

Growth in Expenditures on Public Health and Welfare since Confederation.—During colonial days, private charity, including church aid, together with very limited public provision for institutional care of the indigent, the mentally ill and the sick, were the main social services. In 1871, four years after Confederation, Canada, with a population of approximately 3,700,000, was spending around \$1,000,000 on its public health and welfare programs. By 1950, health, welfare and income maintenance expenditures had risen to over \$1,000,000,000, while the population had increased to 13,845,000, not quite three and three-quarters times the 1871 figure.

In early times the main responsibility for poor-law provisions for the relief of the needy was left to local governments. Lack of local government organization and geographic factors in Newfoundland and Prince Edward Island made for centralized administration of relief in these two areas, while in Quebec the poor-law approach failed to gain acceptance initially because of the strength of Church charity.

The mass unemployment of the 1930's and the need for relief on a broad scale found municipalities financially unable to cope with the problem. The Federal and Provincial Governments extended financial aid in the form of grants for direct relief and for public works. At the beginning of the Second World War, the Federal Government withdrew support of unemployment relief programs and similar action was followed by most provinces, leaving the full responsibility for unemployment assistance to local governments. However, in British Columbia and Ontario substantial provincial grants are made towards local relief of 'unemployables' and their dependants, and in Saskatchewan grants are made for both employables and unemployables and their dependants. Recent legislation in Alberta and Manitoba provides for grants to aid municipalities in meeting the costs of assistance to indigent residents. In Quebec, the Public Charities Act enables the Provincial Government, the municipalities and private charity to share the costs of general assistance programs under the administration of private agencies.

Of current expenditure on health, welfare and income maintenance programs by Federal and Provincial Governments and local administrations, almost 80 p.c. is borne by the Federal Government. The bulk of the federal outlay is for cash-benefit programs, the more costly type of social security measure, as compared with health and welfare services. Provincial and municipal governments, while carrying proportionately less of the load of income maintenance programs, have an increasingly greater responsibility in the provision of services, whether impersonal environmental services such as sanitation, or personal services such as care and protection of children.

Public programs are assisted and supplemented by the work of voluntary health and welfare agencies (see pp. 252-255). The growth in professional education and number of trained health and welfare workers, and the development after the First World War of 'community chests' and welfare councils, have strengthened voluntary services both in quality and in extent of coverage.

The National Employment Service, established in 1940, has provided a useful agency for the more effective utilization of manpower resources. The high level of employment from 1940-50 minimized the amount and the duration of unemployment of able-bodied persons. Further, the operation of federal unemployment insurance since 1941, with a coverage of upwards of 3,000,000 workers, has provided a measure of protection for a large sector of the labour force.