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On “Deinstitutionalization”

(This statement by Joseph H. Reid, Executive Director, CWLA, is reprinted from the summer-fall 1974 issue of the CWLA Newsletter.)

In the past two years “deinstitutionalization” has almost reached the proportions of a “movement.” Its recent origins were in the mental health field, particularly a movement to get people out of large mental hospitals. Warehouses for the mentally retarded, such as Willowbrook, were an obvious target for attack. Considerable emphasis was gained in the successful actions in some states, such as Massachusetts, to close unproductive delinquency institutions.

There can be no question about the validity of the deinstitutionalization movement that attempts to close training schools that do not train, mental hospitals that do not treat, and institutions for the mentally retarded that do not teach.

In some states and provinces, recent deinstitutionalization movements have been carefully planned, hard fought, and constructive. They have resulted in more effective services to children. In others, under the guise of humanitarian effort, economy-minded budget cutters have been able to utilize deinstitutionalization rhetoric to destroy facilities without establishing viable alternatives. People have been left worse off, scattered in the communities so that they are no longer visible. In other jurisdictions—such as Illinois until recently—well-intentioned but indiscriminate moves have been made that have produced more chaos than constructive change.

The history of the field of child welfare—the first field to deinstitutionalize—gives clear evidence of the necessity to plan alternatives clearly before burning down existing structures.

The great deinstitutionalization push in child welfare took place in the 20s, 30s, and 40s. The leaders of the Child Welfare League of

America were in the vanguard of that movement. Almost every state had huge custodial institutions that, for the most part, no longer exist. Hundreds of institutions existed for the care of babies and toddlers. Action by the Child Welfare League resulted in the closing of some 300 such institutions in the period between 1928 and 1940.

Although some of this history is marked by an anti-institutional climate, in the main there was careful planning of alternatives. The development of foster homes, group homes, the substitution of decentralized community-based small-group settings for one or two huge centralized institutions marked the change. And most importantly, the development of the small residential treatment center for emotionally disturbed children, appropriately cared for in group settings, came out of the closing of the harmful custodial institutions.

This is not to say that all institutions that remain in the child welfare field today are necessary and good. There are still many, unfortunately, that do not have the knowledge and resources to discriminate between the child and family who need their services and those who will be harmed by them. There are still those that isolate and stultify children.

The child welfare deinstitutionalization movement of past years also produced some negative results. Over-zealous anti-institutionalization sometimes resulted in placing in foster homes children who could not survive in such a setting and who required specialized group care.

It is important to realize that some children require group care. Some delinquents will benefit from well-structured, small-group settings with appropriate therapy, including work with families. Not all state training schools are bad. The majority, however, suffer from politically picked rural or small-town settings where it is impossible to get adequate staff, from indiscriminate commitments, from a punitive orientation, from hopeless budgets, and from racism. But the solution is not simply to destroy them. First there must be built—as is being attempted in British Columbia—carefully planned alternatives with appropriate community support that will in most cases be more expensive than the training school itself. There is no room for economy motivation alone.

Unfortunately, there is clear evidence that in some localities—California for one—where such planning did not take place

in the mental health field, people were simply turned loose on the community to their own and the community's detriment.

There is evidence that the Department of Health, Education and Welfare sees the deinstitutionalization movement as something it can latch onto, using cost saving as the primary motive. The recent debacle in Illinois was, in part, a direct result of indiscriminate anti-institutionalization that saw all institutions as bad, with little or no understanding of the range of child care facilities that a community requires.

The situation in Illinois has now been ameliorated, but the deinstitutionalization movement is by no means over, nor should it be. It is to be hoped, however, that the experience of the last few years will result in a far more careful scrutiny of plans behind slogans.

Training schools that are breeding grounds for crime, the Willowbrooks for the mentally retarded, must go. However, the simplistic logicians who believe that because "A" has not worked, ergo "B" will, need some re-education.

The growth of the deinstitutionalization movement holds great promise. As with any controversial matter, however, advocates and detractors alike are able to find ready examples to back their judgment. But if deinstitutionalization is to be a historic vehicle in the field of delinquency, mental retardation and mental health, it needs to be carefully and reasonably probed for its strengths and weaknesses. It requires people with depth of knowledge and experience. Otherwise, advocates will become disillusioned and detractors will become more cynical and nothing of value will be gained. ◆

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