

tools, books and other equipment. These services are co-ordinated and administered by provincial departments but may be provided either directly by central or regional provincial offices or purchased from voluntary organizations. The disabled client participates in setting an employment objective. The goal may be employment in the competitive labour market, a profession, homemaking, farm work, sheltered employment or homebound work of remunerative nature. Shared costs include the salary and necessary travelling costs of staff whose duties are directly related to this program, and other administrative expenses. Other rehabilitation services provided by agencies and voluntary organizations may be funded by a province and are eligible for 50% reimbursement from the federal government under the Canada Assistance Plan. During the fiscal year 1978-79 the federal government contributed \$31.3 million to the provinces under the act and over 6,000 clients received services.

Prosthetic and corrective appliances, wheelchairs and other mobility aids are provided so that the individual may participate in vocational training or undertake employment. Remedial and restorative treatment is provided as necessary. Vocational training is made available in municipal or provincial vocational schools, private trade schools or business colleges, special training centres such as rehabilitation workshops, universities, or through training on the job. Cost of travel and equipment necessary for training is also covered. Maintenance allowances are usually provided for the individuals and their dependents while participating in the program. Where employment placement outside the competitive labour market is indicated, such placement is arranged by the province. Provincial authorities also assist in regular employment placement when special problems arise and their help is required.

In Quebec, assistance of various types and rehabilitation services for disabled persons are provided through a variety of departments and agencies. Because Quebec does not participate in the VRDP cost-sharing program with the federal government for provision of all these services, the province receives reimbursement under EPF instead of CAP while other costs are borne fully by the province.

Analysis of social security expenditures

8.8

Between 1956-57 and 1978-79 total expenditures on social security increased from \$2.1 billion to \$35.6 billion. Table 8.16 provides details. The external factors were a population growth of 45% and cumulative inflation of 148%. Even after adjusting for these differences, social security expenditures per capita in 1971 constant dollars increased from \$190 to \$844, more than a fourfold increase in real benefits to the average individual. During the same period the real income of the average Canadian almost doubled.

Post-war social security was dominated by programs such as family allowances and old age security, with limited support for the working age population through an unemployment insurance program for low-income workers and unemployment assistance for unemployables. In 1956-57 these programs accounted for over one-half (52.6%) of the total social security expenditures. In 1978-79, the same programs, now universal and with enhanced benefits, accounted for less than one-third (29.9%) of the total of \$35.6 billion.

Three major areas of thrust had accounted for the increased costs:

Social insurance. The need for Canadians to invest in public insurance programs to provide for needs for service and future income requirements grew rapidly in the last quarter century. Developments included hospital insurance for all provinces and territories by 1961, universal medical care insurance by 1971, the Canada and Quebec pension plans, both operational by 1966, and an enlarged universal unemployment insurance plan which came into effect in 1971.

Block funding. During the latter 1960s, Quebec assumed direct control of the financing of its major health and welfare programs through calculated federal contributions rather than through direct sharing of costs. In 1976-77, the federal government ceased direct sharing of costs for all provincial health insurance programs in favour of calculated contributions under block funding under the Established Programs Financing Act.