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HEALTH AND WELFARE IN CANADA

PART I HEALTH SERVICES

Medical and hospital care have traditionally been provided through the private physician and community-owned or voluntary hospital, with supporting public health services being a provincial responsibility, sometimes delegated to the municipality. In recent years, and especially since the Second World War, the role of government in health services has greatly expanded. Most provinces are now developing programmes of hospital insurance and diagnostic services, under a federal-provincial programme, and preventive and other supporting services are well established in most areas of all provinces. Voluntary agencies also play an important role in health matters at the national, provincial and local levels.

The Federal Government administers certain programmes and provides assistance and advisory consultative services to provincial health departments. The Department of National Health and Welfare is mainly responsible for federal participation in health matters, although important treatment programmes are administered by the Department of Veterans Affairs and the Department of National Defence. The Dominion Bureau of Statistics is responsible for the compilation of health statistics, the National Research Council, Defence Research Board, and Department of National Health and Welfare make grants in support of medical research, and the Department of Agriculture has certain health responsibilities connected with food production.

Prepared by Research and Statistics Division,
Department of National Health and Welfare,
August 1958.

The Department of National Health and Welfare controls food and drugs including narcotics, administers quarantine and immigration medical services, carries out international health obligations, and provides health services to Indians, Eskimos, sick mariners and other groups. It serves in an advisory and co-ordinating capacity to the provinces and makes grants to certain national voluntary agencies. In addition it provides financial assistance for the development of provincial health and hospital services through the National Health Programme, and for provincial hospital insurance programmes under the Hospital Insurance and Diagnostic Services Act of 1957, through which the Federal Government shares approximately half the costs with any province signing an agreement to provide a certain specified range of insured active treatment hospital services.(1) By January 1959, eight of the ten provinces expect to have hospital insurance schemes in operation under the programme. British Columbia, Alberta, Saskatchewan and Newfoundland have had hospital insurance programmes for a number of years.

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(1) For purposes of the Act hospital means an institution or other facility as prescribed in regulations which provides in-patient or out-patient services, but does not include
(a) a tuberculosis hospital or sanatorium,
(b) a hospital or institution for the mentally ill, or
(c) a nursing home, a home for the aged, an infirmary or other institution the purpose of which is the provision of custodial care;

(The provinces provide free or practically free mental and tuberculosis hospital care under provincial programmes),

Services for in-patients include
(a) accommodation and means at the standard or public ward level,
(b) necessary nursing services,
(c) laboratory, radiological and other diagnostic procedures together with the necessary interpretations for the purpose of maintaining health, preventing disease and assisting in the diagnosis and treatment of any injury, illness or disability,
(d) drugs, biologicals and related preparations as provided in an agreement,
(e) use of operating room, case room and anaesthetic facilities including necessary equipment and supplies,
(f) routine surgical supplies,
(g) use of radiotherapy facilities where available,
(h) use of physiotherapy facilities where available,
(i) services rendered by persons who receive remuneration therefor from the hospital, and
(j) such other services as are specified in an agreement.

Provincial health programmes are administered through provincial and local health departments and by health units serving counties or groups of municipalities. Most provinces operate laboratories and provide preventive and treatment programmes for venereal disease, tuberculosis, mental illness, cancer and other conditions.

The larger municipalities provide a range of basic health services including sanitation, communicable disease control, child, maternal and school health services, public health nursing, health education and vital statistics. They participate in the costs of hospital care and supply medical services to indigents. Services are often administered through local health units or districts.

Voluntary agencies engage in educational work and fund collecting and in the provision of preventive, treatment and rehabilitation services. Those operating on a national basis are generally organized into provincial divisions with headquarters in the capital city of the province. National agencies include Canadian Public Health Association, the Canadian National Institute for the Blind, the Canadian Tuberculosis Association, the Canadian Arthritis and Rheumatism Society, the National Cancer Institute, the Canadian Mental Health Association, the Canadian Paraplegic Association, the Multiple Sclerosis Society of Canada, the National Heart Foundation, the Canadian Council for Crippled Children and the Canadian Hearing Society. The Canadian Red Cross Society is actively concerned in a number of aspects of health work and operates a blood plasma bank. The Victorian Order of Nurses and the St. John Ambulance Association provide nursing and emergency services.

Services provided in each province are described in the following paragraphs.

Newfoundland -- All residents of Newfoundland are provided with necessary in- and out-patient (1) hospital services under the federal-provincial hospital insurance programme. All children under 16 years of age receive free physicians' services while in hospital. (In most of the out-port areas of the province medical care and nursing services are provided on a premium-payment basis). Persons suffering from pulmonary tuberculosis, mental illness, venereal disease or the acute effects of poliomyelitis, are treated free of charge at provincial expense. All medically

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(1) This is the only province up to this time which offers out-patient services, other than emergency services, for accident cases, under the government-operated hospital insurance programme. Nova Scotia expects to include this service in its programme when it begins on January 1, 1959.

Provincial health programmes are administered through provincial and local health departments and by health units serving counties or groups of municipalities. Most provinces operate laboratories and provide preventive and treatment programmes for venereal diseases, tuberculosis, mental illness, cancer and other conditions.

The larger municipalities provide a range of basic health services including sanitation, communicable disease control, child, maternal and school health services, public health nursing, health education and vital statistics. They participate in the costs of hospital care and supply medical services to indigent. Services are often administered through local health units or districts.

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indigent persons not already covered through one or other of these plans receive necessary hospital and medical services at provincial expense.

Prince Edward Island -- The provincial Health Department pays 50 per cent of the cost of treatment during the acute stage of poliomyelitis and supplies free treatment to patients with residual paralysis. Free diagnostic services, including hospitalization when necessary, are available to cancer patients through two clinics operated by the province. Under the dental public health programme free dental treatment is supplied for specified groups of children.

The province pays the cost of hospital care for indigent patients in the Falconwood Mental Hospital, the Provincial Infirmary and the Provincial Sanatorium. General medical and hospital care of indigents is at the discretion of municipal authorities.

Nova Scotia -- From January 1, 1959, under the federal-provincial hospital insurance programme, in-patients' services as well as a range of out-patient services will be available to all residents of the province, and to all non-residents, after a three months waiting period. The costs of care are to be met by a provincial sales tax and no direct charges are levied on the patient unless services are provided in addition to those covered by the plan.

Persons suffering from pulmonary tuberculosis may obtain treatment free of charge in provincial sanatoria and tuberculosis units of general hospitals. Free treatment for the mentally ill is provided at the Nova Scotia Mental Hospital. Cancer services and poliomyelitis treatment at the Victoria General Hospital are available to patients at reduced rates. Mobile dental clinics provide free treatment to rural school children under 13 years of age.

A provincial programme provides limited medical services, including physicians' care in the home and office, for recipients of blind persons' allowances and of mothers' allowances and their child dependents. Costs of general hospital and medical care services for indigent persons are borne mainly by the municipality of residence.

New Brunswick -- It is anticipated that in-patients' services will be available to all residents of the province, and to non-residents after a three months waiting period but date of commencement of programme had not been announced at time of writing (September 1958).

Services already provided free of charge in New Brunswick include necessary diagnosis, hospitalization and radiation treatment for cancer patients, hospitalization and treatment of polio victims, treatment of venereal disease,

and extensive diagnostic and treatment services for physically impaired children. Hospital and medical care of indigents is a matter of municipal discretion but the province is planning to assume responsibility for a defined group of public assistance recipients under the proposed hospital insurance programme.

Quebec -- The Department of Health operates 67 local health units. Many health activities are delegated to voluntary religious and lay organizations. Several general rehabilitation centres as well as treatment facilities for crippled children, for victims of poliomyelitis, arthritis and other diseases are maintained by voluntary organizations.

Under the provisions of the Quebec Public Charities Act, public hospital care and care in certain special institutions is provided without charge to medically indigent persons, with the province, municipalities and the agency supplying the services contributing to the costs of care.

Ontario -- On January 1, 1959, under the federal-provincial hospital services programme, the Ontario Hospital Insurance Plan will provide in-patient services for all registered residents of Ontario, and to non-residents and those at that time unregistered after a three month waiting period from time of registration. Care is also provided in mental institutions and tuberculosis sanatoria under the plan. Registration and payment of monthly premiums of $4.20 for families and $2.10 for single persons, is to be completed by September 30, 1958 by all residents wishing to participate on January 1, 1959.

Treatment is at present virtually free for most tuberculosis and mentally ill patients, although a modest payment for maintenance is collected from patients who are financially able to pay. Most of the cost of hospital care, physiotherapy and special nursing for poliomyelitis patients in designated hospitals is paid by the province which also assists through grants the provision of certain dental treatment for children of parents unable to pay, school health services and treatment for venereal disease. Public health services are administered through local public health departments and health units.

The Ontario Cancer Treatment and Research Foundation operates centres where indigent persons may obtain radiotherapy without charge. Services for physically impaired children are also available from the Ontario Society for Crippled Children and the cerebral palsy associations in the principal towns.

Limited medical services, including the services of a physician in his office or the patient's home, necessary consultations, home confinements and emergency drugs are available to recipients of all types of public assistance. General hospital care of indigents is a statutory responsibility of the municipality.

Manitoba -- On July 1, 1958, Manitoba instituted a provincially administered compulsory hospital insurance scheme offering in-patient services free of charge to all registered residents of the province for the first six months of the plan's operation. After January 1, 1959, premiums of $4.10 per month for families, $2.05 per month for single persons, are required for coverage. Non-residents and residents unregistered at that time are required to fulfil a three month waiting period before services are supplied.

Manitoba provides preventive public health services through 13 local health units, prepaid diagnostic services in four laboratories and x-ray units, and operated hospital facilities through 36 hospital districts. Medical care is also provided on a prepayment basis in 14 municipal doctor plan areas.

Persons suffering from pulmonary and non-pulmonary tuberculosis receive free treatment services: patients in mental hospitals who can afford to pay are charged a portion of the costs of care. The Cancer Relief and Research Institute provides a free cancer biopsy service and diagnostic services to indigent rural residents and radium and x-ray treatment services are available without charge to all rural residents. A nominal charge is made for these latter services to the residents of Greater Winnipeg. Extensive rehabilitation facilities are also available for physically handicapped children and adults. The province and municipality share responsibility for medical care of indigents.

Saskatchewan -- On July 1, 1958, the Saskatchewan Hospital Services Plan was amended to conform to the federal-provincial hospital insurance programme. In-patient hospital services are provided to all residents upon payment of an annual premium in 1959 of $17.50 by all single persons over 18 years of age and a married couple or family tax of $55.00. Non-residents may receive service after a three months waiting period and payment of premium. Residents neglecting to pay the premium must also wait for service three months after date in which payment is made.

Free services provided include treatment for mental illness and care for mentally defective persons and for persons suffering from tuberculosis. Diagnostic and treatment services are available for cancer and polio patients, rehabilitation services for physically disabled children and adults, and diagnosis and treatment for persons with venereal disease.

Preventive public health services are provided through a number of health regions and are generally financed by the province and the municipalities.

Prepaid medical care is available in about 160 local areas through municipal doctor plans. In the southwestern region of Saskatchewan, Swift Current Health Region No. 1, operates a prepaid medical-dental care programme which supplies general practitioner and specialists' services, out-patient and radiological services and dental care for children under 12 years of age. The programme is financed by local residents through personal and property taxes.

Complete medical, dental and optical services and some drugs are provided at provincial expense to public assistance recipients, including persons and their dependents entitled to receive provincial supplementary allowances to old age security, blindness or mother's allowance and social aid, and to persons who are wards of the province. Other indigent persons receive necessary care at municipal discretion.

Alberta -- On July 1, 1958, the former Provincial-Municipal hospital Plan was brought into conformity with the federal-provincial hospital insurance programme and all residents of the province became eligible for in-patient hospital services with no waiting period. All persons, except maternity and cancer patients for specified periods of hospitalization and public assistance recipients, polio and approved arthritic patients for all days of care, are required to pay co-insurance charges varying from $1.50 to $2.00, according to size of hospital, for each day of care.

Free diagnostic and treatment services are available for cancer to qualified residents of the province. The provincial health department also operates diagnostic and treatment clinics for cerebral palsy and bears the cost of medical, surgical and hospital care and rehabilitation services for persons suffering from poliomyelitis as well as complete medical and hospital care for rheumatoid arthritis patients under age 35, and diagnostic treatment and hospital care for persons under 25 years of age suffering from rheumatoid arthritis. Diagnostic and treatment services are available without charge to persons suffering from venereal disease. The province pays the entire cost for tuberculosis patients; the costs of care for mental patients are borne mainly by the province, with some contribution from patients who are able to pay.

Medical, dental and optical and special treatment services are supplied without charge to old age security recipients qualified for the supplementary pension, old age assistance pensioners, persons in receipt of blindness, mother's or widow's allowances, and to their dependents. Other indigent persons receive necessary care at municipal discretion.

Preventive public health services are provided through a number of health regions and are generally financed by the province and the municipalities.

Prepaid medical care is available in about 100 local areas through municipal doctor plans. In the southwestern region of Saskatchewan, Swift Current Health Region No. 1, operates a prepaid medical-dental care programme which supplies general practitioner and specialists' services, out-patient and radiological services and dental care for children under 16 years of age. The programme is financed by local residents through premiums and property taxes.

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Medical, dental and optical and special treatment services are supplied without charge to old age security recipients qualified for the supplementary pension, old age assistance pensioners, persons in receipt of blindness, mother's or widow's allowances, and to their dependents. Other indigent persons receive necessary care at municipal discretion.

British Columbia -- On July 1, 1958, the British Columbia Hospital Insurance Service was brought into conformity with the requirements of the federal-provincial programme. All residents of the province, and non-residents after fulfilment of a three month waiting period, became eligible for the specified range of in-patient hospital services. Co-insurance charges of $1.00 per day are made for all patients except those in receipt of public assistance. The plan is mainly financed through a sales tax and from provincial revenues.

The province pays most of the cost of treating mental or tuberculosis patients although patients able to pay are expected to make some contribution. Extensive cancer services, rehabilitation services for various other diseases and other special programmes are available without charge to indigents.

Local public health services are administered generally by provincial and local authorities through 17 local units, and by local authorities in the metropolitan areas of Greater Vancouver and Victoria-Esquimalt.

Medical, surgical and optical services, drugs and limited dental services are provided by the province, with municipal assistance to persons who are in receipt of the universal old age pension with provincial supplementary allowance and to recipients (including dependents) of old age assistance, blindness, mother's allowance or disability allowance, social assistance and to certain child wards.

PART II REHABILITATION SERVICES

Progress made in the preventive and treatment aspects of health care has directed increasing attention to the social and economic problems resulting from chronic disease, disabling accidents and congenital handicaps. The earlier established comprehensive rehabilitation programmes for injured workers, disabled war veterans and such groups as the blind and the tuberculous demonstrated that many of the handicapped could be assisted to economic independence or improved self-care. As the rehabilitation movement gained momentum, numerous agencies, usually under voluntary auspices, have been formed on behalf of additional disability groups, for example, crippled children and those suffering from arthritis and rheumatism, alcoholism, cerebral palsy, poliomyelitis, mental illness and defect paraplegia and multiple sclerosis. There has also been a steady expansion in all provinces of specialized medical, vocational, employment and educational services to aid in the re-establishment of the disabled. To bring together the activities of the various organizations providing a rehabilitation service, co-ordinating bodies have been formed in a growing number of communities, and most of the provinces as well as the Federal Government have set up advisory committees on rehabilitation.

Federal departments assume continuing responsibility for the provision of certain rehabilitation services, programmes of grant-in-aid to the provinces, and for consultative, advisory and research services. The Department of Veterans Affairs operates special centres for the treatment of various chronic conditions and assessment and rehabilitation units for geriatric patients. New rehabilitation programmes have been established by the Indian Affairs Branch of the Department of Citizenship and Immigration for socially and physically handicapped Indians, and by the Department of Northern Affairs for Eskimos who require re-establishment. The Special Placements Division of the National Employment Services also provides a special job placement service to the handicapped.

Under the National Health Programme grants are made to the provinces for the rehabilitation of the tuberculous and mentally ill, and for the extension of medical rehabilitation services and crippled children's programmes. To support the provincial vocational rehabilitation programmes, the Department of Labour provides matching grants for the co-ordination of services, administered by the National Co-ordinator of Rehabilitation, and for the vocational training of disabled persons.

Since 1954 provincial vocational rehabilitation programmes have been organized, nine of these with assistance under the Co-ordination Agreements, to make available medical, social and vocational services to persons

handicapped by mental or physical disability. In each province specialized medical rehabilitation facilities have been set up in general hospitals and, in most of the provinces, rehabilitation centres offer integrated services. Four of these are operated by provincial Workmen's Compensation Boards which have experimented in methods of physical and vocational rehabilitation. All provinces make some provision for the education of handicapped children such as the blind, deaf, the mentally retarded, and frequently the physically handicapped in general, either through the operation of special schools or by assumption of financial responsibility.

Provincial and local branches of voluntary agencies, supported by service clubs and in some instances, community funds, provide important treatment and rehabilitation services. Such organizations include the Canadian National Institute for the Blind, the Canadian Arthritis and Rheumatism Society, the Canadian Foundation for Poliomyelitis and the Crippled Children's Societies. Although the last named still provide most of the services for orthopedically handicapped children, together with children's hospitals and clinics, four provinces are developing their own programmes. In most of the provinces voluntary agencies also operate sheltered or industrial-type workshops for the handicapped, some of which offer facilities for vocational testing and training.

PART III INCOME MAINTENANCE

Family Allowances -- Children under 16 years of age who are resident in Canada are 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 tax purposes. Allowances are paid at the monthly rate of $6 for children under 10 years and $8 for children 10 to 15 years of age.

Through the Department of Citizenship and Immigration the Federal Government also pays, on a monthly basis, an allowance of $60 a year 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 allowance is paid for a period of one year, until the child is eligible for Family Allowance.

Old Age Security -- A pension of $55 a month is paid by the Federal Government to all persons aged 70 or over who have been resident in Canada at least ten years. It is financed through a 2 per cent sales tax, a 2 per cent tax on net corporation income and, subject to a maximum limit of $60 a year, a 2 per cent tax on individual net taxable incomes.

The Provinces of Alberta, British Columbia and Saskatchewan make supplementary payments to recipients of Old Age Security who qualify under a means and residence test. In Alberta the maximum supplement is $15 per month, in British Columbia, $20. In Saskatchewan $2.50 per month is paid unconditionally and may be supplemented by an additional amount of up to $7.50. In Ontario and Manitoba supplementary payments may be made by a municipality under special provisions of assistance legislation. In other provinces and the Yukon, recipients of the pension are eligible for public assistance on the same basis as other persons.

Old Age Assistance -- Assistance of up to $55 a month is paid to needy persons aged 65 to 69 years who have been resident in Canada for at least ten years. The programme is financed jointly by the Federal and Provincial Governments and is administered by the latter. Total annual income, including the assistance, may not exceed $960 for a single person, $1,620 for a married couple, and $1,980 for a married couple of whom one is blind.

In Alberta, British Columbia, and the Yukon, supplementary payments are made to recipients of old age assistance who qualify under a means and residence test.

In Alberta, the supplement may not exceed $15 per month; in British Columbia, $20; and the Yukon, $10. In Ontario and Manitoba supplementary payments may be made by a municipality under special provisions of assistance legislation. In other provinces and the Yukon, recipients of the pension may receive public assistance in the ordinary way.

Blindness Allowances -- Allowances of up to $55 a month are paid to needy persons who are blind, aged 18 or over, and who have been resident in Canada for at least ten years. The programme is financed jointly by the Federal and Provincial Governments and is administered by the latter. Total annual income, including the allowance, may not exceed $1,200 for a single blind person, $1,680 for an unmarried blind person caring for a dependent child, $1,980 for a married couple one of whom is blind, and $2,100 for a married couple when both are blind.

In Alberta, British Columbia, Saskatchewan and the Yukon Territory supplementary payments are made to recipients of allowances for the blind who qualify under a means and residence test. In Alberta the maximum supplement is $15 per month, in the Yukon $10. In Saskatchewan $2.50 per month is paid unconditionally and may be supplemented by an additional amount of up to $7.50. In British Columbia a flat supplement of $20 per month is paid. In Ontario and Manitoba supplementary payments may be made by a municipality under special provisions of assistance legislation. In other provinces and the Yukon, recipients of the pension are eligible for public assistance on the same basis as other persons.

Disabled Persons Allowances -- Allowances of up to $55 a month are paid to needy persons who are totally and permanently disabled, aged 18 or over and resident in Canada for at least ten years. The programme is financed jointly by the Federal and Provincial Governments and is administered by the latter. Total annual income, including the allowance, may not exceed $960 a year for a single person, $1,620 for a married couple or $1,980 where the spouse is blind.

British Columbia pays supplementary assistance of $20 per month to recipients of allowances who qualify under a means test. In Ontario and Manitoba supplementary payments may be made by a municipality under special provisions of assistance legislation. In other provinces and the Yukon, recipients of the pension are eligible for public assistance on the same basis as other persons.

Unemployment Insurance -- The Unemployment Insurance Act provides for a co-ordinated programme of unemployment insurance and for an employment service, through its offices across the country. In general, all employed persons, with certain excluded occupations such as agriculture (with minor

exceptions), domestic services and school teaching, are insured irrespective of length of residence if their annual earnings do not exceed $4,800.

Insured workers make contributions on a scale graded according to wages and ranging from 16 cents to 60 cents per week. Employers contribute a sum equal to that paid by the employee and the Federal Government an amount equal to one-fifth of the combined employer and employee contributions. Rates of benefits are related to the insured person's earnings and range from $6 to $23 per week for a person without dependents, or for a person with one or more dependents from $8 to $30. To qualify for benefit a person must have made at least 30 weekly contributions in insurable employment during the 104 weeks immediately preceding the claim; eight of the 30 weekly contributions must have been made in the immediately preceding 52 weeks. Duration of benefit varies from a minimum of 15 weeks to a maximum of 36 weeks. Claimants must be unemployed, capable of working and available for work. An unemployed person who has exhausted his regular benefit or who is unable to satisfy the qualifications for regular benefits but has at least 15 weekly contributions since the previous March, may qualify for seasonal work benefits, payable only between December 1 and May 15.

Mothers' Allowances -- Allowances to certain needy mothers with dependent children are provided by all provinces. Assistance is granted to widows, mothers and husbands in mental hospitals, mothers who are deserted and, in nine provinces, mothers whose husbands are disabled. Some provinces provide also for mothers with husbands in penal institutions and for divorced, separated and unmarried mothers. To be eligible, an applicant must be caring for one or more children of eligible age, and must meet specified conditions of character or competence, need, residence and, in four provinces, of nationality. The maximum monthly allowance payable varies considerably by province.

Widows' Pensions -- In Alberta, under the Widows' Pensions Act, pensions of up to $55 a month may be paid subject to certain conditions of need and residence, to widows age 60 to 64 and to wives in this age group whose husbands are committed to mental hospitals or who have deserted them.

General Assistance[1] -- Aid is provided in all provinces to persons in need who cannot qualify under programmes designed for specific groups. Assistance is normally determined by the local authority and is given on the basis of a means test and, usually also, a residence requirement. In general the municipalities administer the programme, with provincial Governments assuming responsibility in unorganized territory. In Newfoundland, however, the provincial Government administers all forms of assistance through district officers. In Quebec assistance has traditionally been given by religious and other voluntary organizations with the province and municipality providing most of the financial aid; some municipalities are now administering general assistance programmes. Most provinces provide for reimbursement to municipalities for relief expenditures in amounts which vary from 50 to 80 per cent according to the province. 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.

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(1) Under the Unemployment Assistance Act the province may be reimbursed by the Federal Government for fifty per cent of the cost of assistance to unemployed persons who are not eligible for or who have exhausted their right to unemployment insurance. Agreements have been concluded with Newfoundland, Prince Edward Island, Nova Scotia, New Brunswick, Ontario, Manitoba, Saskatchewan, Alberta and British Columbia.

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PART IV WELFARE SERVICES

Families and individuals facing problems with which they require help increasingly may turn for assistance to municipal or provincial public welfare departments, which, in addition to administering certain of the income maintenance programmes described in the preceding section, offer a number of other services for families, children and older persons. There are wide differences in the degree to which services have been developed in different communities. In some centres they include nursery and day care programmes, services to deserted wives, public housing, post-sanatorium rehabilitation programmes, child welfare and old age services and the maintenance, supervision and licensing of welfare institutions.

A vital role in meeting the needs of families is also played by voluntary family welfare agencies of which there are some seventy-five in the principal centres throughout the country. These agencies, which may combine certain child welfare services with their family programmes, were among the pioneer welfare agencies of Canada but, whereas their principal function for many years was the provision of material aid, their emphasis today is largely on casework and counselling. Through casework they help families with marital or other personal problems, with budgeting and home management and in solving environmental problems such as housing. Family agencies also provide a referral service to help persons unfamiliar with community services to find the help they require. The family agencies are generally organized to serve all sections of the community, though in larger centres there may be separate agencies serving particular religious groups. All are financed by voluntary means, usually through a community chest or federated fund.

In addition to family agencies providing the range of services mentioned above more specialized organizations such as Travellers' Aid are available in some centres to meet particular needs. Ethnic and fraternal associations frequently also make available to their special groups types of service similar to those of family agencies.

A type of service for families which is found in about fifty Canadian communities is the provision of a substitute homemaker when illness or some similar problem makes such a service essential in keeping the family as a unit during an emergency. A few day care programmes exist in some of the larger centres for children of working mothers.

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In addition to family agencies providing the range of services mentioned above more specialized organizations such as Travellers' Aid are available in some centres to meet particular needs. Ethnic and fraternal associations frequently also make available to their special groups types of service similar to those of family agencies.

A type of service for families which is found in about fifty Canadian communities is the provision of a substitute homemaker when illness or some similar problem makes such a service essential in keeping the family as a unit during an emergency. A few day care programmes exist in some of the larger centres for children of working members.

Child Welfare and Protection -- Services for children, especially children suffering from parental neglect or those deprived of normal home life were among the earliest welfare programmes in Canada and child welfare continues to enjoy broad support both from public bodies and voluntary associations. Child welfare agencies, which are to be found covering nearly all Canadian communities, increasingly emphasize family casework designed to strengthen the family's capacity to care for its children, thereby preventing the emotional stress involved in the separation of the child from his own home. Where placement is essential, children may be made wards of child welfare agencies either temporarily, pending the improvement of home conditions, or permanently where a return to the home is not envisaged. Action to transfer the guardianship of children from a parent to an agency is, in general, taken only on the authority of a Court of Law.

Services are also offered to parents of children born out of wedlock. The unmarried mother is assisted in the social and legal problems involved in her confinement, in planning for her child and in utilizing available resources if her decision is to retain and raise the child herself. When the decision is to place the child, adoption is the plan normally made. Over 10,000 adoptions are completed in Canada annually.

Children in the care of agencies who are not placed for adoption are usually cared for in foster homes. A long-term trend away from custodial care in institutions continues, though specialized institutions are increasingly being developed to care for children, such as those with emotional disturbances, whose problems cannot be met adequately in the normal foster home. Rapid expansion is occurring in community services for the retarded child. A growing number of Canadian centres have classes which offer training of the child without his removal to an institution.

Child welfare services are provided under provincial legislation and all provinces have some central authority, usually a division of child welfare within departments of welfare, responsible for direction of child welfare programmes. Except in Quebec, the programme may be administered by the provincial authority itself or may be delegated to local children's aid societies, which are voluntary agencies with local boards of directors supervised and assisted financially by the province. Services are operated provincially in Saskatchewan, Prince Edward Island, Newfoundland, and to a large extent in Alberta, where there is also some delegation of authority to the municipalities. In Ontario and New Brunswick services are administered by a network of children's aid societies covering the entire province; in British Columbia,

Manitoba and Nova Scotia children's aid societies serve the more populated areas with the province providing direct services elsewhere. In Quebec child welfare services are provided by agencies and institutions under private, and largely religious auspices, with provincial grants toward child maintenance being administered by the Department of Social Welfare and Youth.

Services for the Aged -- A variety of welfare services are offered under both public and voluntary auspices to older persons in many communities. They include informational, counselling and referral services, friendly visiting, housing registries and homemaker services. Voluntary services are provided in several cities by family agencies and in a few by agencies organized specially to serve older persons. A large number of clubs and some centres have been established to provide recreational and social activities, ranging from games and group singing to extensive handicraft programmes and lectures. Counselling and placement services are offered to older workers by the special placements staff of the National Employment Service. Some voluntary groups also provide vocational guidance and placement services and maintain sheltered workshops.

In recent years a number of specially designed low rental housing projects have been built for older persons, particularly in Ontario and the four western provinces. Generally these have been financed by a combination of federal low-interest loans, provincial grants and municipal and voluntary contributions. Welfare institutions are maintained to care for many well older people whose needs can best be met in such a setting or for those who are ailing but do not require hospital care. These are mainly operated either by municipal governments or by voluntary and religious organizations which generally receive some form of public aid. An effort is made in some provinces to place well older persons in small proprietary boarding homes. The aged who are chronically ill are cared for in chronic and convalescent hospitals, private or public nursing homes and in homes for the aged and infirm.

PART V RECREATION

While recreation in Canada is primarily a matter of personal, family or group concern, the municipalities have been playing a larger role in organizing recreational programmes since the Second World War. Through developing facilities such as libraries, civic centres, parks and playgrounds and through working with voluntary associations, municipal recreation departments have been able to increase substantially the recreational opportunities available to their citizens.

Organized recreational programmes under voluntary auspices assume a multiplicity of forms. Boys and girls clubs, youth service agencies' athletic clubs, ethnic associations, churches, welfare agencies and service clubs have in a variety of ways provided opportunities for the use of leisure. In nearly all Canadian communities there are clubs, little theatre groups and similar groups which may be affiliated with regional or national associations. Voluntary services have tended to emphasize activities for youth. Through such organizations as the Young Men's and Young Women's Christian Association, Boy Scouts and Girl Guides, Boy's Clubs, and the rural 4-H Clubs, children and young people are enabled to benefit from physical education, athletics, summer camps, instruction in skills and other group activities.

Provincial Government contributions to recreation normally include financial assistance to the local authorities as well as consultative services. The provinces have also developed parks and camping areas and have provided a variety of conservation programmes designed to protect and make accessible the resources of nature and to enhance the enjoyment of outdoor life.

The Department of National Health and Welfare provides professional, consultative and information services in the related fields of fitness and recreation. The Department of Northern Affairs and National Resources is responsible for the National Parks, the Canadian Government Travel Bureau, the National Museum and National Gallery and operates a recreational programme for people in the Northwest Territories. The Department of Agriculture provides services to both the 4-H Clubs and the Federated Women's Institutes of Canada. The Citizenship Branch of the Department of Citizenship and Immigration encourage special recreation programmes for New Canadians. The Canadian Broadcasting Corporation operates transcontinental radio and television networks.

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