

THE UNIVERSITY OF MANITOBA

A STUDY OF PREFERRED LIVING  
ARRANGEMENTS OF THE AGED ON SOCIAL  
ALLOWANCE IN METROPOLITAN WINNIPEG

BEING A THESIS SUBMITTED IN  
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FOR THE DEGREE OF MASTER OF SOCIAL WORK

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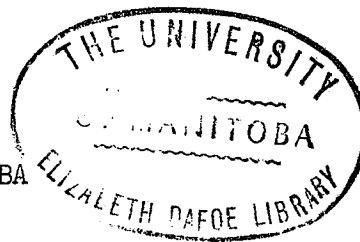
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## ABSTRACT

This thesis was designed to ascertain the preferences of a specific group of older citizens with regard to their living arrangements.

The study was based on data obtained from face to face interviews with a sample group of ninety-five senior citizens on Social Allowance residing in Metropolitan Winnipeg. In addition to their preference for a particular living arrangement certain personal characteristics, age, marital status, sex, health and ethnic origin, and certain external circumstances, available housing and previous way of life were identified as they were associated with the preferences.

The findings revealed that a large proportion (81%) of the sample group desired to live in the normal mixed community. This was true for most of those who were above and below the mean age (which was found to be seventy-five for this sample group), who were married and single, male and female, and in good and poor health. These findings held true also irrespective of their ethnic background, their knowledge of available housing projects and their previous way of life.

Similarly our findings showed that a considerable proportion (64%) of the sample group preferred to live independently. This led to the conclusion that the older people in our sample group prefer to retain their independence but if circumstances necessitate increased dependency they still prefer to remain in the normal, mixed community.

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## CHAPTER I

### INTRODUCTION

Much of the current literature written on problems of the older citizens emphasizes the need to provide better housing and accommodation for them. It has been generally recognized that elderly people, in particular, have very diverse housing arrangements. They are living in single family houses, in apartment blocks, in furnished rooms, in residential hotels, in nursing homes and doubled up in the houses of relatives. Is this diversity of living arrangements what the elderly want and what they need? Would most of those now living with relatives prefer separate apartments or houses? Would hotel and rooming house residents rather live in housing projects especially designed for older people?

In this study, carried out by six students in their Masters' Year at the School of Social Work at the University of Manitoba, it was hoped to determine the older people's preferences for particular living arrangements and some of the personal characteristics associated with their preferences.

The proportion of aged persons in the community has been progressively increasing due to extended life expectancy made possible by scientific advances. In addition, industrialization, urbanization, increased mobility and the resulting nuclear family have contributed to the leaving behind and neglect of the aged. As a result of these

developments it has become necessary for society to assume greater responsibility in taking care of the older people - a function formerly carried out by the family unit. However, in a society where the emphasis was and still is on youth, health, achievement and production, where death and dying are taboo subjects, the efforts made have been very scanty and slow in coming. Eventually, the fact of an ever-increasing aged population and the change of attitude in public thinking have led to some definite efforts to improve the lot of our senior citizens. Both government and private agencies are now developing programs that do take into account older people's right for happiness and security.

Prior to embarking on the research project, we heard a discussion by representatives of the Social Allowance Division and the Age and Opportunity Bureau of Winnipeg, all of whom are familiar with the problems facing many of the older people in our community. As the Social Allowance program is comparatively new and is designed to meet the needs of the people, the representatives of these agencies expressed particular interest in a project which would help distinguish the wishes and needs of the older people using their services. Out of this discussion came further discussion by the members of our research group and since we all have some older people, either in our immediate families or among other relatives or friends many thoughts, ideas and concerns came forth. It was during this discussion that we felt the problem of "living arrangements" was one of the greatest problems older people have to

face. While the majority of us felt we would be willing to care for the older members of our families we all agreed that this feeling was not always shared by the older people themselves. As social workers we are aware of the fact that there is more to the problem of living arrangements than having a sound roof over one's head. There are, for example, psychological and emotional factors, to say nothing of the whole train of aspects of human relations of the older people's status. As we looked at various articles, studies and other literature concerning older people, we invariably found that a great stress was placed on independent living for the older person for as long as possible.

Age and Opportunity, a report published by the Welfare Council of Greater Winnipeg in 1956, states that independent living was favored by the older persons at that time but because of the limited suitable housing, home care and related services, the extent to which people would find it possible and desirable could not be answered.

A great emphasis today is placed on the need for special housing projects and developments to allow for independent living for older people. However, several reports on independent living for the aged from other places and countries such as the United Kingdom and Europe indicate a greater stress on keeping the older persons in their own homes or, if this is not possible, on helping them to remain in their own neighborhood where everything is familiar to them and where they are integrated in the community. Our research group, therefore, became interested in finding out if this way of life

is what our old people need and wish. Therefore, the focus of our study was on the living arrangements preferred by the older people in our community.

With the introduction of the new legislation in Manitoba, namely the Social Allowance Act of 1960, it is now possible to provide for an extra rental allowance in special situations so that the needs and wishes of the senior citizens are more adequately met. In our study we included those people over 65 years of age who either have no income other than that provided for in the way of Social Allowance or have an insufficient income with which to maintain themselves and are dependent on additional income through Social Allowance. Also included, of course, are those over 70 years of age who are receiving Old Age Security but who are also dependent on additional income or such assistance as medical care through Social Allowance. The Social Allowance Program is designed to take into account the person's current needs and current income. The current needs include shelter or living arrangements. To a limited extent, in terms of cost, the program allows for the person's preferred way of living. This group is not representative of all the older people in our community but does represent the lower income group. The preferences of this particular group do not necessarily correspond to those of the higher income group.

From the foregoing discussion the following hypothesis emerged: The preference of people 65 years of age and older with inadequate financial means is for accommodation which provides an independent and

an integrated way of life.

Inadequate financial means was determined by the older person's eligibility for Social Allowance. The term independent way of life was used to refer to living arrangements that involve a separate and private dwelling where a person cares for himself, prepares his own meals and is free from control and influence by others; the opposite of independent is a dependent way of life which refers to living in a setting where the person is at the disposal of another person and/or unable to sustain himself without the aid of someone else. The term integrated living was used to refer to a way of life or living arrangements where the individual continues to be part of the normal, mixed community and where his home is undistinguishable from the rest of the community; the opposite of integrated is segregated living which refers to a way of life or living arrangements where the individual is set apart from the normal, mixed community; where he is removed from the presence of his family, former friends and former community activities and where he is living together with a number of elderly persons.

People who are accustomed to living in a particular way will wish to continue living in this manner providing conditions are practicable for them to do so. There are a variety of conditions which are likely to affect the possibility of continuing in their previous way of life. As people get older there is the possibility that they may become less able to care for themselves and therefore age and physical health will influence their desire to change their

*ass*  
*medical*

way of living. As long as the couple remains together a family unit still exists to some extent and we are likely to find this group showing preference for an independent and integrated way of life. In former years the female partner usually managed the home and it seems likely women will want to remain in this capacity in their own home whereas men will likely want to be dependent. Whether or not our older people wish to live in accommodation specifically designed for older people depends on whether they can afford this type of accommodation and if this type of accommodation is known and available to them. Value and attitudes develop in part from our ethnic origin and this has an effect on certain groups of people in their choice of living accommodation. We assumed that people of similar ethnic origins have similar cultural values. It is recognized, therefore, that the preference of older people may vary according to these and other personal characteristics and existing factors. In the time available it was impossible to consider all the relevant factors, consequently, in this study preferences were described and compared with respect to age, marital status, sex, health, ethnic groups, available housing and previous way of life. Out of this the following sub-hypotheses were formulated:

1. A greater proportion of the people below the mean age prefer an independent and an integrated way of life while a greater proportion of those above the mean age prefer a dependent or a segregated way of life.

2. A greater proportion of the married persons prefer an independent and an integrated way of life while a greater proportion of the single persons prefer a dependent or a segregated way of life.
3. A greater proportion of the women prefer an independent and an integrated way of life while a greater proportion of the men prefer a dependent or a segregated way of life.
4. A greater proportion of the people in good health prefer an independent and an integrated way of life while a greater proportion of those in poor health prefer either a dependent or a segregated way of life.
5. The preference for an independent or an integrated way of life varies among different ethnic groups.
6. Irrespective of knowledge of availability of housing projects specifically designed for older people, the proportion preferring not to live in housing projects will be similar to the proportion preferring integrated living.
7. Older persons prefer a way of life which is the same as, or similar to, that to which they were accustomed in previous years.

Previous way of life refers to the type of housing and living arrangements to which the individual has been accustomed prior to reaching the age of 65 years. Mean age refers to the average age of the group being studied. Housing projects are dwellings or houses

*must support us by future research.*

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provided by private organizations or interested groups with the assistance of subsidized grants from the government. As they exist in this area they are all of the self-contained motel type and apartment type where the older person provides for his own care but building maintenance is provided through a caretaker.

*ass* As there is no way of assessing the difference between expressed need and the felt need these were assumed to be one and the same. *can said* Casework services of the agency no doubt play a part in the manner in which our senior citizens are living and prefer to live but as our study could not assess service we assumed this service to have no influence on the older person's preference. The assumptions we have made here are possibilities for future studies and research.

The method of our study was to interview a sample of elderly persons in receipt of Social Allowance to determine their needs and wishes with respect to living accommodations. In order to determine the individual's preference specific information was required with regard to present living arrangements and satisfaction or dissatisfaction about these. Further detailed information as to age, marital status, sex, health, ethnic group, available housing and previous way of life was needed in considering these characteristics. A schedule was designed in order to obtain the specific information. The study group was aware that there might be problems in interviewing due to senility and language barrier. *(* It was expected that old people with these handicaps would be unable to express their needs and wishes and therefore they were excluded from the study. *ass*

The expressed preferences of older people for a certain way of life were classified into four major groups, namely: Independent-integrated, dependent-integrated, independent-segregated and dependent-segregated. These major preference groups were in turn cross classified with each of the seven characteristics which we selected for the purposes of description and comparison, namely: Age, marital status, sex, health, ethnic origin, location and type of available housing and previous way of life.

We hope that the findings of our research group will stimulate further research in the area of our aging population and will be useful as a guide to those who are particularly concerned about the welfare of our senior citizens in connection with the latter's living arrangements.

## CHAPTER II

### BACKGROUND AND OTHER STUDIES

#### 1. BACKGROUND

A review of the literature reveals an increasing awareness in Western society of community responsibility with regard to the housing of the aged. Donahue cites a number of sociological factors which have contributed to this development.<sup>1</sup>

The first factor which serves to focus attention upon the special housing needs of older people is the change in the population structure. A significant demographic trend observed in most of the western countries during the first half of this century has been towards an increase in both the absolute number of old people and the proportionate size of this group. According to the Dominion Bureau of Statistics there were at the time of the census in 1901 271,201 persons sixty-five years of age and over living in Canada. The 1951 census disclosed that there were 1,086,273.<sup>2</sup> The total population during this period increased from 5,371,315 to 14,009,429.<sup>3</sup> The percentage of those sixty-five years of age and

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<sup>1</sup>Wilma Donahue, "Housing and Community Services", Aging in Western Societies, ed. Ernest W. Burgess (Chicago: The University of Chicago Press, 1960), pp. 110-111.

<sup>2</sup>Canada, Dominion Bureau of Statistics, Ninth Census of Canada, 1951, (Ottawa: Queen's Printer, 1956), Table 19-1.

<sup>3</sup>Canada, Dominion Bureau of Statistics, The Canada Year Book, (Ottawa; Queen's Printer, 1956), p. 149.

over compared with the total population therefore rose from 5.07 in 1901 to 7.76 in 1951.<sup>1</sup>

The factors affecting the change in the age structure of a population, according to Lundberg, include fertility, mortality, emigration and immigration.<sup>2</sup> The crude death rate in Canada has shown a steady decline since the beginning of the century largely as a result of medical advances. This is reflected in the increased life expectancy at birth from sixty years for men and 62.10 years for women in 1930 to 66.33 and 70.83 years respectively in 1950. The crude birth rate on the other hand showed a decline during the 1930's followed by a sharp increase during the 1940's until by 1950 it was approximately the same as in 1920.<sup>3</sup> Migration, unfortunately, is a demographic variable more difficult to measure and available data is scarce and incomplete. In general, however, the evidence is that the effects of migration on the aging of a population are relatively unimportant as compared with the effects of declining fertility or mortality.

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<sup>1</sup>United Nations, The Aging of Populations and Its Economic and Social Implications, (New York: United Nations, 1956), No. 26.

<sup>2</sup>G. A. Lundberg, Sociology, (New York: Harper and Brothers, 1954), p. 81.

<sup>3</sup>Ernest W. Burgess, "Aging in Western Culture", Aging in Western Societies, (Chicago: The University of Chicago Press, 1960), pp. 41-43.

In Manitoba the increasing proportion of the aged has been even more apparent. The total population in 1901 was 255,000 of which 2.40% were sixty-five and over. However, in 1951, of a total population of 776,000 8.4% were sixty-five and over.<sup>1</sup> In 1956 when the Age and Opportunity Report was published it was estimated that one person in eleven in Greater Winnipeg was sixty-five years of age or older and that by 1961 there would be 40,000 aged persons in the metropolitan area.<sup>2</sup> This survey also revealed that the sex distribution among the aged has shifted in favor of women and that there was a definite preponderance of women who were widowed; 9,400 as against 3,500 men.<sup>3</sup> When those who were divorced, separated or never married were included there were approximately 11,000 single women and 5,000 single men in Greater Winnipeg. This represented 60% of all the aged women and a third of the aged men.<sup>4</sup> A further demographic feature noted in the Report of Proceedings of the First Manitoba Conference on Aging held in 1958 was that a high proportion of aged persons from rural areas move to the city. This movement is particularly heavy among aged females.

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<sup>1</sup>First Manitoba Conference on Aging, Report of Proceedings, (Winnipeg, Man., 1958), p. 51.

<sup>2</sup>The Welfare Council of Greater Winnipeg, Age and Opportunity, A Report on our Older Citizens by The Committee on Services for the Aged (Winnipeg, Manitoba, 1956), p. 1.

<sup>3</sup>Ibid., p. 3.

<sup>4</sup>Loc. cit.

A second factor which has contributed to the concern for the housing of the aged is the breakdown of the extended kinship family. The rural community of the past provided a favorable environment for the rise and persistence of this type of family structure which tended to be a socially self-sufficient unit. The effects of economic and social trends in the past hundred years, however, has been to decrease the economic function of the extended family and at the same time change the role and status of older persons. As a result the nuclear family unit, consisting of one or both parents and their unmarried children living in one household, has emerged as the dominant family pattern in the more highly industrialized and urban countries.

H. D. Sheldon reports that in the United States 72% of all persons sixty-five and over maintain their own households and only 20% live as relatives of the head of the household. In the latter instance the relationship is predominantly that of parent.<sup>1</sup> Of 203 aged persons in Bethnal Green, a borough of London, Townsend states that 25% lived alone in the household, 29% in married pairs, 38% with unmarried or married children and 8% with others, mostly relatives.<sup>2</sup> The Wolverhampton study, as cited by Donahue, showed that only 12%

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<sup>1</sup>Henry D. Sheldon, "Who are the Aged", Housing the Aging, ed. Wilma Donahue (Ann Arbor: University of Michigan Press, 1954), p. 9.

<sup>2</sup>Peter Townsend, The Family Life of Old People, (Glencoe, The Free Press, 1957), p. 21.

of older people live with children and of these the largest proportion is among the very old and widowed.<sup>1</sup>

This style of life is the result of many factors, among them urbanization, greater national mobility and cultural values that emphasize independent living for the older person.

Despite this trend toward the autonomous nuclear family Townsend, in his study of Bethnal Green, found that most older people, although living apart from their children, tended to dwell in the same districts and to maintain frequent contacts.<sup>2</sup> Sussman, based upon a study made in Cleveland, likewise found that the nuclear family is not atomistic but closely integrated within a network of mutual assistance.<sup>3</sup>

At the same time there has been some relaxation in the statutory and moral demands on children for the care of indigent parents. The United Kingdom has in fact abolished legislation requiring adult children to support aging parents. The existence of the Old Age Security and Old Age Assistance programs in Canada also seems to call into question the earlier assumption of the universal and complete

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<sup>1</sup>Wilma Donahue, op. cit., p. 114.

<sup>2</sup>Peter Townsend, op. cit., p. 32.

<sup>3</sup>Marvin Sussman, "The Isolated Nuclear Family", Social Problems, Vol. VI, No. 4, pp. 333-9.

responsibility of adult children for the support of indigent parents.

A third factor influencing the development of special housing for older people is their economic status. The economic status of the present aged group has been seriously affected by two circumstances which occurred during the last half century. The first of these was the Great Depression. When the depression struck in the 1930's many of these people were at the very time of life when they might have been providing for their old age by accumulating assets. The second special feature is the increasing cost of living. Many people who did manage to accumulate assets have found the value of these have declined sharply because the price level has gone up.

These features together with the increasing practice of enforced retirement at the age of sixty-five have placed the aged in a very disadvantageous position.

The Age and Opportunity Report revealed that 47% of aged couples between the ages of sixty-five and sixty-nine had an income of less than \$2,000, 30% had an income of between \$2,000 and \$3,000 and 23% had an income of \$3,000 or more. The percentage in the lower income bracket increased with age until 81% of those eighty years of age and older were in this category.<sup>1</sup> This survey also disclosed that in 1954 Old Age Assistance and Old Age Security were the primary sources of income for thirty-three out of 100 elderly

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<sup>1</sup>The Welfare Council of Greater Winnipeg, op. cit., p. 18.

couples. Furthermore Old Age Assistance and Old Age Security play a much bigger role as a primary source of income for single men and single women, the figure being fifty-eight out of 100 for the former and sixty-three out of 100 for the latter.<sup>1</sup>

The economic status of the aged naturally has serious consequences with regard to their ability to secure suitable housing. Donahue records that The Rowntree Committee study of housing of old people in seven areas in England in 1947 indicated that the aged generally lived in substandard dwellings although the aged person was probably housed no worse than the average individual of his class.<sup>2</sup> A study in Philadelphia indicated that 18,000 households with heads over sixty-five lived in housing that was dilapidated or lacking in essential sanitary facilities.<sup>3</sup>

The Report of a Housing Survey of the Central Area of Winnipeg (1955) revealed that 1,066 persons sixty-five years of age and over (out of a total population of 7,855) lived in this particular area in which there was found to be a high incidence of health and social problems. The Report stated that many of the

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<sup>1</sup>Ibid., pp. 9-11.

<sup>2</sup>Wilma Donahue, op. cit., p. 111.

<sup>3</sup>Committee on Housing for Older People, Toward Independent Living for Older People: A Report on Our Older Citizens, (Philadelphia, Penn., 1958), Appendix A., p. 2.

senior citizens have gravitated to this area because of the relatively low rents and that many of them occupy single rooms in relatively run down rooming houses.<sup>1</sup>

A fourth factor which has drawn attention to the special housing needs of the aged is the general housing shortage. The devastation resulting from World War II presented many European countries with an acute housing shortage. In their rebuilding program many of these countries have given special recognition to the housing needs of the aged. In the past the conception of housing for older people was, for the most part, limited to public institutions which were regarded as a place of last resort. Burgess states that a major concept which has characterized postwar planning in Europe has been that of the residential cycle.<sup>2</sup> The residential cycle emphasizes the sequence of types of housing to meet the changing needs of older persons at particular stages of health and economic status in the later years. As a result there exists a wide diversity of housing for older people, such as: row houses, retirement towns, flats and apartments and independent living in bungalows. Despite this diversity of design one central criterion is dominant,

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<sup>1</sup>William Courage, Report of a Housing Survey of the Central Area of Winnipeg, (Winnipeg: City of Winnipeg Emergency Housing Department, 1955), p. 78.

<sup>2</sup>Ernest W. Burgess, op. cit., p. 23.

that the housing arrangements must be as homelike as possible. This criterion emphasizes the value of privacy, the retention of household items that have some link with the past and the minimizing of regulations and regimentation.

Also pioneering projects are appearing in various European countries to enable older persons to remain in their own homes as long as possible through the provision of other community services such as homemaker services and visiting nurses. These projects developed out of the growing concept that mental and physical health are promoted when the aged are able to retain active membership in the life of the community.<sup>1</sup>

On this continent studies of the housing conditions made in major cities such as Toronto, Detroit and Buffalo reflect the findings of a similar study made in Winnipeg which revealed that large areas of the City are affected by overcrowding conditions and slum area blight.<sup>2</sup> Such studies have helped to awaken public recognition of this problem and have resulted in a growing public acceptance of the community's responsibility in the field of public housing. The fact that these studies also disclosed a high incidence of aged persons

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<sup>1</sup>Wilma Donahue, op. cit., p. 126.

<sup>2</sup>William Courage, A Report on General Housing Conditions in the City of Winnipeg, (Winnipeg, Man., 1948). Introduction.

living in these blighted areas has likewise stimulated a concern for the special housing needs of this group. Consequently a number of projects designed for the aged have been undertaken in Winnipeg, sponsored mainly by service groups and churches and represent a diversity of living arrangements. The newer projects such as Kiwanis Courts provide row type housing featuring individual units while St. Philip's Court offers apartment style accommodation.

However, as in Europe, principles and policies relating to the housing of the aged have undergone considerable change. The 1961 White House Conference, which has given new impetus to this area of concern devoted itself to the proposition "that adequate housing is essential to the happiness, health and welfare of the aging citizen and hence to the welfare and security of the Nation as a whole."<sup>1</sup> Further, a policy statement of this Conference declared that "adequate housing means housing which the aging can afford, which meets the special needs of the aged and which is designed to avoid isolation from the rest of the community or an institutionalized feeling."<sup>2</sup>

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<sup>1</sup>U. S. Department of Health, Education and Welfare, The Nation and Its Older People, (Washington: U.S. Department of Health, Education and Welfare, 1961), p. 181.

<sup>2</sup>U.S. Department of Health, Education and Welfare, loc. cit.

This latter concept of avoiding, isolating or segregating the aged is one that has been gaining favor. This has arisen out of a deeper understanding that the older people require more than the elementary needs of shelter, safety, security and health. Mumford states that "to normalize old age we must restore the old to the community".<sup>1</sup> That the aged should remain as an integral part of society was stressed by Professor Vivrett in an address to the First Manitoba Conference on Aging in 1958.

The encouragement and preservation of independent living for the aged was a further principle emphasized by both the White House Conference<sup>2</sup> and the Manitoba Conference on Aging in 1958.<sup>3</sup>

## II. PREVIOUS STUDIES

While many studies and surveys have compiled statistics on the aged and have identified their special housing needs few studies have been made to obtain their housing preferences.

Donahue reports that in a survey of 300 aged residents of Groningen in Holland with respect to their attitudes toward old age

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<sup>1</sup>Lewis Mumford, Not Segregation but Integration, Extract from the Review Magazine of the Community Planning Review, Association of Canada, p. 3.

<sup>2</sup>U.S. Department of Health, Education and Welfare, op. cit., p. 195.

<sup>3</sup>First Manitoba Conference on Aging, op. cit., p. 27.

homes Van Zonneveld found that approximately two-thirds do not favor living in communal homes. Among those who were more inclined to favor this type of living were older women and childless persons. Social class and income also were found to be significant determinants. Those of lower classes, especially men, and those in the lower income bracket indicated more willingness to accept the idea of a communal home than those of the same age groups from the higher classes and higher income bracket. Health and mental status did not seem to be of importance in determining the degree of favorable attitude toward a "Home" except among the oldest women who favored communal arrangements.<sup>1</sup>

Donahue also records a survey of fifty older families in Manhattan, Kansas receiving moderate income which revealed that their first preference was to remain in their own home. Poor health did not alter their desire for independent living arrangements. Failing the provision of suitable home care in the event of illness they would as a last resort live with their children.<sup>2</sup>

In an inquiry among 2,230 persons over seventy years of age in Birmingham in 1947, 374 (18%) expressed a desire to move from

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<sup>1</sup>Wilma Donahue, op. cit., p. 112.

<sup>2</sup>Wilma Donahue, Housing the Aging, (Ann Arbor: University of Michigan Press, 1954), p. 27.

their existing accommodation but only 2% of these inquired for a Home or Hostel. It was found that those who wanted to move preferred for the most part to have the same type of accommodation again. Analysis of the sex and marital status of the 374 wishing to move indicated that widows constituted the largest group, the majority preferring an independent living arrangement. The next largest group, married males, likewise preferred this type of living arrangement.<sup>1</sup>

The Age and Opportunity Report, published in 1956, indicated that the majority of the aged in Greater Winnipeg were satisfied with their present living arrangements although slightly more expressed dissatisfaction among those who did not live in their own household. The fact that 89% of married men and 86% of married women lived in their own households indicated that independent living is favored among married persons. However, among the single men and single women a larger number live in the households of others than in their own household. Similarly, it was found that with advancing age many give up independent living. Of those over eighty, only 59% of the men and 39% of the women were living in their own households as contrasted with 79% and 74% respectively of those sixty-five to sixty-nine. It was also shown that there are proportionately fewer persons in poor health living in their own households than those living

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<sup>1</sup>B. E. Shenfield, Social Policies for Old Age, (London: Routledge and K. Paul Ltd., 1957), Appendix III, pp. 216-230.

with others while there are twice as many, proportionately, of those requiring considerable care and of the bedridden residing with sons or daughters as are living alone.

The results of these studies indicate that older persons desire to live independently and to be part of the normal, mixed community. These studies also suggest some of the personal characteristics such as age, marital status, sex, health and ethnic background as well as external circumstances such as available housing and previous way of life which provide significant data relevant to a descriptive study such as the present one in which the preference of older people for living arrangements was explored.

## CHAPTER III

### METHODS

For purposes of securing the necessary information and data for our research project, the study group resorted to face to face interviews as this was felt to be the most reliable way of determining the needs and wishes of older people with regard to their living arrangements. After the topic had been defined and the hypothesis, with its seven sub-hypotheses had been formulated members of the research team set up an interviewing schedule that appeared to be workable. The same members who had devised this schedule tested it by interviewing twenty-four senior citizens whose names and addresses had been made available to the research group through the cooperation of the Manitoba Social Allowance Branch. After examination and analysis of the collected data minor changes of the schedule were made, mainly by eliminating unnecessary questions and reformulating others to ensure clarity and simplicity. The schedule as used in its final form is to be found in Appendix A.

The questions on the interviewing schedule were grouped into four sections: (1) personal characteristics, (2) living arrangements, (3) health status and (4) previous way of life. Under personal characteristics we asked questions to determine the older person's age, sex, marital status and ethnic origin.

Marital status was given three categories on the schedule:

(1) the married person with spouse present; (2) the married person with spouse absent and (3) the single person. In the analysis the married person with spouse absent would be considered as a single person. The purpose of the three categories in the schedule was to clarify the question for the respondent at the time of the interview. It was felt that the married person with a spouse who was separated permanently either through placement of the spouse in an institution or for similar reasons would still be married but in considering living arrangements this elderly person was alone and would have to be considered a single person for the purpose of this study.

Questions about the ethnic origin of the elderly persons interviewed were to determine their national origin as traced through the male line. As it was expected that the elderly persons might be confused about their national origin it was decided that the language spoken by the male ancestor at the time he arrived in Canada would indicate national origin. This is in keeping with procedures followed during the census.

Questions regarding living arrangements were asked in order to determine what living arrangements the respondents had at the time of the interview, to determine their satisfaction or dissatisfaction for this arrangement and if dissatisfied what kind of arrangement they would prefer.

During the testing of the schedule it was found that some older people were not aware of special housing projects for the aged and therefore it was determined by the study group that where persons had

not heard of the present housing projects specially designed for senior citizens, the interviewer would inform them, giving descriptions of the projects such as institutions, apartment and self-contained motel types.

Regardless of the fact that the person interviewed might have been able or unable to afford living in a project for senior citizens we were interested only in the older person's real wishes and desires. In order to get a true picture of how available housing might influence the senior citizen's preference we made certain that every person interviewed was aware of the housing projects available and eliminated the cost factor by asking them if they would like to live there if they had the necessary means which could be provided through Social Allowance.

The "state of health" has been divided on the schedule into two groups, that of fairly good health and that of poor health. How to determine the state of health raised certain questions. Older people do suffer more from chronic illnesses than persons in other age groups, but we also knew that illness in the older person is frequently used as a basis for defensive behavior and it is becoming to them in our society. We therefore decided to explore the immediate response to the question of health and attempted to determine whether the reply was the elderly person's real condition or symptomatic of a defensive mechanism. It was determined by the study group that in order to gain some consistency in our judgment of the state of health, the interpretation would be made as follows:

If a person was obviously ill or crippled or was receiving extensive medical attention and was hospitalized frequently or if he was bedridden or required considerable care from another person then the state of health was considered to be poor. If, on the other hand, the person was able to move about and care for himself completely or with a minimum amount of assistance such as help in shopping or getting about the city and was not receiving any extensive medical care and had no obvious disability then he was considered to be in fairly good health.

The previous way of life gives consideration to the predominant living arrangements of the older person in the ten year period prior to attaining the age of sixty-five years. If the older person lived for most of the time in his own household or in a hotel or rooming house the previous way of life was considered to be independent-integrated. If the older person lived for most of the time in the household of a relative the previous way of life was considered to be dependent-integrated. It was expected that unless the older person had been ill or disabled and had been institutionalized the previous way of life of all the older persons in the study would have been integrated. It was necessary, however, to determine whether the previous way of life of the older person was dependent or independent.

Following the revisions of the schedule the study group obtained 3,510 names of elderly persons registered with the Provincial Social Allowance Branch, all of whom were in receipt of Social

Allowance during the month of October, 1961. These 3,510 names were divided into 117 groups, each consisting of thirty names. By a method of random sampling one name was chosen from each group giving us a total of 117 names for our sample.

In cases where problems in interviewing were due to senility or language barrier of the elderly person or where the person to be interviewed was not available due to vacationing or other such reasons - this person was excluded from the study. In this way the findings included only the needs and wishes as expressed by the elderly people themselves. None of those senior citizens in housing developments for the aging were to be included in the study as an official of one of the projects suggested that we do not interview people there. None of the senior citizens living in nursing homes or institutions for senior citizens were included in the study as they were listed in a separate section of the Social Allowance Branch.

Our study is limited to a number of people of sixty-five years of age and older, who are in receipt of Social Allowance and who are living in Metropolitan Winnipeg. The results of this study are not necessarily applicable to people of sixty-five years of age and over who are living outside Metropolitan Winnipeg. Furthermore, since the needs and wishes of older people in the higher income bracket may differ from those considered in our study the findings here are not necessarily applicable to the higher income group but may be representative of the older people in the lower income bracket.

Our data for analysis then consisted of responses by a sample of elderly people to the questions in the four major sections of the interview schedule. The initial step of the analysis was to classify the responses into four major categories of preferred living arrangements, namely, independent-integrated, dependent-integrated, independent-segregated, dependent-segregated, according to the preferences of the respondents. These four categories were chosen as it was felt they would describe and include all living arrangements of any of the old people in our study.

Definitions of the four major categories of living arrangements are as follows:

1. Independent-Integrated. A preference for an independent-integrated way of life was established if,
  - (a) the respondent lived in his own house, apartment or rooms in the normal mixed community where he assumed responsibility for his own care, was free to make his own decisions, was satisfied with this living arrangement and desired no change, or,
  - (b) the respondent had a different living arrangement (such as living with a daughter), was dissatisfied with this and desired to change to the type of living arrangement described under (a).
2. Dependent-Integrated. A preference for a dependent-integrated way of life was established if,
  - (a) the respondent lived in the home of relatives or some

other person and received assistance with all or part of his physical needs but continued to be part of the normal, mixed community and was satisfied with this living arrangement and desired no change, or,

- (b) the respondent had a different living arrangement (such as living in a rooming house by himself and caring for himself on a minimal level), was dissatisfied with this and desired to change to that described under (a).

3. Independent-Segregated. A preference for an independent-segregated way of life was established if,

- (a) the respondent retained his independence, that is, assumed responsibility for his own care but lived, for example, in a motel type of dwelling, specially designed for older people and removed from his former community and the respondent was satisfied with this living arrangement and desired no change, or,
- (b) the respondent had a different type of living arrangement such as independent-integrated but was dissatisfied with this arrangement and desired to change to the type of living arrangement described under (a).

4. Dependent-Segregated. A preference for a dependent-segregated way of life was established if,

- (a) the respondent was unable to assume responsibility in caring for himself, was dependent on other people to provide for his daily needs, was, for example, living

in a nursing home or institution for senior citizens separated from the rest of the community and desiring no change, or,

- (b) the respondent was living in a different arrangement (such as living with relatives and dependent on them for his physical needs), was dissatisfied with this arrangement and desired to change to the type of living arrangement described under (a).

It will be noted that there are two factors included in each of the four major categories. A second step of the analysis was to combine the two categories which included the factor of independence and to combine the two categories which included the factor of integration and so compute the proportion of respondents preferring independence and the proportion preferring integration.

The next steps in the analysis consisted of a series of cross-classification of the characteristics of age, marital status, sex, health, ethnic origin and previous ways of life with the four categories of preferred living arrangements. For each of the characteristics of age, marital status, sex and health two categories were provided as follows: age - those above and those below the mean age; marital status - married and single (single including those never married, those divorced, separated, widowed or married with the spouse permanently absent); sex - male and female; health - good and poor.

The proportions of the respondents, in each category of a specific characteristic, who preferred the different ways of life were then computed. For example, the proportions of respondents below the mean age who preferred each of the four ways of life were computed and compared with the proportions of respondents above the mean age who preferred these same ways of life. A similar procedure was followed with respect to the characteristics of marital status, sex and health.

It was anticipated that there would be a variety of national origins among the respondents and it would not be possible to classify each of these nationalities separately. We, therefore, determined that certain nationalities would be grouped into sub-categories according to similar cultural values. The details of the national origins appearing in each sub-category are given in Chapter IV. Four sub-categories were established: Anglo-Saxon, Germanic, Slavic and Latin. The proportions of the respondents of each of these four sub-categories preferring each of the four ways of life were computed and compared.

The previous way of life of the respondents was classified by dividing them into two sub-categories; those wishing a different way of life than their previous way of life and those wishing a similar way of life to which they were accustomed. We computed and compared the proportions of each of these two sub-categories with a preference for each of the four ways of life. The respondents were similarly classified into two sub-categories in regard to available housing

projects. These two sub-categories were those preferring to live in housing projects and those wishing to reside in the normal, mixed community. The proportions of each sub-category were computed. It should be noted that all proportions were computed on a percentage basis.

In brief, a sample of older people in receipt of Social Allowance was interviewed in an attempt to learn their preferences for various types of living arrangements and to describe them with respect to certain personal characteristics. The findings and the analysis of the data follow in the next chapter.

## CHAPTER IV

### ANALYSIS OF RESULTS

Of the original sample of 117 persons only ninety-five completed schedules were obtained. Twenty-two had to be excluded for the following reasons: Eleven could not be located due to change of address, two were deceased, two had left the province, two were unable to be interviewed due to senility, one because of physical health, one was in a mental hospital, one refused to cooperate and two were excluded because they lived in a housing project where permission to interview was denied.

#### WHAT ARE THE MAJOR PREFERENCES?

The first major step in the analysis consisted of grouping the respondents in accordance with their preference for either an independent-integrated, dependent-integrated, independent-segregated or a dependent-segregated way of life. The findings are presented in Table I.

TABLE I

NUMBERS AND PERCENTAGES OF RESPONDENTS PREFERRING  
VARIOUS WAYS OF LIFE

Preferred Way of Life	Preferences	
	Frequency	Per Cent
Independent-Integrated	46	48.4
Dependent-Integrated	31	32.6
Independent-Segregated	15	15.8
Dependent-Segregated	3	3.2
Total	95	100.

It will be noted that the categories of independent-integrated and independent-segregated, when combined, contained sixty-one or 64.2% of the respondents. This shows the proportion that prefer independence. When the categories of independent-integrated and dependent-integrated were combined they contained seventy-seven or 81% of the respondents. This shows the proportion that prefer integration. Thus the integration factor seems to be the major determinant at this point although an independent way of life is desired in preference to a dependent one by the respondents under study.

Consideration was then given to the following characteristics: Age, marital status, sex, health, ethnicity, available housing and previous way of life. These characteristics will be analyzed individually in order to show whether differences in preferences are associated with differences in each of the characteristics. Findings are presented in chart form in most cases. Data from which charts are derived may be found in Appendix B.

#### WHAT IS THE PREFERRED WAY OF LIFE ACCORDING TO AGE?

In looking at the age characteristic we attempted to determine if the proportion of those below the mean age who prefer an independent and integrated way of life is greater than the proportion of those above the mean age. Details of this age grouping are shown in Appendix B. The mean age is 75.06. It is to be noted that this may differ from the mean calculated from the data in the appendix. This is so because the mean age used herein is based on ungrouped data.

Table II shows the age groupings of the respondents.

TABLE II

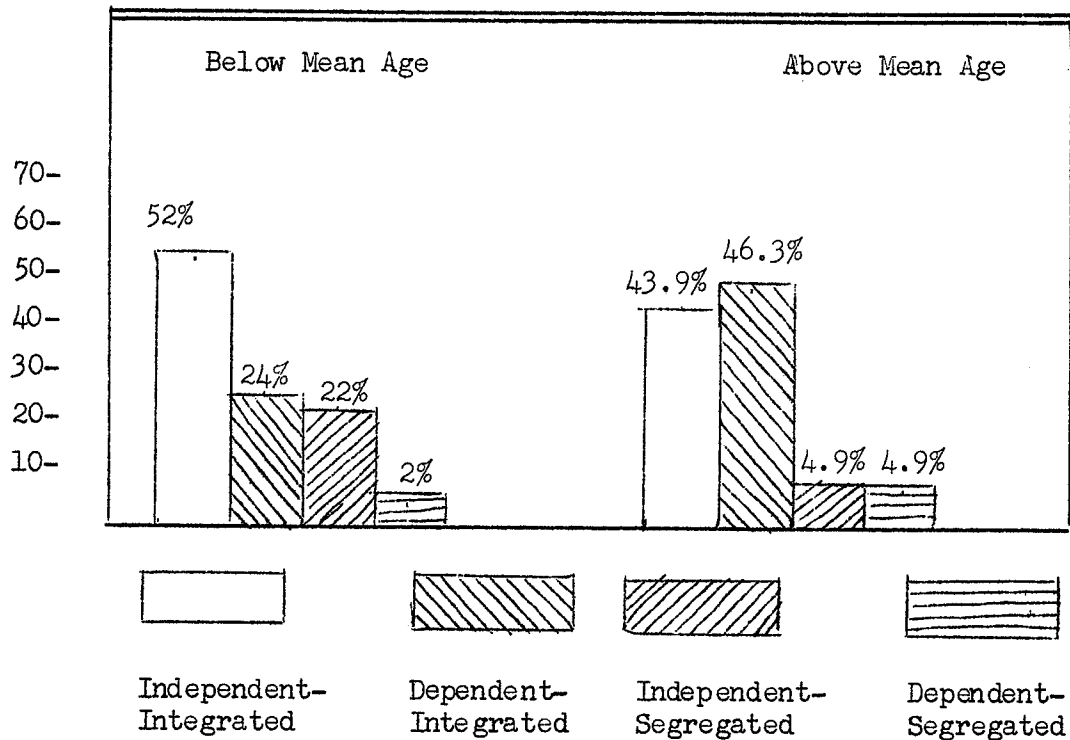
AGE OF RESPONDENTS RELATIVE TO MEAN AGE

Relative Age of Respondents	Frequency
Above mean age	41
At mean age	4
Below mean age	50
Total	<u>95</u>

The four respondents at the mean age were seventy-five years of age and were excluded because it could not be determined if they were above or below the mean age. The following chart, therefore, is based on a total of ninety-one.

CHART I

PREFERRED WAY OF LIFE ACCORDING TO AGE



Somewhat over one-half (52%) of those below the mean age prefer an independent-integrated way of life while less than one-half (43.9%) of those above the mean age prefer this way of life. The largest proportion of those above the mean age prefer a dependent-integrated way of life. For both age groups only small proportions prefer a segregated way of life (24% of those below the mean age and 9.8% of those above). Almost all of those below the mean age who prefer a way of life which involves segregation prefer independence (22%). Thus it seems that in the older age group more of the respondents preferred dependence but not a way of life which

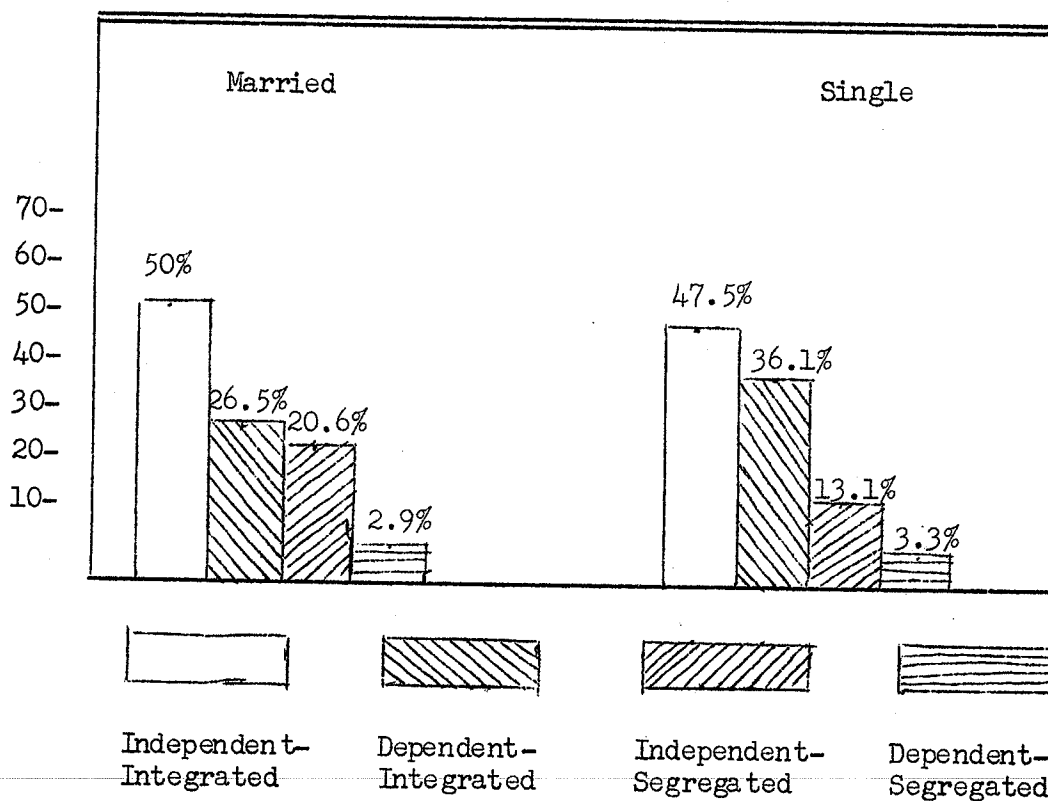
separated them from the community.

DO MARRIED AND SINGLE PERSONS PREFER DIFFERENT WAYS OF LIFE?

Marital status was analyzed in order to determine if different proportions of the married and the single groups prefer a different way of life. The findings are shown in Chart II.

CHART II

PREFERRED WAY OF LIFE ACCORDING TO MARITAL STATUS



Fifty per cent of the married people and only a slightly smaller proportion of the single people (47.5%) prefer an independent-integrated way of life. The difference between the groups preferring dependent-integrated is larger (26.5% of the married and 36.1% of the single).

About 20.6% of married people prefer independent-segregated as compared to 13.1% of the single. In both cases the proportion preferring dependent-segregated is very small.

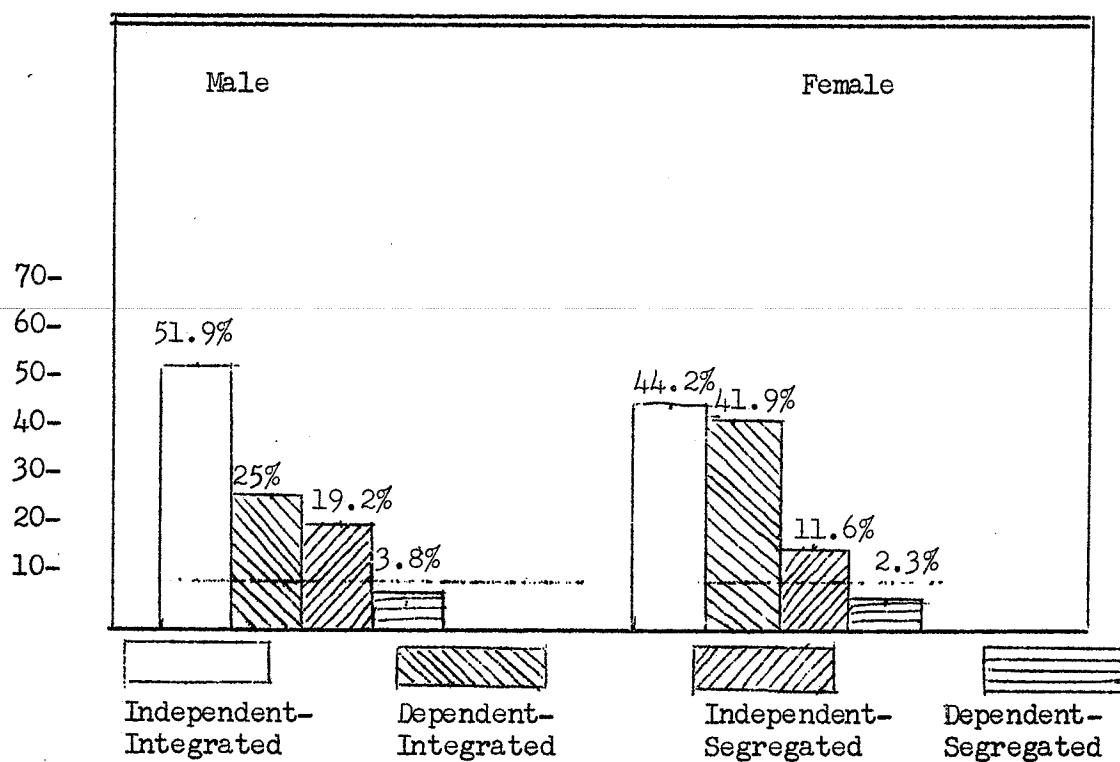
The proportion of the single group preferring an integrated way of life is 83.6% as compared to 16.4% for a segregated way of life; in the married group it is 76.5% for integrated and 23.5% for segregated; this suggests a higher proportion preferring an integrated way of life in the single group.

DO MEN AND WOMEN PREFER DIFFERENT WAYS OF LIFE?

Information on this characteristic was obtained in order to determine whether men and women prefer different ways of life. The findings are shown in Chart III.

CHART III

PREFERRED WAY OF LIFE ACCORDING TO SEX



Less than one-half (44.2%) of the respondents in the female group prefer an independent-integrated way of life, while more than one-half (51.9%) of the male respondents prefer this way of life. In looking at the factor of independence it is noted that 71.1% of males prefer an independent way of life as compared to 55.8% in the female group; similarly, in looking at the factor of integration 76.9% of the males prefer an integrated way of life as compared to 86.1% of the female group. The majority of both groups prefer an integrated way of life, although the proportion of the female group preferring integration is greater than the proportion of the male group. The proportion of the male group preferring an independent way of life is greater than the proportion of the female group for this way of life. It is to be noted that the proportion of men in the sample group who are single is considerably less (51.5%) than the proportion of women who are single (79%); therefore, the greater proportion of men preferring independent living cannot be attributed to the sex characteristic alone, as characteristics such as marital status and age could also be associated with the preference.

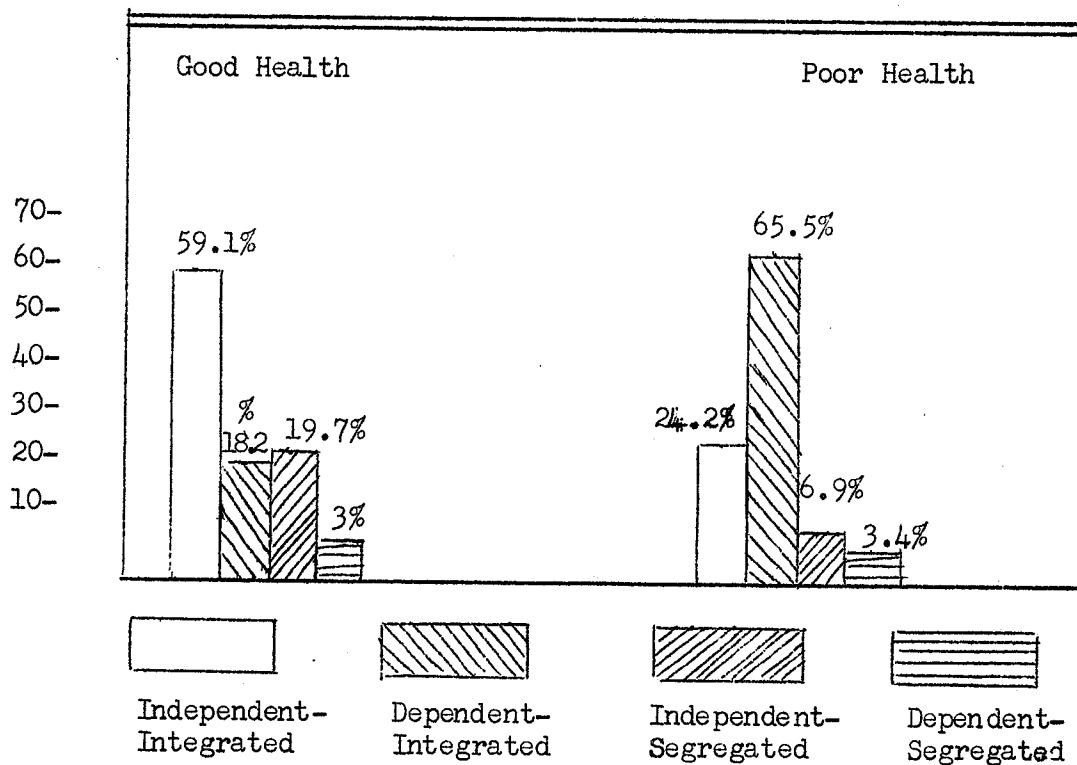
The integration factor here again continues to be the major determinant as a segregated way of life is desired by only a small proportion of both males and females.

ARE DIFFERENT PREFERENCES ASSOCIATED WITH  
DIFFERENCES IN HEALTH?

Information regarding the state of health was obtained in order to determine whether people in different states of health prefer different ways of life. The findings are shown in Chart IV.

CHART IV

PREFERRED WAY OF LIFE ACCORDING TO HEALTH



The way of life preferred by the respondents seems to be associated with their state of health, as a greater number in good health prefer an independent way of life, while a far greater number of those in poor health desire a dependent way of life. The proportion of respondents in poor health who prefer an integrated way

of life (89.7%) is greater than the proportion of respondents in good health who prefer this way of life (77.3%).

It would appear that, regardless of the state of health, these older people prefer to live in the normal, mixed community rather than be segregated.

DO PEOPLE OF DIFFERENT ETHNIC GROUPS  
PREFER DIFFERENT WAYS OF LIFE?

Ethnicity was considered to be a possible factor in the way of life preferred by the respondents. This posed somewhat of a problem in the final analysis. After we had completed sorting out the raw data necessary for further analytical study we realized that our sample of ninety-five senior citizens traced back their national origin through the male line to sixteen different countries. These countries were: England, Iceland, Ireland, Scotland, Sweden, Austria, Germany, Holland, Hungary, Lithuania, France, Poland, Russia, the Ukraine, Lebanon and Syria.

As it would have proved extremely difficult to classify our units according to sixteen countries for analytical purposes we grouped various nationalities together in cultural groups as we felt that people of similar cultural background would have similar values. Thus the countries mentioned above were divided into four major rubrics: Anglo-Saxon, Germanic, Latin and Slavic.

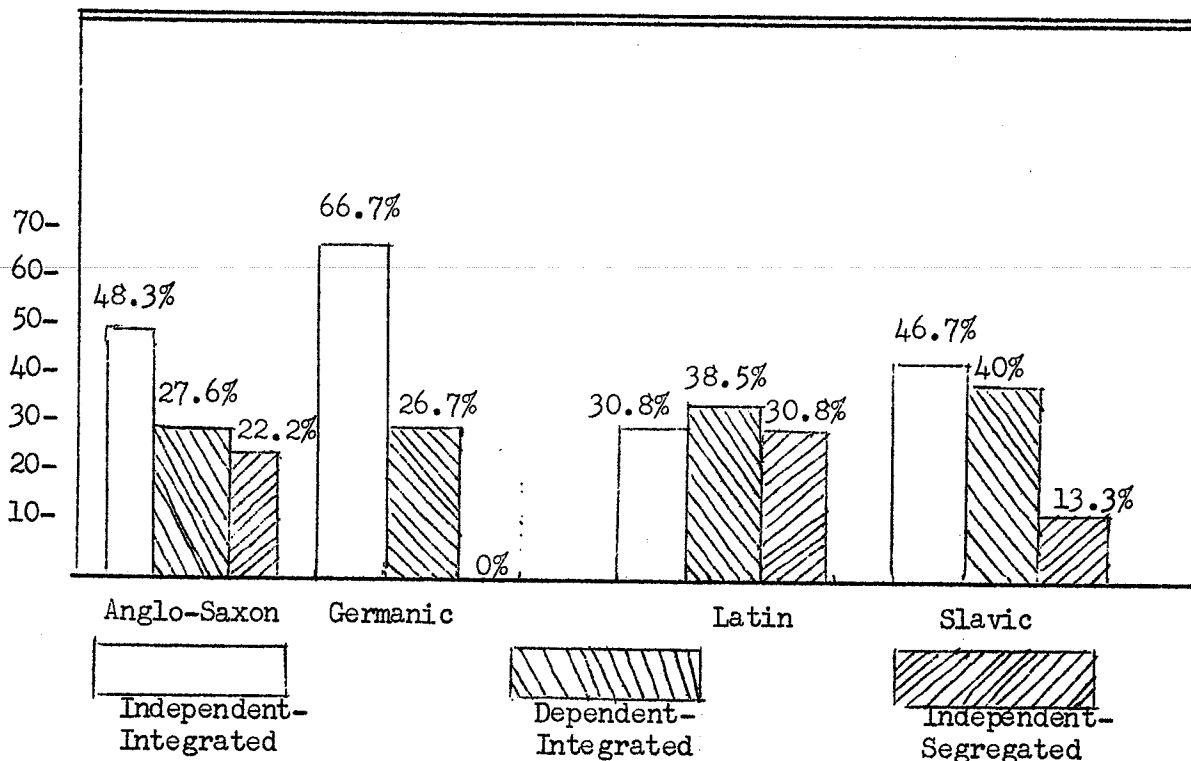
The Anglo-Saxon division included England, Ireland and Scotland; the Germanic division included Austria, Germany, Holland, Hungary, Iceland, Lithuania and Sweden; the Latin division included

France; the Slavic division included Poland, Russia and the Ukraine. There turned out to be six Jewish senior citizens and two Islamic - one from Lebanon and one from Syria. Since these are religious classifications rather than cultural groups it was difficult to determine the cultural group into which they would fall. These eight respondents were, therefore, excluded from this portion of the analysis.

After grouping the different nationalities into four major categories the preference of these groups for each of the four different ways of life, as indicated by the previously mentioned preference combinations, was charted according to the percentage preferring the different way of life in each of the four composition groups. The preferences are shown in Chart V.

CHART V

PREFERRED WAY OF LIFE ACCORDING TO ETHNIC GROUPS



There were only two respondents in the dependent-segregated group; one Anglo-Saxon and one Germanic.

It would appear that a greater proportion of the Anglo-Saxon and the Germanic cultural groups prefer an independent-integrated way of life by comparison with the proportion of the Latin and Slavic groups. The preference for a dependent-integrated way of life seems quite similar throughout. The above data must be read in the light of the fact that the numbers are too few to present an accurate picture.

IS THE PREFERRED WAY OF LIFE  
SIMILAR TO THE PREVIOUS WAY OF LIFE?

It was initially hypothesized by the research group that the respondents would prefer a way of life which is the same as, or similar to, that which they were accustomed to in previous years.

A somewhat greater number of respondents prefer a way of life which is similar to what they were accustomed to (56.8%), in comparison with the number of respondents preferring a way of life which was different (43.2%).

DO HOUSING PROJECTS INFLUENCE PREFERENCE FOR INTEGRATION?

We attempted to determine that irrespective of knowledge of availability of housing projects specifically designed for older people, the proportion preferring not to live in housing projects will be similar to the proportion preferring integrated living.

A greater proportion (81%) of respondents preferred not to

live in housing projects while only a minority (19%) prefer such accommodation. This is similar to the proportion of respondents preferring integrated living.

It is apparent that the respondents definitely want to continue to live in a normal, mixed community irrespective of knowledge of availability of housing projects.

## CHAPTER V

### CONCLUSIONS

A group of older persons in receipt of Social Allowance was studied in an attempt to determine their needs and wishes with regard to living arrangements.

A sample group of 95 senior citizens was interviewed and their satisfaction or dissatisfaction with their present living arrangements ascertained. If a change in living arrangements was desired the respondents were encouraged to identify the type of living arrangements they would prefer. These preferences were categorized according to independent-integrated, dependent-integrated, independent-segregated or dependent-segregated. It was then sought to determine whether differences in preferences were associated with differences in certain personal characteristics; the seven characteristics considered were age, marital status, sex, health, ethnic group, available housing and previous way of life. It was recognized that there could be characteristics other than these seven that may be associated with the preferences but due to the time restrictions it was necessary to limit the number of characteristics to be given consideration in this study.

The hypothesis tested was that the preference of people sixty-five years of age and older with inadequate financial means is for accommodation which provides an independent and an integrated

way of life.

Our findings substantiated this hypothesis. The data revealed that almost one-half of the respondents preferred to live independently in the normal mixed community. Of the remaining respondents almost two-thirds preferred a dependent integrated way of life. When the factors of independence and integration were considered separately it was found that the proportion favoring integration was larger than the proportion favoring independence. Thus the feature of integration appears to be the major determinant in the respondents' preference. This suggests that the older people in our sample prefer to retain their independence but if circumstances necessitate increased dependency they still prefer to remain in the normal, mixed community.

Evaluation will now be made of the data concerning the seven personal characteristics associated with the older persons' preferences upon which the sub-hypotheses were formulated. It is recognized that these characteristics are interrelated and that in considering the association of one characteristic we cannot exclude the association of the others.

The first sub-hypothesis states that a greater proportion of the people below the mean age prefer an independent and an integrated way of life while a greater proportion of those above the mean age prefer a dependent or a segregated way of life.

Our findings supported this sub-hypothesis in that over one-half of the respondents below the mean age preferred an indepen-

dent-integrated way of life while less than one-half above the mean age preferred this way of life. The largest proportion of those above the mean age preferred a dependent-integrated way of life. It was evident from our findings that only a very small proportion of those respondents both above and below the mean age preferred a segregated way of life. The findings also suggest that those below the mean age who preferred a way of life which involves segregation preferred independence. This indicates that despite increasing age and dependency the aged persons in our sample prefer to remain in the normal, mixed community.

The second sub-hypothesis states that a greater proportion of the married persons prefer an independent and an integrated way of life while a greater proportion of the single persons prefer a dependent or a segregated way of life.

Our findings with regard to this sub-hypothesis were inconclusive as there was only a slight difference between the proportion of the married group and the proportion of the single group who preferred an independent-integrated way of life. A large proportion of the single group preferred a dependent-integrated way of life. Once again the proportion of those who preferred segregation was very small. The sub-hypothesis was not supported to the extent that there was a slightly higher proportion in the single group who preferred an integrated way of life than the proportion in the married group. Thus while an integrated way of life is preferred by both the married and the single groups in our sample, married couples are more favorably

inclined towards housing specifically designed for older persons where their independence is preserved. Single persons, on the other hand, prefer to live in the normal, mixed community even though this may be in a dependent manner such as with relatives.

The third sub-hypothesis states that a greater proportion of the women prefer an independent and an integrated way of life while a greater proportion of the men prefer a dependent or a segregated way of life.

This sub-hypothesis was not supported as our findings showed that less than one-half of the respondents in the female group preferred an independent-integrated way of life while more than one-half of the male respondents preferred this way of life. In looking at the factor of independence almost three-quarters of the males preferred an independent way of life compared with a little more than one-half of the females. Similarly, in looking at the factor of integration three-quarters of the males preferred an integrated way of life compared to more than four-fifths of the females. In contrast to our sub-hypothesis the men in our sample group preferred to live independently in the normal, mixed community whereas the women tended to prefer to live in the normal, mixed community but in a dependent manner such as with relatives. The reason that the sub-hypothesis was not substantiated may be accounted for in part by the fact that a greater proportion of the women in our sample group were single. It was noted in the findings related to the characteristic of marital

status that a large proportion of the single group preferred a dependent-integrated way of life. This illustrates how the characteristics are interrelated and cannot be considered alone.

The fourth hypothesis states that a greater proportion of the people in good health prefer an independent and an integrated way of life while a greater proportion of those in poor health prefer either a dependent or a segregated way of life.

It was evident that the greater proportion of the respondents in our study who were in good health preferred an independent way of life while the greater proportion of those in poor health expressed a desire for a dependent way of life. It was noted that the proportion of respondents in poor health who preferred an integrated way of life was greater than the proportion of respondents in good health who preferred this way of life. The data thus suggests that the persons in our sample group prefer to live independently as long as health permits but regardless of their state of health prefer to remain in the normal, mixed community rather than go to a nursing home or other sheltered environment.

The fifth- sub-hypothesis states that the preference for an independent or an integrated way of life varies among different ethnic groups.

It is important to realize that conclusions concerning this characteristic must be read in the light of the fact that the numbers are too few to present an accurate picture. The classification was somewhat imprecise but was the best that could be arrived at in view

of the wide variety of nationalities represented. The sub-hypothesis was supported to the extent that a greater proportion of the Anglo-Saxon and the Germanic cultural groups preferred an independent-integrated way of life by comparison with the proportion of the Latin and Slavic groups. This indicates that in our sample preference varies among different ethnic groups.

The sixth sub-hypothesis states that irrespective of knowledge of availability of housing projects specifically designed for older people, the proportion preferring not to live in housing projects will be similar to the proportion preferring integrated living.

The research group realized the necessity of using some consistency in explaining available housing to the respondents. Interpretations were given by the individual interviewers and it was difficult to ascertain whether or not the respondents all had similar knowledge and understanding of housing projects.

This sub-hypothesis was supported to the extent that a greater proportion of respondents preferred not to live in housing projects as compared to a minority who preferred such accommodation. This corresponds to the proportion of respondents who preferred integrated living. Therefore our findings suggest that the older people in our study apparently wish to continue to live in a normal, mixed community irrespective of a knowledge of available housing projects. However, it may be noted that in the sub-hypothesis concerning marital status that married persons were more inclined to favor living in housing projects than single persons.

The last sub-hypothesis to be considered states that older persons prefer a way of life which is the same as, or similar to, that to which they were accustomed in previous years.

This sub-hypothesis was supported to the extent that a greater number of respondents in our study preferred a way of life which is similar to that which they were accustomed to in comparison with the number of respondents who preferred a way of life which was different.

It was noted that a distinctive feature appeared in our findings with respect to the preferences for an independent-segregated way of life. While there was considerable variation throughout, we observed a consistency in this particular category ranging from 19.2% to 22% among respondents who were married, below the mean age, of the male sex and in good health. We would wonder whether the respondents falling into each of these groups are the same people. This would indicate that there is a specific group with certain characteristics who prefer to live in housing projects specially designed for older persons.

On the other hand, we concluded from our findings that there is a group of people who wish to live independently and to remain in the normal, mixed community. The results of our study therefore correspond with similar studies undertaken both in Europe and on this continent.

Although our sample may not be representative of the older persons in the community there is an indication that such a group,

preferring an independent-integrated way of life, exists. Any planning, therefore, with regard to housing the aged should consider the wishes of this group. Rather than the provision of housing projects it may be well to provide homemaker services, visiting nurses or other auxiliary services to enable the older persons to live in the manner of their preference.

The findings and conclusions of the study are limited by the fact that all but one of the respondents were living in the community in an integrated manner. To obtain a more accurate evaluation of the situation it would be necessary to look at a sufficient number of persons living in a variety of circumstances, including those living in housing projects, which is a segregated manner and consider the reason for living in this way. The sample group does not represent a sufficient number of those living in housing projects and the conclusions must therefore be viewed in the light of this limitation. It should also be remembered that the knowledge of housing projects that the respondents had was limited.

We found in our study that the older persons appreciated the fact that community interest was shown in their actual wishes and desires and gave their full cooperation. It is hoped that in future research with regard to the aged a similar approach may be adopted so that they may feel they have participated in the planning of their future.

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APPENDIX A

QUESTIONNAIRE

Interviewer's  
Initials

Code #

Group V.

PERSONAL CHARACTERISTICS

I.

A. Age at last birthday ( )

B. Sex Male ( ) Female ( )

C. Marital Status:

1. Married (spouse present) .....( )
2. Married (spouse not present) .....( )
3. Single, Widowed, Separated, Divorced .....( )

D. Ethnic Origin:

1. Were you born in Canada? Yes ( ) No ( )  
If not
2. How long have you lived in Canada? \_\_\_\_\_
3. What is your national origin as  
traced through the male line? \_\_\_\_\_
4. What language was predominantly  
spoken by your male ancestor upon  
his arrival in Canada? \_\_\_\_\_

LIVING ARRANGEMENTS

II.

A. What are your present living arrangements? (Check one)

1. In own household

- a. Alone .....( )
- b. Spouse present only .....( )
- c. Spouse and children present .....( )

2. In household of other person

- a. Son or daughter's home .....(    )
- b. Other relative's home .....(    )
- c. Boarding home .....(    )
- d. Hotel or rooming-house .....(    )

B. Changes in living arrangements during the past year.

(If no change, check "none"; otherwise enter appropriate code number from (II A) "present living arrangements")

- 1. None .....(    )
- 2. Code number .....(    )

C. Would you like to change your present living arrangements? .....Yes (    )  
No (    )

Why?

- 1. If you had higher rental allowance would you change your living arrangements? Yes (    )  
No (    )

- 2. Are you aware of the cost and type of available accommodations specifically designed for older persons? Yes (    )  
No (    )

Would you like to live in accommodations specifically designed for older persons? Yes (    )  
No (    )

3. If yes:

What type would you prefer?

- a. Institutions (    )
- b. Apartment type or self-contained motel type dwellings (    )

HEALTH STATUS

III.

What is state of health? (check one)

- 1. In fairly good health (    )
- 2. In poor health (    )
  - a. Able to care for self .....(    )
  - b. Not bedridden but requiring considerable care .....(    )
  - c. Bedridden .....(    )

PREVIOUS WAY OF LIFE

IV.

A. Predominant living arrangements within one decade prior to attaining the age of 65. (check one)

1. In own household

- a. Alone .....(    )
- b. Spouse present only .....(    )
- c. Spouse and children present .....(    )

2. In household of other person

- a. Son or daughter's home .....(    )
- b. Other relative's home .....(    )
- c. Boarding home .....(    )
- d. Hotel or rooming house .....(    )

APPENDIX B

TABLE III

AGE DISTRIBUTION OF SAMPLE

Age Range	Frequency
65 - 69	19
70 - 74	31
75 - 79	23
80 and over	22
Total	<u>95</u>

TABLE IV

PREFERRED WAY OF LIFE ACCORDING TO HEALTH,  
SEX, MARITAL STATUS, AND AGE

Preferred way of life	Health		Sex		Marital Status		Age		
	Good	Poor	Male	Female	Married	Single	Below mean	At mean	Above mean
Independent- integrated	39	7	27	19	17	29	26	2	18
Dependent- integrated	12	19	13	18	9	22	12	1	19
Independent- segregated	13	2	10	5	7	8	11	1	2
Dependent- segregated	2	1	2	1	1	2	1		2
	<u>66</u>	<u>29</u>	<u>52</u>	<u>43</u>	<u>34</u>	<u>61</u>	<u>50</u>	<u>4</u>	<u>41</u>
Total	95		95		95		95		

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TABLE V

ETHNIC COMPOSITION OF VARIOUS CULTURAL  
PREFERENCE GROUPS

Preferred way of life	Germanic							Slavic			Latin	Anglo- Saxon			Other			Total
	German	Dutch	Austrian	Swedish	Icelandic	Hungarian	Lithuanian	Polish	Ukrainian	Russian	French	English	Irish	Scottish	Jewish	Syrian	Lebanese	
Independent- integrated	5		2	1		1	1	4	9	1	4	6	2	6	3		1	46
Dependent- integrated		2		1	1			4	8		5	3	2	3	2			31
Independent- segregated								3	1		4	5	1		1			15
Dependent- segregated		1												1		1		3
	5	3	2	2	1	1	1	11	18	1	13	14	5	10	6	1	1	
Total	15							30			13	29			8			95