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HEALTH AND WELFARE IN CANADA

PART I - HEALTH SERVICES

(Prepared in the Health Research Division, Research and Statistics Directorate, Department of National Health and Welfare).

Provincial governments in Canada are mainly responsible for the public health services, hospital insurance programmes, and treatment of chronic diseases such as tuberculosis, mental illness and defect, and alcoholism. Many of the preventive health services, including disease detection and control and health education, are delegated to city health departments and rural health units. In addition to the governmental health services, lay and religious voluntary agencies supply a variety of community health services and operate most of the hospitals. Personal health care is largely provided through physicians in private practice and the paramedical professions. Some provinces have introduced government administered or regulated medical care programmes.

The responsibilities of the Federal Government in matters affecting the nation's health have become increasingly important. It carries out certain statutory and co-ordinating health functions of national import, assists the provincial health services and hospital insurance programmes through the National Health Grants Programme and the hospital insurance shared-cost agreements, and it participates in international health work, including health-oriented projects in developing countries supported by Canada's bilateral aid programmes.

In 1966, the Federal Government enacted three significant measures, the costs of which will be shared with the provinces, designed to raise the standard of health services: the Health Resources Fund, for which $500 million will be appropriated over a 15-year period to assist the provinces in expanding their medical schools and other health training facilities; the Medical Care Act, which authorizes federal payments towards the costs of provincial medical care plans; and the health-care services provision of the Canada Assistance Plan for persons in financial need, which is retroactive to April 1, 1966.

Over the years, federal departments have provided direct health care to certain groups: the Department of National Health and Welfare administers health services to Indians, Eskimos and other residents of the two northern territories, to immigrants, seamen and other groups; the Department of Veterans Affairs operates a nation-wide system of hospital, treatment and domiciliary care services for disability pensioners and indigent veterans.

Control and regulatory functions relating to matters of national health concerns, also carried out by the federal Health Department, include a programme to ensure the purity and safety of food and drugs, the activities of the national Environmental Health Centre, which provides research, control, and advisory services on such matters as water-resources management, air pollution and other environmental health problems, a radiation-protection programme, and the testing research advisory services of the Laboratory of Hygiene. The Department of Agriculture also carries specific responsibilities connected with food production to protect the public health.

Health research is conducted or supported by a number of federal agencies: the Medical Research Council, the National Research Council, the Defence Research Board, the Departments of National Health and Welfare and of Veterans Affairs. The principal federal agencies concerned with health statistics are the Dominion Bureau of Statistics and the Research and Statistics Directorate of the Department of National Health and Welfare.

Public Health Services

Provincial health departments, together with city health departments and rural health units, carry out the basic preventive health services and specialized services for specific diseases and various health problems. The traditional public health services comprise environmental sanitation, communicable disease control, maternal and child health, nutrition, dental health, occupational health, public health laboratories and vital statistics. Also well established are the provincial programmes for treatment of the venereal diseases, tuberculosis, cancer, mental illness, mental retardation and specialized services for institutional and community or home care of the chronically ill, some of which are operated by voluntary agencies aided by public grants.

More emphasis is being given to the newer environmental health problems of air and water pollution, protection of radiation workers, and the hazards of pesticides. Special programmes have been designed to deal more effectively with other health problems, such as traffic-safety measures and poison-control centres, rehabilitation of the chronically ill and disabled, health education on the effects of smoking and on maternal and child health, and family-planning activities.

Tuberculosis Services: Despite the decline in the incidence of tuberculosis and associated disability, provincial health departments have not lessened their anti-tuberculosis activities. In most provinces, there is an organized tuberculosis control division that maintains a tuberculosis case registry, supervises the preventive and case-finding activities of the local health services and provides free treatment in out-patient clinics and sanatoria; in four provinces the sanatoria are privately operated but are supported by tax funds. Voluntary tuberculosis associations are active in each province in case-finding and health education. During 1965, the number of first admissions to some 40 sanatoria dropped to 4,197 patients, or 21.4 per 100,000 population.

Mental Illness and Defect: Mental health divisions of the provincial health departments administer the public diagnostic and treatment services and assist the privately-operated services for the mentally ill and mental defectives. Community treatment facilities include out-patient mental health centres and psychiatric units of general hospitals that also provide short-term in-patient treatment. The large public mental hospitals, nearly all provincially operated, admit the majority of patients needing long-term care, and the public hospital schools for mental defectives, established in all but one province, care for the more severely retarded. In addition, specialized diagnostic and treatment services have been organized in the larger cities for emotionally-disturbed children, the mentally retarded, alcoholics and court offenders. Three treatment centres for drug addicts are operated in Ontario and British Columbia.

Cancer: Official and voluntary agencies in all provinces engage in cancer detection and treatment, public education and clinical research. Cancer control programmes have been established in the health departments in three provinces, while provincially-supported cancer foundations carry this responsibility in four provinces. With some variance among the provinces, a range of free diagnostic and treatment services is now available as a result of the federal Cancer Control Grant and the hospital insurance programmes; cancer clinics are located at the larger general hospitals in each province. The cancer-control programmes in Alberta, Saskatchewan and New Brunswick also pay for the costs of medical and surgical services; elsewhere, some of these costs are covered under the voluntary and public medical care insurance schemes.

Hospital Insurance

Services Provided: Under the federal-provincial hospital insurance and diagnostic services programmes, all provinces and territories make available, on a pre-payment or tax-financed basis, to all persons within their boundaries, standard ward accommodation and the services ordinarily supplied by a hospital, including meals, nursing, laboratories, radiological and other diagnostic procedures, and drugs. Care in mental and tuberculosis institutions is not included in the provincial programme, except in Ontario, but is provided under separate legislation.

Out-patient hospital benefits are allowable on an optional basis under federal legislation. The particular benefits provided, and the conditions under which they are available, vary widely from province to province.

Prince Edward Island and Alberta include as insured out-patient benefits all services that would normally be provided by a hospital to its in-patients, whereas British Columbia has opted to exclude insured out-patient benefits under its agreement with the Federal Government; nevertheless, emergency services and minor surgical procedures are included in this province's programme.

Elsewhere, arrangements are as follows. A feature of the out-patient benefits in most provinces is the inclusion of emergency services following on accident. Laboratory, radiological, and other diagnostic procedures, together with the necessary interpretations, are provided to out-patients in Newfoundland, Nova Scotia, New Brunswick, Quebec, Saskatchewan and the Northwest Territories.

The use of radiotherapy and physiotherapy facilities is an insured out-patient service in Newfoundland, Nova Scotia, New Brunswick, Quebec and Ontario; Saskatchewan includes physiotherapy but excludes radiotherapy. Minor medical and surgical procedures are included in Nova Scotia, Ontario, New Brunswick, Quebec, Manitoba and Saskatchewan. Quebec, Ontario and Saskatchewan also include occupational therapy, while Quebec and Ontario provide speech therapy. Electro-shock therapy is insured in New Brunswick, Quebec and Manitoba, and psychiatric care is provided on an out-patient basis in Newfoundland and Quebec. Newfoundland, Nova Scotia and New Brunswick provide as out-patient benefits designated additional services rendered by hospital personnel.

Coverage: Each province makes insured services available to all its residents on uniform terms and conditions, and without exclusion on grounds of age, income or pre-existing conditions. Residents of the province are defined in the federal regulations as persons legally entitled to remain in Canada who make their home and are ordinarily present in the province; tourists, transients or visitors to the province are specifically excluded.

Residence: Although no specified period of residence is required, there are waiting periods for benefits not exceeding three months in some provinces. Insured persons resident in one province who move to another have continuing coverage on change of residence by remaining residents of the province from which they have moved during any waiting period required in the one to which they move.

Financing: The method by which a provincial hospital insurance plan raises the money to finance its share of the cost is entirely a provincial matter, and the diversity of local conditions and preferences has called for a variety of arrangements.

Seven provinces - Newfoundland, Prince Edward Island, Nova Scotia, New Brunswick, Quebec, Alberta and British Columbia - and both territories finance their programmes in a variety of ways through the general tax system. In Nova Scotia, British Columbia and the Northwest Territories, the hospital insurance schemes are financed partly from the proceeds of a retail sales tax. In Alberta, hospital insurance costs are met mainly from provincial general revenues, augmented by municipal tax revenues obtained from a 4-mill property tax. Newfoundland, Prince Edward Island, New Brunswick, Quebec and the Yukon finance their hospital insurance plans entirely from general revenues without any earmarked taxes. British Columbia, Alberta and the Northwest Territories supplement their sources of revenue by the levy of co-insurance charges directly to patients at the time of hospitalization for insured in-patient services.

Three provinces - Ontario, Manitoba and Saskatchewan - use contributory personal premiums, with a multi-rate structure for single persons and families, as the principal method of financing. Annual premium rates in the year 1966 for single persons are: Ontario - $39; Manitoba - $24; Saskatchewan - $24. For families the rates are: Ontario - $78; Manitoba - $48; Saskatchewan - $48. Premiums are collectedin Manitoba through a combination of compulsory payroll deduction and compulsory collection by municipalities; in Ontario through compulsory payroll deduction and voluntary enrolment; and in Saskatchewan through compulsory payments to municipal or provincial offices. General provincial revenues are used to supplement this revenue to the extent necessary.

Medical Care Insurance

In addition to hospital care under the hospital insurance and diagnostic services programme, a number of other services, mainly those of physicians, are provided under a variety of pre paid arrangements.

Federal Medicare Legislation: The Medical Care Act was passed by the Canadian Parliament in December 1966, and is to become operative not later than July 1, 1968. The Federal Government is now committed to contributing to a participating province half the average of the per capita cost of all participating provincial medical care plans which satisfy the following criteria:

(a) are operated on a non-profit basis by a public authority subject to provincial audit;

(b) make available all medically necessary services rendered by medical practitioners as insured services on uniform terms and conditions to to all residents of a province;

(c) cover not fewer than 90 per cent of the total number of insurable residents of the province during the first year of operation, with a commitment that coverage must rise to 95 per cent within three years;

(d) provide for "portability", that is, full coverage of services after three months of residence in a province, and out-of-province coverage during the periods of waiting while a person establishes residence in another province.

For a participating province to benefit from the federal programme, its own plan must provide for the financing of comprehensive physicians' services for all eligible residents of the province without regard to their age, ability to pay, or other circumstances. The Medical Care Act, in addition, empowers the Federal Government to include additional health-care services provided by non-physician professional personnel, under terms and conditions specified by Governor-in-Council.

There is provision in the act for provincial authorities to designate non-governmental organizations as agencies permitted to undertake restricted functions in connection with the premium-collection or claims-payment administration of the provincial plan. Such agencies must be non-profit and the payment of claims must be subject to assessment and approval by the provincial authority.

Provinces can finance services in any manner they wish, but the act contains a proviso the intent of which is that no insured person shall be impeded or precluded from reasonable access to insured services as a consequence of direct charges associated with the services received. A province may adopt any method it wishes of paying the providers of services, subject only to the proviso that the tariffs of authorized payments are on a basis that assures reasonable compensation for the services rendered.

The formula for calculating federal contributions to the cost of provincial plans is such that provinces with relatively low per capita costs would be assisted by something more than half their provincial costs. In general terms, the federal contribution to a participating province is an amount equal to (a) 50 per cent of

the per capita cost for the year of all insured services in all participating provinces, (b) multiplied by the number of insured persons in each province respectively. The Federal Government will make no contribution to administration costs incurred by the provinces. The methods for calculating federal contributions are to be reviewed within five years.

Provisions of the federal legislation are to take effect not later than July 1, 1968. The date of implementation could be earlier if, in the view of the Government, this is warranted.

Provincial Medical Care Plans

Several provinces have already introduced public medical care plans. Newfoundland has one well-established plan covering a portion of the province, and another covering children under 16 years; and six provinces have for many years made organized provision for the financing of a broad spectrum of personal health care services for recipients of public assistance.

Saskatchewan: Only one province, Saskatchewan, has a universal-coverage medical care programme. This programme, which was introduced in July 1962, requires compulsory enrolment of the entire eligible population. Every such resident is required to pay a premium or have it paid on his behalf as an entitlement to services. The premiums, which have a family maximum of $24 a year, cover approximately 25 per cent of the costs of the programme. The benefits include all medically-required services provided by physicians. There are no waiting periods for beneficiaries and no exclusions for reasons of age or pre-existing health conditions. Among the medical services covered are home, office and hospital attendances, surgery, obstetrics, specialists' services, anaesthesia, laboratory and radiological services, preventive medicine, and certain services provided by dentists.

Physicians may elect to receive payment in a number of ways. Most prefer to receive payment directly from the public administering authority at 85 per cent of the current schedule of fees of the organized profession, the percentage being accepted as payment in full. Alternatively, patients may enrol voluntarily with an approved health agency which pays the physician an amount equal to the amount paid to the agency by the public authority in respect of the physicians' account. Again, the physician receives 85 per cent of his bill and accepts this as payment in full. In a third method, a physician may elect to submit his bill directly to the patient who may pay him and seek reimbursement for 85 per cent of the approved account from the public authority. In this instance, the physician is free to bill the patient directly for amounts over and above what the public authority has paid. Finally, patient and doctor may, if they mutually agree, settle their accounts privately without reference of any kind to public authority or approved fiscal agency.

Three provinces - Alberta, British Columbia and Ontario - have established provincial legislation to regulate and assist voluntary medical-care programmes.

Alberta: The Alberta plan was introduced in October 1963. It provides for public regulation of approved voluntary plans as regards minimum benefits and maximum premiums and is designed primarily to help residents with low incomes who voluntarily purchase medical-care insurance from private agencies. The benefits provided must be comprehensive and there can be no exclusions because of age, pre-existing health conditions, or a previous record of high utilization.

The plan is financed completely from personal premiums. The government contributes, as a subsidy, 80 per cent of the cost of the premium for persons with no taxable income, 50 per cent for persons with taxable income from $1 to $500, and 25 per cent for persons with taxable income from $501 to $1,000.

Since July 1, 1966, the Alberta plan has been supplemented by an extended health-benefits plan which makes available, for an additional premium levy, many additional services, including prescribed drugs, optometry, physiotherapy, transport by ambulance, osteopathy, chiropratic, podiatry, naturopathy and various medical supplies and appliances. A deductible amount and co-insurance charges or limited liability on some services apply to the extended plan.

British Columbia: The British Columbia medical plan took effect in September 1965. It is administered by a provincial government agency, with provision for representation from the medical profession. The benefits provided are comprehensive and include most physicians' services as well as limited physiotherapy, special nursing, chiropractic and naturopathy. For eligible residents, the government offers subsidies totalling 90 per cent of the premium for persons with no taxable income and 50 per cent of the premium for persons with taxable income from $1 to $1,000. In addition, the government has established a stabilization fund to cover possible deficits.

Ontario: The Ontario medical-services insurance plan began paying benefits in July 1966. The plan offers to all Ontario residents, on an individual and family enrolment basis, an insurance plan that covers most physicians' services.

For eligible residents, the government will pay, as a subsidy, the full premium of applicants who had no taxable income during the preceding year and of recipients of public assistance. It will pay 50 per cent of the premium for single applicants who had taxable income of $500 or less; 50 per cent of the premium for married couples with one dependant whose taxable income was $1,000 or less; and 60 per cent of the premium for married couples with two or more dependants, whose taxable income was $1,300 or less.

Public Assistance Health Plans

For several years Nova Scotia, Ontario, Saskatchewan, Alberta, British Columbia and Manitoba have operated programmes providing a range of personal health-care services for various categories of welfare recipients. Quebec began a programme in 1966 to provide comprehensive physicians' services to such recipients. In Saskatchewan and Ontario, physicians' services, once provided under these programmes, are now available through the public plans already described.

Coverage extends to virtually all recipients of provincial welfare aid in most of the programmes. Historically, the basis for eligibility has been a means test applied to certain well-defined categories of welfare assistance. The trend more recently has been to determine eligibility on the basis of a test of need which takes into account not only the available income of an applicant but his minimum living requirements as well.

In addition to comprehensive physicians' services, dental and optical care benefits and prescribed drugs are provided in most provinces. Other services that may be provided include physiotherapy, podiatry, chiropractic treatment, home nursing and transportation.

Newfoundland has for many years administered two programmes which cover most low-income groups in the province. These are the Cottage Hospital Medical Care Plan, covering outlying districts for physicians' services provided by doctors employed by the government, with provision for referral to specialists. The Childrens' Health Services covers in-hospital care for all children under the age of 16 in all parts of the province. In addition, recipients of public assistance are eligible, if individually certified, for a wide range of health-care services.

The Canada Assistance Plan

Provincial programmes which provide health-care services for welfare recipients are now being supported financially for these services by a new federal programme known as the Canada Assistance Plan. This programme provides for federal payment of half the cost of personal health-care services, as well as welfare services. The provinces are free to make available a wide range of health and other services, including home nursing and homemakers' services. The only eligibility test under the legislation is that associated with financial need, regardless of the cause of need and without reference to employment status.

Apart from the public programmes of health insurance which have been described, a substantial proportion of the population of Canada has made use of voluntary insurance mechanism to finance provision of physicians' services. At the present time these plans, which may be non-profit or commercial in orientation, cover about two-thirds of the population.

Rehabilitation Services

Numerous public and voluntary agencies provide rehabilitation services to assist disabled or chronically-ill persons to greater independence. Provincial health or welfare departments administer vocational rehabilitation programmes for disabled adults who can be restored to gainful employment. Independent programmes are operated for war veterans, injured workmen, handicapped children and for persons with various disabilities such as blindness, tuberculosis, mental illness, paraplegia and other conditions. In addition, special services established in the main cities include medical-rehabilitation departments in general hospitals, separate rehabilitation centres, sheltered workshops and vocational centred and special classes and schools for children with physical or mental defects. Several provinces maintain registries of disabled persons or handicapped children to facilitate case finding, referral and co-ordination of services.

Under the terms of the Vocational Rehabilitation of Disabled Persons Act, 1961, the federal Department of Manpower shares equally with nine provinces the costs of co-ordination, assessment and provision of any needed services to disabled persons, and of staff training and research. The provincial co-ordinator or director of rehabilitation is responsible for identifying disabled persons with a vocational potential and referring them to the appropriate agency for restorative, vocational assessment and training or job-placement services as required. The local

employment offices, now called "Canada Manpower Centres" employ special service officers to place handicapped persons in suitable work. The transfer of the prosthetic service for veterans to the Department of National Health and Welfare on January 1, 1966, has made possible the expension of these services to civilians by provincial agencies.

Other official and voluntary agencies have developed sizable rehabilitation programmes. Under the National Health Grants Programme, $2.8 million is allocated to the provinces to extend medical rehabilitation services, and support the training of rehabilitation personnel through student bursaries and grants to schools of physiotherapy, occupational therapy and speech therapy, while other grants are used for rehabilitation of the tubercular, mentally ill and deficient, and to improve services for the chronically ill. The Department of Veterans Affairs provides comprehensive medical-social services for chronically-ill or aging veterans, and several federal agencies co-operate to assist handicapped Indians and Eskimos. Provincial health departments, aided by community agencies, provide rehabilitation services to mental and tuberculosis patients. The principal national voluntary agency in this field, the Canadian Rehabilitation Council for the Disabled, represents the two main provincial groups that provide treatment and ancillary services to handicapped children and adults.

Voluntary Health Agencies

In co-operation with the official agencies, the voluntary agencies in Canada continue to play an important role in supplying a variety of health services, including health education. Many of the provincial and local voluntary agencies are engaged in the provision of direct services to persons with a specific disability such as arthritis and rheumatism, blindness, cystic fibrosis, cerebral palsy, deafness, epilepsy, diabetes, mental illness, mental retardation and paraplegia. Two of the largest voluntary agencies, the provincial societies for crippled children and the foundations for the disabled, have merged their programmes in seven provinces. Other community agencies provide a specialized service: some examples of these are the Victorian Order of Nurses' home nursing and co-ordinated home-care services, the blood donor and homemaker services of the Canadian Red Cross, the training of volunteers in first aid and home nursing by the St. John Ambulance Association and the rehabilitation centres, sheltered workshops and recreation services for the handicapped. Many of the voluntary organizations are supported from tax funds besides community chests.

As well as co-ordinating the work of their provincial affiliates, the national voluntary organizations are mainly concerned with medical research and professional and public education. Among the agencies that support clinical research are the National Cancer Institute, Canadian Heart Foundation, Canadian Arthritis and Rheumatism Society, Multiple Sclerosis Society, the Canadian Mental Health Association and the Muscular Dystrophy Association.

PART II - INCOME MAINTENANCE

Family Allowances

Every child under 16 years of age who was born in Canada, or who has resided here for at least one year, or whose father or mother was domiciled in Canada for three years immediately before his birth is eligible for family allowances. The allowances, which were established in 1945, are paid from general revenue by the Department of National Health and Welfare, involve no means test and are not considered as income for income-tax purposes. The income-tax exemption allowed for dependent children eligible for family allowances is, however, less than that for those not so eligible. Allowances are paid at the monthly rate of $6 for children under ten years of age and $8 for children aged ten or over but under 16. The Department pays family assistance, at the rates applicable for family allowances, for each child under 16 years of age supported by an immigrant who has landed for permanent residence in Canada or by a Canadian returning to Canada to reside permanently. This assistance is paid monthly for a period of one year, until the child is eligible for family allowances.

Youth Allowances

This programme, which is administered by the Department of National Health and Welfare, became effective in September 1964. It provides monthly allowances of $10 in respect of all dependent youths aged 16 and 17 receiving full-time educational training or precluded from doing so by reason of physical or mental infirmity. Youth allowances are paid from general revenue, are not considered as income for income-tax purposes, and, unlike family allowances, their receipt does not reduce the income-tax exemption allowed for a youth as a dependent child. Eligibility is determined by the residence of a child's parents. A child may be temporarily absent from the country, at school or absent receiving care, if disabled, and still be considered eligible. The Federal Government does not pay youth allowances in Quebec, which has its own programme. Quebec is compensated by a tax abatement adjusted to equal the amount that the Federal Government would otherwise have paid in allowances to Quebec residents. Both programmes cover all youths in this age group in Canada.

Canada Pension Plan

The Canada Pension Plan is a contributory social insurance programme for members of the Canadian labour force. It was enacted in 1965 and the first contributions were collected in January 1966. Each contributor builds up a right to a retirement pension, the amount of which is related to his previous earnings pattern. Benefits are also provided thereunder to a disabled contributor and his dependent children and, at the contributor's death, a lump-sum death benefit is paid, as are monthly benefits to his widow and children. Quebec operates its own plan, the Quebec Pension Plan, which is closely co-ordinated with the Canada Pension Plan, so that both plans operate as one and the same plan. Together, they cover about 92 per cent of the labour force in Canada. There are certain minor exemptions from coverage. The largest of the exempted groups are employees who earn $600 or less in a calendar year or self-employed persons who earn less than $800. The Plan is financed by contributions of employees, employers and self-employed persons and by interest earned by the fund. The Plan provides a pension index and an earnings index, which are used to make adjustments thereto for changing economic conditions. The pension index will reflect upward changes in the consumer price index and is principally used to adjust benefits in pay, and the earnings index, which will be based on a long-term moving average of national wages and salaries, will be used mainly from 1976 on to adjust the contributory limits under the Plan.

mothers' allowances, child-welfare maintenance costs, health-care services and welfare services for needy persons. The Federal Government also offers consultant services to the provinces in connection with the administration of the Canada Assistance Plan.

Immigrants in their first year in Canada may receive aid through the local authority under an agreement made with the province whereby costs are shared by the provincial and federal governments, or they may be referred directly to the local office of the Department of Citizenship and Immigration.

PART III - WELFARE SERVICES

General assistance to needy persons and the various welfare services associated with this form of aid, as well as the care of the aged and the protection and care of neglected and dependent children, are governed by provincial welfare legislation. Administrative and financial responsibility is shared by the province and its municipalities with federal reimbursement for half the costs of assistance and services being made under the Canada Assistance Plan. Provincial administration of welfare is carried out through the department of public welfare in each province. Several provincial welfare departments have established regional offices for administrative purposes and to provide consultative services to the municipalities.

As a result of the extensions of federal sharing under the Canada Assistance Plan, provincial departments of welfare are giving increased attention to the improvement of standards of administration and to the development of rehabilitation and other services designed to alleviate or prevent dependency. Also, the availability of federal aid under the national welfare grants programme for staff training, bursaries, and research and demonstration projects has enabled them to strengthen their welfare services.

Institutional care for the aged and infirm is provided under provincial, municipal or voluntary auspices. A number of provinces make capital grants to municipalities, voluntary organizations or limited dividend companies for the construction of low-rental housing for elderly persons.

Child-welfare services, including protection, foster care and adoption services, are provided by the provincial authority or, in some provinces, by children's aid societies. Particular emphasis is being placed on preventive services to children in their own homes. Day nurseries for the children of working mothers are established only in the larger centres, where they are chiefly under voluntary auspices, except in Ontario, where there are also municipally-sponsored day nurseries which receive provincial grants.

A number of voluntary agencies also contribute to community welfare, including the welfare of families and children and of groups with special needs, such as the aged, recent immigrants, youth groups and released prisoners. Family-welfare agencies or combined family and child-welfare agencies in urban centres, for example, offer case-work services to families in need of counselling on such problems as marital relations, parent-child relations and family-budgeting.

Counselling and recreational services for older or retired people are being developed by many agencies, and child and youth organizations with recreational and character-building programmes offer group participation in physical education, camping, the development of special skills, and other opportunities for healthful activity. Welfare councils and community-planning councils contribute to the planning and co-ordinating of local welfare services.

Fitness and recreation are encouraged and promoted under the federal Fitness and Amateur Sport Act (1961), under which grants are made to national organizations to assist national and international aspects of the programme and to provinces to develop and extend community effort.

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