

**Editorial**  
**Time is Right for Closing Institutions**

*Ivan Brown*

*Note:* The editors recognize that there are a wide variety of views concerning the closing of institutions, and that each view deserves respect. The views expressed in this editorial are those of the author alone.

*The Government of Ontario recently announced in a press release that it will close Ontario's institutions for people with developmental disabilities in April, 2008. There are currently only three institutions operated directly by the government that remain open today: Huronia Regional Centre, just outside Orillia; Rideau Regional Centre, on the outskirts of Smiths Falls (near Ottawa); and Southwestern Regional Centre, at R.R. #1, Blenheim, south of Chatham. In total, these three have a little fewer than 1,000 adult residents.*

I was asked by an official at the Ministry of Community and Social Services to provide some expert comments on the planned closing that could be included in their press release. After reading the draft release, and contemplating my response overnight, I decided to support the announcement. The reason I wanted to contemplate overnight was because I thought the institutions should be closed in the immediate future, rather than in 2008 as would be announced in the press release. As I said in the comments I provided to the Ministry, "The time for large institutions for people with developmental disabilities in Ontario is well past, and they should be closed as quickly as possible." Thus, I supported the Ministry's proposed closing date somewhat reluctantly, because it seemed too far in the future. Still, I realized closings take time to organize, and, at any rate, I felt relieved that a closing date had been set.

So, it appears certain that the era of institutions for people with developmental disabilities in Ontario will be over soon. This seems like a good time, then, to reflect on why we had the institutions in the first place and what their contribution has been to the field of developmental disabilities today.

## **History of Institutions**

It is helpful to understand that institutions existed - and still exist - in many countries of the world, although those with which we are most familiar emerged first in the more developed, or "western" countries. There were institutions of several kinds: idiot (disability) asylums, insane (psychiatric) asylums, poorhouses, workhouses, and several others (please see Author's note below regarding the use of historical terms). England and the United States each built and operated hundreds of institutions for idiots and feeble-minded people alone (terms that are roughly equivalent to people with developmental or intellectual disabilities today). Ontario's first institution was the Ontario Asylum for Idiots (later called The Orillia Asylum, and now called Huronia Regional Centre), which was opened in 1876. In subsequent years, the Ontario government operated more than 20 large and smaller institutions, housing thousands of residents (see Radford & Park, 2003, for full details of Ontario's institutions).

It is also helpful to understand that institutions were conceptualized, built, and operated by well meaning people who were considered to be progressive in their time. There appear to be two principal reasons for this.

First, there was a growing view that "science" could prove itself effective in training people who we would now think of as having disabilities to be adequately-functioning members of society. Educators in Germany and France, and later in England and the United States, began schools for children who were idiots, deaf, or dumb. Itard's training of the so-called "wild boy of Aveyron" in 1801 to take a place in society is an example of one of many successes that demonstrated the remarkable capacity of science to be applied to causes that were formerly thought of as being entirely hopeless. A resulting spirit of optimism, combined with the 19th century trend toward humanitarianism (Buell & Brown, 2003), led in a great many skilled and respected professionals to dedicate their careers to developing what are now thought of as the foundations of special education and disability services (see Woodill & Velche, 1995). Typically, such activities were situated in institutions that were isolated from society at large.

Second, institutions were designed as a solution to the many social problems that emerged as a result of industrialization and the accompanying rapid rise of cities. These problems included poverty, crime, poor working conditions, lack of adequate housing, disease, poor hygienic conditions, and others. Gradually, science came to be seen as the way to deal with these types of social problems. Brown and Brown (2004) explained:

*With the coming of the industrial revolution, things changed quite dramatically in Europe, North America, and other parts of the world. The inquiry that had begun to become widespread amongst philosophers, scientists and others as part of a renaissance expanded to identifying and solving problems through exploration, logic and invention of specific tools. This was considered to be the way to progress, and such progress quickly became highly valued as a very good thing indeed, at least by those in positions of power. Science and technology increasingly became regarded as the best way to identify and solve all problems, including social problems. As a result, society itself came to be viewed over time, metaphorically, as a giant machine that was made up of many component parts. In this view, society could be manipulated and improved by inventing and developing new parts of it and fitting them together. The goal was to perfect and produce an ideal and efficiently run society.*

*Disability [idiocy] was one of the parts of the giant machine called society, and was perceived as one of the less effective parts. In the minds of the social industrialist, people with disabilities needed to be separated, but could be cared for, protected, and trained to lead productive lives in places of asylum. These could run efficiently and could provide, in their view, the best possible life for those who lived there. (p. 61)*

Many institutions were highly successful in many ways. Large amounts of resources went into constructing extensive facilities for people to live, work, and receive a wide variety of services and interventions. The main reason they were constructed away from city life was so residents could enjoy cleaner air and open spaces that would act as tonics to their health and well-being. Often, they had farmland, and many institutions functioned as model farms. Rehabilitation to communities was frequently the goal, and numerous people were moved successfully from institutional to community living. There are many examples of this in Ontario, as there are throughout other developed countries.

Still, as we all now know, the institutions failed over time. As Brown and Brown (2003) put it, even though "many institutions started out as the benign well-oiled machines they were envisioned to be, they rusted out in time" (p.61). There were many inter-related reasons for this, mainly:

- o Overcrowding
- o Decline of other institutions (e.g., workhouses, poorhouses, insane asylums)
- o Lack of funding
- o Insufficient demonstration of rehabilitation
- o Overuse of medical drugs as a method of controlling behaviour
- o Loss of public interest
- o Improving conditions in cities and towns
- o Crash of eugenics immediately following World War II
- o A gradual realization that feeble-mindedness was not the social danger it had been claimed to be
- o Growth of equality and human rights as social values, and growth in extending these values to people with disabilities
- o Public scandals involving treatment of people in institutions
- o Public awareness of poor living conditions within institutions
- o Adoption of normalization and community living as service philosophies
- o Focus on the quality of life of people with disabilities

Perhaps it is not entirely fair to say that institutions failed. They certainly succeeded in quite a number of ways. Perhaps it is fairer simply to say that institutions have had their time, but, with changing conditions, that time is now past. Changing conditions have meant that there are now available alternatives to institutions that can provide a better quality of life to people with disabilities.

### **Contribution of the Institutions**

A discussion of institutions would not be complete without acknowledging more specifically the contributions they made to the field of developmental disabilities. Whether or not they served individuals well, and whether or not they served our field well - matters that will be debated for a long time - they did advance our field in many ways. It might even be said that they were a dominant force in establishing the field. By providing for people in settings isolated from society, institutions:

- o developed specialized knowledge of developmental disabilities (also known historically as idiocy, feeble-mindedness, and mental deficiency)

- o advanced numerous useful physical, occupational and other therapies (especially in the earlier decades)
- o initiated and developed effective teaching and training methods
- o attracted and developed a group of professionals with specialized skills, and enabled them to provide their services (especially medical ones) efficiently, effectively, and in a cost-effective manner.

Many of us today think of the historic treatment of people in institutions as the antithesis of how we try to treat people living in communities. Certainly, the contribution of the institutions is by no means one that is free from harm. But, ironically, many of our practices and much of our knowledge today is derived in part from practices and knowledge generated in idiot asylums, later called institutions for the mentally deficient and mentally retarded.

### **An Ontario Without Institutions**

Most Ontario institutions have already closed down, and the three remaining ones have "down-sized" considerably over the last several years. Understandably, some staff and residents at the three remaining institutions, as well as some parents, wonder what the future will hold as they face the uncertainty of change. Making changes of any kind can be difficult.

When Ontario's three remaining institutions close in 2008, it will be the formal marking of the end of an era. Yet, in a philosophical sense, this era has been over for at least two decades already - it began in the 1970s and was marked by the widespread adoption throughout the 1980s and 1990s of philosophical values encompassed by the terms community living, inclusion, and quality of life. The right of people with developmental disabilities to live effectively in communities, and to enjoy aspects of life that are available to all people, has now been well established in our personal and service philosophies. Our challenge now is to ensure that we have effective ways to put such philosophy into practice.

*Author's note:* In this editorial, I use a number of historical terms to refer to people who we would now think of as having disabilities or developmental disabilities. They are used in reference to the eras in which they were commonly used for purposes of historical accuracy (it is not accurate to apply a current term to a former historical era when disability was conceptualized quite differently). It is also important to understand that these terms were typically not considered to be derogatory at the times when they were in use. If used in the present context, however, many such terms are highly derogatory, especially when applied to people with disabilities. Thus, caution must be exercised when balancing the need to conceptualize disability accurately in its historical context, and the need to respect the rights and dignity of people with disabilities today.

## References

- Buell, M. K., & Brown, I. (1993). Lifestyles of adults with developmental disabilities in Ontario. In I. Brown, & M. Percy (Eds.), *Developmental disabilities in Ontario, 2nd ed.* (pp. 639-661). Toronto, ON, Canada: Ontario Association on Developmental Disabilities.
- Brown, I. & Brown, R. I. (2004). *Quality of life and disability: An approach for community practitioners*. London: Jessica Kingsley Publishers.
- Radford, J. P., & Park, D. C. (2003). Historical overview of developmental disabilities in Ontario. In I. Brown, & M. Percy (Eds.), *Developmental Disabilities in Ontario, 2nd ed.* (pp. 3-18). Toronto, ON, Canada: Ontario Association on Developmental Disabilities.
- Woodill, G., & Velche, D. (1995). From charity and exclusion to emerging independence: An introduction to the history of disabilities. *Journal on Developmental Disabilities, 4*, 1-11.