counselling, information and referral, meals-on-wheels, friendly visiting and housing registries have been set up under public and voluntary auspices. Low rental housing projects have been built in many communities. Clubs and centres to provide recreation and social activities have been developed. Most provinces have shelter assistance programs to provide financial relief for housing costs to senior citizens who are either tenants or home owners.

Homes for the aged and infirm are provided in all provinces under provincial, municipal or voluntary auspices and are required to meet standards set out in provincial legislation. Regardless of auspices, homes for the aged are usually inspected and in some provinces must be licensed.

Small proprietary boarding homes for the care of well elderly persons are found in some provinces. Those who suffer from long-term illnesses may be cared for in chronic or convalescent hospitals, private or public nursing homes or homes for the aged. Costs of care in the chronic or convalescent hospitals are usually included under provincial hospital plans. Many provincial plans levy authorized charges, particularly for extended care. For needy persons, federal sharing is available toward the full costs of institutional care not covered under the federal-provincial fiscal arrangements of the Established Programs Financing Act. Through EPF legislation the federal government contributes to the costs of extended health care based on a per capita grant formula.

Under CAP, shared funding of institutional care is provided toward costs of room and board, clothing and non-insured health services for persons in need.

Homes for special care under CAP include homes for the aged, nursing homes, hostels for transients, homes for unmarried mothers and child care institutions. In March 1979, there were about 5,000 homes for special care listed in the schedules to CAP agreements. These included about 230,000 beds of which 42% were in homes for the aged and 24% in nursing homes. In varying degrees, all provinces make capital grants toward the construction or renovation of homes for the aged by municipalities or voluntary organizations; such homes are generally exempt from municipal taxation.

Cost-shared federal-provincial payments for homes for special care and for extended care amounted to $1.3 billion in 1978-79. For 1979-80 the federal contribution under EPF for extended health care alone was estimated at $584 million.

New Horizons program. This program for retired Canadians, announced by the health and welfare minister in July 1972 and granted continuing status in 1975, is designed to alleviate the loneliness and sense of isolation of many older people by offering them the opportunity to participate more actively in the community. Grants are available to groups of retired Canadians, generally no less than 10, to plan and operate non-profit projects using their talents and skills for their own or community betterment. New Horizons is not an employment program; participants receive no salary. There is no fixed limit to the amount of a grant. Projects may be funded for up to 18 months, but many services and activities continue to be self sustaining after the grant is terminated. Projects include physical recreation, crafts and hobbies, historical, cultural and educational programs, social services, information services and activity centres. As of September 1979, a total of 11,930 projects had been awarded $72 million.

Spending related to trends 8.6.3

Information compiled on federal cost-sharing in provincial social services through agreements under CAP indicates trends. From 1968 to 1979 joint spending by provincial and federal governments on social services increased from $11 to $52 per capita. Although the number of children of minority age declined appreciably, there was an increasing demand for services from the expanding population of elderly persons and a growing recognition of the needs of the handicapped. Expenditures fluctuated with increases as low as 10% in 1973, as high as 58% in 1976 and only 6.9% in 1979. In 1978 some expenditures on institutional care were transferred from cost-sharing arrangements associated with CAP to the block funding of extended health care under the Established Programs Financing Act.

Provincial budgets for social services showed growth and many innovative programs were being developed. Child abuse continued to be recognized as a public