

file: Deinstitutionalized

(also in "Report: Review")

APPENDIX I

MEMORANDUM
TO CABINET COMMITTEE
ON POLICY AND PLANNING

7

NUMBER:

DEPT.:

DATE:

A PROGRAM POLICY REGARDING SERVICES TO MENTALLY
HANDICAPPED CHILDREN AND THEIR FAMILIES

SUBJECT:

REHABILITATION

SUBMITTED BY:

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NOV 1990

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DEPUTY MINISTER:

Carmen Molr *Chief*

COMMUNITY SERVICES

SUMMARY:

This submission recommends that government adopt a firm statement which, while recognizing the progress made in community service development for mentally handicapped children and their families, formalizes a commitment to gradually move resources currently deployed for institutional services to community-based services.

I. THE ISSUE

Services for Mentally Handicapped Children in Nova Scotia are at a transition point. Our primary financial resources are deployed in institutional services and programs which have traditionally provided out-of-home services for 400 to 500 mentally handicapped children. Changes in program philosophy across North America during the past two decades are towards in-home support and community (non-institutional) programs. While we have made some modest initiatives over the past decade in terms of supporting mentally handicapped children at home, 90% of our resources remain tied to our institutional system and we remain the only Atlantic Province with large numbers of institutionalized mentally handicapped children.

II. BACKGROUND

A. Until 1970

Historically, mentally handicapped children in Nova Scotia were treated in much the same fashion as they were in other parts of Canada. They were either maintained by the family or placed in institutions. Lower functioning (severely and multiple handicapped) children were placed in county mental hospitals until the mid 1980's and higher functioning (mildly and moderately mentally handicapped) children were placed in the Nova Scotia Youth Training Centre in Truro. The 1980's and early 1970's led to some dramatic reforms with the creation of four (4) Children's Training Centres in Sydney, Dartmouth, Digby and Pictou moving some 200 mentally handicapped children out of county mental hospitals. Further, changes in the Education Act in 1972, which assured all families an educational opportunity for all children with disabilities (including the mentally handicapped), removed one of the primary reasons for institutionalization for all functional levels of mentally handicapped children.

The Department's Admissions Committee in the early 1970's faced a "full house", with 215 children in the Nova Scotia Youth Training Centre and 45 children in each of the 4 Children's Training Centres for a total of 395 places. Waiting lists were the order of the day.

B. 1975-1990

The past 15 years have produced a number of factors which have dramatically effected this scenario. While by no means inclusive, some of the primary issues are as follows:

- (1) The 1960's and 1970's produced social change within the field of mentally handicap as they did with most of society. The concept of normalization was born and developed in this period evolving a philosophical stance which stated that the mentally handicapped should be treated and served in the same fashion as the normal or average citizens in our society. They should go to school, live in the community, work and recreate in the community. They should not be placed outside of the community, i.e. in institutions.
- (2) The Public Education system was one of the first major systems to respond to the changing philosophy with the development of special education classes and mandatory response to all families requiring a place for their handicapped children.
- (3) The Canadian Association for the Mentally Retarded (CAMR) organized in the late 1950's, evolved in the 1960's and 1970's and became a major advocacy body across Canada in the 1980's (changing its name to the Canadian Association for Community Living - CACL - IN 1987). Their primary focus since the late 1960's has been the end of institutions and the integration of mentally handicapped children and adults to full community residential living including work, school and recreation. As they represent families from the broad socio-economic spectrum, their influence has been forceful and their impact felt federally and to greater or lesser degrees in the various provinces.
- (4) The Department of Community Services responded to these changing directions and pressures in a number of fashions.
 - (a) A considerably greater emphasis was placed on developmental programming in both children's and adult institutional facilities with the goal of moving persons back to the community rather than automatic long term care.
 - (b) Major efforts have been made in the adult institutional system to work with municipalities towards downsizing institutions and institutional closures with mixed success.

A broad array of community residential and vocational services have developed to varying degrees as alternatives to institutions in the various regions of the province. The adult service system, while still heavily institutionalized, now has an infrastructure of community service alternatives in most areas of the province which could be readily expanded where there is the will to do so.

Regional Planning Committees (Officials Committees) composed of Departmental staff and municipal staff and/or elected officials were initiated in 1987 to produce long term plans for serving mentally handicapped and mentally disabled adults and to date five to twenty year plans have been produced in the Metro area, Industrial Cape Breton and Yarmouth County. Plans are also currently being developed in Rural Cape Breton and the Cumberland/Colchester Region.

- (c) In the early 1980's the Department initiated an in-home support program to provide a basic level of income assistance to families with severely handicapped children who were "at risk" of seeking institutional services for their children. The criteria for acceptance to the program has been based upon an income test and an assessment which would suggest that the child would be admissible to the Children's Training Centre or Nursing Home Program. The program developed rapidly in the mid 1980's and today serves some 210 families which now exceeds the number of children served in our combined institutional programs.
- (d) Institutional enrolment began to decline in the late 1970's and today is at less than 50% of capacity in the five children's facilities.

III. OBSERVATIONS

1. In terms of other Atlantic Provinces, Newfoundland and New Brunswick have totally shut down their children's institutions and only four (4) children remain in the one small (13 bed) institution operating in Charlottetown. In Nova Scotia, while numbers are down dramatically, the national and provincial advocacy organization, CACL, points to Nova Scotia as the last province in this region and one of the last in Canada clearly lacking a policy on deinstitutionalization.
2. In terms of our existing institutional services for mentally handicapped children, two (2) Children's Training Centres, one in Pictou and one in Digby are serving only 12 children each and are no longer viable operations. Of the remaining two, only the Dartmouth Children's Training Centre is operating at a reasonable capacity in serving its original purpose (32 children) while the Sydney facility serving 18 children in its traditional program, in addition operates a 9 bed nursing care section for children from the Cape Breton area. The Nova Scotia Youth Training Centre, a facility initially designed for mildly and moderately handicapped children, has also seen its capacity decline by 50% during the past 15 years and today is increasingly serving borderline mentally handicapped individuals whose primary presenting problems are behavioral or emotional and not mental handicap.
3. A detailed study entitled "Report of the Working Group on Comprehensive Community Based Support Services For Developmentally Delayed Children" was produced in 1989 by the Department outlining both the need for a suggested approach to expanding both in-home support and community service alternatives for mentally handicapped children and their families. The paper did not assure the complete closure of institutions but would serve as a base for developing alternate programs if total institutional closure were mandated.
4. Most other jurisdictions in Canada have clearly stated that mentally handicapped persons should be encouraged and enabled to live and participate as fully as possible in community life. While there are and will continue to be differences amongst families, advocates and professionals as to what types of service models best constitute full participation in community life, the placement of mentally handicapped children and adults in large, segregated and often isolated institutional environments is clearly beyond the parameters of this philosophy.
5. If Nova Scotia is to embrace the concept of community living, it must also announce its intent to enhance supports to families prepared to maintain their handicapped children at home and create a number of specialized out-of-home residential places for handicapped children who for one reason or another, cannot remain in their own home. In short, a comprehensive system of both in-home and community residential alternatives would need to be created to completely replace the need for institutionalization of mentally handicapped children.

IV. FINANCIAL CONSIDERATIONS

The total budget devoted to institutional services for mentally handicapped children in Children's Training Centres, the Nova Scotia Youth Training Centre and Children's Nursing Care Programs is approximately \$10,500,000. The portion of the 1990/91 budget estimates designated for the operation of the four Children's Training Centres is approximately \$5,500,000. Current Departmental In-Home Support and Early Intervention Program budgets collectively total \$750,000. It is estimated that the children who are currently placed in the Children's Training Centre program (74) could be placed back home or in alternate community circumstances for \$3,500,000 to \$4,000,000 or approximately \$50,000/year per child for the 74 children involved. This is, of course, an untried estimate based on experiences in other provinces, and does not take into account the potential increased demand for these types of services from parents who are currently maintaining their children at home with no or few supports.

Experiences in other jurisdictions do not reflect savings when institutions are closed and in most cases, although individual service costs are much lower on average, the number of families seeking the preferred community service is higher and thus either equals or surpasses the traditional institutional costs. Accurate budget estimates can only be developed through actual experience, on an incremental basis, if and when selected institutions are closed; enhanced in-home support services are put in place; and specialized foster homes developed.

V. RECOMMENDATIONS

1. That government adopt a firm statement, recognizing the progress we have already made in community service development, and formalizing a commitment that we shall gradually move resources currently deployed for institutional services to community based programs.
2. That government announce, concurrent with the above its intent to close the four Children's Training Centres beginning with the currently underutilized Digby and Pictou Children's Training Centres. It should also state that this process will involve close consultation with the families of children residing in the Centres, staff and local service agencies.
3. That an Advisory committee be formed immediately after these announcements to include representation from the Department of Community Services, the Nova Scotia Association for Community Living and possibly family representatives with a mandate to discuss the process of moving towards institutional closure and concurrent development of alternate services and advise the Minister of Community Services of agreed upon or differences in suggested directions.
4. That a committee be struck immediately after these announcements to include representation from the Department of Community Services, the Civil Service Commission and the Nova Scotia Government Employees Union to ensure that the issue of staff redeployment is handled smoothly and does not become a major issue.
5. That a public relations specialist be retained immediately to work with the Department of Community Services in preparing an appropriate approach to all concerned in terms of implementing Recommendations #1 to #4.

Respectfully submitted,


Guy J. LeBlanc
Minister of Community Services

November 7, 1990