## History and progress of social services in Canada

In Canada, the provinces are responsible for the provision of social services. In the early years of Confederation, the provinces relied on private, religious and charitable organizations to provide them. As these services became more important in the lives of Canadians, provinces and municipalities began to take increased responsibility for their delivery and financing.

In recognition of the growing impact of social services, the Federal Government became directly involved in their financing on behalf of special groups. In recent years, two of the more important pieces of legislation have been the Vocational Rehabilitation of Disabled Persons (1961) and the Canada Assistance Plan (1966).

The Social Security Review undertaken in 1973 identified the need for an increased range of services to a wider clientele. As a result, Bill C-57 was introduced in June 1977.

It soon became increasingly apparent that the traditional funding mechanism, conditional cost sharing, was not as appropriate as it had been. The provinces wanted more autonomy and flexibility, the Federal Government more control on expenditures and both wanted to be able to devote more of their resources to the development of the social services sector. The provinces were therefore offered a substitute method of financing, block funding, for the same set of services that the federal and provincial Ministers had agreed were necessary for the country. Through the Social Services Financing Act, the Federal Government is responding to the changing social and personal needs of Canadians by committing increased funding to assist the provinces with the costs of providing, developing, extending, and improving social services throughout Canada to ensure that adequate services are available to all Canadians.

children's services; rehabilitation services; social integration services; day care for children; home support services; meal services; day care for adults; transportation services for the disabled; counselling; employment-related services; community development services; and community-oriented preventive services.

The bill also calls for the establishment of a \$50-million Rehabilitation Fund, which will provide cost sharing for building or improving rehabilitation centres.

Funding under the proposed Social Services Financing Act should be effective retroactively to April 1, 1978, as agreed to at the federal-provincial meeting in March.

Direct social assistance to individuals (welfare) will continue to be cost-shared with the provinces by the Federal Government under the Canada Assistance Plan and will not be affected by this bill.



Working parents and budding artists depend on day-care centres.

## Annual check-up under way for fitness questionnaire

The Canada Health Survey, an on-going national study begun recently to obtain information on the health status of the Canadian population, will involve approximately 12,000 homes (38,000 individuals) from 78 communities this year. Households were chosen at random by Statistics Canada, which is co-sponsoring the survey with the Department of National Health and Welfare.

An interviewer will visit each household and complete a general questionnaire about its members, their health and use of health care facilities. Each member of the household 15 years of age and over will be asked to complete a confidential, self-administered questionnaire on exercise, smoking, alcohol use and driving.

In one-third of the households a nurse will return with the interviewer to conduct a series of physical measures and tests, including measurements for blood pressure, height, weight, and skinfold thickness, blood samples to assess immunity and other risk factors, as well as the Canadian Home Fitness Test which measures heart and lung efficiency. Results of the tests will be mailed to participants and, if they wish, to their family doctors. Individuals will be free to choose to take part or not in the survey.

## Emphasis on positive health

Data obtained in the Canada Health Survey will complement existing information, which now comes primarily from vital statistics and health insurance records, and will be used by provincial and federal governments, professional associations and university researchers for health planning purposes. In particular, because the survey studies exposure to the risks of future disease, it will be possible to plan to reduce these risks and avert later problems.

The Canada Health Survey is unique in its content and design. While surveys undertaken by some countries focus on morbidity and health care delivery, the Canadian survey places more emphasis on lifestyle and positive health. It is also more extensive than other studies in the range of information collected, using interviews and physical measurements.

The first results from the survey should be available in 1979, with yearly reports thereafter.