity to the respondent.

Generally speaking, this group of elderly respondents are very cautious and were not willing to commit themselves. They were hesitant in answering questions which implied some future action on their part. However, once they realized that they might benefit from the results they cooperated quite well and were actually quite hospitable.

Educational Benefits

Graduate studies is intended as a vehicle for acquiring specialized knowledge, academic and practical expertise in a field of choice.

In studying recipients and service within the social service field, one is more likely to be aware of existing practice and learn of emerging directions of practice. Having had limited experience in using concepts of research and statistics, this course of study was beneficial in the

development of skills in this area. The further development of skills in assessment and evaluation especially in this area of research can be useful in future endeavours.

In addition, the study may be of use to the writer as it is directed toward the subjects of his interest, namely the elderly of the community.

This writer was interested in learning and sharing with others, ideas and points of view which prevail and may affect the status of elderly persons.

Numerous publications were available with much material presenting stimulating dissemination of information on aging and opening up areas of discussion relative to the transitional and other changes encountered by the elderly and their families. The impact of adequate housing, health care and other support programs such as transportation, nutrition, etc. have been suggested as matters of concern.

The writer gained useful methodological knowledge, both in how to use methods to carry on research, and also to the possible uses of research methods in social work practice.

The opportunity to focus upon a group of elderly in the community with specific needs, and to determine with them the availability of and appropriateness of resources has been a highlight of the study.

CHAPTER IV

STUDY RECOMMENDATIONS AND CONCLUSIONS

This study was developed in order to evaluate the needs of the elderly with implication for change and intervention. From the results of this study, a number of recommendations are being presented to the Board of Directors for their consideration and follow-up. These recommendations are offered for a wide range of considerations and are intended to provide direct service particularly in situations related to transportation, socialization and recreation as well as in home help requirements.

Recommendation I

Concern had been expressed about difficulty accessing the Garden City Square shopping area (Safeway) due to the transit system not entering that lot directly. This problem seemed to be of concern when residents have to carry their groceries a significant distance to a bus stop for their return home. This will be an increasing problem as it is noted that since the completion of the survey, the major grocery store located in the Garden City Shopping Centre (Dominion) has closed its doors. Dominion was previously accessed much more readily because the transit system enters the Garden City Shopping Centre lot and

passengers can get the bus there.

As the elderly experience difficulty in carrying groceries for any great distance, and in order to extend their independence in shopping for their necessary groceries, it is recommended: that the Board of Directors petition Winnipeg Transit for the purpose of requesting a rerouting of the Arlington Garden City Bus to include a loop through the Garden City Square Shopping Centre and a bus stop to be located adjacent to Safeway.

Recommendation II

Among the difficulties in activities of daily living, greatest concerns were expressed with relation to light housekeeping and laundry tasks. As an individual ages and develops some medical problems, it becomes increasingly difficult to manage these tasks. While one must modify a lifestyle somewhat, an attempt by some to complete even the most simple task could place them at risk and in jeopardy. Some residents may be eligible for assistance under the continuing care program and can access assistance in this manner. Others either ineligible or unwilling to accept this assistance have been left to their own designs. Many of the elderly have been unable to obtain the services of individuals willing to provide for the few hours weekly or bi-monthly that is required by the elderly.

To provide residents with assistance in light house-keeping and laundry, there could be a committee formed to develop guidelines for hiring a Block Homemaker. The payment for this homemaker would be covered by those individuals utilizing the service. In this manner, there could be consistency in cleaning and access to home help would improve.

It is recommended: that a committee of Board and Residents be formed for the purpose of examining the need for a Block Homemaker and, if appropriate, to set guidelines including tasks, hours and forms of payment.

Recommendation III

While there does not appear to be extreme isolation and respondents indicated a high degree of satisfaction with present programming, there was concern expressed about the variety of programming available. The programming that is available is not formally developed, and there are a number of interest groups that independently provide programs that become repetitive and less than successful. Facilities and equipment do not adequately allow program independence on the part of the residents.

It is recommended: that in order to facilitate orderly development of programming at H.S.B.A. Gardens a mechanism be set to centrally co-ordinate all programs of interest to the residents.

It is further recommended that the YMHA/Beth Isreal Seniors Program Co-ordinator be approached by the Board of Directors to take responsibility for all programming in the facility. This would reduce duplication and provide for continuity.

Recommendation IV

As the elderly age, their need for spiritual guidance can grow. This facility was built to provide residents with a well rounded and satisfying life experience. The sponsoring body, the Synagogue should be capable of meeting the residents' spiritual needs in general, and to minister to the grieving or distraught, the sick and weak. Certainly for those residents not of the Jewish faith, arrangements should be made to provide them with equal opportunity.

It is recommended: that the Board of Directors of H.S.B.A. Foundation discuss with the Board of Directors of Beth Israel Synagogue methods of implementing a system by which residents can have access to counselling and ministrations by the Rabbi associated with said synagogue.

Recommendation V

It is recommended: that the Board of Directors of H.S.B.A. Foundation implement a system by which non-Jewish residents can have access to counselling and ministrations

by the minister or priest of their faith.

Recommendation VI

The residents of this complex, as with many in the community are comprised of self-reliant and self-respecting individuals who have earned their own way over the years. These individuals for the most part have considerable insight to understand their own desired lifestyles. Without the opportunity to express concerns or to suggest improvements in the facility, service provisions, or recreational, socializational activities tend to provide a restrictive milieu and do not take advantage of vast years of knowledge and expertise.

It is recommended: that the Board of Directors, along with the YMHA-Beth Israel Seniors program, encourage the development of an independent residents committee, that will be active in pursuing resident concerns and interests. It is further suggested that this committee have formal representation on the Foundation Board.

Recommendation VII

It is recommended: that the residents committee solicit program ideas from residents in order to determine if there are suggestions for programs presently not being presented.

Recommendation VIII

It is recommended: that the Board of Directors be divided into a committee format with each committee responsible for a segment of the management of the Board's total function.

Recommendation IX

It is recommended: that there should be an integration of residents and Board of Directors into working groups based on areas of interest. In this way programs sensitive to special needs of residents could be identified and developed.

Recommendation X

It is recommended: that the Board of Directors make every effort to improve present equipment and to explore the purchase of additional equipment which will allow residents the opportunity to develop and provide for their own entertainment and programming.

Conclusions

The purpose of this study was to examine social needs of elderly residents of H.S.B.A. Gardens, and to determine implications for change and intervention. A general review of the literature was undertaken to obtain a knowledge base

in the field of Gerontology.

In this study, the findings of the social needs assessment were presented. The sample of 30 elderly persons represented only 60% of the total population of the facility studied, but 75% of all contacted. In addition to discussing the findings, the research process was outlined, and recommendations based on the results were presented.

The information contained in this study can be utilized in various ways. The recommendations can assist the Board of Directors of H.S.B.A. Foundation in planning and implementing programs and support services in this facility. It is felt that the material is relevant to other groups or organizations presently sponsoring or intending to sponsor elderly persons housing as they study the needs of their residents and determine primary areas to focus on.

This data could be used in various ways for further recommendations to help bring about changes to meet the needs of residents in other facilities.

As mentioned earlier this study had two main objectives:

- 1) To look at the social needs of the elderly residents of H.S.B.A. Gardens, and by examining their resources to determine if their present needs are being met.

- 2) To begin to operationalize models of intervention

to help meet some of these needs which have been identified as being unmet.

This study is only the beginning of the process. It is now imperative that the residents and the Board of Directors work together as active partners to address the needs outlined in this study, and to identify and create new and innovative ways to meet them.

NOTICE/AVIS

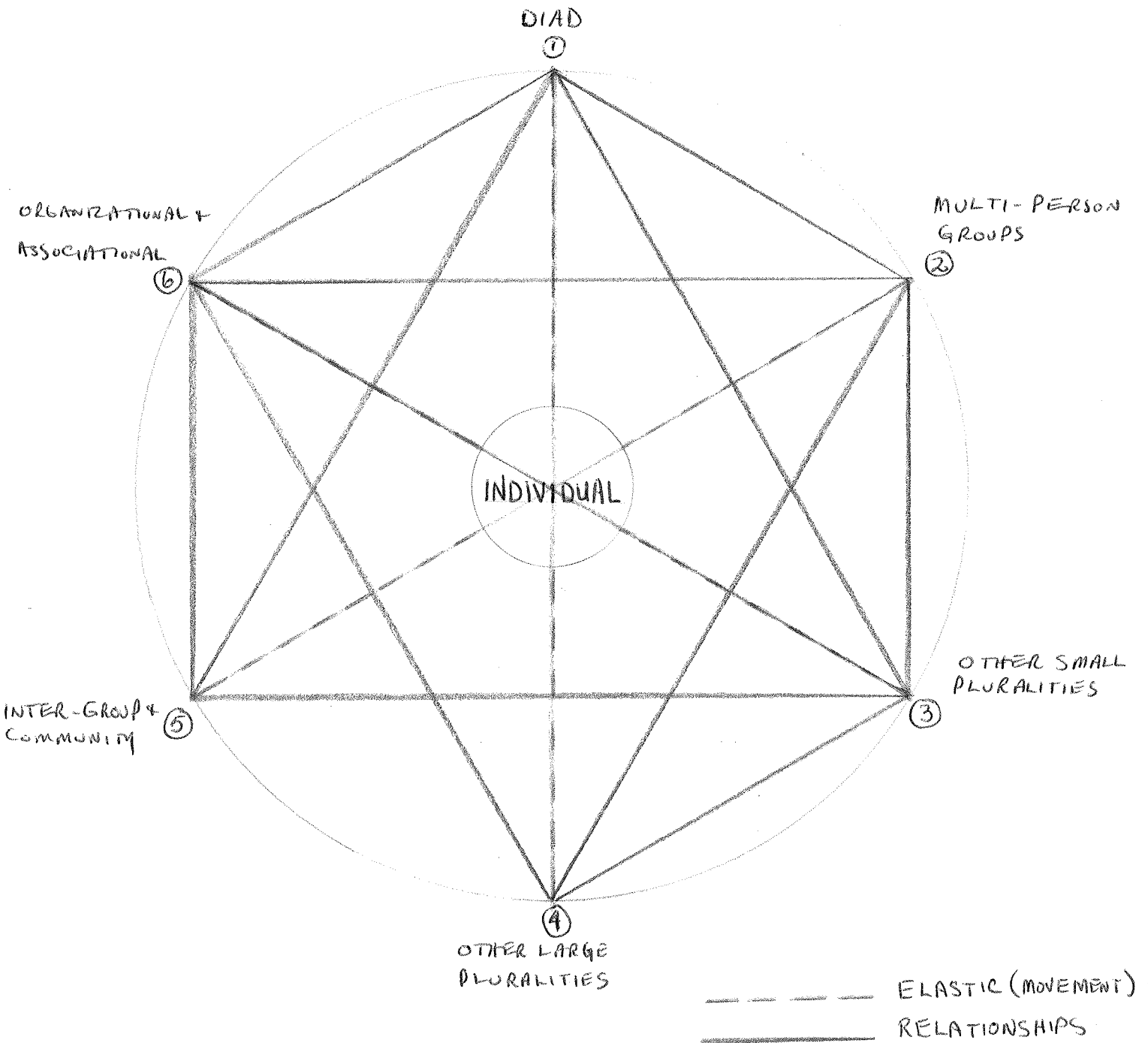
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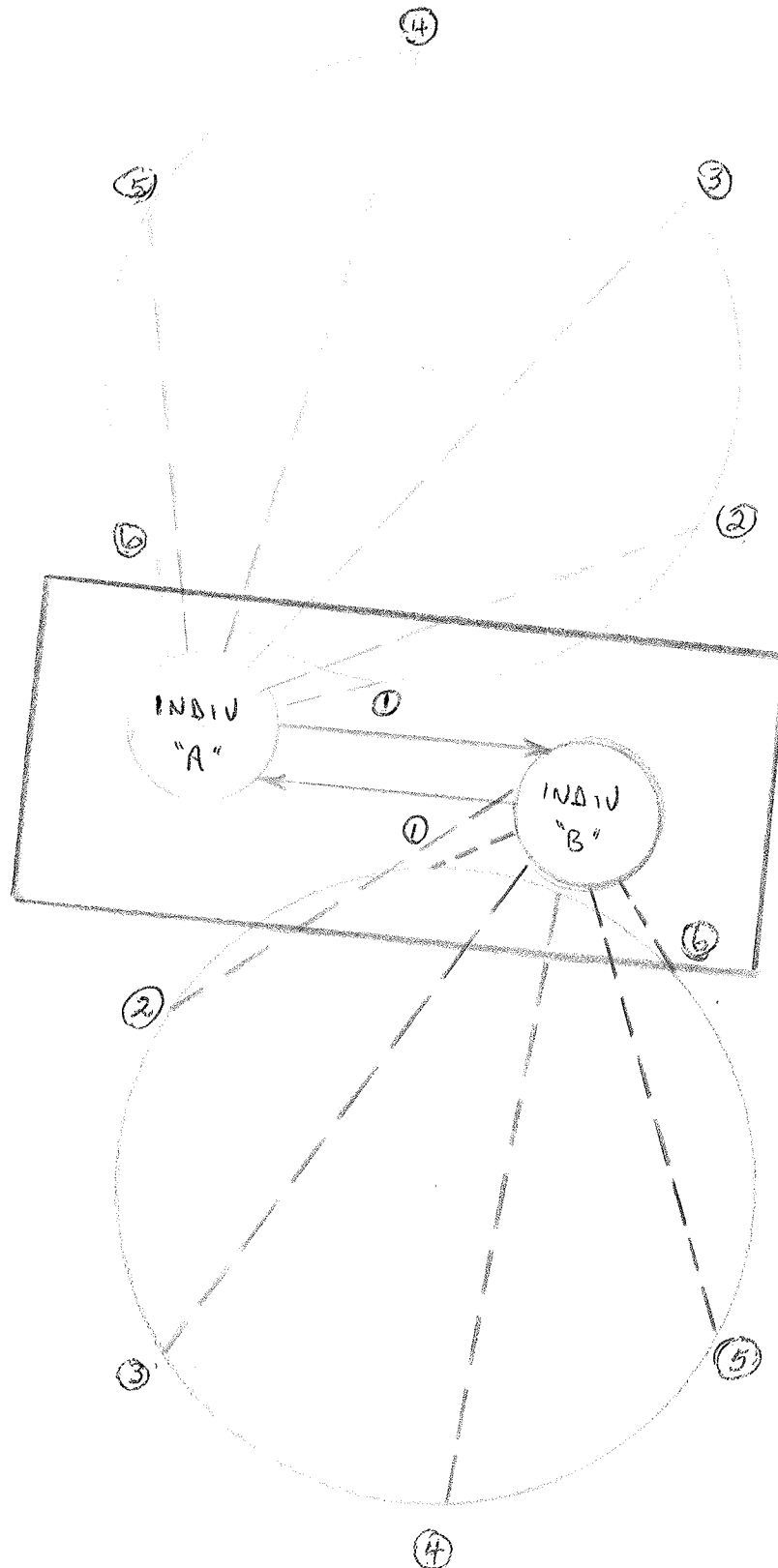
AN INTERACTIONAL MODEL OF RELATIONSHIPS

Figure 1



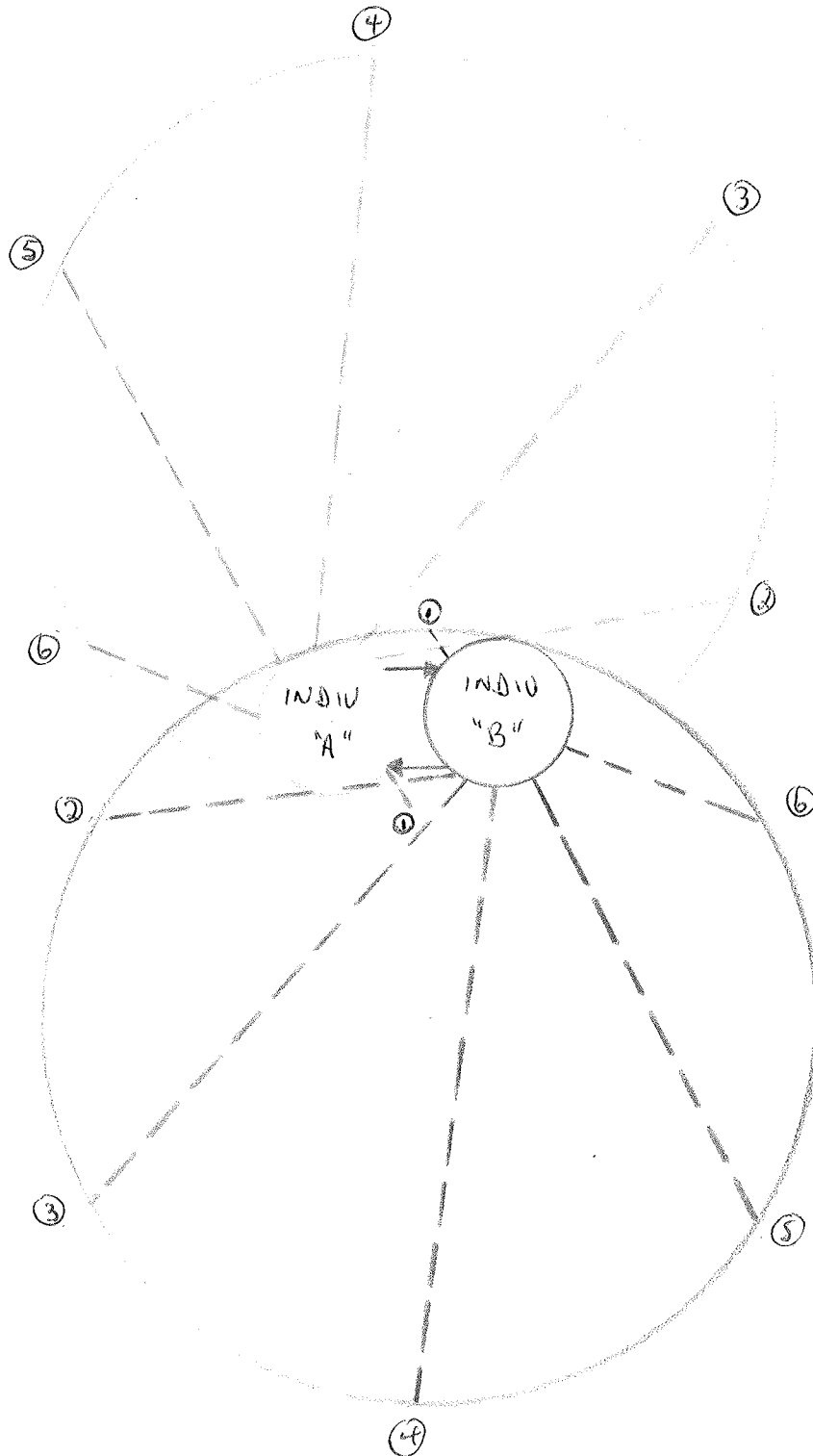
A TRANSACTIONAL MODEL OF RELATIONSHIPS

Figure 2



A TRANSACTIONAL MODEL OF RELATIONSHIPS

Figure 3



Footnotes to Figures

While this model identifies only six network contacts, it is suggested that anyone having any kind of contact with an individual will have an effect on that individual, be it ever so slight. The more significant the kin, friends, neighbours, etc., the greater the influence. This model suggests the individual is in a continuous dynamic state of interaction. His position within the context of the social environment is elastic, that is, through the adaptedness of being able to reach and sustain a balance in an effort to fit ever changing conditions and needs, he is able to mobilize those individuals, groups or communities that may have the capacity to support him.

The closer one is to the individual, physically, spiritually, emotionally and socially, the greater the interactional influence.

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APPENDIX I

January 9, 1985

Mrs. Barbara Reiss
President
Board of Directors
H.S.B.A. Foundation
c/o 1007 Sinclair St.
Winnipeg, Manitoba
R2V 3J5

Dear Mrs. Reiss:

I am presently engaged in post graduate studies, completing my Master of Social Work degree at the University of Manitoba.

In partial fulfillment of the degree requirements, I have elected to undertake a practicum examining the social needs of the residents of H.S.B.A. Gardens and to identify guidelines for future programming.

My rationale for wanting to undertake this practicum stems from the conclusion that there is a need to examine the support provided to the residents of the H.S.B.A. Foundation, in determining if their social needs are being met.

My own assumptions in this area are that the facility presently provides adequately for the physical needs of the residents, but many of their social needs are not being met.

The provision of increased supports through such programs as congregate meals, increased formal and informal social and leisure programs, and transportation assistance can help reduce the severity of problems that affect many elderly, such as isolation, poor health and poor diet.

My purpose in writing to you is to request your Board's approval of my studies at H.S.B.A. Gardens. Should the Board approve the study, I would respectfully request that a sub committee be struck to work with me to review the compiled information and to plan for new programming if such need is identified.

.../2

HOW TO GET HERE

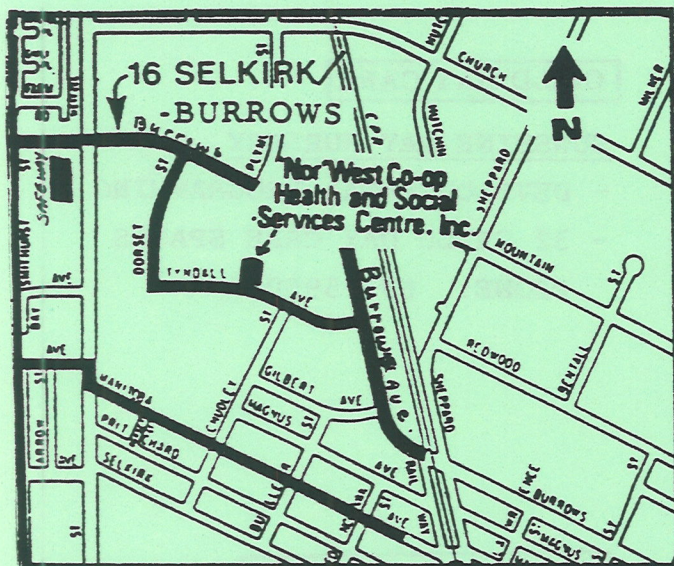
WE CAN BE REACHED BY
TAKING A SELKIRK-BURROWS BUS

16

SELKIRK

OSBORNE

Burrows
Manitoba
McPhillips
Downtown



Between 9:00 a.m. and
3:00 p.m., the Selkirk Bus
#16 stops at our door. (then
again after 6:00 p.m.)

NOTE: during rush hours,
buses operate via Burrows ave.
only.

DID YOU EVER
FEEL
PHYSICALLY
FIT?



GET TO KNOW
THE
FEELING!

N.W. 7/85

NOR'WEST CO-OP
*Health and Social
Services Centre*

**103 - 61 TYNDALL AVE.
WINNIPEG, MANITOBA
R2X 2T4**

633-5955

HOURS

MONDAY TO FRIDAY (INCLUSIVE)
8:30 A.M. - 6:00 P.M.
24 HOURS ON CALL



NOR'WEST IS A CO-OP

WHY NOT JOIN?

THE MEMBERSHIP IN THIS CO-OPERATIVE IS ONLY A DOLLAR

The Nor'West Co-op Health and Social Services Centre Inc. is a community health centre. The Centre and its services are available to *everyone*. If you, as a member of the community, wish to be a participant in the development (that is, a voting member) of this Centre, you may do so by taking out a one dollar (\$1.00) membership.

OUR SERVICES ARE AVAILABLE

TO EVERYONE IN THE COMMUNITY



NOR'WEST SERVICES

COMMUNITY HEALTH SERVICES

- FAMILY MEDICAL CARE
- FAMILY PLANNING COUNSELLING
- FOOT CARE

LIFESTYLE PROGRAMS

- NUTRITION AWARENESS
- PARENT FACT SHEETS
- ADULT CRAFTS
- AEROBIC EXERCISE TO MUSIC
- MOM'S AND TOT'S
- SENIOR FITNESS
- SENIOR CRAFTS
- SENIOR PROGRAMS

RESEARCH

NEEDS IDENTIFICATION

COMMUNITY ORGANIZATION

Seven Oaks General Hospital
is in our area



NOR'WEST SERVICES

SOCIAL SERVICES

- INFORMATION, REFERRAL
- SPECIALIST IN AGING
- OUTREACH PROGRAMS
- NUTRITION INFORMATION
- FITNESS INFORMATION

CHILD DAY CARE

SUNSHINE DAY NURSERY

- DEVELOPMENTAL PROGRAMMING
 - 32 CHILD DAY CARE SPACES
- PHONE: 633-5950

COMMUNITY SERVICES

- DAILY NEWSPAPER
- FREE BOOK EXCHANGE
- VOLUNTEERS

Program suggestions are
welcome

January 9, 1985

Mrs. Barbara Reiss

Page 2

I am available to discuss this matter further if you wish. Your early approval is requested so that firm arrangements can be made to begin this program early in the new year.

Thank you for your positive consideration of my request.

Yours truly

Norman Freedman, B.S.W., R.S.W.

NF/sl

H.S.B.A. FOUNDATION INC.

A CHARTERED NON-PROFIT CHARITABLE ORGANIZATION
OPERATING ELDERLY CITIZENS' RESIDENCE
1007 Sinclair Street
WINNIPEG, MANITOBA

Feb 1, 1985

Mr. Norman Freedman
29 Mellish Ave. .,
Winnipeg, Manitoba
R2V 2L5

Dear Mr. Freedman:

I am writing in reply to your request for permission to utilize our facility in order to further your studies.

Your proposition was presented to our Board of Directors at our meeting of January 28, 1985, and I am pleased to report to you that permission was unanimously granted.

As per your request, a committee was struck under the chairmanship of Mrs. Betty Simon to review with you, the results of your study.

It is our hope that this project can be mutually beneficial.

Good Luck.

APPENDIX III

NOR'WEST CO-OP HEALTH & SOCIAL SERVICES CENTRE INC.
103 - 61 Tyndall Avenue
Winnipeg, Manitoba
R2X 2T4

The Nor'West Co-op Health and Social Services Centre Inc. situated in the centre of a community comprised of Willow Park and Willow Park East, Willow Centre, Gilbert Park and single family dwellings have provided medical and social care for the citizens of these areas for the past eleven years, as well as the larger outreach community. Staff are continually developed and carrying out, with the help of volunteers from the community, programs the request for which comes from the citizens themselves.

BETH ISRAEL SENIORS -Staff Worker - Cheryl CorrinSTRUCTURE:

A formal committee of 4 members assists the staff worker. The total membership has weekly meetings where they discuss programs, outings, and current concerns affecting their lives as members of a residence. This group has many features of a family unit.

PROGRAM:

- 9:00 - 10:00 a.m. - Worker makes 10 - 15 apartment visits to check on current physical condition of resident.
- 10:00 - 11:30 a.m. - Shopping trip by van using 5 volunteers.
- 12:00 - 1:00 p.m. - Informal Coffee
- 1:00 - 1:30 p.m. - Exercises
- 1:30 - 2:00 p.m. - Group discussion
- 2:00 - 3:00 p.m. - Variety program - crafts, film, speakers, music
- 3:00 - 3:30 p.m. - Refreshments served by the Sisterhood.

5 - 6 volunteers assist with the afternoon programs.

SOCIAL SERVICE:

As this group constitutes the frail elderly, and the average age is 80 the workers input is very intense.

Referrals are made to Jewish Child and Family Services, to Home Care, and to doctors and hospitals.

It is necessary to individually encourage each member to participate and to be constantly aware of the physical and emotional status of each of the participants.

TRANSPORTATION:

- a) 1 - 2 cabs to the Y holiday luncheons.
- b) 10 cabs per year for doctors, hospital and funerals.

APPENDIX V

INTERVIEW SCHEDULE
SOCIAL NEEDS QUESTIONNAIRE

Norman D. Freedman BSW RSW
Principal Investigator

Master of Social Work Program
School of Social Work
University of Manitoba
Winnipeg, Manitoba

Spring 1985

Interviewer: Introduce your self to the respondent.

Say: "Hello (Mr./Mrs./Ms.)_____

My name is_____. I am interested in talking to people living in this apartment and in this neighbourhood. You are ~~one~~ the the many people whom we are interviewing in this building. You will have already received a letter from Rabbi Kroopnik, but let me just repeat that we are conducting a survey as part of my (Norman Freedman's) studies at the School of Social Work, University of Manitoba. The purpose of this project is to help identify the strengths and needs of the older citizens of our community. Your helping us will in no way affect your status in this building or with any services you currently receive or may receive in the future. I want to assure you that everything you say is confidential and your name will not be used anywhere. We are interested in general patterns and not in the way an individual behaves.

I am going to talk to you about you, and the things you do. Some of the questions may ~~not~~ seem to apply to you. However, we want information from people living in all kinds of circumstances. The information gathered will be used to help plan for improved supports and services in our community. If there are any questions you would rather not answer, please do not feel obliged to do so. We really appreciate your help.

SECTION 1

First, I would like to ask about your daily routine.

1. Does transportation outside the house affect your ability to participate in:

a) social or recreational activities

Yes____ No____

b) to receive medical care Yes____ No____

c) to manage your household Yes____ No____

2. Do you have difficulty in performing some of your daily activities such as:

a) bathing Yes____ No____

b) shopping Yes____ NO____

c) meal preparation Yes____ No____

d) light housework Yes____ No____

e) laundry Yes____ No____

f) taking your own medicine Yes____ No____

3. Has there been anyone to help you with these tasks? Yes____ No____ (If No, go to question 4) If Yes,

a) Do you think that this (these) person(s) will be able to continue helping for a long time? Yes____ No____

b) What would happen to you if you didn't have this help?_____

c) Do you need more help than you are presently receiving? Yes____ No____

d) If Yes, for which activities do you need more help?_____

e) What limits you from being as active as you would like?_____

☐ 1 5

☐ 1 6

☐ 1 7

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☐ 1 16

☐ 1 17

☐ ☐ 1 18-23

☐ ☐ ☐ ☐

☐ 1 24

4. How do you manage to perform these activities?

☐ 1 25

SECTION 11

Now I would like to ask about your family and friends.

5. How many times:

1 27-52

Do you have:

- . a spouse? *a*
- . children? *b*
- . grand-children? *c*
- . relatives? *d*
- . friends? *e*
- . neighbors *f*

N O	Y E S	Do they visit you?					Do you go out with them? Do you go to see them?					Do you phone each other(s)? Do you write each other(s)?				
		Day	Week	Month	Year	Never	Day	Week	Month	Year	Never	Day	Week	Month	Year	Never
	N.:															
	N.:															
	N.:															
	N.:															
	N.:															

a ☐ ☐ ☐ ☐ ☐

b ☐ ☐ ☐ ☐ ☐ ☐ ☐

c ☐ ☐ ☐ ☐

d ☐ ☐ ☐ ☐ ☐

e ☐ ☐ ☐ ☐ ☐

f ☐ ☐ ☐ ☐ ☐

SECTION 111

We would like to find out what kinds of things people do with family, friends or by themselves.

6. What social-recreational activities do you participate in? _____

☐ 1 53

7. What activities would you like to participate in? _____

☐ 1 54

a) What is stopping you from participating in such activities? _____

☐ 1 55

- | | | | |
|--|--------------------------|---|----|
| 8. Are there any social activities that you miss doing? Yes____ No____ (If No., go to question 9) If Yes, | <input type="checkbox"/> | 1 | 56 |
| a) Which ones? _____ | <input type="checkbox"/> | 1 | 57 |
| b) What is stopping you from participating in such activities? _____ | <input type="checkbox"/> | 1 | 58 |
| 9. Do you have to do without certain activities for lack of money? Yes____ No____ (If No, go to question 10) If Yes, | <input type="checkbox"/> | 1 | 59 |
| a) Which ones? _____ | <input type="checkbox"/> | 1 | 60 |

SECTION IV

Now I would like to ask about your building and neighbourhood.

- | | | | |
|---|--------------------------|---|----|
| 10. Are you satisfied with your housing conditions? Yes____ No____ (If Yes, go to question 11). If No, | <input type="checkbox"/> | 1 | 62 |
| a) What would you like to change? (i.e. heating lighting, ventilation, appliances, sanitary installations, access security) _____ | <input type="checkbox"/> | 1 | 63 |
| b) What should be repaired? _____ | <input type="checkbox"/> | 1 | 64 |
| 11. Are you satisfied with your neighbourhood? (i.e. shopping facilities, transportation, etc...) Yes____ No____ (If yes, go to question 12) If No, | <input type="checkbox"/> | 1 | 65 |
| a) What are your concerns? _____ | <input type="checkbox"/> | 1 | 66 |
| 12. Are there any barriers to your mobility in your neighbourhood? Yes____ No____ (If Yes, go to question 13) If No, | <input type="checkbox"/> | 1 | 67 |
| a) What are your concerns? _____ | <input type="checkbox"/> | 1 | 68 |

13. Do you feel safe in your neighbourhood?

Yes _____ No _____

a) Explain _____

<input type="checkbox"/>	1	69
<input type="checkbox"/>	1	70

SECTION V

I would like to ask you some questions in the area of nutrition. (food and meals)

14. Do you shop: on your own _____ accompanied by someone _____ by phone order _____ have someone shop for you _____

<input type="checkbox"/>	1	72
--------------------------	---	----

a) If you shop for yourself, what do you do for transportation? _____

<input type="checkbox"/>	<input type="checkbox"/>	1	73-74
--------------------------	--------------------------	---	-------

15. How far do you have to go to shop?
one block _____ two blocks _____ three blocks _____ farther _____

<input type="checkbox"/>	1	75
--------------------------	---	----

16. How often do you shop? once a month _____
every two weeks _____ every week _____
two times a week _____ daily _____

<input type="checkbox"/>	1	76
--------------------------	---	----

17. Do you require assistance in food preparation?
Yes _____ No _____. (If No, go to question 18)
If Yes,

<input type="checkbox"/>	1	77
--------------------------	---	----

a) In what way? _____

<input type="checkbox"/>	1	78
--------------------------	---	----

18. How many meals a day do you eat?
One _____ two _____ three _____ four _____ more than four _____

<input type="checkbox"/>	2	5
--------------------------	---	---

a) Do you snack? Yes _____ No _____

<input type="checkbox"/>	2	6
--------------------------	---	---

b) If you snack, how often? _____

<input type="checkbox"/>	2	7
--------------------------	---	---

19. With whom do you usually eat? with others _____ alone _____

<input type="checkbox"/>	2	8
--------------------------	---	---

20. Do you have difficulties in eating because of problems with your teeth? Yes _____ No _____

<input type="checkbox"/>	2	9
--------------------------	---	---

21. Have you ever attended a meal program?
 Yes _____ No _____ (If No, go to question 22),
 If Yes, ☐ 2 10
- a) Where _____ ☐ 2 11
- b) How many times a week? _____ ☐ 2 12
- c) What are your likes and dislikes about
 the meal program(s) you have attended?
- Likes _____ ☐ 2 13
- Dislikes _____ ☐ 2 14
22. Are you aware of any meal programs?
 Yes _____ No _____ ☐ 2 15
- a) If Yes, Which ones? _____ ☐ 2 16
23. Would you come to a meal program if it
 was offered? Yes _____ No _____ (If No,
 go to question 25) If Yes, ☐ 2 17
- a) How far would you go to attend a meal
 program?
 Downstairs _____ two blocks _____ five blocks _____
 farther _____ ☐ 2 18
24. If a meal program were to be offered, what
 meal would you like to be served?
 Morning _____ Noon _____ Evening _____ ☐ 2 19
- a) Reason _____ ☐ 2 20
- b) What kinds of food would you like served
 at this meal? _____ ☐ 2 21
- c) How often would you come if a meal
 program was offered? _____ ☐ 2 22
- d) Would you want the meals to be strictly
 kosher _____ Kosher style _____ No preference _____ ☐ 2 23

CARD COL.

25. Are you aware of Meals on Wheels?
Yes_____ No_____ (If No, go to question
28) If Yes, ☐ 2 24
26. Have you ever received Meals on Wheels?
Yes_____ No_____ ☐ 2 25
- a) Are you presently receiving Meals on Wheels?
Yes_____ No_____ ☐ 2 26
27. Would you order Meals on wheels if
they were:
- a) Kosher Yes_____ No_____ ☐ 2 27
- b) Kosher style Yes_____ No_____ ☐ 2 28
- SECTION VI
- Now I would like to know a little more about
you.
28. When were you born? Month_____ Year_____ ☐ ☐ 2 30-31
29. Sex? Male_____ Female_____ ☐ 2 32
30. Ethnic Background? Jewish_____ Non-Jewish_____ ☐ 2 33
31. What is your marital status? Married_____ ☐ 2 34
Single_____ Widow(er)_____ Separated/divorced_____
32. If married, for how long?_____ ☐ ☐ 2 35-36
33. If still married, where is spouse?_____ ☐ 2 37
34. If widowed, sep/div, for how long?_____ ☐ ☐ 2 38-39
35. Where were you born?_____ ☐ 2 40
36. When did you come to canada?_____ ☐ ☐ 2 41-42
37. What languages do you speak?_____ 2 43-49
38. What languages do you speak most often? 2 50-56

39. How many years or grades did you complete in school? _____

☐

2 57

40. How long have you lived in this community?
0 - 2 years _____ more than 2 - 5 years _____
more than 5 - 10 years _____ more than
10 years _____ all my life _____

☐

2 58

41. How long have you been living in your present household?
less than 6 months _____ over 6 months but
less than one year _____ one year to less
than 3 years _____ 3 years to less than
5 years _____ 5 years and over _____

☐

2 59

That concludes the interview.

42. Do you have any other comments? _____

☐

2 60

I have enjoyed talking with you and would like to thank you for taking time to participate in this study, which without your co-operation and participation would not be possible.
Thanks again.

Date: _____

Time started _____ Time completed _____

ID Number _____

<input type="checkbox"/>
<input type="checkbox"/>

1 1-3
2 1-3

29 Mellish Avenue
Winnipeg, Manitoba
R2V 2L5

Dear Resident:

I am involved in a research study of the Jewish people in our community 60 years of age and over. The purpose of this study is to assess the needs of the Jewish elderly and to look towards mobilizing resources to meet those needs.

There have been some studies conducted in the past, but there is further information required to make recommendations regarding the development of new programs and services which can enrich the lives of the Jewish elderly in Winnipeg.

I am writing you to ask permission to include your name in my listing.
I will be contacting you soon to arrange a convenient appointment.

Thank you.

0.110 0.070 0.030 0.010 0.005 0.002 0.001

[illegible]

hce

29 Mellish Avenue
Winnipeg, Manitoba
R2V 2L5

Dear Resident:

I am involved in a research study of the elderly people in our community 60 years of age and over. The purpose of this study is to assess the needs of the elderly and to look towards mobilizing resources to meet those needs.

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Thank you.

Beth Israel Synagogue

בית הכנסת "בית ישראל"

S.B.A. SYNAGOGUE INC.



1007 SINCLAIR STREET
WINNIPEG, MANITOBA
R2V 3J5

PHONE 888-8098
582-2353
ב"ה

Dear Resident:

Mr. Norman Freedman is conducting a survey as part of his studies at the School of Social Work, University of Manitoba.

The purpose of this project is to help identify the strengths and needs of the Jewish citizens of our community, 60 years of age and over.

We are asking for your co-operation and information to make his survey successful and useful.

Please extend to him the trust and confidence he deserves in order that we may more effectively be able to provide good services and programs to the Jewish community.

Thank you.

830,
611
8780
C

Beth Israel Synagogue

בית הכנסת "בית ישראל"

H.S.B.A. SYNAGOGUE INC.



1007 SINCLAIR STREET
WINNIPEG, MANITOBA
R2V 3J5

PHONE ~~582-2095~~
582-2353
7103

Dear Resident:

Mr. Norman Freedman is conducting a survey as part of his studies at the School of Social Work, University of Manitoba.

The purpose of this project is to help identify the strengths and needs of the citizens of our community who are 60 years of age and over.

We are asking for your co-operation and information to make his survey successful and useful.

Please extend to him the trust and confidence he deserves, in order that we may more effectively be able to provide good services and programs to the community.

Thank you.

APPENDIX X

In our desire to provide programming for the residents we are asking for your help. Please complete the following questionnaire.

1. Would you be interested in seeing a movie on a regular basis? Yes/____ No____
2. If Yes, which day do you prefer?
Monday____Tuesday____Wednesday____Thursday____Sunday____
3. What time would you like the movie to start?
7:00PM____ 7:30PM____ 8:00PM____ Afternoon(Sunday)____
4. What type of movies would you like to see?
Musicals____Adventure____Comedy____Other(specify)____
5. If other programming could be made available on a regular basis, what type of program would you enjoy?

Name_____

Thank you for your help.

Please give this completed form to the program co-ordinator of the Seniors program for forwarding to the Board of Directors.