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Department of Health and Social Development  
and  
Ministry of Corrective and Rehabilitative Services  
**ANNUAL REPORT 1977**

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MINISTER  
THE HON. L.R. SHERMAN

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ACQUISITIONS

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**DEPARTMENT OF HEALTH  
& SOCIAL DEVELOPMENT  
1977 ANNUAL REPORT**

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THE DEPUTY MINISTER  
OF HEALTH AND  
SOCIAL DEVELOPMENT



THE DEPUTY MINISTER  
OF CORRECTIVE AND  
REHABILITATIVE SERVICES

**Honourable Louis R. Sherman,  
Minister of Health and  
Social Development,  
Minister Responsible for  
Corrective and  
Rehabilitative Services**

Sir:

We have the honour of presenting herewith the Annual Report of the Department of Health and Social Development of the Province of Manitoba for the Calendar Year 1977.

Your obedient servants,

A handwritten signature in cursive script, appearing to read "R. D. Johnstone".

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

A handwritten signature in cursive script, appearing to read "J. Banmen".

**J. Banmen, Ph.D.**  
Deputy Minister of  
Corrective and  
Rehabilitative Services

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:

I 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 1977.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "L. R. Sherman".

**Louis R. Sherman,**  
Minister of Health and  
Social Development.  
Minister Responsible for  
Corrective and  
Rehabilitative Services.

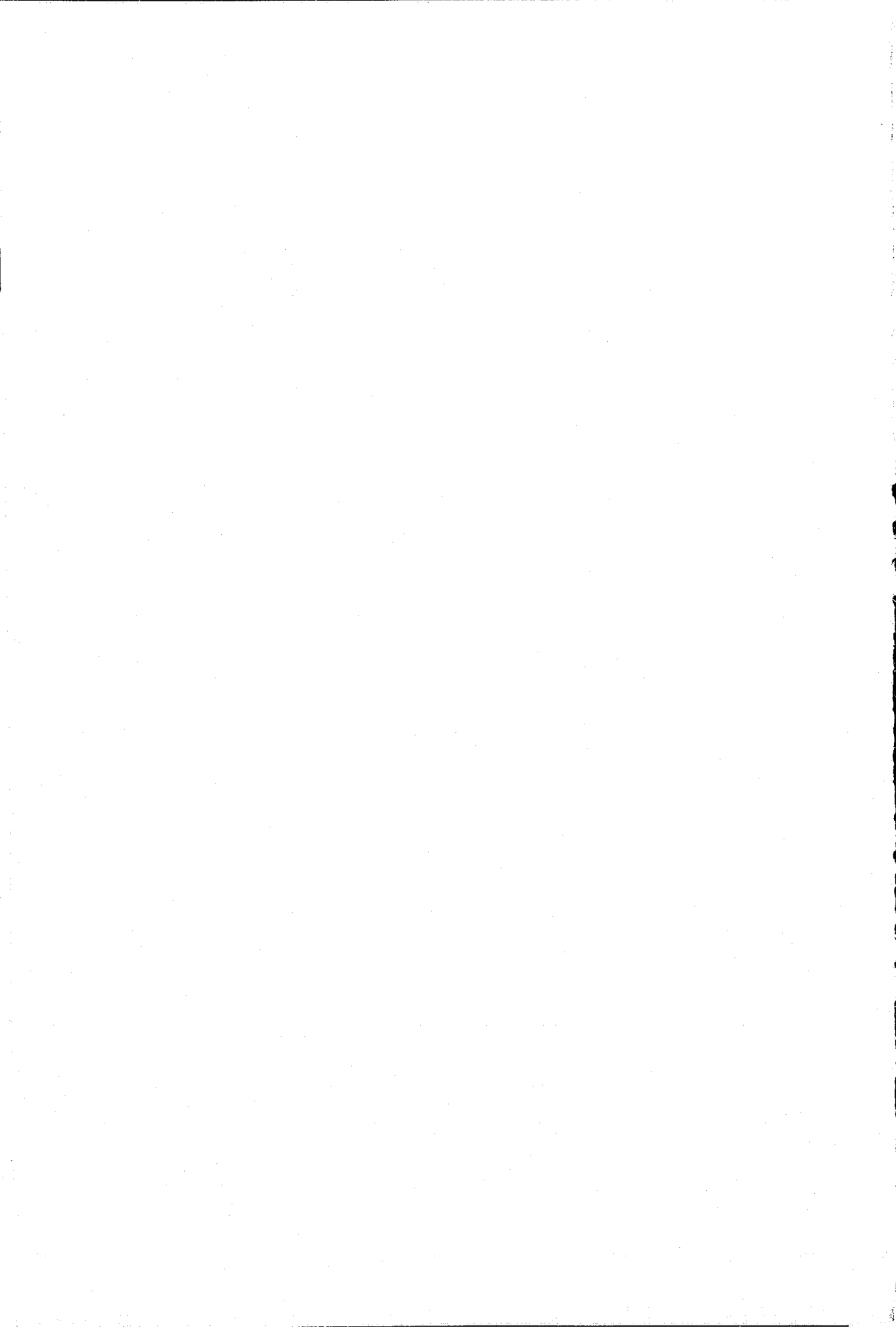
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# RESOURCES DIVISION

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## Resources Division

The Resources Division has the responsibility for ensuring that the manpower, money, and material required by the Department of Health and Social Development in meeting its mandate are used efficiently, effectively, and in accordance with policy guidelines established by government. In addition, the Division provides other parts of the Department with information necessary for planning their programs.

### Personnel Management Services

The Personnel Management Services Branch provides management services to the Department in the following areas:

1. **Employee Relations**—handling of employee grievances and appeals and education in labour-management relations. Assisting management in resolving problems related to interpretation of Agreements and the Civil Service Act.
2. **Position Evaluation and Classification**—ensuring that jobs are classified consistently from one region to another. Gathering pertinent data about positions to be reclassified and making appropriate recommendations. Conducting organization and staffing reviews and making necessary recommendations.
3. **Performance Evaluation**—ensuring that job standards are established so that employees and management can determine the effectiveness of the employee on the job. This provides a way for the employee to understand his or her potential on the job and for the supervisor to identify areas of weakness where the employee may need development and assistance.
4. **Supervisory and Management Skill Development**—providing assistance and training to supervisors and managers in effectively carrying out their responsibilities as managers.
5. **Staff Recruitment and Selection**—coordinating and scheduling selection boards, developing criteria for selection and carrying out administrative tasks relative to the selection process. Implementing Civil Service Commission policies, practices and procedures.
6. **Equal Employment Opportunity**—developing ways and means of assisting employees traditionally confined to the lowest level positions to develop their potential and improve their chances for advancement.

Efforts were made during the year to emphasize improvement in the Employee Relations functions. Many employee grievances and appeals were anticipated and dealt with before complaints were made formally. In this way, supervisors and managers were saved time spent in the process of resolving formalized problems.

A number of seminars held with supervisors and managers concerning the application and interpretation of the Government Employees' Master Agreement and Sub-Agreements. In addition, seminars on effective labour-management relations were conducted throughout all areas of the Department.

In the area of supervision and management skills development, the emphasis has been on developing programs to meet the specific needs, including:

1. day-to-day problem solving
2. paper work simplification
3. work simplification programs
4. effective written and oral communication
5. motivating staff

Through involvement in the Interdepartmental Development and Training Organization initiated by Management Committee, it is anticipated that training needs will be met in an increasingly coordinated way.

At December 3, 1977 there were approximately 3,694 employees on the Department's payroll as compared to 4,500 on the same date in 1976.

## Special Studies Group

The two primary functions of this Group are to supply departmental management with administrative support systems and to provide a liaison service between the divisions of the Department, the Central Purchasing authorities and external departmental suppliers on matters relating to the purchase and supply of operational goods, services, supplies and equipment.

The former is accomplished by conducting studies of problem areas within the Department with a view toward improving organizational structures, staffing patterns, systems and procedures, forms layout, office layouts, and office equipment evaluations. The latter is accomplished with the establishment of a centralized purchasing agent who coordinates and reviews all purchases made by the Department and directs them to the appropriate area.

The Special Studies Group has a staff of 12, consisting of a branch Co-ordinator, Administrative Analysts, Systems Analysts, Equipment and Supplies Officer, and support personnel. Its services are available to all divisions, branches, or sections of the Department or its funded agencies on a request basis. This past year the Group also has responded to requests from other departments of the government.

Projects consist primarily of informational or operational studies. The informational studies serve as a tool for senior management in the development and formulation of policy or operational decision making. Operational studies are aimed at promoting departmental efficiency through the development of improved work and paper flow systems, office equipment and machine evaluations, and general program support systems development. The scope of these projects range from basic form design to a major large automated support system. Upon completion of a project, a formal documented report is presented to the management of the area that has been under review. Upon acceptance of the recommendations of the report, the Special Studies Group is available to assist with the implementation of all or part of its recommendations.

## Agency Relations

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 analysts, reviewed policies, programs, operations, financial statements and budgets for 59 grants and 147 rates for continuing programs and services, and in each case implemented the government's decision on funding; monitored payments; audited and accounted for funds paid the previous year to 206 different programs.

In addition the Branch reviewed, reported and recommended on 49 new requests or proposals. Approximately 96 other inquiries about potential funding were handled by the Branch.

Staff of the Branch also were involved in, or carried out directly; about 29 special assignments involving operations and coordination of administrative practices and systems, policy review and development, and information analysis and reports.

Improvements were made in reducing the time for completing reviews and reports. Progress also was made toward achieving the objective of finalizing payment and support levels to agencies prior to the agency's fiscal period. Close teamwork between Branch staff and financial analysts made these improvements possible. This progress was further enhanced by the improvement in coordination of functions with, and assistance from, program directorates through the provision of policy interpretations, definitions of standards, and prioritization of program activity.

## **Financial Services**

The Financial Services Branch provides financial, analytical and budgetary information to all the divisions of the Department. This information is constantly updated and revised to meet the changing conditions and needs of the Department.

Financial Services Branch is divided into several sections, each under the supervision of a co-ordinator.

### **Accounting Services**

All departmental expenditures such as administrative, operating and social allowances accounts are processed, vouchered and submitted for payment. This includes the processing of the automated social allowances payments and the related statistical information submitted by field offices. Other activities include issuing and maintaining records of accountable advances and maintaining and reconciling the output data from the computerized voucher accounting records and special chequing accounts.

## **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 ongoing Health and Social Services delivery systems.

This section administers the Social Allowances Health Services program on behalf of the Department. This requires the processing of all related accounts, dealing with correspondence, authorizations and issuing of Health Services certificates enabling recipients to obtain drug, dental and optical supplies and services. Financial Services also provides statistical and financial data to enable the Department to negotiate with the various professional organizations participating in the plan.

#### **Payroll and Personnel Services**

This section is responsible for the personnel documentation and the departmental employee payroll function.

This year all personnel records were placed on the Manitoba Employee Information System (M.E.I.S.).

#### **Budget and Revenue Services**

The principal function of this section is to provide a comprehensive fiscal budget service to all divisions in the Department. This includes budget preparation, control and analysis, support information and reports to departmental management. Other functions include the receipting and accounting for all departmental revenues and accounts receivables and the administration of the mental patients accounts receivables through the Public Trustee and/or the Federal Government and the control and recovery of such funds.

This section is also responsible for the preparation of claims under the various cost sharing agreements with the Federal Government and ensures that maximum revenues are obtained through existing agreements with the Federal authorities.

#### **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 Social Allowances Health Services, Pharmacare, Personal Care Home and drug substitution programs.

### **Medical Supplies and Home Care Equipment**

The Program provides Medical Supplies and Home Care Equipment directly to patients, departmental offices, and doctors.

Each area of supply is funded through a different appropriation. The Program 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 bulk purchase, in some cases on a yearly basis, allows substantial savings.

The Manitoba Wheelchair Program continues to demand periodic adjustment to assure fair and proper usage. It now has over 3,300 standard and 70 motorized wheelchairs in use in the community.

The Home Care consumable and re-useable programs have had a successful year. Feedback from some 32,000 patient and other calls in the Provincial Equipment Program has been generally positive. A new inventory and control system established this year ensures that consumable supplies will be readily available to patients and departmental offices.

The Society for Crippled Children and Adults and the Speech Therapy Department of the Winnipeg General Centre have cooperated fully with the Program as a resource and distribution agency during the past year.

The Manitoba Ostomy Program provides services on a province-wide basis. Educational information is offered about the Program and this has resulted in increased knowledge of the appliances and supplies available. The consultation service provided by the Program's Enterostomal Therapist involves upwards of 1,000 individual contacts annually.

## **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 summarized under four headings.

### **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 second update to the "Maternal and Child Care: Vital Statistics" report was completed. Another topical report on "Suicides and Suicide Attempts" was published during 1977.

A third major study on "Accidents and Accidental Injuries" was begun and nearly completed during 1977. It will present data on accidents in Manitoba based on vital statistics and M.H.S.C. inpatient and outpatient files. National and international data also will be included.

### **Information Systems Development:**

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 in defining program data requirements, methods of data collection and processing, distribution of data, and provide technical background in the analysis of special data requests.

Activity has been concentrated this year on the Child Welfare statistical system, and the collection of service workers' activities times, refining and implementing the Social Allowances Overpayment report system, the Employment Services statistical system and a S.Y.E.P. project on Corrections data.

### **Statistical Analysis:**

The main focus in this function is to provide statistical analytical activities or to make available technical resources to assist program areas. This year an analysis was undertaken to revise Social Allowance rates to reflect increases in the cost of living.

### **Other Functions:**

This Section also responds to a variety of daily requests. At year end the Section coordinates data acquisition and format 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 Mental Health/Mental Retardation, health and criminal justice.

## **Data Processing Unit**

This group provides computer technical services to the various Divisions within the Department. The main function of the Unit is to reduce manual processing of data.

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.

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. In 1977, new procedures for recording vital events in the information system were introduced. A statistical analysis system also was developed and installed for the Venereal Disease Unit. The system allows for more comprehensive analysis within reasonable time frames. It was the first on-line system to be installed within the Department.

## **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, as well as Section 101 of The Child Welfare Act, and Sections 29-33 of The Public Health Act.
2. To register and preserve the records of births, stillbirths, deaths, marriages, adoptions and changes of name which occur in the Province of Manitoba.
3. To issue certificates of birth, death, marriage, and change of name from these records to authorized persons.
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 to verify 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, hospital authorities, barristers, Divisional Registrars, and Issuers of Marriage Licences, and Marriage Commissioners in the Province who serve us and whom we serve.

The Province of Manitoba has recorded and preserved registrations of births, deaths, and marriages since 1882 under governmental authority. Church records of baptisms, burials, and marriages for the various 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, thereby ensuring a uniform registration system consistent with Canadian practices. A microfilm image of all original registrations is sent to Statistics Canada in Ottawa as a permanent duplicate record and also for its use of statistical data.

In the past year there were 110 weekly statistical reports prepared for various Government Departments and Agencies, 32,633 vital events registered, 1236 adoptions registered under The Child Welfare Act (including 154 under Section 101 of The Act which are processed by this office); 756 delayed registrations; 1133 legal changes of name; and 10,000 free verifications of vital events provided to various government departments and agencies. The office handles a daily average of 150 telephone calls, 125-150 persons at the counter, and 400-450 pieces of mail.

In order to improve our service to the public the office has appointed Issuers of Marriage Licences in 32 of the Health and Social Development offices throughout the province. The total number of Marriage Commissioners has been increased to eight and, as well, all County Court Clerks located throughout the province are now authorized to perform marriages.

A position of Inspector of Vital Statistics has recently been established within the office. The incumbent's main responsibility will be to direct and instruct all Division Registrars, clergy and Marriage Commissioners, Marriage Licence Issuers, physicians, hospital authorities, funeral directors, and cemetery and crematorium operators in their responsibilities in accordance with the Acts and Regulations thereunder.

The implementation of the information retrieval system is progressing. Microfilm retrieval and computer output microfilm indexes will be utilized in April 1978, and computer output statistical data reporting is being developed. Some reports are produced now; the completed program development and output is anticipated by October 1978.

## **Fitness and Amateur Sport Branch**

The overall responsibility of the Fitness and Amateur Sport Branch is to assist Manitobans to utilize their leisure time through fitness and amateur sport activities.

The Branch's activities are divided into three main areas:

### **A. Sport Development Section**

#### **1. The Sport Administrative Centre**

The purpose of the Administrative Centre is to provide back-up administrative support services required by the Provincial Sport Associations, such as typing, telephone, office space, printing, postage, etc.

#### **2. Financial Assistance to Sport**

The Branch provides 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 — assistance provided towards the salaries of 14 full-time Sport Association executive personnel.
- c. Program Grants — for Sport Association programs of upgrading services and clinics, travel to provincial and national championships, hosting provincial and national championships and specific projects.
- d. Games Development Grants — to provide assistance to Sport Governing Bodies involved in the Canada Games in selecting and training their provincial team.
- e. Athlete Development Assistance Project — Man Plan — to provide financial assistance to Manitoba's best athletes.

#### **3. National Coaching Certification Program**

The Coaching Certification Program's objectives are:

- a. to promote and develop excellence in Coaching in Canada
- b. to provide coaches at all levels with a systematic way to improve their knowledge and skill in the theoretical, technical and practical aspects of coaching.



Since the implementation of the program in Manitoba in the Spring of 1976, approximately 800 coaches have been certified in the theory component of the National Coaching Certification Program, and many hundreds more in the technical component.

**B. Games Development Section**

**1. 1978 Manitoba Winter Games—Provincial Final, Dauphin**

Activities include:

- a. implementing the total program throughout the province
- b. central resource of all information and services
- c. working with the Manitoba Games Council
- d. development, control and accountability of financial assistance

**2. 1979 Canada Games**

- a. develop a mission staff
- b. consultative, organizational and liaison assistance to Brandon for the 1979 program.
- c. liaison and consultative service to all Provincial Sport Associations
- d. assist in selection and training of teams
- e. assist with officials development
- f. co-ordinate all travel arrangements
- g. arrange for all uniform requirements
- h. development, control and accountability of financial assistance
- i. proper registration of Manitoba contingent

**3. Junior Olympics**

- a. provide organizational, liaison and consultative services
- b. administrative assistance
- c. arrange for awards

**C. Fitness Section**

**1. Program Objectives**

- a. To develop educational packages and assist in community co-ordination programs that will encourage Manitobans to adopt positive lifestyle habits and participate in regular physical activity.
- b. Recruit and develop proficient and knowledgeable volunteers in urban and rural communities who are competent in providing leadership to the promotion of active lifestyles, fitness and fitness related programs.
- c. Strengthen the delivery capability of community associations, recreation agencies, business and industry, fitness related professional groups and sport clubs, to encourage the development of physical fitness.
- d. Develop cooperative efforts between various government departments in planning and implementing fitness programs.
- e. Plan and develop recommendations for present and future facilities for the specialized treatment of athletes' injuries.

## Office of Residential Care

The Office of Residential Care was established in April, 1977. By year end the office had not yet reached full staffing. The objective of the office was to ensure a satisfactory standard of residential care for those persons placed by the various department programs in residential care facilities (excluding those licensed by the Manitoba Health Services Commission). This was to be achieved through the licensing and regulation of facilities and the inherent monitoring of physical and program standards as well as the assessment of both the level of funding and rates charged, consistent with the level of care provided.

The children's group home program was the first to be examined. By year end a licensing mechanism had been established in cooperation with the City, municipal and provincial departments concerned with building and fire safety and health. They would conduct the required inspections. Group home program standards were drafted by the Child and Family Services in consultation with this Office to be applied in the licensing and monitoring process. A Registry of children's residential facilities throughout the Province was compiled and copies made available to child placing agencies throughout Manitoba to facilitate placement and the appropriate utilization of residential care resources. A rate setting mechanism and scale of rates for children's group homes was devised and subsequently approved by Management Committee, following which, the per diem rates of group homes underwent systematic review and, where indicated, rate revision. Bill processing was centralized and linked to an information collection system for the monitoring of group home performance.

At year end the Office entered into a process with the Mental Health and Retardation Directorate, and including institutional and field personnel, to examine the residential care program in this program area with the view to developing a licensing, monitoring system similar in many respects to that described in the children's area. Other programs will in due course be reviewed with similar objectives in mind.

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**SOCIAL SECURITY  
DIVISION**

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## **Social Security Division**

The Division of Social Security was established in March 1975 to centralize and rationalize all income related programs and to assist large 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.

The office of the Assistant Deputy Minister is responsible for advising the Deputy and the Minister on policy choices in the areas for which the Division is responsible, and in certain federal-provincial matters. This has included such activities as participation in the development of the proposed Social Services Act; the evaluation of the subsequent block funding proposal; the evaluation of proposed amendments to the Canada Pension Plan which required Cabinet consideration; and negotiations concerning federal cost-sharing of a special training program for single parents currently on social assistance.

### **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 Child 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 Financial Workers, Income Security Counsellors, 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 1977 the fixed Social Allowance rates were revised in keeping with the cost of living increases since the last rate adjustment. The percentage changes were as follows: food up 12.29 percent; clothing up 6.08 percent; supplies up 5.73 percent; and personal needs up 7.04 percent.

In addition the number of age groups for which rates are set was reduced from four to three. Board and room rates were also increased to meet escalating costs. Allowances for minor home repairs were increased from \$125 to \$200 per family per fiscal year. The allowable cash asset exemption levels for clients was doubled this year.

Social Allowances caseload size continued to decrease during 1977 and is at its lowest level since 1971.

### **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. January 1977 saw the field operations of the program transferred from Community Services to this Division.

The main objective 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 maintaining 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 him. 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 are used primarily to bridge gaps in existing services or to provide special innovative 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.

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.

Work Activity Projects began in Manitoba as a means of providing an integrated and concerted approach to the problem of welfare dependency. Services are provided to special client groups for whom normal departmental services were inadequate or ineffective. The intent of Work Activity Programs is to provide a combination of training and work situations to enhance self development of those persons who are unemployed or likely to become unemployed; and to provide for these people an opportunity to acquire and improve vocational and social skills necessary to find and hold employment. The Work Activity Projects as developed, allow for community participation.

To date, five Work Activity Projects have been developed and operating. The date of implementation of these projects are as follows:

- Manitoba Associated Northern Work Activity Project (MANWAP) 71 10 19
- Amaranth Work Activity Project (AWAP) 72 10 26
- Winnipeg Home Improvement Project (WHIP) 72 10 26
- Westbran Work Activity Project (WESTBRAN) 73 04 24
- Pioneer Services Centre (PIONEER) 74 01 08

In 1977 the MANWAP project expanded to include a core project in Dauphin and a program in Barrows, to serve the area of Barrows, Baden, Westgate and Red Deer Lake. The program has assisted the Camperville project to become independent of work activity projects, and helped establish a wood working shop in Camperville, which created 14 jobs within the community.

Work Activities, although not primarily intended to create continued employment, are in instances motivating 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 873 people, of whom 30% still remain on the project. Of the 569 who have left the program, 248 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.

### Child Day Care Program

The Child Day Care Program was established in 1974 as a federal-provincial program cost-shared under the Canada Assistance Plan. The objective of the program has been to assist the development and maintenance of community initiated day care services for preschool aged children through direct financial aid to centres, subsidies on behalf of parents, and program guidance and support.

There are basically two forms of day care being provided in Manitoba:

- Group day care — where six or more preschool children are cared for in group settings;
- Family day care — where up to five preschool children are cared for in private homes, generally in the child's own neighbourhood.

Within this framework communities throughout the province have adapted day care services to their particular needs by providing part-time or full-time programs, or programs with extended hours to accommodate families requiring care outside of the regular Monday to Friday schedule.

The day care program has grown rapidly, as is depicted in the following table.

	Group Day Care		Family Day Care	
	Number of Participating Centres	Number of Licensed Spaces	Number of Participating Family Day Care Homes	Number of Licensed Spaces
December 31, 1974	11	374	3	14
December 31, 1975	55	2,637	73	136
December 31, 1976	165	4,598	206	594
December 31, 1977	172	4,795	152	520

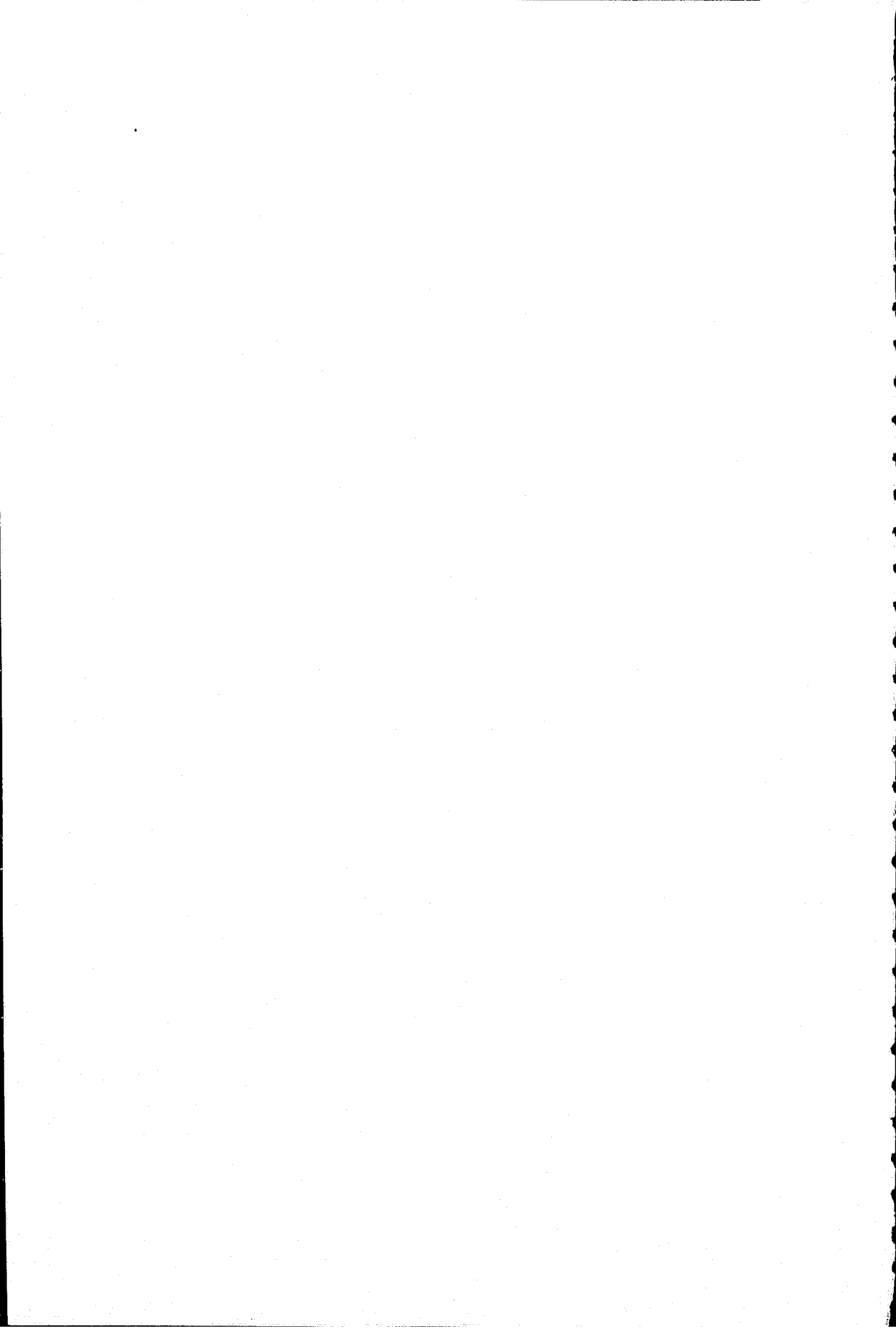
Start-up grants and annual maintenance grants are available to day care providers to help defray the initial costs of starting a day care facility, as well as to assist with the ongoing operating costs of providing day care services. The grants are based on the number of spaces for which the facility is licensed, the type of care (family or group), and the level of care (full or part time) which is being provided.

Financial assistance is also available to the users of day care in the form of a subsidy to the cost of care. An incomes test for families who demonstrate a social need for day care determines the level of subsidy for which a family is eligible. The incomes test takes into consideration the number of preschool children in care and the net annual family income. The net family income below which subsidy is available is based on the provincial average family income, and has been indexed annually to the cost of living.

As a result of the indexing of the income levels in April, 1977, a family consisting of two adults with two children living in Southern Manitoba is eligible for full subsidy if its annual net family income is \$9,000 or less. The same family living north of Manitoba's 53rd parallel is eligible for full subsidy if the annual net family income is \$10,540 or less. Beyond these two income levels, the families contribute an average of 50% of each additional dollar earned towards the cost of care until the income level reaches \$15,240 in Southern Manitoba or \$16,780 in Northern Manitoba, at which point families are required to pay the full cost of care.

Day Care Co-ordinators, located in eight regions throughout the province, monitor the programs offered by the community facilities and provide program and administrative guidance and resources. Through the co-ordinators a variety of support services have been made available to the day care facilities. Public health nurses now regularly visit many day care facilities and include the preschoolers in their regular immunization program. Home economists are providing nutrition counselling and advice and audiologists are testing children for hearing difficulties and making referrals when necessary.

To reflect the changing needs of day care consumers and providers, several modifications were made in the Child Day Care Program during 1977. Included in these modifications was an increase in the maximum fee that could be charged by day care providers from \$5.00 to \$6.00 for a full day of care and from \$2.50 to \$3.00 for a half day of care. This increase was the first in the cost to consumers of day care services since the program started in 1974. Secondly, in 1977 the government introduced a system of audit grants of up to \$600 to reimburse day care centres for the cost of an annual audit. Thirdly, commercial centres which are presently operating in the province and which were established prior to September 1974 were allowed to accept a limited number of children into their program who were eligible for subsidy.





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# COMMUNITY SERVICES DIVISION

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## **Community Services Division**

The Community Services Division is responsible for the province-wide delivery of comprehensive health and social services, including Community Mental Health and Community Mental Retardation Services. These services are provided through eight regions throughout the Province of Manitoba, namely, Winnipeg, Eastman, Interlake, Parklands, Central, Westman, Norman and Thompson.

Support services and some direct services are provided by various Program Directorates administered from divisional headquarters in Winnipeg. Central support services include: Public Health Nursing; Home Economics; Health Education; Child and Family Services; Office of Continuing Care; and Medical Public Health Services.

Major field services offered by Community Services Division include: Child Welfare; Family Counselling; Community Mental Health; Community Mental Retardation; Community Rehabilitation (Mentally Ill, Mentally Retarded, and Physically Disabled); Home Care; Services to the Well-Elderly; Public Health Nursing; and Health Education.

Although Income Security, Employment Services, Day Care, and Probation Services are administered through other departmental divisions, the above programs support these services and result in a multi-disciplinary approach through regional operations.

### **Medical Public Health Branch**

The Medical Public Health Branch is made up of the following program areas: Clinical Health Services, Venereal Disease Control and Preventive Medical Services. The programs of Public Health Nursing, Education & Library Services and Home Economics also relate directly to the Medical Public Health Branch.

The Public Health Services that are provided throughout the provincial scene are monitored by the Medical Public Health Branch. Regional Services are provided through the combined efforts of local staff supplemented by additional resources if required.

Specialist medical input from the Medical Public Health Branch is provided to the Public Health Inspection program presently being carried out by the Department of Mines, Resources and Environmental Management.

The Medical Public Health Branch provides direct liaison with the Office of Mental Health and Rehabilitation Services assisting with the delivery of program services.

The Medical Public Health Branch also maintains a direct link with the Occupational Medicine Branch (Department of Labour) now responsible for administration of regulations under the Workplace Safety and Health Act.

#### **Clinical Services**

Part of the Medical Public Health Branch, Clinical Services has programs in Maternal and Child Health, Family Planning, Family Life Education, Screening Programs and Hearing Conservation, and maintains the Congenital Anomalies Registry.

Basic activities of the branch are consultation, program organization particularly in prevention and early case finding, public and professional education.

The Congenital Anomalies Registry is one of 5 Provincial Registers cooperating with the Federal Surveillance Register in Ottawa. During the year, Dr. A. Hunter was appointed honorary consultant in Genetics. As a result there has been improved use made of case reports to the Registry by contacting doctors to recommend genetic counselling where indicated. A special survey of Down Syndrome cases (Mongoloids) was conducted to try to ascertain the cause of an unusual apparent increase in incidence, particularly in babies of younger mothers.

Screening Programs have been improved by introducing a new technique to screen for Congenital Hypothyroidism. The first case was detected within a month of starting the program, and was placed on treatment at 11 days of age. This test was added to the Metabolic Screening Program which discovered another case of P.K.U. during the year. Cooperation with a community group led to the development of a Tay-Sachs screening program. Tay-Sachs Disease is a fatal inherited disease particularly affecting one ethnic group. The review of School Vision Screening with the Department of Education continued. Scoliosis screening is being introduced by pilot projects.

The Provincial Hearing Conservation Program began to improve services to rural Manitoba. An office of Hearing Conservation was established in Clinical Services. An Ear, Nose and Throat Specialist travels to all rural regions. Regional Hearing Centres were established in Westman (Brandon) and Thompson Regions. These centres will provide comprehensive hearing services for all age groups and are a tremendous improvement in service. They have a priority to focus on School and Preschool Children, utilizing a Newborn High Risk Registry to try to find deafness early, before the child's language development, educational achievement and socialization suffer. Portable equipment enables outreach programs to be organized. A permanent sound-proof booth at the Centre will be used for complete hearing assessment and rehabilitation. An Audiologist, an Audiometrist and a Teacher of the Hearing Impaired will staff the Centre.

The Mobile Audiological Services Program was transferred from the Health Sciences Centre to the Office, and now provides service to rural regions. It complements the Department of Education's school program, by checking infant and pre-school children, including those in Day Care Centres. A research project is being conducted to correlate the findings of hearing testing with the visual examination of the eardrum and the impedance bridge findings — impedance measures response of the eardrum to air pressure and sound conduction.

A Maternal and Child Health Advisory Committee continues to review programs and make recommendations to the Minister.

In Family Planning and Family Life Education, workshops, seminars and conferences have been held in all Health and Social Development Regions with native women's groups, university faculties, departmental staff, schools, community organizations, agencies, radio hot-line shows, shopping centres, church groups.

Publicity was given to the risk of Thyroid Cancer in people who had radiation of the head and neck in childhood prior to 1960.

#### **Venereal Disease Control**

Last year there was a noticeable change in attitude among physicians and nurses towards the prevention of the more serious complications of gonorrhoea resulting in better case management. Statistically the number of reported cases of laboratory confirmed gonorrhoea kept pace with last year. (See table)

The Directorate works with the professions in updating their members in this field. Last year educational conferences were conducted with approximately six hundred student nurses in seven different schools; with nursing graduates working in our major hospitals and health centres; at the Mount Carmel, Aikins Street and Klinik centres; with the staff of our correctional institutions; at Headingley and Stony Mountain jails; with the City of Winnipeg's Public Health nurses for both general updating as well as specialized preparation for work in schools; for several public health nurses working in the eight regions of Manitoba; with members of the Manitoba Medical Association at district meetings; and at local meetings of medical staff. Four three-day seminars on contact work for some thirty public health nurses were held throughout the province.

In addition, planning conferences and workshops were conducted with the faculty members of seven schools of nursing, with the Manitoba Association of Registered Nurses, with the Manitoba Medical Association's special committee on

venereal disease, with hospital administrators and regional directors, and with Education and Library Services for future programming. The orientation of new staff both Federal and Provincial is a continual activity of the Directorate.

The Directorate worked closely with the Medical Services Division of Health and Welfare Canada in the preparation of two video-tapes to assist in disseminating new information among their field nursing personnel. There was also an exchange of information with workers in North Dakota and Minnesota in the interest of improving communication.

The Directorate was responsible for the co-ordination of all case and contact information involving over fifteen thousand interviews in 1977. Most of the actual interviewing is carried out by personnel in the eight regions. Daily consultations are held with physicians with respect to case management and exchange of information.

With the help of the Cadham Public Health Laboratory and of field nursing staff, the Directorate conducted a serological survey of over two hundred people in a high risk community where infectious syphilis was evident. The investigation which followed brought to light over twenty infected persons who were given prompt care. Since then the outbreak has stabilized.

The persistent problem of greatest concern to the Directorate is the delay in disease notification still frequently encountered. These delays are directly responsible for the large number of people frequently encountered in hospital with pelvic inflammatory disease and disseminated gonococcal infections. Recent studies have shown that the average cost of hospitalizing a patient with the latter averages \$2238. Five instances of failure to notify venereal infection after three months were brought to the attention of the College of Physicians and Surgeons of Manitoba for action. An estimated 32 cases of chancroid were reported during the year. This is a marked reduction over last year's reported incidence of 105. The outbreak, which was confined mostly to residents of the Winnipeg area, appears to be subsiding. Considerable credit for the management of these patients is due to the work of Drs. A. Ronald and G. Hammond of the Department of Infectious Diseases at the Health Sciences Centre.

**REPORTED INFECTIOUS SYPHILIS AND GONORRHEA  
(LABORATORY CONFIRMED)**

**MANITOBA 1967-1977**

Year	INFECTIOUS SYPHILIS		GONORRHEA	
	Number	Rate Per 100,000 Manitobans	Number	Rate Per 100,000 Manitobans
1967	135	14.0	2,505	260
1968	112	11.5	2,417	249
1969	188	19.2	2,673	273
1970	121	12.3	2,856	290
1971	124	12.5	3,306	334
1972	108	10.9	3,467	349
1973	135	13.5	3,567	357
1974	92	9.1	3,577	354
1975	20	2.0	4,246	417
1976	17	1.7	4,728	473
1977	20	1.8	4,803	443

**Note:** Infectious Syphilis with reported primary and secondary lesions.

## Preventive Medical Services

The role of this section is to maintain surveillance of disease activity within the province so as to prevent or control diseases, to mitigate the harmful effects of ill health and to promote positive health. The activities of the section can generally be grouped into Communicable Disease Surveillance and Containment (including Tuberculosis Control), Active and Passive Immunization, Rheumatic Fever Prevention, Essential Drug Programs, Traffic Accident Prevention and Education.

### Communicable Disease Control

Under provisions of the Disease Control Regulations (Manitoba Regulation P210P2) communicable diseases are reported to the Chief Provincial Epidemiologist by Regional Medical Officers of Health, practising physicians, hospitals, laboratories, etc. These reports are used to initiate control action such as isolation, quarantine, case-finding, case-holding, contact tracing, placarding and early treatment and the statistics derived from the reports are transmitted to the Government of Canada and to the World Health Organization as part of the on-going global surveillance of disease.

As shown in tables, the level of reportable communicable diseases in Manitoba was satisfactory in 1977 and no significant change in disease trends from recent years was seen. Highlights of the year are documented below.

### Influenza

The potential threat of an outbreak of influenza due to A/New Jersey (Swine) influenza fortunately did not materialize during the 1976-77 influenza season. This coupled with problems encountered with mass immunizations elsewhere vindicated the Manitoba decision to immunize only people in high risk groups. Despite the absence of any outbreaks of Swine influenza many valuable lessons were learned about the epidemiology and surveillance of influenza and about conducting large scale immunization programs. Significantly improved surveillance techniques were developed and are being carried on in the 1977-78 season in cooperation with other agencies (laboratory monitoring, weekly telephone surveys, monitoring of Canadian Forces Base, Winnipeg, etc.)

A moderate outbreak of influenza due to the A/Victoria strain was seen in Manitoba in April and early May 1977, much later than the normal January/February occurrence of the disease. Despite this outbreak and a similar one in 1976, it is estimated that approximately one-half of the adults in the province remain susceptible to A/Victoria and it is anticipated that this will be the predominant strain causing disease in the 1977-78 influenza season. For this reason, the Department once again recommended and provided influenza vaccine for persons at high risk (those with chronic respiratory, cardiac, renal and metabolic disease and those over 65). Almost 40,000 doses of vaccine were ordered and distributed by mid November.

### Western (Equine) Encephalitis

The monitoring program for Western (Equine) Encephalitis (WEE) instituted as a result of the 1975 epidemic provided an early warning of a potential threat of an outbreak in 1977 and as a result of this surveillance an aerial mosquito adulticiding program was initiated in seven Manitoba communities. Three human cases of WEE were confirmed in Winnipeg (in 3 males aged 16, 64 and 65 years). In addition, although not proven, 4 persons in Dauphin and Winnipeg were considered probable cases. As well as the WEE cases, there were 2 confirmed cases of encephalitis due to group B arbovirus (St. Louis Encephalitis or Powassan).

Despite an earlier than usual appearance of the vector mosquito, the relatively low numbers of *Culex tarsalis* and the favourable dry weather in the spring led to early optimism that an outbreak of Western Equine Encephalitis would be averted. However, the onset of wet weather in June with a resultant marked increase in the levels of *Culex tarsalis* coupled with the detection of virus in many of the mosquito pools, led to the appearance and rapid increase in numbers of horse cases in mid July and evidence of infection in practically all of the sentinel chicken flocks resulted in increasing concern and finally by the end of July to a recommendation to attempt

eradication of the vector mosquito through a program of aerial spraying. Aerial spraying began on August 14, 1977, coincident with the onset of cool unseasonable weather and the two factors combined to cause a dramatic reduction in mosquito levels. No transmission of disease in chickens or humans could be documented after the middle of August, but it is impossible to determine the relative importance of weather and spraying. Experiments carried out during the spraying, however, revealed that the program was 80-90% effective in eradicating mosquito vectors.

The monitoring system, therefore, appears to be effective and to be able to predict the presence of disease threat early enough to allow preventive action to be taken. With increasing experience it should be possible to make such predictions at an earlier time and thereby prevent the onset of any significant numbers of human cases.

### **Unusual and Imported Diseases**

A case of cholera was reported in March 1977 in a 66 year old woman who had recently immigrated from Southeast Asia. This represents only the third reported case of cholera in Canada this century. The disease was unquestionably acquired abroad and no secondary transmission was observed.

As in previous years, several cases of malaria were reported in individuals returning from infected countries. A single case of leprosy, also acquired abroad, was reported in an immigrant and the patient is under adequate therapy.

Members of the section participated in developing updated contingency plans for coping with importation into Canada of unusual or dangerous diseases from abroad.

A case of tetanus was reported for the first time since 1974 in a 64 year old man whose immunization history was uncertain. This is a rare, often fatal disease occasionally observed in older adults who have not had the benefit of immunization which is almost 100% effective.

### **Disease Trends**

#### **Measles**

Measles incidence in 1977 was less than one half that in 1976, continuing the favourable trend observed in 1976 and in contrast to the increasing measles incidence due to decreasing immunization levels observed in many other areas of North America. This would confirm the findings of the 1975 serologic survey and the ongoing immunization surveillance which indicate a generally satisfactory level of measles immunization in Manitoba. It should be noted, however, that pockets of unimmunized children still occur. Unless vaccination programs continue to be emphasized, localized outbreaks and periodic increases in the measles incidence will still occur.

#### **Hepatitis**

As is expected every 7 to 9 years, the incidence of hepatitis A (infectious hepatitis) showed a dramatic increase in 1977. Several investigations in communities with particularly high incidence failed to reveal any common source suggesting that the increased incidence observed merely reflected the natural history of the disease. Immune serum globulin is distributed free of charge to all close contacts of cases of hepatitis A in an attempt to reduce the incidence of disease.

The number of cases of hepatitis B (serum hepatitis) reported in 1977 showed a significant drop from the previous year. The explanation for this is not known.

#### **Streptococcal Sore Throat**

There has been a dramatic and unexplained increase in the incidence of streptococcal sore throats reported over the past several years. Part of the increase is undoubtedly due to more intensive surveillance and better investigation and follow up of cases. However, it is believed that there has been an actual increase in the number of cases over the past 3 years, a phenomenon which has also been noted in other jurisdictions. The explanation for this is uncertain and its significance is

unclear. While they are not reportable, there does not appear to have been any significant increase in the complications of streptococcal sore throat (rheumatic fever and acute glomerulonephritis).

### **Vaccines and Immunizing Agents**

Preventive Medical Services makes and periodically revises recommendations for the protection of persons against communicable disease and provides a wide variety of immunizing agents free of charge to patients through the health unit offices or practising physicians. Agents provided include those for routine immunization against diphtheria, whooping cough, tetanus, polio, measles and mumps as well as rubella, cholera, typhoid, smallpox and rabies for certain special risk groups. Immune serum globulins are provided to susceptible persons exposed to disease such as hepatitis, measles, rubella, diphtheria and tetanus. Surveillance of rabies in animals is maintained in cooperation with the Health of Animals Branch and serum and vaccine are provided for persons exposed to such animals. In addition, personnel in Preventive Medical Services provide consultative services to physicians and nurses with regard to immunization and management of patients exposed to various communicable diseases.

### **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 agents. Vaccination certificates are authenticated as required by International Agreement. There has been a dramatic increase in the number of individuals requiring immunization for overseas travel and in addition to other clinics established in the City of Winnipeg, Preventive Medical Services now operates two regular vaccination clinics weekly. The Department also continues to participate in an active program of surveillance for parasitic diseases in returning travellers and immigrants in cooperation with the Infectious Disease Service at 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. Details of the number of persons benefiting under this program and the drugs provided during 1977 are noted in the statistical appendix.

### **Drug Program**

Through Preventive Medical Services, free drugs are provided to certain individuals with life-threatening, long-term conditions (including diabetes) for whom drug costs would be prohibitive. In addition to providing drugs the staff of the regional offices of the Department provides supervision of medication in any necessary health teaching and surveillance. With the exception of patients with cystic fibrosis and severe costly metabolic deficiencies, no new patients were enrolled in the program in 1977.

### **Tuberculosis Control**

The tuberculosis registry collects, maintains and distributes accurate information regarding cases and contacts of tuberculosis and coordinates the activity of field units in contact tracing and examination, case-holding, case-finding, domiciliary chemotherapy, etc. Basic statistical information concerning tuberculosis is summarized in the statistical appendix. More detailed information on the program is published annually in the Report of the Sanatorium Board of Manitoba.

### **Traffic Accident Prevention**

Medical expertise is made available to the Motor Vehicle Branch concerning persons suffering from conditions which might make it dangerous for them to continue to drive. In addition, the section monitors the occurrence of accidental deaths and makes recommendations from time to time as to measures to control these accidents.

## **Health Education**

The professional staff of this section are regularly engaged in teaching preventive medicine and epidemiology to students of medicine, nursing, pharmacy etc. as well as providing regular in-service sessions for departmental staff. Speakers are provided for non-professional organizations on request and professional staff frequently take part in informative television and radio programs.

## **Dental Services**

On November 15, 1976, the Manitoba Children's Dental Program was officially opened. This is a province-wide care program operated by the Department using mainly salaried professional staff. Its delivery mode was designed to take advantage of existing community owned facilities (schools) and resources (departmental dentists and assistants). The program also uses a new class of auxiliary, the dental nurse, to provide the majority of the care services.

### **Initial Program Areas**

In the fall of 1976 the Manitoba Children's Dental Program began to provide care to children born in 1970 (six year olds) who lived in the Interlake Region (5 school divisions), in the north of the Parklands Region (Swan Valley, Duck Mountain and parts of Frontier School Division) and in Flin Flon. An estimated 1,400 six year old children were offered the services in June of 1976. In February of 1977 children born in 1971 (5 year olds) were made eligible and were enrolled as the teams made their second visit to the schools in the spring. Additional children aged 3-12 were provided with treatment when the staff were operating in remote areas where there was no other access to dental care services. In all, approximately 3,000 children would have been eligible for the program.

During the initial year clinical staff (equivalents) assigned to the program were: 2 Dentists, 7 Dental Nurses, 13 Dental Assistants. Additional staff in clerical, administrative, equipment installation and repair services were present in the regions as well as Central Office support staff. Dental nurse and assistant teams were located in Flin Flon, Swan River (2), Ashern, Gimli, Stonewall and Selkirk. The areas were chosen in an attempt to locate staff central to the communities which they serve.

### **Standards of Program**

#### **1. Qualifications of Staff:**

Dentists are licensed by the Manitoba Dental Association. Auxiliaries are certified by the Dental Health Workers Board under the Dental Health Workers Act.

#### **2. Clinical Standards:**

The Manitoba Children's Dental Program Standards Committee is responsible for advising on the standards that the program should achieve. Two representatives from the Manitoba Dental Association and dentists from the program serve on the Committee with the Executive Director as Chairman. The Standards Committee has developed the initial list of services that should be provided and has approved the guidelines for referred services. In addition, the Committee reviewed and approved the written clinical standards and guidelines that are used by the program field staff.

### **Organization of Staff**

The Regional Dental Officer has program responsibility in the region and is usually a dentist with graduate training in public health. Regional Dental Officers also serve as clinical supervisors.

Supervising dentists are responsible for the clinical supervision of, and the quality of, care rendered by the dental nurse teams. In addition, they also provide clinical services, i.e. all examinations and treatment plans plus some treatment of children which the nurses are not permitted to provide.

Dental nurse teams provide, upon the written instruction of a supervising dentist, clinical services to the children. By regulation dental nurses are permitted to provide:



1. examination services — taking of radiograms and charting existing oral condition;
2. preventive services—topical fluorides, diet counselling, oral hygiene instruction, classroom education;
3. restorative services—infiltration and block local anaesthesia, cavity preparation and insertion of plastic (amalgam and anterior) restorations and stainless steel crowns;
4. endodontic services for primary teeth (pulpotomies);
5. surgical services—extraction of primary teeth;
6. other services as outlined or amended by regulation.

Dental assistants are trained to provide both chairside assisting, limited diagnostic services plus preventive services (taking and mounting of radiograms, topical fluoride application, etc.) and assistance for treatment services (application and removal of rubber dam). In the first year each dental nurse usually had two dental assistants.

The regional program administrative support is provided by an administrator and clerk plus an equipment repair person to install and maintain the clinical equipment.

### **Program Directorate**

Functions include budgeting, development of equipment and supply lists, distribution of equipment and supplies from the warehouse, central repair of equipment, fluoridation monitoring and information, development of specifications for computer monitoring system, maintenance of operational manual, professional staff development, information to public on the Manitoba Children's Dental Program and other dental matters, staff development, recruiting student dental nurses, and resource to region on administration and program standards.

### **Development of Clinical Facilities**

Clinics are developed in existing schools which are estimated to require at least 150 hours of care when all children aged 3-12 become eligible for the program. Smaller schools, or larger schools scheduled for demolition, are served with totally portable equipment. Clinics are designed to meet the requirements of the dental program, other school public health services and the schools themselves since the use of the space is to be shared. Renovations are tendered by the local school division with the Department of Health reimbursing the division for the monies expended. Twenty-five were developed for this first year's program.

New schools or additions to existing schools are allowed up to 600 square feet of clinical space for visiting health services. In the very large schools the space is separate for the school health nurse as the dental clinic could be in use all year.

### **Equipment**

Most equipment is portable and is assigned to the dental nurse teams who carry it with them and set it up in each clinic. In renovated (permanent) clinics even though a dental chair, light and compressor are installed the portable chair was set up as a second treatment chair to be used by the second dental assistant to provide preventive services.

### **Implementation**

The Manitoba Children's Dental Program is operated with support of the Department of Education and local school divisions. The nine school divisions which were offered the program in the spring of 1976 were expected in return to provide space for the clinics, support for classroom prevention and access to school enrollment lists.

### **Operation**

Upon completion of the documentation, the examining dentist arrives at the school to provide the initial examination and written treatment plan. Parents are invited to this appointment so they can be informed of their child's needs.

Usually, within the month, the dental nurse team arrived at the school, set up the equipment and commenced the treatment as prescribed by the dentist. Parents again are specifically requested to attend the preventive visits and invited to attend the treatment visits if they wish.

At the time of the initial examination the examining dentist has the responsibility to refer children who cannot be treated in the school clinics to private dentists. These referrals may be based on a medical or behavioural complication, or on the need for a service that the dental nurses cannot provide, e.g. extraction of a permanent tooth. The referred services are paid for by the plan on the basis of a fee schedule negotiated with the Manitoba Dental Association.

### **Enrollment and Utilization**

While the children born in 1970 were offered the care in June, by January, 1977 it was evident that the teams were going to complete the children in the early spring. Thus, after the children born in 1971 were declared eligible the teams began enrolling these children on the return visits to their schools. The parents of the 1971 children were invited to enroll by means of an information package sent home with each child and by follow-up telephone calls.

In remote areas a dentist and dental nurse team were in attendance to provide care for all ages with the nurses restricted to children aged 3-12.

Detailed utilization statistics for the program appear in the statistical appendix, but in overall terms, the following apply for 1976-77 for children born in 1970 and 1971. Children invited 2,685, children examined 2,046 and service completed 1,724.

Utilization of children born in 1970 was 82%, for those born in 1971 the 8 month eligibility yielded a utilization figure of 68%.

Detailed information on services provided and preventive activities appears in the statistical appendix.

### **Additional Activities**

In the other Health Regions preventive activities were continued although with much reduced staff levels. A new thrust in school prevention was undertaken with the introduction of the fluoride rinse program in Eastman and Central Regions. Of 65 schools approached, 62 implemented the program of weekly fluoride rinses for children who usually attended grades Kindergarten-III. An estimated 4,650 children or 89% of those eligible participated in this. Plans call for the extension of this program into all regions. Other activities in these regions are outlined in the statistical appendix.

In July, the Cabinet approved a system of grants to municipalities who own and operate their own water systems for fluoridation. To date grants to purchase and install fluoridation equipment have been made to Birtle and Melita.

This year, the division assisted in the completion of a survey of 1,200 children aged 5, 9, 13 and 17 using the newly revised World Health Organization methodology.

Grants were made from dental services budget to assist in the start of dental care for St. Amant Ward and to assist in the maintenance of the dental program at Churchill Health Centre.

## **Public Health Nursing Services**

The Public Health Nursing Services Directorate is a central professional group responsible for program direction, establishment and maintenance of standards, program evaluation, and staff development. The Directorate acts as a resource for information on public health nursing for management, other directorates and departments of provincial and federal governments as well as for regional staff.

Of the many professionals who make up the Health and Social Development team providing services to people in the Regions, the individual usually most visible is

the public health nurse. She is the primary care worker, and through her many of the services of other disciplines are interpreted and delivered.

Public Health Nurses provide a full range of services in a generalized public health nursing program. Emphasis is on prevention and helping individuals and families become responsible for their own health. This thrust is apparent in the new Objectives and Standards of the Maternal, Infant and Pre-School and Adult Services. Testing of these Standards was done in selected Regions and evaluations showed general acceptance and positive response from planners and providers of services.

Maternal Services is receiving special emphasis. Obstetrical Health Nurses from the large hospitals and nurses from the Directorate met this year and established new policies and guidelines to improve continuity of care in the post partum woman and the newborn. Workshops on Psychological Preparation for Childbirth conducted in five Regions were attended by eighty public health nurses. A committee from Winnipeg Region, including the Maternal and Child Consultant, revised portions of the Manual for Education of Expectant Parents for use of their staff. The revision includes Evaluation Guidelines and Questionnaires as well as the compilation of the exercise handouts into a booklet.

Obstetrical nurses from Brandon General Hospital participated in classes by assisting public health nurses with coaching and supervision during exercise sessions. On an average, 75% of the series of classes conducted by provincial public health nurses had both parents enrolled.

Assessments of infants and pre-school children continue in 1977, twenty staff nurses were instructed in Denver Developmental Screening Testing at Workshops conducted by Directorate staff in two Regions. Nurses so instructed have incorporated this developmental screening test into their services at Child Health Centres.

The Child Assessment Project, carried out in some remote and medically underserved areas and selected Child Health Clinics, was completed in May 1977. The schedule and guidelines the Public Health Nurses were given to follow in the project were basically those incorporated into the Standards for the Infant and Pre-School Services. Public Health Nurses involved were enthusiastic regarding developmental screening, especially in helping parents gain in understanding of child development.

A study of Child Health Clinics was made in Eastman, Interlake, and Winnipeg Regions during the summer of 1977 utilizing STEP students for interviewing. The purpose of the study was to determine the percentage of mothers who used the Child Health Clinics, the factors which influenced them to use or not use the service, and the user's perception of the service. The results of this study indicated that the percentage of users varied among Regions while the level of satisfaction of users was relatively high throughout.

Pre-school children received increased service through assessment of three year olds during home visits and at Child Health Clinics and services provided at Day Care Centres. Some nurses in Winnipeg Region have initiated short in-service sessions on growth and development and fundamental child care for Day Care Centre staff.

The monitoring of the status of immunization of children in all Regions continues. Results tabulated show a decided increase in status by two years of age over a six month period, as seen in the following table.

**Percentage of Children Aged Six Months to Two Years Immunized by Antigen Received as of December 31, 1976 and June 30, 1977.**

<b>Antigen Received</b>	<b>December 31 1976</b>	<b>June 30, 1977</b>
Initial Series <sup>1</sup> of D.P.T. & T.O.P.V. by 12 Months of Age	78.9%	75.9%
Initial Series and Reinforcing Dose of D.P.T. & T.O.P.V. by Two Years of Age	40.0%	65.2%
Measles Vaccine by Two Years of Age	61.9%	76.1%
Complete <sup>2</sup> Immunization by Two Years of Age	38.8%	56.8%

<sup>1</sup>Initial Series—Three doses of Diphtheria Pertussis Tetanus and Trivalent Oral Polio Vaccine.

<sup>2</sup>Complete—Initial Series and Reinforcing Dose of Diphtheria Pertussis Tetanus and Trivalent Oral Polio Vaccine and Measles and Mumps Vaccine.

Immunization is a responsibility shared by public health nurses and private physicians. Since the advent of Medicare consumers have freedom of choice with no cost involved and use whichever source is preferred, most accessible, and convenient for them. Public Health Nurses provide immunization at Child Health Clinics, in schools, and at special clinics for adults; (e.g. overseas travellers, flu vaccine for special categories). During the Western Equine Encephalitis outbreak in 1977, public health nurses from Winnipeg Region and the Directorate manned Emergency Measures Organization Health Desk telephones around the period of aerial and ground spraying.

Public health nurses provide a wide range of family services, including health promotion, health supervision, general counselling, and services for those with special needs. Provincial Public Health Nurses held regular clinics in over 40% of Elderly Persons Housing Units where there was a population of over 50, with an average attendance of 15 per two, three hour sessions. They also provide services to clients in the Continuing Care Program albeit to a limited degree in Winnipeg Region. These services included admission assessments and reassessments, nursing care planning, counselling and support, teaching, anticipatory guidance and evaluation.

The Directorate worked in collaboration with other directorates, agencies, and associations regarding, for example, policies, programs, priorities and standards, coordination of services, collection of statistics and recording systems, and employee performance appraisals. Public Health Nurses from the Directorate and all Regions provided input for the Program Review—Public Health Nursing Services undertaken by the Program Analysis and Review Branch.

Staff development services this year included one provincial orientation seminar for 17 new staff nurses, meetings in five Regions for orientation at the Regional level, and two educational conferences with speakers on Delivery of Mental Health Services and Mental Health Concepts and Their Application in the Community, Myths and Realities of Aging, and Overuse, Misuse and Interaction of Drugs. In addition, the In-Service Education Consultant oriented the new Senior Nurses at Morden and Swan River. Consultant service was provided in Regions on request.

Presentations were given to undergraduate students at the University of Manitoba, Health Sciences Centre, and Red River Community College. Experience in the community was provided for 137 nursing students from Manitoba diploma courses. In addition, Winnipeg Region selected two families for each of the 54 fourth year University of Manitoba nursing students which they followed during the first trimester. One student from the post-graduate diploma program in Public Health Nursing from the University of Windsor had three weeks block field work in Winnipeg Region. Observations at Child Health Clinics and home visits were provided for 41 Practical Nurse students.

**Field Experience for Manitoba Undergraduate Diploma Nursing Students  
by Regions and Length of Experience**

Region	Length of Experience			Expectant Parent	
	1-2 Days	4 Days	2 Weeks	Classes Only	Total
Central	14	—	1	—	15
Eastman	2	—	—	—	2
Interlake	2	—	—	—	2
Norman	—	—	—	—	—
Parklands	9	—	—	—	9
Thompson	—	—	—	—	—
Westman	30	—	3	—	33
Winnipeg	8	21	3	44	76
TOTAL	65	21	7	44	137

**Licensed Practical Nursing**

The Advisory Council devised a Program Evaluation Questionnaire and Criteria for Approval of Practical Nurse Programs in Manitoba. The Advisory Council presented the Evaluation Report of the Practical Nurse Programs and the Advisory Council's review of same to the Joint Ministerial Task Force on Nursing Education.

Number of Practical Nurses Licensed	1976	1977
Licenses Renewed	2968	3368
New Licenses	419	372
Applied for License from Out-of-Province	141	135

**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 responsibilities of the Home Economics Directorate are to develop and assess 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 major thrust of Home Economics services. Nutrition programs are preventative measures designed to correct problems described by the Nutrition Canada Survey. Of these, the priority is to improve the nutrition status of the pregnant woman and equipping her with knowledge of how to feed the new born infant. During 1976/77 a total of 2,784 pregnant women were contacted, representing a 55% increase from the past year.

Research in the field of infant nutrition is increasing the knowledge in this area. Consequently, efforts were made in the past year to provide support to doctors and nurses as they become familiar with the new recommendations.

With the school aged child program, emphasis continued to be placed on conducting workshops for teachers from grades K to 6 on how to use the nutrition curriculum to incorporate nutrition into the classroom. As a result 1,283 teachers were trained. In addition, field home economists conducted model classroom sessions for 8,911 school children as a means of demonstration to teachers.

Community nutrition education as a component of preventive health care has expanded. Staff provided information on family nutrition, weight control, nutrition for the elderly, and the prevention of heart disease. The total nutrition program in rural Manitoba and the City of Winnipeg made 33,054 contacts.

This year new resources were developed to teach infant nutrition, school nutrition, and nutrition as it relates to dental health.

MONEY MANAGEMENT has been the second area of priority of Home Economics services. Educational programs are designed to assist families and individuals manage their financial resources. As young families and families on limited incomes are under the greatest economic stresses, they are high priority clientele for money management programs. Although program activity is less than that carried out in the area of nutrition, increases have occurred. In rural Manitoba and the City of Winnipeg, field staff provided individual assistance to 2,048 clients and conducted money management classes involving 2,076 adult contacts.

HOMEMAKING SKILLS AND HOUSING, the other two areas of Home Economics services, have remained fairly constant in order to provide greater efforts in nutrition and money management. 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. Rising costs have necessitated programs that assist families in home maintenance, repair and improvement, particularly in rural and northern Manitoba. During the past year, 4,060 contacts were made through courses in how to sew clothing. Another 1,280 contacts were made in courses in how to make home furnishings. The number of clients learning how to do their own home maintenance and simple repairs involved 1,055 contacts this year.

EVALUATION has taken a prominent place in the program planning efforts of home economics staff both at the directorate and field level. A provincial reporting system has been implemented and includes the activities of the three departments operating home economics extension programs.

The Home Economics Resource Centre which is responsible for the distribution of educational resources to the field home economists as well as the general public, nurses, school teachers and other agencies has continued to show increases in requests.

## **Education & Library Services**

The Education and Library Services directorate provides educational services, both direct and supportive, to departmental staff, schools, and the general public.

Support services provided include a professional reference library service in the health and social development field for departmental staff as well as nursing and social work students. During fiscal 1977 efforts continued to make this service more accessible and responsive to regional personnel through better and more frequent communication with field staff.

The film and publication service continues to supply 16mm. films to departmental staff, schools, and the general public at a rate of about 1,000 bookings per month. New film acquisitions this year were in the areas of child abuse, parenting, and prenatal care. Printed health education materials continue to be in demand by schools, departmental staff, and community groups, with about 200 individual orders filled each month.

The graphic design section produced original artwork and layout services for some 15 separate projects each month; comprising such widely varied items as displays, posters, brochures, and nutrition games. Much of this work has been in support of the Home Economics program.

In addition to support services, Education and Library Services provides a central communication and consultation service for Health Educators on Regional staffs. Part of this service is the development of a consistent activities reporting system for all health educators. This provides for sharing of program information and consultation among all departmental health education staff and other interested parties.

Major emphasis during the latter part of 1977 has been on developing educational programming aimed at "Lifestyle" diseases connected with smoking, obesity, stress, lack of fitness, etc. Recent staff changes have provided us with special expertise in school health in keeping with current trends.

## Child and Family Services

Child and Family Services is a major program designed both to provide care for children in need of protection, and to provide "guidance, counselling and other services to families in their own homes for the prevention of circumstances requiring the protection placement of children."

Statutory Child Welfare Services are offered through both private agencies (four Children's Aid Societies plus Jewish Child and Family Services) and Regional Offices of the Department of Health and Social Development (in areas where no private agency has jurisdiction). Voluntary family services are provided largely through the Regional Offices.

Services are designed to serve five specific populations:

1. Families and Individuals voluntarily seeking assistance with a problem, but for whom there is no element of child protection involved. Most of these are people requiring Marriage or Separation Counselling, or Family Therapy; however, a wide variety of difficulties are seen.
2. Families with children who may come to the attention of an agency either voluntarily or involuntarily, but in which there is a definite element of risk to the child(ren) unless help is provided.
3. Children requiring temporary care apart from their families, in order that a family difficulty may be resolved, and/or that necessary treatment may be obtained, and the family may be harmoniously reunited.
4. Children requiring permanent care apart from their families, and therefore, in need of permanent alternative homes (preferably adoption homes).
5. Unmarried Parents. A contact is made with, and counselling and planning assistance is offered to all unmarried mothers under the age of 18. Service is also available on request to an unmarried mother of any age, and to Putative Fathers on the same basis.

Over the past few years, the population of children in care has decreased in number, but increased in the number and complexity of problems presented. The majority of children in care (approximately 60%) are in the 11-18 years age range. In addition, because efforts are being made to maintain children in their own homes wherever possible, those children who MUST be brought into care tend to be very difficult to handle. Improved reporting mechanisms have brought to light increased numbers of child abuse cases, which are demanding of both staff and placement resources.

Much of the effort of the Child and Family Services Directorate this year has been focussed on improving and standardizing the quality of service to children in placement. The Directorate has had substantial input into program planning and development of both institutions and group homes. Foster Home rates have been improved, and a complete revision of foster home policy is underway. Moreover, emphasis is being placed both on services to children in their own homes and on developing a continuum of resources to avoid inappropriate placement.

Furthermore, initiative has been taken by the Directorate to provide leadership in staff development for field people, and to ensure the monitoring of the quality of all services. A new Child Welfare statistics system is in full operation.

Perhaps the major achievement of 1977 has been the development of program standards in all major areas. These standards have been written by Directorate members in conjunction with representatives from the Child Caring Agencies.

## Office of Continuing Care

The Office of Continuing Care, established in September, 1974, is responsible for coordinating the Province-wide Home Care Program, assessment for placement into insured Personal Care Homes and Services to the Aged.

Services to the Aged are delivered by departmental offices throughout the Province. Home Care services and assessment 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 Winnipeg Regional Offices, major hospitals and the Victorian Order of Nurses.

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 makes it possible to prevent gaps and to eliminate overlaps and duplications in the delivery of service.

### Services to the Aged

Services to the Aged extends its program to the well elderly who need services to support normal community living. This has been facilitated through the maintenance of regional information packets for use by regional staff and groups of senior citizens. Aged Services staff provide 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, there has been a levelling off of overall new admissions to the Home Care program indicating that, in its first three years of service, the program has overcome the backlog of need and is now responding to currently developing need for service. There has been, however, a notable change in the nature of services required. There is an increase in the number of Manitobans receiving Home Care services for short periods of time associated with increased earlier discharges from hospital, as well as an increase in the number remaining on the program for longer periods with increasing service requirements associated with advancing age.

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, a known 8,000 in October, 1976 and to a known 8,700 in October, 1977.

From November, 1976 until October, 1977, approximately 8,551 persons were admitted into the program and 8,345 persons were discharged. Thus, while the total number of persons being serviced each month has risen by only 700 this year, the number of persons benefitting from the program in the year has increased by about 1,000 to a total of 16,000. During 1977, of the number admitted to the program, about 19.9% would have had to be listed for Personal Care Home Placement, 29.2% would have had to remain in hospital for a longer period, and 50.9% would have been at home without appropriate care. Of those discharged from Home Care during the year, 23.8% were placed in a Personal Care Home or hospital, 41.9% were improved and no longer needing Home Care, 18.7% were improved so that their care could be managed by themselves or family, and 15.5% were deceased.

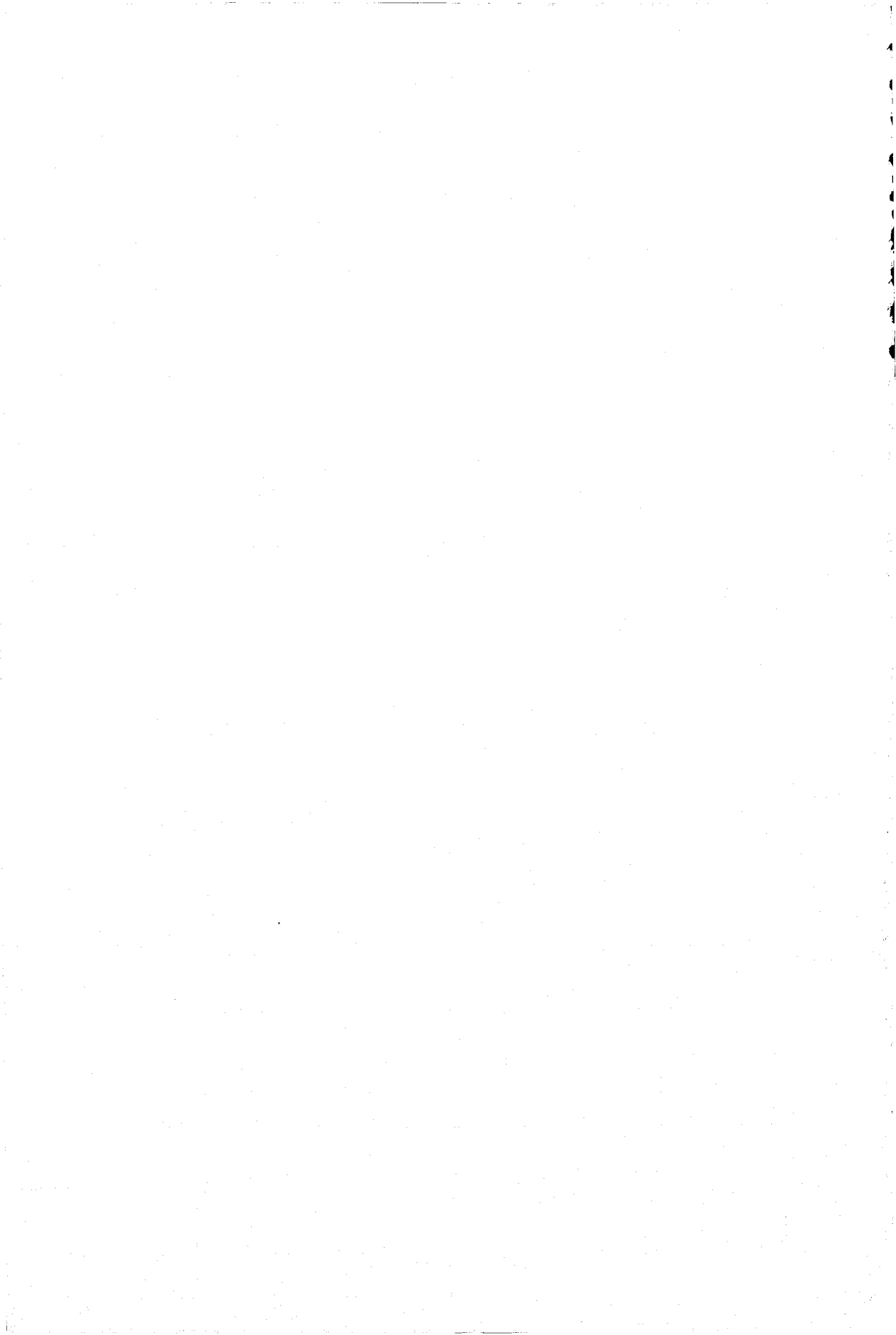
The Home Care Program has recruited and provided part-time community employment for professionals and para-professionals. In a typical month, throughout the Province some 1,500 persons are employed part-time to deliver the home help services needed, some 140 registered nurses, 45 licensed practical nurses and 72 aides and orderlies are employed part-time to deliver health services.



Over the past twelve months, as well as maintaining the delivery of services to individuals, the Home Care staff have increased their involvement with community leaders and groups in the development of volunteer support services. This has included the development of additional meal delivery programs, volunteer visitors and drivers as well as volunteers to assist with shopping, snowshovelling, etc. While a new program reporting system for volunteer involvement is still not in place on all locations, we can estimate that there are 1,000 volunteers providing support services to those receiving Home Care in a given month.

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

With the Home Care program in place, there is a notable change in the demand for placement into personal care homes. More and more, those who are seeking placement are those with very heavy care needs or those without family supports to make it possible for them to remain at home with Home Care services. There has been some increase in the number receiving Home Care while awaiting placement. Priority for placement continues to be offered to those who must remain in hospital while awaiting placement and to those living in the community who have the most urgent needs.



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**MENTAL HEALTH  
and  
REHABILITATION**

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## **Mental Health and Rehabilitation**

Responsible to the Chief Medical Consultant, Mental Health and Rehabilitative Services provides services to the mentally ill and mentally retarded, and to persons requiring rehabilitation because of physical or mental disability. The following pages outline in some detail the nature and objectives of the systems that have been developed to provide these services.

### **Office of Chief Medical Consultant**

The Chief Medical Consultant is charged with the responsibility for all departmental medical consultation and medical relations. This specifically includes areas in relationship to the Manitoba Health Services Commission, the College of Physicians and Surgeons, the University of Manitoba Medical School and other professional organizations and institutions.

The Chief Medical Consultant has responsibility and relevant authority in regard to program development, standards and guidelines in mental health, mental retardation and rehabilitation services and for Forensic Services and Community Services for Children. The Executive Director of Mental Health and Rehabilitation Services, the Director of Forensic Services and the Co-ordinator of Community Services for Children report direct to him.

The Chief Medical Consultant also acts as Director of Psychiatric Services as outlined in the Mental Health Act.

### **Office of Mental Health and Rehabilitative Services**

The Office of Mental Health and Rehabilitative Services, under the direction of the Executive Director, co-ordinates program development in mental health, mental retardation and rehabilitation services. The Selkirk Mental Health Centre, the Brandon Mental Health Centre and the Manitoba School for Retardates report to the Executive Director of this office. The Executive Director is also responsible for provision of program guidance to each of the Department's Regional Directors in matters of mental health, mental retardation and vocational rehabilitation.

The Executive Director reports directly to the Chief Medical Consultant who is directly responsible for services to the Minister, Department of Health and Social Development.

#### **Mental Health System**

Mental health services attempt to ensure access to services for all Manitobans regardless of place of residence, that reflect the most current and proven practice in North America and Europe.

1. Services emphasize providing help for the individual in need in his/her home and community and should be as close to the individual's normal residence as possible.
2. Services strive to maximize client dignity, autonomy and restoration of function with the least possible disruption of his or her lifestyle.

#### **Mental Health Centres**

Both historically and professionally the mental health centres (Selkirk and Brandon) have been the repositories of expertise for dealing with those who have serious psychiatric difficulties. The staff at each institution has been trained to deal with behaviour that is often considered too disruptive for general hospital or community residential care. Frequently individuals experiencing psychiatric difficulties need the separate but coordinated talents of professionals in psychiatry, psychology, nursing, social work and occupational therapy.

Psychiatric services can be provided from a community base if personnel are available and co-ordinated, but it is not economically possible at this time to provide residential treatment of this sort to all parts of Manitoba.

### **Brandon Mental Health Centre**

#### **Mandate**

Brandon Mental Health Centre provides a comprehensive mental health service to approximately 210,000 residents in the Westman, Parklands, and western half of Central Regions. This service includes residential treatment and care for acute, medium and long-stay, and psychogeriatric patients, day care and partial hospitalization, direct outpatient and follow-up programs, and back-up consultation to community mental health workers and other human services staff in the regions.

#### **Buildings and Resources**

1977 saw the completion of the first phase of renovations to the Valleyview building providing: (a) added fire protection through the installation of heat and smoke detectors, plus a complete fire alarm system; (b) improved electrical wiring; and (c) upgrading of patient facilities, including the installation of Century bath tubs. Renovations and additions are nearing completion that will modernize the laundry and provide for energy conservation via the use of a heat reclaiming unit.

#### **Programs**

The major program thrusts of 1976 continued to be developed in 1977. The Executive Committee and senior program staff have formed a Joint Liaison Committee for the planning, implementation, and evaluation of all programs operated by the Centre.

**Team I** completed integration of two wards thus bringing the number of integrated wards in the Centre to six.

**Team II** opened a residence on the Centre's grounds to train pre-discharge patients in community living skills. This program activity has been expanded to Teams I and III as well.

**Team III** has increased its social service staffing to improve service delivery to Parklands, and the travelling clinics to Dauphin and Swan River have been stepped up. This has been made possible by the hiring of a part-time psychiatrist and the continued use of aircraft transportation.

Progress is being made in the clinical records of all teams with the elimination of duplicate files, the microfilming of patient records, and further expansion of the Problem Oriented Record.

#### **Evaluation**

All the major program departments have established audit procedures based on peer review. An interdisciplinary audit committee has been struck to promote the sharing of experiences across professional disciplines. Internal reviews are underway on multidisciplinary team functioning and children's services. Studies have been conducted on admission patterns and the efficacy of various treatment procedures and programs.

Under the direction of the Statistics Committee, client and management information systems have been developed that have served as prototypes for provincial application. The administration has commissioned and received special studies reports on the pharmacy and clinical records departments.

In November, the Centre was surveyed by the Canadian Council on Hospital Accreditation for renewal of its accredited status.

### **Selkirk Mental Health Centre**

The Selkirk Mental Health Centre is organized into units serving specified geographic/catchment areas. An in-patient population requiring extensive and, at times, prolonged service resides at the Centre.

### In-Patient Services

Selkirk Mental Health Centre's in-patient population has shown a slight decrease over the past year. For 1976, the average daily population was 337.3, whereas for 1977, the same average was 329.8.

The orientation of this Centre is eclectic, adopting treatment programs to meet the individual patient's needs. Multidisciplinary teams allow for the various professions to make their contributions toward patient recovery.

### Winnipeg Services

The Winnipeg team provides service to Winnipeg residents both in the community and as in-patients.

Service to approximately 1,200 former patients living in the Winnipeg Region is provided by psychiatry, psychology, and occupational therapy.

In-patient census is approximately 100 covering 4 wards, with an average turnover of 15 patients per month.

The Winnipeg team's caseload consists of a large proportion of the chronic population; a concern for some time. The Winnipeg team is also responsible for all Forensic cases admitted to Selkirk Mental Health Centre.

### Interlake Services

The Interlake mental health team has been re-organized such that a considerable amount of its emphasis is on in-hospital services. A psychiatrist, psychologist, and social worker provide frequent consultation to the Ashern, Stonewall and Gimli Community Clinics. These workers are assisted in the hospital by Social Service Staff, and a co-ordinated nursing service.

In- and out-of-hospital services and programs include: workshops and seminars on family therapy, milieu therapy, group psychotherapy, reality therapy, individual intensive psychotherapy, behaviour and biofeedback therapy, electro-convulsive therapy and drugs commonly used in psychiatric treatment.

### Selkirk Services

The programs and services provided in 1977 by the Selkirk Mental Health Team increased from 1976 level. In-hospital treatment provided for an average of 15-20 patients on a 24 hour basis, with day and night care also provided to an additional 3-5 patients per day.

300 patients on an out-patient basis were seen primarily by the team psychiatrist. Consultation and assessment services are provided to the Selkirk General Hospital, Selkirk Medical Centre and Health and Social Development Office (Selkirk) by the members of the various professionals on the team.

### Northern Services

The past year saw a further reduction in itinerant services to Norman Region, with a concomitant increase in services based in the North.

A reallocation of Selkirk Mental Health Centre resources has enabled us to increase the amount of itinerant service provided by qualified psychiatrists in the Thompson Region. The demand for services, both of the resident mental health workers, and of the itinerant team from Selkirk, continues to increase.

The increasing availability of mental health services in the Norman and Thompson Regions has enabled many more people to receive early, effective treatment close to home. It has also, however, led to the most intensive and specialized services of the Selkirk Mental Health Centre.

### Eastman Services

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

The Selkirk Mental health Centre is providing outreach community mental health services to the Northern portion of the Eastman Region. Hospital based community psychiatric workers provide out-patient psychiatric services in the form of assessments, direct patient treatment, consultation, family counselling, etc., in collaboration with the hospital based inter-disciplinary Eastman team.

The Selkirk Mental Health Centre and the Beausejour Regional Office have worked together to provide as uniform a system of psychiatric service delivery as possible.

### **Eden Mental Health Centre**

Eden Mental Health Centre was founded on July 25, 1964, by seven Mennonite conferences and churches of Manitoba. On February 15, 1965, a memorandum of agreement was signed with the Provincial Department of Health. The Centre was officially opened on June 3, 1967 as a 50 bed active treatment centre. The basic objective was to provide services for the community's total mental health needs by providing care and treatment for both in-patients and out-patients.

A number of changes occurred in the in-patient program. The occupational therapy unit was relocated to the main floor to better accommodate patient needs. Group therapy sessions were increased from two sessions a week to five sessions a week. Two additional licensed practical nurses were hired to enable other graduate nursing staff to spend more time with patients in group and individual therapy. Recreational activities such as volleyball, shuffle board, pool, table tennis, bowling and swimming were increased. Volunteers continued to play a vital role in these activities, as well as in monthly birthday parties, game nights, shopping trips and outings to community functions.

In reviewing our services to alcoholic patients, it was determined that because of small numbers a separate alcoholic treatment unit was not feasible. In an effort to ensure that these patients receive the best possible care and treatment, an agreement was reached with the local AA group whereby they would provide for the alcoholic patients' individual and group support and treatment in the Centre as well as away from the Centre.

### **Community Mental Health Services**

An important feature of a successful mental health system involves both the early treatment of mental disorders and successful community re-entry of former hospital patients. In both cases individuals are able to rejoin society and lead more productive lives than would have been possible before intervention.

This seemingly straightforward goal of community re-entry and assimilation is a difficult task and calls for a variety of resources at a community level in order to deal with the great variety of disability levels of service recipients. The keystone of the community system is the mental health worker who is trained to accomplish both early effective intervention as well as facilitating patient community re-assimilation.

### **Community Mental Health Workers**

Currently some 70 mental health workers live in the communities they serve and they are incorporated with the Department's other field service teams.

Community mental health workers are trained in psychiatric nursing, psychology, or social work. Each worker has access to a supervisor who is an experienced clinician and who has specific responsibility to monitor and facilitate service by the workers.

### **Central Region**

Eleven community mental health staff are responsible for the provision of mental health services to the region. Consultation and supervisory services are provided to Seven Regions Health Centre.

Workshops in Assertive Training and other treatment modalities have been held during the past year. There has been a continuing emphasis on the development of channels of communication with other departmental personnel, local doctors, clergymen, schools and Eden Mental Health Centre.

#### Eastman Region

Eastman community based mental health has a staff of ten including two part-time psychiatrists, five psychiatric nurses, two social workers and one psychologist.

Community mental health staff provide service to people at their homes or at our local offices. Consultation is provided, but the focus is on care of acute and on continuing serious mental health problems. Much of this work is done in close consultation with community physicians. Adult foster care in local communities and rural areas is also part of the work with local communities.

#### Interlake Region

Community based services in this region are currently being implemented with four workers and a regional co-ordinator presently forming the staff complement. Psychiatric consultation is provided by Selkirk Mental Health Centre with is also responsible for provision of service to Selkirk.

#### Norman Region

Two community mental health workers provide services to Flin Flon and The Pas.

#### Parklands Region

Four mental health workers and a residential psychologist provide services to Parklands Region.

#### Thompson Region

A unit located in the City of Thompson consisting of three community mental health workers and one acting Regional Co-ordinator provides assessment, treatment, management of after-care patients, consultation and education to the region. Itinerant services are provided on a monthly basis to the Communities of Lynn Lake, Gillam and Wabowden.

A travelling team from Selkirk Mental Health Centre consisting of a psychiatrist, psychologist and social worker provides back-up services to the local workers on a monthly basis. Hospitalizations from this region are usually directed to the Selkirk Mental Health Centre and phone consultation is provided on a regular basis.

#### Westman Region

Currently nine staff provide community mental health services to the region in conjunction with Brandon Mental Health Centre. The large "residual" population (as is the case with Winnipeg) requires that a considerable amount of after-care be done by workers in addition to routine mental health workers duties of assessment, consultation and treatment of acute case situations.

#### Winnipeg Region

The program has 17 field staff (social workers and psychiatric nurses) whose services are supported by psychiatrists, psychologists and other program personnel and aids. Services have been focussed primarily on individuals who were formerly hospitalized and are in danger of rehospitalization, e.g. drug management, behaviour change, social and vocational rehabilitation, etc. During the past year, however, there has been a substantial shift in services to those individuals who have not been hospitalized, but who are at risk of requiring such treatment.

The program has serviced approximately one thousand clients during the past year. The criteria for service are that serious psychiatric disturbance is evident and other appropriate community services are not available or accessible. Most of the services require home visits and contacts with the client's support systems.



## **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 yet capable of total independent living. The residence is seen as an intensive program experience that will serve as a stepping stone from the very intensive treatment experience of a hospital to independent living situations, and as such will be concerned with both the teaching of every day living skills and, of course, provision of psychotherapy such that a sense of autonomy in each individual is increased.

## **Community Mental Health Services for Children**

The basic objectives are to provide both direct and indirect services to severely emotionally disturbed children, as close to the primary social unit as feasible, utilizing the community resources as available and appropriate. Also, attempts are being made to employ preventive principles where these exist, within the community setting.

The program has two major components. The first component of the overall program is that concerned with the provision of mental health services to the children in the Norman, Interlake, Eastman and Central Regions.

The second component of the overall program is that of the child psychiatric support service being provided at the Child Guidance Clinic. The program remained essentially unchanged in 1977.

This program, being a support service, is involved in liaison with many other programs both internal and external to the Government.

## **Mental Retardation Programs**

The population of Mentally Retarded people in Canada is undergoing changes consequent upon a number of factors which tend, over time, to reduce the numbers of moderately, severely, and profoundly retarded people born, but to increase the numbers actually in the population at the present time. If the number of mentally retarded people born were to remain at five per thousand, in the moderate, severe, and profound ranges of intellectual dysfunction, the reduced birthrate over the past fifteen years or so would eventually reduce the number of retarded individuals we would be called upon to provide for; however, the dramatically raised life expectancy of these groups in the population will totally offset this effect at least for the next twenty-five years.

The life expectancy figures at the level of severe mental retardation alone, over the years from 1950 to 1980 are significant:

- 1950 — 15 years
- 1960 — 25½ years
- 1970 — 36½ years
- 1980 — 45 years (projected estimate)

The population characteristics are not significantly different from the general population, but the age of need for services is, of course, much earlier.

The entire population of moderately, severely, and profoundly retarded people (an estimated 5,000 people in Manitoba), requires personal care and life skills training in some residential living option commencing between the ages of one year and forty years, depending on the level of retardation experienced, and the willingness and capability of the family to meet their need for supervised living. Manitoba has been in the forefront in developing appropriate training programs and residential options for such handicapped individuals, but the increasing longevity of these groups in the population will tax our resources as a society at least until the slowly descending curve of incidence crosses the rising life expectancy curve—a situation which will not occur until the end of the century.

The year 1977 has seen a steady consolidation of mental retardation services delivered on a Regional basis through the Regional Offices of Health and Social Development and backed up by Provincial Program staff. A total of fifty-two staff provides these regionalized services, in classifications ranging from Community Service Worker to Physiotherapist, and from Behavioral Counsellor to clerical support. Deployment is made on the basis of one Community Service Worker for each 20,000 of the population, giving a potential case-load of 200 to each worker, from which the actual case-load of around fifty is derived. In Winnipeg, however, case-loads are much higher, while case-loads in scattered areas of population are necessarily lower because of increased travel demands.

Backing up the fifty-two field staff, is a total of thirteen Provincial Support Staff, grouped to provide service on a multi-regional or province-wide basis. These staff members are qualified in specific disciplines and they provide the program support, evaluation services, and individual and program consultation services needed by the field staff on a twenty-four hour a day basis. They are also responsible for the majority of staff development activities of the Mental Retardation Program Directorate. Some of this group are on the staff of The Manitoba School for Retardates, and thus provide a valuable link between field services and the services provided by the Mental Retardation Centre at Portage la Prairie.

On April 21, 1977, a fire set by a retarded resident of The School, took the lives of eight severely retarded residents of the Eastgrove Unit. This tragic event prompted the Department, and Government to examine matters related to fire safety.

The Research Program continues to be productive of original methodological guidelines, and has been contributing to the literature on the training of severely and profoundly retarded individuals. A new thrust has been developed in the area of workshop training, an aspect of programming which has hitherto been inaccessible to the severely and profoundly retarded. The School has been fortunate in obtaining a number of contracts for workshop production projects, which have assisted materially in providing incentive for our trainees, and at the same time providing areas of research study for our Behavioral Psychology Department.

**St. Amant Centre** has continued to provide encouraging evidence of skill development. It provides care and training services for not only the two hundred and twenty-five children in its care, but also for the growing group of adults who are benefitting from its services.

**The Pelican Lake Training Centre** in 1977 has seen a year during which the program of consolidating the plant there has been continued, resulting in a need for fewer maintenance staff. The Centre itself provides care for seventy residents, and already twelve have been prepared for community re-entry. A Staff Training Program has been developed at the Centre, in cooperation with the staff from the Manitoba School at Portage.

#### **Private Agency Support**

Amongst the number of private agencies who contribute to services for the mentally retarded group in our population, C.A.M.R. (Manitoba Division), and its twenty-seven local branches provides the major agency contribution. Other private non-profit boards contribute to the provision of specific services, and the assistance of such groups is important to the maintenance of services to mentally retarded people throughout the province. C.A.M.R.'s branches presently operate the majority of the twenty-four residences which are operating, or have been approved up until the end of 1977. C.A.M.R. branches also operate the majority of our seventeen workshops.

In addition to the actual provision of services, C.A.M.R. is organized on a Regional basis which mirrors the regional boundaries of the Department of Health and Social Development. In each of the Regions of the Province the partnership between C.A.M.R. and Government is evident in the form of Regional Mental Retardation Liaison Committees. Recently, C.A.M.R. and the Department of Health and Social Development have cooperated in the development of staff training for the staff of both residences and workshops, in addition to the program of staff development conducted by the Department for its own staff.

## **New Developments**

The Com-Span Day Centre and the Steinbach Day Centre are now in their fourth year of operation, while, for the first time in 1977, we have been able to move into the provision of residential services to children, and severely mentally retarded adults. The D.A.S.C.H. residence is a pilot project presently under construction on Shaftsbury Avenue in Winnipeg. It is possible that the results of observations made in such new facilities may alter the future pattern of service delivery, particularly when the demands of fiscal restraint require to be met in our planning processes.

## **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, specialized employment placement and follow-up.

The program aims to meet program objectives with a comprehensive system of services which involves the coordination 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 program to the alcoholic.

The year has seen the development and implementation of an in-service staff training program for Rehabilitation Counsellors and workshop personnel. The Rehabilitation Counsellor course has 37 staff—18 department and 19 agency registered and the workshop course has 111 staff registered. Both training courses will be completed during 1978.

Although many types of training facilities are used in the rehabilitation process, the specialized facilities of workshops are used for evaluation and training, sheltered employment and occupational activity programs. There are now 24 of these workshops operated by private, non-profit boards and they served approximately 1,550 disabled adults in the year.

The program continues to assist in the planning and development of new services and facilities. In order to assist disabled clients to live independently in the community, special evening and week-end courses have been organized, for example—Basic Literacy, Homemakers Course, Sewing Course, and Human Growth and Development. Work assistance programs in industry have been developed with community agencies and facilities in cooperation with Youth Secretariat grants.

The provision of many rehabilitation services for the disabled depends on the support of volunteers. Their contribution in many recreational programs in addition to other services on a one to one basis assists the Rehabilitation Counsellor in meeting the individual needs of the clients.

A total of 20,659 persons received rehabilitation services from the staff of the Regional Offices and designated agencies in the past year. Of this total, the Regional Offices handled 2196 cases during 1977, with a caseload of 1546 at the end of December.

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**MINISTRY OF CORRECTIVE  
AND REHABILITATIVE SERVICES**

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# Ministry of Corrective and Rehabilitative Services

## 1. THE MINISTRY

### Signs of the Times

An examination of Corrective and Rehabilitative Services statistics indicates, in general, a rise in numbers of offenders sentenced to Provincial correctional institutions in Manitoba under criminal and juvenile law over recent years. These figures serve to underscore the concern of the justice system as a whole, and the Ministry in particular, for crime rates and signs of juvenile disturbance which appear to offer no sign of abatement. Society generally shares this concern. It is in the face of these grave considerations that this report presents the Ministry's role and functions for the year 1977.

### The Ministry's Role

Corrective and Rehabilitative Services is one component of the justice system which is designed to deal with people charged with criminal offences. Over many generations Criminal Justice has evolved into a complex process which utilizes the contributions of police, courts, lawyers, probation officers, therapists, guards, administrators and a number of other occupations and professions.

The Ministry of Corrective and Rehabilitative Services is called upon to provide service after police and court functions have concluded. The Ministry carries out the responsibilities established by the court through detention, incarceration, probation and supervision of people involved in the justice system. These services are provided in a manner to preserve the dignity of offenders, and to effect wherever possible an improvement in behaviour.

Because society needs protection from dangerous, violent, and destructive offenders under sentence of the courts, escape-proof detention or incarceration is required. This obligation poses a heavy burden of judgement upon those who must decide when to ease restraints on prisoners who are making good progress. The Ministry also has a responsibility to communities as they assist in the eventual re-establishment of the ex-offender as a productive member of society. Community corrections then, is a concept of shared responsibility between Ministry personnel and the people of towns and cities across the province where offenders will one day return.

The final area of Ministry contribution lies in the field of prevention. The prevention of delinquency and crime is an area of compelling interest to both professionals and general public. The Ministry is less involved in primary preventive services, except in consultative ways. But prevention of recidivism, prevention of further deterioration and prevention of destructive consequences of criminal behaviour are matters of high relevance to Ministry personnel.

### Legislation

Under the British North America Act, adult offenders sentenced to terms of incarceration over two years serve their sentences in federal penitentiaries. Those receiving sentences under two years come under the jurisdiction of provincial corrections.

The Juvenile Delinquents Act is a federal statute designed to deal with criminal behaviour of children. This act permits provincial authorities to take full responsibility for the young offender once the court has passed sentence.

## 2. DIRECT SERVICES

### Supervision and Custody

Law enforcement and the administration of justice of necessity at times imposes restrictions on individual freedom. Such restrictions are permitted under only the most careful legal safeguards which ensure that abuse of personal and human rights does not occur. The intrusion of society into the life of an individual through the justice system may be as limited as a court appearance and reprimand. It may extend to

the imposition of fines or restitution. It also may impose a supervisory regulation of a person's activities during a period of probation. These methods are considered the least stringent interventions, because the offender is free to function in a relatively normal manner.

Restriction of personal freedom in instances of serious crime, violence or risk of escape necessitates physical detention. Both before and after court appearances provision must be made to hold prisoners securely. Facilities for such detention vary from short- to long-term and from minimum to maximum security.

Jails or lock-ups provide temporary accommodation following police arrest and pending court appearance, and are available throughout the province at all hours of day or night. Most institutions provide some lock-up service when required. Most lock-ups provide room for an overnight stay with subsequent release.

An additional form of temporary custody is known as remand. Here, under the authority of the court, an alleged offender may be held during the postponement of hearings. In most cases the accused is free to live at home and to go about his normal business. Bail may or may not be utilized, at the court's discretion. Those who must be held in secure custody between hearings necessitates a longer form of temporary accommodation in remand.

Correctional institutions are facilities used for carrying out sentences requiring incarceration. Institutions in Manitoba are located in or near major regional centres. Because sentences vary in duration, the type of institution reflects the category of inmate. Maximum sentences are most frequently served in Headingley, and where risk of escape or violence is high, even short-term sentences may be completed in that institution. Less serious offences often result in sentences carried out in regional facilities nearer the inmate's home. Recognizing the value of work experience in rehabilitating offenders, the Ministry utilizes three camp settings as satellites of the regional jails. Located out of The Pas, Brandon, and Headingley, these near-wilderness environments have provided effective alternatives to imprisonment in many cases.

#### **Remand Services**

On March 18, 1975, the Winnipeg Police Department recommended that the operation of the Public Safety Building Jail be transferred from the City of Winnipeg to the Province of Manitoba. The Jail was being used as a detention facility for people on remand and for detainees under the Intoxicated Persons Detention Act.

After negotiations were completed, the Province took over operation of the Winnipeg Remand Centre on October 1, 1977, and staffed the facility with Correctional Officers transferred from Headingley Correctional Institution and from the Adult Detention Centre, along with some new personnel. Certain renovations were started shortly after the takeover, and it is anticipated that they will be completed in early 1978. Medical services have been upgraded by the addition of nursing staff who are on duty seven days a week and who, in addition, provide on-call coverage.

Since the takeover of the Remand Centre, the Adult Detention Centre on Vaughan Street is operated on weekdays to hold prisoners appearing in Court in the Law Courts Building, and is staffed by five members of the Remand Centre staff. In some cases, once a trial date has been set, a prisoner may be transferred to Headingley Correctional Institution to be held on remand.

#### **Adult Corrections Directorate**

Adult Corrections in Manitoba provides care, custody and treatment for people committed to provincial correctional institutions. The directorate is charged with the following responsibilities:

1. Restricting the liberty of individual inmates.
2. Maintaining humane living conditions.
3. Providing opportunities for reform and rehabilitation.
4. Establishing treatment methods to meet individual needs.

in dealing with adult offenders there is a need to be realistic and practical. These are not impressionable, readily influenced people for whom social responsibility comes easily. But it is often possible to reduce the measure of conflict with society which has become for many a way of life. Adult Corrections attempts to encourage self-respect and a productive role in society. Increased emphasis on community-based planning for corrections programs is reflected in services which relate to actual community conditions that the offender will encounter on release.

### **Headingley Correctional Institution**

Headingley Correctional Institution, Manitoba's largest provincial jail, serves adult males who have either been sentenced or remanded by the courts. Programs are designed and operated to provide care and maintenance of prisoners in a secure setting, while at the same time assisting in their social, emotional and intellectual re-integration into community life.

Upon admission, each newly sentenced prisoner is interviewed by a Classification Officer, physician and/or nurse. He is assigned a living location, a case worker and a specific work or training program. Interviews, medical reports, counsellor observations, forensic and pre-sentence report assessments all form the basis for program selection. If required, psychiatric or social counselling is made available. A Counselling Section is responsible for aiding in treatment and re-socialization, utilizing contemporary treatment models appropriate to needs of the individual. In addition, an emphasis is placed on recreational programs, including community involvement and a range of both sporting and social events.

Education is important in rehabilitation. In the past year at Headingley, educational programs have been expanded. An additional teacher has been added to staff to provide more formal and informal educational components.

Headingley utilizes 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 assistance is supplied by escorting officers.

The Institution attempts to provide inmates with programs which form the basis for rehabilitation plans. These programs require identification of community re-entry needs, individual aptitudes and available resources. Such programs provide a link between the institution and the community by involving community agencies. For example, one annex accommodates first and infrequent offenders and provides a community re-entry program; a Pre-release Assistance Program is offered to some inmates in the last forty days of their sentences, incorporating the facilities of community resources, and the Community Release Centre, through temporary leaves of absence; and the Community Release Centre offers the inmate 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 inmates, and the type and quality of the positions offered has resulted in some ex-offenders retaining the jobs secured for them after their discharge. The Community Release Centre is making increased use of private agencies for Day Parole and Temporary Absence in keeping with a community-based corrections policy. Included in this public-private partnership in rehabilitation using specific contracts and fee-for-service are such agencies as:

- John Howard and Elizabeth Fry Society
- United Church Halfway Houses
- Grosvenor House
- Native Clan
- X-Kalay
- Scotia House

Among the community-based counselling resources utilized by both Headingley and the Community Release Centre are the Alcoholism Foundation of Manitoba treat-



ment 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 inmates of the Centre. Also, a graduate psychology student from the University of Manitoba has provided weekly counselling services.

### **Brandon Correctional Institution**

Brandon Correctional Institution is the second largest adult correctional facility in Manitoba. It accommodates persons 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 inmate programs which attempt to provide assistance to the offender in learning to live in an acceptable manner within society. Medical services are available, and individual counselling is provided by staff members. Day passes, Day Parole and Temporary Absence certificates are also available to inmates. Local agencies such as Canada Manpower, Assiniboine Community College, Alcoholics Anonymous, and the John Howard and Elizabeth Fry Society, provide social services which help to maintain contact between the inmate and the community. Agency information services, university-sponsored tutorial programs and counselling services are also available. Classification processes assist inmates in establishing personal goals and locating community resources appropriate to their needs.

The Brandon Institution is one of several making use of the new Frontier College resource. Courses are given in Life Skills, a form of communication and human relations training. Frontier has helped expand the correctional Volunteer Program by providing tutoring services and a number of farm work placements.

Private citizens are encouraged to participate in the correctional process through the Citizen Escort Program which enables Brandon citizens to take inmates into their homes, to Alcoholics Anonymous meetings, sporting events and other activities.

### **Portage Correctional Centre for Women**

The Portage Correctional Centre for Women, located fifty miles west of Winnipeg in the city of Portage la Prairie, accommodates sentenced female offenders and females detained under the Intoxicated Persons Detention Act. Correctional programming is designed to foster inmate understanding of the factors which have led to their incarceration. The Centre assists offenders in solving their problems so that they may live in an acceptable manner upon release.

Counselling services are provided by staff members. Educational programs include correspondence courses, adult education programs and basic literacy courses. Other programs available to inmates 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. Recreational resources are provided and social activities are arranged.

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 inmates. In the Portage Centre the involvement of private agencies and the community is encouraged.

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

Extensive use is made of outside agencies such as the John Howard and Elizabeth Fry Society and Alcoholics Anonymous. Alcoholics Anonymous operate community meetings which have allowed inmates with alcohol problems to make outside contacts. The Pre-Release Centre at Vaughan Street in Winnipeg also assists to released inmates who are alone in the city with no friends or relatives in the area.

### **Dauphin Correctional Institution**

The Dauphin Correctional Institution accommodates adults sentenced or remanded by the courts or held under the Intoxicated Persons Detention Act. Correctional programming is community-oriented, and newly sentenced inmates are provided with a work program upon admission to the Institution appropriate to individual aptitude. Frontier College has provided a driver training program not previously available in the Dauphin area.

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 co-ordinators and each staff member has a caseload of inmates with whom he attempts to establish a relationship and provide informal counselling. The Classification Officers provide counselling services of a more formal nature.

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

Indoor and outdoor recreational activities are available.

An institutional Alcoholics Anonymous group has been established, and inmates are permitted to attend community-based Alcoholics Anonymous meetings.

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

Specific individual or family needs are met by referring inmates to the appropriate community social services agencies. Inmates 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, located in the Northern Judicial District, accommodates persons arrested and awaiting trial, persons sentenced or remanded by the court, and those detained under the Intoxicated Persons Detention Act.

Community input is fairly extensive. Courses offered by Keewatin Community College are available to inmates wishing to further their education. The Pas Correctional Institution is served by a Canada Manpower Counsellor who visits 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 inmates. 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 Correctional Officers employed at both the Egg Lake Rehabilitation Camp and the main facility. Chaplains of all religious denominations attend the institution. The services of two medical doctors are provided at the institution, and dental care is available in the town of The Pas.

Community involvement also includes access to local social service and Canada Manpower programs. The experience of actively participating in the maintenance of park or recreation area work projects and highway right-of-way helps to establish a sense of responsibility for the offender.

### **Rehabilitation Camps**

Three 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 co-operation 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 The Pas Correctional Institution and is situated north of the town of The Pas. The Spruce Woods Rehabilitation Camp near Brandon was closed in 1976 and reopened in the spring of 1977.

Camp programs are designed to assist offenders to accept the reasonable rules and regulations encountered on return to normal living and working situations, and to establish constructive work habits which can be applied upon release.

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

Counselling services are available to inmates on request. A wide range of recreational activities exist, 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 at regular labour during the day for other employers in order to support themselves.

#### **Juvenile Corrections Directorate**

Children in conflict with the law, like adults, encounter the sanctions of society and intervention which limits their rights and freedoms. But unlike adults, these juveniles are learning and growing, and lack the maturity and experience needed to assess the consequences of their actions.

Minors found guilty of offences are normally dealt with in a system of family courts, juvenile probation services and segregated youth facilities operating under the Juvenile Delinquents Act, a modified application of criminal law or the Provincial Child Welfare Act. These Acts are designed to deal with the special needs of children. Generally across Canada children under twelve years are not dealt with under delinquency charges. With a few rare exceptions, they are considered to be of tender years, more appropriately worked with under the protection provisions of Provincial law. Past the age of fourteen, children who commit criminal-type offences are considered delinquent and dealt with as corrections cases according to their age and maturity. Children aged 12-14 years represent a special category where decisions may go either way as to which process is required.

The juvenile correctional system in Manitoba, then, provides programs and facilities for the institutional care, custody and treatment of boys and girls who are committed under the authority of the **Juvenile Delinquents Act** or the **Child Welfare Act**.

The Juvenile Corrections Directorate follows a number of general principles intended to guide the entire system in its planning, implementation, operation and evaluation procedures.

1. Juvenile Corrections has a dual role:

- (a) to provide the custody or supervision needed by children whose delinquent acts are substantially damaging to society or who are unable to function responsibly in a less structured setting.
- (b) to assist in identifying causes of delinquent behaviour through co-operation with justice and social service systems, and developing preventive and diversionary programs for existing and potential young offenders.

2. Juvenile Corrections provides behaviour controls and corrective and rehabilitative treatment. However, no more control than is necessary is used, nor is Juvenile Corrections a substitute for controls available from other sources.
3. Care provided by Juvenile Corrections encompasses children's physical and emotional needs.
4. Programs and services provided by Juvenile Corrections are designed as a broad spectrum of supervision and structure levels, flexible enough to meet the varied needs of individual children, and to assist young offenders to function in the open community by accepting responsibility appropriate to their capabilities and maturity.
5. Juvenile Corrections encourages family and community participation in the rehabilitation process, including the provision of opportunities for development of problem-solving skills in a community-like environment.

### **The Manitoba Youth Centre**

The Manitoba Youth Centre, located in Winnipeg, provides a pre-placement facility for male and female juveniles who require a period of institutional care and custody for their own or society's safety and protection.

The Manitoba Youth Centre has a broad responsibility to the juvenile justice system. Detention at the Centre is usually the first stage in a youngster's contact with the correctional system. Co-operating with probation officers, child welfare workers and legal representatives, juvenile corrections staff try to deal with each child as an individual. In one case, he may be merely a temporary admission to the receiving area of the Youth Centre. In another he may be awaiting a court hearing. In yet a third case he may be committed to specified care and custody. Finally, he may be being introduced to community life at home, school or in a group setting.

The Centre consists of ten cottages with a capacity for 150 boys and girls who are admitted for alleged delinquencies under the **Juvenile Delinquents Act**, or who are deemed unmanageable and beyond the control of other child care resources under the provisions of the **Child Welfare Act**. The cottage design permits appropriate group assignment, and encourages flexibility in program activities. Most juveniles in the Centre are placed in a short-term reception program for assessment, planning and preparation for return to their homes, foster homes, group homes, or long-term institutional treatment centres.

Although the Manitoba Youth Centre is a closed custody institution, the programs offered are based on a humane concern for the needs of the juveniles. The setting and atmosphere provide as normal a social environment as possible, encouraging juveniles to develop a sense of personal responsibility and motivation. Short-term crisis counselling and individual and group counselling are part of the services provided. The juveniles themselves are encouraged to participate in the planning of their activities and individual programs.

A personalized education program is provided at the Centre, focussing on continuing the educational process which the juvenile was involved in at home. The Youth Centre also provides basic academic assessment for all provincial juvenile correctional institutions. In addition, recreational, social and religious activities are available. Wherever appropriate, activities include both boys and girls.

Because the Manitoba Youth Centre serves young people who are in crisis, staff members represent a variety of skills, ages, personalities and training backgrounds to deal with the needs and problems of young people in conflict with the law. Cottage counsellors and night supervisors provide direct care, custody and treatment; cottage supervisors, nurses, craft instructors, teachers and administrative support personnel complete the Centre's staff complement. Case consultation is provided by psychologists and psychiatrists.

Wherever possible institutional services are integrated with local community resources; similarly, community volunteers are encouraged to become involved.

Highlights of the past year include:

1. Forensic Services—A psychiatrist or psychologist is available to each cottage, assigned to provide consultative services for juveniles, crisis counselling training for staff, and to provide immediate attention to juveniles in emergency situations. This service allows for the constant monitoring of juveniles to anticipate and prevent crisis at the Centre.
2. Monitoring Progress and Population—A bi-weekly reporting system has been instituted whereby cottage supervisors submit reports on **Child Welfare Act** juveniles to Regional Directors outlining the date of admission, reason for detention, program plans for each juvenile and any problems encountered. In addition, the total population of the Youth Centre including those under both the **Juvenile Delinquents Act** and the **Child Welfare Act** is reviewed with Probation Services staff regularly in order to divert any juveniles not requiring detention.
3. Reorganization—Following an intensive management audit, the organizational structure of the Manitoba Youth Centre has been revamped to streamline the management of the Centre by more clearly delineating staff functions and responsibilities, improving communication lines between management levels, and improving utilization of available resources.
4. Staff Roles and Functions—Staff members of each cottage at the Youth Centre have completed planning proposals outlining the goals of programs provided to juveniles, clarifying staff roles and functions, and presenting strategies for better program. These plans, reviewed in consultation with senior management prior to implementation, are intended to streamline day-to-day operations and provide more effective programming.

#### **Longer Term Institutional Care**

Young people who have come before the courts for repeated and serious offences pose a problem to judges, workers and society as a whole. A small, fourteen-year-old car thief and joy rider may be followed in the docket by a suicidal, drug-ridden girl of sixteen and then a six foot, seventeen-year-old young man whose pattern includes assault with a deadly weapon. Yet these are all, under the law, children. The extremely violent, the murderer and the near-adult may be transferred to adult court. Wherever possible the more minor offences and the cases of the very young are dealt with in a less restrictive manner. This leaves a significant number of young people in the 13-17 age group whose actions require segregation from society. In Manitoba, rehabilitative emphasis has turned to psychological treatment, education, group therapy and social counselling. Of particular interest in this province has been the continued use of a group therapy program called "Positive Peer Culture". Through the use of peer pressures, young people have emerged from the correctional process with a better understanding of their own needs, the needs of others and the requirements of community. They have also acquired some skill in articulating their own feelings and frustrations. Many such youthful offenders have gone on to enter the work force successfully.

#### **The Agassiz Centre for Youth**

The Agassiz Centre for Youth, located in Portage la Prairie, provides care and treatment for male juveniles between the ages thirteen and seventeen who require a period of restraint from normal community contact because of delinquent behaviour.

The Positive Peer Culture treatment program at the Centre includes basic group therapy techniques intended to develop pro-social values and attitudes. Externally imposed rules and restrictions are kept to a minimum. Juveniles are expected to take responsibility for other group members, and to implement necessary controls themselves.

All juveniles attend the Centre's school program, which operates as an integrated treatment/education approach. Each group has its own teacher. The group, therefore, monitors itself while instruction is taking place.

Each juvenile is expected to move into a pre-discharge program at least two weeks before he returns to the community. This is designed as a period of transition for the juvenile from dependence on the group to dependence on himself and upon whatever community resources are available. While in the pre-discharge program, the juvenile faces some of the same situations he will encounter after returning to the community. At the same time he continues to have the opportunity for problem-solving within the group.

A juvenile's discharge from the Centre begins with the recommendation of his group and approval by cottage staff. Provision of a community placement is made by his community agent. The Superintendent, by giving his approval may proceed with the juvenile's release. Official discharge follows on the authorization of the Director of Child Welfare.

In 1977, the treatment program was extended to a seven days per week operation. Cottage staff teams are now encouraged to assume responsibility for treatment effectiveness as a unit, rather than as individuals. This approach is compatible with the philosophy of the Positive Peer Culture program to promote group morale and motivation. A new vocational/work release program has also been planned for Centre residents. In conjunction with Canada Manpower and Red River Community College, the Centre will enable juveniles to participate in vocational training and work experiences preparatory to release.

#### **The Seven Oaks Centre For Youth**

The Seven Oaks Centre for Youth provides a treatment and rehabilitative program for juveniles who require a period of institutional care and custody. Programs are based on concern for the needs of all juveniles, and provide appropriate range of services to meet those needs. The Centre attempts to change delinquent attitudes, values and behaviour by providing the opportunity for continuing development of emotional, intellectual, physical and social growth within a safe environment leading to successful community reintegration.

The Centre receives both boys and girls aged twelve to seventeen who are admitted by the Director of Child Welfare, or who are committed by a Judge of the Family Court.

Juveniles are carefully assigned to groups in which members assist each other in dealing with the problems which resulted in committal. All activities involve group participation. Daily meetings are held, with juveniles identifying the problems they have encountered during the day. The group member who needs the most help is given the opportunity to work on his problems with the group. When a juvenile reaches the point where the group and staff feel he can function effectively in the community, a recommendation for discharge is made to the Director of Child Welfare.

The Centre's education program is based on the concept of individual 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 variety of electives.

A number of recreational and athletic activities are available. Parents, family members and community workers are encouraged to maintain regular contact with juveniles. The Seven Oaks Centre for Youth also makes use of city, provincial and volunteer resources, and promotes community involvement in rehabilitating young offenders.

Previously rotating staff responsibilities have been replaced by permanent group assignments. A family life education program is planned to include parenting, budgeting, human relations and other subjects. A staff member has been hired to co-ordinate physical education and recreation activities. A hockey rink is under construction.

### **Community Re-Entry**

The Winnipeg Group Home provides a community re-entry program to assist former youthful offenders during the transition period from institutionalization 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 approach has been used for nearly two years and has assisted juveniles with a record of delinquency in re-establishing a normal, socially acceptable role in his community.

### **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**

Juveniles receive medical attention in all three institutions. The Manitoba Youth Centre provides its own institutional medical services, while Agassiz Centre for Youth and Seven Oaks Centre for Youth use community based medical services.

### **Probation Services Directorate**

The involvement of probation staff with juvenile and adult offenders may begin as early as the time of arrest and detention. Through periods of court appearance, assessment, remand, sentencing and post-disposition, the Probation Officer is the principal liaison between the offender, the courts homes and community. The Probation Officer has the duties of counselling and assisting the offender and his family.

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

The probation service has encouraged local agencies and communities to expand their role in the rehabilitation process. Probation is responsible for placing offenders in community settings such as group homes, half-way houses and private foster homes under court authority. Probation officers have been instrumental in developing community justice committees where citizens may participate in court recommendations, terms of restitution, public education, etc. Responsible local citizens sitting on the community committee can often bring effective peer group pressure on offenders and parents. These committees work closely with Probation Officers, police, lawyers and the courts, and have shown promise as a force for crime prevention in their own communities. The recruitment of lay volunteers to supplement supervision, job placement and educational planning represents another facet of community corrections.

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 services unit.

Officers are normally university graduates with specialized training in criminology, sociology, or social work. Probation Officers are responsible for assessment and treatment services, Court work and client supervision. They are assisted by Probation Workers or aides who are mature persons whose life experience gives them ability to assist with probation responsibilities.

Efforts are made to use the services of community volunteers through the Compass and the Honourary or Volunteer Probation Officer programs. Volunteers can provide additional on-site supervision and support to the probationer which makes the V.P.O. a resource to the Probation Team.

### **Adult Probation**

Three types of service for adult offenders are:

1. **Pre-Sentence Reports**—When requested by the court, a probation officer prepares reports on adults who have entered a guilty plea, or who have been convicted of a crime and remanded for sentence. These 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 this case the Probation Service is not involved. However, Probation Officers and Probation Workers or volunteers do 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 post-release supervision.
3. **Parole Services**—At the request of the National Parole Service, Probation Officers perform community assessments on inmates applying for parole. The Federal Parole Service contracts with the Provincial Probation Services to provide parole supervision in areas where there is no parole officer or private post-release supervisory agency. This is also done where probation follows the sentence on which parole is granted.

Probation Services may also 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 individuals. Others may be allowed to reside at Grosvenor Place, a hostel privately operated for adult probationers in Winnipeg.

### **Juvenile Probation**

Under the Manitoba Corrections Act, the Police refer all juvenile cases to the Probation Service for assessment. More than 10,000 referrals per year are directed to the Probation Service.

1. **Intake Screening**—If a juvenile meets established criteria, after intake interviews, he or she may be diverted from the justice system without formally appearing in Court. 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 provides the Court with a pre-disposition report. Following 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**—Approximately 12% of juveniles referred to the Probation Service are placed on probation by the Court. Probationers are usually supervised in their own home, but 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 Marymount School for Girls, Sir Hugh John MacDonald Hostel or Knowles School for Boys.

4. Juvenile Post-discharge Supervision—About one percent of delinquent juveniles referred to Probation Services are committed by the Courts each year to one of the provincial rehabilitation centres—Seven Oaks or Agassiz. Many juveniles 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.

### **Marriage Conciliation Service**

The Marriage Conciliation Service provides services closely related to the courts and family counselling. With a staff of director and ten counsellors, Marriage Conciliation has provided both statutory and elective services for many years, primarily in the area of marriage breakdown and responsibility for children.

This directorate, located in Winnipeg, counsels married couples and family members, resulting from court involvement in cases such as separation, divorce and child custody, or on personal referral as individuals seeking help. The purpose of counselling may be total reconciliation, reduction of hostility in separation or divorce, or post separation adjustment. In 1977, 3,708 individual and 574 joint interviews were conducted.

Another function of this service is premarital counselling for juveniles. Underage couples may seek judicial permission to marry instead of parental permission, and in such cases counselling must occur.

Marriage Conciliation prepares reports for the various courts in matters of child custody, guardianship and right of access. Staff are also involved in Enforcement of Maintenance Orders. They conduct Parent Effectiveness Training classes for interested groups and assist Home Economics workers in providing monthly home financial planning classes.

## **3. SUPPORT SERVICES**

### **Inspector General**

The Office of the Inspector General was created late in 1977. The Inspector General investigates audits and monitors many of the Ministry's institutional and program functions. Reporting to the Deputy Minister, the Inspector General has a small office staff and utilizes system personnel as needed for specific tasks.

The Inspector General carries out his function by:

1. Performing regular inspections and audits of the management administrative, security, operational, procedural and program components of Provincial adult and juvenile correctional and probation services systems based on standards developed by the Ministry in co-operation with Federal and other Provincial jurisdictions.
2. Investigating extraordinary situations, escapes and disturbances, reported irregularities, potential crises, emergency situations, and complaints from Ministry field staff, inmates and the public concerning system operations and procedures.
3. Representing the Ministry through participation in joint Federal/Provincial criminal and juvenile justice system planning, research, negotiation, monitoring and evaluation activities.

## **Staff Training and Development Directorate**

During 1977, the Staff Training and Development Directorate became a manpower planning resource, with responsibility for recruitment, selection, classification, employee relations, performance appraisal, and negotiations with the Manitoba Government Employees Association.

The Directorate initiated discussion with the Department of Continuing Education and Manpower Education regarding the development of a Pre-Employment Program for Correctional Officers. This program was approved for implementation at Assiniboine Community College in January of 1978.

During the year the Directorate took major responsibility for training programs in the following areas:

- (a) Juvenile Counsellor Basic Training
- (b) Correctional Officer Basic Training
- (c) Probation Officer Basic Training
- (d) Fire Safety Training
- (e) First Aid and Resuscitation Training
- (f) Family Therapy Training
- (g) Organizational Development Workshops

## **Program Review and Development**

A Program Review and Development Directorate was established in 1975, to undertake program planning, evaluative research, and program reviews. In 1977, the directorate's functions were assigned to the Deputy Minister's office and the operating directors.

## **4. OTHER MINISTRY RESPONSIBILITIES**

### **Community Agencies**

#### **Residential Care**

The largest and most obvious involvement of private agencies lies in the area of residential care. There are three categories of residential care utilized in the Ministry—the private home, the group home and the institution.

Private homes, usually referred to as foster homes, are utilized principally for youthful offenders, although occasionally an adult will be placed in a private household. The foster parent is a citizen who makes a contribution to the rehabilitative process by providing the offender with a home environment with normal family relationships. During 1977 the Ministry utilized some 20 foster homes for various periods, some with more than one client involved.

Group homes are patterned either on normal family life, with live-in parents, or on group living with shift staff in attendance. The number of group homes in Manitoba have increased in the past five years, and an Office of Residential Care in the Department of Health and Social Development has been created for the overall supervision and licensing of residences of all types. During 1977, approximately 200 youth and adult residents used group home accommodation in Winchester House, Grosvenor Place and Norwood School Division Group Home.

In 1977 the Ministry utilized private institutional care for 70 individuals, including intensive treatment and close supervision for probationers requiring education and psychiatric counselling. These institutions include Sir Hugh John MacDonald Memorial Hostel, Knowles School for Boys, Marymount Treatment Centre for Girls, Manitoba Community Treatment Centre; in some cases Lindenview and X-Kalay are utilized.

#### **Halfway Homes**

When an offender moves back into community life after a term of imprisonment, there is a process of readjustment needed. Private agencies have many useful connections in the areas of business, religion and culture which make them well suited to the Halfway Home program.

Persons under Ministry responsibility and released in 1977 utilized the three homes operated by the United Church, primarily through the 30-day Temporary Absence program. The Federal Government also utilized these homes through the National Parole Service.

#### **Counselling, Support and Liaison**

Private agencies also provide non-residential services for individual clients to assist in their re-entry into society. Contributions in the corrective and rehabilitative process also are made by the John Howard and Elizabeth Fry Society, Compass, the Mennonite Open Circle Society, the Native Clan Organization, the Salvation Army, ConVerse and the Young Mens' Christian Association.

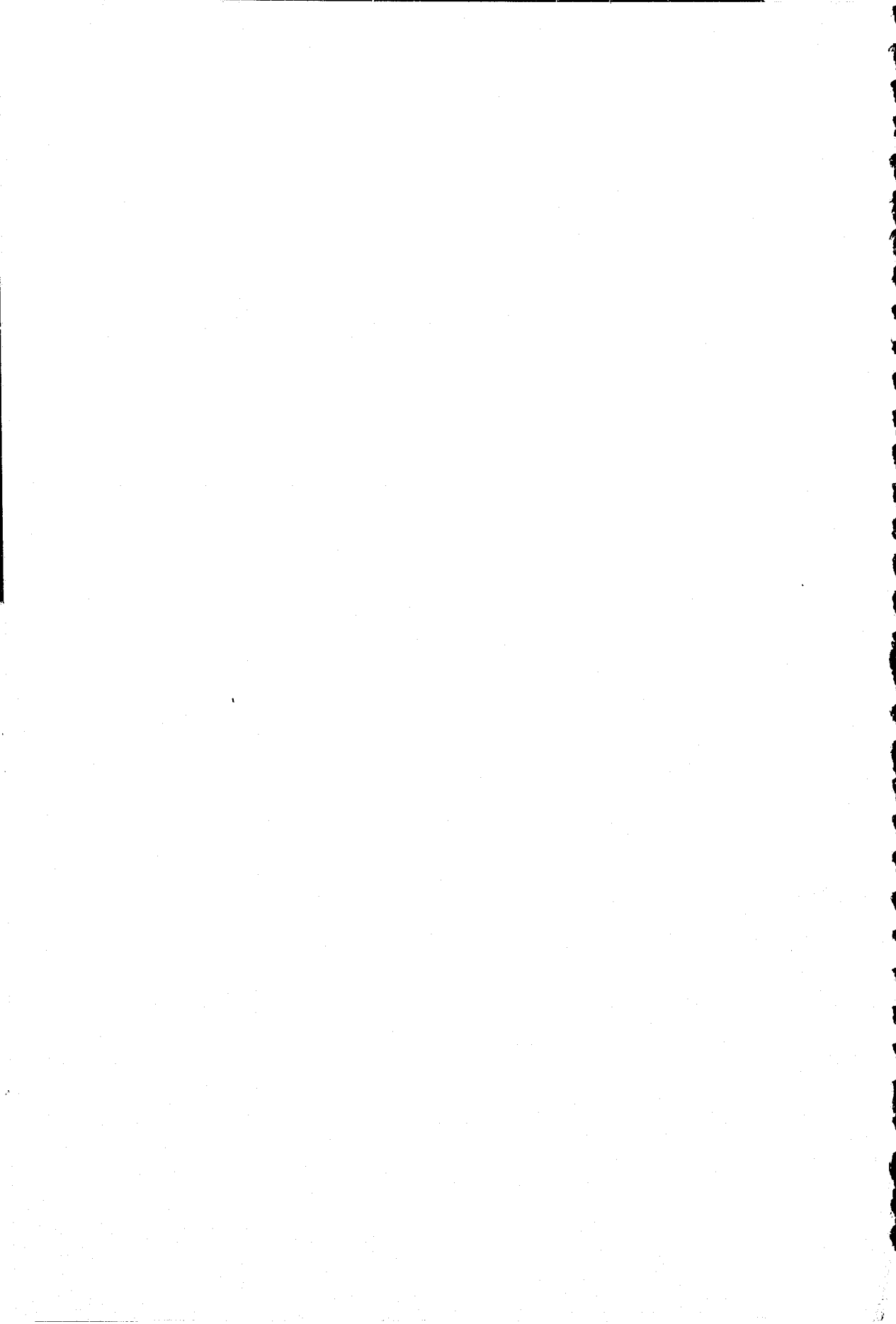
#### **Court-Related Services**

In recent years in several provinces there has emerged a court-related resource role for private citizens. Most family court judges have utilized citizen assistance in individual cases, such as probation supervision and restitution. In Manitoba two community councils have been organized in the native settlements of Roseau and Moose Lake to assist the courts in dealing primarily with juvenile offenders. In Dauphin, a Restitution Committee provides service for both Indian and non-Indian offenders.

#### **Alcoholism Foundation of Manitoba**

The Alcoholism Foundation of Manitoba is responsible for alcohol and drug abuse programming in the province of Manitoba. The Alcoholism Foundation of Manitoba manages the funding of external agencies in the province, conducts research, prevention and education programs, and is responsible for ensuring quality programming and the provision of services according to areas of identified need.

The Alcoholism Foundation of Manitoba publishes an Annual Report under separate cover.



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**DEPARTMENT OF HEALTH & SOCIAL  
DEVELOPMENT 1977 ANNUAL REPORT**

**Statistical Appendix**

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# Department of Health & Social Development 1977 Annual Report

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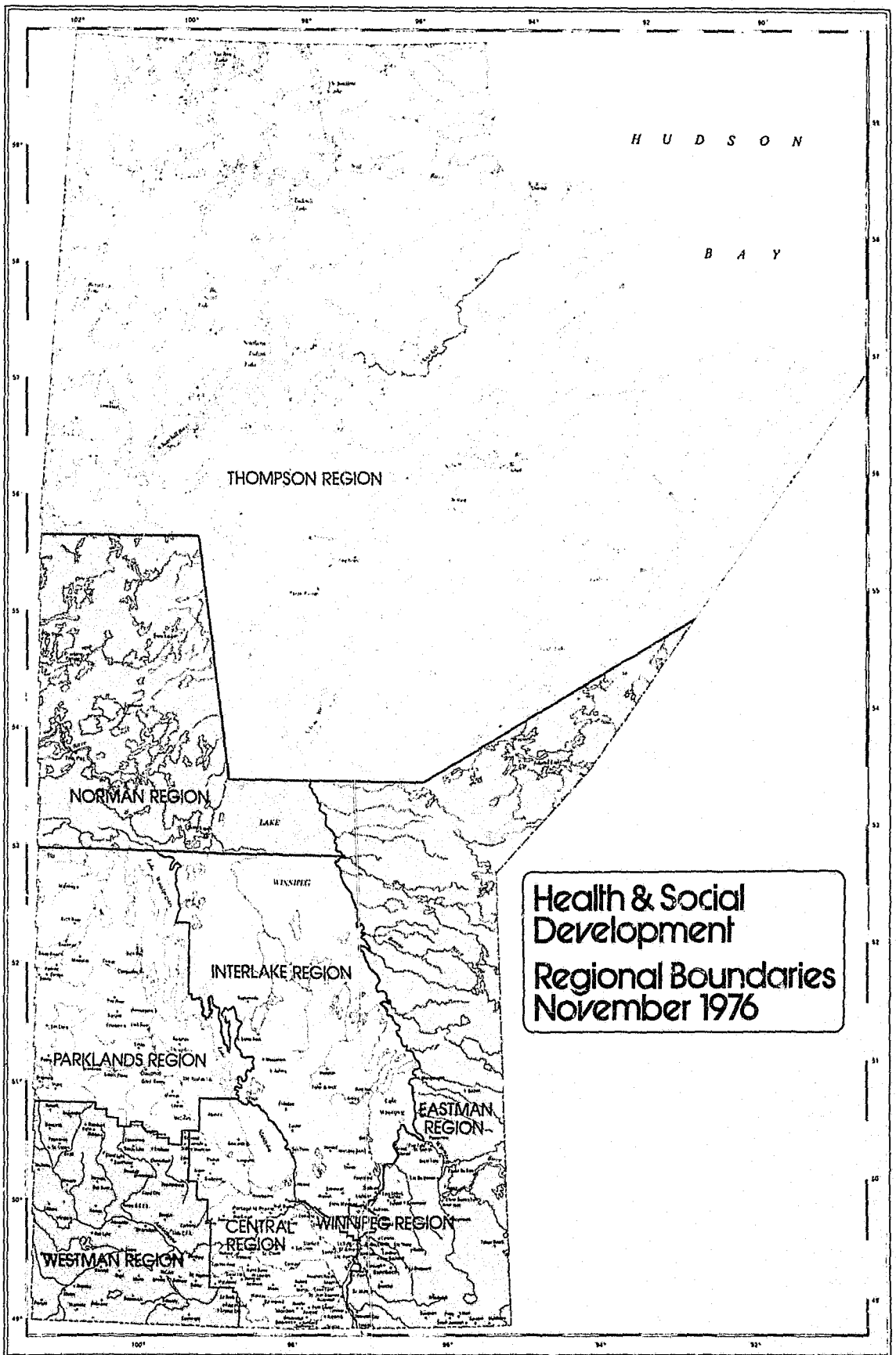
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POPULATION OF MANITOBA BY HEALTH & SOCIAL DEVELOPMENT REGIONS  
AND BY AGE AND SEX, JUNE 1, 1977.

Health & Social Development Regions	SEX	AGE GROUP														Totals	
		0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69		70+
Central	M	3,519	3,748	4,460	4,931	4,017	2,965	2,566	1,094	2,022	2,024	2,094	2,151	2,096	1,741	3,313	43,741
	F	3,292	3,632	4,368	4,738	3,388	2,704	2,428	2,102	1,922	2,148	2,250	2,251	2,088	1,773	3,823	42,907
Eastman	M	6,811	7,380	8,828	9,669	7,405	5,669	4,994	4,196	3,944	4,172	4,344	4,402	4,184	3,514	7,136	86,648
	F	2,898	3,049	3,613	3,781	2,842	2,441	2,169	1,798	1,579	1,567	1,534	1,447	1,401	1,142	1,955	33,216
Interlake	M	2,854	2,972	3,469	3,357	2,544	2,330	2,023	1,758	1,449	1,459	1,485	1,420	1,239	979	2,073	31,411
	F	5,752	6,021	7,082	7,138	5,386	4,771	4,192	3,556	3,028	3,026	3,019	2,867	2,640	2,121	4,028	64,627
Norman	M	2,292	2,493	2,920	3,118	2,547	2,082	1,853	1,526	1,446	1,547	1,472	1,519	1,523	1,261	1,924	29,523
	F	2,087	2,358	2,850	2,853	2,035	1,926	1,772	1,486	1,441	1,394	1,461	1,478	1,349	1,037	1,981	27,508
Parkland	M	4,379	4,851	5,770	5,971	4,582	4,008	3,625	3,012	2,887	2,941	2,933	2,997	2,872	2,298	3,905	57,031
	F	1,160	1,091	1,082	1,221	1,379	1,177	811	689	575	528	535	444	425	280	449	11,846
Thompson	M	1,125	1,030	1,095	1,107	1,167	977	777	566	442	492	503	456	382	310	356	10,785
	F	2,285	2,121	2,177	2,328	2,546	2,154	1,588	1,255	1,017	1,020	1,038	900	807	590	805	22,631
Westman	M	1,733	1,965	2,232	2,535	1,919	1,461	1,342	1,161	1,148	1,255	1,447	1,469	1,395	1,232	2,417	24,711
	F	1,645	1,780	2,281	2,395	1,596	1,371	1,294	1,060	1,076	1,284	1,348	1,419	1,323	1,158	2,405	23,435
Winnipeg	M	3,378	3,745	4,513	4,930	3,515	2,832	2,636	2,221	2,224	2,539	2,795	2,888	2,718	2,390	4,822	48,146
	F	2,075	1,868	1,444	1,356	2,811	2,477	1,735	1,148	777	522	369	248	136	58	63	17,087
Total Regions	M	1,853	1,774	1,426	1,212	1,967	1,919	1,299	821	508	371	242	183	88	46	42	13,751
	F	3,928	3,642	2,870	2,568	4,778	4,396	3,034	1,969	1,285	893	611	431	224	104	105	30,838
Unorganized Territories	M	4,540	4,589	5,482	6,276	5,270	4,275	3,482	2,922	2,750	3,145	3,211	3,207	3,194	2,825	5,224	60,392
	F	4,180	4,506	5,405	5,819	5,010	4,042	3,470	2,945	2,837	3,093	3,284	3,492	3,065	2,767	6,183	60,098
Indian Reserves	M	8,720	9,095	10,887	12,095	10,280	8,317	6,952	5,867	5,587	6,238	6,495	6,699	6,259	5,592	11,407	120,490
	F	22,036	23,096	24,974	27,587	30,660	28,412	22,673	16,902	15,519	15,374	15,196	13,588	11,984	9,299	15,763	293,063
Total Manitoba	M	20,723	21,890	23,997	27,476	32,488	28,692	22,056	16,543	15,197	15,690	16,977	15,502	14,053	11,604	23,807	306,695
	F	42,759	44,986	48,971	55,063	63,148	57,104	44,729	33,445	30,716	31,064	32,173	29,090	26,037	20,903	39,570	599,758
Total Manitoba	M	40,253	41,899	46,207	50,805	51,445	45,290	36,631	28,240	25,816	25,962	25,858	24,073	22,154	17,838	31,108	513,579
	F	37,759	39,942	44,891	48,957	50,195	43,961	35,119	27,281	24,872	25,931	27,550	26,201	23,587	19,674	40,670	516,590
Total Manitoba	M	78,012	81,841	91,098	99,762	101,640	89,251	71,750	55,521	50,688	51,893	53,408	50,274	45,741	37,512	71,778	1,030,169
	F	741	842	783	732	641	597	456	324	272	282	201	154	176	131	186	6,518
Total Manitoba	M	727	823	793	630	559	518	337	292	251	190	167	137	108	98	136	5,766
	F	1,468	1,665	1,576	1,362	1,200	1,115	793	616	523	472	368	291	284	229	322	12,284
Total Manitoba	M	3,441	3,397	3,111	2,567	1,776	1,416	1,161	907	713	600	508	405	318	309	510	21,142
	F	3,260	3,369	2,958	2,563	1,828	1,313	984	772	633	516	410	359	290	251	408	19,914
Total Manitoba	M	6,701	6,766	6,069	5,130	3,604	2,729	2,145	1,679	1,346	1,116	918	767	608	560	918	41,056
	F	44,435	46,138	50,101	54,104	53,862	47,303	38,248	29,471	26,801	26,844	26,567	24,635	22,648	18,278	31,804	541,239
Total Manitoba	M	41,746	44,134	48,642	52,150	52,582	45,792	36,440	28,345	25,756	26,637	28,127	26,697	23,985	20,023	41,214	542,270
	F	86,181	90,272	98,743	106,254	106,444	93,095	74,688	57,816	52,557	53,481	54,694	51,332	46,633	38,301	73,018	1,083,509

POPULATION OF MANITOBA

SECTION: 1  
TABLE: 1



**TABLE: 1**  
**LIVE BIRTHS, MARRIAGES, DEATHS & STILLBIRTHS—**  
**WITH RATE PER 1,000 POPULATION**  
**(M.H.S.C. & STATISTICS CANADA POPULATION FIGURES)**  
**MANITOBA—1977, 1976 & 1975**

	Number	1977*		1976		1975			
		Rate Per M.H.S.C. Pop.	Rate Per Stat. Can. Est. Pop.	Rate Per M.H.S.C. Pop.	Rate Per Stat. Can. Est. Pop.	Rate Per M.H.S.C. Pop.	Rate Per Stat. Can. Est. Pop.		
LIVE BIRTHS	16,327	15.1	15.8	17,038	15.9	16.7	17,529	16.6	17.2
MARRIAGES	8,098	7.5	7.8	8,296	7.7	8.1	8,910	8.4	8.7
DEATHS	8,039	7.4	7.8	8,315	7.8	8.1	8,429	8.0	8.3
STILLBIRTHS	169		10.4**	207		12.1**	175		10.0**

\*Preliminary figures (excludes 1977 registrations received in 1978).

\*\*Rate is the number of foetal deaths of 20 or more weeks gestation per 1,000 live births.

Population according to:	M.H.S.C.	Statistics Canada
	1975—1,055,676	1975—1,019,000
	1976—1,071,788	1976—1,021,506
	1977—1,083,509	1977—1,032,400

TABLE: 2  
DEATHS IN MANITOBA BY AGE AND SEX, 1977  
AND BY AGE, 1976 AND 1975

	Male*	Female*	Total 1977*	Total 1976	Total 1975
UNDER 1 YEAR	163	121	312**	278	280
1-4 YEARS	30	25	55	61	51
5-14 YEARS	45	27	72	79	78
15-24 YEARS	181	64	245	235	222
25-44 YEARS	284	122	406	422	403
45-64 YEARS	1,082	536	1,618	1,694	1,760
65-79 YEARS	1,738	1,047	2,785	2,812	2,793
80 YEARS & OVER	1,233	1,313	2,546	2,734	2,842
NOT STATED	—	—	—	—	—
TOTAL	4,756	3,255	8,039	8,315	8,429

\*Preliminary figures (excludes 1977 registrations received in 1978).

\*\*Includes 28 deaths whose sex was not recorded.

TABLE: 3  
CERTAIN SELECTED CAUSES OF DEATH WITH RATE  
PER 100,000 POPULATION — MANITOBA — 1977\*

	Number	Rate**	Rate***
1. Heart disease (410-429)	2,570	237.2	248.9
2. Cancer (140-209)	1,784	164.7	172.8
3. Cerebrovascular disease (430-438)	752	69.4	72.8
4. Accidents (E800-E949)	514	47.4	49.8
5. Pneumonia (480-486)	338	31.2	32.7
6. Suicide (E950-E959)	176	16.2	17.0
7. Diabetes (250)	109	10.1	10.6
8. Arteriosclerosis (440)	102	9.4	9.9
9. Old Age (290 & 794)	27	2.5	2.6
10. Nephritis (580-583)	25	2.3	2.4

\*Preliminary figures (excludes 1977 registrations received in 1978).

\*\*Rate per M.H.S.C. population records as at June 1, 1977.

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

TABLE: 4A  
DEATH RATES UNDER ONE YEAR OF AGE  
IN MANITOBA: 1971 TO 1977

	Stillbirth <sup>1</sup>	Perinatal <sup>1</sup>	Neonatal	Post-Neonatal	Infant
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	12.2	21.1	11.1	5.2	16.3
1977 <sup>2</sup>	10.4	22.1	13.2	5.9	19.1

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

<sup>2</sup>Preliminary figures (excludes 1977 registrations received in 1978).

TABLE: 4B  
 INFANT MORTALITY BY REGION OF RESIDENCE  
 MANITOBA 1975-1977

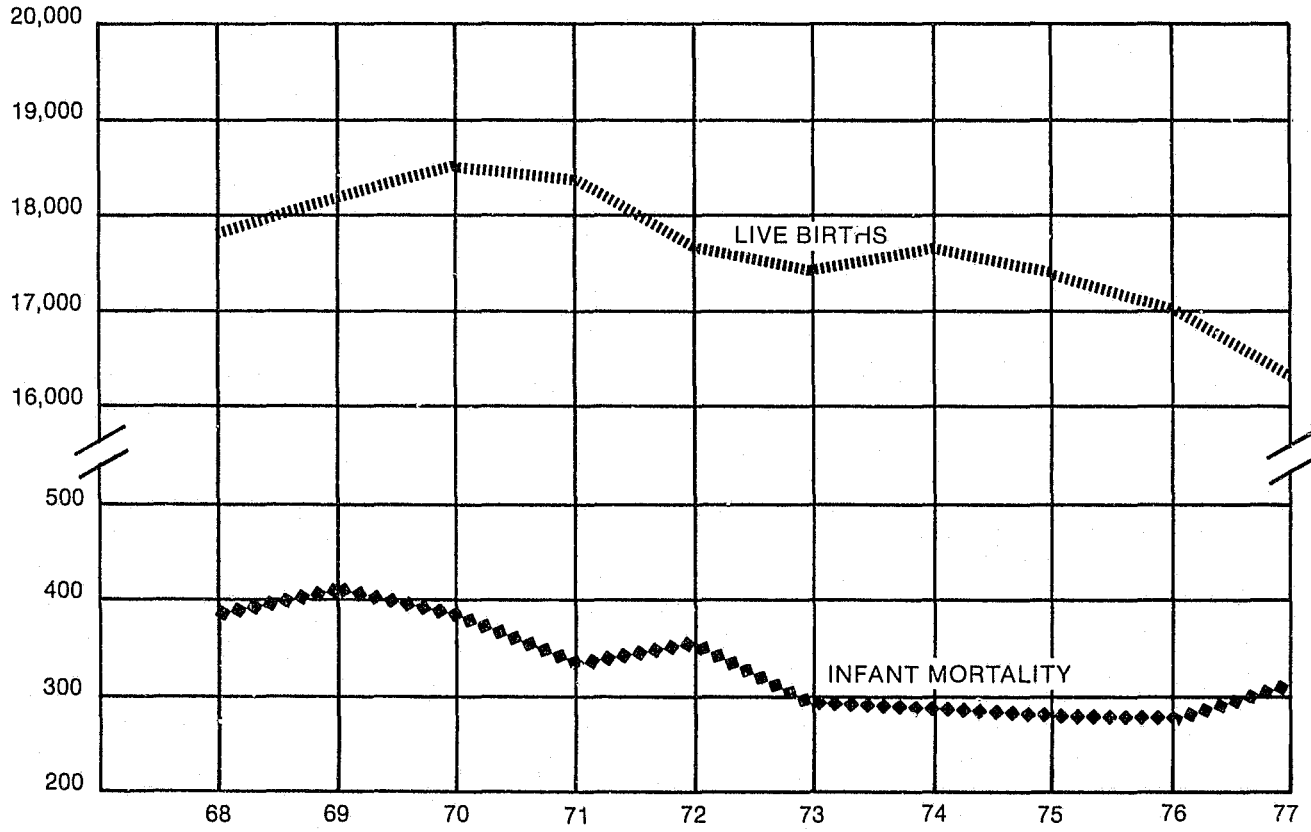
	Infant Deaths			Live Births			Rate Per 1,000 Live Births		
	1975	1976	1977*	1975	1976	1977*	1975	1976	1977*
CENTRAL	19	21	19	1,375	1,343	1,332	13.8	15.6	14.3
EASTMAN	9	12	17	1,067	1,116	1,172	8.4	10.8	14.5
INTERLAKE	11	18	8	894	806	770	12.3	22.3	10.4
NORMAN	24	21	19	1,325	1,200	1,093	18.1	17.5	17.4
PARKLAND	8	10	10	753	694	631	10.6	14.4	15.8
WESTMAN	31	20	21	1,763	1,779	1,675	17.6	11.2	11.8
WINNIPEG	110	121	130	8,755	8,504	7,967	12.6	14.2	16.3
INDIAN RESERVES	22	16	27	521	507	531	42.2	31.6	50.8
UNORG. TER.	18	20	18	596	677	753	30.2	29.5	23.9
MANITOBA TOTAL	252	259	269	17,049	16,627**	15,925**	14.8	15.6	16.9
NON-RESIDENTS***	28	19	43	479	405	402	58.5	46.9	107.0
TOTAL	280	278	312	17,528	17,032	16,327	16.0	16.3	19.1

\*Preliminary figures (excludes 1977 registrations received in 1978).

\*\*Includes 1 live birth whose region of residence was unknown.

\*\*\*In previous years this table excluded deaths and live births occurring to non-Manitobans in Manitoba.

TABLE: 4C  
 LIVE BIRTHS AND INFANT MORTALITY:  
 MANITOBA 1968-1977\*



\*Preliminary figures for 1977 (excludes 1977 registrations received in 1978).



TABLE: 5  
DEATHS OF CHILDREN UNDER ONE YEAR OF AGE  
BY CAUSE AND AGE — MANITOBA — 1977\*

	Less Than 7 Days	7 to Less Than 28 Days	28 Days to Less Than 1 Year	Less Than 1 Year
Congenital Anomalies (740-759, 243, 270-3, 275.0)	29	3	15	47
Hyaline Membrane Disease (776.1)	39	4	1	44
Sudden Death (795)	1	3	28	32
Immaturity (777)	25	—	1	26
Pneumonia (480-486)	6	2	13	21
Cerebral Hemorrhage (431)	15	1	1	17
Injury at Birth (764-772 Except .9's in 764-768)	12	—	—	12
Asphyxia of Newborn (776.9)	11	—	1	12
Accidents (800-999)	2	1	9	12
Gastro-Intestinal (008-009, 535, 561-3)	1	1	8	10
Respiratory distress Syndrome (776.2)	8	—	—	8
Others	57**	5	19	71**
Totals	196**	20	96	312**

\*Preliminary figures (excludes 1977 registrations received in 1978).

\*\*Includes 28 deaths whose cause was not recorded.

TABLE: 6  
DEATHS FROM TUBERCULOSIS BY AGE AND TYPE  
MANITOBA—1977

	Under 15		15-44		45-64		65 & Over		Total	
	M	F	M	F	M	F	M	F	M	F
Respiratory (010-012)	—	—	—	—	—	—	2	—	2	—
Other (013-019)	—	—	1	—	2	—	1	1	4	1
TOTALS	—	—	1	—	2	—	3	1	6	1

\*Preliminary figures (excludes 1977 registrations received in 1978).

TABLE: 7  
DEATHS AND DEATH RATES\* DUE TO ACCIDENTS—  
MOTOR VEHICLE AND OTHER—MANITOBA—1975 TO 1977

	Motor Vehicle Accidents		Other Accidents		Total Accidents	
	Deaths	Death Rate	Deaths	Death Rate	Deaths	Death Rate
1975**	213	20.2	330	31.3	543	51.4
1976**	218	20.3	320	29.9	538	50.2
1977***	179	16.5	335	30.9	514	47.4

\*Death rate is per 100,000 population—M.H.S.C. population records at June 1st for the specific year.

\*\*1975 and 1976—Vital Statistics final figures.

\*\*\*Preliminary figures (excludes 1977 registrations received in 1978).

TABLE: 1

PROVINCIAL FINANCIAL ASSISTANCE CASELOAD  
BY CATEGORY—AT DECEMBER 31, 1974 TO 1977

Case Category	1974	1975	1976	1977
SOCIAL ALLOWANCES:	22,917	23,159	22,246	21,317
5-1-F*	N/A	N/A	368	395
MOTHER'S ALLOWANCE	6,790	6,555	6,304	6,075
AGED	7,192	6,686	5,815	5,399
LONG TERM DISABILITY	7,661	8,805	8,854	8,829
TEMPORARY DISABILITY	582	479	419	176
SPECIAL DEPENDENT CARE	84	52	43	29
STUDENT AID	608	582	443	414
GENERAL ASSISTANCE	678	814	655	660
SPECIAL CASES	24	24	17	20
TOTAL	23,619	23,997	22,918	21,997

\*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, 1977**

	Central	Eastman	Interlake	Norman	Parkland	Thompson	Westman	Winnipeg	Total
SOCIAL ALLOWANCES:	2,443	1,010	1,353	469	1,598	335	2,372	11,737	21,317
5-1-F	35	11	36	18	34	32	39	190	395
MOTHER'S ALLOWANCE	286	138	244	163	296	188	500	4,260	6,075
AGED	652	324	444	97	510	40	607	2,725	5,399
LONG TERM DISABILITY	1,436	505	607	162	715	63	1,182	4,159	8,829
TEMPORARY DISABILITY	6	26	—	13	13	2	17	99	176
SPECIAL DEPENDENT CARE	5	—	5	—	1	—	2	16	29
STUDENT AID	23	6	17	16	29	10	25	288	414
GENERAL ASSISTANCE	55	55	33	226	106	166	19	—	660
SPECIAL CASES	13	—	—	—	2	—	—	5	20
TOTAL	2,511	1,065	1,386	695	1,706	501	2,391	11,742	21,997

INCOME SECURITY

SECTION: 3A  
TAP: E: 2

TABLE: 3

**SOCIAL ALLOWANCES HEALTH SERVICES:  
EXPENDITURES AND NUMBER OF RECIPIENTS  
1975 TO 1977 (\$000)**

	1975	1976	1977
DENTAL	832.7	1,183.9	1,249.3
DRUGS	1,975.9	2,269.4	2,378.6
OPTICAL	227.9	240.1	33.4
TOTAL	3,036.5	3,693.4	3,861.3
AVERAGE MONTHLY NUMBER OF RECIPIENTS	43,342	43,166	41,526

TABLE: 4

PROVINCIAL FINANCIAL ASSISTANCE EXPENDITURES  
BY PROGRAM 1975 TO 1977 (\$000)

Program	Expenditure		
	1975	1976	1977
SOCIAL ALLOWANCE & GENERAL ASSISTANCE*	\$42,498.4	\$47,581.4	\$48,568.0
SOCIAL ALLOWANCE HEALTH SERVICES	3,036.5	3,693.4	3,861.3
DISABLED PERSONS' ALLOWANCE	105.9	—**	—**
BLIND PERSONS' ALLOWANCE	54.9	—**	—**
VOCATIONAL REHABILITATION SERVICES	1,440.3	469.3***	—*
WORK ACTIVITY PROJECTS	2,494.9	2,898.3	2,914.2
MAINTENANCE OF CHILDREN	12,501.1	16,202.5	17,048.7
DAY CARE PROGRAM	476.9	2,578.7	3,599.9
REHABILITATION SERVICES FOR THE DISABLED**	—	978.4***	1,908.9
EMPLOYMENT SERVICES**	—	82.4***	69.1
TOTAL	\$62,608.9	\$74,484.4	\$77,970.1

\* Includes Home Care Expenditures

\*\* Included with Social Allowances Expenditures for 1976, 1977

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

\* Included with Rehabilitation Services for the Disabled

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

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

TABLE: 5  
MONTHLY SOCIAL ALLOWANCES  
EXPENDITURES\* — 1975 TO 1977 (\$000)

Month	1975	1976**	1977**
JANUARY	3,619.3	4,154.0	4,206.0
FEBRUARY	3,479.5	879.4	4,177.9
MARCH	4,214.5	7,951.5	5,038.0
APRIL	2,653.3***	2,763.3	3,160.6
MAY	3,640.7	4,382.3	4,064.9
JUNE	3,308.3	4,327.2	4,018.1
JULY	3,388.7	3,902.4	3,823.1
AUGUST	2,888.6	3,656.4	4,025.0
SEPTEMBER	3,801.6	3,915.3	3,822.1
OCTOBER	1,143.1	3,772.6	3,763.5
NOVEMBER	6,250.8	3,964.7	4,356.0
DECEMBER	3,710.0	3,912.3	4,112.8
TOTAL	42,498.4	47,581.4	48,568.0

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

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

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

TABLE: 6

PROVINCIAL PENSION-TYPE ALLOWANCES, APPLICATIONS;  
RECIPIENTS; EXPENDITURE; BY CATEGORY — 1975 TO 1977 (\$000)

Category	Number of Applications			Number of Recipients December 31			Total Expenditure (Including Inter-Provincial)		
	1975	1976*	1977	1975	1976	1977	1975	1976	1977
DISABLED PERSONS' ALLOWANCES	9	1	—	105	74	56	105.9	67.6	51.9
BLIND PERSONS' ALLOWANCES	2	2	—	48	36	30	54.9	32.5	27.0

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

TABLE: 7

SOCIAL ALLOWANCES EXPENDITURES FOR ADULT INSTITUTIONAL CARE:  
BY TYPE OF INSTITUTION — 1975 TO 1977 (\$000)

Institution Type	1975	1976	1977
Homes for the Aged including Nursing Homes and Other	831.7	804.7	810.7
Community Residences for the Retarded	465.7	585.4	722.0
Total	1,297.4	1,390.1	1,532.7

INCOME SECURITY

SECTION: 3A  
TABLE: 6 & 7



TABLE: 8

WORK INCENTIVE CASELOAD: BY REGIONAL OFFICES  
AND BY CATEGORY OF ASSISTANCE — DECEMBER 31, 1977

Regional Office	Social Allowances				General Assistance	Total
	M.A.	A.S.A.	Disability			
			L.T.D.	T.D.		
CENTRAL	37	2	186	—	5	230
EASTMAN	7	—	10	—	2	19
INTERLAKE	15	—	25	—	—	40
NORMAN	14	—	1	—	16	31
PARKLAND	13	—	17	—	6	36
THOMPSON	10	—	—	—	5	15
WESTMAN	70	—	94	—	8	172
WINNIPEG	342	1	330	1	—	674
TOTAL	508	3	663	1	42	1,217

TABLE: 9

WORK INCENTIVE CASELOAD MOVEMENT:  
BY CATEGORY OF ASSISTANCE — 1977

Category of Assistance	# of Cases			# of Cases Dec. 31/77	Intake Category as a %
	Jan. 1/77	Intake	Outgo		
M.A.	517	779	788	508	56.4
A.S.A.	6	21	24	3	2.0
LONG TERM DISABILITY	757	531	625	663	38.5
TEMPORARY DISABILITY	2*	7	8	1	0.1
GENERAL ASSISTANCE	60	42	60	42	3.0
TOTAL	1,342*	1,380	1,505	1,217	100.0

\*Adjustment at Winnipeg South-West office.

TABLE: 10

MUNICIPAL ASSISTANCE: NUMBER OF RECIPIENTS AND CASES  
MANITOBA AND WINNIPEG UNICITY—1976 AND 1977

INCOME SECURITY

Month	Total Province		Winnipeg Unicity					
	Recipients		Cases		Recipients		Cases	
	1976	1977	1976	1977	1976	1977	1976	1977
JANUARY	8,842	8,816	4,222	4,393	7,028	7,070	3,471	3,685
FEBRUARY	8,670	8,918	4,176	4,242	6,874	6,842	3,432	3,480
MARCH	8,802	9,165	4,203	4,615	6,821	7,183	3,400	3,793
APRIL	8,349	8,603	4,037	4,339	6,631	6,649	3,340	3,504
MAY	7,599	7,497	3,712	3,918	6,038	5,871	3,045	3,201
JUNE	7,876	7,351	4,027	3,774	5,946	5,652	3,027	2,899
JULY	7,708	7,544	4,062	4,054	6,082	5,643	3,130	3,008
AUGUST	8,046	7,564	4,099	4,160	6,002	5,728	2,907	3,170
SEPTEMBER	7,814	7,303	4,020	3,861	6,355	5,654	3,349	3,060
OCTOBER	7,371	7,470	3,528	3,942	5,781	5,573	2,801	3,063
NOVEMBER	7,914	7,819	3,985	4,144	6,256	5,882	3,270	3,305
DECEMBER	8,746	8,487	4,364	4,531	6,906	6,134	3,622	3,537

TABLE: 11  
MUNICIPAL ASSISTANCE:  
EXPENDITURES FOR MANITOBA AND WINNIPEG UNICITY  
1975 TO 1977 (\$000)

Month	Total Province			Winnipeg Unicity		
	1975	1976	1977	1975	1976	1977
JANUARY	719.3	688.6	733.4	664.4	614.2	659.1
FEBRUARY	697.7	675.7	753.5	619.0	591.6	643.7
MARCH	676.4	737.5	835.7	599.3	641.0	714.6
APRIL	654.0	694.6	774.5	547.0	608.9	673.0
MAY	637.8	608.8	646.3	513.3	537.7	578.5
JUNE	527.0	605.4	646.2	475.8	551.3	568.9
JULY	559.7	557.8	595.7	486.0	510.3	515.9
AUGUST	541.5	579.7	644.3	488.3	507.9	564.8
SEPTEMBER	549.0	626.2	621.6	486.7	572.3	548.0
OCTOBER	604.6	559.3	645.6	547.6	493.4	561.8
NOVEMBER	541.5	716.0	729.6	488.1	637.3	633.7
DECEMBER	783.2	305.7	848.2	655.6	713.7	693.9
TOTAL	7,491.7	7,855.3	8,474.6	6,571.1	6,979.6	7,355.9

TABLE: 12

MUNICIPAL ASSISTANCE: AVERAGE CASE MONTH COST:  
MANITOBA AND WINNIPEG UNICITY — 1976 AND 1977

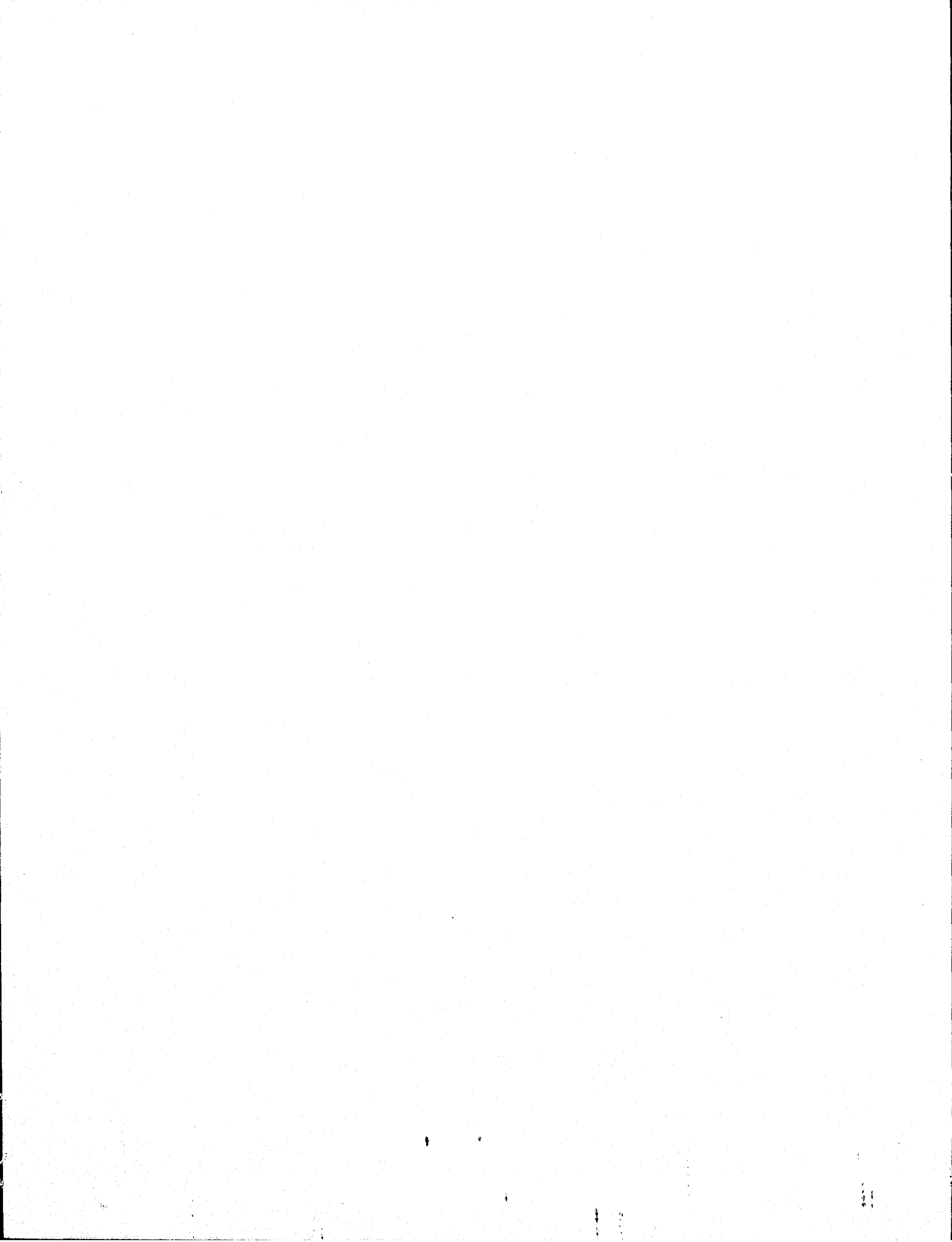
Month	Total Province		Winnipeg Unicity	
	1976	1977	1976	1977
MARCH	175.47	181.08	188.53	188.40
JUNE	150.34	171.22	182.13	196.24
SEPTEMBER	155.77	160.99	170.89	179.08
DECEMBER	184.62	187.20	197.05	196.18
ANNUAL AVERAGE	162.18	169.58	179.91	185.26

TABLE: 13

APPEALS UNDER THE SOCIAL ALLOWANCES ACT BY BASIS  
FOR APPEAL AND DISPOSITION 1977 AND 1976

Basis of Appeal	Disposition											
	Totals		Allowed		Dismissed		Withdrawn		Did Not Appear		Other	
	1977	1976	1977	1976	1977	1976	1977	1976	1977	1976	1977	1976
Not Allowed To Apply	8	2	1	1	1	—	2	—	—	1	4	—
Decision Delayed	2	1	—	1	1	—	1	—	—	—	—	—
Application Denied	89	78	17	16	31	34	24	12	7	9	10	7
Assistance Cancelled	98	101	17	17	42	40	29	23	9	12	1	9
Assistance Insufficient	174	173	38	37	71	66	46	54	12	7	7	9
Outside Jurisdiction	17	5	—	—	—	—	—	—	—	—	17	5
TOTAL	388	360	73	72	146	140	102	89	28	29	39	30

SECTION: 3A  
TABLE: 12  
TABLE: 13



**CONTINUED**

**1 OF 2**

**TABLE: 1**  
**PRE-SCHOOLERS IN APPROVED DAY CARE CENTRES**  
**FOR THE PERIOD NOVEMBER 28 TO DECEMBER 25, 1977**

	Actual Number of Day Care Centres			Actual Number of Licensed Child Spaces			Number of Day Care Centres Reporting			Number of Licensed Child Spaces Reporting			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	Family	Group	Total	Family	Group	Total
CENTRAL	2	14	16	4	325	329	—	13	13	—	305	305	—	356	356	—	94	94	—	26.4	26.4
EASTMAN	5	15	20	16	267	283	3	14	17	9	251	260	7	377	384	2	24	26	28.6	6.4	6.8
INTERLAKE	9	14	23	33	318	351	8	13	21	31	293	324	23	381	404	6	63	69	26.1	16.5	17.1
NORMAN <sup>1</sup>	11	11	22	40	397	437	5	11	16	18	397	415	14	575	589	9	84	93	64.3	14.6	15.8
PARKLAND	2	8	10	9	190	199	1	7	8	5	170	175	3	229	232	2	33	35	66.7	14.4	15.1
WESTMAN	75	23	98	227	493	720	62	21	83	191	453	644	199	723	922	137	94	231	68.8	13.0	25.1
WINNIPEG	97*	87	184*	280*	2,805	3,085*	97	87	184	280	2,805	3,085	281	3,648	3,929	207	870	1,077	73.7	23.9	27.4
TOTAL	201*	172	373*	609*	4,795	5,404*	176	166	342	534	4,674	5,208	527	6,289	6,816	363	1,262	1,625	68.8	20.1	23.8

Note: These preliminary statistics are based on attendance reports received for the period from those facilities approved prior to November 28, 1977.

<sup>1</sup>Includes Thompson

\*Includes 49 Family Day Care Centres and 89 licensed spaces administered by Family Services.

TABLE: 1

EMPLOYMENT SERVICES PROGRAM CASELOAD\* MOVEMENT BY  
CATEGORY OF SERVICE, JANUARY 1, 1977 TO DECEMBER 31, 1977

Caseload Category	Number of Cases Jan. 1/77	Intake	Reclass In	Reclass Out	Outgo*	Number of Cases Dec. 31/77	Intake Category As a %
EMPLOYMENT SERVICES	371	243	118	173	431	128	14.2
VOCATIONAL COUNSELLING	860	1,066	255	606	967	608	62.3
VOCATIONAL TRAINING	223	125	288	161	204	271	7.3
WORK ASSESSMENT	34	19	20	53	27	8	1.1
WORK TRAINING	36	8	29	14	41	18	.5
WORK ACTIVITY PROJECTS**	285	201	216	173	332	197	11.7
SPECIAL PROJECTS	21	6	22	14	26	9	.4
EMPLOYMENT SERVICES FOLLOW-UP COUNSELLING	***	44	297	34	107	200	2.6
TOTAL	1,830	1,712	1,245	1,213	2,135	1,439	100.1
PENDING	57	204	N/A	N/A	221	40	

\*Caseload data adjusted under "Outgo".

\*\*Work Activity Category — has always been an activity of Employment Services. Included for the first time as previous inclusions would have confused Work Activity Project statistics.

\*\*\*Employment Services Follow-up Counselling — this category was incorporated as of April 1, 1977 with the revision of the statistical gathering system.



**TABLE: 2**  
**JOB PLACEMENT BY REGION\***  
**APRIL 1 TO DECEMBER 31, 1977**

Region	Method of Placement							
	Social Allowance				Non-Social Allowance		Total	
	Mothers Allowance		Other Social Allowance		By E.S. Staff	Self	By E.S. Staff	Self
	By E.S. Staff	Self	By E.S. Staff	Self				
CENTRAL	5	2	3	4	22	8	30	14
EASTMAN	—	6	—	1	9	10	9	17
INTERLAKE	—	—	—	1	—	1	—	2
PARKLAND	—	5	8	5	20	10	28	20
WESTMAN	4	8	9	1	41	35	54	44
WINNIPEG	37	13	6	11	26	24	69	48
TOTAL*	46	34	26	23	118	88	190	145

\*A new reporting system was introduced April 1, 1977. As a result only data for the last nine months of 1977 are presented.

TABLE: 3

EMPLOYMENT SERVICES: APPLICATIONS  
(NEW AND RE-OPENED CASES ONLY) BY SOURCE OF REFERRAL AND REGION  
JANUARY 1 TO DECEMBER 31, 1977

Source of Referral	Income Security	Personal Service	Municipal	External Agencies	Work Activity Programs	Self	Total Applications
<b>Regional Office</b>							
CENTRAL	40	17	1	9	4	39	110
EASTMAN	29	15	—	27	—	12	83
INTERLAKE	9	13	1	5	—	17	45
PARKLAND	34	5	—	18	6	55	118
WESTMAN	89	56	48	142	4	146	485
WINNIPEG	295	137	24	107	11	247	821
TOTAL	496	243	74	308	25	516	1,662

EMPLOYMENT SERVICES PROGRAM

SECTION: 3C  
TABLE: 3

TABLE: 4  
WORK ACTIVITY PROJECTS: TOTAL CLIENTS SERVED AND  
PLACEMENTS, 1977; ENROLLMENT AS OF DECEMBER 31, 1977

Project	Referrals to Other Agencies*	Total Clients Served	Placements in Employment, Training & Courses	Current Enrollment December 31, 1977
WINNIPEG HOME IMPROVEMENT PROJECT	27	246	56	101
PIONEER SERVICES CENTRE	9	60	12	12
WESTBRAN WORK ACTIVITY PROJECT	55	309	99	87
AMARANTH WORK ACTIVITY PROJECT	12	102	28	38
MANITOBA ASSOCIATED NORTHERN WORK ACTIVITY PROJECT	14	156	53	66
TOTAL	117	873	248	304

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

TABLE: 1  
PROVINCIAL PERSONAL SERVICES CASELOAD  
BY REGIONAL OFFICE AND CATEGORY — DECEMBER 1977

Case Category	Central	Eastman	Interlake	Norman	Parkland	Thompson	Westman	Winnipeg	Total
CHILD WELFARE*	—	216	494	203	562	436	—	404	2,315
—UNMARRIED MOTHER	—	7	25	2	14	8	—	14	70
—CHILDREN UNDER DIRECT SUPERVISION	—	115	162	152	294	221	—	132	1,076
—PROTECTION (FAMILIES)	—	57	272	24	202	161	—	181	897
—ADOPTION APPLICATIONS	—	37	35	25	52	46	—	77	272
FAMILY AND INDIVIDUAL COUNSELLING	40	155	141	20	54	95	103	6397(4718)	7,005
—AGED AND INFIRM	39	15	26	—	8	1	27	4737(4714)	4,853
—OTHERS	1	140	115	20	46	94	76	1660(4)	2,152
MARRIAGE CONCILIATION	—	—	—	—	—	—	—	1,303	1,303
—SERVICE UNDER STATUTES	—	—	—	—	—	—	—	1,269	1,269
—COUNSELLING ONLY	—	—	—	—	—	—	—	—	—
—COURT ORDERED REPORTS	—	—	—	—	—	—	—	34	34
REHABILITATION SERVICES FOR THE DISABLED <sup>1</sup>	269	140	93	20	123	8	283	610	1,546
—MENTALLY RETARDED	232	121	79	14	115	4	203	484	1,252
—POST MENTALLY ILL	19	9	8	3	7	1	77	114	238
—OTHERS**	18	10	6	3	1	3	3	12	56
TOTAL	309	511	728	243	739	539	386	8,714	12,169

( ) Continuing Care.

\*Excludes Children's Aid Societies.

\*\*In previous years this category included cases that are now a part of the Employment Services Program.

<sup>1</sup>Excludes designated private agencies.

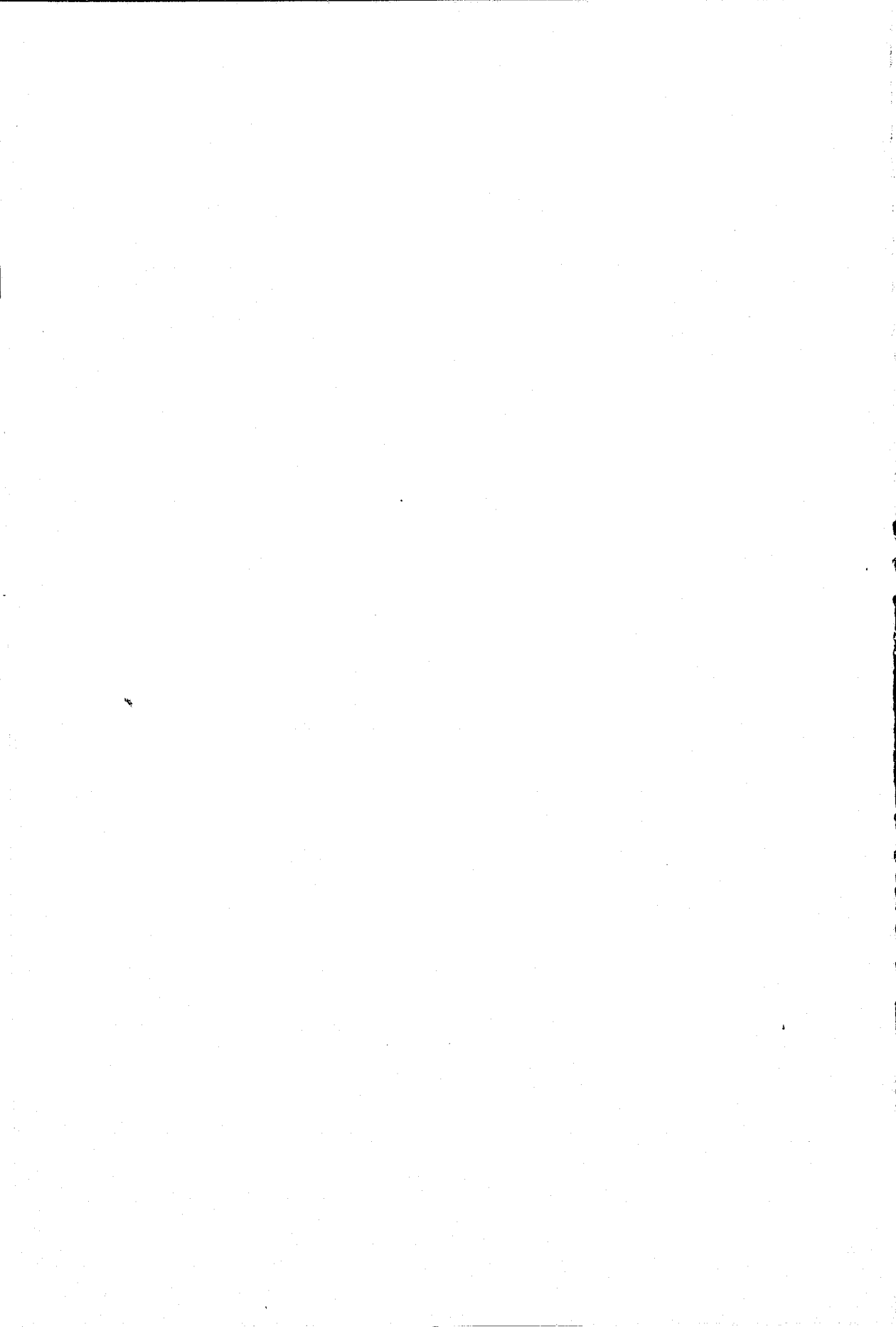


TABLE: 2

**NUMBER OF CHILDREN BY PRESENT STATUS  
WHO HAVE BEEN PLACED\* BY REPORTING AGENCY  
(AS AT DECEMBER 31, 1977 AND TOTALS FOR 1976 & 1975)**

	Wards	T.C.P.**	Other	Total at Dec 31/77	Total at Dec 31/76	Total at Dec 31/75
EASTMAN	107	7	1	115	117	96
INTERLAKE	111	23	28	162	150	156
PARKLAND	272	16	6	294	298	294
NORMAN	134	7	11	152	203	239
THOMPSON	212	8	1	221	224	170
WINNIPEG	94	30	8	132	172	168
TOTAL REGIONAL OFFICES	930	91	55	1,076	1,164	1,123
C.A.S. CENTRAL	264	23	20	307	338	373
C.A.S. EASTERN	265	31	2	298	335	429
C.A.S. WESTERN	404	23	3	430	458	485
C.A.S. WINNIPEG	1,405	71	19	1,495	1,690	1,842
JEWISH CHILD & FAMILY SERVICES	23	5	4	32	40	30
TOTAL CHILDREN'S AID SOCIETIES	2,361	153	48	2,562	2,861	3,159
TOTAL	3,291	244	103	3,638	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: 3**  
**NUMBER OF CHILDREN BY PLACEMENT**  
**WHO HAVE BEEN PLACED\* BY REPORTING AGENCY (AS AT DECEMBER 31, 1977)**

PLACEMENT	AGENCY/REGION		REGIONS					CHILDREN'S AID SOCIETIES				Total
	Eastman	Interlake	Parkland	Norman	Thompson	Winnipeg	Central	Eastern	Western	Winnipeg	Jewish C. & F.S.	
FOSTER HOMES	73	105	189	98	127	40	179	163	196	528	7	1,705
SPECIAL RATE FACILITIES —FOSTER & BOARDING HOMES	2	2	22	2	8	12	22	17	30	63	1	181
PRIVATE GROUP FOSTER HOMES GROUP FACILITIES/INST.	2	5	13	12	12	21	9	7	20	151	—	252
OWN AGENCY GROUP FOSTER HOMES	—	—	—	—	—	—	8	6	29	177	18	238
OWN AGENCY GROUP FACILITIES	—	—	—	—	—	—	—	—	—	44	—	44
OWN AGENCY RECEIVING GROUP FACILITIES	—	—	—	—	1	—	—	—	20	—	—	21
98 EMERGENCY/SHELTER FACILITY	—	—	—	—	—	—	—	—	—	12	—	12
OTHER FACILITIES	1	3	3	4	1	5	8	3	—	78	3	109
PRIVATE INSTITUTIONS IN MANITOBA	2	1	17	5	16	9	14	6	12	87	—	169
PRIVATE INSTITUTIONS OUTSIDE MANITOBA	—	—	2	—	—	—	3	1	—	16	1	23
TOTAL PAY CARE	80	116	246	121	165	87	243	203	307	1,156	30	2,754
SELECTED ADOPTION PROBATION	19	14	12	4	17	22	19	49	42	105	1	304
NON-PAY CARE INSTITUTIONS	16	32	36	27	39	23	45	46	81	234	1	580
TOTAL NON-PAY CARE	35	46	48	31	56	45	64	95	123	339	2	884
TOTAL PAY AND NON-PAY CARE	115	162	294	152	221	132	307	298	430	1,495	32	3,638
<b>ADOPTIONS</b>												
AGENCY WARDS PLACED FOR ADOPTION DURING 1977	5	10	38	24	31	18	29	79	81	233	—	548

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

COMMUNITY SERVICES

SECTION: 4  
TABLE: 3

TABLE: 4

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, 1973-1977

Source	1973	1974	1975	1976	1977
<b>Children's Aid Societies:</b>	<b>61</b>	<b>54</b>	<b>87</b>	<b>99</b>	<b>119</b>
Central .....	3	3	3	4	9
Eastern .....	1	3	2	4	1
Western .....	12	12	12	14	14
Winnipeg .....	45	36	70	77	95
<b>Regional Offices:</b>	<b>9</b>	<b>28</b>	<b>16</b>	<b>36</b>	<b>39</b>
Winnipeg .....	—	1	—	2	1
Central .....	—	—	—	—	—
Eastman .....	—	6	—	1	—
Interlake .....	2	6	11	6	6
Norman .....	3	10	4	3	6
Parkland .....	4	5	—	7	15
Thompson .....	—	—	1	17	11
<b>Total .....</b>	<b>70</b>	<b>82</b>	<b>103</b>	<b>135</b>	<b>158</b>
<b>Age:</b>					
Under 1 year .....	20	7	15	21	19
1-3 years .....	23	33	27	39	45
4-10 years .....	19	30	38	43	55
11-16 years .....	6	5	22	30	31
16 and over .....	2	7	1	2	8
<b>Total .....</b>	<b>70</b>	<b>82</b>	<b>103</b>	<b>135</b>	<b>158</b>
<b>Sex:</b>					
Males .....	36	54	53	60	69
Females .....	34	28	50	75	89
<b>Total .....</b>	<b>70</b>	<b>82</b>	<b>103</b>	<b>135</b>	<b>158</b>
<b>Trauma:</b>					
Death .....	—	4	2	2	6
Fracture(s) .....	16	11	16	19	14
Burns .....	5	7	5	6	7
Bruises and welts .....	41	56	60	78	96
Rape .....	—	—	—	—	—
Sexual Assault .....	—	—	6	15	26
Other .....	8	4	14	15	9
<b>Total .....</b>	<b>70</b>	<b>82</b>	<b>103</b>	<b>135</b>	<b>158</b>



	1973	1974	1975	1976	1977
<b>Alleged Abuser:</b>					
Father .....	11	18	21	46	47
Mother .....	22	20	22	33	49
Both parents .....	9	8	10	6	8
Common-law spouse .....	6	4	16	17	20
Unknown .....	9	23	16	16	15
Other .....	13	9	18	17	19
<b>Total .....</b>	<b>70</b>	<b>82</b>	<b>103</b>	<b>135</b>	<b>158</b>
<b>Disposition of Children:</b>					
1. Child left or returned home with agency supervision .....	41	32	51	57	69
2. Non-ward care .....	4	4	4	16	4
3. Temporary guardianship .....	10	14	32	20	21
4. Permanent guardianship .....	5	1	1	5	3
5. Deceased .....	—	4	2	2	6
6. Investigation only .....	2	20	12	30	39
7. Pending .....	8	7	1	5	16
<b>Total .....</b>	<b>70</b>	<b>82</b>	<b>103</b>	<b>135</b>	<b>158</b>
<b>Action(s) Taken Against Alleged Abuser:</b>					
1. Home supervision .....	41	35	51	46	47
2. Children removed into non-ward care .....	4	4	4	16	3
3. Temporary loss of parental rights .....	10	12	29	20	21
4. Permanent loss of parental rights .....	5	1	1	5	3
5. Criminal Court proceedings .....	2	1	2	10	16
6. Investigation only .....	2	23	12	30	27
7. Pending (Family Court & Criminal Court) .....	9	6	4	8	16
8. Supportive or Therapeutic Services offered .....	—	—	—	—	25

NOTE:

1. "Source" designates the child caring agency which reported the abuse incident to the Registry as well as the area where the abuse occurred.
2. "Non-ward care" means that parents or guardian agreed voluntarily to place the child in care of the Director of Child Welfare or a Children's Aid Society for a specified time.  
 "Temporary Guardianship" means an order of the Family Court placing the child into care and custody of the Director or a Society for a specified limited time (temporary loss of parental rights).  
 "Permanent Guardianship" means an order of the Family Court placing the child into care and custody of the Director or a Society for an unlimited period of time (permanent loss of parental rights).  
 "Pending" means the case has not been concluded in the court of law as of December 31.

TABLE: 5

**MAXIMUM NUMBER OF PERSONS RECEIVING CO-ORDINATED HOME CARE SERVICES\*  
BY REGION, JANUARY TO DECEMBER, 1977**

REGION	January	February	March	April	May	June	July	August	September	October	November	December
CENTRAL	433	437	434	447	454	455	475	474	465	485	478	481
EASTMAN	394	353	348	360	361	344	344	362	351	352	355	350
INTERLAKE	513	511	534	530	553	537	536	558	545	548	565	577
NORMAN	152	150	146	140	150	149	146	151	153	159	164	172
PARKLAND	453	458	445	442	464	449	446	470	473	487	479	466
THOMPSON	71	72	93	92	81	78	99	79	66	88	63	60
WESTMAN	1,347	1,269	1,232	1,223	1,235	1,238	1,156	1,198	1,194	1,191	1,166	1,109
WINNIPEG	5,167	5,137	5,194	5,188	5,478	5,356	5,324	5,362	5,310	5,433	5,507	5,359
TOTAL	8,530	8,387	8,426	8,422	8,776	8,606	8,526	8,654	8,557	8,743	8,777	8,574

\*The maximum number of persons receiving home care during a month is greater than at month end, as admissions exceed discharges.

TABLE: 6

HOME CARE PROGRAM CASELOAD MOVEMENT BY AGE GROUP  
JANUARY 1 TO DECEMBER 31, 1977

Caseload	Age 0-18	Age 19-64	Age 65+	Total
AT BEGINNING OF JANUARY*	350	1,633	5,577	7,560
ADMISSIONS	391	2,237	5,934	8,562
DISCHARGES	410	2,200	5,695	8,305
AT END OF DECEMBER	331	1,670	5,816	7,817

\*Figures have been revised from 1976 Annual Report.

TABLE: 7

HOME CARE PROGRAM: AVERAGE MONTHLY NUMBER OF PERSONS  
RECEIVING SELECTED SERVICES<sup>(1)</sup> BY CATEGORY  
JANUARY TO DECEMBER 1976 AND 1977

Service <sup>(2)</sup>	Average Monthly Number of Persons 1976	Average Monthly Number of Persons 1977
NURSING SERVICE <sup>(3)</sup>	2,841	2,928
AUXILIARY SERVICE <sup>(4)</sup>	658	780
THERAPY SERVICES <sup>(5)</sup>	437	436
HOME HELP SERVICE <sup>(6)</sup>	3,290	3,515

<sup>(1)</sup>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 daily telephone reassurance.

<sup>(2)</sup>An individual can receive more than one category of service.

<sup>(3)</sup>Professional registered nursing services provided in the home.

<sup>(4)</sup>Services provided by L.P.N.'s, aides and orderlies.

<sup>(5)</sup>Includes occupational and physiotherapy services.

<sup>(6)</sup>Includes household duties and/or personal care.

Note: These statistics only include paid services and exclude services performed by Public Health Nursing.

TABLE: 8A

## TOTAL NUMBER OF PERSONS ASSESSED FOR PLACEMENT IN PERSONAL CARE HOMES BY REGION AND TYPE OF CARE, JANUARY TO DECEMBER, 1977

Region	Hostel	Personal Care	Extended Care	Total*
CENTRAL	52	96	69	217
EASTMAN	5	80	26	111
INTERLAKE	54	66	29	149
NORMAN	11	29	7	47
PARKLAND	42	90	65	197
THOMPSON	3	7	5	15
WESTMAN	221	282	160	663
WINNIPEG	188	732	496	1,416
TOTAL	576	1,382	857	2,815

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

TABLE: 8B

## PERCENTAGE OF PERSONS ON WAITING LIST RECEIVING HOME CARE PENDING PLACEMENT, DECEMBER 1976 AND 1977.

	1976	1977
TOTAL RURAL AREA	43.9	40.2
WINNIPEG	52.0	44.3
TOTAL	48.2	42.3

TABLE: 9

MEDICAL SUPPLIES AND HOME CARE EQUIPMENT PROGRAM:  
SERVICES PROVIDED, 1975 TO 1977

Services	1975	1976	1977
PATIENTS	6,931	6,202	6,661
ITEMS OF EQUIPMENT	14,722	15,088	15,422
PATIENT CONTACTS	14,139	16,920	20,907
REGULAR WHEELCHAIRS	2,660	2,975	3,228
MOTORIZED WHEELCHAIRS	17	47	73
SOCIAL ALLOWANCE SERVICES	1,988	1,651	1,526
OSTOMY PATIENTS	953	993	1,024
OSTOMY PARCELS SENT OUT	7,398	7,492	7,316

TABLE: 10

DENTAL SERVICES: MANITOBA CHILDREN'S DENTAL PROGRAM  
JULY 1976 TO JUNE 1977

Health Region	Year of Birth of Children*	Number of Children			M.C.D.P.**
		Invited	Examined	Completed	% Utilization
INTERLAKE					
Gimli Area	1970(71)	255(238)	223(137)	197(131)	87(58)
Selkirk Area	1970(71)	335(327)	229(180)	223(131)	68(55)
Stonewall Area	1970(71)	274(186)	237(168)	219(153)	87(90)
Ashern Area	1970(71)	164(140)	142(111)	136(104)	87(79)
Grand Rapids Area	1970(71)	27(18)	26(14)	— —	96(77)
TOTAL INTERLAKE		1055(909)	847(610)	775(519)	81(67)
PARKLAND	1970(71)	371(131)	337(94)	265(26)	91(72)
FLIN FLON	1970(71)	118(101)	76(721)	74(65)	64(71)
TOTAL (PARKLAND & FLIN FLON)		489(232)	413(166)	339(91)	85(72)
GRAND TOTAL		1544(1141)	1270(776)	1114(610)	82(68)

Note: an additional 296 people received care while clinics operated in remote communities; 52 of these were children who received complete care. A further 42 children have been referred by the program to private dentists for completion of the required treatment.

\*Care was provided to children born in 1970 beginning July 1976. Children born in 1971 became eligible in February 1977.

\*\*% utilization =  $\frac{\text{\# of children examined}}{\text{\# of children invited}}$

TABLE: 11

DENTAL SERVICES: SERVICES PROVIDED BY CLINICAL STAFF  
MANITOBA CHILDREN'S DENTAL PROGRAM  
JULY 1976 TO JUNE 1977

Services	Number of Services Provided Through	
	M.C.D.P.	Remote Clinics
Diagnostic Services		
Initial oral examination	1,362	213
Emergency oral examination	122	—
Specific oral examination	184	—
Recall examination	289	96
Radiographic Services		
Periapical radiographs	142	—
Bitewing radiographs (single film)	4,797	—
Panoramic radiographs	—	—
Preventive Services		
Dental prophylaxis	1,780	8
Topical fluoride	1,175	—
Nutritional counsel (individual)	8	—
Oral hygiene instruction (individual)	1,690	—
Caries control (sedative dressing)	105	—
Restorative Services		
TOTAL amalgam restorations	—	207
Amalgam — primary — one surface	2,109	—
— two surfaces	4,230	—
— three surfaces	1,023	—
— four surfaces	108	—
— five surfaces	18	—
Amalgam — permanent — one surface	1,057	—
— two surfaces	598	—
— three surfaces	45	—
— four surfaces	9	—
— five surfaces	—	—
Composite restorations (white)	10	—
Stainless steel crowns	856	—
Pulp Therapy Services		
Direct pulp cap	29	—
Indirect pulp cap	—	—
Pulpotomy	1,003	—
Surgical Services		
Removal of erupted tooth	965	148
Removal of residual roots (soft tissue coverage)	15	—

TABLE: 12

**DENTAL SERVICES: PREVENTIVE SERVICES PROVIDED OUTSIDE THE  
MANITOBA CHILDREN'S DENTAL PROGRAM  
JULY 1976 TO JUNE 1977**

Dental prophylaxis and topical fluoride application	3,168
Oral Hygiene Instruction	2,945
Preschool Clinics	
Number of mothers counselled and children screened	1,833
Daily School Classroom Brushings	
Number of children/classrooms participating	2850/167
Prenatal Class Lesson	59
Day Care Centres Visited	14

Note: Other activities include geriatric screening, recruitment at high school career days for students interested in dental nursing and dental assisting and public information booths at fairs and lectures for principals' meetings, etc.

**COMMUNICABLE DISEASES—REPORTED CASES  
MANITOBA 1975 TO 1977**

Disease	Number of Cases		
	1975	1976	1977
<b>INTESTINAL INFECTION DISEASES</b>			
Typhoid Fever (001)	3	2	1
Paratyphoid Fever (002)	1	—	1
Other Salmonella Infections with food as vehicle (003.0)	4	3	5
without mention of food as vehicle (003.9)	57	79	95
Bacillary Dysentery (004)	162	193	175
Staphylococcal (005.0)	32	1	5
Diarrhoea of the Newborn, Epidemic (009.1)	1	—	—
E. Coli Enteritis	288	311	321
Clostridial (005.2)	—	—	30
<b>TUBERCULOSIS</b>			
Pulmonary (011)	102	111*	101
Other and Unspecified (010,012-019)	90	94*	71
<b>VENEREAL DISEASES</b>			
Gonococcal Infections (098)	4,246	4,728	4,803
Primary & Secondary Syphilis	20	17	20
Syphilis (Other)	82	49	50
Chancroid (099.0)	16	105	35
<b>OTHER BACTERIAL DISEASES</b>			
Diphtheria (032)	10	9	9
Meningococcal Infections (036)	17	12	6
Streptococcal Sore Throat & Scarlet Fever (034)	1,874	2,117	3,271
Whooping Cough (033)	57	92	15
Diphtheria Carriers	146	150	245
<b>VIRUS DISEASES OF CENTRAL NERVOUS SYSTEM</b>			
Aseptic Meningitis due to Enteroviruses (excludes polio)			
Coxsackie Virus (045.0)	3	4	2
Echo Virus (045.1)	—	3	1
Not specified (045.9)	31	22	6
Western Equine Encephalitis (062.1)	14	—	5
<b>OTHER VIRUS DISEASES</b>			
Hepatitis Infectious (070)	787	683	935
Measles (055)	693	381	105
Rubella (German Measles) (056)	784	161	74
Hepatitis Serum (999.2)	48	52	24
<b>RARE DISEASES</b>			
Brucellosis (023)	9	16	10
Malaria (084)	8	11	10
Leprosy (030)	—	1	2
Tetanus (037)	—	—	1
Cholera (000)	—	—	1
Amoebiasis (006)	10	6	—
Paratyphoid Fever Carrier (Y05.1)	1	—	4
St. Louis Encephalitis	1	—	—

\*Revised from 1976 Annual Report



TABLE: 2

VENEREAL DISEASES: REPORTED CASES BY TYPE  
1942 TO 1977

Peak incidence years since records have been kept are:

- Gonorrhoea 1977—4,803 cases
- Syphilis 1942—696 cases

Post war low incidence years are:

- 1955—Gonorrhoea—1,215 cases
- 1959—Syphilis—45 cases

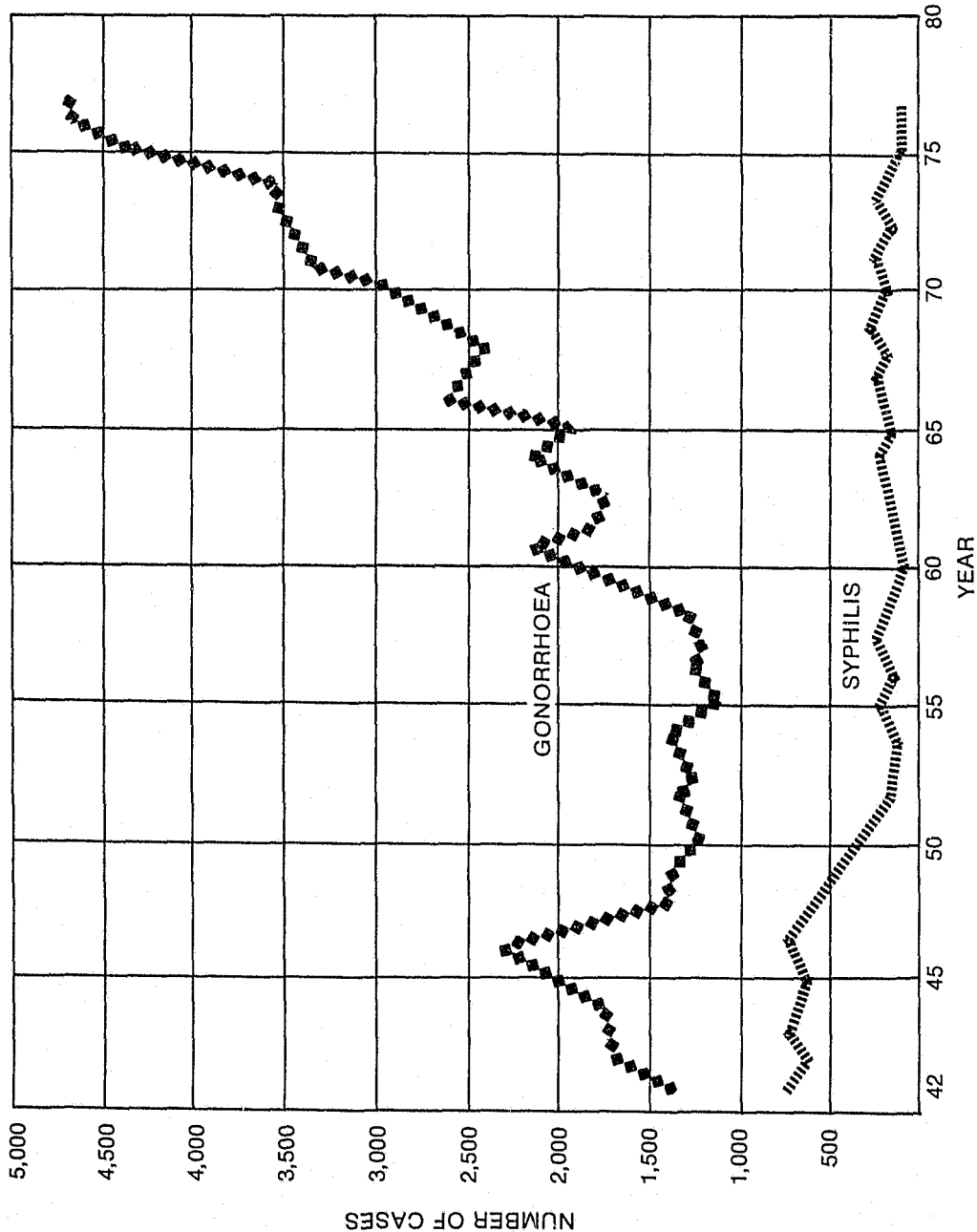


TABLE: 3

ACTIVE TUBERCULOSIS CASES  
BY TYPE — 1977 AND 1976 TOTALS

Type of Disease	White		Treaty Indians		Other		Total	
<b>NEW ACTIVE CASES</b>								
PULMONARY	52	(40)	24	(23)	18	(18)	94	(81)
OTHER RESPIRATORY	4	(3)	17	(5)	6	(3)	27	(11)
NON-RESPIRATORY	19	(14)	7	(5)	12	(11)	38	(30)
TOTAL	75	(57)	48	(33)	36	(32)	159	(122)
<b>RE-ACTIVATED CASES</b>								
PULMONARY	6	(5)	2	(-)	-	(-)	8	(5)
OTHER RESPIRATORY	2	(-)	-	(-)	-	(-)	2	(-)
NON-RESPIRATORY	2	(1)	1	(-)	1	(-)	4	(1)
TOTAL	10	(6)	3	(-)	1	(-)	14	(6)
GRAND TOTAL (1977)	85	(63)	51	(33)	37	(32)	173	(128)
GRAND TOTAL (1976)	94	(81)	53	(40)	58	(44)	205	(165)

Note: Figures in parentheses refer to bacillary cases.

TABLE: 4

DRUG DISPENSING PROGRAM  
1974 TO 1977

Purpose of Drug	Number of Patients On Active List at Year End				Number of New Patients Registered During Year			
	1974	1975	1976	1977	1974	1975	1976	1977
RHEUMATIC HEART DISEASE PREVENTION	1,146	1,151	1,099	1,067	91	116	89	104
DIABETES TREATMENT	1,123	1,094	798	765	138	36*	-*	5*
LIVE SAVING	634	654	518	466	198	76*	8*	23*

\*After July 1, 1975 only special case applicants have been enrolled.

TABLE: 5

PUBLIC HEALTH NURSING: SELECTED REASONS FOR SERVICE<sup>1</sup> BY REGION FOR DECEMBER 1977 AND 1976

Region	Immunizations	Developmental Screening Tests	Clinics/Attendance		Classes for Expectant Parents
			Child Health	Elderly Persons	
CENTRAL	266	—	25 / 143	7 / 68	9
EASTMAN	541	9	32 / 218	— / —	9
INTERLAKE	352	35	23 / 122	— / —	10
NORMAN	252	5	30 / 273	— / —	1
PARKLAND	583	—	27 / 191	— / —	5
THOMPSON	216	3	17 / 108	— / —	1
WESTMAN	1,008	32	37 / 411	8 / 95	12
WINNIPEG	687	15	16 / 129	18 / 292	24
DECEMBER 1977 TOTAL	3,905 <sup>2</sup>	99	207 / 1,595	33 / 455	71
DECEMBER 1976 TOTAL	12,777 <sup>2</sup>	22	*	*	74

<sup>1</sup>These data are not a total count for all provincial Public Health Nursing Services and exclude services performed by the City of Winnipeg Health Department.

<sup>2</sup>1976 figures reflect greater activity in the influenza vaccine program.

\*Data not available for December, 1976.

TABLE: 6  
**PUBLIC HEALTH NURSING:  
 SELECTED REASONS FOR SERVICE<sup>1</sup> BY REGION  
 FOR DECEMBER 1977 AND 1976**

	Maternal <sup>2</sup>		Infants and <sup>2</sup> Pre-Schoolers (0-4 Yrs)		School Children <sup>2</sup> (5-17 Yrs)		Adult				Communicable Disease		Mental Health		Continuing Care <sup>3</sup>			Personal Care Home		
	Health Pro- motion	Direct Nursing Care	Health Pro- motion	Direct Nursing Care	Health Pro- motion	Direct Nursing Care	18-64 Yrs		65+ Yrs		Health Pro- motion	Direct Nursing Care	Health Pro- motion	Direct Nursing Care	Health Pro- motion	Home Care		Direct Nursing Care	Ad- mission Assess- ment	Moni- toring
							Health Pro- motion	Direct Nursing Care	Health Pro- motion	Direct Nursing Care						Assess- ment	Re- assess- ment			
CENTRAL	118	3	248	15	77	30	159	46	264	99	98	8	59	27	244	29	46	46	28	7
EASTMAN	108	4	247	38	138	34	198	41	156	51	41	3	35	24	165	37	3	44	11	2
INTERLAKE	111	21	179	14	198	33	217	36	299	91	94	32	41	18	229	40	69	69	20	6
NORMAN	67	14	305	85	225	91	396	74	49	25	83	123	43	12	94	8	31	2	3	—
PARKLAND	79	6	199	19	103	85	166	21	211	86	201	71	55	37	263	42	102	98	12	15
THOMPSON	249	10	888	95	730	125	352	312	71	34	292	45	14	7	76	11	5	10	—	—
WESTMAN	254	1	543	11	351	18	194	27	432	155	121	13	88	7	280	80	48	165	57	5
WINNIPEG	585	19	876	21	612	30	350	26	538	60	305	2	75	3	79	2	26	—	4	—
DECEMBER 1977 TOTAL	1,571	78	3,485	298	2,434	446	2,032	583	2,020	601	1,235	297	410	135	1,430	249	356	434	135	35
DECEMBER 1976 TOTAL	1,462	156	3,025	392	1,530	450	.	.	.	.	1,201	402	291	220	.	.	.	.	.	.

<sup>1</sup>These data are not a total count for all provincial Public Health Nursing Services and exclude services performed by the City of Winnipeg Health Department.

<sup>2</sup>1976 data include some services performed by Public Health Nursing for the Continuing Care Program.

<sup>3</sup>Services performed by Public Health Nursing for the Continuing Care Program.

Note: **Health Promotion** includes health assessment (except in Continuing Care) nursing care planning, counselling and support, teaching, anticipatory guidance and evaluation.

\*Data not available for December 1976.

**TABLE: 1**  
**MENTAL HEALTH CENTRES:**  
**ADMISSIONS AND SEPARATIONS; BY INSTITUTION — 1975, 1976, 1977**

Name of Institution	Admissions			Separations*			In-Patients At December 31			Total Under Treatment**		
	1975	1976	1977	1975	1976	1977	1975	1976	1977	1975	1976	1977
BRANDON MENTAL HEALTH CENTRE	465	447	487	496	471	480	567	558	571	1,070	1,025	1,051
SELKIRK MENTAL HEALTH CENTRE	320	406	339	355	393	355	330	348	326	688	760	713
EDEN MENTAL HEALTH CENTRE	81	147	173	88	139	173	32	40	40	120	179	213
<b>TOTAL</b>	<b>866</b>	<b>1,024</b>	<b>999</b>	<b>939</b>	<b>1,003</b>	<b>999</b>	<b>929</b>	<b>946</b>	<b>937</b>	<b>1,878</b>	<b>1,946</b>	<b>1,977</b>

\*Excludes probations.

\*\*Resident population at beginning of year plus total additions, including "returns from probation".

**TABLE: 2**  
**MENTAL RETARDATION CENTRES:**  
**ADMISSIONS AND SEPARATIONS; BY INSTITUTION — 1975, 1976 AND 1977**

Name of Institution	Admissions			Separations			In-Patients At December 31			Total Under Treatment*		
	1975	1976	1977	1975	1976	1977	1975	1976	1977	1975	1976	1977
ST. AMANT CENTRE	176	171	178	162	139	176	237	269	271	399	408	447
MANITOBA SCHOOL FOR RETARDATES	172	112	98	354	144	140	937	934	892	1,164	1,049	1,032
PELICAN LAKE TRAINING CENTRE	14	7	13	12	11	10	70	66	69	82	77	79
<b>TOTAL</b>	<b>362</b>	<b>290</b>	<b>289</b>	<b>528</b>	<b>294</b>	<b>326</b>	<b>1,244</b>	<b>1,269</b>	<b>1,232</b>	<b>1,645</b>	<b>1,534</b>	<b>1,558</b>

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

**TABLE: 3**

**MENTAL HEALTH CENTRES:  
AVERAGE DAILY PATIENT POPULATION;  
BY INSTITUTION 1973 TO 1977**

Name of Institution	1973	1974	1975	1976	1977
BRANDON MENTAL HEALTH CENTRE	614.3	600.9	569.0	569.1	563.8
SELKIRK MENTAL HEALTH CENTRE	383.1	351.5	321.9	337.3	329.8
EDEN MENTAL HEALTH CENTRE	30.5	33.6	29.0	32.9	39.5

**TABLE: 4**

**MENTAL RETARDATION CENTRES:  
AVERAGE DAILY PATIENT POPULATION;  
BY INSTITUTION 1973 TO 1977**

Name of Institution	1973	1974	1975	1976	1977
ST. AMANT CENTRE	177.7	202.4	226.2	258.3	271.0
MANITOBA SCHOOL FOR RETARDATE	1,027.3	952.5	918.2	877.9	878.0
PELICAN LAKE TRAINING CENTRE	N/A	N/A	69.0	68.9	68.9

TABLE: 5

**MENTAL HEALTH CENTRES:  
AVERAGE LENGTH OF STAY FOR DISCHARGES; BY INSTITUTION — 1973 TO 1977**

Name of Institution		Average Length of Stay				
		1973	1974	1975	1976	1977
BRANDON MENTAL HEALTH CENTRE	Patient in Hospital 1 Year or More	20.4 yrs	17.8 yrs	16.0 yrs	14.9 yrs	13.9 yrs
	Patient in Hospital Less Than 1 Year	61.8 days	67.0 days	66.4 days	69.2 days	72.5 days
SELKIRK MENTAL HEALTH CENTRE	Patient in Hospital 1 Year or More	11.1 yrs	11.0 yrs	11.7 yrs	9.5 yrs	7.2 yrs
	Patient in Hospital Less Than 1 Year	102.0 days	99.0 days	77.0 days	77.2 days	66.3 days
EDEN MENTAL HEALTH CENTRE	Patient in Hospital 1 Year or More	2.6 yrs	2.2 yrs	2.6 yrs	3.5 yrs	2.6 yrs
	Patient in Hospital Less Than 1 Year	70.5 days	66.2 days	53.0 days	35.0 days	40.0 days

TABLE: 6

**MENTAL RETARDATION CENTRES:  
AVERAGE LENGTH OF STAY FOR DISCHARGES; BY INSTITUTION — 1973 TO 1977**

Name of Institution		Average Length of Stay				
		1973	1974	1975	1976	1977
ST. AMANT CENTRE	Patients in Residence 1 Year or More	3.9 yrs	4.1 yrs	3.7 yrs	4.0 yrs	2.0 yrs
	Patients in Residence Less Than 1 Year	75.0 days	65.0 days	47.0 days	24.4 days	34.8 days
MANITOBA SCHOOL FOR RETARDATES	Patients in Residence 1 Year or More	11.8 yrs	14.8 yrs	10.1 yrs	12.4 yrs	10.6 yrs
	Patients in Residence Less Than 1 Year	96.9 days	106.6 days	90.7 days	65.6 days	86.6 days

MENTAL HEALTH CENTRES: OUTPATIENT CASELOAD MOVEMENT — 1977

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	1,349	2,052	2,160	1,241
— OUTPATIENT DEPARTMENT	729	621	717	633
— CHILD GUIDANCE CLINIC	180	556	528	208
— TRAVELLING CLINIC	440	875	915	400
SELKIRK MENTAL HEALTH CENTRE	984	1,275	1,304	955
EDEN MENTAL HEALTH CENTRE	779	185	—	964
TOTAL	3,112	3,512	3,464	3,160

\*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 — 1977

(A) BRANDON MENTAL HEALTH CLINIC

	Active Cases January 1977	New Patients (At Brandon)	Re-Opened Cases Seen Previously (At Brandon)	Total
FORMER IN-PATIENTS	369	81	290	740
FORMER IN-PATIENT CONTACTS	*	*	*	*
NOT FORMER IN-PATIENTS	247	53	59	359
NOT FORMER IN-PATIENT CONTACTS	*	*	*	*
PATIENTS ORIGINALLY SEEN AT THE COMMUNITY MENTAL HEALTH CLINIC	285	81	252	618
PATIENTS ORIGINALLY SEEN — CONTACTS	*	*	*	*
TOTAL OUT-PATIENTS TREATED	*	*	*	1,717
TOTAL OUT-PATIENT CONTACTS	*	*	*	3,644

\*Not Available.



(B) SELKIRK MENTAL HEALTH CENTRE

	New Patients (At Selkirk)	Patients Seen Previously (At Selkirk)	Total
FORMER IN-PATIENTS	62	1,392	1,454
FORMER IN-PATIENT CONTACTS	*	*	6,713
NOT FORMER IN-PATIENTS	308	293	601
NOT FORMER IN-PATIENT CONTACTS	*	*	2,540
TOTAL OUTPATIENTS TREATED	370	1,685	2,055
TOTAL OUTPATIENT CONTACTS	*	*	9,253

\*Not Available.

(C) EDEN MENTAL HEALTH CENTRE

	New Patients (At Eden)	Patients Seen Previously (At Eden)	Total
FORMER IN-PATIENTS	40	223	263
NOT FORMER IN-PATIENTS	232	217	449
TOTAL OUTPATIENTS TREATED	272	440	712
TOTAL OUTPATIENT CONTACTS	*	*	2,017

\*Not Available.

TABLE: 1

PROVINCIAL GRANTS TO HEALTH AND SOCIAL SERVICE ORGANIZATIONS  
FISCAL YEARS 1975-1976 AND 1976-1977 (\$000)

	1975-76	1976-77
<b>I. PROGRAM SUPPORT GRANTS</b>		
<b>A. Child and Family Services</b>		
1. Children's Aid Society of Central Manitoba	480.3	517.1*
2. Children's Aid Society of Eastern Manitoba	464.6	486.9*
3. Children's Aid Society of Western Manitoba	566.3	634.6
4. Children's Aid Society of Winnipeg	1,999.7	2,050.3*
5. Jewish Child and Family Services	—	20.0
<b>B. Lunch and After School Programs</b>		
1. Fort Rouge Child Care Programs Board	8.5	9.3
2. Lord Roberts Lunch and After School Programs	8.5	9.3
3. St. Matthews-Maryland Centre	8.5	9.3
4. Westminister Children's Care Centre	17.0	18.7
5. Windsor Park Children's Care Centre	8.5	9.3
<b>C. Community Care and Services to Elderly</b>		
1. Age and Opportunity Centre	119.2	146.3
2. Brandon Civic Senior Citizens	15.9	17.5
3. Home Welfare Association—Meals on Wheels	20.0**	24.5
4. St. John Ambulance Association	10.0	20.0
<b>D. Vocational Rehabilitation Services</b>		
1. Canadian National Institute for the Blind, (Manitoba Division)	203.7 <sup>1</sup>	348.9*
2. Luther Home—1010 Sinclair	98.3 <sup>1</sup>	221.1*
3. Society for Crippled Children and Adults in Manitoba	1,508.7	1,699.1*
<b>E. Care and Treatment of the Mentally Ill</b>		
1. Canadian Mental Health Association (Manitoba Division)	30.0	33.0
2. Eden Mental Health Centre	556.6	674.7*
<b>F. Care and Treatment of Mentally Retarded</b>		
1. Canadian Association for Mentally Retarded (Manitoba Division)	88.9	96.0
2. St. Amant Centre	3,786.3*	4,341.8*
3. Sanatorium Board of Manitoba—Pelican Lake	950.2*	933.9*
4. Steinbach Development Centre	33.9	31.0
<b>G. Corrections</b>		
1. Canadian Congress on Corrections	.1	.1
2. Canadian Criminology and Corrections Association	2.0	2.0
3. John Howard and Elizabeth Fry Society	51.5	60.5
4. Manitoba Society of Criminology	3.0	3.0
5. Native Clan	25.7	32.6
6. Open Circle	3.0	3.0
<b>H. Friendship Centres</b>		
1. Brandon Friendship Centre	17.9	21.0
2. Dauphin	21.1	23.2
3. Flin Flon	20.6	22.5
4. Lynn Lake	6.0 <sup>1</sup>	24.3

## EXTERNAL AGENCIES

SECTION: 7  
TABLE: 1

TABLE: 1 (cont'd)

	1975-76	1976-77
<b>H. Friendship Centres (cont'd)</b>		
5. Portage la Prairie	23.5	25.7
6. Selkirk	20.6	22.5
7. Swan River	19.4	19.3
8. The Pas	31.0	43.7
9. Winnipeg	104.6	114.5
<b>I. District Health Centres</b>		
1. Churchill Health Centre	184.9	348.6
2. Mount Carmel Clinic	254.7	330.0
3. Klinik	210.5	201.0
4. Leaf Rapids Health Centre	104.1	125.6
5. Seven Regions Health Centre	88.6	106.9
6. Lac du Bonnet Health Centre	55.6	63.7
7. Citizen Health Action	74.0	57.0
8. Hamiota Health Centre	35.3	24.0
9. Vita Health Centre	—	5.0
<b>II. PROJECT AND SPECIAL PURPOSE GRANTS</b>		
1. City of Winnipeg	1,320.0	1,452.0
2. Kelsey Tenants Association	4.8	—
3. Manitoba Child Care Association	.2	—
4. Thompson Migration Centre, Ma-Mow-We-Tak	—	13.5
5. Rossbrook House	—	10.5
<b>III. GENERAL PURPOSE GRANTS</b>		
1. Canadian Council for the Blind	.1	.1
2. Canadian Council on Social Development	7.7	8.5
3. Canadian Diabetic Association (Manitoba Division)	1.0	1.0
4. Canadian Public Health Association	1.5	1.8
5. Canadian Association in Support of Native People	.8	.8
6. Last Post Fund	.2	.2
7. Manitoba Indian Brotherhood	104.5**	120.0
8. Planned Parenthood Association of Manitoba	15.0	23.0
9. Winnipeg Council of Self Help	25.0	10.0
10. Winnipeg Social Planning Council	35.0	35.0

\*Subject to adjustment.

\*\*Revised from 1976 Annual Report.

†Part year only.

TABLE: 1  
FITNESS AND AMATEUR SPORTS  
FUNDING AND PARTICIPATION

Area of Funding	Participation	Funds
Program grants 1977/78	Number of participants 57 Provincial Sport Associations	\$197,500.00
Man-Plan Athlete Aid Tier I and Tier II	280 athletes from 28 different Sport Associations	53,000.00
National Coaching Certification Program	800 coaches have been certified	125,000.00 for 17 mos.
Administrative Credit	57 Sport Associations	217,500.00
Salary Assistance to hire full time Sport Administrators	57 Sport Associations hired 14 full time Sport Administrators	161,100.00
Sports Special Project	In process of making allocations	190,000.00
1977 Canada Games	15 Provincial Sport Associations	31,382.50
1979 Canada Winter Games	17 Provincial Sport Associations	150,775.00
1978 Manitoba Games	10 Provincial Sport Associations	30,000.00

TABLE: 1

JUVENILE PROBATION ASSESSMENTS  
COMPLETED BY PROBATION OFFICERS:  
BY TYPE — WINNIPEG — 1975 TO 1977

Type	1975	1976	1977
SOCIAL STUDIES	136	141	139
COURT SUMMARIES	1,276	1,697	1,845
NON-JUDICIAL	2,179	2,616	2,347
"I" LEVEL	54	38	29

TABLE: 2

**JUVENILE PROBATION CASELOAD MOVEMENT:  
BY TYPE — WINNIPEG — 1976, 1977**

	New Intake		Probation with or Without Placement		Aftercare		Rehab'n Centre		Total	
	1976	1977	1976	1977	1976	1977	1976	1977	1976	1977
BEGINNING OF YEAR	1,063	1,093	651	749	15	16	57	57	1,786	1,915
CASES OPENED	5,115	4,867	539	591	19	15	68	75	5,741	5,548
TOTAL CASES SERVED	6,178	5,960	1,190	1,340	34	31	125	132	7,527	7,463
CASES CLOSED	5,085	4,628	441	738	18	20	68	64	5,612	5,450
END OF YEAR	1,093	1,332	749	602	16	11	57	68	1,915	2,013

TABLE: 3

**JUVENILE PROBATION CASELOAD MOVEMENT:  
BY TYPE — THE PROVINCE OF MANITOBA — 1976, 1977**

	New Intake		Probation with or Without Placement		Aftercare		Rehab'n Centre		Total	
	1976	1977	1976	1977	1976	1977	1976	1977	1976	1977
BEGINNING OF YEAR	1,911	2,075	1,682	1,557	24	25	109	109	3,726	3,766
CASES OPENED	9,876	8,931	1,588	1,533	43	44	143	152	11,650	10,660
TOTAL CASES SERVED	11,787	11,006	3,270	3,090	67	69	252	261	15,376	14,426
CASES CLOSED	9,712	8,677	1,713	1,711	42	46	143	128	11,610	10,562
END OF YEAR	2,075	2,329	1,557	1,379	25	23	109	133	3,766	3,864

TABLE: 4

**MANITOBA YOUTH CENTRE  
NUMBER OF RESIDENTS ADMITTED ANNUALLY:  
BY SEX — 1974 TO 1977**

<b>Year</b>	<b>Boys</b>	<b>Girls</b>	<b>Total</b>
1974	3,019	1,299	4,318
1975	3,066	1,533	4,599
1976	3,117	1,469	4,586
1977	3,598	1,599	5,197

TABLE: 5

**MANITOBA YOUTH CENTRE  
AVERAGE NUMBER OF RESIDENTS PER DAY  
1974 TO 1977**

<b>Year</b>	<b>Boys</b>	<b>Girls</b>	<b>Total</b>
1974	96.2	31.7	127.9
1975	113.9	43.4	157.3
1976	106.7	44.7	151.4
1977	119.1	52.4	171.5

TABLE: 6  
 MANITOBA YOUTH CENTRE  
 AVERAGE LENGTH OF STAY PER RESIDENT  
 — 1974 TO 1977

Year	Boys	Girls	Total
1974	11.7	9.0	10.9
1975	13.1	9.7	11.9
1976	11.7	11.1	11.5
1977	11.6	12.4	11.8

TABLE: 7  
 MANITOBA YOUTH CENTRE  
 CHILDREN RELEASED; BY AGE AND SEX—  
 1976, 1977

Age	Boys		Girls		Total	
	1976	1977	1976	1977	1976	1977
12 AND UNDER	316	370	108	149	424	519
13 YEARS	280	310	140	156	420	466
14 YEARS	462	485	354	304	816	789
15 YEARS	628	656	390	391	1,018	1,047
16 YEARS	736	823	297	321	1,033	1,144
17 YEARS	723	804	164	243	887	1,047
18 YEARS	29	29	4	2	33	31
TOTAL	3,174	3,477	1,457	1,566	4,631	5,043



TABLE: 8

**MANITOBA YOUTH CENTRE  
JUVENILES RELEASED FROM DETENTION:  
BY REASONS FOR ADMISSION — 1976, 1977**

Reasons for Admission	1976			1977		
	Boys	Girls	Total	Boys	Girls	Total
OFFENCES AGAINST PERSON	299	39	338	259	57	316
—Murder; Manslaughter	12	—	12	15	6	21
—Assault; Assault Causing Bodily Harm	91	16	107	90	21	111
—Robbery (Armed or with Violence)	28	1	29	5	2	7
—Sex Offence	38	4	42	43	9	52
—Other	130	18	148	106	19	125
OFFENCES AGAINST PROPERTY	1,701	326	2,027	2,053	427	2,480
—Break, Enter and Theft*	645	57	702	734	68	802
—Auto Theft	301	36	337	283	24	307
—Theft	574	193	767	751	247	998
—Forge and Utter; False Pretenses	18	10	28	15	5	20
—Possession of Stolen Goods	80	17	97	113	29	142
—Arson	15	2	17	4	2	6
—Other	68	11	79	153	52	205
OFFENCES AGAINST SELF	635	278	913	637	299	936
—Breach of Narcotics Control Act	64	10	74	100	17	117
—Breach of Food and Drug Act	—	—	—	—	—	—
—Breach of Liquor Control Act	189	111	300	204	127	331
—Breach of Highway Traffic Act	66	3	69	52	4	56
—Substance Abuse	131	76	207	120	88	208
—Other	185	78	263	161	63	224
CHILD WELFARE ACT	539	814	1,353	528	783	1,311
TOTAL	3,174	1,457	4,631	3,477	1,566	5,043

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

**TABLE: 9**  
**MANITOBA YOUTH CENTRE**  
**JUVENILES RELEASED FROM DETENTION BY DISPOSITION,**  
**BY SEX — 1976, 1977**

Disposition	1976				1977			
	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	1,904	285	448	398	2,244	254	539	393
TO REHAB. CENTRE	—	—	—	—	135	52	9	16
TO RESIDENT INSTITUTION	169	86	28	37	81	46	26	49
TO GROUP HOME	215	68	54	124	197	87	71	117
TO FOSTER HOME	200	93	95	227	147	67	82	173
TRANSFERRED—ADULT COURT	31	—	—	—	41	—	—	—
OTHER (HOSPITAL, SELF, ELC, UAL, M.P.)	105	18	14	32	61	65	15	76
TOTAL	2,624	550	639	818	2,906	571	742	824

CORRECTIONAL PROGRAMS (JUVENILE)

SECTION: 9A  
TABLE: 9

TABLE: 10

**AGASSIZ CENTRE FOR YOUTH AND  
SEVEN OAKS CENTRE FOR YOUTH:  
ADMISSIONS BY AGE — 1976, 1977**

Age on Admission	Agassiz Centre For Youth		Seven Oaks Centre for Youth*			
	1976	1977	1976		1977	
			Girls	Boys	Girls	Boys
UNDER 15	13	16	9	3	8	6
15 YEARS	20	26	6	6	4	13
16 YEARS	38	41	6	8	4	10
17 AND OVER	24	26	4	4	—	10
TOTAL	95	109	25	21	16	39

\*As of February, 1976 the Seven Oaks Centre for Youth included a resident count for boys.

TABLE: 11

**AGASSIZ CENTRE FOR YOUTH AND SEVEN OAKS CENTRE FOR YOUTH:  
MONTHLY AVERAGE NUMBER OF ADMISSIONS AND DISCHARGES:  
AND AVERAGE DAILY POPULATION — 1976, 1977**

Monthly Average	Agassiz Centre For Youth		Seven Oaks Centre for Youth*			
	1976	1977	1976		1977	
			Girls	Boys	Girls	Boys
ADMISSIONS	7.9	9.1	2.1	1.9	1.3	3.3
DISCHARGES	10.2	5.8	1.9	1.0	1.8	1.8
AVERAGE DAILY POPULATION	86.9	82.6	19.1	12.2	14.6	14.0

\*As of February, 1976 the Seven Oaks Centre for Youth included a resident count for boys.

TABLE: 12

**AGASSIZ CENTRE FOR YOUTH AND  
SEVEN OAKS CENTRE FOR YOUTH:  
AVERAGE DAYS STAY PER DISCHARGE — 1975-1977**

Year	Agassiz Centre For Youth	Seven Oaks Centre for Youth*		Total**
		Girls	Boys	
1975	249	296	—	338
1976	253	260	185	249
1977	274	301	274	280

\*As of February, 1976 the Seven Oaks Centre for Youth included a resident count for boys.

\*\*Weighted average.

TABLE: 13

**AGASSIZ AND SEVEN OAKS YOUTH CENTRES  
NUMBER OF J.D.A.'S AND C.W.A.'S CASES ADMITTED  
AND DISCHARGED — 1975-1977**

**Agassiz Centre**

Year	Agassiz Centre For Youth				Seven Oaks Centre For Youth							
	Admitted		Discharged		Admitted				Discharged			
	JDA	CWA	JDA	CWA	JDA		CWA		JDA		CWA	
					Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys
1975	112	2	87	4	11	—	18	—	25	—	14	—
1976	93	2	119	3	18	21	7	—	9	11	14	—
1977	99	10	69	1	7	38	9	1	12	21	9	1

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

CWA—refers to juveniles held under the Child Welfare Act.

**TABLE: 1**  
**ADULT PROBATION AND PAROLE SERVICES:**  
**CASELOAD MOVEMENT BY TYPE — WINNIPEG — 1976, 1977**

	New Intake		Probation		Parole		Prison & Probation				Total	
	1976	1977	1976	1977	1976	1977	In Prison		On Probation		1976	1977
BEGINNING OF YEAR	95	50	449	630	19	10	110	119	138	194	811	1,003
CASES OPENED	668	483	515	583	24	15	220	207	282	214	1,709	1,502
TOTAL CASES SERVED	763	533	964	1,213	43	25	330	326	420	408	2,520	2,505
CASES CLOSED	713	482	334	547	33	16	211	216	226	219	1,517	1,480
END OF YEAR	50	51	630	666	10	9	119	110	194	189	1,003	1,025

**TABLE: 2**  
**ADULT PROBATION AND PAROLE SERVICES:**  
**CASELOAD MOVEMENT BY TYPE — PROVINCE OF MANITOBA — 1976, 1977**

	New Intake		Probation		Parole		Prison and Probation				Total	
	1976	1977	1976	1977	1976	1977	In Prison		On Probation		1976	1977
BEGINNING OF YEAR	133	94	874	1,086	46	48	182	190	214	261	1,449	1,679
CASES OPENED	1,351	1,158	1,188	1,310	104	85	336	321	364	338	3,343	3,212
TOTAL CASES SERVED	1,484	1,252	2,062	2,396	150	133	518	511	578	599	4,792	4,891
CASES CLOSED	1,390	1,119	976	1,231	102	92	328	358	317	308	3,113	3,108
END OF YEAR	94	133	1,086	1,165	48	41	190	153	261	291	1,679	1,783

TABLE: 3

ADULT PROBATION AND PAROLE ASSESSMENT:  
BY TYPE — WINNIPEG — 1976, 1977

Type of Assessments	1976	1977
PRE-SENTENCE	551	439
SUPPLEMENTAL AND PROGRESS	23	18
PRE-PAROLE	4	5
POST-SENTENCE	3	45
MISCELLANEOUS ENQUIRY	68	72
TOTAL	649	579

TABLE: 4  
ADULT CORRECTIONAL INSTITUTIONS:  
RESIDENT POPULATION — 1977

Resident Population <sup>2</sup>	Head- ingley	Brandon	Portage	The Pas	Dauphin	Vaughan Street & CRC <sup>3</sup>	Total
At Beginning of Year	452	77	16	58	36	1	640
Admissions	2,691	948	165	840	460	426	5,530
Discharges	2,650	954	159	837	461	427	5,488
At End of Year	493	71	22	61	35	—	682
Total Resident Days (Institution Only)	129,053	29,691	8,657	14,238	13,275	18,740	213,654
Average Daily Pop. (Institution Only)	353.6	81.3	23.7	39.0	36.4	51.3	585.4
'Peak' Daily Pop. (Institution Only)	414	101	34	55	48	82	734
Minimum Daily Pop. (Institution Only)	285	51	12	20	24	37	429
Total Resident Days (Camps)	11,656	2,741*	—	8,958	—	—	23,355
Average Daily Pop. (Camps)	31.9	11.3*	—	24.5	—	—	63.9**

<sup>1</sup>This table excludes data for the Winnipeg Remand Centre.

<sup>2</sup>Includes offenders sentenced, remanded for trial and pre-court residents.

<sup>3</sup>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 of Vaughan Street admission count. However, the resident days accumulated at Vaughan Street by these same residents are included in the Vaughan Street resident days count. Data for Vaughan Street are for the period January 1 to September 30, 1977 only.

\*Spruce Woods Rehabilitation Camp re-opened May 3, 1977.

\*\*Spruce Woods only open 8 months while other camps were open on a full year basis.

Note: 1977 data prepared by Adult Corrections Directorate.

TABLE: 5

ADULT CORRECTIONAL INSTITUTIONS<sup>1</sup>  
ALL ADMISSIONS<sup>2</sup> BY MARITAL STATUS — 1977

Marital Status	Head- ingley	Brandon	Portage	The Pas	Dauphin	Vaughan Street & C.R.C.	Total
SINGLE	1,487	581	76	481	251	235	3,111
MARRIED	453	188	25	197	89	84	1,036
SEPARATED	197	65	17	41	18	40	378
WIDOWER OR WIDOW	31	8	2	18	11	7	77
DIVORCED	110	26	13	27	12	23	211
COMMON-LAW	384	76	32	64	77	37	670
NOT KNOWN	29	4	—	12	2	—	47
TOTAL	2,691	948	165	840	460	426*	5,530*

<sup>1</sup>This table excludes data for the Winnipeg Remand Centre.

<sup>2</sup>Includes offenders sentenced, remanded for trial and pre-court residents.

\*Data for Vaughan Street are for the period January 1 to September 30, 1977 only.

Note: 1977 data prepared by Adult Corrections Directorate.

TABLE: 6

ADULT CORRECTIONAL INSTITUTIONS<sup>1</sup>  
ALL ADMISSIONS<sup>2</sup> BY EDUCATIONAL LEVEL — 1977

Education Level	Head- ingley	Brandon	Portage	The Pas	Dauphin	Vaughan Street & C.R.C.	Total
NO FORMAL EDUCATION	181	52	7	58	23	2	323
GRADE 9 OR LESS	1,212	450	100	482	281	140	2,665
SOME HIGH SCHOOL (10-12)	1,205	398	48	262	142	273	2,328
SOME TECHNICAL	—	—	—	—	—	—	—
SOME UNIVERSITY	32	10	2	4	3	4	55
NOT KNOWN	61	38	8	34	11	7	159
TOTAL	2,691	948	165	840	460	426*	5,530*

<sup>1</sup>This table excludes data for the Winnipeg Remand Centre.

<sup>2</sup>Includes offenders sentenced, remanded for trial and pre-court residents.

\*Data for Vaughan Street are for period from January 1 to September 30, 1977 only.

Note: 1977 data prepared by Adult Corrections Directorate.



TABLE: 7

ADULT CORRECTIONAL INSTITUTION<sup>1</sup>:  
ALL ADMISSIONS<sup>2</sup> BY AGE GROUP — 1977

Age Group	Head- ingley	Brandon	Portage	The Pas	Dauphin	Vaughan Street & C.R.C.	Total
UNDER 18 YRS.	31	3	—	8	4	—	46
18-22 YRS.	968	367	57	365	187	175	2,119
23-27 YRS.	592	191	47	208	84	100	1,222
28-32 YRS.	399	132	26	91	59	58	765
33-37 YRS.	232	70	14	63	31	40	450
38-42 YRS.	158	56	7	39	31	22	313
43-47 YRS.	120	55	6	29	21	9	240
48 <sup>+</sup> YRS.	169	74	7	23	34	22	329
NOT KNOWN	22	—	1	14	9	—	46
TOTAL	2,691	948	165	840	460	426*	5,530*

<sup>1</sup>This table excludes data for the Winnipeg Remand Centre.

<sup>2</sup>Includes offenders sentenced, remanded for trial and pre-court residents.

\*Data for Vaughan Street are for period from January 1 to September 30, 1977 only.

Note: 1977 data prepared by Adult Corrections Directorate.

TABLE: 8

**ADULT CORRECTIONAL INSTITUTIONS<sup>1</sup>:  
SENTENCED OFFENDERS<sup>2</sup> BY MOST SERIOUS OFFENCE<sup>3</sup>—1977**

Type of Offence	Headingley	Brandon	Portage	The Pas	Dauphin	Vaughan Street	Total
1. Murder	6	3	—	1	—	—	10
2. Attempted Murder	1	—	—	—	—	—	1
3. Manslaughter	1	2	—	—	—	1	4
4. Rape	9	1	—	5	—	1	16
5. Other Sexual Offence	28	—	1	11	2	—	42
6. Wounding	11	3	—	4	2	—	20
7. Assault	121	29	8	54	17	2	231
8. Robbery	42	16	6	4	1	—	69
9. Breaking and Entering	167	22	1	50	32	—	272
10. Theft—Motor Vehicle	21	5	—	2	6	1	35
11. Theft Over \$200	99	17	11	8	6	—	141
12. Theft \$200 and Under	158	21	18	25	4	6	232
13. Have Stolen Goods	36	—	1	7	—	—	44
14. Frauds	52	8	14	5	4	—	83
15. Offensive Weapons	24	7	1	20	1	1	54
16. Other Criminal Code							
— Impaired Driving	271	188*	20	46	66	—	591
— Driving While Suspended	156	33	—	—	14	—	203
— Other	67	74	29	45	39	57	311
17. Federal Statutes	127	11	5	45	5	34	227
18. Provincial Statutes	348	112	22	92	54	85	713
19. Municipal By-Laws	9	—	1	—	—	—	10
20. Arson	3	—	—	—	—	—	3
21. Immigration	24	—	—	—	—	—	24
<b>TOTAL</b>	<b>1,781</b>	<b>552</b>	<b>138</b>	<b>424</b>	<b>253</b>	<b>188</b>	<b>3,336*</b>

This table excludes data for the Winnipeg Remand Centre  
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<sup>3</sup> 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 sentences 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.  
Data for Vaughan Street are for the period January 1 to September 30, 1977.  
Note: 1977 data prepared by Adult Corrections Directorate.

CORRECTIONAL PROGRAMS (ADULT)

SECTION: 9B  
TABLE: 8

TABLE: 9

**ADULT CORRECTIONAL INSTITUTIONS<sup>1</sup>: SENTENCED OFFENDERS<sup>2</sup>  
BY LENGTH OF SENTENCE<sup>3</sup>—1977**

Length of Sentence	Headingley	Brandon	Portage	The Pas	Dauphin	Vaughan Street	Total
7 Days & Under	184	96	12	43	65	67	467
8 Days to 1 Month Less 1 day	445	193	63	71	66	78	916
1 Month to 2 Months Less 1 Day	226	72	11	61	26	24	420
2 Months to 4 Months Less 1 Day	329	79	25	130	24	14	601
4 Months to 6 Months Less 1 Day	139	17	7	33	12	3	211
6 Months to 9 Months Less 1 Day	190	40	10	32	30	—	302
9 Months to 12 Months Less 1 Day	82	18	5	11	1	2	119
12 Months to 15 Months Less 1 Day	74	8	2	14	16	—	114
15 Months to 18 Months Less 1 Day	26	6	1	8	5	—	46
18 Months to 2 Years Less 1 Day	79	23	2	9	8	—	121
Lt. Governor's Pleasure	1	—	—	—	—	—	1
Manitoba Penitentiary	—	—	—	12	—	—	12
Provincial/Federal Agreement	6	—	—	—	—	—	6
<b>TOTAL</b>	<b>1,781</b>	<b>552</b>	<b>138</b>	<b>424</b>	<b>253</b>	<b>188*</b>	<b>3,336*</b>

<sup>1</sup>This Table excludes data for the Winnipeg Remand Centre.

<sup>2</sup>Also includes those residents whose status has changed to "sentenced" during 1976.

<sup>3</sup>"Length of Sentence" refers to aggregated time to be served (excluding concurrencies) for each time admitted.

\*Data for Vaughan Street are for the period January 1 to September 30, 1977.

Note: 1977 data prepared by Adult Corrections Directorate.

CORRECTIONAL PROGRAMS (ADULT)

SECTION: 9B  
TABLE: 9

TABLE: 10

**ADULT CORRECTIONAL INSTITUTIONS:  
PERSONS DETAINED UNDER "INTOXICATED PERSONS DETENTION ACT"  
1975 TO 1977**

Year	Head- ingley	Brandon	Portage	The Pas	Dauphin	Vaughan Street	Total
1975	16	684	41	1,016	135	41	1,933
1976	71	746	57	673	236	70	1,853
1977	94	716	47	N/A	203	68*	N/A

<sup>1</sup>This table excludes data for the Winnipeg Remand Centre.

<sup>2</sup>Data for Vaughan Street are for period from January 1 to September 30, 1977 only.

Note: 1977 data prepared by Adult Corrections Directorate.

TABLE: 11

**ADULT CORRECTIONAL INSTITUTIONS:  
PAROLE CERTIFICATES AND TEMPORARY ABSENCES — 1977**

Parole Certificates and Temporary Absences	Head- ingley	Bran- don	Port- age	The Pas	Dau- phin	Vaughan <sup>2</sup> Street	Total
DAY PAROLE CERTIFICATES GRANTED	N/A	22	5	8	43	—	N/A
FULL PAROLES GRANTED*	41	20	3	2	6	—	72
TEMPORARY ABSENCES	N/A	89	44	55	94	—	N/A

<sup>1</sup>This table excludes data for the Winnipeg Remand Centre.

<sup>2</sup>Data for Vaughan Street are for the period January 1 to September 30, 1977 only.

\*Data as reported in Table 12.

Note: 1977 data prepared by Adult Corrections Directorate.

TABLE: 12

ADULT CORRECTIONAL INSTITUTIONS:  
ALL DISCHARGES<sup>2</sup> BY REASON FOR DISCHARGE — 1977

CORRECTIONAL PROGRAMS (ADULT)

Reasons for Discharge	Headingley	Brandon	Portage	The Pas	Dauphin	Vaughan Street	Total
Persons Granted Full Parole	41	20	3	2	6	—	72
Expiration of Sentence	1,422	394	112	322	171	20	2,441
Transferred to Manitoba Penitentiary	323	22	3	15	8	—	371
Released on Own Recognizance, At Court or Bail	425	246	21	286	150	212	1,340
Transferred to Another Judicial District	69	62	6	70	69	26	302
Transferred to R.C.M.P. Escort	173	120	—	106	7	39	445
Part and Full Fine Paid	156	80	14	30	49	116	445
Transferred to Immigration	32	1	—	—	—	—	33
Maintenance Orders Paid	9	3	—	1	—	14	27
Released to Probation Officer	—	1	—	—	—	—	1
Struck of Strength (Deceased)	—	—	—	1	—	—	1
Other	—	5	—	4	1	—	10
TOTAL	2,650	954	159	837	461	427*	5,488*

<sup>1</sup>This table excludes data for the Winnipeg Remand Centre.

<sup>2</sup>Includes those offenders sentenced, remanded for trial and pre-court residents.

\*Data for Vaughan Street are for the period January 1 to September 30, 1977.

Note: 1977 data prepared by Adult Corrections Directorate.

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TABLE: 12

## CORRECTIONAL PROGRAMS (ADULT)

SECTION: 9B  
TABLE: 13

TABLE: 13

ADULT CORRECTIONAL INSTITUTIONS:  
WINNIPEG REMAND CENTRE POPULATION  
DECEMBER, 1977

Population	Male	Female	Total
AT BEGINNING OF DECEMBER	80	10	90
ADMISSIONS	696	52	748
DISCHARGES	695	59	754
AT END OF DECEMBER	81	3	84
TOTAL RESIDENT DAYS <sup>1</sup>	3,351	261	3,612
MINIMUM DAILY POPULATION <sup>2</sup>	62	1	
MAXIMUM DAILY POPULATION <sup>2</sup>	90	9	
AVERAGE DAILY COUNT	76.7	4.6	81.3
AVERAGE DAILY RESIDENT DAYS	108.1	8.4	116.5
I.P.D.A. <sup>3</sup>	276	58	334

<sup>1</sup>Total daily admissions plus daily carryovers (midnight count and admissions during next 24 hours).

<sup>2</sup>Population count taken at midnight.

<sup>3</sup>Intoxicated Persons Detention Act.

## CORRECTIONAL PROGRAMS (ADULT)

TABLE 14  
SECTION 9B

TABLE 14

ADULT CORRECTIONAL INSTITUTIONS:  
JUVENILES\* HELD IN JUVENILE SECTION:  
BY SEX - 1977

	BRANDON		THE PAS		DAUPHIN		TOTAL	
	M	F	M	F	M	F	M	F
BEGINNING OF YEAR	15	5	14	5	3	0	32	10
ADMISSIONS	310	141	134	51	140	49	584	241
DISCHARGES	310	139	135	51	129	49	574	239
END OF YEAR	15	7	13	5	14	0	42	12
TOTAL RESIDENT DAYS	836	378	780	194	264	87	1,880	659
AVERAGE DAILY POPULATION	2.3	1.0	2.2	0.5	0.7	0.2	5.2	1.8

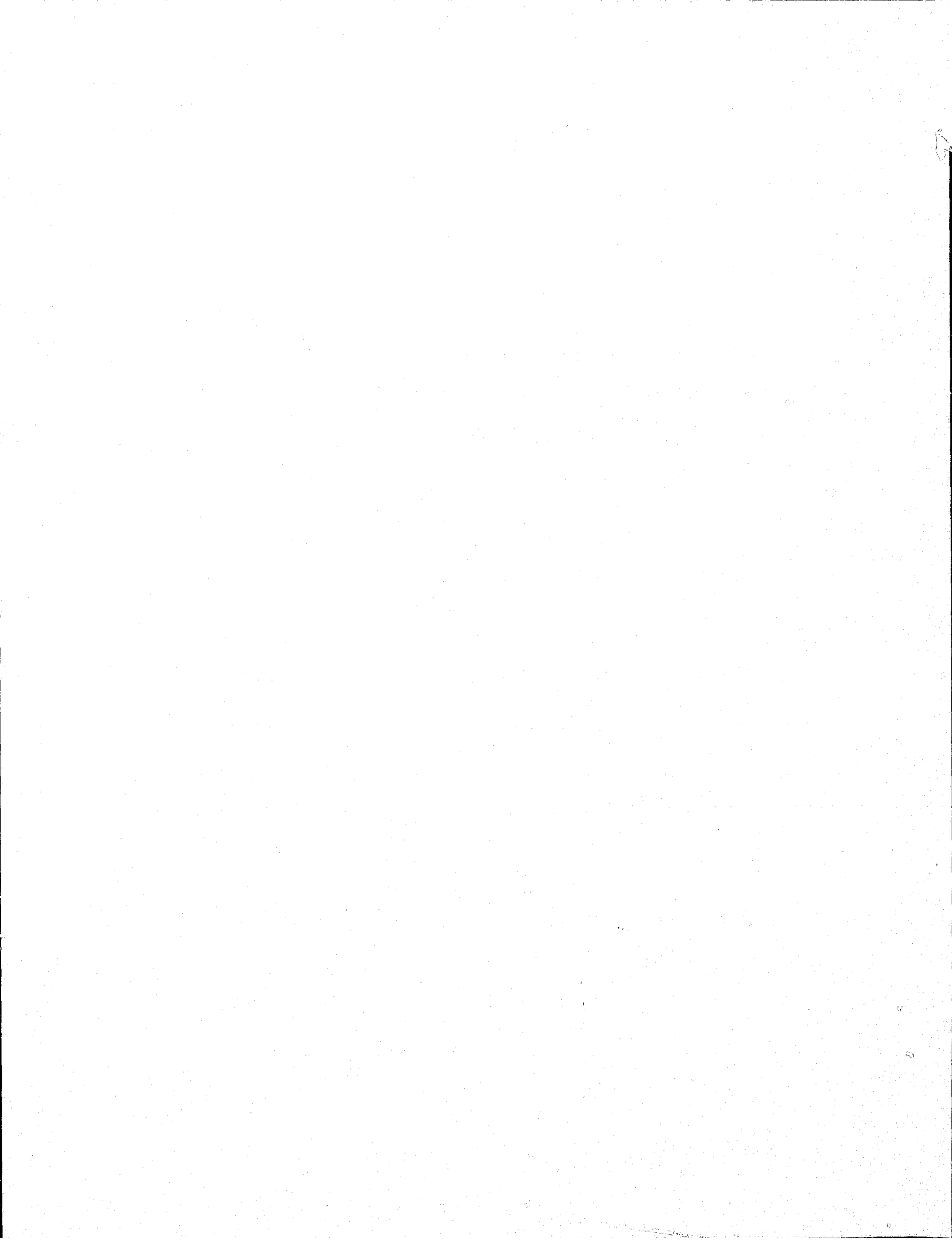
\*Includes Juveniles held under "Child Welfare Act" and "Juvenile Delinquents Acts"

TABLE: 1

SUMMARY OF MAJOR TRAINING PROGRAMS—  
CORRECTIVE & REHABILITATIVE SERVICES

Programs	Number of Participants	Number of Days Duration	Number of Participant Days
1. Youth Centre Inservice Training	12	3	36
2. Juvenile Counsellor Treatment Training	19	8	152
3. Probation Basic Training	62	4	248
4. Correctional Services Officer Treatment Training	181	1	181
5. Management Training (Directors)	8	2	16
6. Probation Team Training	50	3	150
7. Correctional Officer Orientation Training	14	3	42
8. Emergency Response Training	38	3	114
9. Correctional Officer Basic Training	27	3	81
10. Juvenile Counsellor Basic Training	98	1	98
11. Adult Corrections Treatment Workshop	27	2	54
12. Fire Safety Training (Camps)	30	2	60
13. Fire Safety Training (Correctional Institutions)	55	3	165
14. First Aid Training	74	1	74
15. Family Therapy Training	51	1	51
16. Correctional Officer Induction Training	58	3	174
YEAR TOTAL	804		1,696

Note: Programs 1-11 conducted from January to June.  
Programs 12-16 were conducted from July to December





**END**

**END**

**2 OF 2**