consolidated revenue fund to meet payments to beneficiaries. In the fiscal year 1977-78, total revenues from premium contributions to the unemployment insurance fund amounted to \$2.6 billion. Changes in regulations have been made to control the growth in unemployment insurance payments by modifying the program, extending the number of work weeks required to become eligible for benefits and tightening the regulations for continuation of benefits.

Worker compensation, administered as a government agency on behalf of the employers of each province, is financed by contributions entirely from business, industry and government enterprises in each province. As of December 1977, the estimated balance in the worker compensation accounts was \$1.5 billion. A substantial balance is always held in reserve to provide for future payments of pensions for injured and deceased workers.

Trends in federal and provincial expenditures. Between 1971 and 1979 there was more than a fivefold increase in expenditures on income insurance programs with a per capita increase from \$58 to \$299, as shown in Table 8.12. Considering all expenditures on social security, income insurance programs increased from 12.2% in 1971 to almost 20.0% in 1978-79. Since these programs are largely funded, these figures reflect the cushioning effect which income insurance programs have on the heavy drain on current government revenues from increased income maintenance expenditures during periods of recession.

Welfare programs

In a number of areas provincial initiatives go beyond the guidelines of cost-sharing under CAP, and programs are entirely financed by the individual province. There is little uniformity among the provinces in classifying institutions which care for the aged, the disabled and persons in need. Other constraints apply to the definition of services and facilities under health or welfare. Similar types of care may be administered under different auspices in various provinces. In some instances the care may be limited to those in need according to the CAP guidelines; in others, the programs may be universal in nature and appear available to the total population. Some of the more clear-cut provincial initiatives may be classified as welfare. Where there is CAP funding of health care resources for services, the costs have been assigned to the health area.

Provincial welfare

In Newfoundland provincial social assistance programs provide support and supplementary income and are provincially administered under CAP cost-sharing arrangements. In Prince Edward Island until 1979 a \$10 provincial supplement was paid monthly for every 5th and subsequent child under the federal family allowance program. In Nova Scotia low income elderly persons received a maximum provincial cash contribution annually (\$176 in 1980). In New Brunswick the supplementation of income in cases of need was based directly on CAP cost-sharing arrangements. In Quebec a program for supplementing family income pays a provincial family allowance supplement for each child already receiving federal family allowances. In 1980 Quebec also authorized a supplement of \$60 monthly for each disabled child.

As of July 1980 Quebec planned to pay quarterly benefits under a provincial guaranteed income program with an average payment of \$321 per family; this program has not been cost-shared.

In Ontario the GAINS program (guaranteed annual income system) is available to persons 65 years of age and over to ensure an adequate basic income. This program is not cost-shared with the federal government but a comparable supplement for the disabled is cost-shared. In 1980 the maximum monthly income guaranteed to a single pensioner was \$379.03, including the old age security benefit where applicable. For a married pensioner the similar income guarantee in 1980 was \$369.03. Ontario and Quebec spend more than \$200 million each on income supplement programs.

In Manitoba under the Social Service Administration Act a supplement for the elderly was available to low income pensioners under the old age security program. The

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