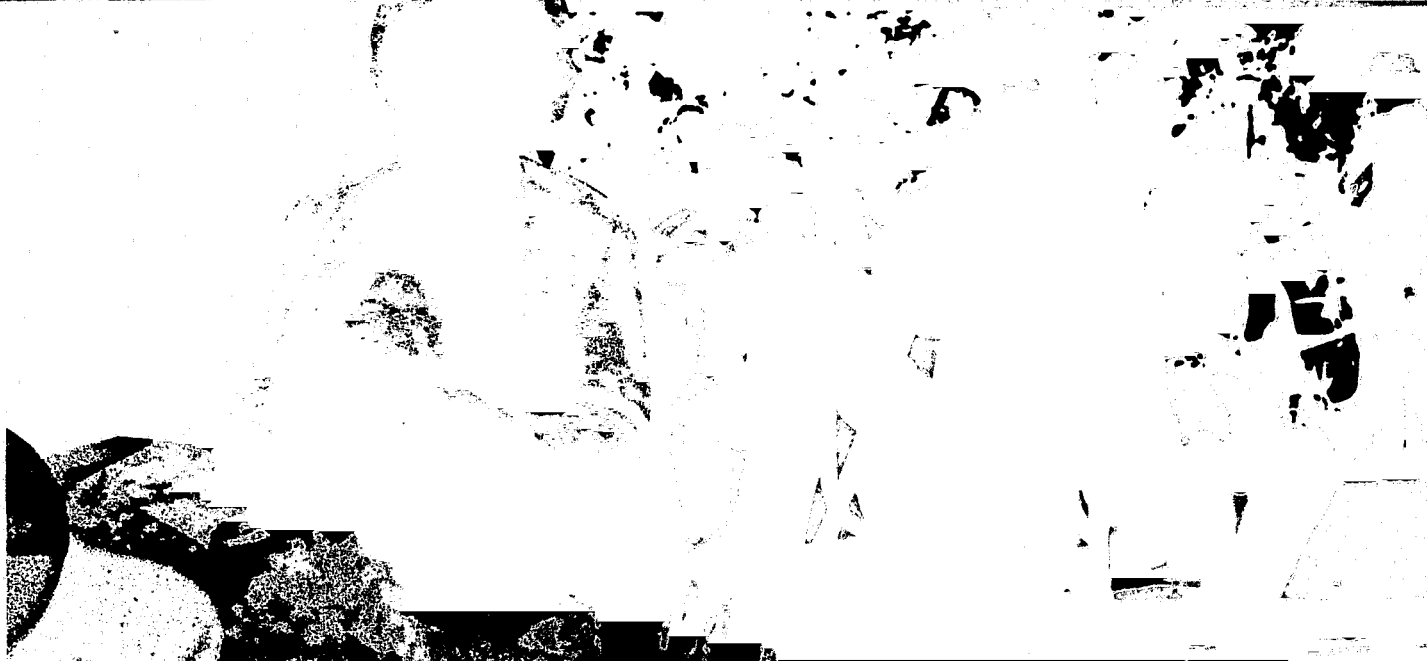
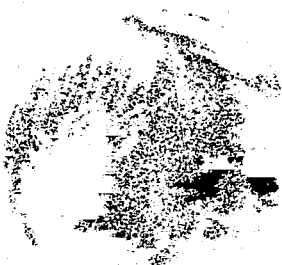




# Annual Report 1976



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# annual report 1976

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1977  
TELEVISIONS

MINISTER  
OF HEALTH AND  
SOCIAL DEVELOPMENT



MINISTER  
OF CORRECTIVE AND  
REHABILITATIVE SERVICES

His Honour,  
F.L. Jobin,  
Lieutenant-Governor  
of the Province of  
Manitoba

May It Please Your Honour:

We, the undersigned have the honour to submit herewith the Annual Report of the Department of Health and Social Development of the Province of Manitoba for the Calendar Year 1976.

Respectfully submitted,

Laurent L. Desjardins,  
Minister of Health and  
Social Development

J.R. Boyce,  
Minister of Corrective and  
Rehabilitative Services



THE DEPUTY MINISTER  
OF HEALTH AND  
SOCIAL DEVELOPMENT



THE DEPUTY MINISTER  
OF CORRECTIVE AND  
REHABILITATIVE SERVICES

**The Honourable Laurent L. Desjardins,  
Minister of Health and Social  
Development**

**The Honourable J. R. Boyce,  
Minister of Corrective and  
Rehabilitative Services**

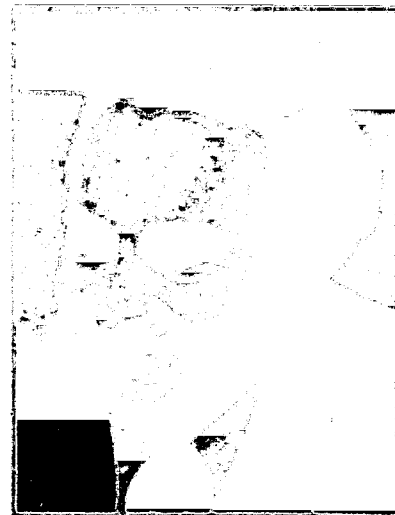
Sirs:

We have the honour of presenting herewith Annual Report of the Department of Health and Social Development of the Province of Manitoba for the Calendar Year 1976.

Your obedient servants,

R.D. Johnstone,  
Deputy Minister of  
Health and Social  
Development

R.H. Tavener, M.D.,  
Acting Deputy Minister of  
Corrective and  
Rehabilitative Services





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# foreword

In 1976, the Department of Health and Social Development moved forward in its long term commitment to improve the quality and accessibility of its services to the people of Manitoba. It was a year which can be characterized as one of consolidation and refinement of programs and delivery techniques previously initiated. One major new program, the Children's Dental Program, was implemented late in the year, and it is the harbinger of an enhanced dental health status for future generations of Manitobans.

The 1976 Annual Report, which follows, will describe in detail, the efforts of the many divisions and branches to provide a greater degree of efficiency and effectiveness in the provision of services. Having launched a new vehicle over the past several years for the delivery of programs, the Department has undertaken to streamline its functioning. 1976, therefore, represented the culmination of work begun in the past and the projections of improvements for the future.





# Resources Division



## **PERSONNEL MANAGEMENT SERVICES BRANCH**

The Personnel Management Services Branch provides comprehensive services to the Ministries of Health and Social Development and Corrective and Rehabilitative Services in areas of staff recruitment and selection, position classification and evaluation, employee relations and staff training and development. In addition, the Branch provides management and staff with interpretations of government personnel policies and develops, implements and maintains departmental policies and programs.

In 1975, the Branch implemented the Health and Social Services point rating system for classifying Health and Social Services Specialist positions within the Department. In 1976, the Branch has further refined the plan and it since has been implemented in a number of external agencies.

Last year the Branch developed a performance appraisal program for professional and technical groups. In addition it has worked with the Mental Health Centres to develop and implement programs tailored to meet their special needs. It is currently working with Community Services and the Ministry of Corrective and Rehabilitative Services to develop and implement similar programs to meet their needs.

A highly successful Professional Outreach Recruiting program in the spring of 1976 attracted 43 new professionals to the Ministries from various universities across Canada. Out of Province recruiting since has been curtailed however, due to the introduction of restraint policies.

Personnel Management Services is currently working with the Ministry of Corrective and Rehabilitative Services to develop Manpower Planning and Training programs. At the same time recruiting policies and practices are being reviewed and updated.

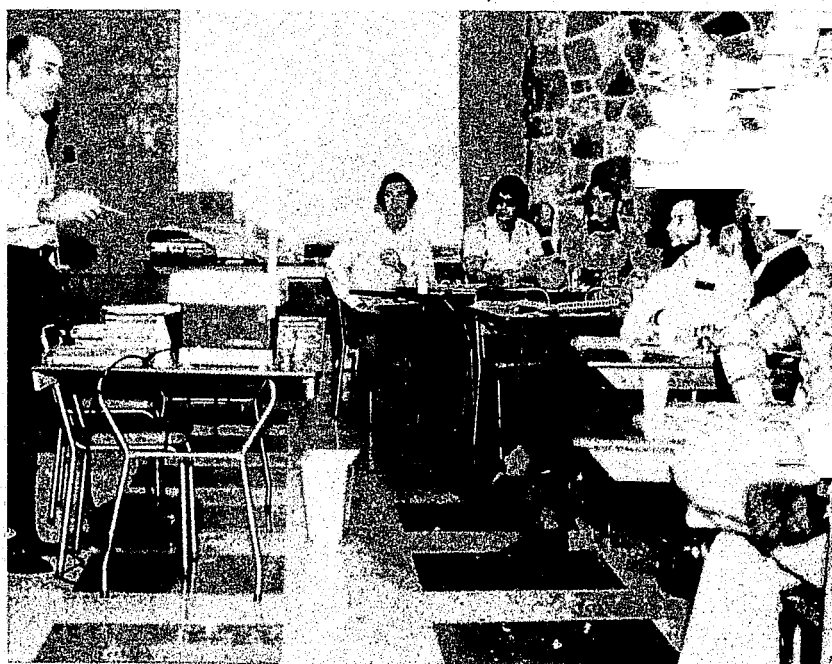
Employee relations Seminars have been conducted by the Branch in many areas of both Ministries. These seminars deal with interpretation of the Employees Agreements and procedures in grievance handling. The seminars are being extended to include most management and supervisory personnel in both Ministries by the end of the 1976 fiscal year.

An Equal Employment Opportunity Affirmative Action Plan has been developed and will be implemented in the new fiscal year.

While Equal Opportunity reflects a general government commitment to assist underprivileged groups, the Ministries were responsible for developing their own action plan. In its first year the plan endorsed by the Ministries will provide development opportunities on a pilot project basis for up to 150 members of the designated groups who are presently employed within the two Ministries. At the same time the present employment system will be examined with a view to eliminating the barriers which deny members of the designated groups entry into the Civil Service.

The Staff Development office of the Branch has had a very active year and continues to expand its involvement in a wide range of activities including the following:

- 1) Participation in interdepartmental work groups which are developing program guidelines for organizational development, management by objectives, communications, first-line and middle-management development, clerical-secretarial training, employee orientation, recruitment and selection, classification, and the Public Administration pilot program.
- 2) Participation in the presentation of Organization behaviour and change seminars in concert with Management Committee and external consultants for senior managers from all different Departments in the Civil Service.



- 3) Designing and conducting seminars for departmental staff in such learning areas as; developing interpersonal communication skills; how to work with groups in the community; conducting effective meetings, etc.
- 4) Development of a Management Development Program for Senior Departmental Management.
- 5) Comprehensive staff development program for Community Services.
- 6) Assisting the Corrections Ministry in developing their staff development program.
- 7) Assisting Community Health Centres such as Klinik and Mount Carmel Clinic in organizational development designed to clarify goals and objectives and staff roles.
- 8) Continuing participation on Advisory Committees of external learning institutions such as Community Colleges dealing with course design and change.

At December 31, 1976 there were approximately 4500 employees on the departmental payroll compared to 4655 for the same date in 1975.

#### **SPECIAL STUDIES GROUP**

The main objectives of this Group are to advise and supply departmental management with new management and administrative techniques. This is accomplished by conducting informational or operational studies

that will supply or recommend data for policy decisions, improved organizational structures, staffing patterns, systems and procedures, office layouts, and office equipment utilization.

This Group operates with a staff of fourteen, consisting of a Co-ordinator, Administrative Analysts, Systems Analysts and support staff. Special Studies is a service function and is available to all divisions, branches, or sections of the department or its funded agencies on a request basis.

Projects consist primarily of informational and operational studies. The informational studies serve as a tool for senior management in the development of policy formulation. Operational studies are aimed at promoting departmental efficiency through improved paper and work flow systems. The scope of the projects range from form design to large department-wide systems.

On completion of a study, a formal documented report is presented to the management of the area which was under review. Upon acceptance of the recommendations of the report, Special Studies Group are available to assist with implementation as established under the terms of reference for the study. During implementation of the recommendations, this group works very closely with other branches, such as Personnel Services Branch in developing job descriptions and classifications of future staffing patterns for the Department. It also assists the Space, Cars and Communications section in facility planning and office layout by advising on space utilization, work station planning, and efficient work and paper flows. This Group works in conjunction with the Automated Data Processing section in the development of any large automated data systems for the Department.

The past year, this Group has been most effective as a common link with all Divisions of the Department. The major effort has been to establish consistency in all functions at the field level as related to the regional organization concept and departmental policies; and has been most successful in standardization of office systems and reporting patterns throughout the field. This concept tends to develop consistency in all applications of management theories and their administrative and information systems.



## **AGENCY RELATIONS BRANCH**

The Agency Relations Branch of the Department, sometimes referred to as External Programs, provides:

1. A Department liaison with and reference point for health and social service organizations receiving or requesting grants, or from which the Department of Health and Social Development directly or indirectly purchases services.
2. Fact finding, analysis and coordination of matters of policy, program operational relationships of an organizational or fiscal nature, with reports and recommendations to government on appropriate financial support policies and practices, program support levels, and service purchase prices.
3. Interpretation and application of government policy and fiscal requirements in relation to agencies and organizations and the use of public funds.
4. Monitoring, auditing and accounting for use of public funds in agencies in accordance with approved programs and conditions of authorizations and payments.

During the year the Branch with the assistance of financial services, reviewed 50 grants and 140 rates for continuing programs and services, audited and accounted for funds paid the previous year to 190 different programs, and in each case implemented the government's decision on funding. In addition, the Branch reviewed, reported and recommended on 69 new requests or program proposals, and effected the decisions of government. Staff of the Branch were also involved in, or carried out directly, approximately 31 special assignments involving operations and coordination of administrative practices and systems, policy review and development, and information reporting.

Branch staff continued to work as a team with financial analysts, developed and applied guidelines for budget review in several service areas, and improved the minimum standards for accounting and financial reporting.

Coordination of differential functions continued to improve during the year between

the Branch and program directorates. Particular emphasis was given to Mental Retardation Services and Income Security.

## **PROGRAM ANALYSIS AND REVIEW BRANCH**

This group was established in December 1975 within the Resources Division to undertake the central analysis, research and evaluative functions of the Department.

It carries out these responsibilities through the preparation of routine and special reports and through participation in the preparation of program information for policy review, estimates presentation, and the evaluation of program performance. In addition, the Branch provides technical support in the design and review of evaluation methods, standards and the development of management information systems for program monitoring.

Specific duties and functions include the following:

Program Review — the development and maintenance of a continuous cycle of Program monitoring.

Regional Analysis — establishing and maintaining an up-to-date profile of Health and Social Development regional operations including organization, staffing and patterns of service delivery.

Program Information Inventory — the preparation of comprehensive program data for policy reviews, program ratings and estimates presentation.

Special Projects — the provision of analysis and consultive services in response to special needs or problems.

Evaluation — the provision of technical support in the development of analytical systems and procedures required for the proper management of departmental programs and activities.

Program Development — provision of analysis on program design and development activities related to various delivery systems for new and on-going programs.

Workload Control — the preparation and maintenance of Workload schedules for field operations and programs compatible with departmental and government priorities and allocated resources.

Moreover, this group provides the department with a central support to assist in the implementation and evaluation of new programs or substantial changes in existing programs. In the formative stages of new program implementation, the major concerns include the examination of structure, staffing, procedures, and communication patterns for the purpose of determining the most suitable arrangements for program and service integration in the on-going Health and Social Services delivery systems.

### **FINANCIAL SERVICES**

The Financial Services Branch provides financial, analytical and budgetary information to the various sections of the department.

This information is constantly updated and revised to meet the continually changing conditions within the department.

The branch is divided into several sections with each section under the supervision of a co-ordinator.

### **ACCOUNTING SERVICES**

All departmental expenditures are processed, vouchered and submitted for payment by this section. This includes the processing of automated social allowances payments together with the related statistical information submitted by field offices. This

section also maintains and reconciles all output data on the computerized voucher accounting records, accountable advances and special chequing accounts.

The section also administers the Social Allowances Health Services program on behalf of the department. This involves correspondence, authorization and issuing of Health Services Certificates to recipients to enable them to receive medical supplies and services. An important function of this section is to provide statistical and financial data to enable the department to negotiate with various professional organizations participating in the plan.

### **PAYROLL SERVICES**

This section deals with the payment of salaries and maintenance of personnel records for all Departmental personnel. This year phase I of the Manitoba Employee Information System (MEIS) was introduced which should update the method of Personnel records keeping. Payrolls are prepared on a bi-weekly basis and checked to the necessary authorization MEIS documents.

### **BUDGET SERVICES**

The main function of this section is the delivery of a comprehensive fiscal budget service to all divisions.

This includes budget preparation and control, support information, analysis and reports to Departmental Management.

### **REVENUE SERVICES**

Provides the administrative resources necessary for the preparation of claims under various cost sharing agreements with the Federal Government, and ensures that maximum revenues are obtained through existing agreements with Federal authorities.

This section also handles the receipt and accounting for all departmental revenues and accounts receivable, totalling 37,500 transactions per year. Revenue during 1976-77 through these sources will be approximately fifty-seven million dollars.

Municipal Assistance and Central Lien Registry included under this section involve the financial administration of the Municipal Assistance program and the administration of mental patients accounts receivables through the Public Trustee and /or the Federal Government, and the control and recovery of such funds.

## **PHARMACEUTICAL LIAISON SERVICES**

Provides an audit and review function with all retail drug outlets plus liaison with the Manitoba Pharmaceutical Association and its members concerning the Social Allowances Health Services Pharmacare, Personal Home Care and Drug Substitution programs.

## **MEDICAL SUPPLIES AND HOME CARE EQUIPMENT PROGRAM**

The Program is mainly one of providing Medical Supplies and Home Care Equipment directly to patients, Health Units and doctors. This is accompanied by professional and para-professional expertise that is recognized and used by governmental and external agencies.

Each area of supply is funded through a different appropriation. The Branch in most cases initiates and pays for purchases and as supplies are used, appropriation transfers are made and the value of the goods returned. This method of purchase, in some cases on a yearly basis, allows substantial savings.

Although the Dental Supply Program has been phased out of the Branch and into a new area, our Technicians still provide emergency service on occasion.

The supply of items required for blood testing in the Province wide V.D. Control Program was taken over during July, 1976. It has fitted smoothly into the established routines of the Branch.

The Manitoba Wheelchair Program continues to take much time in clarification and modification to assure fairness and proper usage without waste. It now has over 3200 standard and 52 motorized wheelchairs in use in the community.

The Home Care consumable and re-useable Programs have had a most effective year. Feedback from some 30,000 patient and other calls in the Provincial Equipment Program has been generally of an appreciative nature. Consumable supplies have been readily available to patients and Health Units because of the new inventory and control system established this year.

The Society for Crippled Children and Adults and the Speech Therapy Department of the Winnipeg General Health Sciences Centre have served the Branch well during the past year. As a resource and distribution agency, they have been invaluable.

The Manitoba Ostomy Program provides services on a province-wide basis. Educational practices within the Branch have resulted in increased knowledge of appliances and supplies available on the part of both the public and care given.

The consultation service provided by the Program's Enterostomal Therapist involves upwards of 450 individual telephone, letter and personal visits every month. Her lectures, conferences and meetings provide information to many more.

Administrative procedures have been updated throughout the year as it became apparent that the complexity of the total Program required strengthened fiscal and material control. The measures instituted have proved to be effective, but as always, evaluation and control methods are being continually revised as program needs dictate.



## STATISTICS SECTION

The functions of the Statistics Section are to collect, collate, and distribute statistical information regarding Departmental activities; to develop and improve statistical reporting mechanisms, and to provide service in the form of statistical analytical activities to the Department.

The activities of this section are accordingly summarized:

### **Collection, Collation and Distribution:**

Statistical information is provided in the "Statistical Bulletin", "Canada Assistance Plan Report" and the annual statistical report. Senior management receives monthly caseload and trend data in a special Management Report.

The "Maternal and Child Care: Vital Statistics" report was updated. In addition, work commenced on a new topical report, "Violent Deaths and Injuries", expected to be released in 1977.

### **Information Systems Development:**

The primary purpose of Information Systems is to expose significant relationships that will decrease uncertainty in organizational decision-making with a corresponding increase in the utilization of organization resources.

The function of this unit of the Statistics Section is to assist, as a member of teams consisting of program managers, co-ordinators, staffs, and other resource specialists to define program data requirements, methods of data collection and processing, distribution of data, and provide technical background to assist in the analysis of special data requests with respect to programs.

Activity has been concentrated this year on a Child Welfare Statistical System, Public Health Nursing Statistics and on a sample survey to profile social allowance recipients. Technical assistance was given to some S.T.E.P. Projects, and "collation of data on deaths due to heart disease".

### **Statistical Analysis:**

The main focus in this function is to provide statistical analytical activities or make available technical resources to assist program areas. In the area of Financial Assistance, analysis was undertaken to revise Social Allowance rates to reflect increases in the "cost-of-living".

Major activity has been on the preparation of another topical report — "Violent Deaths and Injuries". This report deals with the incidence of mortality resulting from violent incidents: motor vehicle accidents, other accidents, suicides and homicides. It will provide statistics which allow for comparisons among Manitoba regions, between provinces and even between selected developed countries.

Other areas where analysis was undertaken included availability of Child Welfare facilities, and population projections.

### **Other Functions:**

This Section's daily activities also include responding to a variety of daily requests by utilizing current reports or by developing appropriate data sets. An increasing level of support has been provided to respond to requests for analysis of Vital Statistics data. At year end the Section co-ordinates data acquisition and formatting for the statistical appendix of the department's annual report.

Members of this Section currently act as official provincial delegates to Federal-Provincial Advisory Committees in areas of statistical, informational and systems implications in the field of health and criminal justice.

### **FINANCIAL SERVICES — EXTERNAL AGENCIES**

This section provides financial analytical review services on the operations of external agencies in receipt of provincial funds. This financial review involves a detailed analysis of budgets and financial statements, and is vital to the determination that rates and grants are reasonable, and the programs are consistent with operational support policies established by the department.

### **DATA PROCESSING UNIT**

This group is charged with the responsibility of providing computer technical services to the various Divisions within the Department. The main function of the Unit is to eliminate manual processing of data, allowing staff to use their time more effectively in service to the public, rather than the routine of office paper processing.

Because Computer technology is constantly changing, this Unit must monitor all systems to maintain the efficiencies of data processing. Maintenance of current systems therefore, remains a large part of the Unit's efforts.

During the past year the Children's Dental Plan was a major system effort undertaken by this Unit. Two major Phases are being developed; one to cover the operational needs of the plan, the other the research aspect. As in past years, this Unit has continued to support research projects in the areas of Income Security, Community Operations, Sports Branch, Mental Health, Correction and Rehabilitative Services.

Continued is the development of a major system to cover the retrieval of information related to the storage of vital events recorded with the Vital Statistics Branch. Present work is focused towards recovery of historical records that can relate back as far as 1812.

A major system under development during the previous year was completed early in 1976, with the full implementation of the Work Activity Project management information and control system. A new project commenced and completed in 1976, related to the support of input from the Special Chequing System used by Income Security and the updating of the universal Bank Reconciliation system.

#### **SPACE CARS AND COMMUNICATIONS**

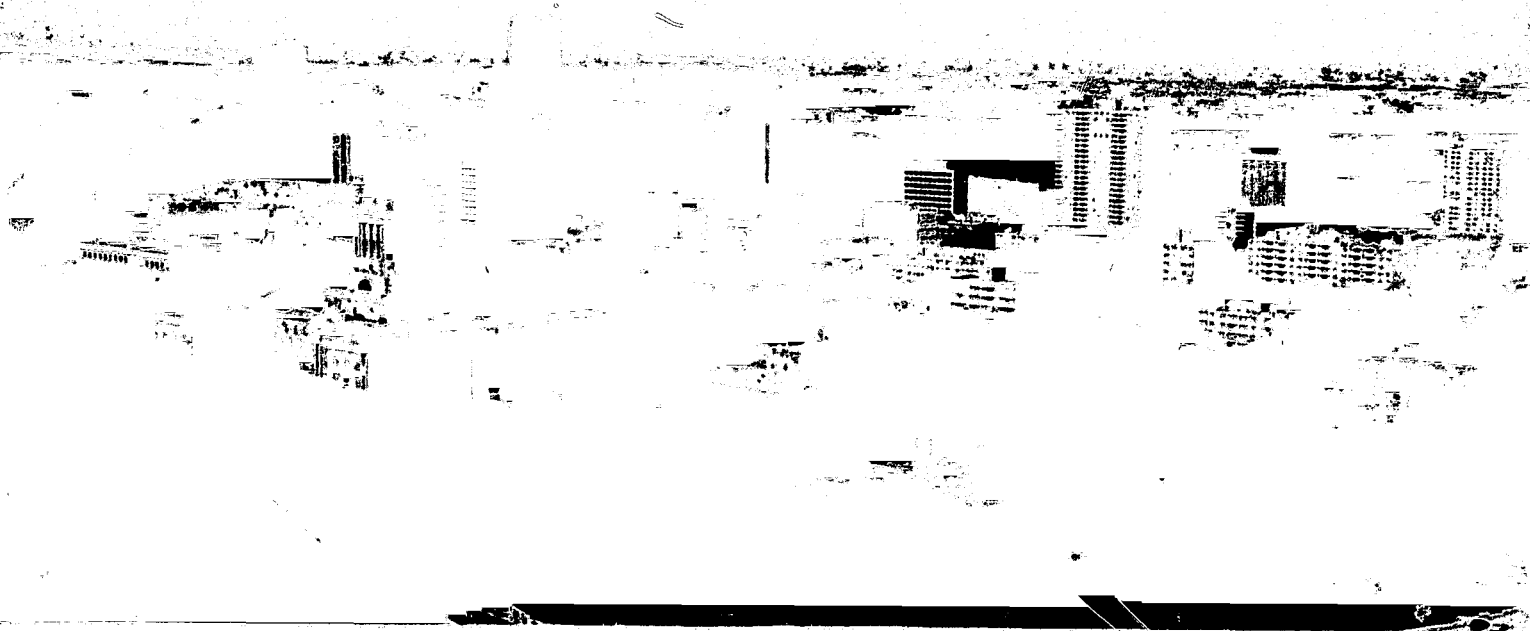
In general, this section is a central co-ordinating authority working with all levels of departmental management, other departments and the private sector to fulfill accommodation, transportation and communica-

tion needs of the Department of Health and Social Development.

The major program activity of this section, in response to departmental plans, is on space acquisition to meet the delivery concept of decentralized multi-disciplinary service units. This process has entailed the involvement of this section in the identification of suitable locations; assisting with the development of office plans; negotiations; arranging renovation requirements to ensure that all departmental operations are accommodated in adequate and functional space. A great degree of importance has been placed on attaining maximization of present office buildings and facilities.

In addition, the acquisition, distribution and assignment of Government-Owned vehicles is co-ordinated by this section. Assistance, through consultation and studies, is provided to the offices primarily for the purpose of achieving and maintaining maximum utilization of the existing departmental fleet of some 470 provincial owned vehicles.

The field of communication has been greatly expanded within the department. This involves message network planning, security communicative equipment as well as telephone requirements.





## OFFICE OF VITAL STATISTICS

The main functions of the Office of Vital Statistics are:

- 1) to administer The Vital Statistics Act, The Marriage Act, The Change of Name Act, and the Regulations thereunder; also to administer Section 101 of The Child Welfare Act, and Sections 29-33 of The Public Health Act.
- 2) to register and permanently preserve the records of events of births, stillbirths, deaths, marriages, adoptions and change of names which occur in the Province of Manitoba.
- 3) to issue certificates of births, deaths, marriages, and change of names from these permanent records to authorized persons only.
- 4) to tabulate, maintain and report the vital statistics data of these events provincially and federally.
- 5) to register and maintain a listing of all registrars located throughout the Province for the purpose of recording vital events.
- 6) to register and maintain a listing of all clergymen for the purpose of authority to solemnize marriages in the Province.
- 7) to register and maintain a listing of the Marriage Commissioners in the Province.
- 8) to register and maintain a listing of all Physicians registered with the College of Physicians and Surgeons of Manitoba.
- 9) to develop and maintain a good rapport with all the Physicians, Clergymen, Funeral Directors, Hospitals, Barristers, Division Registrars, and Issuers of Marriage Licences, and Marriage Commissioners in the Province.

The Province of Manitoba has preserved registrations of births, deaths, and marriages as early as 1882 under governmental authority. Church records of baptisms, burials, and marriages for different religious denominations dating back to 1812 are also preserved in our archives.

The Office of Vital Statistics receives registrations of birth, stillbirth, death and marriage from 209 registrars located throughout the Province. These registrations are checked for accuracy, queried if necessary, indexed, coded, key punched and

microfilmed. This is a uniform registration system throughout all the provinces. A microfilm image of all original registrations is sent to Statistics Canada in Ottawa as a permanent duplicate record and also for their use of statistical data.

In the past year (January - September, 1976), there were 110 weekly statistical reports prepared for various Government Departments and Agencies, 22,668 vital events registered, 1,155 adoptions registered under The Child Welfare Act; (including 190 under Section 101 of The Child Welfare Act which is processed by this office) 612 delayed registrations processed, 632 legal changes of names recorded and 10,242 free verifications of vital events processed to various Government Departments and Agencies.

Future developments in this office will be the emphasis on updating our records system to an automated data recording system which in effect will provide a more efficient service to the public. We will also be endeavouring to appoint more Marriage Commissioners in the Province and Issuers of Marriage Licences in all our government offices in the Department of Health and Social Development.

## FITNESS AND AMATEUR SPORT BRANCH

In October of 1975, the Sport Directorate of the Department of Tourism, Recreation and Cultural Affairs was re-named the Fitness and Amateur Sport Branch and re-aligned under the Department of Health and Social Development.

The overall responsibility of the Fitness and Amateur Sport Branch is to assist Manitobans to use leisure time creatively through physical activity for the purpose of developing fitter, more health conscious individuals.

The objectives of the Branch are: to provide more and better quality opportunities for individuals to participate in and become involved with the development of fitness and amateur sport activities throughout all regions of the Province; to encourage and to provide for the pursuit of excellence of those so involved from the beginning novice to the Olympic calibre participant; and to promote, foster, develop and encourage the development of better levels of personal physical fitness for all Manitobans.

The Branch has three primary activity areas.

## A. SPORT DEVELOPMENT SECTION

Provides administrative, financial, consultative, program and informational support to Provincial Sport Associations for strengthening and developing existing sport programs in the Province. Activity areas include:

1. **The Sport Administrative Centre;** is the administrative headquarters for 12 full-time Executive Directors and 2 Technical Directors representing 55 Provincial Sport Associations. The Centre is staffed by a Manager, a clerk, a switchboard operator, a secretarial pool of 6, and a print and art layout shop of 3 persons.

The purpose of the Administrative Centre is to provide back-up administrative support services such as typing, telephone, office space, printing, postage, etc., required by the Sport Associations. In 1976 the Administrative Centre saw the addition of the Manitoba Amateur Hockey Association, the Manitoba Curling Association and the Technical Directors of Basketball and Skiing.

2. **Financial Assistance to Sport;** In 1976 the Branch provided financial assistance to sport in five major areas:

- a. **ADMINISTRATIVE SERVICES** — administrative credit to be utilized within the Administrative Centre for Sport;
- b. **SALARY GRANTS** — the salaries of 14 full-time Sport Association executive personnel;
- c. **PROGRAM GRANTS** — funds for Sport Association programs of upgrading seminars and clinics, travel to provincial and national championships, hosting provincial and national championships and special projects;
- d. **GAMES DEVELOPMENT GRANTS** — financial assistance to sixteen Provincial Sport Associations for the selection and training of Manitoba's teams to the 1977 Canada Summer Games in St. John's, Newfoundland;
- e. **ATHLETE DEVELOPMENT ASSISTANCE PROJECT** — called Man-Plan, this project is funded on a 50 / 50 cost share basis with the Manitoba Sports Federation. In 1976 the project supported a

total of 68 Tier I (Olympic calibre level) and 123 Tier II (National calibre level) athletes from 35 different sports.

3. **Coaching Certification and Development;** In 1976 the Branch, in implementing the National Coaching Certification and Development Program within Manitoba, trained 13 Instructors throughout the Province, conducted 9 courses and certified 272 volunteer coaches in a variety of sports at Level I.

## B. GAMES DEVELOPMENT SECTION

With two professional staff the Games Development Section concerns itself with two primary activities: the 1976 Manitoba Summer Games and the 1977 and 1979 Canada Games.

The Branch, in co-operation with the Department of Tourism, Recreation and Cultural Affairs, implemented the first Province-wide Games program in the summer of 1976. The Manitoba Games Council, a twelve person volunteer Board, appointed by the Minister, oversees the development and implementation of the Department's policy on Provincial Games. The concept began with local district involvement, progressing to regional competition and culminated in a Provincial Final staged in Neepawa in August, 1976. The primary purpose of the Manitoba Games is to stimulate and encourage mass



participation and to foster excellence in sport on an individual basis. The Games concept is seen as a developmental vehicle for encouraging participation in sport throughout all districts of the Province.

In 1976 thirty district, thirteen regional and three Provincial Games Committees were established involving over 500 volunteers at the organizational level. Overall a total of 14,868 persons participated in one aspect of the Manitoba Games, with over 2,000 of these competing in Neepawa at the Provincial Final. Available grants to the Regional Committees totalled \$178,300; to the town of Neepawa \$175,000; and to the Games Council and Sport Associations \$45,000.

The summer of 1976 also saw 16 Provincial Sport Associations preparing for the 1977 Canada Summer Games to be held in St. John's, Newfoundland in August, 1977. Trials and selection camps were being held throughout late summer and early fall.

#### **C. FITNESS SECTION**

The Fitness and Amateur Sport Branch assumed responsibility for Operation ReNu. With capable and expert assistance from the Medical Public Health Services group, Operation ReNu pursued its objectives of promoting and encouraging fitness and health throughout the Province. A total of four teams of students

travelled to various centres in Manitoba conducting physical fitness and nutritional assessments on individuals on a volunteer basis. A total of 1,351 persons were screened and given individual personal assessments of their nutritional and fitness status, in 12 communities.

The Minister's Advisory Council on Fitness and Amateur Sport was re-established in March, 1976 to provide the Minister with up-to-date information on fitness.



# Social Security Division



## **SOCIAL SECURITY DIVISION**

The Division of Social Security was established in March 1975 to centralize and rationalize all income related programs and to assist larger numbers of Manitobans in finding and holding jobs as an alternative to being solely dependent on social assistance. It was felt that this goal could be achieved by more effective integration of the Income Security, Employment Services and Day Care Programs so that each would become more mutually supportive of the program objectives of the other.

### **INCOME SECURITY**

The Income Security Branch is responsible for The Social Allowances Program and related income security programs such as The Manitoba Supplement for the Elderly, Blind Persons' Allowance, Disabled Persons' Allowance, and income testing for the Day Care Program.

Historically, various categories of financially destitute persons were recognized as having a right to public support. In 1960, The Social Allowances Act was introduced to combine under one legislative authority financial assistance measures. Provisions were made for the granting of assistance to persons in need including the elderly, persons who were unemployable for more than 90 days due to a mental or physical disorder, sole support mothers, persons requiring special care, and persons resident in areas of the province where municipal assistance was not available.

Income Security Services are provided through regional operations staffed by Service Clerks, Evaluators, Intake Workers, and District Directors of Income Security. Support, policy direction, and auditing services are provided by the Office of the Executive Director of the Division which has responsibility for the effective and uniform administration of the financial assistance programs.

During 1976 the fixed Social Allowance rates were revised in keeping with the cost of living increases since the last rate adjustment. Clothing rates were increased by 6.3%, personal allowances by 5.5%, and household supplies by 39.8%. Board and room rates were also increased to meet escalating costs.

Social Allowance caseload size has progressively decreased during 1976 and our financial assistance caseload at month end

was the lowest since 1971. Efficient program administration, employment services, and the concerted efforts of the auditors and field staff have assisted in maintaining this trend.

The number of appeals, to The Social Services Advisory Committee, against decisions of the Director also declined drastically during the year. This trend would appear to be due, in part, to the stronger administrative control exercised by the Divisions as well as a more consistent application of departmental policy at the field level.

Concerted efforts were also made during 1976 to reduce the discretionary treatment of clientele and to make the system less complex and more understandable to them.

The Division has continued to assess Federal proposals in the field of Income Security and establish relative priorities for Provincial planning.

### **EMPLOYMENT SERVICES PROGRAM**

The Employment Services Directorate was transferred from Community Services Division to the Division of Social Security in March 1975 as part of a re-organization of the Department placing social security programs within a single division to strengthen the operational tie-in between income support programs and job placement and counselling. The field operations have remained part of the Community Services Division. With the appointment of the current Director midway through 1976 a comprehensive



review of the program focus, administration and operation was undertaken.

The main objectives of Employment Services is to assist individuals, who as a result of complex environmental, cultural, personal, or family problems experience continuing difficulty in finding and holding employment, with a specific emphasis on those persons receiving Social Assistance or likely to become dependent on Social Assistance.

Past experience has demonstrated that given the opportunity or provided with alternatives, disadvantaged persons will not choose to be dependent on public assistance. The program is therefore in this regard, both preventive and remedial.

The program has been designed to help the client make the system work for them. To meet this end, Employment Services looks to other provincial, federal, and municipal departments and the private sector to provide the multiplicity of resources required: financial, technical, etc., resources that are available to the general population. Financial resources provided directly through the program amount to only a minor portion of the total costs and are mainly to bridge gaps in existing services or to provide special innovation services not available through the regular resource system.

Employment Services clients must have demonstrated need for special help in finding employment, or in taking advantage of technical vocational courses leading to employment, or in acquiring the social skills necessary to sustain them in training and employment. These are the individuals whom traditional categorical programs have not been able to help.

For those persons who do not possess sufficient knowledge or awareness to make realistic vocational choices or who demonstrate unusual or particularly complex social vocational problems, special work activity projects may be used to provide a combination of controlled work experience and special vocational, academic, and social skills training.

### **WORK ACTIVITY PROJECTS**

Work Activity Projects are part of the Employment Services package, and are funded under Part III of the Canada Assistance Plan. Work Activity Projects are designed to assist persons who because of personal or family reasons have unusual difficulty in finding and retaining employment

or in benefiting from technical or vocational training programs.

The Work Activity Projects use a combination of counselling and practical on the job training to provide clients with social and vocational skills needed for the technical or vocational training and/or employment placement best suited to their needs.

Work Activities became operational in Manitoba in 1972, with the development of the Manitoba Associated Northern Work Activity Project (MANWAP), which is presently located in the communities of Camperville, Duck Bay, Pelican Rapids and Crane River. Following this the Amaranth Work Activity Project was initiated in the communities of Amaranth, Langruth, Alonsa, Sandy Bay Reserve and Bacon Ridge, followed by the Winnipeg Home Improvement Project (357 Bannatyne Avenue, Winnipeg), Westbran Work Activity Project in Brandon and Pioneer Services Centre (185 Smith Street, Winnipeg).

Work Activities, although not primarily intended to create continued employment, are in many instances initiating communities to improve or extend their economic base. The projects are designed to serve the disadvantaged, and the majority of persons referred to the project remain with the project for periods of eight to twelve months.



During the past twelve months, the project has provided service to 737 people, of which 282 still remain on the project. Of the 450 who have left the program, 201 were placed in employment, and/or enrolled in Community Colleges throughout the Province. Others have written the Grade Equivalency Determination which upgrades their educational standard to a maximum of Grade XII which assists them in entering into employment and / or obtaining higher levels of education.

The project through its various activities, including a saw mill and woodworking, concrete and mechanical shops has attained revenues over the last twelve months in the amount of about \$240,000.

### CHILD DAY CARE PROGRAM

During 1976 the Child Day Care Program — which had been introduced in September, 1974 — enjoyed continued development in the availability and use of day care services throughout the province. The establishment and acceptance of day care as an important social service in the community is evidenced by the comparison of the following figures:

Communities throughout the province have been eager to adapt day care services to their particular needs with the result that there is a desirable balance of full-day and part-day service in both urban and rural regions. Some providers have expanded their service to include infants, children with

have increased the number of parents eligible for subsidy.

The basic structure of the day care program has remained intact and reflects the guidelines of the Canada Assistance Plan under which the program is cost shared with the Federal Government. The program furthers the development of day care services in Manitoba in two ways:

- assistance is available to enable members of the community to meet the need for good quality day care services in their area;
- families requiring care may apply for subsidy to the cost of day care services.

The types of service that may be initiated by providers in the community are:

**FAMILY DAY CARE** — Care for up to five preschool children in a family home. This type of care is especially beneficial to many children since it may be available in the child's own familiar neighbourhood. Family day care is particularly suited to the care of infants, children with special needs or where flexibility of hours is required.

**GROUP DAY CARE** — Out of home care for six or more preschool children. Group centres provide an environment and activities specifically designed for the developmental needs of children of preschool age under the supervision of qualified child care staff.

In either case, both the facility and the persons providing the care must meet existing municipal and provincial licensing standards. Each facility establishes its own preferred hours of operation and the number of days it intends to operate. However, the maximum fee for services that may be charged remains at \$5.00 per full-day per child and \$2.50 per part-day per child.

Upon final approval from the Child Day Care Office, family day care homes and group centres qualify for a once only start up grant and annual maintenance grants. The start up grant is intended to offset the costs involved in initiating a service, such as necessary renovation and repair, purchase of equipment or basic program materials. The maintenance grant may be utilized to offset ongoing operating costs which are not entirely met by fees — such as repair and upkeep, replacement of equipment, staff salaries, rent, administrative and program costs.

	Group Day Care		Family Day Care	
	No. of Participating Centres	No. of Licensed Spaces	No. of Participating Family Day Care Homes	No. of Licensed Spaces
November 30, 1974	12	375	2	9
November 30, 1975	86	2,353	44	144
November 30, 1976	160	5,078	205	591

special needs and to accommodate families who require care outside of a regular Monday to Friday schedule.

Major policy revisions to the day care program in November, 1975 ensured that day care in this province remained responsive to demonstrated need. The revisions included increased annual grants for group day care centres, tailored to actual operating costs, and changes in the subsidy schedule which



Financial assistance is also available to families requiring the service in the form of subsidy to the cost of care. Determination of a family's eligibility is based on the social need for the service, family net income, family size and the number of preschool children in care. For example, a family of two parents with two children in day care may be fully subsidized up to a net annual income of \$8,200. With a net annual income in excess of \$8,200, this family contributes \$.25 of each dollar of income between \$8,200 and \$10,800 towards the cost of care. In addition, net annual income in excess of \$10,800 is taxed on the basis of \$.75 of each dollar of income earned beyond the \$10,800 level to the point at which subsidy ceases (in this case \$13,400). The effect of two reduction rates is to decrease substantially the cost of day care services to families with net incomes in the lower portion of the eligibility income range.

The administrative functions necessary to deliver financial as well as other types of assistance available through the provincial program are the responsibility of the Child Day Care Office — consisting of a director and professional staff — in addition to ten day care co-ordinators located in regional offices. Day care activities at the field level are co-ordinated and directed from the Central Office. The day care co-ordinators use their contacts with the community to encourage and facilitate the development of day care services, offer program guidance and sup-

port, distribute resource material and maintain on-going monitoring of facilities.

During 1976, several new Child Day Care Program policies were adopted to reflect identified needs of day care users throughout the province. The most important of these were:

- a. Introduction of a revised method for calculating the income of self-employed persons. Rather than the previous formula method of deriving net income from gross income, the new method determines each applicant's net income on an individual basis by deducting allowable expenses from gross income.
- b. Modification of the subsidy program for families living in northern Manitoba to allow for the higher cost of living in the north. Southern exemptions for the subsidy program remain at \$4000 for the first adult, \$2000 for the second adult, and \$1100 for each dependent under 18 years of age. Northern exemptions have been adjusted as follows: \$4390 for the first adult; \$2390 for the second adult; and \$1410 for each dependent under 18 years of age. The adjusted northern exemptions raise the total allowable exemptions for a family of four from \$8200 south of the 53rd parallel to \$9600 for families living north of the 53rd parallel. It is anticipated that this new exemption rate will not only reduce the cost of child care for families living north of the 53rd parallel who are already using child care facilities, but will also enable an additional number of families to use child care facilities on a regular basis.

In addition to the natural development of services and policy changes as outlined above, 1976 afforded the opportunity for a greater emphasis on making extra, enriching services available to centres, particularly in the area of special needs. For example, the mobile hearing test program which is conducted in rural areas of the province has extended its services to preschoolers who are enrolled in day care facilities. In Winnipeg, the Child Development Clinic has initiated a staff exchange system in order to assist day care centres in providing suitable care for children with special needs. Follow-up treatment is also co-ordinated by the Clinic.





# Community Services Division

## COMMUNITY SERVICES DIVISION

The Community Services Division is responsible for the delivery of comprehensive Public Health and Social Services programs to the people of Manitoba. This is achieved through eight regions each staffed by a Regional Director and a multi-disciplinary staffing mix. Regional Staff are supported by specialized program directorates whose responsibility is to monitor and evaluate services, provide professional program consulting services, program and standards development services, in-service and professional staff services.

The present field complement if up to full strength consists of 181 Public Health Nurses, 101 Child and Family Service Workers, 12 Medical Officers of Health, 4 Public Health Educators, 45 Vocational Rehabilitation Counsellors and Employment Service Workers, 106 Community Mental Health and Mental Retardation Workers, 40 Home Care and Service to the Aged, 8 Home Economists, 9 Day Care Workers, 215 Administrative and other service workers.

During the year, rural probation services reporting lines were re-aligned from Regional Management responsibility to a centralized Probation Directorate. The Probation Officers will however continue to work closely with Regional Staff.

The Central Medical Directorate which had been reporting to the office of the Chief Medical Consultant was also recently re-aligned within the Community Services Division and now relates to the Assistant Deputy Minister Community Services Division. This Directorate is responsible for the program areas of Preventive Medical Services, Clinical Services and Venereal Disease control. Occupational Health Services while still physically located within the Division will soon be re-aligned with a new branch in the Department of Labour.

In the Dental Service area over the past year, the first Dental Nurses came on staff to launch the Childrens Dental Program. This program will initially be available in certain areas of the Province to children six years of age.

At the field level, departmental staff have offered the normal range of Health and Social Services. Emphasis however, has been placed on monitoring the immunization status of children. At the end of the year public health nursing staff were actively

engaged in the delivery of the A-New Jersey strain of Influenza Vaccine (Swine Flu) to those eligible to receive it.

Details of program and service delivery activities in 1976 are documented in the following reports.

## MEDICAL PUBLIC HEALTH

The Medical Public Health Branch incorporates the following directorates: Clinical Health Services, Venereal Disease Control and Preventive Medical Services. This past year has seen a re-alignment of the Occupational Health Section to the Department of Labour.

The Medical Public Health Branch office, in conjunction with Public Health Nursing, Education Services and the Home Economics Section monitors all departmental public health programs provided to the people of Manitoba through the various Regional Offices.

This office maintains a direct liaison with the Environmental Control Branch of the Department of Mines, Resources and Environmental Management which has responsibility for the public health inspection programs in the province.

Also originating from this office is direct medical supervision of public health programs for individual regions.

## CLINICAL HEALTH SERVICES

The Family Planning Program placed heavy emphasis on workshops for staff working in Health, Mental Retardation, Deafness, and remote communities, in addition to community residents both adults and students in similar areas. Support was given to the first Manitoba Provincial Conference on Family Planning hosted by Planned Parenthood of Manitoba. Our full time Health Educator in Family Planning and Family Life Education works closely with Planned Parenthood of Manitoba and other organizations. We have assisted the Family Planning Research Project at the University of Manitoba.

The Provincial Hearing Conservation Program has been strengthened by the addition of an E.N.T. Specialist full time. He works in the rural Regions of the Province with the Mobile Hearing Program. The Mobile Program still has its main focus on early school grades, but is doing a pilot project in

Day Care Centres in an attempt to detect hearing loss at an earlier age. A Policy paper was developed jointly with the Department of Education on Regional Hearing Screening Centres. The equipment has been augmented by the addition of a portable Impedance Bridge which considerably increases the mobility of the program, both in audiology and E.N.T. A High Risk Register is being developed to detect hearing loss in infancy by picking out, for example, infants with congenital defects for early examination. All children in the School for the Deaf have been examined. Cases are examined for the Workers Compensation Board. Public interest in this program is shown by invitations to speak on radio stations, and a newspaper article. Problems in the geriatric age group are being explored with interested groups.

The Congenital Anomalies Registry continues to support the Federal Surveillance Registry in which four other provinces participate in a study of first week of life events in a computerized program. The balance of the Registry is manually operated for the first year of life and later events are also recorded. A special review of Spina Bifida, Anencephaly, and Hydrocephalus cases in Manitoba showed no differences in rates from experience elsewhere, such as suggested in an area in Ontario. A closer working arrangement is developing with Genetic Services in Children's Hospital to make better use of the data in the Registry in counselling families with inherited conditions.

A review of Vision Screening in Schools led to a joint project to study Kindergarten children in three areas of the province, by Departments of Education, Health and Social Development, Ophthalmologists and Optometrists. 800 children were given 12 different screening tests to establish the best combination of tests to give the best yield of defects discovered.

The Metabolic Disease Screening Program was improved by the introduction of a 14th day of life urine test to supplement the newborn (4th day) blood test, throughout the province. It is proposed to add testing for congenital Hypothyroidism to the program. This should discover 3 infants each year who would otherwise become retarded. A protocol has been established to cover babies born at home who have previously been missed by the hospital-based program. Screening for Tay-Sachs Disease is being developed by a community ethnic group affected.

Pilot projects have been carried out in Winnipeg and Interlake schools for Scoliosis.

Well Water Nitrate standards have been revised.

The Director is an active member of numerous standing and ad hoc committees: Occupational and Preventive Medicine, M.M.A. (Secretary); Child Health, M.M.A.; Child Development Liaison; Provincial Board of Health; Planned Parenthood of Manitoba Board; School Health Program; Infectious Disease Control; Federal Gasoline Sniffing; Hearing Conservation.

## VENERAL DISEASE CONTROL

Gonorrhoea is building up with an estimated 11% increase over last year in notified and laboratory confirmed disease. The hardest hit regions of the Province are Winnipeg and the North. The published annual statistics are cause for grave concern for they represent only a fraction of what really exists. In addition to the estimated annual figure of 4,737 Manitobans with gonorrhoea (see Section 7, Table 2) one should add an additional 9% for all those new patients diagnosed on clinical grounds alone. Even then, with a grand annual total of reported gonorrhoea exceeding 5,000 we are still seeing only the tip of an iceberg; for research has shown that beneath lies a vast number of people who are either unaware of their infection or whose diagnosed condition re-



mains a secret. As long as there is ignorance in society and disregard for one's neighbour, then gonorrhoea is bound to thrive.

Observations made by physicians in practice indicate that the ratio between gonococcal and non-gonococcal urethritis may be as low as 1:10 in one area but as high as 3:1 in another. These conditions are geographic, but represent potential pockets in which gonorrhoea could thrive if introduced.

A COMPLETELY RESISTANT STRAIN OF GONORRHOEA RESISTANT TO BOTH PENICILLIN AND TETRACYCLINE, NOTED IN THE U.S.A. LAST YEAR HAS BEEN REPORTED IN CANADA. If these new strains become wide spread, then the potential choice of effective drugs will be reduced to one alone, one which happens to have no known action against syphilis, the most dangerous of all sexually transmitted diseases.

Positive steps to meet the challenge of the rising rates of sexually transmitted diseases in Manitoba have included a strong effort to provide specialist training in sexually transmitted diseases control for departmental staff at the regional level. This training includes techniques of contact tracing, counselling, treatment, and the development of positive attitudes toward the prevention of sexually transmitted disease.

In addition to this, direct approaches have been made to the medical profession in Manitoba through both the Manitoba Medical Association and the College of Physicians and Surgeons to encourage immediate contact tracing and reporting of cases by physicians.

An encouraging sign over the past year has been the cooperation of the various mass media in bringing the problem of sexually transmitted disease to the attention of the public.

So far syphilis has been held in control in its incubatory stage by the use of highly concentrated penicillin in the treatment of gonorrhoea. It is still being used in this way for that purpose, but the future usefulness of this drug for gonorrhoea may be limited and therein lies our concern for prevention of syphilis in this way.

The decline in infectious syphilis witnessed last year continued through 1976. In addition to the attack on incubating syphilis already mentioned, the search for this disease continues whenever sexually transmitted disease is encountered, because concomitant illness is always a possibility. Evidence exists

that syphilis is frequently encountered among homosexuals, and knowledge of this fact has enabled the more responsible people to protect themselves with a regular screening routine. However there are those who resort to indiscriminate activities and the risk of syphilis to them is proportionately greater and the task of control more difficult. Therefore the serological testing program for this disease is still as important as ever, in spite of the existing low level of reported syphilis.

During the year well over 100 cases of chancroid were notified. This disease which is relatively new to Manitoba has been infecting the Winnipeg region of the Province. It is three times more common among males, females being mostly asymptomatic. Most of the patients have been seen at the Health Sciences Centre.



The service aspects of this program were further decentralized in the spring with the establishment of an integrated public health service in Westman, with headquarters in the Brandon General Hospital. A similar arrangement was initiated in the fall at The Pas. The management of sexually transmitted diseases must be community based to be effective. Other centres including some of the Winnipeg hospitals are already formulating similar plans. During the year, the Directorate worked closely with regional staff and with the administrators of district health and social development centres in helping to set up guidelines for good service.

The Directorate has been involved in the continuing education of professionals through organized lectures and seminars held around the Province with physicians, nurses, technologists as well as the general public. Undergraduate teaching has taken place at the medical college and schools of nursing. The Directorate maintains a syphilis registry. It is involved also in the monitoring of standards required for the control of venereal disease.

## **PREVENTIVE MEDICAL SERVICES**

The role of this section is to maintain surveillance of disease activity (particularly communicable diseases) within the province, so as to prevent or control diseases, to mitigate the harmful effects of ill health and to promote positive health.

### **Communicable Disease Control**

As provided under the disease control regulations, reports of communicable disease are received by the Chief Provincial Epidemiologist from practicing physicians, hospitals, laboratories, etc. Based on this information, control of disease through isolation, quarantine, case-finding, case-holding, contact-tracing, placarding and early treatment is coordinated from this section. The statistics derived from these reports, as well as serving to monitor the effectiveness of control programs, are transmitted to the Government of Canada and thence to the World Health Organization as part of the ongoing global surveillance of diseases.

During 1976 the overall incidence of communicable diseases in Manitoba was satisfactory and except as indicated below no significant variation from previous years was noted. A few major activities of a province wide,

national or international nature accounted for a considerable proportion of the section's time during 1976.

### **Influenza**

Influenza was the largest single problem concerning the section in 1976. The normal influenza season began in mid January 1976 with the appearance of type B influenza which persisted until early March. Influenza due to the A / Victoria strain was prevalent until late April and the latter affected almost 40% of the adult population to some degree.

Of much greater significance, however, was the February occurrence in the United States at Fort Dix, New Jersey, of an outbreak of influenza due to an influenza strain identified as A / New Jersey (Swine Flu). The appearance of a new strain suggested the possibility of a world wide epidemic (pandemic) and its early identification presented the unique opportunity to attempt to minimize its severity before the pandemic had actually become established. Through personnel in Preventive Medical Services, Manitoba participated in the discussions which led to a national policy to develop and produce a vaccine to immunize not only the traditional high risk groups but also all those persons between the ages of 20 and 50 years for whom this influenza strain could provide a threat. Manitoba also participated in the improved world wide influenza surveillance program coordinated by the Federal Government. Samples of blood were submitted on a weekly basis by the Provincial Laboratory for testing to determine the degree of exposure of the population to various types of influenza and the protection these persons had to various strains of influenza. In addition, a Field Epidemiologist working in Preventive Medical Services participated in a household survey of 200 families in the City of Winnipeg and the section has co-operated with a surveillance system being operated by the College of Family Practice on a national scale. At the time this report was compiled this surveillance had revealed that no influenza activity had been present in Manitoba since the activity due to A / Victoria in April and that almost no individuals under the age of 50 had evidence of exposure to the swine type of influenza. Individuals over the age of 50 (who were alive in the period between 1918 and 1930 when a similar strain was believed to be prevalent) did show a degree of protection

which increased with increasing age. As a result of these findings and coupled with the world wide surveillance of influenza which had not revealed the presence of any swine type influenza in the Southern Hemisphere during their influenza season, Manitoba, on the recommendation of the Manitoba Technical Advisory Committee on Infectious Disease Control, embarked upon an influenza immunization program with the following characteristics:

- 1) a bivalent vaccine designed to provide protection against both the A / Victoria and the A / New Jersey strains was recommended for and provided to any individual wishing to receive the vaccine who had chronic heart disease, chronic bronchopulmonary disease, chronic renal failure or diabetes or other metabolic disorder and to individuals over the age of 65.
- 2) a monovalent vaccine designed for protection against only the A / New Jersey (Swine) strain was purchased and stockpiled for use in all persons between the age of 20 and 50 years should there be evidence of any swine influenza with person-to-person spread anywhere in the world.

At the time this report was compiled it was anticipated that approximately 48,000 doses of the bivalent vaccine would be distributed to high risk individuals and stockpiling of the monovalent vaccine for healthy adults was continuing.

#### **Western Equine Encephalitis**

As a result of the epidemic of Western Equine Encephalitis in 1975, a major monitoring program was carried out to detect the presence of a threat due to this disease in 1976. The Manitoba Equine Encephalitis Surveillance Committee met on a regular basis to evaluate the results of the monitoring program. Seventeen STEP students were employed, mosquitoes were collected and sentinel flocks were maintained at twenty sites throughout the province including the City of Winnipeg. Laboratory specimens were tested by the Provincial Laboratory and Preventive Medical Services and the Veterinary Services Branch of the Department of Agriculture maintained surveillance of possible human and equine cases throughout the summer. Largely as a result of extremely favourable weather conditions, all

indicators monitored during the summer with the exception of an early summer rise in the number of **Culex tarsalis** mosquitoes pointed to the absence of a threat of western equine encephalitis. The presence of this monitoring system allowed early assurance to the people of Manitoba that a threatened outbreak was not imminent in 1976. The quality of this program was recognized by its description in a special supplement of the **Canadian Journal of Public Health** in 1976.

#### **Unusual Diseases**

Preventive Medical Services participated in two nations wide surveillance and monitoring programs which resulted from the occurrence in July 1976 of an as yet unexplained illness afflicting a Legionnaires convention in Philadelphia and from the importation of a possible case of Lassa fever to Toronto in August.

#### **Disease Trends**

##### **a) MEASLES**

Although the total number of cases of measles for 1976 was only about one half that in 1975 a major outbreak of disease in Thompson resulted in a special investigation which resulted in the issuing of a special report with specific recommendations to control the outbreak. In all, 186 cases of measles were reported from the Thompson area, accounting for close to one-half of all cases reported in the province this year. The outbreak was largely under control by the end of July.

##### **b) WHOOPING COUGH**

The number of cases of whooping cough reported in 1976 was considerably higher than those in previous years. The reason for this increase, which was generally noted across the country, is not known.

##### **c) HEPATITIS**

The number of cases of infectious hepatitis reported during 1976 showed an appreciable drop from the previous year.

##### **d) BRUCELLOSIS**

Approximately twice as many cases of brucellosis were reported in 1976 as compared to 1975. Investigation of the sources of these infections revealed that many were occupationally acquired as a result of working in a certain packing plant. Investigation of the premises resulted in recommendations for the reduction of



hazards to workers.

### **Polio Virus Study**

Reports of polio virus being isolated from sewage in an Ontario community resulted in a similar study being carried out in the City of Winnipeg. Of fifty samples of sewage tested, twenty-three grew polio virus but on subsequent examination these all proved to be due to a vaccine-like strain, giving further support to Manitoba's policy of the use of a live polio vaccine.

### **Vaccines and Immunizing Agents**

Through Preventive Medical Services the Department of Health and Social Development makes recommendations for the immunization or inoculation of persons against communicable diseases. In most cases these agents are provided free of charge to patients through health unit offices or practicing physicians. A major revision of the recommended schedules and procedures was published in 1976. In addition to routine immunization against diphtheria, whooping cough, tetanus, polio, measles and mumps, the Department recommends and provides materials to protect selected high risk groups against communicable diseases. For this purpose, this section provides gamma globulin for the prevention of hepatitis in household and other close contacts of patients, and to pregnant women exposed to rubella. Vaccines such as cholera, typhoid and smallpox are provided where indicated for international travellers and rubella vaccine is provided for susceptible adult women. The Department also provides anti-rabies serum and rabies vaccine to those persons who would have had exposure to a potentially rabid animal and considerable time is spent by personnel in the section in arranging diagnostic testing for and providing consultation to physicians attending such persons. In addition, vaccine is provided for the immunization of persons whose occupations may expose them to potentially rabid animals.

### **Services to International Travellers**

This office maintains up-to-date information on vaccination and other requirements for foreign travel and makes this information available regularly to physicians, health units and travel agencies. Vaccination certificates are authenticated with the official

departmental stamp required by international agreement. A regular vaccination clinic is carried out for travellers and a service for the investigation and treatment of persons who have acquired parasitic infections overseas has been set up in co-operation with the Infectious Disease Service at the University of Manitoba and the Health Sciences Centre.

### **Prevention of Rheumatic Heart Disease**

Free antibiotics are supplied for long term use to patients who have had one or more attacks of rheumatic fever. Section 7, Table 4 provides details of the number of persons benefiting under this program.

### **Drug Programs**

Through Preventive Medical Services, free drugs are provided to certain individuals for whom the costs would be prohibitive. These drugs are provided for the treatment of diabetes and for the treatment of life-threatening conditions where the drug has been required as a long term necessity. In addition to providing the drugs, staff of the regional offices of the Department provide supervision of medication and any necessary health teaching and surveillance. With the exception of patients with cystic fibrosis, no new patients were enrolled in these programs in 1976, since the prepaid drug plan "Pharmacare" provides for such cases.

### **Tuberculosis Control**

The tuberculosis registry collects, maintains and distributes accurate information regarding cases and contacts of tuberculosis. Statistics are prepared which enable high incidence areas to be pinpointed. The Public Health Nurse at the Registry coordinates the activity of field units in contacting, tracing and examination, case-holding, case-finding, domiciliary chemotherapy, etc. The data have been computerized and regular printouts enable the work to be carried out more efficiently. Section 7, Table 3 summarizes the basic statistical information concerning tuberculosis. More detailed data are published in the annual report of the Sanatorium Board of Manitoba.

### **Health Education**

The professional staff of the section are regularly engaged in teaching of preventive medicine and epidemiology to students of medicine, nursing, pharmacy, etc. Speakers

are provided for nonprofessional organizations on request, speakers are also provided when needed for T.V. appearances or radio.

### DENTAL SERVICES

Early in 1976, during the Legislature's consideration of the Departmental estimates, the Minister announced that the Manitoba Children's Dental Program would begin in October. While the program is to begin with six year olds in specific areas, it will eventually expand to include all children aged 3-12. Basic dental services will be available in school clinics with the care provided by salaried dental nurses and assistants under the supervision and prescription of a dentist. Services beyond the training of the dental nurse will be covered through referrals to private dentists.

Renovations to twenty-five schools in the Interlake Region and Swan Valley, Duck Mountain, Flin Flon and parts of White Horse Plains and Frontier school divisions are being made through the co-operation of the divisions and the Public Schools Finance Board. The renovated school space will be used for both dental and other visiting health service programs.

Other facilities, especially warehousing, have been expanded to meet the demands of the new program. Additional staff, especially dental nurses and assistants, has also been required.

Standards and guidelines for clinical staff have been developed. A standards committee, with representation from the dental profession and the Department, has been established to review these standards. The program will employ dental auxiliaries with qualifications approved and certificates issued by the Dental Health Workers Board.

During July-August the first children were treated in clinics operated during a special summer program. These first clinics in Gimli-Ashern, Swan River and Selkirk were each staffed by a dentist, dental nurses and dental assistants. The data in Table II shows that 187 children received care in these clinics.

While preparations for the Manitoba Children's Dental Program have been underway, the regional preventive program operated mainly by dental auxiliaries has continued. Emphasis in this program is placed on delivering primary preventive services in schools. However, time was spent counselling adults at the topical fluoride clinics or at prenatal classes and for a dentist to conduct a limited geriatric screening program in one region. In the future it is planned to integrate the existing preventive services for children into the Manitoba Children's Dental Program. Table I indicates the level of activity in each region of these preventive programs for the school year ending August 31, 1976.

Table II outlines the number of treatment and preventive services performed at the community sponsored treatment clinics and the Manitoba Children's Dental Program summer clinics. Sponsored clinics are held in communities where there is no dentist. Children in grades Kindergarten to III are provided with the service at no charge, while other residents are charged fees, payable to the Minister of Finance. There were no charges levied for the services at the Manitoba Children's Dental Program summer clinics.

Additional treatment services are provided for the Social Allowance recipients by private practitioners. Payment for these services is provided by the Department through a negotiated fee schedule with the Manitoba Dental Association. The Department was also able to place two new clinical facilities in a new dental suite at the St. Amant Ward and attempts are being made to arrange a more frequent service. Other Provincial institutions for the mentally handicapped also have dental facilities with dentists hired to treat the



patients.

The children treated in the summer clinics were the first children in Manitoba treated under the Dental Health Services Act by auxiliaries qualified under The Dental Health Workers Act.

The Honourable Laurent L. Desjardins of-

ficially opened the Manitoba Children's Dental Program at Gimli Elementary School on November 15, 1976. The start of this program marks the commencement of a much improved system of providing children's dental services in Manitoba.

**TABLE I**  
**PRIMARY PREVENTIVE SERVICES BY REGION SEPTEMBER 1975 - AUGUST 1976**

NUMBERS OF		Norman	and	Thompson	Parklands	Westman	Central	Interlake	Eastman	Total Manitoba
	Eligible School Children K-VIII	12,175	8,611	20,786	12,956	9,915	12,940	77,383		
	Preschool Children Served	114	174	1,189	652	59	210	2,398		
	Other Individuals Served	617	76	105	890	22	—	1,170		
	Screening Examinations	1,169	1,678	4,603	12,997	4,578	3,372	28,847		
	Prophy & Tropical Fluoride Applications	1,290	1,060	5,550	2,903	3,041	3,035	17,497		
	Classroom Education Presentations	254	219	890	870	314	809	3,356		
	Brush-Ins (Individual Children)	—	—	—	—	—	6,920	6,920		
	Parents Counsellled	381	106	1,325	1,226	613	670	4,321		
	Prenatal and Postnatal Education (Individuals)	—	64	344	193	12	7	620		
	Geriatric Screening Examinations	—	—	—	—	293	—	293		
	Staff Days Worked	675	437	1,177	1,056	818	867	5,030		

**TABLE II**  
**Analysis of Services Provided at Treatment Clinics September 1975 to August 1976**

Region	Patients Treated	Total Appointments	Patients Completed	X-Rays	Exam	Restorations			Extractions			Preventive			Calendar Days		
						No. Surfaces			No. Teeth								
						Deciduous	Permanent	Other	Deciduous	Permanent		Prophylaxis	Fluoride	Other	Dentist	Hygienist	Assistant
Central	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Eastman	813	1082	137	—	252	948	2505	73	93	5	5	1	135	198	—	—	198
Interlake	601	847	293	—	572	545	735	77	118	17	2	—	3	80	—	—	80
Norman	509	587	229	—	427	32	182	2	284	211	91	78	45	30	—	—	39
Parklands	48	69	7	—	48	68	58	6	52	5	2	1	—	5	—	—	10
Westman	116	149	86	—	51	129	99	—	53	15	11	9	2	10	—	—	30
Winnipeg	62	62	62	—	36	35	33	5	40	—	24	—	6	5	5	5	5
Total Manitoba	2149	2796	814	—	1386	1757	3612	163	640	254	135	89	191	328	5	5	362
M.C.D.P. Summer Clinic Program	187	731	106	252	187	635	75	17	34	—	77	84	—	46	DN's 126	—	129

## **PUBLIC HEALTH NURSING SERVICES**

Public Health Nursing Services has three major responsibilities: providing program direction and developing and maintaining standards for all nursing programs, including research and evaluation; staff development which includes orientation, skills and on-the-job training, and continuing education; and acting as a resource to Regions in all matters pertaining to community health nursing.

Public health nurses in the field continue to provide a full range of services in a generalized public health nursing program to all communities throughout the Province. They have traditionally lived in the community they serve and are on sight for access, contact and referral to any services.

Central office staff functions as a professional resource to regional nurses and management. The Public Health Nursing Directorate acts as a resource for provision of information on all matters pertaining to public health nursing to Regions, other directorates and departments of provincial and federal governments and some international bodies.

The most extensive and time consuming project undertaken this year has been the continuing development of Public Health Nursing Program objectives and standards. With the continuing rise in health care costs and the present monetary restraint, it is even more essential that standards be developed and maintained in order to provide effective services with particular emphasis in areas of prevention. A Standards Committee was appointed with representation of nurses from all Regions and all levels of public health nursing staff to insure participation of and acceptance by providers of nursing service. Data was collected, drafts written and circulated to Regions and workshops held prior to making final decisions for each major area of service. Objectives, Procedures and Standards are now completed for Maternal, Infant and Preschool, and Adult Services and will be incorporated in the revised Public Health Nursing Manual for distribution to Regions early in the new year. Central office staff will be involved with senior nurses in the implementation of these Objectives and Standards in orientation of regional administration; implementing new objectives and procedures; insuring choice of appropriate priorities; use

of differential staffing where possible; ongoing monitoring of standards; and evaluation of programs.

A Child Assessment Project is being carried out by regional staff with coordination from Central Office, areas chosen being remote and underserved medically, except for two Child Health Conference sites in Winnipeg. In this regard, training in Clinical Skills in Physical Assessment was provided for the core group of nurses at Children's Hospital in January and extended to the project nurses in Interlake Region at the E.P. Moore Hospital in Hodgson in April. Workshops in Developmental Testing training of all nurses involved in the project were conducted in the areas of the Regions involved, and ongoing monitoring and interim evaluation was done by Nursing Consultants who act as the coordinators.

Skills training in Developmental Assessment is being extended to other areas in the province by workshops conducted by core nurses in Regions involved in the Project and by Central Office personnel in other Regions in order of requests. To date these are MacGregor and Portage in Central, Beausejour in Eastman, Birtle and Neepawa in Westman, and Seven Regions and Northwest District Health Centres.

In one area where public health nurses instituted evening Child Health Conferences in an attempt to make their services more available to consumers, their efforts were rewarded by outstanding success. The presence of family units during these hours has led to introduction of the concept of a family-centred clinic.

In at least one rural area, public health nurses have introduced assessment of three year olds for the first time and classes for parents of preschoolers are held on a regular basis.

Education for childbearing and parenthood continues to require major emphasis. Workshops are provided by Central Office staff at the regional level, on request, for nursing staff who need preparation for teaching these classes.

A system for monitoring the status of immunization of children in all Regions, which was developed in 1975, was instituted in 1976. An interim report was done in June 1976.

Nursing Consultants evaluated the effort of public health nursing services to Brandon Kindergarten beginners in 1975 by analysis of health record data, and participated in a Kin-

dergarten vision screening project to establish the best method of detecting visually handicapped children in order to make recommendations for future screening methods.

In one Region the film "Looking at Children" was shown to all elementary school teachers to assist them in identifying conditions warranting referral to the public health nurse. Some of the nursing staff have been involved with school personnel in planning Family Life Education courses. Some public health nurses participated in a Scoliosis Screening Project.

Public health nursing clinics in senior citizen housing complexes continue to be well utilized and positive feedback has been received from physicians as to the importance of this service in terms of primary and secondary prevention. In addition, other specific means are being suggested to identify and provide service to chronically ill and elderly who require nursing surveillance. Preventive services for young and middle aged adults have been developed to address the issue of self imposed risks.

Central Office staff collaborate with other directorates, agencies and professional associations regarding development of standards; facilitation of referrals, e.g. in conjunction with obstetrical and newborn nurses from Winnipeg hospitals revised the Notification of Birth form; changes in policies and procedures; development and / or revision

of statistical forms and recording systems; development of Employee Performance Appraisal form; physical fitness program; and reviewing material for distribution to Regions.

Staff development services included provision of three orientation seminars in Winnipeg for a total of 48 new staff nurses; meetings with 10 senior nurses in 5 Regions re orientation at the regional level; one educational conference was conducted with speakers on Genetics, Infant Nutrition, and Speech and Hearing in Infancy and Preschool years; liaison with Manitoba Association of Registered Nurses and Extension Services of University of Manitoba regarding in-service programs; acting as a member of the In-Service Interest group; provision of information about courses available and supporting requests of nurses with proven ability.

Contributions were made to the education of under-graduate nurses by presentations given at schools of nursing, and coordination of community field experience provided in Regions for 176 nurses. In addition, for the first time, 78 practical nurses observed expectant parent classes, child health conferences and home and school visits. Arrangements were also made this year for 10 second year students from Red River Community College to each follow a family with chronic illness, with supervision provided by the college and consultation with public health nurses as required.

#### FIELD EXPERIENCE FOR UNDERGRADUATE NURSING STUDENTS BY REGIONS AND LENGTH OF EXPERIENCE

Re 'on	1-2 da s	1 week	2 weeks	Expectant Parent Classes	Total
Winnipeg	20	16	7	50	93
Interlake	1	5	1	-	7
Eastman	-	5	3	-	8
Central	12	5	3	-	20
Westman	28	4	5	-	37
Parklands	5	2	2	-	9
Norman	-	2	-	-	2
Thompson	-	-	-	-	-
<b>Total</b>	<b>66</b>	<b>39</b>	<b>21</b>	<b>50</b>	<b>176</b>

#### Licensed Practical Nursing

For the first time since the implementation of practical nursing programs, an external evaluation of the program was made.

An updating of licensure procedures and review of practical nurse functions was

carried out by the Education Committee.

The Assiniboine Community College graduated its first class of students with all graduates passing the licensing examination. The College is providing instruction and clinical experience to out-of-province applicants who have applied for a Manitoba license.

Number of Practical Nurses Licensed	1975	1976
Licenses Renewed	2760	2968
New Licenses	368	419
Applied for license from out-of-province	128	141

### STATISTICAL APPENDIX

- 1) Provincial Public Health Nursing Services caseload, by Regional Office and Category of Health Service — Dec. 31, 1976 and totals Dec. 1975.

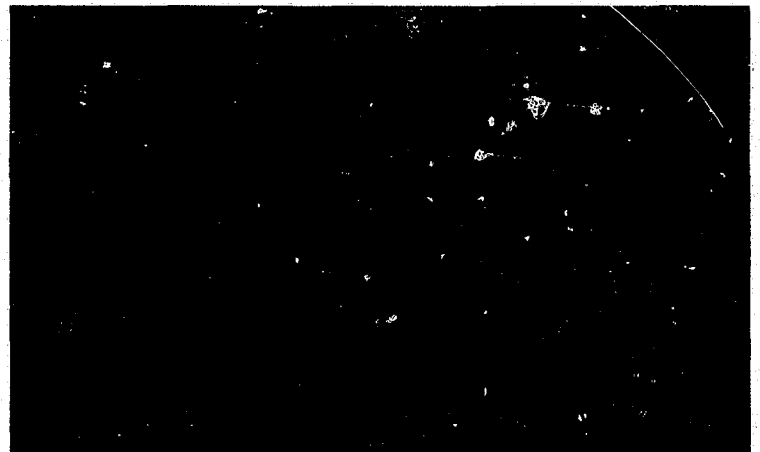
### HOME ECONOMICS DIRECTORATE

The Home Economics Directorate is a centralized group of program specialists who provide a support service to the Departments of Health and Social Development, Northern Affairs and Agriculture. The functions of the Home Economics Directorate include the development and assessment of program proposals, assist with program initiation and delivery, evaluate program effectiveness, train program delivery personnel, develop program materials and teaching resources, and co-ordinate and distribute program resources.

Nutrition education is the priority thrust of Home Economics services. Nutrition programs are preventative measures designed to correct the problems described by the Nutrition Canada Survey. Improving the nutrition status of the pregnant woman and equipping her with the knowledge of how to feed the new born infant is of first priority. During 1975-76 a total of 1790 pregnant women in rural Manitoba and the City of Winnipeg were directly reached with this information by the field staff. In terms of physical growth and mental development, the prenatal period and the first two years of an infant's life are crucial. The parents are the educational focus for programs designed to improve the nutrition and health of infants.

Special Mailbags were developed to reach clientele with prenatal nutrition and infant feeding information. A packaged program and a booklet on Infant Feeding were completed and are now available to the public.

Other thrusts in Nutrition programs were aimed at preschool and school aged children. It is during these formative years that eating habits are formed which will influence an individual's health throughout life. With the development of program materials and nutrition curriculum guides, field staff have utilized these to reach signifi-





cant numbers of children and teachers in day care centres and schools. The progress in the past year has been overwhelming. For instance, 1429 teachers were trained at 94 workshops to use the new Nutrition curriculum to incorporate nutrition education into the classroom. In addition, a total of 435 nutrition sessions were conducted by home economists in the classroom to 13,740 students, to demonstrate to teachers how to teach nutrition. A comprehensive set of program materials has also been researched and developed to teach the relationship between nutrition and good dental health.

The area of Financial Management has been the second priority of Home Economics services. Educational programs designed to assist families and individuals to manage their financial resources are a preventative measure against personal bankruptcy, family breakdown and other stressful situations which money can create. As young families and low income families are under the greatest economic stresses, they are high priority clientele. Teaching resources have focused on budgeting the family income. In rural Manitoba and the City of Winnipeg, field staff provided individual assistance to 1184 clients and conducted 130 money management classes with 1654 adults.

The other two areas of service including Homemaking Skills and Housing have remained fairly constant. Programs that are designed to help people make their own clothing, refinish furniture, recover kitchen chairs, construct simple furniture and curtains, help stretch the family income and are in demand whenever the family economic situation become tight. During the past year 3281 people took courses in how to sew clothing and another 3155 enrolled in courses to learn how to make home furnishings. New developments included self teaching units in sewing and work on a home maintenance manual.

The past year has shown an increased recognition of the Directorate as a focus for leadership in Home Economics programming. Co-operative program planning efforts between specialists and field personnel have increased markedly. Evaluation has taken a prominent place in the program planning efforts. Staff are showing increased confidence and skill at planning and conducting program evaluations to find out the impact of their work.

The Home Economics Resource Centre

which is responsible for the distribution and circulation of the educational resources has shown marked increases in requests. The total usage and loans of the 208 packaged programs increased 431%. In the area of teaching kits and other visual resources the total usage and loans of the 479 items increased 77%. There was an increase of 170% in requests for nutrition publications and a 291% increase in requests for money management publications. In addition to serving the programs of the field home economists throughout the province, the centre also extensively services requests from the general public, nurses, school teachers and other agencies.<sup>3</sup>

## EDUCATION SERVICES

The Education Services Directorate provides a variety of education services related to health and social development, geared to the needs of the public and other departmental program areas.

These services are delivered from a central office with additional support being provided by health educators at the regional level.

Education Services Directorate incorporates the following programs and services: Film and Library services, Graphic Design, Professional Health education programs and Audio-Visual Resources.

The film and publications section is responsible for providing resource materials



upon request, to schools, private agencies, organizations and the general public. The various health-oriented film material is coordinated through this section to ensure that an equitable distribution of materials is maintained.

The Departmental Health and Social Development library provides immediate access to many current documents, periodicals and other reference material on health related topics. This service is available to departmental staff, and students in health and social development fields.

The Graphic Design section produces all required art and graphic design services required for the support of departmental programs.

Professional health education activities are carried out by health educators on regional staff strength with the support of the staff and resources of the Education Services Directorate.

Major channels of contact with the public are community groups, schools, universities, lay and professional associations, voluntary agencies. The objective is to assist such groups with the educational components of their programs, with the emphasis on prevention.

Over the past year, linkages have been maintained and strengthened with the University of Manitoba and Brandon Faculties of Education and Physical Education, and the Department of Education, with staff providing both direct and consultative educational services.

A reorganization of professional staff at Education Services is underway which will bring its methods of operation more closely into line with current "team" concepts.

## **OFFICE OF CONTINUING CARE PROGRAM**

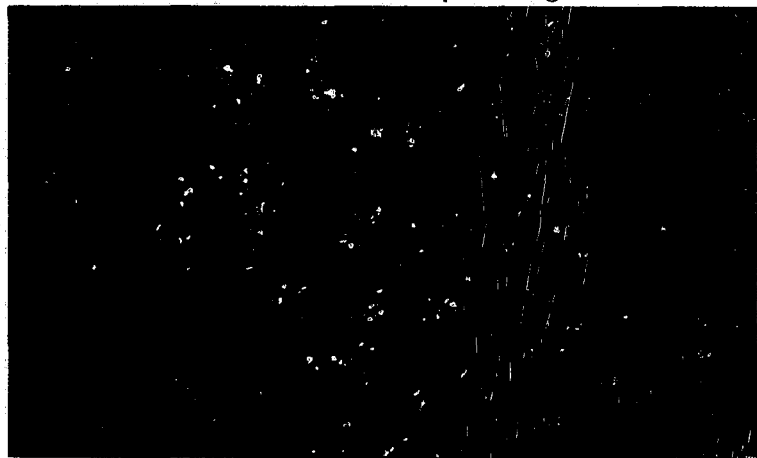
### **Introduction**

The Office of Continuing Care was established in September, 1974 and is responsible for coordinating the Province-wide Home Care Program, assessment for placement into insured Personal Care Homes and Services to the Aged. Thus, the Office of Continuing Care has responsibility for service to the elderly as well as to those of all ages who are in need of care.

Services to the Aged are delivered by departmental offices throughout the Province. Home Care services and assess-

ment for placement in personal care homes outside Winnipeg are delivered through regional offices of the Department of Health and Social Development and District Health Centres, where the latter exist. In Winnipeg, delivery is provided through Care Services and Winnipeg Regional Offices, major hospitals and the V.O.N.

All government and private agencies delivering Home Care services have been coordinated into one delivery network, all utilizing the same guidelines and all participating in one Central Registry and one Program Reporting System. This has made it possible to overcome previous gaps in service and to eliminate overlaps and duplications which existed before the development of this program. This insures that all Manitobans who require care will have their needs looked at in the same way and receive the same kind of attention for planning.





## Services to the Aged

During 1976, Services to the Aged has extended its program to the well elderly who need services to support normal community living. This has been facilitated through the development of regional information packets for use by regional staff and groups of senior citizens. The staff has provided ongoing consultation in order to develop and support senior citizen coordinating councils, clubs and groups. In cooperation with the senior citizens groups, other governmental groups and community agencies, workshops have been conducted to encourage physical fitness, self care, pre-retirement and retirement planning.

## Home Care

During this year, the dimensions of the program have been expanded in terms of both the population served and the personnel delivering the program. Procedures have been worked out with the Manitoba Health Services Commission and the dialysis units at the Health Sciences Centre and St. Boniface Hospital for discharge under the Home Care Program, of patients capable of dialysis at home. The Home Care Program will assist with monitoring these persons and provide liaison with the dialysis unit at the hospitals and other services as required. A research project is being developed with the St. Boniface Hospital for the discharge of persons requiring intravenous antibiotic therapy through the usual home care

process. Other service areas being explored for possible future development include adult day care and respite care.

Coordination of cases has been expanded in some locations to include social workers, and specialists in the field of mental health, mental retardation and vocational rehabilitation as well as public health nurses. In this way, the range of professional skills within Home Care is being extended.

The Continuing Care reporting system has been in place since July, 1975 and therefore, in 1976 it had the capability of providing a full year of statistical information.

The number receiving Home Care services monthly has risen from an estimated 6,500 in November, 1974, to a known 7,000 in October, 1975 and a known 8,000 in October, 1976.

From November, 1975 until October, 1976, a one year period approximately, 9,300 persons were admitted into the program and 7,800 persons were discharged. Thus, while the total number of persons being serviced each month has risen by about 1,500, the number of persons benefiting from the program in one year is approximately 15,000. This demonstrates that Home Care has enabled a large segment of the population requiring care to stay or remain at home with a range of support services. During 1976, of the number admitted to the program, about 14% would have had to be listed for Personal Care Home Placement, 28% would have had to remain in hospital for a longer period and 58% would have been at home without appropriate care. Of those discharged from Home Care during the year, 22.6% were placed in a Personal Care Home or hospital, 49.2% were improved and no longer needing Home Care, 13.4% were improved so that their care could be managed by themselves or family, and 14.8% were deceased. This pattern is similar to the one which emerged in 1975.

The Home Care Program has recruited and provided part-time community employment for professionals and para-professionals. In a typical month, throughout the Province some 1,500 persons are employed part-time to deliver the home help services needed, some 140 registered nurses, 45 licensed practical nurses and 72 aides and orderlies are employed part-time to deliver health services. During 1976 efforts were made to increase the number of volunteers working in the program. Through an arrangement with

the Age and Opportunity Centre, the Friendly Visiting Program provided visitors or Phone a Friend Service for 174 persons on Home Care in Winnipeg. The Daily Hello Program, coordinated by Care Services, arranged for volunteers to provide a daily safety reassurance check for approximately 90 persons in Winnipeg. Resource coordinators in rural regions were effective in recruiting volunteers for transportation to doctors offices, clubs or day care, meals delivery, friendly visiting, shopping and snow shovelling. The program reporting system is being expanded to produce more information on volunteer services.

### **Placement in Personal Care Homes**

For some individuals the most appropriate care alternative is placement in personal care homes. Placement continues to be made on the basis of need and priority. With the population in personal care homes growing older and living longer, the number of beds becoming vacant in the homes has been decreasing. Thus, fewer people can be placed and more must be maintained at home longer with Home Care Services. For these people Home Care is helping to make the waiting period more comfortable and less stressful for them and their families. In spite of an increasing proportion of elderly Manitobans, and decreased vacancy rate in personal care homes, the waiting list has not increased as rapidly as it has in the past and in fact, has not increased at all in Winnipeg because of the impact of the Home Care Program. Additionally, the waiting list has, in the past year, changed in nature with proportionately more awaiting placement for level II and III personal care than for level I hostel care.

### **CHILD AND FAMILY SERVICES**

Child and Family Services is a major social service program, costing almost 2% of the provincial budget. These costs are expended principally in the care of children — their board, room, supervision and treatment. The number of children in care as of December 31, 1976 was 4,025, of which 3640 were wards of societies or the director. Total costs for maintaining children for the fiscal year 1975/76 were \$13,732.8. Sharp rises in child care costs in recent years have been caused

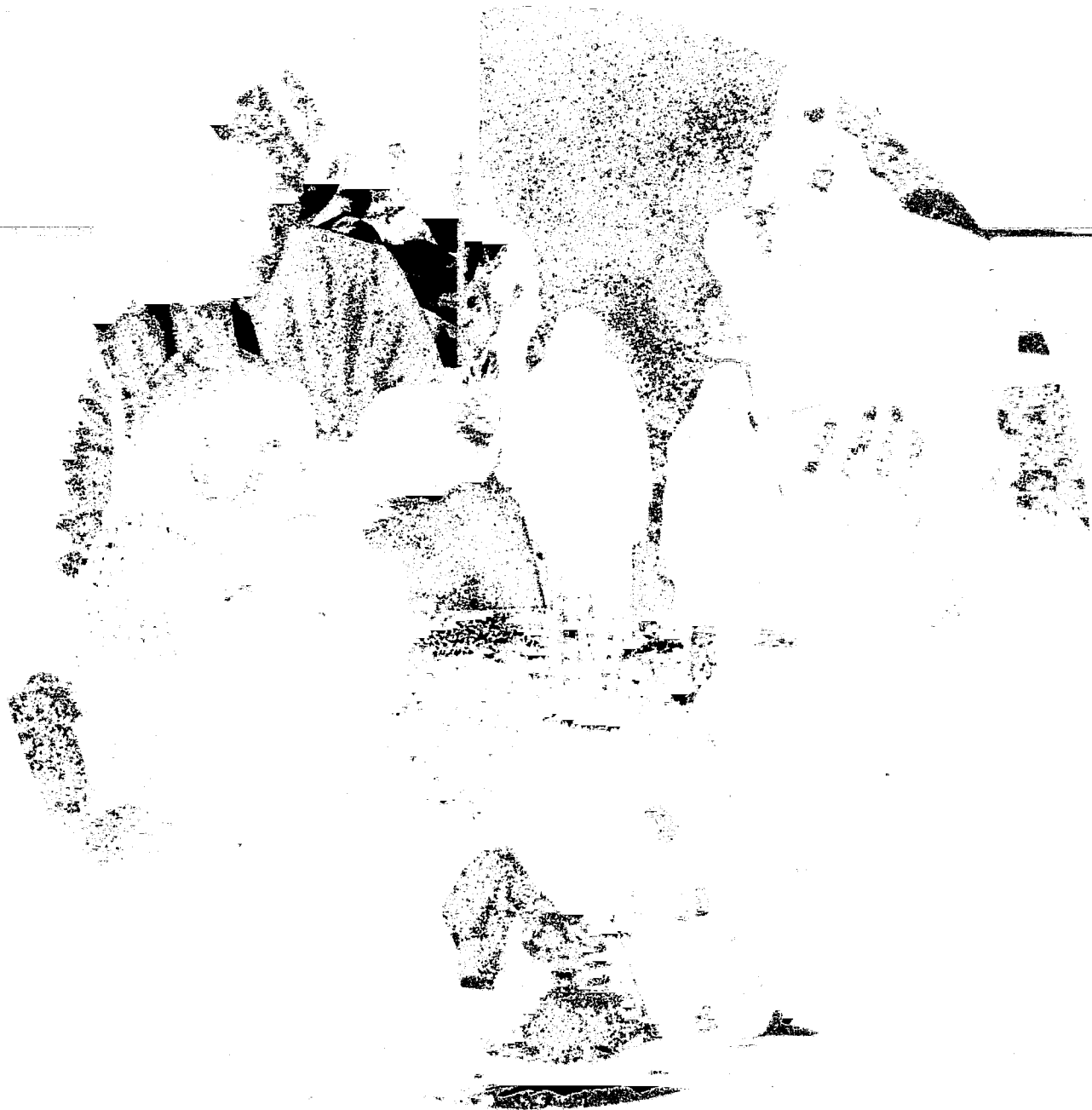
by two factors, namely, inflation and the rising proportion of older children in care. All agencies report a distinct trend to older and more troubled youth under their supervision.

In past years the Department's role in Child Welfare has been primarily to respond to the requirements of the child caring agencies. The provision of funds, legal services, and legislation has been an important function, but the present high cost of care requires more definitive departmental responsibility. Efforts are now being made to strengthen the Child and Family Services Directorate for more effective planning, service monitoring and cost control. It is anticipated that 1977 will see major improvements in these very significant directorate functions.

Filed services in this program include the historical Child Protection service for abused, neglected and handicapped children. Children in mental retardation programs and delinquents committed to training school are also this program's responsibility. Adoption services have noted a decrease in numbers of babies available in recent years, due largely to increased numbers of keeping mothers and fewer overall births to unmarried parents. Family Services continue to be offered by the Department, with a requirement for more general social work assistance in related programs from departmental counsellors.

A new and significant function of the Directorate lies in Resource Management, dealing with the large numbers of group homes, foster homes and institutions where children are placed. A whole new thrust towards closer program supervision of such facilities is beginning to emerge and may be expected to contribute to improved services to children in the years ahead.

# Office of Mental Health and Rehabilitation Services



## **OFFICE OF MENTAL HEALTH AND REHABILITATION SERVICES**

The Office of Mental Health and Rehabilitation Services, under the direction of an Executive Director, co-ordinates program development in mental health, mental retardation and rehabilitation services. The Seilkirk Mental Health Centre, the Brandon Mental Health Centre and the Manitoba School for Retardates also report to this office.

### **MENTAL HEALTH SERVICES**

The 1975 policy paper outlined changes in the provision of mental health services to citizens of Manitoba. Mental Health Services attempt to ensure access to adequate services for all Manitobans regardless of place of residence. In addition, they reflect current thinking in both North America and Europe with respect to the delivery of effective mental health services:

- 1) Services emphasize help for the individual in need in his / her home and community.
- 2) Services strive to maximize client dignity, autonomy and restoration of function with the least possible disruption of his / her lifestyle.
- 3) Programs are community-based where possible.
- 4) Programs are integrated with other community services.
- 5) There is a co-ordinated range of programs and facilities.

### **MENTAL HEALTH WORKERS**

The services of sixty trained mental health workers, many living in the communities they serve, are the foundation of a mental health system as part of the department's public health / social service / mental health and mental retardation service teams. Much of their work can be described as "preventive" because they deal with mental health problems in the early stages, right in the home and community, and are often able to decrease the use of high-cost mental hospital or general hospital beds.

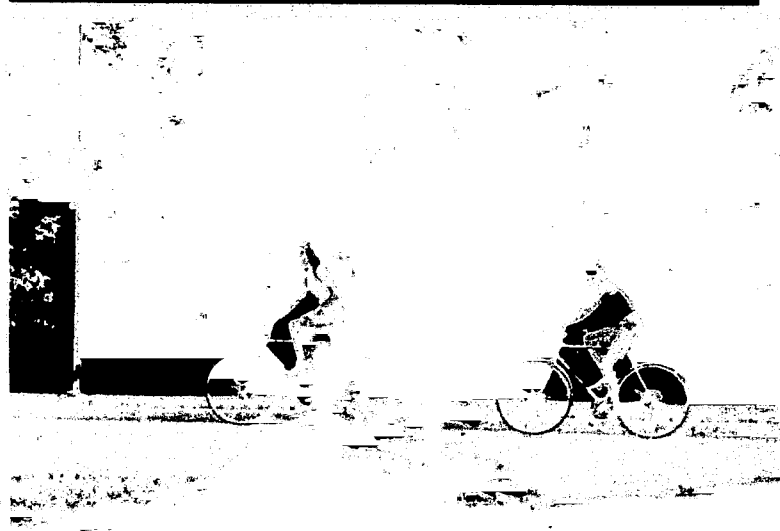
### **COMMUNITY RESIDENCES**

Community residences are planned for persons who do not require hospital care, in

either a general hospital or mental hospital, but who are not capable of totally independent living. Such small residences will usually house fewer than 10 persons.

### **PERSONAL DEVELOPMENT PROGRAMS**

Personal development programs are in the continuing plans of the Department. As a result of the long-standing nature of their problems, many of the persons who seek mental health assistance either have not acquired, or have lost, a variety of self-help, social and vocational skills that most of us take for granted, and which are essential for independent living. Even once the more acute problems have been solved, many of these skill defects remain. For example, these programs would train persons in how to handle job interviews, how to utilize public ser-



vices such as transportation, how to socialize appropriately with other people, and so on.

### **IN-PATIENT CARE**

Despite an emphasis on community care, it must be recognized that for some problems, hospital admission is still the most appropriate course of action. This includes both general hospital beds and specialized beds at the mental health centres and in those general hospitals which have psychiatric units.

### **MENTAL HEALTH SERVICES TO CENTRAL REGION**

Eleven mental health workers are responsible for catchment areas and work closely with other services as an integral part of

Community Services staff. In order to avoid duplication and fragmentation, co-ordination of services has been stressed. Goal oriented record keeping, supervision and in-service have already proven useful in providing community-based services. During the next year, efforts will be increased to develop programs which reduce the need for psychiatric hospitalization, such as skill development centres and community residences. Services are provided to the Seven Regions Health Centre on a request basis.

### **MENTAL RETARDATION PROGRAMS**

The Mental Retardation Program continued to expand and diversify during the 1976-77 fiscal year. Continued efforts to relate the newer thrusts in the community with the on-going services of the three Mental Retardation Centres; Manitoba School, St. Amant Centre, and Pelican Lake Training Centre, resulted in a marked improvement in the support services available to the 52 Community Service Workers deployed throughout the eight regions of the Province. These Community Service Workers spearhead the thrust of the department towards the provision of comprehensive and steadily expanding services for the mentally retarded and their families in the community.

In addition to providing direct counselling, home based training and referral services, the Community Service Workers provide consultation to existing services and facilities for mentally retarded persons; assist in the planning and the future development of new services and facilities; and participate in educational programs for fellow staff and generic personnel.

The overall objective of the Mental Retardation Program is to provide services to mentally retarded persons in their home locales where possible. Programs are designed to increase the independence of mentally retarded persons by providing a number of alternative programs and to integrate mentally retarded persons into the fabric of society. The Regional Mental Retardation Liaison Committees advise on the development of services and facilities in the areas of residences, developmental centres, vocational opportunities and prevention programs. The activity of the Regional Liaison Committee is largely due to the participation of the Canadian Association for the Mentally Retarded as well as the Community Service



Workers — Mental Retardation of the department. Moreover, local C.A.M.R.'s should be commended on the development of additional Community Residences for mentally retarded — a total of 18 of which are now in operation across the province.

### **MANITOBA SCHOOL**

The Manitoba School fulfills the functions of research, staff training, community back-up and a residential training facility for adolescents and adults requiring nursing care and behavioural training programs. Due to the energetic efforts of the staff in rehabilitating residents and the provision of alternate community based service, the population of the Manitoba School continues to decline from a high of 1,303 (1968) to its present population of 934 (1976).

Applied research activity is currently in progress at the Manitoba School in the areas of Behaviour Modification, Dental Orthotics, and Genetics. The Research Program at the Manitoba School has created numerous papers and thesis all on the topic of Mental Retardation and its remediation.

With regard to staff training "Advanced Studies in Mental Retardation", a post-graduate course, has received University recognition for two courses. In addition, a program of staff training and development has been launched to include departmental employees as well as staff funded by Agency Relations.

The future continues to place heavy demands upon the province's available resources. The longevity of the moderately, severely and profoundly retarded segments of our population increases yearly, a factor which will influence the speed of implementation of the newer thrusts in the field more than any other factor presently in existence.

### **ST. AMANT CENTRE**

The St. Amant Centre has developed into a modern complex for the specialized care, training and developmental programs for retarded children of the Province of Manitoba. Besides functioning as a residential facility for 275 residents, St. Amant has a developmental Day Care Centre for 26 severely retarded children aged 4 - 10 years who have full day programs 5 days a week. The success of this program is readily demonstrated by the fact that some children

from the Day Care Program have returned to their own schools. The St. Amant School Program is now part of the St. Vital School Division, which provides 10 full-time teachers, 3 full-time teacher's aides and a principal for the education of the children at St. Amant.

Part of St. Amant Centre was renovated to accommodate the multiple handicapped, non-ambulatory children who are aged 9 and over. The reduction of beds in the east section has improved the standards of care and, accordingly markedly reduced the number of infections.

This year saw the addition of a fully furnished dental suite along with the supporting laboratory facilities. St. Amant is currently negotiating for the services of a dentist and a dental hygienist on a one day per week basis.

### **PELICAN LAKE TRAINING CENTRE**

This facility provides accommodation for 70 retarded adults, ranging from mild to profound levels of retardation. Program objectives are to train and educate the mentally retarded to assume as normal behaviour as possible, and where possible to prepare them for community living.

### **REHABILITATION SERVICES FOR THE DISABLED**

This program serves the physically and mentally disabled of the province by making available appropriate rehabilitation services designed to reduce or remove the disadvantages experienced by disabled persons. This assists them to avoid or minimize dependence upon the public or relatives, and as far as possible, enables them to share the same opportunities and accept the same responsibilities as other members of the community. The program includes the various services and processes of counselling, assessment, restoration, training and specialized employment placement.

The program aims to meet program objectives with a comprehensive system of services which involves the co-ordination of private and public programs and agencies, the establishment of standards, the development of staff programs and resources, and the maintenance of a central registry of disabled persons requiring services. Rehabilitation counsellors work from

the regional offices of the department to deliver the services of the program for all disabled persons with prime responsibility, however, for those who are mentally retarded and mentally ill. Designated private agencies, i.e. the Society for Crippled Children and Adults and the Canadian National Institute for the Blind, focus on the needs of the physically handicapped. The Alcoholism Foundation of Manitoba and the Salvation Army Harbour Light Centre provide the programs to the alcoholic.

The year has seen a continuation of the regionalization of the program that began last year. This effort to make services locally available to the citizens of the province has resulted in program staff being located in Eastman, Interlake, Winnipeg, Central, Westman and Parklands Regions. During this year, a Rehabilitation Specialist was recruited for Norman Region and efforts to recruit a specialist for Thompson Region are continuing. These staff work with the service delivery teams in the Regions to provide coordinated, comprehensive assistance for the disabled.

Although many types of training facilities are used in the rehabilitation process, the specialized facilities of workshops are used for work assessment, work training, sheltered employment and activity programs. There are now 25 of these workshops operated by private, non-profit boards and they served approximately 1,500 disabled adults in the year.



A review of the services of this program is being carried out by department staff in consultation with community agencies and consumers.

A total of 17,625 persons received services through the program this past year.

## **BRANDON MENTAL HEALTH CENTRE**

Brandon Mental Health Centre provides direct and supportive mental health services to Westman, Parklands, and the western half of Central Regions. During 1976 there have been some shifts in emphasis and direction in the development of mental health programs in these areas. Because of organizational changes within the Department of Health and Social Development, and the effects of recent government staffing and monetary restraints in 1976, the Centre has concentrated more on the consolidation of existing inpatient and outpatient services and somewhat less on the redeployment of its human and physical resources to community-based programs.

Within the Centre, substantial progress has been made with respect to establishing an Executive Committee as the local management authority over program and resource departments. The major renovation program is continuing, with tenders for the Valleyview Building having been called and work scheduled to commence early in 1977.

Other developments include the operation of three student employment programs over the summer concerned with evaluating the effectiveness of inpatient care, providing a Holiday House in Russell for former patients, and developing community awareness of the needs of discharged patients. The Manitoba Health Services Commission conducted a levels-of-care survey of psychogeriatric and long stay patients to assess their suitability for community placement or assignment to extended care programming, the financing of which would be potentially cost-sharable with the Federal Government. Social Service Workers have been heavily involved in the exploration of community alternatives to inpatient hospitalization and participated on a Task Force investigating improvements to the Provincial Foster Home Program.

The School of Nursing has been reorganized to place increased emphasis on community mental health nursing with expanded field experience opportunities for students, and the extensive use of videotape



training techniques. B.M.H.C. nursing educators have also presented a brief to the Task Force studying proposed changes in the nursing education system throughout the province. A unified School of Nursing and Reference and Lending Library has been established in the Valleyview Building with expanded shelf and study areas.

The Centre's administration commissioned the Special Studies Group to survey the Dietary, Housekeeping, Laundry, Mobile Support, and Medical Records departments with a view to improving services and recommending staffing changes where applicable.

In addition to mental health worker redeployment, community-orientation has moved forward on a limited scale with the relocation of four psychologists, two to the Westman Regional Offices in Brandon, one to Neepawa, and one to Dauphin. An occupational therapist has been assigned to work in Hamiota, and Social Service staff concentrated on co-ordinating their efforts with that of the Community Mental Health Workers in the surrounding regions. Team I has established regular travelling clinics to Neepawa and Minnedosa, while Team III and the Guidance Clinic have made use of air travel on their travelling clinics to the Parklands Region. The Chaplain has also been very active in helping to set up chaplaincy programs in the Dauphin and Virden General Hospitals.

Interdisciplinary team functioning has been enhanced with the appointment of facilitators to each of the Centre's five teams to assist in their program planning and implementation. Teams I and III have initiated the use of the Problem Oriented Record, and are also running a pilot project on the use of a single clinical file for their patients. Team leaders report on increased use of Lithium for selected patients with encouraging results, Team I having established a special Lithium Clinic in conjunction with the Westman Laboratory where both red cell and serum Lithium levels are being monitored to ascertain physiological absorption of the drug. Team II is setting up an "independent living unit" in Residence 1 on the Centre's grounds for training pre-discharge patients in various self-help and community re-entry skills. Organizationally the Guidance Clinic has established two quasi-independent divisions, one based in the Provincial Building in downtown Brandon to serve the Brandon area, and the

other based at the Mental Health Centre to provide itinerant services throughout Westman and Parklands.

A new orientation booklet for patients and their relatives was prepared and printed with the assistance of personnel from the Health and Social Development Educational Services. A handbook has also been prepared for new B.M.H.C. staff and a slide / sound orientation package is under development. The Personnel Department conducted two Retirement Awareness courses for interested staff and their spouses in 1976, with a third course set to begin in January, 1977.

B.M.H.C.'s goals focus on increasing the Centre's community orientation, developing specialized treatment programs for in-patients, and expanding non-psychiatric hospital alternatives for as many patients as possible.

The Centre has also been successful in achieving full accreditation through the Canadian Council on Hospital Accreditation.

## **SELKIRK MENTAL HEALTH CENTRE**

### **Northern Services of the Selkirk Mental Health Centre**

1976 saw a reduction in number and kind of itinerant consultation, education and treatment services provided to the North. This is partly because of increased local resources (i.e., 4 Mental Health Workers in Thompson Region serving Thompson, Gillam, Lynn Lake, Wabowden and a Psychiatrist in private practise in The Pas). This is also due to the difficulty of recruiting and retaining staff for the provision of itinerant services — particularly psychiatrists.

While itinerant services to the North have declined in 1976, the resources available to Northern residents requiring hospitalization at Selkirk Mental Health Centre are undiminished. Primary among these resources is a skilled interdisciplinary treatment team exclusively for patients from the North. Hopefully 1977 will see the addition of psychiatric manpower to augment current itinerant services and provide back-up to existing mental health resources in Northern Manitoba.

### **Eastman Mental Health Team**

Residents of the Eastman area requiring in-patient psychiatric services are served by Selkirk Mental Health Centre. This in-patient



psychiatric facility provides a full spectrum of psychiatric services. Psychiatric Nurses, Psychologists, Social Workers, Occupational Therapist and a Psychiatrist work together on a multi-disciplinary team basis to provide these in-patient psychiatric services.

In addition, these specialized resources of the Selkirk Mental Health Centre are available on a back-up basis to the Department of Health and Social Development, Eastman Region, based in Beausejour, which is responsible for providing all psychiatric services to the Eastman Region other than the in-patient hospital services.

The Beausejour Regional Office at this particular time has the staff to provide psychiatric services only to the southern portion of the region and the Lac du Bonnet District Health Centre. The Selkirk Mental Health Centre is providing outreach community mental health services to the northern portion of the Eastman Region. Hospital based Community Mental Health Workers provide psychiatric service in the form of assessment, direct client treatment, consultation, community education, family therapy, etc., and have the full back-up resources of the Eastman Mental Health Team based at the Selkirk Mental Health Centre.

Negotiations and discussions are proceeding between the Selkirk Mental Health Centre and the Beausejour Regional Office in an attempt to provide as uniform a system of mental health delivery as possible.

### **Interlake Regional Mental Health Services**

The hospital-based Interlake Team continues to provide service to the Stonewall, Gimli and Ashern districts. The 4 Psychiatric Nurses are now spending at least 4 days per week working from Community Services at Stonewall, Teulon, Gimli, Arborg, Eriksdale and Ashern. One of our Psychiatrists is at Community Clinics at Stonewall and Gimli 2 days per week while another makes monthly visits to Ashern and Arborg as well as providing valuable consultation to the Psychiatric Nurse who visits the Hodgson area. The above workers are ably assisted by a Psychologist, Social Service staff, family therapists and a co-ordinating Nursing Service, whenever necessary. The Team welcomes the service of a Winnipeg Psychiatrist who provides monthly Federal Health Service to the Hodgson district.

The previous plan to re-deploy 5 Mental Health Workers has not yet materialized but

is expected to in the future. One of our former members fills the position of Mental Health Coordinator in the region. The Lakeshore Health District continues to have discussions towards the provision of all services by their Health Team.

Staff development and community education activities have included workshops and seminars on family therapy, group therapies, reality therapy, electro-convulsive therapy, drugs commonly used in Psychiatry treatment.

### **Winnipeg Region**

Mental Health services to Winnipeg were accentuated a year ago when 21 staff were redeployed to provide a regionally based field service. This contingent, composed primarily of Social Service and Psychiatric Nursing staff have been providing a range of front line services in conjunction with a contingent of back-up itinerant staff of the Selkirk Mental Health Centre. Included in this latter group are the services of Psychiatry, Psychology and Occupational Therapy.

Although the Winnipeg Unit has attempted to make its services available to new service requests emanating from the community, the bulk of the unit's activity has been directed towards the therapeutic maintenance of approximately 1,200 former patients. One of the major problems experienced with this group has been the continuing shortage of a suitable range of alternate living facilities. The community residence program is still under development together with other alternate care proposals.

One of the major new challenges of the field service has been that of upgrading the quality of psychiatric management of nursing home residents. The Winnipeg Unit accepted the transfer of approximately 125 persons under Orders of Supervision. Most of these clients are residents of nursing homes — S.M.H.C. will be transferring a sizeable number of additional clients to the Winnipeg Region. Consultations and in-service training programs, primarily designed to improve psychiatric nursing knowledge and skill in nursing homes, are now provided on a small scale. Much will depend on the ability of the unit to free up increasing professional time for this important task — either through staff additions or diversion of lesser priority activities to non-mental health program staff in

the region.

A major challenge has been that of enhancing the unit's relationship with the host of private and public mental health services which exist in Winnipeg. Definition of our relationship with the services of private psychiatrists and the psychiatric unit of general hospitals is becoming clearer and much remains to be done in this area.

#### **In-patient Services**

Selkirk Mental Health Centre's in-patient population has shown an increase over the past year. For the first ten months of 1975, occupancy has averaged 319 whereas for the first ten months of 1976, average occupancy has been 335. The census at the time of writing this report is 354 in-patients. The orientation of this Centre is eclectic, adopting treatment programs to meet individual patient's needs. This means that we utilize psychological, physical and environmental treatments.

#### **COMMUNITY MENTAL HEALTH SERVICES FOR CHILDREN**

Efforts are continuing to fill the mandate of this office to provide direct and indirect services to severely emotionally disturbed children, as close to their primary social unit as feasible, utilizing the community resources as available and appropriate. Also, attempts to employ preventive principles are being made.

The major thrust to increase both the quantity and quality of care has occurred in the rural portion of this service. At the beginning of the year there was one community mental health worker (children) in the Interlake Region. At the end of the year six community mental health workers (children) were placed in rural Manitoba. This included two workers in each of the Central and Interlake Regions and one each in Norman and Eastman. In addition, we are attempting to maintain a service to The Pas region while we are preparing to replace a worker in that area.

This effort has involved us in selection, training, and finally, placement of the worker as a member of the regional office. In addition, each worker is supervised and supported by visiting child psychiatrists.

Further activities involve the implementation of more adequate monitoring mechanisms which are designed to enhance the evaluative capabilities of the service. One instance of this is our activities in increasing emphasis on the Problem Oriented Medical Record. We are currently in the process of developing clinical algorithms re "childhood psychosis" as well as "suicidal behaviour". These two entities are two priorities which we have isolated out of the spectrum of "severely disturbed children".

The Psychiatric Support Service at the Child Guidance Clinic is continuing to function on a unit basis with increased service at



the school level. There has been a moderate increase of manpower resources during the past year. Again, as in the rural area, efforts at increasing the quantity and quality of the services provided are continuing. During the year inservices have been held in regard to the Problem Oriented Medical Record.

The process of liaison with Children's Centre (Psychiatry) at the Health Sciences Centre and also, with the University of Manitoba, Psychiatry Department continues. Areas of mutual concern include:

1. Interdisciplinary training
2. Hospitalization of children referred to the Health Sciences Centre from Community Services for Children
3. Training issues re Community Mental Health Workers (children) as well as,
4. Rural outreach activities by the Department of Psychiatry.

The support received from the Department of Psychiatry in these regards has been most gratifying.



# Ministry of Corrective and Rehabilitative Services



## **MINISTRY OF CORRECTIVE AND REHABILITATIVE SERVICES**

In Manitoba, people who commit criminal acts are dealt with under a system based on a philosophy of justice expressed through laws. Its purpose is to promote the safety and welfare of both society and the individual, while at the same time reconciling offenders with the community whose laws they have broken.

According to our constitution, the BRITISH NORTH AMERICA ACT, jurisdiction over the penal system is divided between the Government of Canada and the provinces. Persons sentenced for a period of two years or over serve terms in federal penitentiaries. Those who receive a prison sentence under two years are placed in a provincial correctional institution. Those who receive sentences of probation supervision are placed under the authority of the provincial probation service.

The Ministry of Corrective and Rehabilitative Services was established in 1974, and is one part of the total criminal justice system in Manitoba. Some of the other components include the Police, the Judiciary and the Department of the Attorney-General.

The Ministry has undertaken to address itself to the need for a balanced and comprehensive plan to guide the development of services under its jurisdiction in the province. It is committed to taking initiative to achieve, through time, fundamental changes in the orientation, structure and programming of services designed to ensure efficient and effective performance of its role and function.

The Ministry's perspective is gradually being broadened to include more extensive maintenance, planning and development of both existing and new programs, with emphasis being placed on the concept of community-based corrections, rehabilitation and probation services. In addition, the Ministry is assuming a greater role in crime and delinquency prevention, and in the promotion of better liaison, communication and involvement with the public, the private sector, all levels of government, social services and the total criminal justice system.

Planning and policy decisions manifested in changes to organizational structures and existing programs are based on a philosophy which reflects the Ministry's responsibilities in the following areas:

1. To fulfill the conditions of imposed legal sanctions in a responsible and consistent

manner;

2. To ensure the protection of society from those individuals who evidence a present or potential danger to other persons or property;
3. To recognize the essential worth and dignity of every individual involved in the criminal justice system;
4. To provide maximum opportunity for the rehabilitation and treatment of the offender; and
5. To involve the entire Manitoba community in the maintenance of law and order, the prevention and reduction of crime and delinquency, and the provision of adequate resources required to explore every avenue necessary to correct the relationship between the offender and the offended.

In order to develop and implement a correctional system which reflects the philosophy of the Ministry, a major effort is required to reduce the emphasis on incarceration and custodial care as the primary method in dealing with criminal activity. Non-institutional or "community-based" correctional programs are being developed and implemented to provide a wider range of sentencing alternatives to the courts. This process requires re-development and restructuring of existing institutional programs, continuing assessment of the need of offenders, and ongoing evaluation of the rehabilitative effectiveness of programs.

By assuming a sensitive yet firm approach to community correctional programming, the Ministry recognizes the important contribution human resources have to offer in enhancing the quality of life. Emphasis is being placed on positive human development to encourage and promote attitudes, behaviours and activities to counteract factors detrimental to the well-being of the individual and society.

This approach is being applied to the Ministry's clientele — the juvenile and adult offenders and probationers of Manitoba — to encourage personal growth and development in order to assist individuals in conflict with the law to lead fulfilling and law-abiding lives. Of equal importance is the utilization of personal human resources within the Ministry's staff component which is vital to the planning, development and implementation processes of the correctional and probation systems.

In administering probation services, correctional institutions and facilities, and in in-

roducing innovative programs, the Ministry of Corrective and Rehabilitative Services is constantly striving to find new ways of restoring the convicted person to full participation in the community.

## ADULT CORRECTIONS

The adult correctional system in Manitoba provides for the care, custody and treatment of those individuals committed to provincial institutions as sentenced offenders or as individuals awaiting the disposition of the court.

The following principles are reflected in all phases of planning, implementation, operation and evaluation procedures involved in adult correctional programming:

1. Reintegration of the offender into family and community can best be achieved by using the community as a base for correctional programs;
2. Because the behavioural problems of offenders are varied and complex, treatment processes and techniques must be tailored to individual needs; and
3. Rehabilitative efforts require coordination of all elements of the system, from apprehension to after-care, without artificial barriers as to age, location, type of program, etc.

In order to bring these principles to bear on the adult correctional system, facilities and programs are designed to protect the public while attempting to return the offender to the community as a contributing member of society through the coordination of all available institutional and community resources.

## HEADINGLEY CORRECTIONAL INSTITUTION

Headingley Correctional Institution is the largest provincial correctional institution in Manitoba serving adult male residents who have either been sentenced or remanded by the courts. The purpose of the institution is to uphold the sanction of the courts; to ensure all residents are dealt with in a humane manner; and to provide appropriate correctional opportunities.

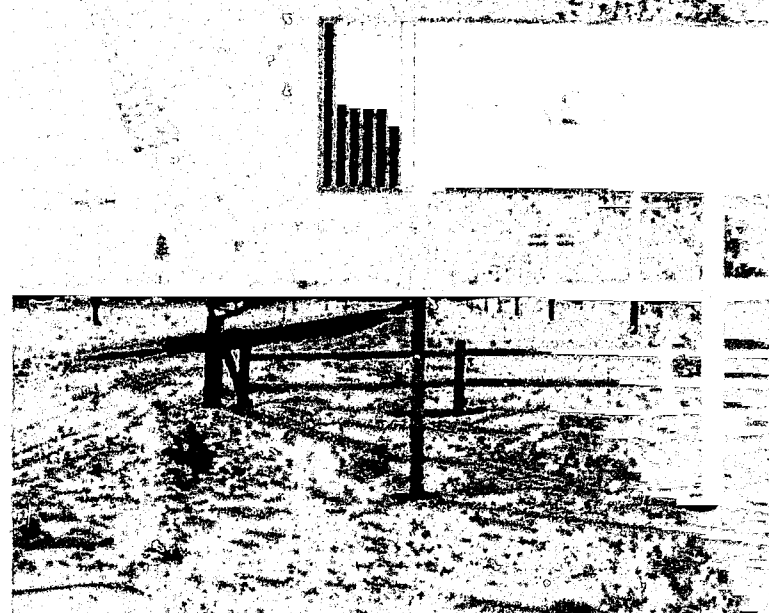
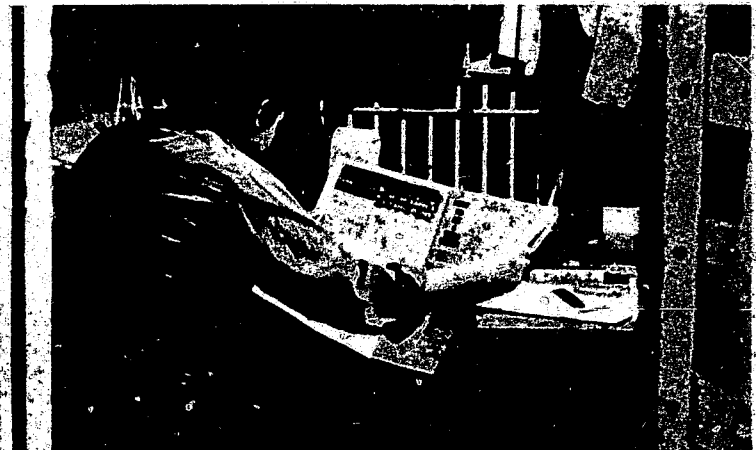
Programs are designed and operated to care for and maintain residents while assisting in their social, intellectual and emotional reintegration into the community. Upon admission, newly sentenced residents are interviewed by a classification officer,

placement officer, physician and / or nurse. Residents are placed in a living location, assigned a case worker and assigned to a work or training program on the basis of interviews, medical reports, observations by counsellors, and Forensic Services and pre-sentenced report assessments. If required, special psychiatric or social counselling is available to residents.

The Counselling Section provides a counselling service to facilitate treatment and re-socialization of the offender utilizing contemporary treatment models appropriate to the needs of individual residents.

Recreational programs emphasize community involvement, and a wide range of sporting, social events and informal education programs are provided.

In addition to the Superintendent, Deputy Superintendent and Supervisor of In-



stitutional Programs, Headingley receives the services of full-time psychiatric nurses, an institutional physician, psychiatrist, dentist, full-time psychologist, counsellors, chaplains and trained correctional officers. A Parole / Probation Liaison Officer is also on staff, and additional manpower is supplied by Escort Officers.

The Institution attempts to provide residents with access to programs which will form the basis for rehabilitation plans upon identification of community re-entry needs, individual aptitude and available resources. These programs provide a link between the institution and the community by involving community agencies. For example,

- i. Annexes house first and infrequent offenders and provide community re-entry programs;
- ii. A Pre-release Assistance Program is offered to residents in the last 40 days of their sentences, incorporating the facilities of community resources, and the Community Release Centre, via temporary leaves of absence;
- iii. The Community Release Centre offers the resident an opportunity for a controlled and graduated release working in the community during the day and returning to the centre for evenings and weekends.

The Centre has experienced little reluctance on the part of firms to hire the Centre's residents, and the type and quality of the positions offered to residents has resulted in an encouraging number of ex-offenders retaining the jobs secured for them after their discharge.

Among the community-based counselling resources utilized by the Centre are the Alcoholism Foundation of Manitoba treatment houses, the Alcoholic Treatment Unit at the Health Sciences Centre and the Alcare Treatment Centre at St. Rose du Lac. The National Parole Service provides a Parole Officer for counselling on a weekly basis, as does the Native Clan Organization for native residents of the Centre. Also, a graduate psychology student from the University of Manitoba provides weekly counselling services.

### **BRANDON CORRECTIONAL INSTITUTION**

Brandon Correctional Institution is the second largest adult correctional facility in Manitoba, accommodating persons who are awaiting trial, who have been detained under

the Intoxicated Persons Detention Act or who have been sentenced or remanded by the Courts.

Brandon Correctional Institution offers a variety of resident programs which attempt to provide assistance to the offender in understanding and resolving his personal problems while learning to live in an acceptable manner within society. Group therapy programs and medical services are available, and individual counselling is provided by staff members. Day passes, Day Parole and Temporary Absence certificates are also available to residents. Local agencies such as Canada Manpower, Assiniboine Community College, Alcoholics Anonymous, the John Howard and Elizabeth Fry Society, provide social services which help to maintain contact between the resident and the community. Agency information services, university-sponsored tutorial programs and counselling services are also available. Classification services assist residents in establishing personal goals and locating community resources available to assist the resident in meeting his objectives.

A Psychiatric nurse is on staff at the Institution to provide counselling on a group basis. Classification staff provide individual counselling, if required, and medical and dental services are available in the surrounding community.

Private citizens are encouraged to participate in the correctional process through the Citizen Escort Program which enables Brandon citizens to take residents into their homes, to Alcoholics Anonymous meetings, sporting events and other activities, thereby offering residents a greater sense of community involvement.

### **PORTAGE CORRECTIONAL CENTRE FOR WOMEN**

The Portage Correctional Centre for Women is located 50 miles west of Winnipeg in the city of Portage la Prairie, accommodating sentenced or remanded female offenders.

Correctional programming at the Centre is designed to foster resident understanding of the factors which have led to incarceration, and to encourage resolution of problems which will permit residents to live in an acceptable manner upon release.

Counselling services tailored to the needs of the individual resident are provided by staff members. Educational programs include



correspondence courses, adult education programs and basic literacy courses. Other programs available to residents include personal care and grooming, food planning and preparation, housekeeping, and arts and crafts.

A small library is maintained in the Centre which is supplemented by reading material available in the Portage la Prairie library. A rumpus room and games room offer residents the use of a pool table, shuffleboard, punching bag, tumbling mats, ping pong table, bicycle exerciser and mini gym. Also, a television and record player are available for recreational purposes.

Outside activities include swimming once a week at the Air Base pool and bowling in the downtown bowling alley. Social functions are organized between the institution and some of the Rehabilitation Camps. Church groups play cards with residents on a monthly basis.

A medical doctor visits the Centre on a weekly basis and a registered nurse is in attendance three days a week. Dental and optical services are also available to residents.

The Institution does not have a residential chaplain but utilizes the services of clergy in the community. Residents are permitted to see a minister of their own denomination at their request.

Extensive use is made of outside agencies such as the John Howard and Elizabeth Fry Society and Alcoholics Anonymous. The services of Alcoholics Anonymous have proved invaluable in providing "open meetings". These meetings have exposed residents to the community and allowed those with alcohol problems the chance to build meaningful outside contacts. The Pre-Release Centre at Vaughan Street in Winnipeg has also been helpful in providing assistance to released residents who are alone in the city with no friends or relatives in the area.

### **DAUPHIN CORRECTIONAL INSTITUTION**

The Dauphin Correctional Institution serves the Dauphin Judicial District of Manitoba, accommodating adults sentenced or remanded by the courts.

Correctional programming is community-oriented and newly sentenced residents are provided with a work program upon admission to the Institution. Facilities are available to provide residents with work experience appropriate to individual aptitude.

The treatment program includes an opportunity for Day Parole and Temporary Absence for further education or training. All staff at the Dauphin Correctional Institution act as treatment coordinators and each staff member has a case load of residents with whom he attempts to establish a relationship, and provide informal counselling. A Classification Officer provides counselling services of a more formal nature.

There are no formal educational opportunities available within the Institution. Instead, community educational facilities are utilized such as upgrading classes sponsored by Canada Manpower, and evening classes in various technological courses at the Dauphin Regional Comprehensive Secondary School.

Major outdoor recreational activities available during winter months occur in the Institution's hockey rink. During the summer



season, recreational activities include horseshoes, fastball, volleyball and swimming. Community teams participate with the Institution in fastball and volleyball games. Indoor recreation consists of weight lifting equipment and punching bags, shuffleboard, table games, library facilities, television and musical instruments.

A local physician provides regular weekly visits to the Institution to attend to resident medical needs. Dental and optical requirements are handled locally by appointment. Psychiatric services are also available if required.

Residents can participate in an active sports program which includes inter-community involvement. An institutional Alcoholics Anonymous group has been established, and residents are permitted to attend community-based Alcoholics Anonymous meetings.



Specific individual or family needs are satisfied by referring residents to the appropriate community social services agencies. Residents are assisted in pre-release planning through programs which locate employment and living accommodations, and provide transportation to home communities.

### THE PAS CORRECTIONAL INSTITUTION

The Pas Correctional Institution is located in the Northern Judicial District of Manitoba, and accommodates persons arrested and awaiting trial, those awaiting disposition of their cases, persons sentenced by the court, and those detained under the Intoxicated Persons Detention Act.

Educational programs offered by the Keewatin Community College are available to residents wishing to further their educational opportunities. The Pas Correctional Institution receives the services of a Canada Manpower Counsellor who reports to the Institution on a bi-weekly basis. The Indian and Metis Friendship Centre sends counselling representatives to the institution to provide pre-release and post-release assistance to native residents. A weekly program has also been established at the Alcoholism Foundation of Manitoba's Detoxification Centre to provide alcohol and drug counselling and education.

Staff at The Pas Correctional Institution include both Correctional Officers employed at the Egg Lake Rehabilitation Camp and the main facility. Chaplains of all religious denominations attend the institution upon resident request. The services of two medical doctors are available at the institution on a daily basis, and dental care is available in the town of The Pas.

Community involvement includes access to local social service and Canada Manpower programs. The experience of actively participating in work projects aimed at the maintenance of park and recreation areas helps to establish, for the resident, a sense of responsibility to the community.

### REHABILITATION CAMPS

Two correctional Rehabilitation Camps are located in Manitoba provincial parks as satellite facilities to correctional institutions. The Camps provide work experience activities for minimum security offenders in cooperation with the Parks Branch of the Department of Tourism, Recreation and

### Cultural Affairs.

The Bannock Point Rehabilitation Camp is a satellite facility of the Headingley Correctional Institution, located 100 miles northeast of Winnipeg in the Whiteshell Provincial Park. The Egg Lake Rehabilitation Camp serves as a satellite of The Pas Correctional Institution and is situated north of the town of The Pas.

Camp programs are designed to assist residents to accept reasonable rules and regulations similar to those they will encounter upon return to normal living and working situations, and to establish constructive work habits which can be applied upon release.

Residents participate in constructive programs of forestry, conservation and the maintenance of public recreational facilities, including tree planting and spraying, salvaging and clearing underbush. Camp residents are also available for fire-fighting duties.

Counselling services are available to residents upon request. A wide range of recreational activities are available, including participation in sporting and social events involving local community members.

The Ministry has negotiated a new service with Frontier College, a non-profit organization with a history of educational service in bush camps and other isolated communities. Frontier College staff persons are living at Bannock Point and Egg Lake Camps and providing educational programs during the evening and weekends. These persons work regular labour jobs during the day for other employers in order to support themselves.

The Spruce Woods Rehabilitation Camp was closed earlier this year with a partial parks program continuing from the Parent institution. This camp will be reopened in the spring and reassume its full program.

### New Facilities

The Adult Corrections system has been placed under unprecedented pressures measuring an over 20% population increase in the last year. Only the Portage Correctional Centre for Women and the Dauphin Correctional Institute have escaped this influx.

A great deal of effort within Adult Corrections has been spent in adjusting facilities and programs to ensure that quality of service does not suffer as a result of the increased numbers. As well the Ministry has stepped up its efforts to provide more ade-

quate facilities throughout the province to meet the increased demand.

Projecting future populations of Adult Correctional Institutions is difficult due to the many interrelated factors involved. Population Projections based on the best information available to Ministry staff indicated an average increase of 4% per year over the next 10 years. However, it is forecast that much of the increase will be loaded into the next 5 years and the increase will begin tapering off in the second five years. The past and projected population figures for Adult Corrections are:

1974	— 471 Residents
1975	— 580 Residents
1976	— 650 Residents
1977	— 700 Residents
1978	— 750 Residents
1986	— 908 Residents

Adapting to the increases has involved several major additions or planned additions to the provincial corrections system:

Provincial operation of the City of Winnipeg Public Safety Building as a Remand Centre is planned, which will add a minimum of 45 beds, and will take the immediate pressure off Headingley Correctional Institution. The increased use of private agency half way houses for pre-release purposes will provide 12-15 additional beds this year. The temporary facility at The Pas has increased its rated holding capacity by 30 beds; and the opening of the rebuilt Bannock Point Rehabilitation Camp which houses 40 residents compared to the previous 20 housed in the temporary trailers, will also help.

Ministry staff is presently studying methodologies to cope with the longer term increase in residents.

Planning is complete and construction will begin this year on a replacement for the antiquated (circa 1884) Brandon Correctional Institution. Present plans call for the renovation of the former Brandon Indian Residential School to serve as a minimum security centre with major emphasis on Alcoholism treatment in conjunction with the Alcoholism Foundation of Manitoba. This will be supplemented with the construction of a new medium security institution.

The old Jail at The Pas, located in the court house has been closed and The Pas Correctional Institution is located in improved temporary quarters at the site of the former The Pas Women's Jail until the new The Pas Correctional Institution is constructed.

## JUVENILE CORRECTIONS

### Introduction

The Juvenile Corrections System provides programs and facilities for the institutional care, custody and treatment of male and female youths who require assessment and/or a period of institutional care, as well as a program for post-institutionalization follow-up. The residents of the facilities are admitted to the institutions under the authority of the Juvenile Delinquents Act or the Child Welfare Act.

The Juvenile Corrections Directorate attempts to adhere to a number of general principles in order to maintain a balance between contemporary correctional theory and prevailing societal attitudes toward young offenders. These principles are intended to encourage responsibility and initiative on the part of offenders to aid in the development of their ability to return to a productive and fulfilling pattern of life in the community, and are reflected in all phases of planning, implementation, operation and evaluation procedures:

- a. The juvenile corrections system should be used only for those children who have committed delinquent acts which have been substantially damaging to society or who have demonstrated that they are unable to function responsibly in a less structured community setting.
- b. The juvenile corrections system should always provide necessary behaviour controls in combination with corrective and rehabilitative treatment for young offenders.
- c. The juvenile corrections system should be used only for those children for whom behaviour controls are unavailable through any other source.
- d. The juvenile corrections system should exercise no more control than that which is necessary to protect society and to serve the best interests of young persons in conflict with the law.
- e. All children in the juvenile corrections system are entitled to receive a standard of care at least equal to the highest standard of substitute care available in the community including medical and dental treatment.
- f. The juvenile corrections system should respect and accommodate the fundamen-

tal physical and emotional needs and the civil rights of young offenders in all areas of programming and operations.

- g. The juvenile corrections system should provide a flexible continuum of programs and services with graduated levels of structure and supervision to permit appropriate matching of programs to young offenders' changing needs.
- h. The juvenile corrections system should emphasize programs which are designed to assist young offenders to develop attitudes and skills needed to function in less secure settings and to participate responsibly in the open community.
- i. Juvenile corrections programs and services should place responsibility on young offenders in balance with their capabilities and maturity.



- j. Juvenile corrections programs and services should be based in the young offender's home community to prevent the trauma inherent in geographic dislocation and to preserve cultural ties and sense of identity.
- k. The juvenile corrections system should be designed to promote active participation by each child, his family and the community in the process of rehabilitation.
- l. Juvenile corrections facilities and services should reflect the concept of normalcy, providing opportunity for the development of problem-solving skills in a "community-like" environment.
- m. The juvenile corrections system should be appropriately equipped to identify the causes of delinquent behaviour, to evaluate the effectiveness of program and services, and to assist other branches of the criminal justice system and the health service delivery system in the development of appropriate preventive and diversionary programs for existing and potential young offenders.
- n. Juvenile corrections facilities located in the community should serve both the community and the residents of the facility in a balanced and effective manner to ensure the service requirements of each are met.

Juvenile Corrections operates three institutions in the province of Manitoba.

### The Manitoba Youth Centre

The Manitoba Youth Centre, located in Winnipeg, provides a residential pre-placement facility and program for both males and females from the Province, who require a period of institutional care and custody for their own or society's safety and protection.

The institution is comprised of ten cottages, each designed to accommodate ten residents, with a maximum overflow capacity of up to fifteen residents. The cottage design permits appropriate group assignment and provides a more meaningful staff-resident and resident-resident interaction. The complex also contains facilities for recreational and educational programs, and is designed to encourage flexibility and creativity in all areas of program development.

Although the Manitoba Youth Centre is a



closed custody institution, the programs offered are based on a humane concern for the needs of the residents and attempt to provide as normal a social environment as possible, encouraging the residents to develop a sense of personal responsibility, motivation and to identify positively with social standards. Short-term crisis counselling and individual and group counselling are part of the services provided by the institution. The primary weekday program is individualized education, with a focus on continuing the community education program the resident was involved in. The Youth Centre also provides diagnostic services and remedial testing in basic academic skills for all Provincial juvenile institutions.

The majority of residents in the Centre are in a short-term reception program for assessment, planning and preparation for return to their homes, foster homes, group homes, or



long-term residential / institutional treatment centres. The Youth Centre also has a long-term treatment program available for youths who display such extreme behaviour so as to preclude placement in normal Manitoba treatment settings, or where there is no long-term treatment facility available. In recent years accessibility to this program has diminished due to an ever increasing space requirement to deal with the short-term reception function of the Centre.

Since the Centre serves youth of the province while they are in a state of crisis, staff members represent a variety of skills, ages, personalities and training to meet the varying needs of the residents and to deal with problems as effectively as possible. Group counsellors and night supervisors provide direct resident care, custody and program services; cottage coordinators, nurses, craft instructors, teacher and program, and administrative support personnel complete the Centre's staff complement. In addition, direct consultation is available from psychologists and psychiatrists.

The location and design of the Centre reflect a trend in correctional philosophy towards maximum community involvement in rehabilitating youthful offenders. Toward this objective a wide range of services are provided which are integrated with community resources whenever possible so as to facilitate a co-ordinated approach to a resident's problems. Similarly the program places a heavy emphasis on involving volunteers from the community who have special interests, program and counselling skills to offer the youth in the Centre.

### **The Manitoba Home for Boys**

The Manitoba Home for Boys provides care and treatment to male youth aged 13 to 17 years inclusive who require a period of restraint from normal community contact because of delinquent behaviour.

The treatment program utilized at the Home for Boys is called "Positive Peer Culture", and includes basic group therapy techniques in developing an ethic of caring and helping one another adopt pro-social values and attitudes. Interaction amongst residents in a group is confrontive or supportive, depending on the individual's needs. The resident develops an understanding of his problems and those of others as well as an opportunity to practice solutions through the sharing and comparing of feelings and problems in group meetings. This process

further allows the development of skills in communication and social interaction.

Residents are expected to take responsibility for the other residents in their group. Unacceptable behaviours are interpreted as appeals for help from the resident group.

Externally imposed rules and restrictions are kept to a minimum. Resident groups are expected to implement controls themselves in a helping and caring way. To allow this to happen, residents perform nearly all of their activities as a group in order to be able to monitor one another's functioning and provide appropriate responses.

All residents attend the school program. Each resident group has its own teacher, thereby allowing the group to monitor itself while instruction is taking place. Instruction is individualized and includes materials, equipment and techniques similar to those used in public schools.

Each resident is expected to move into the pre-discharge program at least 2 weeks before he is returned to the community. This is designed to be a period of transition from dependence on the resident group to dependence on self and community resources. While in pre-discharge program, the resident is faced with some of the forces and situations he will have to face after returning to the community. At the same time he continues to have the opportunity for problem solving in group.

A resident's return to community is accomplished by:

- i. recommendation by fellow resident group members.
- ii. approval by Cottage Team.
- iii. provision of a community placement by the Community Agent.
- iv. approval by the Superintendent for temporary leave from the institution.
- v. final discharge by the Director of Child Welfare Services.

A resident's community agent is most often a Probation Officer and occasionally a Social Worker from a Child Welfare Agency. All temporary leaves from the institution require that the community agent approve the place to which the resident is going to stay during the temporary leave. Community agents are encouraged to build and maintain their relationships with the residents they are assigned so as to make the resident's eventual return to community as easy as possible.

## **The Manitoba Home for Girls**

The Manitoba Home for Girls provides a treatment and rehabilitation program for juveniles who require a period of institutional care and custody. The Home's programs are based on a humane concern for the needs of all residents, and involve a wide range of services designed to meet these needs. The Home receives both boys and girls aged 12 to 17 who are admitted by the Director of Child Welfare, or are committed by a Judge of the Family Court.

By early 1976, the Manitoba Home for Boys was experiencing serious overcrowding while the Manitoba Home for Girls population was well below capacity. Due to the separate dormitory or cottage structure of the Home for Girls, it was possible to utilize one cottage area for boys without interfering with the girls' program. In February 1976, 16 boys were moved from the Manitoba Home into Cottage A of the Manitoba Home for Girls. This move makes full utilization of available space and has allowed the rehabilitative program to continue in less crowded circumstances.

The goal of the Home's group therapy treatment program is to assist each resident in developing the feeling that he/she is a worthwhile person who cares about other people. Each resident is assigned to a group in which members are encouraged to assume responsibility for assisting each other to deal with the problems which resulted in commitment. All activities — school, chores and recreational activities — involve group participation. Daily meetings are held in which residents identify the problems they have encountered during the day, and the group member who needs the most help is given the opportunity to work on his/her problems with the group. When a resident reaches the point where he/she is considered by the group and staff to be able to function effectively in the community, a recommendation for discharge is made to Child Welfare authorities.

The academic curriculum provides an opportunity for each student to establish and maintain a rate of learning equal to his/her abilities and talents. The educational program is based on the concept of highly individualized instruction, utilizing current educational skill development programs. The program provides for basic education, improving work habits, exploring career opportunities, outdoor education, safety,

hygiene and a wide range of electives.

One teacher is assigned to each cottage unit to ensure an integrated treatment / education approach. The teacher has the responsibility for the educational needs of all the students in the cottage, as well as monitoring the individual student's achievement in the academic program.

A wide variety of recreational and athletic activities are available to the residents of the institution, with major emphasis placed upon participation and physical development. Planned and supervised recreational programs include indoor, outdoor, on-campus and off-campus programs such as softball, volleyball, basketball, dances, bowling, camping, canoeing, swimming, skating, roller skating, and bicycling. These activities are organized at the team level with the program director consulting with the cottage team in developing appropriate recreational activities. Recreational and athletic activities are used as therapeutic tools in the treatment program.

Parents, family members, and community workers are encouraged to maintain regular contact with residents and telephone calls to parents or community workers are encouraged.

The Home also makes use of institutional, city and provincial resources when planning recreational programs. This emphasizes the trend in correctional philosophy towards community involvement in rehabilitating young offenders.

## **Community Re-entry Program**

The Winnipeg Group Home provides a community re-entry program designed to assist former residents from the institutions during their transitional period from residential care and treatment to community living. The services offered include a day time drop-in centre as well as a twenty-four hour crisis intervention program. Although the facility functions primarily as a day time service, it has the capacity to house juveniles overnight in crisis situations.

This centre allows the child to fall back on a supportive staff person before pressures in the home or community reach a crisis situation. This experimental approach is showing some promise in assisting juveniles with a record of delinquency in re-establishing a normal, socially acceptable role in his community.



## **Education Programs**

All institutions are proceeding on the basis of a unified and coordinated educational program approach, with each facility having its own specialized education program emphasizing individualized learning relevant to the student population. Through the use of the Manitoba Youth Centre as a diagnostic facility, and the use of parallel programs in all three institutions, a continuum of educational programs is being offered. The educational, social and recreational programs are sufficiently integrated with the treatment methodologies so as to maximize the benefits occurring to each resident.

## **Chaplaincy Services**

A Provincial Chaplain is responsible for the co-ordination of a comprehensive ecumenical program of religious activities for the three institutions.

## **Medical Services**

Residents receive thorough physical care and medical attention in all three institutions. The Manitoba Youth Centre provides its own institutional medical services, while the Manitoba Home for Boys and the Manitoba Home for Girls use community based medical services.

## **PROBATION SERVICES**

The Probation Service delivers a basic service to the juvenile and criminal justice systems by providing assessments and recom-

mendations to the Courts, and varied services to those placed under probation supervision.

Probation is a primary form of community corrections. It allows the offender to remain in his home community while receiving assistance in dealing with personal and social responsibilities. The support systems provided by probation personnel are designed to develop long-term socially acceptable attitudes and behaviour patterns which will have an effect long after court-ordered supervision has expired.

Probation Services are delivered by teams of workers, headed by a Senior Probation Officer. Rural teams are based in Beausejour, Selkirk, Portage la Prairie, Brandon, Dauphin, The Pas, and Thompson with sub-offices in Minnedosa, Gillam, Ashern, Morden, Flin Flon, and Swan River. Winnipeg has seven district teams and a central intake unit.

Probation Officers are normally university graduates with specialized training in Criminology, Sociology, or Social Work. Probation Officers are responsible for assessment and treatment services, i.e. Court work and client supervision respectively. They are assisted by Probation Workers or aides who are mature persons whose life experience gives them special ability to assist with probation responsibilities.

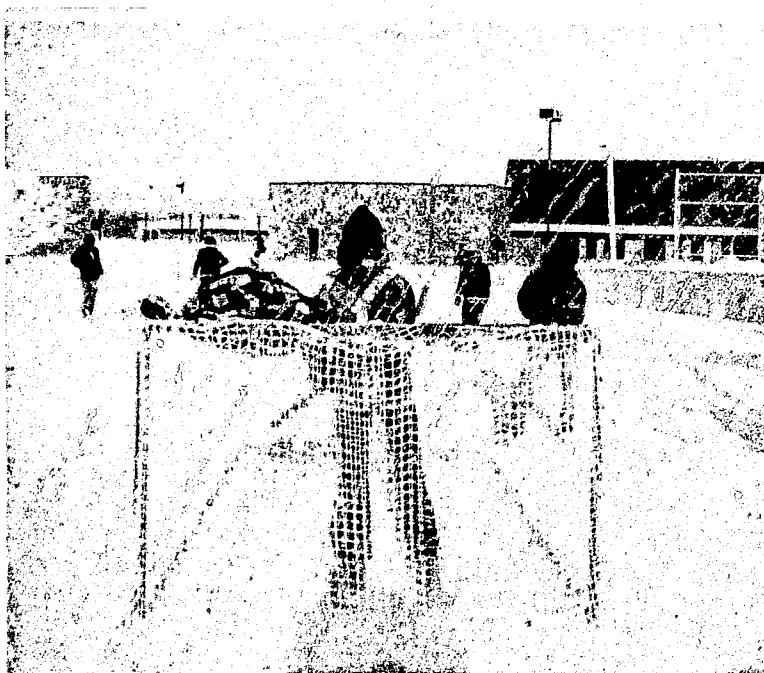
A special effort is being made to utilize community volunteers through the Compass program in urban areas, and the Honourary or Volunteer Probation Officer program in remote communities. Volunteers can provide additional on-site supervision and support to the probationer which makes the V.P.O. an extremely valuable resource to the Probation Team.

## **ADULT PROBATION**

Probation provides three types of service to adult offenders:

### **1. Pre-Sentence Reports**

When requested by the court, reports are prepared concerning adults who have entered a guilty plea, or who have been convicted of a crime and remanded for sentence. Pre-sentence reports outline the personal and social history of the offender and assess his ability to function in a socially acceptable fashion in the community with appropriate support, control, and assistance. The pre-sentence report becomes part of the treatment plan for





those placed on probation, or part of the classification assessment for those sentenced to a correctional institution.

## **2. Probation Supervision**

The Courts may grant unsupervised probation to adults in which case the Probation Service is not involved. Probation Officers and Probation Workers or volunteers work with those placed on supervised probation, monitoring conditions and providing treatment mutually agreed to as part of the probation plan. When an adult is sentenced to a correctional institution with a period of supervised probation to follow, Probation Officers become involved in pre-release planning, rehabilitation and after-care.

## **3. Parole Services**

At the request of the National Parole Service, Probation Officers perform community assessments on inmates applying for parole. The Parole Service contracts with Probation Services to provide parole supervision in areas where there is no parole officer or private after-care agency, or where probation follows the sentence on which parole is granted.

Probation Services may refer probationers to other agencies, such as Canada Manpower, the Alcoholism Foundation and Alcoholics Anonymous. In addition Probation Services offers a Life Skills Course for selected clients and may place others in Grosvenor Place, a hostel privately operated to serve adult probationers in Winnipeg.

## **JUVENILE PROBATION**

Under the **Manitoba Corrections Act** the Police refer all juvenile cases to the Probation Services for assessment, more than 10,000 per year.

### **1. Intake Screening**

If a juvenile meets established criteria, he or she may, after Intake interviews, be diverted from the justice system without formally proceeding by way of a Court appearance. This is called "non-judicial" disposition. About one-third of juveniles referred are handled in this way.

### **2. Court Services**

Juveniles whose cases are brought to Court on the recommendation of the Probation Service will be accompanied by a Probation Officer who will provide the Court with a pre-disposition report. Fol-

lowing an admission or finding of delinquency, the Probation Officer may make recommendations on disposition to the judge on the basis of the pre-court investigation.

## **3. Probation Supervision**

Only about 12% of juveniles referred to the Probation Service are placed on probation by the Court. Probationers are usually supervised in their own home, but if necessary, may be placed in a private foster home, a group foster home privately operated for juvenile probationers, or be placed in one of the private treatment institutions for juveniles, such as Marymound School for Girls, Sir Hugh John MacDonald Hostel, Knowles School for Boys or the Manitoba Community Treatment Association.

## **4. Juvenile After-Care**

About 1% of delinquent juveniles are committed by the Courts each year to one of the provincial rehabilitation centres — the Manitoba Home for Girls or the Manitoba Home for Boys. They are supervised by Probation Officers following discharge from the institution.

Juvenile probation services make use of many resources provided by public and private child welfare agencies, school systems, and other appropriate services. In addition, Probation offers Life Skills, summer recreational programs, and volunteer programs to meet some of the special needs of juvenile probationers.

## **COMMUNITY COMMITTEES**

In accordance with the Ministry's dedication to community-based corrections, Probation Services has assisted communities in developing local committees which play an important role in dealing with delinquent and criminal behaviour. Responsible local persons sitting on the community committee can often bring peer group pressure on offenders and parents with more effect than that of the formal criminal or juvenile system.

These committees work closely with Probation Officers, police, lawyers and the courts, and have shown great promise as a positive force for crime prevention in their own communities.

## **PROGRAM REVIEW AND DEVELOPMENT UNIT**

In May, 1975 the Ministry established a Program Review and Development Unit to support the review and evaluation of programs.

During fiscal year 1976-1977, the Unit provided a range of varied services to specific projects which reflected major areas of Ministry concern in developmental program planning; evaluative research; co-ordination of activities and interests with external agencies; and in the reviewing of programs and services needing attention.

It is anticipated to fiscal year end, Unit staff will have supported the management of more than forty projects of which it will have initiated approximately twenty-one per cent, with the remaining seventy-nine per cent at the initiation of program directors and at other levels of administration.

The versatile staff of the Program Review and Development Unit provides valuable support the program delivery units, enabling the Ministry to upgrade and improve its operation continually.

Below is a **sample listing** of 1976-1977 project assignments involving the Unit and which reflect areas of major Ministry concern:

### **I. Program Development**

1. Northern Probation Plan
2. The Pas — Correctional Institution Program Plan
3. Education and Life Skills in Adult Corrections
4. Juvenile Facilities Planning

### **II Evaluative Research**

1. Volunteer Probation Officer Program — Community Impact Study Submission for Federal Support Funding
2. Community Release Selection Criteria — Temporary Absence Program
3. Manitoba Home for Boys — Program Evaluation
4. Manitoba Home for Girls — Program Evaluation
5. Manpower Training and Development — Program Evaluation
6. Manitoba Community Treatment Association — Evaluation
7. Manitoba Youth Centre — Role and Function

### **III. Co-ordination of Ministry Activities**

1. Young Persons in Conflict with the Law — Task Force

2. Information Exchange Seminar — After-care Agencies
3. The Role of Private Agencies in Criminal Justice — Task Force
4. Juvenile Services Co-ordinating Committee
5. Long Term Objectives in the Administration of Corrections

### **IV Program Reviews**

1. Data Cost Study
2. Intermittent Sentencing
3. Transfer Docket
4. Counselling Services
5. Medical/Forensic Services
6. New Careers

A number of the above mentioned projects have been initiated, and will be completed during the current fiscal year, whilst others in the areas of evaluative research and co-ordination will understandably be continued into the 1977-1978 year along with a projected volume of forty or more new proposals before next fiscal year end.

This year, the scope and nature of projects in which the Unit has played a significant support role, confirms the Ministry's commitment to its review and upgrading of current programs as well as to develop and implement new program directions where these are needed.

The Unit has received the interest and active co-operation of the Resources and Community Services Division, Department of Health and Social Development, as well as six



other provincial Departments in the initiation and conduct of correctional program review and development activities. The agencies of three federal Departments and forty-two local funding, planning and direct service organizations participated in various projects during 1976-1977.

## **STAFF TRAINING AND DEVELOPMENT**

The Ministry of Corrective and Rehabilitative Services recognizes that the objectives of any organization can only be achieved through the efforts of competent, skilled and dedicated staff members, and that adequate recruitment, training, development and evaluation is essential to the efficient operation of correctional and probation services in Manitoba.

A total Manpower Planning program has been developed in conjunction with the Adult Corrections, Juvenile Corrections and Probation Services to provide a broad range of programs to all Ministry staff. These will be staged over a period of three years.

This service will ensure full utilization of presently available staff training resources of the Provincial and Federal Government and ensure that there is no overlap with programs offered by the Staff Training and Development Unit.

The Federal Department of the Solicitor General has been supportive of the development of this service. This will result in Federal employees utilizing staff training and development programs developed by the Ministry in return for Ministry staff access to Federal programs.

Specific highlights of the programs developed through this unit include:

1. Management Training:  
Ministry Directors, Superintendents and Assistant Superintendents of Adult and Juvenile Institutions and Senior Probation staff have begun ongoing Management training courses in order to upgrade their management skills.
2. New employee programs have been developed which provide orientation for the new employee in the structure and policies of the Ministry and its relationship to the total Criminal Justice System.
3. Basic Training for Probation and Juvenile Corrections has been revamped and updated while Adult Corrections basic training is presently being redesigned to better meet the training needs of the system and

the employee.

4. Skills Training: Emphasis is being placed on developing specific skills to allow the correctional and probation staff to improve their abilities to deal with people and situations. Some examples are:

- Counsellor training
- Family crisis response
- First aid, resuscitation, and suicide prevention
- Hostage Negotiations
- Riot Response techniques

The Staff Training and Development Unit is an integral component of the Ministry of Corrective and Rehabilitative Services providing direct training services as well as developing standards, performance appraisal systems, retirement and exit interview programs and evaluation programs.

## **THE ALCOHOLISM FOUNDATION OF MANITOBA**

In August of 1974, the Alcoholism Foundation of Manitoba was restructured to report directly to the Minister of Corrective and Rehabilitative Services. The A.F.M. has a mandate to provide all alcohol and drug abuse programming in Manitoba, including treatment, rehabilitation, research and educational services.

The A.F.M. assists the alcoholic and drug abuser to make the most effective use possible of existing and potential facilities and services by coordinating and integrating the efforts of all agencies offering programs in the field, and by acting as a resource in the development and maintenance of community-based services.

Various A.F.M. or private agencies throughout the City of Winnipeg provide counselling, support and education to problem drinkers and their families while assisting them in identifying, resolving or minimizing problems associated with alcoholism and drug abuse. These services are provided by agencies such as Al-Anon and Alateen Family Groups, Alcoholics Anonymous, Klinik, The Salvation Army Harbour Light Centre, The X-Kalay Foundation, Kia Zan, and The Chemical Addiction Treatment Program at Victoria Hospital.

A.F.M. treatment facilities in Winnipeg, Brandon, The Pas, Churchill, and Thompson provide referral service, case-finding, individual and group counselling, professional therapy and follow-up for alcoholics and their families. Medical, psychiatric and psy-

chological treatment are also available as required. In Winnipeg, rehabilitation and counselling for men, as in-patients, is provided by Nassau House and Stradbrook House. River House services as an in-patient facility for women. In Brandon, The Sun Centre provides an in-patient treatment facility for both men and women. In Thompson, Cameron Lodge provides an in-patient program for men only. In The Pas, Rosaire House provides an in-patient treatment for both men and women.

Out-patient treatment service is also available and has proven to be the most efficient and realistic alternative for the vast majority of employed alcoholics providing an entry point for clients into appropriate programs. Out-patient service also provides assessment and appropriate referral for clients as required. In Winnipeg, this is provided for both men and women at the new Christie Centre on River Avenue. In Brandon, Matheson House is used for this service. In both Thompson and The Pas, similar service for both men and women is provided in Cameron Lodge and Rosaire House respectively. The Churchill Health Centre provides on behalf of the A.F.M. similar out-patient and out-reach treatment programs for the community.

In Winnipeg, staff members from the A.F.M. and the Motor Vehicle Branch act as resource people for an Impaired Drivers Program. The course involves the presentation of films, lectures and discussions regarding drinking and driving, alcoholism, the visual and reflex changes caused by the excessive use of alcohol and the serious legal implications of alcohol abuse.

The A.F.M. is also involved in a Court Program which provides counselling and assistance to individuals arraigned on alcohol-related charges. Court counsellors make court appearances, provide letters to lawyers and judges on behalf of clients, and accept offenders on direct probation to the Alcoholism Foundation for periods of six months to three years.

Continuing support is provided to the Native Alcoholism Council including a working liaison with key Native organizations such as the Manitoba Indian Brotherhood, the Manitoba Metis Association and the Manitoba Association of Friendship Centres.

Industrial programs established by the A.F.M. engage the services of full-time

employees to consult with and train personnel in a large number of companies throughout the Province. These programs are highly valued as they are successful in encouraging employees who are problem drinkers to recognize the fact and to motivate them to seek assistance.

An Outreach Program has been developed in Thompson to serve Northern Manitoba communities by encouraging alcohol and drug abuse education in schools, providing follow-up on patients who have left treatment centres, and assisting with in-service training sessions for teachers, nurses, clergy and the R.C.M.P.

Community Education Programs attempt to publicize the need and availability of treatment for a wide variety of problems associated with alcohol and drug abuse. Programs are designed to promote public awareness, stressing the importance of encouraging attitudes and behaviour supportive of moderate drinking styles, while at the same time, realistically outlining the risks involved in excessive consumption of alcohol or other drugs.

The A.F.M. is planning to initiate a wide variety of programs ranging from media campaigns to meetings, small workshops and training sessions in an attempt to involve the public in the prevention of alcohol and drug abuse.

Through community-based services, the A.F.M. attempts to aid the alcoholic and drug abuser to come to terms with problems and to seek rehabilitation and treatment services which will allow them to lead more fulfilling lives.

The Alcoholism Foundation of Manitoba publishes its own Annual Report available from the Foundation offices or the Ministry of Corrective and Rehabilitative Services.

Department of Health and Social Development

# Statistical Review

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Table 7 Deaths and Death Rates Due to Accidents — Motor Vehicle and Other — Manitoba — 1974 to 1976.

## **Section 9 — Fitness and Amateur Sport**

Table 1 Fitness and Amateur Sport Funding and Participation.

## **Section 10 — Population**

Table 1 Population of Manitoba by Health & Social Development Regions, June 1, 1976.



**Table: 1**  
**Number of Children by Present Status**  
**Who have been placed\* by Reporting Agency**  
**(As at December 31, 1976)**

	WARDS	T.C.P.**	OTHER	TOTAL AT DEC. 31/76	TOTAL AT DEC. 31/75
EASTMAN	110	5	2	117	96
INTERLAKE	143	7	-	150	156
PARKLAND	277	21	-	298	294
NORMAN	182	8	13	203	239
THOMPSON	200	17	7	224	170
WINNIPEG	127	40	5	172	168
TOTAL REGIONAL OFFICES	1,039	98	27	1,164	1,123
C.A.S. CENTRAL	289	34	15	338	373
C.A.S. EASTERN	293	41	1	335	429
C.A.S. WESTERN	442	13	3	458	485
C.A.S. WINNIPEG	1,552	136	2	1,690	1,842
JEWISH CHILD AND FAMILY SERVICE	25	5	10	40	30
TOTAL CHILDREN'S AID SOCIETIES	2,601	229	31	2,861	3,159
TOTAL	3,640	327	58	4,025	4,282

\*Placed — Placements other than the home of the child's parents or person in whose care the child was.

\*\*T.C.P. — Temporary Contract Placement.

**Table: 2**  
**Number of Children by Placement**  
**Who have been Placed\* by Reporting Agency (As at Dec. 31 / 76)**

AGENCY/REGION PLACEMENT	REGIONS						CHILDREN'S AID SOCIETIES					TOTAL
	EASTMAN	INTERLAKE	PARKLANDS	NORMAN	THOMPSON	WINNIPEG	CENTRAL	EASTERN	WESTERN	WINNIPEG	JEWISH C & F S	
FOSTER HOMES	66	90	201	123	130	51	181	179	242	547	13	1,823
SPECIAL RATE FACILITIES - FOSTER & BOARDING HOMES	26	8	9	5	10	26	38	30	33	173	-	358
PRIVATE GROUP FOSTER HOMES GROUP FACILITIES/INST.	2	8	8	6	5	19	12	18	4	152	-	234
OWN AGENCY GROUP FOSTER HOMES	-	-	-	-	-	-	6	4	38	138	-	186
OWN AGENCY GROUP FACILITIES	-	-	-	-	-	-	-	-	-	53	16	69
OWN AGENCY RECEIVING GROUP FACILITIES	-	-	-	-	-	-	-	-	-	34	-	34
OWN AGENCY INSTITUTIONS	-	-	-	-	-	-	-	-	22	-	-	22
OTHER FACILITIES	-	2	2	1	-	7	-	-	3	4	-	19
PRIVATE INSTITUTIONS IN MANITOBA	-	7	16	13	18	8	11	6	15	100	-	194
PRIVATE INSTITUTIONS OUTSIDE MANITOBA	-	1	6	2	1	1	5	-	2	34	1	53
TOTAL PAY CARE	94	116	242	150	164	112	253	237	359	1,235	30	2,992
SELECTED ADOPTION PROBATION	14	8	19	18	13	21	29	51	28	147	8	356
NON-PAY CARE INSTITUTIONS	9	26	37	35	47	39	56	47	71	308	2	677
TOTAL NON-PAY CARE	23	34	56	53	60	60	85	98	99	455	10	1,033
TOTAL PAY AND NON-PAY CARE	117	150	298	203	224	172	338	335	458	1,690	40	4,025
ADOPTIONS												
AGENCY WARDS PLACED FOR ADOPTION DURING 1976	2	21	45	22	21	26	25	51	82	258	-	553

\*Placed — Placements other than the home of the child's parents or person in whose care the child was.

**Table: 3**  
**Registry of Physically Abused Children in Manitoba**  
**Reports Received: By Source, Age and Sex of Child, Description of Trauma,**  
**Disposition of Children, and Action Taken against Abuser. 1972-1976**

SOURCE	1972	1973	1974	1975	1976
<u>Children's Aid Societies:</u>	<u>63</u>	<u>61</u>	<u>54</u>	<u>87</u>	<u>99</u>
Central	4	3	3	3	4
Eastern	2	1	3	2	4
Western	13	12	12	12	14
Winnipeg	44	45	36	70	77
<u>Regional Offices:</u>	<u>18</u>	<u>9</u>	<u>28</u>	<u>16</u>	<u>36</u>
Winnipeg	-	-	1	-	2
Central	-	-	-	-	-
Eastman	7	-	6	-	1
Interlake	3	2	6	11	6
Norman	5	3	10	4	3
Parkland	3	4	5	-	7
Thompson	-	-	-	1	17
<u>Total</u>	<u>81</u>	<u>70</u>	<u>82</u>	<u>103</u>	<u>135</u>
<u>Age:</u>					
Under 1 year	12	20	7	15	21
1 - 3 years	29	23	33	27	39
4 - 10 years	26	19	30	38	43
11 - 15 years	11	6	3	22	30
16 and over	3	2	7	1	2
<u>Total</u>	<u>81</u>	<u>70</u>	<u>82</u>	<u>103</u>	<u>135</u>
<u>Sex:</u>					
Males	44	36	54	53	60
Females	37	34	28	50	75
<u>Total</u>	<u>81</u>	<u>70</u>	<u>82</u>	<u>103</u>	<u>135</u>
<u>Trauma:</u>					
Death	1	-	4	2	2
Fracture(s)	14	16	11	16	19
Burns	5	5	7	5	6
Bruises and welts	37	41	56	60	78
Rape	1	-	-	-	-
Sexual Assault	1	-	-	6	15
Other	22	8	4	14	15
<u>Total</u>	<u>81</u>	<u>70</u>	<u>82</u>	<u>103</u>	<u>135</u>

Table: 3  
(cont'd)

SOURCE	1972	1973	1974	1975	1976
<u>Alleged Abuser:</u>					
Father	26	11	18	21	46
Mother	26	22	20	22	33
Both Parents	15	9	8	10	6
Common-law spouse	-	6	4	16	17
Unknown	5	9	23	16	16
Other	9	13	9	18	17
<u>Total</u>	<u>81</u>	<u>70</u>	<u>82</u>	<u>103</u>	<u>135</u>
<u>Disposition of Children:</u>					
1. Child left or returned home with agency supervision	46	41	32	51	57
2. Non-ward care	3	4	4	4	16
3. Temporary guardianship	15	10	14	32	20
4. Permanent guardianship	16	5	1	1	5
5. Deceased	1	-	4	2	2
6. Investigation only	-	2	20	12	30
7. Pending	-	8	7	1	5
<u>Total</u>	<u>81</u>	<u>70</u>	<u>82</u>	<u>103</u>	<u>135</u>
<u>Action(s) Taken Against Alleged Abuser:</u>					
1. Home supervision	43	41	35	51	46
2. Child removed into non-ward care	3	4	4	4	16
3. Temporary loss of parental rights	15	10	12	29	20
4. Permanent loss of parental rights	16	5	1	1	5
5. Criminal Court proceedings	4	2	1	2	10
6. Investigation only	-	2	23	12	30
7. Pending (Family Court & Criminal Court)	-	9	6	4	8

**Table: 1**  
**Juvenile Probation Assessments completed by Probation Officers;**  
**By Type — Winnipeg — 1974-1976**

TYPE	1974	1975	1976
SOCIAL STUDIES	187	136	141
COURT SUMMARIES	1,451	1,276	1,697
NON-JUDICIAL	2,067	2,179	2,616
"I" LEVEL	101	54	38

**Table: 2**  
**Juvenile Probation Caseload Movement:**  
**By Type — Winnipeg — 1975, 1976**

	NEW INTAKE		PROBATION WITH OR WITHOUT PLACEMENT		AFTERCARE		REHABILITATION CENTRE		TOTAL	
	1975	1976	1975	1976	1975	1976	1975	1976	1975	1976
BEGINNING OF YEAR	670	1,063	572	651	13	15	45	57	1,300	1,786
CASES OPENED	4,460	5,115	513	539	18	19	85	68	5,076	5,741
TOTAL CASES SERVED	5,130	6,178	1,085	1,190	31	34	130	125	6,376	7,527
CASES CLOSED	4,067	5,085	434	441	16	18	73	68	4,590	5,612
END OF YEAR	1,063	1,093	651	749	15	16	57	57	1,786	1,915

**Table: 3**  
**Juvenile Probation Caseload Movement; By Type**  
**The Province of Manitoba — 1975, 1976**

	NEW INTAKE		PROBATION WITH OR WITHOUT PLACEMENT		AFTERCARE		REHABILITATION CENTRE		TOTAL	
	1975	1976	1975	1976	1975	1976	1975	1976	1975	1976
BEGINNING OF YEAR	1,441	1,911*	1,508	1,682*	21	24*	80	109*	3,050	3,726
CASES OPENED	9,398	9,876	1,487	1,588	30	43	142	143	11,057	11,650
TOTAL CASES SERVED	10,839	11,787	2,995	3,270	51	67	222	252	14,107	15,376
CASES CLOSED	8,931	9,712	1,346	1,713	28	42	118	143	10,423	11,610
END OF YEAR	1,908	2,075	1,649	1,557	23	25	104	109	3,684	3,766

\* Adjusted figure due to addition of Churchill cases

**Table: 4**  
**Manitoba Youth Centre**  
**Number of Residents Admitted Annually:**  
**By Sex — 1973 to 1976**

YEAR	BOYS	GIRLS	TOTAL
1973	3,030	1,426	4,456
1974	3,019	1,299	4,318
1975	3,066	1,533	4,599
1976	3,117	1,469	4,586

**Table: 5**  
**Manitoba Youth Centre:**  
**Average Number of Residents Per Day**  
**1973 to 1976**

YEAR	BOYS	GIRLS	TOTAL
1973	89.1	37.8	126.9
1974	96.2	31.7	127.9
1975	113.9	43.4	157.3
1976	106.7	44.7	151.4

**Table: 6**  
**Manitoba Youth Centre**  
**Average Length of Stay Per Resident**  
**1973 to 1976**

YEAR	BOYS	GIRLS	TOTAL
1973	10.4	8.8	9.9
1974	11.7	9.0	10.9
1975	13.1	9.7	11.9
1976	11.7	11.1	11.5

**Table: 7**  
**Manitoba Youth Centre**  
**Children Released; by Age and Sex —**  
**1975, 1976**

AGE	BOYS		GIRLS		TOTAL	
	1975	1976	1975	1976	1975	1976
12 AND UNDER	320	316	131	108	451	424
13 YEARS	269	280	201	140	470	420
14 YEARS	429	462	359	354	788	816
15 YEARS	634	628	398	390	1,032	1,018
16 YEARS	681	736	253	297	934	1,033
17 YEARS	696	723	195	164	891	887
18 YEARS	27	29	5	4	32	33
TOTAL	3,056	3,174	1,542	1,457	4,598	4,631

**Table: 8**  
**Manitoba Youth Centre**  
**Juveniles Released from Detention;**  
**By Reasons for Admission — 1976**

REASONS FOR ADMISSION	BOYS	GIRLS	TOTAL
<u>Offences Against Person</u>	<u>299</u>	<u>39</u>	<u>338</u>
- Murder; Manslaughter	12	-	12
- Assault; Assault Causing Bodily Harm	91	16	107
- Robbery (armed or with violence)	28	1	29
- Sex Offence	38	4	42
- Other	130	18	148
<u>Offences Against Property</u>	<u>1,701</u>	<u>326</u>	<u>2,027</u>
- Break, Enter and Theft*	645	57	702
- Auto Theft	301	36	337
- Theft	574	193	767
- Forge and Utter; False Pretenses	18	10	28
- Possession of Stolen Goods	80	17	97
- Arson	15	2	17
- Other	68	11	79
<u>Offences Against Self</u>	<u>635</u>	<u>278</u>	<u>913</u>
- Breach of Narcotics Control Act	64	10	74
- Breach of Food and Drug Act	-	-	-
- Breach of Liquor Control Act	189	111	300
- Breach of Highway Traffic Act	66	3	69
- Substance Abuse	131	76	207
- Other	185	78	263
<u>Child Welfare Act</u>	<u>539</u>	<u>814</u>	<u>1,353</u>
TOTAL	3,174	1,457	4,631

\*Includes Break and Enter; Attempt Break and Enter.

**Table: 9**  
**Manitoba Youth Centre**  
**Juveniles Released from Detention**  
**By Disposition, By Sex — 1975, 1976**

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DISPOSITION	1975				1976			
	BOYS		GIRLS		BOYS		GIRLS	
	J.D.A.	C.W.A.	J.D.A.	C.W.A.	J.D.A.	C.W.A.	J.D.A.	C.W.A.
TO PARENT, GUARDIAN OR RELATIVE	1,730	22	455	378	1,904	285	448	398
TO REHAB. CENTRE	8	3	9	3	-	-	-	-
TO RESIDENT INSTITUTION	294	72	56	103	169	86	28	37
TO GROUP HOME	54	9	19	22	215	68	54	124
TO FOSTER HOME	344	118	164	247	200	93	95	227
TRANSFERRED - ADULT COURT	21	-	-	-	31	-	-	-
OTHER (HOSPITAL, SELF, ELC, (UAL, MP)	118	63	31	55	105	18	14	32
TOTAL	2,569	487	734	808	2,624	550	639	818





**Table: 10**  
**Manitoba Home for Boys, and**  
**Manitoba Home for Girls:**  
**Admissions by Age — 1975, 1976**

AGE ON ADMISSION	MANITOBA HOME FOR BOYS		MANITOBA HOME FOR GIRLS *		
	1975	1976	1975	1976	
			GIRLS	GIRLS	BOYS
UNDER 15	17	13	9	9	3
15 YEARS	34	20	8	6	6
16 YEARS	43	38	8	6	8
17 AND OVER	20	24	4	4	4
TOTAL	114	95	29	25	21

\*As of February, 1976, the Manitoba Home for Girls included a resident count for boys.

**Table: 11**  
**Manitoba Home for Boys and**  
**Manitoba Home for Girls:**  
**Monthly Average Number of Admissions**  
**and Discharges; and Average Daily**  
**Population — 1975, 1976**

MONTHLY AVERAGE	MANITOBA HOME FOR BOYS		MANITOBA HOME FOR GIRLS*		
	1975	1976	1975	1976	
			GIRLS	GIRLS	BOYS
ADMISSIONS	9.5	7.9	2.4	2.1	1.9
DISCHARGES	7.6	10.2	3.3	1.9	1.0
AVERAGE DAILY POPULATION	88.1	86.9	15.3	19.1	12.2

\*As of February, 1976, the Manitoba Home for Girls included a resident count for boys.

**Table: 12**  
**Manitoba Home for Boys and Girls**  
**Average Days Stay Per Discharge — 1974-1976**

YEAR	MANITOBA HOME FOR BOYS	MANITOBA HOME FOR GIRLS**		TOTAL *
		GIRLS	BOYS	
1974	382	272	-	338
1975	249	296	-	264
1976	253	260	185	249

\*Weighted Average

\*\*As of Feb., 1976, the Manitoba Home for Girls included a resident count for boys.

**Table: 13**  
**Manitoba Home for Boys and Girls**  
**Number of JDA's and CWA's**  
**Cases Admitted and Discharged**  
**1974-1976**

MANITOBA HOME FOR BOYS					MANITOBA HOME FOR GIRLS*							
YEAR	ADMITTED		DISCHARGED		ADMITTED				DISCHARGED			
	JDA	CWA	JDA	CWA	JDA		CWA		JDA		CWA	
					G	B	G	B	G	B	G	B
1974	76	2	39	1	14	-	17	-	7	-	20	-
1975	112	2	87	4	11	-	18	-	25	-	14	-
1976	93	2	119	3	18	21	7	-	9	11	14	-

JDA refers to juveniles committed under the Juvenile Delinquent's Act.

CWA refers to juveniles held under the Child Welfare Act.

\*As of Feb., 1976, the Manitoba Home for Girls included a resident count for boys.



**Table: 1**  
**Adult Probation and Parole Services:**  
**Caseload Movement by Type —**  
**Winnipeg — 1975, 1976**

	NEW INTAKE		PROBATION		PAROLE		PRISON & PROBATION				TOTAL	
							IN PRISON		ON PROBATION			
	1975	1976	1975	1976	1975	1976	1975	1976	1975	1976	1975	1976
BEGINNING OF YEAR	98	95	431	449	18	19	86	110	141	138	774	811
CASES OPENED	624	668	272	515	39	24	177	220	159	282	1,271	1,709
TOTAL CASES SERVED	722	763	703	964	57	43	263	330	300	420	2,045	2,520
CASES CLOSED	627	713	254	334	38	33	153	211	162	226	1,234	1,517
END OF YEAR	95	50	449	630	19	10	110	119	138	194	811	1,003

**Table: 2**  
**Adult Probation and Parole Services: Caseload Movement by Type —**  
**Province of Manitoba — 1975, 1976**

	NEW INTAKE		PROBATION		PAROLE		PRISON & PROBATION				TOTAL	
							IN PRISON		ON PROBATION			
	1975	1976	1975	1976	1975	1976	1975	1976	1975	1976	1975	1976
BEGINNING OF YEAR	137	133	817	874*	71	46	159	182	186	214	1,370	1,449
CASES OPENED	1,280	1,351	785	1,188	100	104	265	336	239	364	2,669	3,343
TOTAL CASES SERVED	1,417	1,484	1,602	2,062	171	150	424	518	425	578	4,039	4,792
CASES CLOSED	1,284	1,390	734	976	125	102	242	328	211	317	2,596	3,113
END OF YEAR	133	94	868	1,086	46	48	182	190	214	261	1,443	1,679

\*Adjusted figures due to addition of Churchill cases.



**CONTINUED**

**1 OF 2**

**Table: 3**  
**Adult Probation and Parole Assessments: by Type**  
**Winnipeg — 1975, 1976**

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TYPE OF ASSESSMENTS	1975	1976
PRE-SENTENCE	490	551
SUPPLEMENTAL AND PROGRESS	15	23
PRE-PAROLE	21	4
POST-SENTENCE	4	3
MISCELLANEOUS ENQUIRY	66	58
TOTAL	596	649

**Table: 4**  
**Adult Correctional Institutions:**  
**Resident Population — 1976**

RESIDENT POPULATION*	HEAD- INGLEY**	BRANDON.		PORTAGE	THE PAS		DAUPHIN	VAUGHAN STREET***		TOTAL
		MALE	FEMALE		MALE	FEMALE		MALE	FEMALE	
At Beginning of Year	413	77	-	23	38	1	25	1	2	580
Admissions	2,685	841	81	98	669	48	408	509	110	5,449
Discharges	2,646	841	81	105	649	49	397	510	111	5,389
At End of Year	452	77	-	16	58	-	36	-	1	640
Total Resident Days (Institution Only)	125,076	26,410	123	6,114	10,636	415	11,756	13,543	1,020	195,093
Average Daily Pop. (Institution Only)	341.7	72.2	0.3	16.7	29.1	1.1	32.1	37.0	2.8	533.0
'Peak' Daily Pop. (Institution Only)	390	97	2	30	50	6	47	58	7	687
Minimum Daily Pop. (Institution Only)	279	52	-	13	18	-	23	23	-	408
Total Resident Days (Camps)	6,602	3,859			9,108					19,569
Average Daily Pop. (Camps)	18.0	10.5			24.9					53.5

\*Includes offenders sentenced, remanded for trial and pre-court residents.

\*\*Includes two juveniles.

\*\*\*Those residents admitted to Headingley Correctional Institution or Portage Correction Centre for Women via Vaughan Street Adult Detention Home along with transfers from Headingley to Vaughan Street are not included as admissions in Vaughan Street admission count. However, the resident days accumulated at Vaughan Street by these same residents are included in the Vaughan Street residents days count.



**Table: 5**  
**Adult Correctional Institutions**  
**All Admissions\* By**  
**Marital Status — 1976**

MARITAL STATUS	HEAD-INGLEY**	BRANDON		PORTAGE	THE PAS		DAUPHIN	VAUGHAN STREET		TOTAL
		MALE	FEMALE		MALE	FEMALE		MALE	FEMALE	
SINGLE	1,591	500	34	49	414	27	263	284	52	3,214
MARRIED	487	184	31	21	183	9	82	105	17	1,119
SEPARATED	167	49	5	9	27	4	13	66	13	353
WIDOWER OR WIDOW	16	3	1	5	2	2	3	2	3	37
DIVORCED	108	31	2	5	7	1	7	30	7	198
COMMON-LAW	313	74	7	8	20	3	40	22	18	505
NOT KNOWN	3	-	1	1	16	3	-	-	-	24
TOTAL	2,685	841	81	98	669	49***	408	509	110	5,450***

\*Includes offenders sentenced, remanded for trial and pre-court residents.

\*\*Includes two juveniles.

\*\*\*Does not balance with the total admissions in Table 4 due to data used as reported.

**Table: 6**  
**Adult Correctional Institutions**  
**All Admissions\* by Educational Level — 1976**

EDUCATION LEVEL	HEAD-INGLEY**	BRANDON		PORTAGE	THE PAS		DAUPHIN	VAUGHAN STREET		TOTAL
		MALE	FEMALE		MALE	FEMALE		MALE	FEMALE	
NO FORMAL EDUCATION	42	26	1	1	23	-	13	2	2	110
GRADE 9 OR LESS	1,368	420	50	65	410	40	284	163	54	2,854
SOME HIGH SCHOOL (10-12)	1,180	323	22	25	214	6	110	317	47	2,244
SOME TECHNICAL	10	-	-	2	1	-	-	6	2	21
SOME UNIVERSITY	71	25	2	2	2	-	1	19	2	124
NOT KNOWN	14	47	6	3	19	3	-	2	3	97
TOTAL	2,685	841	81	98	669	49***	408	509	110	5,450***

\*Includes offenders sentenced, remanded for trial and pre-court residents.

\*\*Includes two juveniles.

\*\*\*Does not balance with the total admissions in Table 4 due to data used as reported.

**Table: 7**  
**Adult Correctional Institution:**  
**All Admissions\* By**  
**Age Group — 1976**

AGE GROUP	HEAD- INGLEY**	BRANDON		PORTAGE	THE PAS		DAUPHIN	VAUGHAN STREET		TOTAL
		MALE	FEMALE		MALE	FEMALE		MALE	FEMALE	
UNDER 18 YRS.	55	3	-	-	2	-	1	-	-	61
18-22 YRS.	1,008	350	16	32	310	25	181	205	42	2,169
23-27 YRS.	693	158	21	18	167	7	81	112	28	1,285
28-32 YRS.	346	115	22	21	74	6	58	77	15	734
33-37 YRS.	210	57	4	7	45	1	30	49	7	410
38-42 YRS.	142	43	9	8	22	5	21	31	10	291
43-47 YRS.	117	48	5	7	21	2	14	16	5	235
OVER 47 YRS.	112	67	4	5	20	-	22	18	3	251
NOT KNOWN	2	-	-	-	8	3	-	1	-	14
TOTAL	2,685	841	81	98	669	49***	408	509	110	5,450***

\*Includes offenders sentenced, remanded for trial and pre-court residents.

\*\*Includes two juveniles.

\*\*\*Does not balance with the total admissions in Table 4 due to data used as reported.

**Table: 8**  
**Adult Correctional Institutions: Sentenced**  
**Offenders' By Most Serious Offence\*\* — 1976**

	HEAD- INGLEY	BRANDON	PORTAGE	THE PAS		DAUPHIN	VAUGHAN STREET		TOTAL
				MALE	FEMALE		MALE	FEMALE	
1. Murder	3	-	-	-	-	-	-	-	3
2. Attempted Murder	3	-	-	-	-	-	-	-	3
3. Manslaughter	9	1	-	1	-	1	-	-	12
4. Rape	22	2	1	8	-	1	-	-	34
5. Other Sexual Offences	41	3	-	3	-	2	-	-	49
6. Wounding	8	1	-	11	-	-	-	-	20
7. Assaults	113	20	13	63	1	21	2	-	233
8. Robbery	79	2	5	5	-	11	-	-	102
9. Breaking & Entering	201	33	4	39	-	34	-	-	311
10. Theft - Motor Vehicle	21	6	1	7	-	1	-	-	36
11. Theft Over \$200	106	23	3	13	-	6	1	-	152
12. Theft \$200 and Under	136	20	9	11	1	3	2	1	183
13. Have Stolen Goods	44	6	-	8	-	1	-	-	59
14. Frauds	61	11	4	6	-	3	1	-	86
15. Offensive Weapons	29	8	1	15	-	1	-	-	54
16. Other Criminal Code									
Impaired Driving	217	102	-	42	5	44	17	4	431
- Driving While Suspended	133	41	-	20	-	36	6	-	236
- Other	-	79	27	47	11	26	13	5	208
17. Federal Statutes									
- Narcotics Control Act	137	12	6	19	1	-	9	4	188
- Other	64	11	2	14	2	-	5	-	98
18. Provincial Statutes									
- Liquor Control Act	198	80	14	54	3	39	46	17	451
- Highway Traffic Act	9	1	2	-	-	-	12	2	26
- Other	159	1	-	6	-	-	10	-	176
19. Municipal By-Laws	-	2	-	3	-	-	-	-	5
Total	1,793***	465	92	395	24	230	124	33	3,156***

\*Also includes residents whose status changed to 'sentenced'.

\*\*Although individuals may be charged with multiple offences, only one offence has been tabulated for each sentenced offender. 'Most Serious Offence' was selected according to the following criteria: 1) if there were several sentences, the offence selected would be that for which the heaviest punishment was awarded. 2) if the sentence were the same, the offence selected is the more serious one, as measured by the maximum penalty allowed by the law: this corresponds to the ranking in the table. These criteria are consistent with Statistics Canada's ordering as stated in the Uniform Crime Reporting Manual.

\*\*\*Includes 101 offenders sentenced to Manitoba Penitentiary.

**Table: 9**  
**Adult Correctional Institutions:**  
**Sentenced Offenders\* By**  
**Length of Sentence\*\* — 1976**

LENGTH OF SENTENCE**	HEAD- INGLEY	BRANDON	PORTAGE	THE PAS		DAUPHIN	VAUGHAN STREET		TOTAL
				MALE	FEMALE		MALE	FEMALE	
7 DAYS AND UNDER	198	88	9	34	3	41	61	21	455
8 DAYS TO 1 MONTH LESS 1 DAY	457	156	33	71	11	75	42	8	853
1 MONTH TO 2 MONTHS LESS 1 DAY	225	42	9	44	3	20	15	2	360
2 MONTHS TO 4 MONTHS LESS 1 DAY	267	53	11	96	6	21	5	2	461
4 MONTHS TO 6 MONTHS LESS 1 DAY	157	30	16	29	-	12	-	-	244
6 MONTHS TO 9 MONTHS LESS 1 DAY	96	30	6	59	-	29	-	-	220
9 MONTHS TO 12 MONTHS LESS 1 DAY	121	24	1	11	-	13	-	-	170
12 MONTHS TO 15 MONTHS LESS 1 DAY	43	13	2	28	-	7	1	-	94
15 MONTHS TO 18 MONTHS LESS 1 DAY	67	11	2	5	-	10	-	-	95
18 MONTHS TO 2 YEARS LESS 1 DAY	59	18	3	9	-	2	-	-	91
LT. GOVERNOR'S PLEASURE	2	-	-	9	1	-	-	-	12
TOTAL	1,692	465	92	395	24	230	124	33	3,055

\*Also includes those residents whose status has changed to "sentenced" during 1976.

\*\*"Length of Sentence" refers to aggregated time to be served (excluding concurrencies) for each time admitted.

**Table: 10**  
**Adult Correctional Institutions: Persons Detained Under**  
**"Intoxicated Persons Detention Act" — 1974 to 1976**

YEAR	HEAD- INGLEY	BRANDON		PORTAGE	THE PAS		DAUPHIN	VAUGHAN STREET		TOTAL
		MALE	FEMALE		MALE	FEMALE		MALE	FEMALE	
1974	13	638	111	60	873	274	141	147	62	2,319
1975	16	562	122	41	734	282	135	33	8	1,933
1976	71	617	129	57	487	186	236	59	11	1,853

**Table: 11**  
**Adult Correctional Institutions: Parole Certificates**  
**and Temporary Absences — 1976**

PAROLE CERTIFICATES AND TEMPORARY ABSENCES	HEAD- INGLEY*	BRANDON	PORTAGE	THE PAS		DAUPHIN	VAUGHAN STREET		TOTAL
				MALE	FEMALE		MALE	FEMALE	
DAY PAROLE CERTIFICATES GRANTED	126	33	-	20	-	27	-	-	206
FULL PAROLES GRANTED	67	11	5	2	-	4	2	-	91
TEMPORARY ABSENCES	1,178	47	24	108	-	79	70	1	1,507

\*Includes Community Release Centre

**Table: 12**  
**Adult Correctional Institutions:**  
**All Discharges\* By Reason for Discharge — 1976**

REASON FOR DISCHARGE	HEAD- INGLEY**	BRANDON		PORTAGE	THE PAS		DAUPHIN	VAUGHAN STREET		TOTAL
		MALE	FEMALE		MALE	FEMALE		MALE	FEMALE	
Persons Granted Full Parole	55	32	-	5	2	-	4	-	-	98
Expiration of Sentence	1,272	292	10	72	260	17	154	7	24	2,108
Transferred to Manitoba Penitentiary	407	19	-	3	5	1	12	-	-	447
Transferred to Vaughan Street or Portage Centre for Women	-	-	33	4	1	-	-	-	-	38
Released on Own Recognizance, At Court or Bail	493	356	30	13	186	16	144	336	59	1,633
Transferred to Other Judicial District	79	39	-	2	71	7	47	16	-	261
Transferred to R.C.M.P. Escort	183	26	1	-	88	8	12	25	7	350
Part and Full Fine Paid	102	66	6	3	36	-	24	97	12	346
Transferred to Immigration	49	1	-	-	-	-	-	3	1	54
Maintenance Orders Paid	4	-	-	-	-	-	-	11	-	15
Released to Probation Officer	-	2	-	-	-	1	-	-	-	3
Struck of Strength (Deceased)	2	-	-	-	-	-	-	-	-	2
Other	-	8	1	3	-	-	-	15	8	35
<b>Total</b>	<b>2,646</b>	<b>841</b>	<b>81</b>	<b>105</b>	<b>649</b>	<b>50***</b>	<b>397</b>	<b>510</b>	<b>111</b>	<b>5,390***</b>

\*Includes those offenders sentenced, remanded for trial and pre-court residents.

\*\*Includes two juveniles.

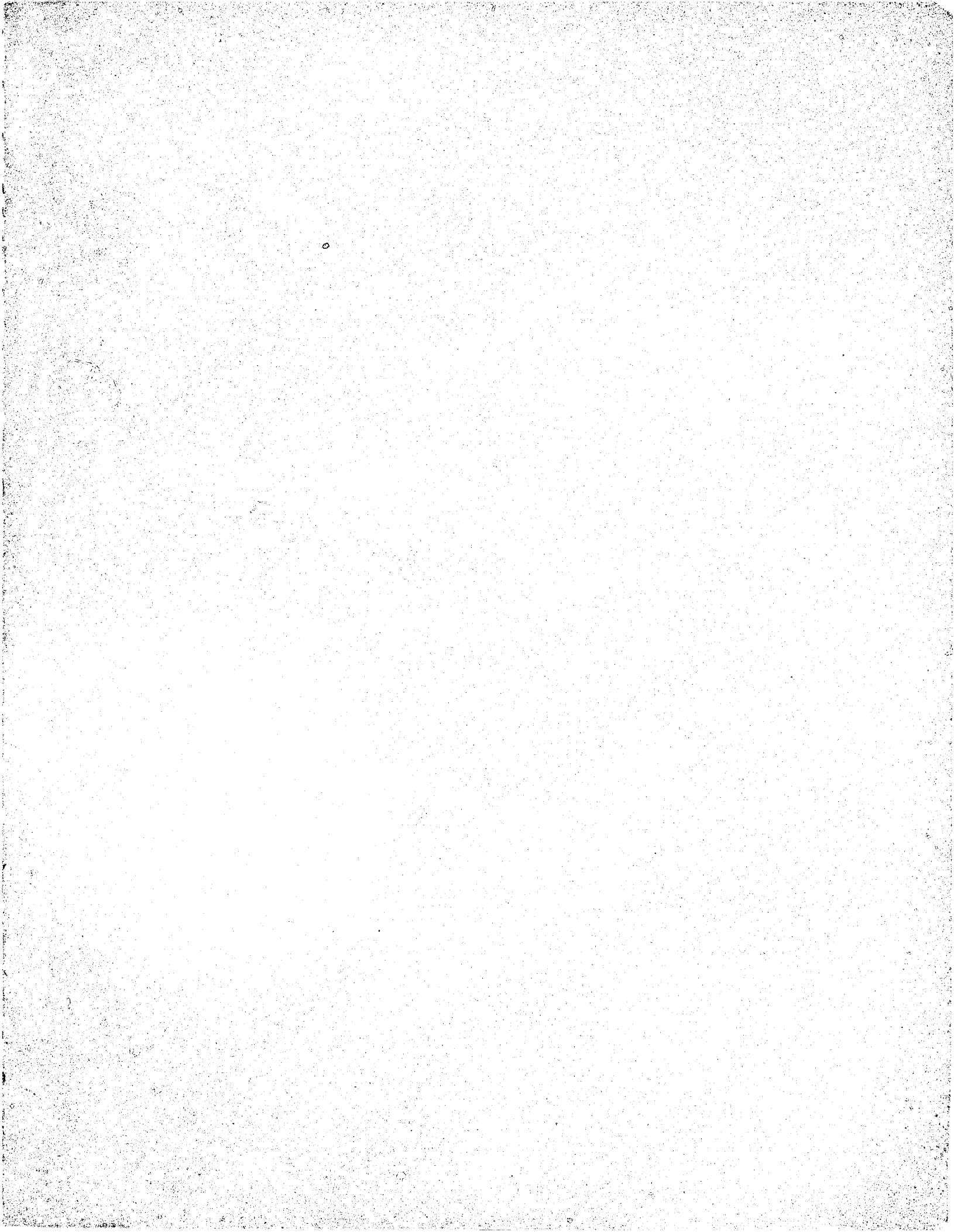
\*\*\*Does not balance with the total discharges in Table 4 due to data used as reported.

**Table: 13**  
**Adult Correctional Institutions:**  
**Juveniles' Held in Juvenile Section:**  
**By Sex — 1976**

	HEADINGLEY		BRANDON		THE PAS		DAUPHIN		TOTAL	
	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE
BEGINNING OF YEAR	-	-	-	-	2	-	-	-	2	-
ADMISSIONS	2	-	288	147	142	49	158	29	590	225
DISCHARGES	2	-	287	147	143	49	158	29	590	225
END OF YEAR	-	-	1	-	1	-	-	-	2	-
TOTAL RESIDENT DAYS	N/A	-	936	480	535	121	251	41	1,722**	642
AVERAGE DAILY POPULATION	N/A	-	2.6	1.3	1.5	0.3	0.7	0.1	4.7	1.8

\*Includes Juveniles held under "Child Welfare Act" and "Juvenile Delinquents Act".

\*\*Excludes Total Resident Days at Headingley.



**PROVINCIAL GRANTS  
TO HEALTH AND SOCIAL SERVICE ORGANIZATIONS  
FISCAL YEARS 1974-75 AND 1975-76 (\$000)**

**1. Program Support Grants**

1974-75 1975-76

**A. CHILD AND FAMILY SERVICES**

1. Children's Aid Society of Central Manitoba	375.6*	486.9*
2. Children's Aid Society of Eastern Manitoba	397.6*	474.5*
3. Children's Aid Society of Western Manitoba	432.8*	575.7*
4. Children's Aid Society of Winnipeg	1,778.4	1,999.7

**B. LUNCH AND AFTER SCHOOL PROGRAMS**

1. Fort Rouge Child Care Programs Board	7.0	8.5
2. King George Nursery School	2.0	—
3. Lord Roberts Lunch and After School Programs	5.3	8.5
4. Saint Matthews-Maryland Centre	7.0	8.5
5. Westminster Children's Care Centre	14.1	17.0
6. Windsor Park Children's Care Centre	7.0	8.5

**C. COMMUNITY CARE AND SERVICES TO ELDERLY**

1. Age and Opportunity Centres	91.0	119.2
2. Brandon Civic Senior Citizens	14.0	15.9
3. Canadian Arthritis and Rheumatism Society	45.0	—
4. Home Welfare Association — Meals on Wheels	5.0	15.0
5. Saint John Ambulance Association	—	10.0*

**D. VOCATIONAL REHABILITATION SERVICES**

1. A.R.M. Industries	29.0	—
2. Canadian National Institute for the Blind (Manitoba Division)	203.7	203.6**
3. Luther Home — 1010 Sinclair St.	—	172.8***
4. Skills Unlimited	43.0	—
5. Society for Crippled Children & Adults of Manitoba	1,324.0	1,615.1*

**E. CARE AND TREATMENT OF THE MENTALLY ILL**

1. Canadian Mental Health Association (Manitoba Division)	30.0	30.0
2. Eden Mental Health Centre	328.0*	471.9*

**F. CARE AND TREATMENT OF MENTALLY RETARDED**

1. Canadian Association for Mentally Retarded (Manitoba Division)	97.4*	95.0*
2. Montcalm School	40.3	—
3. New Horizons Day Centre	4.5	—
4. Saint Amant Centre	2,511.8*	3,803.3*
5. Sanatorium Board of Manitoba — Pelican Lake	777.8*	950.2*
6. Steinbach Day Centre	25.5	33.7*

**G. CORRECTIONS**

1. Canadian Congress on Corrections	.1	.1
2. Canadian Criminology and Corrections Association	—	2.0
3. John Howard and Elizabeth Fry Society	40.1	51.5
4. Manitoba Society of Criminology	—	3.0
5. Native Clan	22.0	25.7
6. Open Circle	3.0	3.0

**H. DISTRICT HEALTH CENTRES**

1. Clinic	138.6	210.5
2. Mount Carmel Clinic	210.7	254.7
3. Citizen Health Action Committee	14.4	74.0
4. Seven Regions Health Centre	—	88.6



5. Hamiota Health & Social Development Centre	—	35.3
6. Leaf Rapids Health & Social Development Centre	—	104.1
7. Lac du Bonnet Health & Social Development Centre	—	55.6
8. Churchill Health & Social Development Centre	—	184.9
<b>I. FRIENDSHIP CENTRES</b>		
1. Brandon Friendship Centre	11.2	17.9
2. Dauphin Friendship Centre	10.4	21.1
3. Flin Flon Friendship Centre	12.2	20.6
4. Lynn Lake Friendship Centre	—	6.0
5. Portage la Prairie Friendship Centre	20.2	23.5
6. Selkirk Friendship Centre	11.2	20.6
7. Swan River Friendship Centre	10.7	19.4
8. The Pas Friendship Centre	19.2	31.0
9. Winnipeg Friendship Centre	87.7	104.6
<b>2. Project and Special Purpose Grants</b>		
1. Action for the Dependent Handicapped	5.0	—
2. Brandon Citizens' Advocacy	11.6	—
3. Citizens Advocacy Manitoba	9.2	—
4. City of Winnipeg	830.0	1,320.00
5. Group Guidance for Anxiety Relief	19.5	—
6. Kelsey Tenants Association	4.0	4.8
7. Manitoba Child Care Association	—	.2
<b>3. General Purpose Grants</b>		
1. Canadian Council for the Blind	.1	.1
2. Canadian Council on Social Development	7.0	7.7
3. Canadian Diabetic Association (Manitoba Division)	1.0	1.0
4. Canadian Public Health Association	1.6	1.5
5. Canadian Association in Support of Native People	.8	.8
6. Family Planning Association of Manitoba	15.0	15.0
7. Last Post Fund	.2	.2
8. Manitoba Heart Foundation	6.0	—
9. Manitoba Indian Brotherhood	85.0	104.5
10. Residential Welfare Institutions	7.2	—
11. Winnipeg Council of Self Help	25.0	25.0
12. Winnipeg Social Planning Council	25.0	35.0

Notes: +Subject to adjustment

\*Part year only

\*\*Change in fiscal period, nine months only

\*\*\*Part year only, subject to adjustment

**Table: 1**  
**Provincial Financial Assistance Caseload:**  
**By Category — At December 31, 1973 to 1976**

CASE CATEGORY	1973	1974	1975	1976
SOCIAL ALLOWANCES:	24,595	22,917	23,159	22,246
5-1-F*	N/A	N/A	N/A	368
MOTHERS ALLOWANCE	6,933	6,790	6,555	6,304
AGED	8,251	7,192	6,686	5,815
DISABILITY:				
- LONG TERM	7,399	7,661	8,805	8,854
- TEMPORARY	1,097	582	479	419
SPECIAL DEPENDENT CARE	112	84	52	43
STUDENT AID	803	608	582	443
GENERAL ASSISTANCE	617	678	814	655
SPECIAL CASES	20	24	24	17
TOTAL	25,232	23,619	23,997	22,918

\*A child under 18, enrolled in his/her own right (previously reported with Mother's Allowance).

**Table: 2**  
**Provincial Financial Assistance Caseload**  
**by Regional Office and Category of Assistance**  
**December 31, 1976**

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	CENTRAL	EASTMAN	INTERLAKE	NORMAN	PARKLANDS	THOMPSON	WESTMAN	WINNIPEG	TOTAL
SOCIAL ALLOWANCES:	2,437	1,094	1,305	509	1,657	336	2,425	12,483	22,246
5-1-F*	33	15	41	11	41	35	45	147	368
MOTHERS ALLOWANCE	261	160	156	187	306	202	483	4,549	6,304
AGED	642	342	458	107	516	35	642	3,073	5,815
DISABILITY:									
- LONG TERM	1,463	532	623	172	762	60	1,210	4,032	8,854
- TEMPORARY	13	31	-	7	10	3	17	338	419
SPECIAL DEPENDENT CARE	2	1	8	6	1	-	5	20	43
STUDENT AID	23	13	19	19	21	1	23	324	443
GENERAL ASSISTANCE	35	69	25	230	75	192	29	-	655
SPECIAL CASES	11	-	-	-	-	-	2	4	17
TOTAL	2,483	1,163	1,330	739	1,732	528	2,456	12,487	22,918

\*A child under 18, enrolled in his / her own right (previously reported with Mothers' Allowance)

**Table: 3**  
**Social Allowances Health Services:**  
**Expenditures and Number of Recipients**  
**1974 to 1976 (\$000)**

	1974	1975	1976
DENTAL	751.4	832.7	1,183.9
DRUGS	1,741.9	1,975.9	2,269.4
OPTICAL	212.1	227.9	240.1
TOTAL	2,705.4	3,036.5	3,693.4
AVERAGE MONTHLY NUMBER OF RECIPIENTS	45,244	43,342	43,166



**Table: 4**  
**Provincial Financial Assistance**  
**Expenditures by Program**  
**1974 to 1976. (\$000)**

PROGRAM	EXPENDITURE		
	1974	1975	1976
Social Allowance & General Assistance	\$37,341.9	\$42,498.4*	\$47,581.4*
Social Allowance Health Services	2,705.4	3,036.5	3,693.4
Disabled Persons' Allowance	180.8	105.9	-**
Blind Persons' Allowance	81.2	54.9	-**
Vocational Rehabilitation Services	909.8	1,440.3	469.3***
Work Activity Projects	2,252.3	2,494.9	2,898.3
Maintenance of Children	8,914.8	12,501.1	16,202.5
Day Care Program	- <sup>+</sup>	476.9	2,578.7
Rehabilitation Services for the Disabled <sup>++</sup>	-	-	978.4 <sup>+++</sup>
Employment Services <sup>++</sup>	-	-	82.4 <sup>+++</sup>
Total	52,386.2	62,608.9	74,484.4

\*Includes Home Care Expenditures

\*\*Included with Social Allowances Expenditures for 1976

\*\*\*Expenditures are for January to March only.

\*Included with Field Social Services expenditures.

\*\*Expenditures under these program titles started in April, 1976

\*\*\*Expenditures are for April to December only.

**Table: 5**  
**Monthly Social Allowances**  
**Expenditures\* — 1974 to 1976 (\$000)**

MONTH	1974	1975	1976 <sup>+</sup>
JANUARY	3,152.1	3,619.3	4,154.0
FEBRUARY	3,319.9	3,879.5	879.4
MARCH	3,900.4	4,214.5	7,951.5
APRIL	2,476.2	2,653.3**	2,763.3
MAY	2,965.5	3,640.7	4,382.3
JUNE	2,973.9	3,308.3	4,327.2
JULY	2,610.4	3,388.7	3,902.4
AUGUST	3,103.6	2,888.6	3,656.4
SEPTEMBER	3,056.4	3,801.6	3,915.3
OCTOBER	3,600.8	1,143.1	3,772.6
NOVEMBER	2,895.6	6,250.8	3,964.7
DECEMBER	3,287.1	3,710.0	3,912.3
TOTAL	37,341.9	42,498.4	47,581.4

\* Includes Social Allowances and General Assistance and excludes Social Allowance Health Services.

\*\* Includes Home Care Expenditures April to December.

\*\*\* Includes Disabled Persons' and Blind Persons' Allowances.

**Table: 6**  
**Provincial Pension-Type Allowances; Applications,**  
**Recipients; Expenditure; by Category — 1974 to 1976 (\$000)**

CATEGORY	NUMBER OF APPLICATIONS			NUMBER OF RECIPIENTS DECEMBER 31			TOTAL EXPENDITURE (INCLUDING INTER- PROVINCIAL)		
	1974	1975	1976*	1974	1975	1976	1974	1975	1976
DISABLED PERSONS' ALLOWANCES	12	9	1	171	105	74	180.8	105.9	67.6
BLIND PERSONS' ALLOWANCES	3	2	2	94	48	36	81.2	54.9	32.5

\* Program phasing out — no new applications after April 1, 1976.

**Table: 7**  
**Social Allowances Expenditures**  
**for Adult Institutional Care:**  
**by Type of Institution — 1974 to 1976 (\$000)**

INSTITUTION TYPE	1974	1975	1976
Homes for the Aged including Nursing Homes and other	787.5	831.7	804.7
Community Residences for the Retarded	184.6	465.7	585.4
Total	972.1	1,297.4	1,390.1

**Table: 8**  
**Work Incentive Caseload: by Regional Offices**  
**and by Category of Assistance — December 31, 1976**

	SOCIAL ALLOWANCES					
REGIONAL OFFICE	M.A.	A.S.A.	DISABILITY		GENERAL ASSISTANCE	TOTAL
			L.T.D.	T.D.		
CENTRAL	31	1	191	1	1	225
EASTMAN	10	-	77	-	3	90
INTERLAKE	15	-	24	-	3	42
NORMAN	12	-	-	-	26	38
PARKLAND	17	-	15	-	8	40
THOMPSON	17	1	-	-	10	28
WESTMAN	71	1	113	-	9	194
WINNIPEG	344	3	337	-	-	684
TOTAL	517	6	757	1	60	1,341

**Table: 9**  
**Work Incentive Caseload Movement:**  
**by Category of Assistance — 1976**

CATEGORY OF ASSISTANCE	NUMBER OF CASES JAN. 1/76	INTAKE	OUTGO	NUMBER OF CASES DEC. 31/76	INTAKE CATEGORY AS A %
M.A.	661	745	889	517	51.6
A.S.A.	11*	10	15	6	0.7
DISABILITY					
- L.T.D.	705*	608	556	757	42.0
- T.D.	7	7	13	1	0.5
GENERAL ASSISTANCE	71	75	86	60	5.2
TOTAL	1,455	1,445	1,559	1,341	100.0

\*Adjustments at Thompson Regional office.

**Table: 10**  
**Municipal Assistance: Number of Recipients and Cases**  
**Manitoba and Winnipeg Unicity — 1975 and 1976**

MONTH	TOTAL PROVINCE				WINNIPEG UNICITY			
	RECIPIENTS		CASES		RECIPIENTS		CASES	
	1975	1976	1975	1976	1975	1976	1975	1976
JANUARY	9,940	8,842	4,747	4,222	8,280	7,028	4,004	3,471
FEBRUARY	9,951	8,670	4,688	4,176	7,734	6,874	3,785	3,432
MARCH	9,382	8,802	4,352	4,203	7,377	6,821	3,573	3,400
APRIL	9,032	8,349	4,304	4,037	7,116	6,631	3,590	3,340
MAY	8,578	7,599	4,113	3,712	6,663	6,038	3,370	3,045
JUNE	8,093	7,876	4,084	4,027	6,189	5,946	3,161	3,027
JULY	8,843	7,708	4,675	4,062	6,366	6,082	3,356	3,130
AUGUST	8,517	8,046	4,641	4,099	6,310	6,002	3,340	2,907
SEPTEMBER	8,398	7,814	4,313	4,020	6,345	6,355	3,274	3,349
OCTOBER	7,839	7,371	3,920	3,528	6,117	5,781	3,200	2,801
NOVEMBER	7,638	7,914	3,843	3,985	6,171	6,256	3,232	3,270
DECEMBER	9,118	8,746	4,517	4,364	6,844	6,906	3,539	3,622



**Table: 11**  
**Municipal Assistance: Expenditures**  
**for Manitoba and Winnipeg Unicity**  
**1974 to 1976 (\$000)**

MONTH	TOTAL PROVINCE			WINNIPEG UNICITY		
	1974	1975	1976	1974	1975	1976
JANUARY	685.6	719.3	688.6	656.8	664.4	614.2
FEBRUARY	733.8	697.7	675.7	680.0	619.0	591.6
MARCH	679.1	676.4	737.5	611.1	599.3	641.0
APRIL	666.8	654.0	694.6	611.5	547.0	608.9
MAY	676.3	637.8	608.8	630.1	513.3	537.7
JUNE	564.9	527.0	605.4	515.1	475.8	551.3
JULY	543.9	559.7	557.8	508.2	486.0	510.3
AUGUST	565.4	541.5	579.7	521.0	488.3	507.9
SEPTEMBER	515.0	549.0	626.2	459.4	486.7	572.3
OCTOBER	628.1	604.6	559.3	580.2	547.6	493.4
NOVEMBER	634.6	541.5	716.0	570.8	488.1	637.3
DECEMBER	771.2	783.2	805.7	669.7	655.6	713.7
TOTAL	7,664.7	7,491.7	7,855.3	7,013.9	6,571.1	6,979.6

**Table: 12**  
**Municipal Assistance: Average Case Month Cost\*;**  
**Manitoba and Winnipeg Unicity — 1975 and 1976**

MONTH	TOTAL PROVINCE		WINNIPEG UNICITY	
	1975	1976	1975	1976
MARCH	154.47	173.27	167.74	188.52
JUNE	131.37	151.05	150.53	182.12
SEPTEMBER	127.10	155.11	148.66	170.88
DECEMBER	167.27	185.73	185.24	197.05
AVERAGE	145.05	166.29	163.04	184.64

Authorized to date, not actual.

**Table: 13**  
**Appeals under the Social Allowances Act by Basis**  
**for Appeal and Disposition 1975 and 1976**

BASIS OF APPEAL	DISPOSITION											
	TOTALS		ALLOWED		DISMISSED		WITHDRAWN		DID NOT APPEAR		OTHER*	
	1975	1976	1975	1976	1975	1976	1975	1976	1975	1976	1975	1976
NOT ALLOWED TO APPLY	6	2	1	1	1	-	1	-	2	1	1	-
DECISION DELAYED	3	1	1	1	-	-	1	-	-	-	1	-
APPLICATION DENIED	83	78	15	16	30	34	28	12	8	9	2	7
ASSISTANCE CANCELLED	85	101	24	17	35	40	19	23	7	12	-	9
ASSISTANCE INSUFFICIENT	194	173	54	37	78	66	45	54	14	7	3	9
OUTSIDE JURISDICTION	12	5	-	-	-	-	-	-	-	-	12	5
TOTAL	383	360	95	72	144	140	94	89	31	29	19	30

\*Includes appeals pending.

**Table: 1**  
**Pre-Schoolers in Approved Day Care Centres**  
**for the Period November 1 to November 28, 1976**  
**by Regional Office**

	NUMBER OF DAY CARE CENTRES			NUMBER OF LICENSED CHILD SPACES			NUMBER OF PRE-SCHOOLERS RECEIVING CARE DURING MONTH			NUMBER OF PRE-SCHOOLERS RECEIVING SUBSIDY DURING MONTH			PERCENTAGE OF PRE-SCHOOLERS IN CARE RECEIVING SUBSIDY		
	FAMILY	GROUP	TOTAL	FAMILY	GROUP	TOTAL	FAMILY	GROUP	TOTAL	FAMILY	GROUP	TOTAL	FAMILY	GROUP	TOTAL
WINNIPEG	116	81	197	275	2,597	2,872	233	3,465	3,698	193	823	1,016	82.8	23.8	27.5
WESTMAN	47	21	68	171	466	637	143	660	803	93	92	185	65.0	13.9	23.0
EASTMAN	-	9	9	-	176	176	-	245	245	-	5	5	-	2.0	2.0
CENTRAL	1	10	11	4	244	248	3	301	304	1	65	66	33.3	2.5	21.7
INTERLAKE	5	14	19	14	309	323	16	331	347	4	65	69	25.0	19.6	19.9
PARKLANDS	1	9	10	5	207	212	4	254	258	1	42	43	25.0	16.5	16.7
NORMAN	5	8	13	16	311	327	13	444	457	8	47	55	61.5	10.6	12.0
TOTAL <sup>(1)</sup>	175	152	327	485	4,310	4,795	412	5,700	6,112	300	1,139	1,439	72.8	20.0	23.5

Note: These preliminary statistics are based on attendance reports received for the period from those facilities approved prior to Nov. 1, 1976.

As of Dec. 31, 1976, a total of 165 Group Day Care Centres and 206 Family Day Care Homes were approved under the program.

(1) Statistics do not include 4 'Group' Day Care Centres and 11 Family Day Care Homes (with a total number of licensed spaces of 121) due to unavailability of attendance reports.

**Table: 1**  
**Employment Services Program Caseload**  
**Movement by Category of Service —**  
**January 1, 1976 to December 31, 1976**

CASELOAD CATEGORY*	NO. OF CASES JANUARY 1, 1976	INTAKE	OUTGO	NO. OF CASES DECEMBER 31, 1976	INTAKE CATEGORY AS A %
EMPLOYMENT SERVICES	336	630	595	371	25.6
VOCATIONAL COUNSELLING	722	1,213	1,075	860	49.3
VOCATIONAL TRAINING	238	278	293	223	11.3
WORK ASSESSMENT	23	41	30	34	1.7
WORK TRAINING	27	34	25	36	1.4
SPECIAL PROJECTS	26**	29	34	21	1.2
PENDING	103	234	280	57	9.5
TOTAL	1,475	2,459	2,332	1,602	100.0

\*Excludes Work Activity Projects

\*\*Adjustment due to file review at Interlake Office.

**Table: 2**  
**Work Activity Projects: Total Clients Served and**  
**Placements, 1976; Enrollment as of December 31, 1976**

PROJECT	REFERRALS TO OTHER AGENCIES*	TOTAL CLIENTS SERVED	PLACEMENTS IN EMPLOYMENT, TRAINING & COURSES	CURRENT ENROLLMENT DECEMBER 31, 1976
WINNIPEG HOME IMPROVEMENT PROJECT	28	216	58	64
PIONEER SERVICES CENTRE	5	70	21	18
WESTBRAN WORK ACTIVITY PROJECT	51	321	110	75
AMARANTH WORK ACTIVITY PROJECT	9	78	16	44
MANITOBA ASSOCIATED NORTHERN WORK ACTIVITY PROJECT (CAMPERVILLE, DUCK BAY, PELICAN RAPIDS, CRANE RIVER)	16	127	29	70
TOTAL	109	812	234	271

\*Total number referred to other Departments or resources, deceased or forcibly institutionalized.

**Table: 1**  
**Mental Health Centres: Admissions and**  
**Separations; by Institution — 1974, 1975, 1976**

NAME OF INSTITUTION	ADMISSIONS			SEPARATIONS			IN-PATIENTS AT DECEMBER 31			TOTAL UNDER TREATMENT*		
	1974	1975	1976	1974	1975	1976	1974	1975	1976	1974	1975	1976
BRANDON MENTAL HEALTH CENTRE	525	465	447	529	496	471	589	567	558	1,144	1,070	1,025
SELKIRK MENTAL HEALTH CENTRE	302	320	430	341	355	393	343	330	348	720	688	760
EDEN MENTAL HEALTH CENTRE	106	81	147	101	88	139	39	32	40	140	120	179
TOTAL	933	866	1,024	971	939	1,003	971	929	946	2,004	1,878	1,946

\*Resident population at beginning of year plus total additions.

**Table: 2**  
**Mental Retardation Centres: Admissions and**  
**Separations; by Institution — 1974, 1975 and 1976**

NAME OF INSTITUTION	ADMISSIONS			SEPARATIONS			IN-PATIENTS AT DECEMBER 31			TOTAL UNDER TREATMENT*		
	1974	1975	1976	1974	1975	1976	1974	1975	1976	1974	1975	1976
ST. AMANT CENTRE	141	176	171	91	162	139	223	237	269	314	399	408
MANITOBA SCHOOL FOR RETARDATES	106	172	112	182	354	144	979	937	934	1,260	1,164	1,049
PELICAN LAKE TRAINING CENTRE	N/A	14	7	N/A	12	11	N/A	70	66	N/A	82	77
TOTAL	247	362	290	273	528	294	1,202	1,244	1,269	1,574	1,645	1,534

\*Resident population at beginning of year plus total additions.

**Table: 3**  
**Mental Health Centres: Average Daily Patient**  
**Population; by Institution 1972 to 1976**

NAME OF INSTITUTION	1972	1973	1974	1975	1976
BRANDON MENTAL HEALTH CENTRE	691.4	614.3	600.9	569.0	569.1
SELKIRK MENTAL HEALTH CENTRE	463.4	383.1	351.5	321.9	337.3
EDEN MENTAL HEALTH CENTRE	34.8	30.5	33.6	29.0	32.9

**Table: 4**  
**Mental Retardation Centres; Average Daily**  
**Patient Population; by Institution 1972 to 1976**

NAME OF INSTITUTION	1972	1973	1974	1975	1976
ST. AMANT CENTRE	175.2	177.7	202.4	226.2	258.3
MANITOBA SCHOOL FOR RETARDATES	1,019.0	1,027.3	952.5	918.2	877.9
PELICAN LAKE TRAINING CENTRE	N/A	N/A	N/A	69.0	68.9

**Table: 5**  
**Mental Health Centres: Average Length of Stay for**  
**Discharges; by Institution — 1972 to 1976**

NAME OF INSTITUTION		AVERAGE LENGTH OF STAY				
		1972	1973	1974	1975	1976
BRANDON MENTAL HEALTH CENTRE	Patient in Hospital 1 Year or More	21.7 yrs	20.4 yrs	17.8 yrs	16.0 yrs	14.9 yrs
	Patient in Hospital Less Than 1 Year	66.1 days	61.8 days	67.0 days	66.4 days	69.2 days
SELKIRK MENTAL HEALTH CENTRE	Patient in Hospital 1 Year or More	13.0 yrs	11.1 yrs	11.0 yrs	11.7 yrs	9.5 yrs
	Patient in Hospital Less Than 1 Year	87.0 days	102.0 days	99.0 days	77.0 days	77.2 days
EDEN MENTAL HEALTH CENTRE	Patient in Hospital 1 Year or More	1.3 yrs	2.6 yrs	2.2 yrs	2.6 yrs	3.5 yrs
	Patient in Hospital Less Than 1 Year	73.3 days	70.5 days	66.2 days	53.0 days	35.0 days

**Table: 6**  
**Mental Retardation Centres: Average Length**  
**of Stay for Discharges; by Institution — 1972 to 1976**

NAME OF INSTITUTION		AVERAGE LENGTH OF STAY				
		1972	1973	1974	1975	1976
ST. AMANT CENTRE	Patients in Residence 1 Year or More	5.1 yrs	3.9 yrs	4.1 yrs	3.7 yrs	4.0 yrs
	Patients in Residence Less Than 1 Year	57.0 days	75.0 days	65.0 days	47.0 days	24.4 days
MANITOBA SCHOOL FOR RETARDATES	Patients in Residence 1 Year or More	8.5 yrs	11.8 yrs	14.8 yrs	10.1 yrs	12.4 yrs
	Patients in Residence Less Than 1 Year	44.1 days	96.9 days	106.6 days	90.7 days	65.6 days



**Table: 7**  
**Mental Health Centres: Outpatient Caseload**  
**Movement\* — 1976**

NAME OF INSTITUTION	ACTIVE CASES AT BEGINNING OF YEAR	REGISTRATIONS DURING YEAR	TERMINATIONS DURING YEAR	ACTIVE CASES AT END OF YEAR
BRANDON MENTAL HEALTH CENTRE	1,321	2,501	2,473	1,349
-OUTPATIENT DEPARTMENT	707	900	878	729
-CHILD GUIDANCE CLINIC	154	476	450	180
-TRAVELLING CLINIC	460	1,125	1,145	440
SELKIRK MENTAL HEALTH CENTRE	1,165	1,576	1,757	984
EDEN MENTAL HEALTH CENTRE	586	193	-	779
TOTAL	3,072	4,270	4,230	3,112

\*Caseload movement includes those cases who are receiving treatment services by medical, psychological and /or social services staffs.

**Table: 8**  
**Outpatients treated and Outpatient Contacts by Medical Staff:**  
**Brandon, Selkirk and Eden Mental Health Centres — 1976**  
**(A) Brandon Mental Health Clinic**

	NEW (AT BRANDON)	SEEN PREVIOUSLY (AT BRANDON)	TOTAL
FORMER IN-PATIENTS	135	1,144	1,279
FORMER IN-PATIENT CONTACTS	*	*	2,558
NOT FORMER IN-PATIENTS	206	608	814
NOT FORMER IN-PATIENT CONTACTS	*	*	3,256
PATIENTS ORIGINALLY SEEN AT THE COMMUNITY MENTAL HEALTH CLINIC	54	48	102
PATIENTS ORIGINALLY SEEN - CONTACTS	*	*	204
TOTAL OUT-PATIENTS TREATED	*	*	2,195
TOTAL OUT-PATIENT CONTACTS	*	*	6,018

\*Not Available



**(B) Selkirk Mental Health Centre**

	NEW (AT SELKIRK)	SEEN PREVIOUSLY (AT SELKIRK)	TOTAL
FORMER IN-PATIENTS	77	1,167	1,244
FORMER IN-PATIENT CONTACTS	*	*	6,282
NOT FORMER IN-PATIENTS	448	384	832
NOT FORMER IN-PATIENT CONTACTS	*	*	2,802
TOTAL OUTPATIENTS TREATED	525	1,551	2,076
TOTAL OUTPATIENT CONTACTS	*	*	9,084

\*Not Available

**(C) Eden Mental Health Centre**

	NEW (AT EDEN)	SEEN PREVIOUSLY (AT EDEN)	TOTAL
FORMER IN-PATIENTS	34	192	226
NOT FORMER IN-PATIENTS	222	137	359
TOTAL OUTPATIENTS TREATED	256	329	585
TOTAL OUTPATIENT CONTACTS	*	*	1,858

\*Not Available



**Table: 1**  
**Provincial Personal Services Caseload:**  
**by Regional Office and Category — December, 1976**

CASE CATEGORY	CENTRAL	EASTMAN	INTERLAKE	NORMAN	PARKLANDS	THOMPSON	WESTMAN	WINNIPEG	TOTAL
CHILD WELFARE		317	592	311	446	457		421	2,544
-UNMARRIED MOTHER		3	29	8	10	15		37	102
-CHILDREN UNDER DIRECT SUPERVISION		103	142	185	279	211		151	1,071
-PROTECTION (FAMILIES)		178	381	29	95	150		150	983
-ADOPTION APPLICATIONS		33	36	24	43	58		72	266
-SERVICE TO OTHER AGENCIES		-	4	65	19	23		11	122
FAMILY AND INDIVIDUAL COUNSELLING	26	346	369	29	103	81	192	6,225 (4,582)	7,371
-AGED AND INFIRM	24	81	62	-	9	-	27	4,662 (4,578)	4,865
-OTHERS	2	265	307	29	94	81	165	1,563 (4)	2,506
MARRIAGE CONCILIATION								1,145	1,145
-SERVICE UNDER STATUTES								1,122	1,122
-COUNSELLING ONLY								-	-
-COURT ORDERED REPORTS								23	23
VOCATIONAL REHABILITATION SERVICES	494*	181*	144*	14*	167*		777*	356*	2,133
-MENTALLY RETARDED	219	18	70	8	48		108	221	692
-POST MENTALLY ILL	17	12	25	2	14		102	124	296
-TREATY INDIANS	-	1	29	-	-		102	-	132
-OTHERS	258*	150*	20*	4*	105*		465*	11*	1,013
TOTAL	520	844	1,105	354	716	538	969	8,147	13,193

( ) Continuing Care

\* Includes physically handicapped

**Table: 2**  
**Vocational Rehabilitation Services: Applications**  
**(Allocated New or Re-opened)**  
**January 1, to December 31, 1976 and 1975**

SOURCE OF REFERRALS		APPLICATIONS	INCOME SECURITY	PERSONAL SERVICES	MUNICIPAL	EXTERNAL AGENCIES	SELF REFERRAL
1ST QUARTER	TOTAL	674	136	122	37	148	231
	AVERAGE	225	45	41	12	50	77
2ND QUARTER	TOTAL	488	143	70	14	87	174
	AVERAGE	163	48	23	5	29	58
3RD QUARTER	TOTAL	459	123	66	19	94	157
	AVERAGE	153	41	22	6	31	53
4TH QUARTER	TOTAL	351	105	60	17	64	105
	AVERAGE	117	35	20	6	21	35
JAN.-DEC. 1976	TOTAL	1,972	507	318	87	393	667
	AVERAGE	164	42	26	7	33	56
JAN.-DEC. 1975	TOTAL	2,220	872	384	76	426	462
	AVERAGE	185	73	32	6	36	38

**Table: 3**  
**Job Placement by Region**  
**January 1 to December 31, 1976 and 1975 Total**

	SOCIAL ALLOWANCE		GENERAL ASSISTANCE		NON FINANCIAL		TOTAL	
	PLACEMENT	REFERRAL	PLACEMENT	REFERRAL	PLACEMENT	REFERRAL	PLACEMENT	REFERRAL
CENTRAL	41	12	-	-	88	52	129	64
EASTMAN	32	66	13	25	56	97	101	188
INTERLAKE	-	-	2	1	-	-	2	1
PARKLANDS	-	-	7	-	63	3	70	3
WESTMAN	37	-	-	-	311	-	348	-
WINNIPEG	58	21	19	46	87	43	164	110
TOTAL 1976	168	99	41	72	605	195	814	366
TOTAL 1975	226	88	20	26	511	207	757	321

**Table: 4**  
**Maximum Number of Persons**  
**Receiving Co-ordinated Home Care Services\***  
**by Region, January to December, 1976**

REGION	JAN.	FEB.	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPT.	OCT.	NOV.	DEC.
WESTMAN	1,263	1,283	1,345	1,413	1,477	1,479	1,480	1,459	1,516	1,430	1,417	1,418
EASTMAN	491	534	556	582	600	575	530	510	491	429	394	382
CENTRAL	413	424	441	432	442	431	425	397	386	374	384	396
INTERLAKE	480	469	473	482	501	516	524	544	543	524	526	506
PARKLANDS	505	471	479	696	541	523	514	512	515	494	474	460
NORMAN	272	250	271	180	177	188	184	184	186	180	178	161
THOMPSON				103	96	75	69	69	73	73	93	64
WINNIPEG	4,151	4,353	4,339	4,527	4,603	5,190	4,824	4,855	4,984	5,068	5,164	5,267
TOTAL PROVINCE	7,575	7,784	7,904	8,415	8,437	8,977	8,550	8,530	8,694	8,572	8,630	8,654

\*The maximum number of persons receiving home care during a month is greater than at month end as admissions exceed discharges. The 1975 Annual Report showed month end statistics.

**Table: 5**  
**Home Care Program Caseload Movement by Age Group**  
**January 1 to December 31, 1976**

CASELOAD	AGE 0-18	AGE 19-64	AGE 65+	TOTAL
AT BEGINNING OF JANUARY	164	1,473*	4,954*	6,591*
ADMISSIONS**	566	2,415	6,285	9,266
DISCHARGES	381	2,201	5,460	8,042
AT THE END OF DECEMBER	349	1,687	5,779	7,815

\*Figures have been revised from 1975 Annual Report.

\*\*Admissions include the caseoad from Children's Hospital program which was incorporated in the Continuing Care reporting system as of April 1, 1976.

**Table: 6**  
**Average Monthly Number of Persons Receiving**  
**Selected Services\***  
**July to December, 1975 and 1976**

SERVICE	AVERAGE MONTHLY NUMBER OF PERSONS 1975**	AVERAGE MONTHLY NUMBER OF PERSONS 1976**
NURSING SERVICE***	2,482	2,841
AUXILIARY SERVICES <sup>+</sup>	626	658
THERAPY SERVICES <sup>++</sup>	402	437
HOME HELP SERVICE <sup>+++</sup>	2,583	3,290

\*In addition, Home Care Services include health supervision, health education, health counselling, social service counselling, as well as volunteer services such as shopping, friendly visiting and telephone reassurance.

\*\*Some persons receive more than one type of service.

\*\*\*Professional registered nursing services provided in the home.

+Services provided by L.P.N.'s, aides and orderlies.

++Includes occupational and physiotherapy services.

+++Includes household duties and / or personal care.

**Table: 7A**  
**Total Number of Persons Assessed for Placement in**  
**Personal Care Homes by Region and Type of Care,**  
**January to December, 1976**

REGION	HOSTEL	PERSONAL CARE	EXTENDED CARE	TOTAL*
WESTMAN	263	289	175	727
EASTMAN	17	78	37	132
CENTRAL	70	107	55	232
INTERLAKE	35	62	30	127
PARKLAND	34	95	60	189
NORMAN	16	21	12	49
THOMPSON	7	40	-	47
WINNIPEG	287	847	432	1,566
TOTAL PROVINCE	729	1,539	801	3,069

\*Total may include persons reassessed because of change in level of care required.

**Table: 7B**  
**Percentage of Persons on Waiting List Receiving**  
**Home Care Pending Placement, December, 1975 and 1976.**

	1975	1976
TOTAL RURAL AREA	49.7	43.9
WINNIPEG	67.9	52.0
TOTAL PROVINCE	60.1	48.2

**Table: 8**  
**Medical Supplies and Home Care Equipment Program;**  
**Services Provided, 1976 and 1975.**

SERVICES	1976	1975
Patients	6,202	6,931
Items of Equipment	15,088	14,722
Patient Contacts	16,920	14,139
Regular Wheelchairs	2,975	2,660
Motorized Wheelchairs	47	17
Social Allowance Services	1,651	1,988
Ostomy Patients	993	953
Ostomy Parcels Sent Out	7,492	7,398



**Table: 1**  
**Communicable Diseases — Reported Cases**  
**Manitoba 1974 to 1976**

DISEASE	NUMBER OF CASES		
	1974	1975	1976
<b>INTESTINAL INFECTION DISEASES</b>			
Typhoid Fever (001)	1	3	2
Paratyphoid Fever (002)	3	1	-
Other Salmonella Infections			
with food as vehicle (003.0)	3	4	3
without mention of food as vehicle (003.9)	94	57	79
Bacillary Dysentery (004)	648	162	193
Staphylococcal (005.0)	3	32	1
Diarrhoea of the Newborn, Epidemic (009.1)	1	1	-
E. Coli Enteritis	84	288	311
<b>TUBERCULOSIS</b>			
Pulmonary (011)	173	102	109
Other and Unspecified (010.012-019)	111	90	97
<b>VENEREAL DISEASES</b>			
Gonococcal Infections (098)	3,577	4,246	4,728
Primary & Secondary Syphilis	92	20	17
Syphilis (Other)	92	82	49
Chancroid (099.0)	-	16	105
<b>OTHER BACTERIAL DISEASES</b>			
Diphtheria (032)	15	10	9
Meningococcal Infections (036)	17	17	12
Streptococcal Sore Throat & Scarlet Fever (034)	1,003	1,874	2,117
Whooping Cough (033)	20	57	92
Diphtheria Carriers	66	146	150
<b>VIRUS DISEASES OF CENTRAL NERVOUS SYSTEM</b>			
Aseptic Meningitis due to Enteroviruses (excludes polio)			
Coxsackie Virus (045.0)	2	3	4
Echo Virus (045.1)	2	-	3
Not specified (045.9)	18	31	22
Western Equine Encephalitis (062.1)	-	14	-
<b>OTHER VIRUS DISEASES</b>			
Hepatitis Infectious (070)	742	787	683
Measles (055)	222	693	381
Rubella (German Measles) (056)	537	784	161
Hepatitis Serum (999.2)	64	48	52
<b>RARE DISEASES</b>			
Brucellosis	18	9	16
Malaria (084)	7	8	11
Leprosy (030)	-	-	1
Tetanus	1	-	-
Trachoma	1	-	-
Amoebiasis (006)	-	10	6
Paratyphoid Fever Carrier	-	1	-
St. Louis Encephalitis	-	1	-
			113

**Table: 2**  
**Venereal Diseases: Reported Cases by Type**  
**1942 to 1976**

Peak incidence years since records have been kept are:

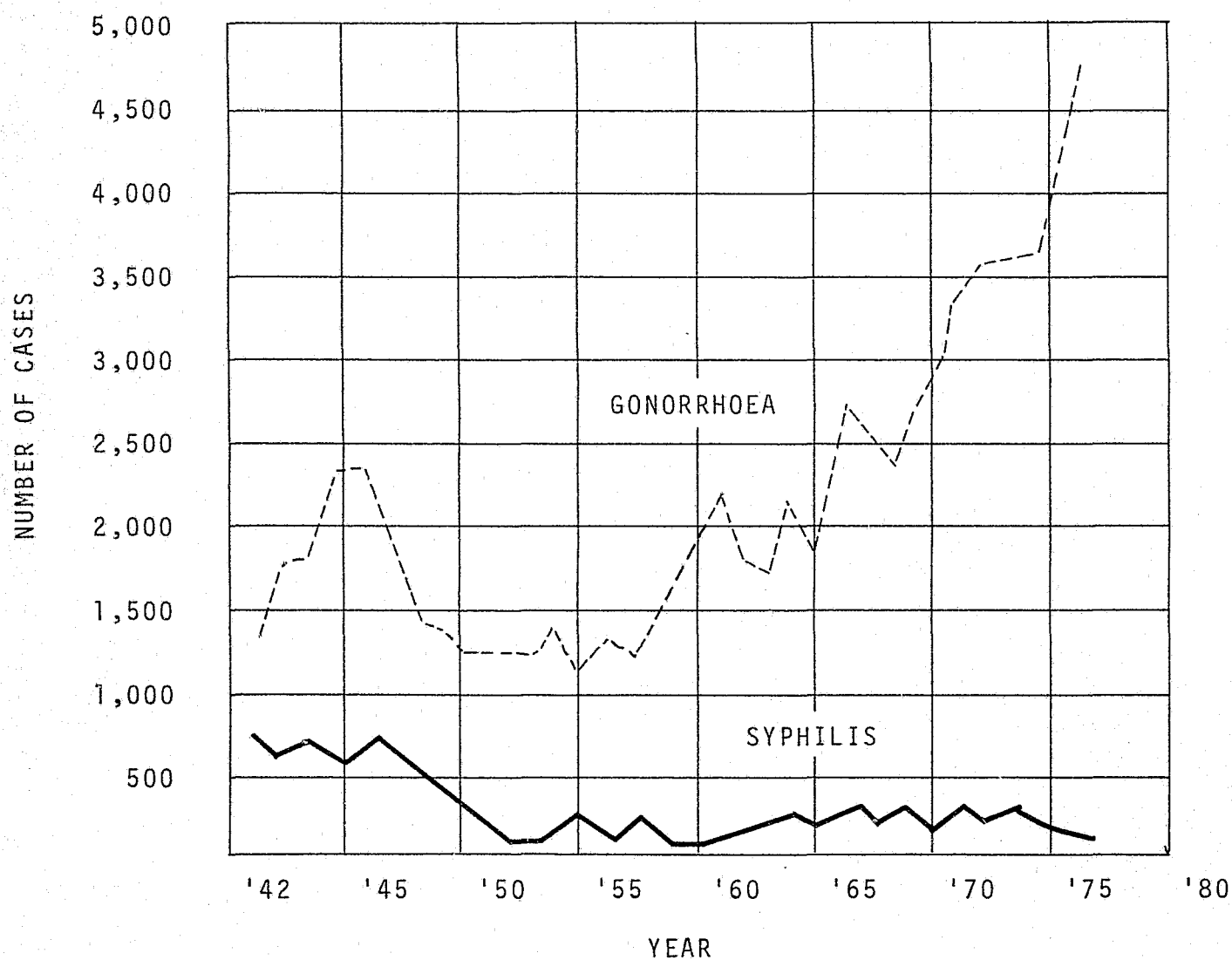
Gonorrhoea 1976 — 4,728 cases

Syphilis 1942 — 696 cases

Post war low incidence years are:

1955 — Gonorrhoea — 1,215 cases

1959 — Syphilis — 45 cases



**Table: 3**  
**Active Tuberculosis Cases**  
**by Type — 1976 and 1975 Totals**

TYPE OF DISEASE	WHITE	TREATY INDIANS	OTHER	TOTAL
NEW ACTIVE CASES				
PULMONARY	61 (58)	18 (17)	17 (16)	96 (91)
OTHER RESPIRATORY	9 (4)	19 (9)	10 (4)	38 (17)
NON-RESPIRATORY	17 (14)	10 (8)	25 (19)	52 (41)
TOTAL	87 (76)	47 (34)	52 (39)	186 (149)
RE-ACTIVATED CASES				
PULMONARY	6 (5)	5 (5)	3 (3)	14 (13)
OTHER RESPIRATORY	- -	- -	- -	- -
NON-RESPIRATORY	1 -	1 (1)	3 (2)	5 (3)
TOTAL	7 (5)	6 (6)	6 (5)	19 (16)
GRAND TOTAL (1976)	94 (81)	53 (40)	58 (44)	205 (165)
GRAND TOTAL (1975)	90 (68)	54 (29)	50 (36)	194 (133)

(NOTE: FIGURES IN PARENTHESES REFER TO BACILLARY CASES.)

**Table: 4**  
**Drug Dispensing Program**  
**1973 to 1976**

PURPOSE OF DRUG	NUMBER OF PATIENTS ON ACTIVE LIST AT YEAR END				NUMBER OF NEW PATIENTS REGISTERED DURING YEAR			
	1973	1974	1975	1976	1973	1974	1975	1976
RHEUMATIC HEART DISEASE PREVENTION	1,225	1,146	1,151	1,099	75	91	116	89
DIABETES TREATMENT	1,173	1,123	1,094	798	217	138	36*	—*
LIFE SAVING	479	634	654	518	146	198	76**	8**

\* Due to a decision to discontinue the Life Saving Drug Program on Dec. 31, 1975, no new applicants were enrolled after July 1, 1975.

\*\* No new patients have been enrolled since July, 1975 with the exception of Cystic Fibrosis applicants.

**Table: 5**  
**Provincial Public Health Nursing Services Caseload:**  
**by Regional Office and Category of Health Service —**  
**December 31, 1976 and Totals December 31, 1975**

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CASE CATEGORY	CENTRAL	EASTMAN	INTERLAKE	NORMAN	PARKLANDS	THOMPSON	WESTMAN	WINNIPEG*	TOTAL
MATERNAL	3	47	92	97	53	47	175	96	610
CHILD CARE	488	471	717	613	1,553	737	1,581	588	6,748
SCHOOL	68	118	249	46	222	46	137	115	1,001
ADULT	123	178	499	148	342	96	439	335	2,160
ELDERLY	248	228	758	92	638	43	1,121	528	3,656
COMMUNICABLE DISEASES	73	36	48	135	196	35	67	37	627
MENTAL HEALTH	58	48	87	68	209	11	107	62	650
TOTAL 1976	1,061	1,126	2,450	1,199	3,213	1,015	3,627	1,761	15,452
TOTAL 1975	1,150	973	1,479	1,759	3,331	882	3,295	1,548	14,417

\*Excludes Public Health statistics from City of Winnipeg Health Department

**Table: 1**  
**Live Births, Marriages, Deaths & Stillbirths — With**  
**Rate per 1,000 Population (M.H.S.C. & Statistics**  
**Canada Population Figures) Manitoba — 1976, 1975 & 1974**

	1976*			1975			1974		
	NUMBER	RATE PER M.H.S.C. POP.	RATE PER STAT.CAN. EST. POP.	NUMBER	RATE PER M.H.S.C. POP.	RATE PER STAT.CAN. EST. POP.	NUMBER	RATE PER M.H.S.C. POP.	RATE PER STAT.CAN. EST. POP.
LIVE BIRTHS	14,949 (17,796)	(16.6)	(17.7)	17,529	16.6	17.2	17,629	16.7	17.4
MARRIAGES	7,525 (8,843)	(8.3)	(8.8)	8,910	8.4	8.7	9,231	8.8	9.1
DEATHS	7,193 (8,109)	(7.6)	(8.1)	8,429	8.0	8.3	8,443	8.0	8.4
**STILLBIRTHS	168 (223)	(12.5)	(12.5)	175	10.0	10.0	187	10.6	10.6

\*Preliminary figures (first 11 months)

\*\*Rate per 1,000 live births

()Projected full year data based on preliminary figures multiplied by adjustment factors measured over last three years.

Population according to:

<b>M.H.S.C.</b>	<b>Statistics Canada</b>
1974 - 1,053,382	1974 - 1,011,000
1975 - 1,055,676	1975 - 1,019,000
1976 - 1,071,788	1976 - 1,005,953



**Table: 2**  
**Deaths in Manitoba by Age and Sex, 1976\***  
**and by Age, 1975 and 1974**

	MALE*	FEMALE*	TOTAL* 1976	TOTAL 1975	TOTAL 1974
UNDER 1 YEAR	145	90	235	280	292
1 - 4 YEARS	27	24	51	51	70
5 - 14 YEARS	47	16	63	78	55
15 - 24 YEARS	153	44	197	222	241
25 - 44 YEARS	213	138	351	403	393
45 - 64 YEARS	930	519	1,449	1,760	1,751
65 - 79 YEARS	1,479	989	2,468	2,793	2,796
80 YEARS & OVER	1,109	1,270	2,379	2,842	2,845
NOT STATED	-	-	-	-	-
TOTALS	4,103	3,090	7,193	8,429	8,443

\*Preliminary figures (first 11 months)

**Table: 3**  
**Ten Leading Causes of Death with Rate**  
**per 100,000 Population — Manitoba — 1976\***

	NUMBER	RATE**	RATE***
1. Heart disease (410-429)	2,281	232.2	247.4
2. Cancer (140-209)	1,569	159.7	170.2
3. Cerebrovascular disease (430-438)	655	66.7	71.0
4. Accidents (E800-E949)	442	45.0	47.9
5. Pneumonia (480-486)	378	38.5	41.0
6. Bronchitis, emphysema and asthma (490-493)	123	12.5	13.3
7. Suicide (E950-E959)	110	11.2	11.9
8. Diabetes mellitus (250)	96	9.8	10.4
9. Cirrhosis of liver (571)	87	8.9	9.4
10. Congenital Anomalies (740-759)	64	6.5	6.9

\*Preliminary figures (first 11 months)

\*\*Rate per M.H.S.C. population records as at June 1, 1976

\*\*\*Rate per Statistics Canada estimated population figures

**Table: 4A**  
**Death Rates Under One Year of Age**  
**in Manitoba: 1970 to 1976**

	STILLBIRTH <sup>1</sup>	PERINATAL <sup>1</sup>	NEONATAL	POST-NEONATAL	INFANT
1970	13.3	25.2	13.7	6.7	20.4
1971	12.6	22.4	11.6	6.6	18.2
1972	12.8	23.1	12.6	7.6	20.2
1973	11.4	20.1	10.3	6.6	16.9
1974	10.6	19.2	10.6	6.0	16.6
1975	10.0	19.4	10.6	5.4	16.0
1976	(12.5)	(20.7)	(10.8)	(5.4)	(16.3)

<sup>1</sup>20 or more weeks gestation

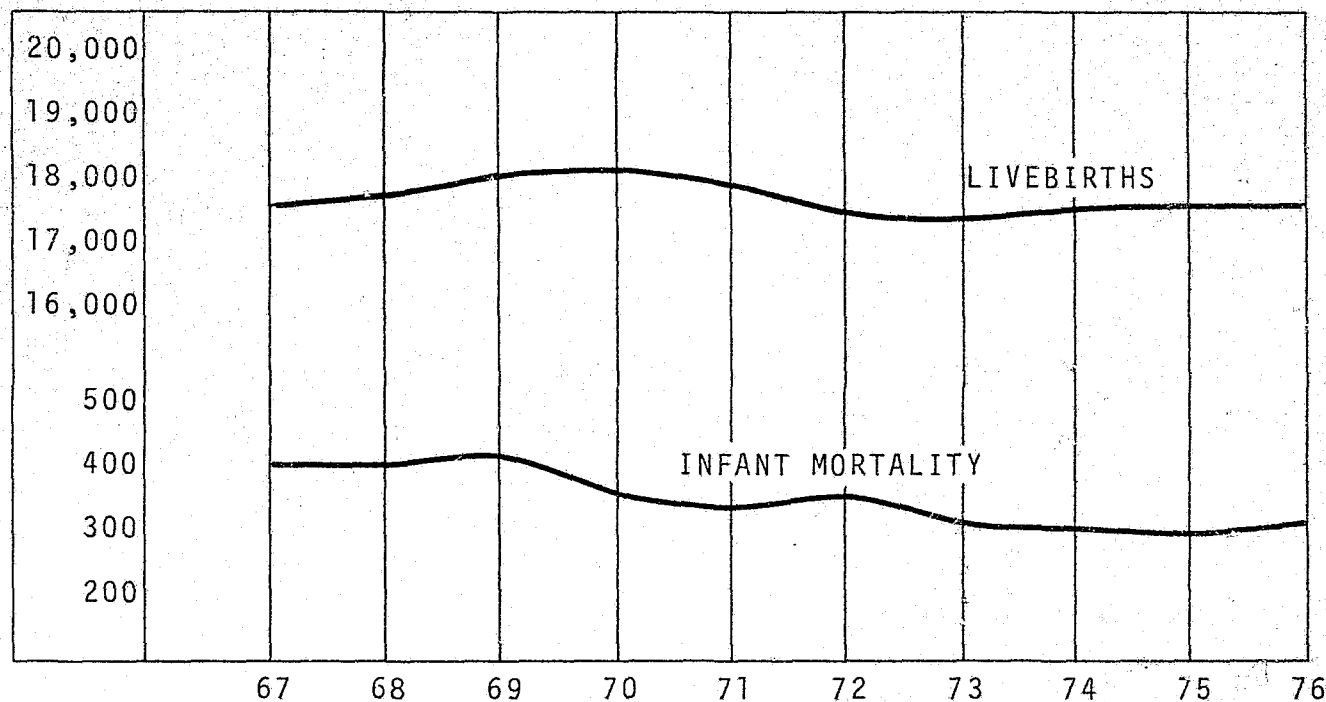
()Projected full year total based on preliminary figures multiplied by adjustment factors measured over last three years.

**Table: 4B**  
**Infant Mortality by Region of Residence**  
**Manitoba 1973 — 1975**

REGION	INFANT DEATHS*			LIVE BIRTHS*			RATE PER 1,000 LIVE BIRTHS		
	1973	1974	1975	1973	1974	1975	1973	1974	1975
WINNIPEG	117	115	110	8,800	8,888	8,755	13.3	12.9	12.6
WESTMAN	21	23	31	1,643	1,726	1,763	12.8	13.3	17.6
EASTMAN	13	15	9	987	1,014	1,067	13.2	14.8	8.4
CENTRAL	13	16	19	1,294	1,279	1,375	10.1	12.5	13.8
INTERLAKE	15	12	11	845	920	894	17.8	13.0	12.3
PARKLAND	21	13	8	780	772	753	26.9	16.8	10.6
NORMAN	22	30	24	1,368	1,460	1,325	16.1	20.5	18.1
INDIAN RESERVES	41	29	22	686	592	521	59.8	49.0	42.2
UNORGANIZED TERRITORY	11	15	18	464	559	596	23.7	26.8	30.2
TOTAL	274	268	252	16,867	17,210	17,049	16.2	15.6	14.8

\*Infant deaths and live births are those occurring to Manitoba residents in Manitoba. Deaths and live births occurring to non-Manitobans in Manitoba are excluded.

**Table: 4C**  
**Live Births and Infant Mortality:**  
**Manitoba 1967 — 1976\***



\*For 1976 a projected full year total is based on preliminary figures multiplied by adjustment factors measured over last three years.

**Table: 5**  
**Deaths of Children under One Year of Age**  
**by Cause and Age — Manitoba — 1976\***

	LESS THAN 7 DAYS	7 TO LESS THAN 28 DAYS	28 DAYS TO LESS THAN 1 YEAR	LESS THAN 1 YEAR
Lower Respiratory (470-474, 480-486, 490-491)	4	1	12	17
Immaturity (777)	22	1	-	23
Congenital anomalies (740-759)	23	10	11	44
Birth injury, difficult labour and other anoxic and hypoxic conditions (764-768, 772, 776)	50	7	2	59
Gastro-intestinal (008-009, 535, 561-3)	3	1	5	9
Symptoms & ill-defined conditions (780-796)	1	1	25	27
Other causes of perinatal mortality (760-3, 769-771, 773-775, 778-779)	25	1	-	26
Others	5	4	21	30
<b>Totals</b>	<b>133</b>	<b>26</b>	<b>76</b>	<b>235</b>

\*Preliminary figures (first 11 months)



**Table: 6**  
**Deaths from Tuberculosis by Age, Sex and Type**  
**Manitoba — 1976\***

	UNDER 25		25-64		65 & OVER		TOTAL
	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	
Respiratory (010-012)	-	-	1	-	1	1	3
Other (013-019)	-	1	2	-	1	1	5
Totals	-	1	3	-	2	2	8

\*Preliminary figures (first 11 months)

**Table: 7**  
**Deaths and Death Rates\* Due to Accidents — Motor Vehicle and Other — Manitoba — 1974 to 1976**

	MOTOR VEHICLE ACCIDENTS		OTHER ACCIDENTS		TOTAL ACCIDENTS	
	DEATHS	DEATH RATE	DEATHS	DEATH RATE	DEATHS	DEATH RATE
1974**	210	19.9	339	32.2	549	52.1
1975**	213	20.2	330	31.3	543	51.4
1976***	(229)	(21.4)	(305)	(28.5)	(534)	(49.8)

\*Death rate is per 100,000 population — M.H.S.C. population records as at June 1, 1976.

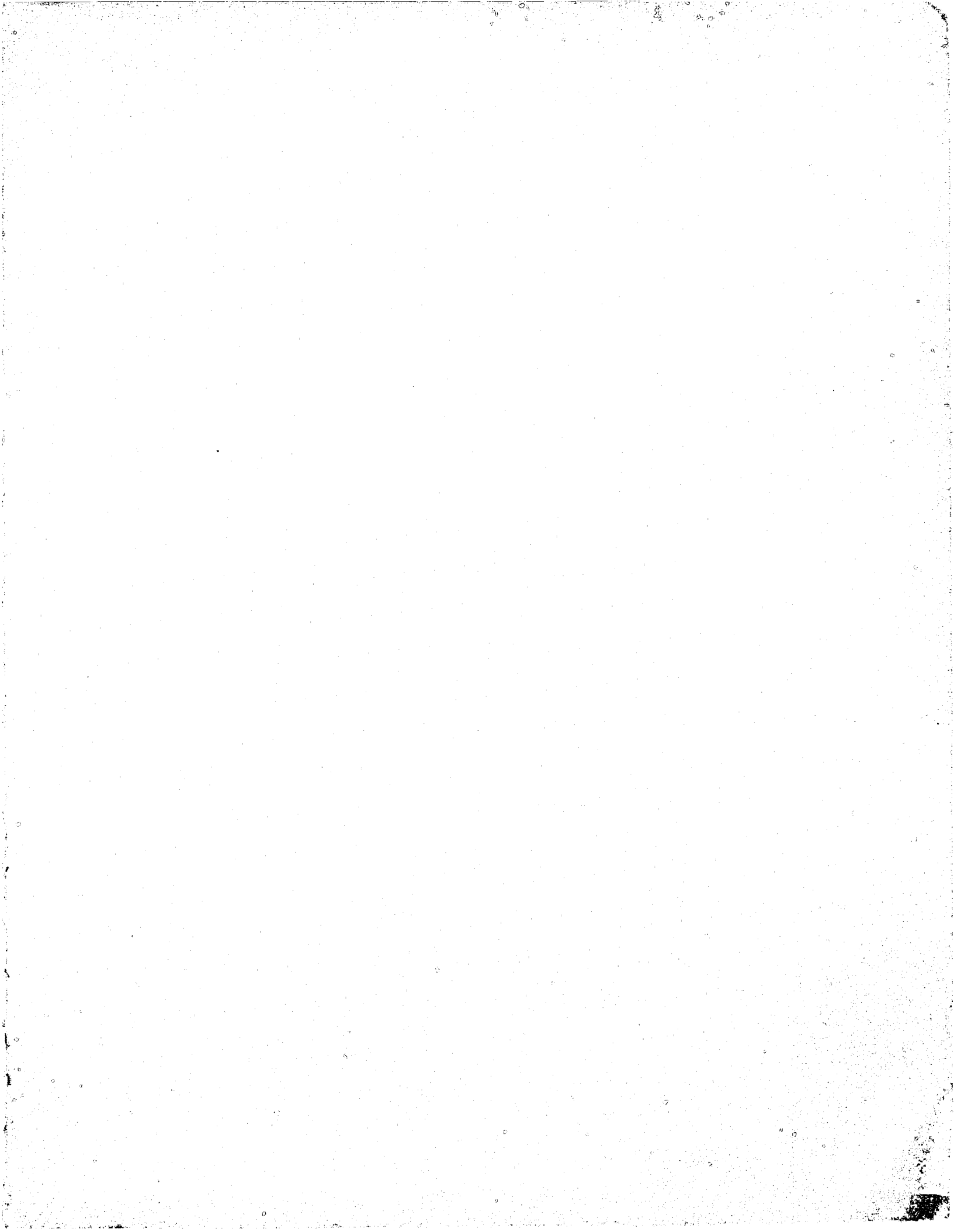
\*\*1974 and 1975 — Vital Statistics Final Figures.

\*\*\*1976 Projected full year data based on preliminary figures multiplied by adjustment factors measured over last three years.

**Table: 1**  
**Fitness and Amateur Sport Funding and Participation**

AREA OF FUNDING	PARTICIPATION	FUNDS
Program Grants 1975/76	Number of Programs 708 Number of Participants 34,776	\$ 99,265.42
Canada Games 1976	16 Provincial Sport Associations	25,918.00
Man-Plan Athlete Tier I & II	195 athletes in 26 sports	93,459.98*
Administrative Credit	Number of sports 51	112,750.00

\*Fitness and Amateur Sport Branch share (50%) \$46,729.99



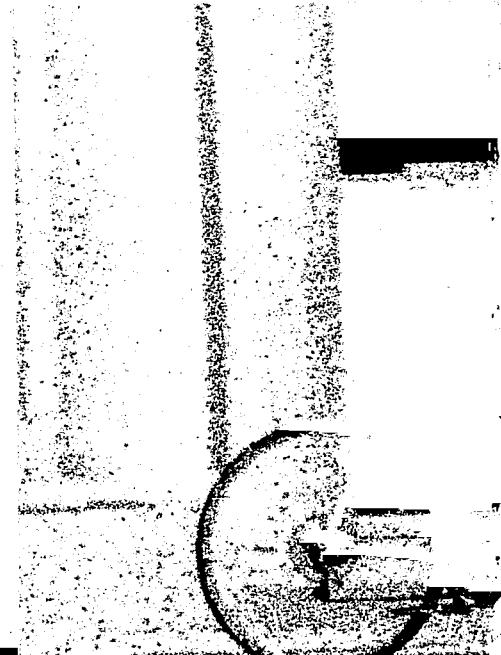
**Table: 1**  
**Population of Manitoba<sup>1</sup> by Health and**  
**Social Development Regions**  
**June 1, 1976**

REGIONS <sup>2</sup>	AGE GROUPS				
	0 - 6	7 - 17	18 - 64	65+	TOTAL
CENTRAL REGION					
MALES	5,357	10,708	24,062	4,994	45,121
FEMALES	5,140	10,274	23,166	5,479	44,059
TOTALS	10,497	20,982	47,228	10,473	89,180
EASTMAN REGION					
MALES	4,964	9,148	19,557	3,228	36,897
FEMALES	4,837	8,640	17,954	3,155	34,586
TOTALS	9,801	17,788	37,511	6,383	71,483
INTERLAKE REGION					
MALES	4,026	7,550	17,916	3,224	32,716
FEMALES	3,816	7,239	16,311	3,032	30,398
TOTALS	7,842	14,789	34,227	6,256	63,114
NORMAN REGION					
MALES	7,653	9,508	24,358	1,361	42,880
FEMALES	7,227	9,194	19,160	1,118	36,699
TOTALS	14,880	18,702	43,518	2,479	79,579
PARKLAND REGION					
MALES	3,197	6,057	15,096	3,721	28,071
FEMALES	3,014	5,883	13,877	3,542	26,316
TOTALS	6,211	11,940	28,973	7,263	54,387
WESTMAN REGION					
MALES	6,583	12,759	33,964	8,049	61,355
FEMALES	6,208	12,337	33,517	8,806	60,868
TOTALS	12,791	25,096	67,481	16,855	122,223
WINNIPEG REGION					
MALES	31,935	55,684	177,020	24,284	288,923
FEMALES	30,221	53,572	184,932	34,174	302,899
TOTALS	62,156	109,256	361,952	58,458	591,822
TOTAL REGIONS					
MALES	63,715	111,414	311,973	48,861	535,963
FEMALES	60,463	107,139	308,917	59,306	535,825
TOTALS	124,178	218,553	620,890	108,167	1,071,788(3)

(1) Data provided from M.H.S.C. population records as at June 1, 1976.

(2) Regional totals include pro-rated component of Unorganized Territories and Alonsa L.G.D. As such they will differ from those Regions totals used by M.H.S.C.

(3) M.H.S.C. registrations provide a higher estimate in general than those prepared by Census Divisions of Statistics Canada.





**END**