

problem and new approaches to dealing with it were being tested. One initiative has been the transfer of welfare cases from an institutional environment to group homes in the community. These operate as self-administered units for such groups as the handicapped or the aged. For the mentally handicapped and juveniles, there is often a need for a co-ordinating worker to live in the home, to help the residents maintain independent living. Such a residence is sometimes associated with a workshop.

There is increasing recognition of the need to design living environments to accommodate the elderly and the handicapped and to make optimum use of mechanical aids and work instruments to facilitate their participation in the tasks of daily living.

Workshop facilities are being extended rapidly. These include commercially operated industries which produce competitively on the market and earn a profit. They employ a number of mentally or physically handicapped people. Sheltered workshops and activity centres employ an increasing proportion of handicapped persons; these operate on a non-profit basis but generally manage to meet production expenses. By this type of activity, handicapped persons contribute considerably to their own maintenance and rehabilitation. Other community facilities for the elderly and handicapped are essentially social activity centres where persons who would otherwise be inactive and isolated may enjoy companionship and activities in a community setting.

Table 8.15 summarizes spending on social services from 1968 to 1979, and gives an analysis of each year's total as a percentage of all social security expenditures, and the percentage increase from the previous year.

## 8.7 Developments in rehabilitation

The federal government has been involved in various rehabilitation initiatives since World War II, with increasing recognition of the need to integrate the disabled and handicapped into the community and the work force. Concern relates not only to the physically handicapped and persons with chronic illness. Programs are also directed to the rehabilitation of the mentally handicapped, to persons with psychiatric disorders or suffering from addiction to alcohol or drugs and those returning to the community from penal institutions.

In 1979 a bureau of rehabilitation was established in the national health and welfare department to co-ordinate federal activities relating to medical and social rehabilitation. The bureau had major responsibility for developing the federal contribution to the international congress on rehabilitation in Winnipeg in June 1980, referred to in subsection 8.5.3 International welfare.

Most rehabilitation services are jointly developed by the federal and provincial governments, apart from services to Indians and veterans. Over 1,000 sheltered workshops, partially initiated under federal and provincial job creation programs, provide work places for many handicapped persons. Similar employment support is provided through work activity projects initiated by the provinces with federal cost-sharing under CAP. For alcoholics and drug addicts extensive funding has been provided to set up street clinics, detoxification centres and community rehabilitation projects through federal and provincial agencies.

Steps have been taken, in association with the Canadian Association for the Mentally Retarded, to restore mentally handicapped persons to community living and to provide a work environment suited to their capabilities. The federal prosthetic services, operating through a network of centres in the provinces, makes prosthetic and orthotic services available under contract with the provinces and the veterans affairs department.

### 8.7.1 Vocational rehabilitation

Under provisions of the Vocational Rehabilitation of Disabled Persons (VRDP) Act, the federal government contributes 50% of the costs incurred by a province in providing a program for vocational rehabilitation. Under this act all provinces and territories except Quebec have specific programs for physically or mentally disabled persons to help the individual become capable of pursuing a gainful occupation. A comprehensive program includes medical and social services, vocational assessment, counselling, restoration and placement services, the provision of prostheses, training, maintenance allowances and