



A resource document on Institutions and De-Institutionalization

for the Ontario “Canadian and World Studies” curriculum (2014)

This document may be of use to students and teachers for Grade 10 *History* and Grades 11 and 12 *Law, Social Justice, or Philosophy (Ethics)*. It is meant as an aid in exploring the topic of institutions and deinstitutionalization as it relates to people with intellectual disabilities in Canada. Sources are given before or after each quoted or abstracted item and details of these sources are at the end, in the Resources section. These should be consulted and referenced in any inquiry or research project. This document contains history from the 1970s and before, up to the present. It may respond to other curriculum expectations and to programs of study in other provinces. However, in preparing it we had in mind particularly the question below:

Grade 10 History -- 1982-Present (Academic)

E.1 Describe various social and cultural trends and developments in Canada since 1982, Including the growth of social advocacy groups. Focus on: *Historical Significance, Continuity and Change*. Sample Question: What was the significance of the deinstitutionalization of people with disabilities in Canada during this period? In what ways was it a change from the treatment of disabled people in the past?

Definitions: In this document, “**institutions**” refer to the large buildings where people with intellectual disabilities* were housed. For many decades, these people were cut off from the rest of society, life was bleak and abuse was common in institutions. “**Deinstitutionalization**” refers to the process of moving these individuals out into small households or apartments in their hometowns and communities, and to closing the institutions—a process that began very slowly in the late 1960s and gained some momentum in the 1980s as the group home movement took hold, but is still not complete in some Canadian provinces. (*Also sometimes called “developmental disabilities” and, until recent decades, “mental retardation.”)

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A. The Problem with Institutions (*social and cultural trends; historical significance, growth of social advocacy*)

Preamble: Institutionalization of people with intellectual disabilities was a profound injustice that has only in very recent years been coming to an end in Canada. Today, de-institutionalization (the resettlement of residents in community housing) is concluding, and the settlement of lawsuits related to the abuse in institutions is beginning, 45 years after the community living movement began in Canada. At the same time, in some provinces there have been efforts towards re-creation of institutions, albeit smaller in size, and there is also the use of inappropriate placements such as nursing homes for some people with disabilities who, with the right supports, could live in the community.

There are various kinds of institutions. Prisons, hospitals, residential schools and other large centres where people are congregated, may be called institutions. The institutions we are focused on in this document are institutions for people with intellectual disabilities (although sometimes people who were intellectually quite competent but had some physical disability—for example, cerebral palsy—or a mental illness, or were just slow developing as children were also placed in these institutions.) Institutions for people with intellectual disabilities were one of the outcomes of the industrial revolution and the social thinking popular in Europe and North America beginning in the 19th century. Such institutions existed in provinces across Canada for many decades. Beginning in the 1980s most of the very large institutions began slowly to be down-sized and conditions in them were gradually improved to some extent as social advocacy groups became more and more vocal and the public became more aware of the injustice of the situation and the possibilities for other successful and much more appropriate options. Most institutions have been closed or are in the process of being closed today, but not all. In some locations the closing of institutions has been strongly resisted, sometimes by local townspeople where they are located because they provided many stable jobs, and also sometimes by family members of people who have been living in the institutions. These family members may fear that their relative will not be able to adjust to living outside the institution or they may fear that the person will become a burden to them.

For people with intellectual disabilities, no change has been more significant than de-institutionalization. In institutions for people with intellectual disabilities, many thousands of people were locked away, often for their entire lives. Other citizens did not see them and often were hardly aware of their existence. Until recent decades, they were regarded as “sick” or crazy and the institutions were called “hospitals” or “asylums.” Often they were grouped with people who were mentally ill and needed an entirely different setting. They had no voice in their treatment and very few or no choices. In most situations, no one thought about their rights. They had no personal space. If they did have a few possessions it was usually impossible to keep them because they slept in dormitories. Abuse was common both among the residents and by staff. There was very little outside monitoring from government or other authorities. There were few or no opportunities for any kind of schooling until recent decades when some workers began to

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point out that they were “teachable.” Even then, the schools run by institutions were very far from present standards for schools. People rarely, if ever saw their family. Most of the institutions were in small towns and semi-rural settings and family members of residents were discouraged from visiting, or if they did visit, had difficulty reaching the locations. The residents generally had very low self-esteem as a result of being abandoned. Most felt depressed and no-good. Self-abuse was common. Many people died in the institutions. In earlier years, often they were buried in graves with only a number, not even their name. In recent years the scandal of how people were treated in institutions and the injustice of locking away people with disabilities and denying them their rights and a life in society has come more and more into the public consciousness. *Social advocacy groups* have spoken out and insisted on changes both to conditions and to provincial legislation regarding services for people with intellectual disabilities. These groups are made up of family members and concerned citizens and sometimes, people in political positions and educators and academics who teach in the fields of sociology, law, disability studies and related disciplines. Today, more and more people who formerly lived in institutions are telling their stories of neglect and abuse and appealing for government apologies and compensation. People who speak from their own experience in institutions are called *self-advocates*. They have formed their own advocacy groups--People First is one example (<http://www.peoplefirstofcanada.ca/>) --or joined existing advocacy groups.

Scroll down in this document to learn more of the history of institutions, the lawsuits by survivors of institutions, and the government apologies and compensation to survivors and victims of abuse that have only recently begun. (There is some repetition as we have gathered material from various sources.)

B. Historical Background—How and Why were Institutions created in the First Place? (*Focus on Historical background, early social and cultural trends; continuity and change, the beginning of social advocacy*)

Institutions were regarded as a good solution to a “social problem” when they began to become common in the latter half of the 19th century. The motives of governments who supported them, the doctors who recommended them, and the families who sent their children to live in them were not evil but they reflected the limited understanding and very low expectations at that time of people who had some kind of limitation or disability or sometimes were just slower developing. Their decisions also reflected a time before human rights were recognized, especially the rights of vulnerable children and adults to be protected from predatory behavior of others, and the right of every person to develop their potential and lead as full a life as possible. Thus, they failed to set up standards and monitoring that might have avoided the neglect and abuse that became the norm in institutions. The setting up of institutions also reflected the attitude that only those who were so-called productive members of society were of value—an

attitude that, in part, found its roots in the industrial revolution and the movement away from home-based and cottage industries where, in spite of poverty, almost everyone, whatever their limitations, could be a part of village life and be sheltered and valued by their family and community.

In the early 19th century, popular thinking was influenced by social Darwinism, a misguided ideology that promoted the idea of ridding society of the so-called “feeble-minded” through outright killing of them (as in Nazi Germany) or through eugenics policies that led some provinces in Canada to enforce sexual sterilization of people with disabilities, so that they could not reproduce. Eugenics policies were based on a primitive understanding of genetics and misinformed thinking about inheritance of some traits. This social thinking also promoted the isolation of such people in institutions away from the rest of society, as we learn in the following passage:

“It is also clear that [forced sexual] sterilization programmes [as in Alberta and BC] could not on their own provide the ‘solution’ to the problem of “mental deficiency” as it was perceived by those professionals, activists and [sexual sterilization] policy-makers who saw themselves as pioneers or reformers. This is the context within which there emerged a marked intensification of segregationist pressures in the first decades of [the 20th] century. The “mentally deficient” were to be removed from society, where they were seen as inefficient, obtrusive and largely unwelcome. They would be kept in isolation and separated according to gender so as to prevent reproduction. These objectives were manifest in the expansion of existing institutions and the creation of many new ones” (Radford & Park, 1993: 373).

Family visits were generally discouraged and often families did not talk about their member who was in an institution—they feared the stigma of having possibly “defective” genes. One of the first very large institutions to be established was in Orillia, Ontario, and people were sometimes sent to it from other provinces. Obviously, children who were sent to an institution in another province would have even less likelihood of any family visits. (The Orillia Asylum for Idiots, as it was first called, was renamed the Huronia Regional Centre in more recent decades. It closed finally in 2009. Information of abuse there has been much in the newspapers in recent years as former residents speak out.—Search the *Toronto Star* especially.)

The information below is from an Ontario government site on institutions and deinstitutionalization: <http://www.mcass.gov.on.ca/en/dshistory/> Some would say it is a “revisionist” history (i.e. it does not fully give the facts and presents the government in a more positive light than is truthful.)

Huronia Regional Centre (formerly known as the Asylum for Idiots) in Orillia, Ontario was established in 1876. It was Ontario’s first large-scale, publicly funded asylum for those diagnosed



as “mentally deficient.” Huronia: “By 1968, at the height of its operations, the facility had 2,600 residents.” Source: <http://www.mcass.gov.on.ca/en/dshistory/>

“The number of institutions and the number of people living in institutions continued to grow until the mid-1970s. By 1976, two years after the government passed the Developmental Services Act, Ontario operated 16 institutions or “facilities,” as they came to be called. They provided residential care to more than 10,000 people with a developmental disability.” Source: <http://www.mcass.gov.on.ca/en/dshistory/>

From other sources:

“Because of the lack of institutional places in other regions of Canada, repeated out-of-province requests were made for institutional accommodation at the Orillia asylum.” Representatives from other provinces also made visits to the Orillia asylum to gain expertise for new institutions in other provinces. Orillia was the “pioneer institutional facility in Canada, the central point from which mental handicap praxis, developed at certain key institutions in the northeastern states, diffused through Canada” (Radford & Park, 1993: 377).

“In the 1970s, at the height of the institutional era, there were approximately 30 large and small institutions for people with intellectual disabilities in Ontario” <http://www.lco-cdo.org/disabilities/joffe.pdf> (p. 17).

But by the early 1970s, there was already an awareness of the problems with institutions of this sort and the beginnings of changed attitudes and policies. A prime catalyst in this change in Ontario was *The Williston Report* of 1971, in which the author, Walter B. Williston, Q.C., called “my indictment against present institutions.” (1971: 61) This report is referenced on the Ontario Government website at <http://www.mcass.gov.on.ca/en/dshistory/legislation/1970s.aspx> . The full text of *The Williston Report* is available through a link on that page, along with the government’s response document from 1972 by The Honourable Robert Welch: “Community Living for the Mentally Retarded in Ontario: A New Policy Focus.” This working paper outlines much of the change in policy and practice that was about to take place in Ontario during the 1970s.

The following are excerpts from a 2010 Report for the Law Commission of Ontario (<http://www.lco-cdo.org/disabilities/joffe.pdf>). Some touch on facts mentioned in the pages above but the Report is useful as it is authoritative:

“In 1839, Upper Canada (which later became Ontario) passed legislation to formally permit the establishment of provincially funded institutions, entitled *An Act to Authorize the Erection of an Asylum within this Province for the Reception of Insane or Lunatic Persons*. In 1876, Ontario opened its first large institution, the Ontario Asylum for Idiots, in Orillia.”

How were people with intellectual disabilities regarded at the time when institutions were being established and growing rapidly?

“Prior to the introduction of institutions, there were virtually no government policies, services or supports specifically for people with intellectual disabilities in Ontario. People with intellectual disabilities and their families were viewed as objects of pity or charity. Typically, families were required to care for their child or adult family member at home. If families were unable to provide for all the needs of their loved-ones, communal support networks represented by friends and neighbours hopefully offered assistance. Local government councils could also be petitioned for financial aid. People with intellectual disabilities who were left on their own often ended up in prisons, where conditions were crowded and unsanitary, and where some people with disabilities were treated worse than convicted criminals.

Society’s treatment of people with intellectual disabilities can be captured by the common terminologies that were used to describe them, including “imbeciles”, “idiots”, the “feeble-minded” and “morons”. The medical community restricted its examination of people with intellectual disabilities to the “degree of idiocy” suffered by the individual. This language illustrates that people with intellectual disabilities were considered different than “normal” people, consequently it was acceptable to treat them differently. Such treatment was almost always accompanied by stereotypes about abilities (or lack thereof), and in particular, the assumption that people with disabilities were unable to lead independent lives.” <http://www.lco-cdo.org/disabilities/joffe.pdf> (pp. 12-13).

“Initially, the concept of institutions was based on the notion that they were a better way to assist people with intellectual disabilities. Institutions were conceived as boarding houses, where people could go for short periods of time (typically no longer than five years), and be taught skills that would assist them to integrate back into the community and live independently. Alternatively, institutions, like large hospitals, were places where people could go to have their disability “fixed”, as promoted by the medical model of disability. The medical model viewed disability as an abnormality or flaw that was located in the individual and sometimes could be treated or cured. Doctors urged parents to place their children in institutions, where they would be with “people like themselves”, who would better understand them, and be happier not having to face the difficulties of living in society. Institutions were paternalistically seen as places that would protect people with intellectual disabilities from the unintended consequences of industrialization, such as poverty, crime, poor working conditions, lack of adequate housing, disease and poor hygienic conditions. It was felt that people with intellectual disabilities would be well cared for and protected. Given the paucity of services and supports available to people with disabilities and their families, publicly-funded institutions were often the only choice.

There were also less humanitarian reasons for the development of institutions. Eugenicists believed that people with intellectual disabilities, among others, contributed to social problems and unrest, and therefore should be isolated and eliminated from the general population. People with intellectual disabilities were blamed for social problems such as poverty, prostitution and the existence of slums. Tragically, many Canadians with



intellectual disabilities were subject to forced birth control and sterilization. Ontario was not immune from the influence of the eugenics movement. It is likely that forced sterilizations occurred, and there is evidence that people with intellectual disabilities were often placed in institutions during their child-bearing years, where men and women were segregated from one another.” <http://www.lco-cdo.org/disabilities/joffe.pdf> (pp. 13-15).

“Institutions were seen as the ‘best’ place for people with intellectual disabilities to be, segregated from society – with others ‘like’ them, unable to reproduce, segregated by sex, also “Institutions were paternalistically seen as places that would protect people with intellectual disabilities from the unintended consequences of industrialization, such as poverty, crime, poor working conditions, lack of adequate housing, disease and poor hygienic conditions.” Also, “Eugenicists believed that people with intellectual disabilities, among others, contributed to social problems and unrest, and therefore should be isolated and eliminated from the general population. People with intellectual disabilities were blamed for social problems such as poverty, prostitution and the existence of slums.” <http://www.lco-cdo.org/disabilities/joffe.pdf> (p. 14)

“Institutions, however, were far from civilized: “Conditions in institutions were often appalling. ‘Inmates’ lived in dormitories with tens or hundreds of others, with no curtains on the windows and no privacy between beds. The doors were locked from the outside, and abuse among the inmates themselves was not uncommon. Typically, there were no protections and no involvement from the staff at night. Bathrooms afforded no privacy either; rows of open stalls without walls or doors were common. People with intellectual disabilities were often forced to work without pay.” <http://www.lco-cdo.org/disabilities/joffe.pdf> (p. 15)

“Institutions were deliberately built away from cities. Living in rural areas was justified as a way to provide fresh air and open spaces that would contribute to the overall health and well-being of people with disabilities. Today, it is recognized that building institutions far from cities served to segregate people with intellectual disabilities from society. Social isolation made it extremely difficult for ‘inmates’ to maintain relationships with family or friends, and meant that abuse and control could not be threatened or exposed.” <http://www.lco-cdo.org/disabilities/joffe.pdf> (p. 16)

Today (2014), all provinces have, on paper, committed to community-based living supports, and the Canadian Association for Community Living reports that since 1986, 90 per cent of Canada’s large institutions have closed, but work continues in this regard.

C. The Growth of Social Advocacy for and (more recently) by people with Disabilities (*Focus on social and cultural trends; change*)

There was a gradually growing call for Deinstitutionalization after World War II



Institutionalization is recognized today as a profound injustice. However, the practice of sending children and adults with intellectual disabilities to live in institutions has only in very recent years come to an end and in many locales it has not really ended in that people with intellectual disabilities who have other disabilities as well (cerebral palsy is an example), are often housed inappropriately in homes for the aged and nursing homes. However de-institutionalization is now concluding in the sense that the very large institutions for people with intellectual disabilities in provinces across Canada have now been closed or are very close to closing, and the settlement of lawsuits related to the abuse in institutions is now beginning. This, 45 years after the first alternative living situations for people with intellectual disabilities (group homes and apartments) began to spring up.

A tremendous amount of work on the part of social advocates is behind the closing of the institutions. In the 1960s, the justice of putting people in institutions was more and more being questioned. In 1964, [Jean Vanier](#), a Canadian, visited and was appalled by the desolate conditions and the loneliness of the men in large institutions on the outskirts of Paris. He invited two men from an institution to share a house with him. They called it "[L'Arche](#)," the French word for "the Ark," meaning Noah's Ark. Very soon, Jean Vanier recognized that the men he had welcomed had a lot to teach him about what is really important in life—how to live from the heart and to live in the present moment, and to enjoy laughter and fun, and mutual care and kindness. (Jean Vanier has continued to advocate tirelessly for people with intellectual disabilities and for all who are marginalized. Vanier and L'Arche stress that a healthy society needs the contributions of all its members.)

L'Arche opened its first Canadian community, known as "[Daybreak](#)" and located in Richmond Hill, Ontario, in 1969. Adults with intellectual disabilities came from institutions and from their families to share life together in a large house and to work either on the Daybreak farm, where the house was located, or in a local ARC Industries sheltered workshop. (The story of Ann and Steve Newroth, who first went to France to experience L'Arche there and then founded L'Arche Daybreak, is told in the document "[The Seeding of L'Arche in Canada](#)," which can be found on the Education page of [larche.ca](#).) At the same time, L'Arche leaders became active with parents and others in advocating for government policy changes. By the mid-70s, several more L'Arche communities had been founded, and L'Arche was in 6 Canadian provinces. L'Arche had also opened communities in the UK, USA, India, and Africa. Jean Vanier continues today live in the first L'Arche community in France.

For many years, Vanier returned to Canada each year to give public talks and CBC interviews about his new "living experiment", as one interviewer called it. L'Arche was awakening interest especially among parents and advocates in Canada. On his visits, Vanier also encouraged family groups and others wanting to provide group homes. ([L'Arche](#) is similar to a group home but different in that, like Jean Vanier himself, those who assist the residents live with them in the same house and together they form a kind of family of friends.)



L'Arche is one part, albeit a pioneering part, in a much larger social movement for change in the way people with intellectual disabilities were seen and treated. In the late 1960s and following, parents who did not want to send their children to institutions, together with other concerned citizens, formed ARC associations (Associations for Retarded Citizens, as they were called at that time, and today called [Community Living Associations](#)). They first opened sheltered workshops in their own communities where their adult children could work in safe, supported settings, often doing assembly or packaging work. Then they worked to open group homes as provincial governments gradually agreed to fund them. In these homes, the people with disabilities lived in normal houses in neighbourhoods with staff coming and going to assist them. Supported living in apartments also became an option for some people. Other group homes began to be opened by faith-based organizations and by ethnic groups. (See further in this document and look at the document titled "[Civic Engagement...](#)" on the Education page of [larche.ca](#) for more on the work of advocacy. One of the earliest L'Arche advocates for policy changes a funding from the government was Brian Halferty, who worked on policy proposals for the government. See the note from Brian Halferty in the document titled, "[The Contribution of L'Arche](#)" on the Education page of [larche.ca](#).)

At this time also, the National Institution on Mental Retardation (NIMR), known later as the [Roehrer Institute](#), was formed on the York University campus and quickly became important at the academic level, doing research and providing academic credibility for proposed government policy changes that would finally lead to deinstitutionalization. Professor Wolf Wolfensberger, who came from Syracuse to teach at NIMR, was one of the most effective advocates, having seen community housing options for people with disabilities working well in Scandinavia. He and Jean Vanier collaborated on an early book. Wolfensberger popularized the approach to supporting people with disabilities to live in the community that was known as "normalization."

Below are excerpts from several documents listed lower down, in Resources:

Mr. Pat Worth, Deinstitutionalization Task Force Chair, founding member of [People First*](#) and [Canadian Association of Community Living](#) (CACL) Director explains what institutions are:

"Institutionalization represents an approach that denies choice, denies opportunity, that congregates, segregates and isolates people. Institutions include all places where people are isolated, controlled, and where personal choices are not permitted. It is a place where you do not have control. Institutions deny you a life – they take away your ability to know and connect to your family – your community – deny you the opportunity for friendships. Institutions take away the ability to have responsibility for your own actions. An institution is a place where people are not permitted to dream."

(People First, 2002: 3).

*People First is an organization run by people with intellectual disabilities and serves people with intellectual disabilities. (People first has encouraged, among other things, a more respectful



use of language regarding people who have a disability. Instead of “the disabled” or “disabled people” most people today refer to the person first: thus, “people who have a disability.” Their slogan “Nothing about us without us” calls the rest of us to consult people with disabilities about how we should describe them and what they would like said about them.

After World War II and the Nazi atrocities, people began to think more about how to protect human rights. (Besides Jews and Roma and homosexuals, the Nazis had sought to wipe out people with mental illnesses and people with disabilities, all of whom they believed were genetically inferior.) Eugenics and its consequences came into disrepute because its premises were shown to be unscientific and because it had been a Nazi practice, and also because it was gradually recognized as leading to violations of human rights. The Universal Declaration of Human Rights was issued by the United Nations in 1949. In 1955, the call for deinstitutionalization in Canada started in Saskatchewan when the Saskatchewan Association for Community Living (SACL) was created.

From [Law Commission of Ontario Report](#) (“Enforcing the Rights of People with Disabilities...”)

“Institutions were eventually exposed as places of extreme cruelty, abuse and inhumane treatment, and consequently began being shut down, with the last large institution in Ontario closing on March 31, 2009. Several factors contributed to the closure of large institutions, including lack of funding, insufficient demonstration of rehabilitation, recognition that drugs were being overused to control behaviour, gradual social acceptance that people with disabilities were not dangerous or deviant, and the application of values of equality and human rights to disability issues. Public awareness of the extremely poor living conditions within institutions also played a role. Perhaps most significantly, the adoption of community living as a philosophy offered an alternative to institutionalized care. Supporters of community living tirelessly drew attention to the atrocious conditions in institutions, and demonstrated that people with intellectual disabilities could live and participate in the community with appropriate services and supports.” (<http://www.lco-cdo.org/disabilities/joffe.pdf> (pp. 17-18).

From the Canadian Association of Community Living (CACL) and People First:

This statement appeared only a few years ago on the official website of for the joint de-institutionalization advocacy work of CACL and People First, which is a self-advocacy group for people who have intellectual disabilities:

“Efforts toward deinstitutionalization are worldwide. Many countries have adopted or are moving rapidly toward a system of supports and services in which institutions play no role with respect to persons with intellectual disabilities. Unfortunately Canada is not one of these countries. Large institutions continue to be funded in seven of our provinces. Many more thousands of individuals, in all provinces and territories, are living in health-related institutions such as seniors’ facilities, nursing Homes, acute care hospitals, long term care facilities and



personal care homes, as opposed to ordinary homes in the community.” [Institution Watch](http://www.institutionwatch.ca/).
(<http://www.institutionwatch.ca/>)

Beginning in the early 1970s, as awareness of the need to close institutions grew, help came from the Canada Mortgage and Housing Corporation (CMHC), a federal government body, in the form of mortgage assistance so that Community Living Associations and other similar groups such as L’Arche could purchase homes. Also, provincial government services for people with disabilities began to be established.

Since the 1970s, social advocacy groups led by families and friends of people with intellectual disabilities have brought very significant changes to the lives of people with disabilities. Increasingly, from the 1980s on, people with disabilities themselves have also become involved as self-advocates and formed their own lobbying organizations working to change government policies and improve their quality of life. Social and cultural trends that emerged after the Second World War, such as greater awareness of universal human rights (part of the reaction against the Nazi genocide which targeted Jewish and Roma people and also homosexuals and people with disabilities and mental illnesses), helped to set the stage for the work of these groups. This awareness led to the UN Universal Declaration of Human Rights (1949), and much more recently, the [UN Convention on the Rights of Persons with Disabilities](#) (CRPD), ratified by Canada in 2010. In Canada, the Charter of Rights and Freedoms, provincial laws regarding accessibility such as the [Ontarians with Disabilities Act](#), and also human rights tribunals are helping to bring change.

At certain points, the movement towards deinstitutionalization has gained impetus from public scandals arising from the mistreatment of individual persons with disabilities. Two cases of this sort in Ontario in 1971 resulted in Walter Williston, a lawyer, being called upon to conduct an inquiry, known as the [Williston Report](#). The report detailed cases such as that of Frederick Elijah Sanderson and Jean Marie Martel, who were two men placed on farms by the Rideau Regional Centre in Smith Falls. Sanderson was horribly mistreated and made to live in quarters that “were not fit for human habitation.” ([Williston Report](#), 1971: 12) He hanged himself in the barn in April 1971. Martel was not provided with proper care and supervision and was found wandering in the winter far from home with his hands, feet, ears and nose frostbitten. This was all in the media and a public outcry ensued. Williston was given two months to complete the task of producing a report on these men and the circumstances leading to the death of one and the life endangering condition of the other.

In his report, in August 1971, Williston included a thorough summary of the evolution of attitudes towards those with developmental disabilities and a review of the history of institutionalization both in Europe and in North America. He gave a thorough overview of the Ontario system of Ontario Hospitals, Ontario Hospital Schools and other forms of service past and present. He referenced modern and leading-edge developments in the field of disability and

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mental retardation [the commonly used designation of the day]. His key recommendation was “that the large hospital institutions for the mentally retarded be phased down as quickly as is feasible.” ([Williston Report](#), 1971: 65) He gave his “indictment against present institutions” in 16 points which outlined major changes that needed to take place. The last of these points was this: “I suggest that a century of failure in the large multi-purpose residential hospitals for the retarded should, in itself, be enough to warn of the inherent weakness in the system and inspire us to look for some better solution.” ([Williston Report](#), 1971: 68)

Today, many organizations engage in social advocacy with regard to the rights of people who have a disability of some sort. Among the most widely known are the Council of Canadians with Disabilities (which advocates for all people with disabilities, whatever their disability might be), and various organizations that advocate for those who have an intellectual disability. Examples are the [Canadian Association for Community Living](#), [Inclusion International](#) (of which CACL is a member), and [People First. L’Arche](#), although relatively small, also engages in and collaborates with other groups in social advocacy work.

Survivors of Institutions have become self-advocates:

As people with intellectual disabilities gained the freedom, education, skills and power to become advocates themselves, they have become more engaged in advocacy. It was especially People First, run by people who have an intellectual disability that insisted that people with a disability should be involved in and consulted about planning.

Some survivors of institutions have learned how to advocate for their rights and with the help of lawyers and friends have taken provincial governments to court in some provinces, holding the governments who ran the institutions responsible for the abuse they suffered. Information about the Ontario government settlement with the survivors of Huronia Regional Centre in Orillia can be found in this [Institution Watch newsletter](#) (Fall 2013). See pages 20-21 for a good synopsis of the Huronia settlement.

Institution Watch also provides a [timeline](#) on the downsizing and phasing out of institutions in Ontario. Mentioned twice in the first few paragraphs is *The Williston Report* and its influence on the process.

On March 31, 2009, the documentary “[The Freedom Tour](#)” was simultaneously shown in over 30 locations in Ontario to mark the closing of the final three Ontario institutions where individuals with intellectual disabilities were “warehoused.” In the documentary, people with intellectual disabilities who are survivors of the institutions in Ontario and Manitoba describe what life was like for them in the institutions. We learn firsthand of the deprivations and abuse they suffered.



Today, all provinces of Canada have, on paper, committed to community-based living supports, and the Canadian Association for Community Living reports that since 1986, 90 per cent of Canada's large institutions have closed, but work continues in this regard.

D. Closing the institutions in various Canadian Provinces (1980s to 2013)

It took decades to close the institutions because of the very large numbers of people living in them—often numbering in the thousands-- as well as the lack of options for them to live anywhere else. Many had been placed there as small children. Family members were elderly or had passed away or could not be traced or did not want to welcome their members with disabilities, and anyway, it was not normal for adults to go on living with their parents indefinitely. Adults with disabilities, like all others, needed to have a life in their own home, whether a shared household with others (a group home), or an assisted living apartment.

Province specific information:

BRITISH COLUMBIA:

“The institutionalization of people with developmental disabilities began more than a hundred years ago in BC with the creation of a large institution in New Westminster, first called the Provincial Asylum for the Insane and later known as Woodlands School, or just Woodlands. Other large institutions - Tranquille, Glendale, and the Endicott Centre - were later created around the province. People with developmental disabilities lived in these facilities apart from their families and communities, sometimes for their whole lives.”

<http://www.inclusionbc.org/our-priority-areas/disability-supports/institutions>

Woodlands Institution:

“Woodlands institution opened in New Westminster, B.C., on May 17, 1878 as the Provincial Asylum for the Insane, later re-named the Provincial Hospital for the Insane. In 1950 it was renamed Woodlands School and in 1974 the name was changed again - to Woodlands. Although the asylum was originally presented as a modern approach to treating “lunatics” and the “feebleminded, it was soon criticized as gloomy and unfit for its purpose of caring for people today referred to as having psychiatric disabilities and intellectual disabilities.”

“By the late 1950's there were approximately 1400 people living at Woodlands. Due largely to the advocacy efforts of families, in 1981 the provincial government announced plans to close Woodlands. Community placements were planned and implemented over the next 15 years. Woodlands finally closed in 1996, marking the culmination of a long struggle to end large institutions in B.C.”

“Following the closure, in response to allegations by former residents of abuse at Woodlands, the

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Province asked former BC Ombudsman Dulcie McCallum to conduct an independent review. In August 2001, McCallum submitted a report, called *The Need to Know: Administrative Review of Woodlands*. The government released the report and their response to it in July 2002. The report found that there was evidence of physical, emotional and sexual abuse at Woodlands, and that the abuse was systemic in nature - in other words, the way Woodlands operated contributed to the occurrence of abuse. The report made 12 recommendations about steps the government should take next, including doing a more in-depth review of abuse at BC institutions and making an apology to people who were abused. In response to the McCallum report, the BC Self Advocacy Foundation and the Woodlands Parents Action Group held consultations throughout the province with former residents and family members of former residents. Reports from these consultations, respectively entitled *The Need to Make Amends* and *Having a Choice* supported McCallum's recommendations. The former residents also called for the demolition of the institution buildings and a role for themselves in the demolition.

“Also in 2002, a class action lawsuit was launched against the provincial government on behalf of former residents. In December 2009 a settlement was proposed and was approved by the court in 2010. Cases are currently being adjudicated. Due to a legal loophole, Woodlands survivors discharged from the institution before August 1974 are currently excluded from the settlement process. Woodlands survivors and their supporters provincially and nationally are currently urging the provincial government to include all survivors in the settlement.”

Source: <http://www.inclusionbc.org/our-priority-areas/disability-supports/institutions/woodlands-insitution>

MANITOBA

“Portage la Prairie’s Manitoba Developmental Centre, one of Canada’s last large institutions, will close down due to a mediated settlement in a human rights case brought forth from Community Living Manitoba against the province back in 2006. As of 2011, “the Centre still housed 250 residents, many of whom have been in for 30 or more years. The Manitoba government has been under pressure to move away from institutionalizing people with mental disabilities and instead provide increased support for community living.”

Source: <http://www.theglobeandmail.com/news/national/manitoba-settles-human-rights-case-on-intellectual-disabilities/article4252471/>

Also see this Winnipeg Free Press [article](http://www.winnipegfreepress.com/opinion/analysis/development-centres-time-is-past-225924321.html) from October, 2013:
<http://www.winnipegfreepress.com/opinion/analysis/development-centres-time-is-past-225924321.html>

NOVA SCOTIA

Nova Scotia has been lagging behind other provinces in the move from institutional living to community living. In a 2008 report, there were still 1,100 people living in large institutions, in congregated care, in the province. In June 2013 a positive government report came out calling for the shift to community living and putting a moratorium on admissions to institutions for 2015.

Ten key issues affecting people with disabilities in the province were addressed:

- Lack of effective person-directed planning supports
- Lack of individualized disability supports
- Inflexible funding that leaves little room for self-direction and choice
- Legal and policy barriers to making personal decisions and choices
- Reliance on institutional care
- Outmoded service delivery system
- Barriers to employment
- Restricted housing options
- Few options for those with complex health and behavioral support needs
- Lack of integration between disability-specific and generic services

Source: Government report:

[http://novascotia.ca/coms/putpeoplefirst/docs/SPD Transformation Plan and Roadmap.pdf](http://novascotia.ca/coms/putpeoplefirst/docs/SPD_Transformation_Plan_and_Roadmap.pdf)

There is hope that this report's recommendations, made in 2013, will be implemented that it will not just gather dust on a shelf. See [report](#) from the NS Community Living.

ALBERTA:

Alberta's last large institution for people with disabilities, the Michener Centre, announced on March 11, 2013 that it would close and the 125 people who still lived there would be transitioned to community living. (However, family members of some residents have protested and it seems the institution may not fully close.) Two other Alberta closures have recently been announced: Alberta's Youngston Home (2011) and the Eric Cormack Centre in Edmonton (2012). The Alberta Services for Persons with Disabilities department hoped to have all residents of this facility moved by the spring of 2014.

ONTARIO:

In 1971, when *The Williston Report* (see above) appeared, L'Arche Daybreak had existed for two years. Local Associations for the Mentally Retarded (now called [Associations for Community Living](#)) had also moved forward with education and work placement services in the community and were also beginning the provision of residential care. So there were some changes happening, and there was already advocacy for more change.



The Homes for Retarded Persons Act had come into existence in 1966, prior to the time of [Williston's Report](#) (he references it on pages 31-2). It provided funding for the establishment and operation of residences for those deemed “mentally retarded,” and more such residences began to be established. With the arrival in the Toronto area of Wolf Wolfensberger in the fall of 1972, the Canadian Association for the Mentally Retarded and its National Institute for Mental Retardation (NIMR) became even more forceful than before in promoting community services of all kinds and advocating for their establishment.

By 1973, the Ontario Ministry of Health which had responsibility for all the large institutions for people with intellectual disabilities began the process of phasing down the size of some of the larger ones. Admittedly, this was sometimes done by phasing up the size of some smaller ones. (Parents and families were aghast when, on one particular day, a string of buses rolled up to the Huronia Regional Centre in Orillia and 500 of the residents were driven without previous warning or preparation to their new “home”, the Ontario Hospital in Coburg.)

On the plus side, supervision and oversight were stepped up for programs such as the Approved Boarding Homes and Homes for Special Care, operated out of the Ontario Hospitals. It was through such programs that people like Frederick Sanderson and Jean Marie Martel moved to private homes or farms. These programs were gradually phased out altogether. At the same time, responsibility for the Ontario Hospital School system (the institutions) was shifted from the Ministry of Health to the Ministry of Community and Social Services. This followed one of Williston's main recommendations that there be “one department [ministry] responsible for services to all handicapped persons and their families.” ([Williston Report](#), 1971: 95)

As well as numerous smaller institutions, the three very large institutions in Ontario have now been closed (in Smith Falls, Woodstock and Orillia). Many newspaper articles about the closing of these institutions and about what life was like in them can be found by doing an internet search. “On March 31, 2009 Ontario closed the last three of its large scale-government operated institutions. More than 6,000 people left institutions in Ontario during the last phase of closures and are living in their communities”

Source: <http://www.communitylivingontario.ca/issues/policy-issues/deinstitutionalization>

From the opening of the first institution in 1876 to the closure of the last ones in 2009, over 50,000 people with a developmental disability had lived in these Ontario institutions.

E. The situation today—much improvement but not “all roses”

British Columbia is now the “poster province” for closing institutions, and Newfoundland and Labrador (the first province to create a full policy of deinstitutionalization, in 1982) and Ontario

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aren't far behind: all large institutions in both provinces were closed by 2009.

In February 2012, the Saskatchewan government began its deinstitutionalization process by engaging families, service providers, community groups and other stakeholders in the process. In April, 2013, it announced it had cleared its waiting lists, with more than 400 people who had been on it now provided with support services to enable them to live in the community.

The Alberta government recently closed both residential buildings at the Michener Centre in Red Deer. Their remaining 125 residents have moved into community homes. However, some family members protested that they did not want their relative to leave the institution and the government very recently (late in 2014) agreed to reopen part of the institution to meet their demands. In Alberta, regional boards add another layer of community oversight independent of the government.

Today, people with disabilities are regarded as full citizens with rights, like any other member of society. Many provinces already have legislation concerning the rights of people with disabilities and legislation is being put forward to ensure the implementation of the [UN Convention of the Rights of Persons with Disabilities](#) which Canada ratified in 2010. The Convention promises rights that the provinces are obligated to gradually implement, from physical access to public areas and buildings to accessible schooling and good independent living or group home options to opportunities for employment and full participation in society.

In Canada, many adults with disabilities receive their own government disability allowance, so that they have much more of a voice in where they live and how they spend their days and they have at least a small amount of money they can spend according to their own wishes or needs. They participate like other citizens in the civic life, entertainment, and recreational opportunities of their town or city. In some provinces, some people with disabilities control their own funding and hire and pay for their support people and for the day program and home setting they want. The Canadian Government offers a Disability Savings Plan that, similar to an Educational Savings Plan, allows parents more easily to put money aside for the future of their child with a disability.

Today, almost all people with disabilities live in the community with their own family until they are adults. They have their own possessions and usually their own bedrooms or, as in any family, they share with siblings. They receive publicly funded education, usually until they are 21, and more and more, they are integrated into regular classrooms in the various Canadian provinces. (Provincial and school board policies still vary widely in terms of the amount of real inclusion in schools.) Families of children with disabilities may also receive funding for special equipment such as a wheelchair or a communication device, or for other supports such as a person to spend free time with them and for programs and therapies to assist them in developing their abilities to

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the maximum. Thus, life for people with intellectual disabilities has greatly improved, but new challenges have emerged with the closing of the institutions. We should not think the picture is too rosy. See the paragraph on “Today’s Challenges” below.

Today’s challenges: Although parents and others have formed social advocacy organizations that have opened group homes and many of these have been granted full or partial government funding, there is a great lack of group home spaces and other forms of supported housing, and a great lack of day program spaces and suitable jobs to meet the needs. Many people with disabilities have at best partial employment or a partial day program placement.

In addition, group homes and independent living situations such as apartments are not necessarily “homey” environments for people with intellectual disabilities. Though far better than institutions, residents can still find their lives rather lonely and empty, with few friends and few opportunities to do interesting things in the community. A sense of home needs to be created, and this is not easy if the staff come and go and change frequently and if there are not enough staff, as is often the case, to provide individual outings and opportunities for the residents to be able to attend events and take part in facilities in the wider community and to form friendships. A 2006 study by Canada Mortgage and Housing [CMHC] of housing for people with intellectual disabilities found L’Arche the “only best practice” it could recommend in the group homes category, citing the family-like environment in L’Arche homes as the reason for its recommendation. L’Arche communities have a higher ratio of assistants in their homes and programs, and assistants actually live in the homes.

See: <http://www.cmhc-schl.gc.ca/odpub/pdf/65011.pdf> (www.cmhc-schl.gc.ca)

Many people with disabilities still live with aging parents and may have only a partial day program or none at all. There is a universal shortage of group home spaces. In some provinces there have been efforts towards re-creation of institutions, although smaller in size, and some people with disabilities are being inappropriately placed in nursing homes (re-institutionalized, in a different setting). These people, who may be young adults, may need some nursing care, but they could receive this in a group home with others of their own age if there were spaces. In a nursing home, they are with much older people and there are no suitable day programs for them. Generally they have few or no friends. Lack of appropriate employment for people with disabilities who can work is another challenge. Employers are gradually being encouraged to be open to hiring people with disabilities for certain jobs and paying them appropriately.

Making and keeping friends is another challenge for people with intellectual disabilities. Many have no friends or only other friends with disabilities. School programs that twin people with and without disabilities and programs such as Best Buddies are helpful in enabling people young people without disabilities to become comfortable with someone who has a disability and to come to appreciate their gifts and the value that can lie in such friendships. But these programs do not exist everywhere and they have limitations in that the non-disabled friend may move



away and lose touch after their schooling. (L'Arche Canada has undertaken an ad campaign to try to help shift public attitudes. It shows people of differing abilities who are clearly enjoying together some activity in which they are engaged WITH one another:

http://www.larchecommons.ca/en/national/news/larche_candas_with_campaign_2013-09-20)

In summary, closing institutions has sometimes led to other injustices when provinces do not provide enough options for people with disabilities to live a full life in the community. Some elderly parents in their 80s are struggling still to care for their adult children with intellectual disabilities who have no place else to live. These adult children at the same time do not have the opportunity to have the kind of full adult life with peers that other adults have. As in Nova Scotia, deinstitutionalization in Alberta has come hand in hand with capacity crises in some areas. In Ontario, approximately 23,000 people are on wait lists, with more than 12,000 people waiting for support to live in an appropriate home setting. In 2013, Ottawa alone had 500 people on its wait list. One bright light, in April 2013, Saskatchewan said it had completely eliminated its wait lists. **Source for much of the above paragraph:**

http://www.huffingtonpost.ca/2013/06/11/housing-for-people-with-disabilities-canada_n_3367350.html

F. Resources

Several of the following resources are in the voices of people who have disabilities. Wherever possible, it is important to hear and quote their voices rather than only other people's summaries.

1. Alberta Association for Community Living (2006). *Hear My Voice: Stories Told by Albertans with Developmental Disabilities Who Were Once Institutionalized*. Edmonton, AB: Alberta. Accessed online at: <http://www.crds.org/faculty/hughson/voice.pdf>
2. Institution Watch is a website of People First of Canada. It offers stories of Life & Community in a number of different downloadable PDFs from those who have lived in institutions: <http://www.institutionwatch.ca/stories-of-life>
3. On the Institution Watch website you can go to each province to look for updates on the situation of institutions in that province/territory: <http://www.institutionwatch.ca/updates>
4. People First (2002). "Proposed National Plan on Deinstitutionalization-- Discussion Paper" (2002) A paper prepared by People First and CACL. Accessed online at: http://www.institutionwatch.ca/cms-file-system-action?file=pdf/deinst_discussion_paper.pdf
5. Institution Watch (2005). "Deinstitutionalization: Making Community Living a Reality for ALL" Accessed online at: <http://www.institutionwatch.ca/cms-file-system-action?file=pdf/cacl%20deinstitutionalization%20flyer%20june%202005.pdf>



Reviews history of deinstitutionalization in 1980s and 1990s and up to 2002 and points out that much more needs to be done.

6. Written records and news articles, audio and video testimonies by people who were institutionalized are available. Here is a link to several videos of people who formerly lived in institutions and also to others of people living in the community:

<http://www.youtube.com/labelfreezone>

7 “What Home Means to Me” <http://www.youtube.com/user/peoplefirstofcanada>

The Freedom Tour is a DVD of the trip made by people with Intellectual Disabilities to draw attention to the still unclosed institutions in various provinces and to the injustices suffered by people while institutionalized.

8. Ontario Class Action law suit in relation to the abuses in Huronia Regional Center, settled in September 2013. See this Toronto Star news story:

http://www.thestar.com/news/canada/2013/09/16/huronia_regional_centre_classaction_lawsuit_set_to_begin_over_alleged_abuse.html

9. The subsequent apology by the Government of Ontario, read in the legislature by Premier Kathleen Wynne on December 9, 2013:

http://www.mcass.gov.on.ca/documents/en/mcass/developmental/Apology_December9_2013.pdf

10. Press release on the March 2013 on the closing of the North and South facilities at the Michener Centre in Red Deer, AB. (This document seems to have been taken down—perhaps because closure has been delayed under pressure from families of some residents.-ed.)

<http://www.peoplefirstofcanada.ca/images/ClosureAnnouncementFromAlberta.pdf>

11. On Institutionalization persisting in Nova Scotia (journal article behind paywall): Barken, R. (2013). “A Place to Call Home: Intellectual Disability and Residential Services in Nova Scotia,” *Canadian Journal of Disability Studies 2:1*. (Many people with intellectual disabilities still remain segregated in institutions, this article examines why this is the case.)

12. Historical timeline for people with Disabilities:

http://regionofwaterloo.ca/en/regionalGovernment/resources/DOCS_ADMIN-1292073-v1-Historical_Timeline_for_People_with_Disabilities.pdf

13. Law Commission Report: Joffe, K. (2010). “Enforcing the Rights of People with Disabilities in Ontario’s Developmental Services System” Prepared for the Law Commission of Ontario’s “The Law as it Affects Persons with Disabilities,” June 30, 2010, ARCH Disability Law Centre. Accessed online at: <http://www.lco-cdo.org/en/disabilities-call-for-papers-joffe>

14. Radford, J & Park, D. (1993) A Convenient Means of Riddance: Institutionalization of People Diagnosed as Mentally Defective in Ontario, 1876-1934. *Health and Canadian Society* 1, 369-392. (This article is in an academic journal. You may have to pay to access it.)

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15. Canada Mortgage and Housing Corporation 2006 study of supported housing for people with disabilities: <http://www.cmhc-schl.gc.ca/odpub/pdf/65011.pdf>

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