HISTORY OF DEVELOPMENTAL DISABILITY POLICY IN ALBERTA[†]

Nilima Sonpal-Valias

SUMMARY

The Alberta government is in the midst of reviewing its Persons with Developmental Disabilities (PDD) program, which funds more than 12,000 adults and has a budget totalling almost $1 billion. Despite numerous funding increases over the years, program beneficiaries, their families, advocates and service providers feel the PDD program still has many challenges to overcome. The review and its aftermath offer a timely occasion for all these groups to offer their input and make recommendations to help influence policy reform.

The PDD program helps its beneficiaries to live at home, pursue employment opportunities, enjoy community access and receive specialized services from about 160 non-profit and for-profit community disability service providers. The program's goal is to allow Albertans with developmental disabilities to live as independently and inclusively as possible in their communities.

Like most public policies and programs, government responses toward Albertans with developmental disabilities have evolved with shifts in societal attitudes, economic conditions, ideological positions and political considerations. Since the province's inception in 1905, developmental disability structures and supports have reflected Alberta's sometimes authoritarian and socially conservative leanings, such as in its dark history of eugenics, and at other times its progressive tendencies, evident in innovations such as Canada's earliest schools for children with disabilities and the assured income program for adults with developmental disabilities.

Over the past 114 years, there have been four transformative shifts in policies and services for Albertans with developmental disabilities. During the early part of the 20th century, when eugenics theory and the medical model of disability prevailed, Albertans with developmental disabilities were confined to government-run institutions where legislation allowed many so-called "feeble-minded" individuals to be forcibly sterilized well into the 1960s. In the middle of the century, the deinstitutionalization movement's demands for community-based care led to the emergence of non-profit service providers to deliver publicly-funded disability services in local communities. Subsequently, rise in the social model of disability, which conceptualizes disability as society's failure to respond to individual limitations, paved the path for a rights-based conversation and spurred the development of more inclusive models of support. While the first three transformations were shaped by societal changes in views toward disability, the most recent one rests on a broader shift in views about the role of government in society, The onset of neoliberal ideas and reforms in the 1980s, favouring less government intervention, greater individual responsibility and market-inspired designs for public programs, accelerated the privatization of services, gave rise to individualized and family managed funding models and heightened government's focus on promoting efficiency, competition and accountability.

The PDD program is a legacy of this complex and sometimes messy evolution. At any given time, a diverse array of competing underpinnings coexisted in Alberta's developmental disability field to shape policy responses, and they continue to do so in profound ways.

The current program review is an important opportunity for all groups including people with developmental disabilities, their families and advocates, the agencies that provide daily supports, program administrators and members of Alberta's newly elected government, to bring in alternative perspectives and propose new solutions. Once existing guidelines or new recommendations become formalized, the window to influence change is lost. Thus, it is important to keep discussions open until robust solutions are found that are acceptable to as many stakeholders as possible. The history of this policy field shows us that success is more likely when there is alignment of goals across all vested parties, and when proposed solutions build on shared beliefs and can leverage existing policy mechanisms, tools or structures provided these are viewed as legitimate and acceptable to all stakeholders.

Preliminary highlights of the findings from the review suggest that there are many areas of concern related to the programs scope, structure, processes and outcomes. As Alberta faces new economic and social realities and uncertain global influences, the review offers a timely opportunity for a rejuvenated discussion about how to shape this policy field for the 21st century.

INTRODUCTION

In January 2018, then-premier Rachel Notley's New Democratic Party (NDP) government announced a full review of the Persons with Developmental Disabilities (PDD) program responsible for the delivery of services and supports to adults with developmental disabilities.[1] With a budget close to $1 billion, PDD funds 12,000 adults to receive home living, employment, community access and specialized services from about 160 non-profit and for-profit community disability service providers. The goal is to help individuals live in their communities as inclusively and independently as possible.

Despite being one of the most reviewed public programs in Alberta and having received a series of funding increases in recent years, program beneficiaries, their families, service providers and advocates view PDD as fraught with problems. Key challenges include lack of a clear and shared vision for the program, lack of transparency and role clarity, systemic inconsistencies and barriers, an increasing caseload of individuals with complex support needs, funding that remains inadequate despite significant increases, lack of a skilled workforce, and stifling regulatory and accountability requirements (ACDS 2019). The program review is a timely opportunity for a system-wide scrutiny to understand the evolution of policy in this field.

Like most public policy, Alberta's developmental disability policy is a dynamic product of historical factors, forces and processes. Policy issues, solutions and tools are shaped by a complex array of cultural beliefs and values, existing structures and mechanisms, and the historical contexts in which they arise. Since policy considerations based on different underpinnings often coexist, understanding the evolution of a policy arena provides deeper insight to help strategize future policy recommendations.

This paper traces the evolution of developmental disability policies in Alberta from 1905 to the late 2010s.[2] Four transformative shifts in this policy field are identified. They are associated with:

1. Legalized institutionalization and the medical model of disability
2. Deinstitutionalization movement
3. Social model of disability
4. Neoliberal reforms

The paper describes how Alberta's developmental disability policy and service models have been shaped as much by societal shifts in views toward disability as by the province's unique socio-political characteristics, and more recently, by broader shifts in views about the role of government in society. By making visible the influences underpinning current structures, mechanisms and policy approaches, the paper aims to create a more informed understanding of this policy landscape considering the current opportunity to influence reform.

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[1] The review was scheduled to span past the 2019 provincial election. At the time of writing, the NDP government had been replaced by the new United Conservative Party (UCP); the new government's plan for the review remains unknown.

[2] The paper is derived from a larger body of research documented as part of a doctoral dissertation (Sonpal-Valias 2016).

LEGALIZED INSTITUTIONALIZATION AND THE MEDICAL MODEL OF DISABILITY

LEGALIZED INSTITUTIONALIZATION

When the province of Alberta was established in 1905, there were no organized services for Albertans with developmental disabilities. For the first decade, most people described as "mental defectives" or "feeble-minded" were cared for at home by their families.[3] Under the 1907 *Insanity Act,*[4] those deemed by the courts to be "dangerous lunatics" were sent to the Insane Asylum in Brandon, Manitoba for permanent incarceration at public expense (Alberta Social Services and Community Health [SSCH] 1985b, 2). Like criminals, individuals with developmental disabilities and people with mental illness were viewed as dangerous and disruptive. Under this law-and-order approach to developmental disability, confinement and control were seen as appropriate responses for both their protection and that of society (Jongbloed 2003, 205).

Rapid population growth forced the government to build the Provincial Hospital for the Insane at Ponoka in 1911. Modelled after the techniques practised by the best American asylums of the time, the Ponoka hospital was designed to "bring Alberta into the forefront of treatment for the insane and feeble-minded" (LaJeunesse 2002, 27). By 1915, due to a rising population and lack of public funds for new facilities, the asylum housed over twice the intended number of residents (LaJeunesse 2002, 31).

In 1919, due to shifting views about disability in the United States, Albertans with developmental disabilities were formally recognized as requiring different policy responses and interventions than people with mental illness. The landmark *Mental Defectives Act* [5] provided Alberta's first legal definition of a mentally defective person: "any person afflicted with a mental deficiency from birth, or from an early age, so pronounced that he is incapable of managing himself or his affairs, and who is not classified as an insane person." The act also permitted the placement of such persons in institutions specifically designated for them.[6]

In 1921, individuals with developmental disabilities were moved from the crowded Ponoka hospital to the Provincial Training School (PTS) in Red Deer.[7] Renamed the Michener Centre in 1977,[8] the PTS/Michener Centre became Alberta's most (in)famous institution in the province's disability history as the longest-standing residential facility in Alberta for people with developmental disabilities and as the site for a eugenics program that lasted longer than most others in the Western world (Grekul 2002, 248).

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[3] The labels presented are those that were historically in use; they reflect the prevalent societal values and views toward disability.

[4] *An Act Respecting Insane Persons*, S.A. 1907, c.7.

[5] *An Act Respecting Mentally Defective Persons,* S.A. 1919, c.21.

[6] Early examples include the South Edmonton Home for Mental Defectives, established in 1919 as the first residential institute for children with developmental disabilities (Alberta SSCH 1985b, 2), and the Home and Training School for Mental Defectives constructed in Oliver in 1920 (LaJeunesse 2002, 31).

[7] Built in 1913 by the Presbyterian Synod as a college for young women, the site was used for shell-shocked First World War veterans before its conversion to PTS (Alberta SSCH 1985b, 2).

[8] Named after Roland Michener, Red Deer resident and governor general of Canada from 1967 to 1974.

THE MEDICAL MODEL OF DISABILITY

The establishment of facilities like PTS reflected the influence of medical professionals and a shift in the societal view of disability from a law-and-order approach to a medical model. Medical professionals promoted their view of disability as an individual deficit that, like disease, could be clinically diagnosed and cured or controlled through medical intervention. The policy response was to link diagnoses "to programs aimed at improving functional capacity, [with the result that] medical professionals become the gatekeepers to benefits" (Jongbloed 2003, 205).

The strongest example of the power of medical professionals over the lives of people with developmental disabilities was the eugenics program. Although the idea of improving human genetic traits through selective breeding had existed since the late 1800s, it gained strong momentum after the First World War, when scientific and medical knowledge was seen as having answers to social problems. In Alberta, eugenics received an especially warm reception in the 1920s by influential conservative elites and "progressive" social reformers (Grekul 2002, 249; Grekul, Krahn and Odynak 2004, 359),[9] who considered it economically beneficial and morally responsible to prevent "feeble-minded" people from reproducing. The latter – which included the mentally defective, the insane, undesirable immigrants, the poor, prostitutes and criminals – were viewed as a threat to the genetic purity and potential of the human (as in, white, upper- and middle-class) race. Gender segregation via institutionalization, combined with the sterilization of those deemed beyond improvement, was seen as a necessary and effective response (Radford 1991, 453). During this time, close to 30 American states passed sterilization laws (Grekul, Krahn and Odynak 2004, 359).

The first critical juncture in policies and services to people with developmental disabilities in Alberta thus occurred in the 1920s, resting on an intimate link between legalized institutionalization, the medical model of disability and the eugenics movement. The 1919 *Mental Defectives Act* already permitted the institutionalization of people with severe developmental disabilities. In 1928, institutionalization and eugenics were formally connected under the *Sexual Sterilization Act* (S.A. 1928, c.37). Enacted by then-premier John Brownlee's populist and socially conservative United Farmers of Alberta (UFA) government, the act allowed for the sterilization of mentally defective people upon authorization by the Eugenics Board and consent from the individual, family or guardian, or the provincial health minister. It also gave institutions the role of identifying those who should be sterilized (Grekul 2002, 4, 105). Sterilization scholars have argued that institutions such as the PTS/Michener Centre, although rationalized as sites for training and education, were actually "manifestations of eugenically-driven social policy" (Radford 1991, 450), and that eugenics "played a central role in establishing and sustaining the institution" (Malacrida 2015, 4).[10]

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[9] Among these reformists were influential middle-class women such as Nellie McClung and Judge Emily Murphy, who led the fight for women's suffrage (which had both classist and racist elements), and the United Farm Women of Alberta, an auxiliary group to the governing United Farmers of Alberta party.

[10] Alberta was not unique in this. Many large institutions for people with mental disabilities or mental illness in Canada, United States and Britain were transformed by pressure from the eugenics movement (Radford 1991, 450).

The power of the eugenics movement grew strongly in the 1930s. In a province ravaged by the Great Depression (Whitcomb 2005, 43), people with developmental disabilities were viewed as a drain on public coffers. Medical professionals and socially conservative political and social elites favoured increasing the scope and powers of the Eugenics Board so that sterilization could proceed more rapidly. In 1937, the *Sexual Sterilization Act* was amended to permit the sterilization of people with developmental disabilities without consent (Grekul, Krahn and Odynak 2004, 363).[11]

By the 1960s, Alberta's sterilization rates were among the highest in North America (Grekul, Krahn and Odynak 2004, 377) even though the eugenics movement had fallen into social and scientific disrepute (Withers 2012, 25). Compared to developments nationally and internationally, Alberta's governing Social Credit (SC) party's fundamentalist and moralistic views and its antagonistic relationship with the federal government may have slowed Alberta's progress in disability policy (Finkel 1989, 137, 145). Furthermore, the system supporting the sterilization of individuals with developmental disabilities had become a "well-oiled machine" (Grekul 2011, 17) by this time. Medical professionals in charge of the institutions identified residents for sterilization to the Eugenics Board which, in turn, had the legal authority to order sterilization without requiring consent. Supported by a "tight circle of professionals and legislators" (Malacrida 2015, 30) and with little turnover, the board experienced no challenges and was able to exercise its growing power very efficiently.

By the time it was disbanded in 1972, the Eugenics Board had reviewed 4,785 cases, and taken on average 13 minutes per case to approve 4,739 individuals for sterilization. Of these, 2,834 (60 per cent) were sterilized (Grekul 2011, 18-21).[12] Inaccurate and culturally biased intelligence tests contributed to the institutionalization and potential sterilization of many misdiagnosed individuals (Malacrida 2015, 21). Of the cases presented to the board as "mentally defective" from 1929 to 1972, no IQs were reported for 11 per cent, nine per cent would not be considered mentally disabled by current standards and 34 per cent had scores with large variances (Grekul 2002, 122-124). These findings call into question the basis of the board's decision processes.

Alberta's sterilization program endured for close to 50 years and owes its impact and duration to a confluence of factors (Grekul, Krahn and Odynak 2004, 378-380). Influential social reformists, an unusual degree of overlap between the religious and political elites, a heavy reliance on medical experts, and the absence of a countervailing force (such as a strong Catholic Church) to oppose birth control combined to create a situation where an extreme medical solution was adopted as a viable policy response. Alberta's radical (as in anti-Eastern Canada) tendency made the socially conservative UFA party more willing to go all out to implement sterilization while other provinces merely flirted with

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[11] *The Sexual Sterilization Act Amendment Act,* 1937, S.A. 1936 (2nd session), c.47.

[12] The remaining 40 per cent were not sterilized due to lack of, or indefinite delay in, obtaining consent. While consent was not required for individuals deemed "mentally defective," many individuals approved for sterilization were not mentally defective (Grekul, Krahn and Odynak 2004).

such programs.[13] Once implemented, opposition to the program was unlikely to emerge during the three decades of highly moralistic and authoritarian leadership of SC premiers William Aberhart and Ernest Manning. The eugenics ideology thus remained largely undebated and perpetuated until the early 1970s.

DEINSTITUTIONALIZATION MOVEMENT

Countervailing forces, however, were underway in the late 1950s to 1960s, for the second critical juncture in Alberta's developmental disability field to occur. The deinstitutionalization and normalization movements – challenging segregationist policies and pressuring governments to fund community-based supports – were making rapid strides at the federal level and in some provinces. The ideas underpinning these movements nationally and internationally, parental desires and advocacy for their children with developmental disabilities, and federal structures to support the spread of the welfare state coalesced to prime the provincial context to displace the institutional model of service with the emergence of community-based non-profit disability services.

Averse to treatment in hospital-like facilities far from families, several strong groups representing injured Second World War veterans, victims of a 1953 polio epidemic and their families advocated for community-based care for individuals with motor impairments. Their actions spearheaded the creation of non-profit organizations such as Easter Seals, the Edmonton Physically Disabled Association (renamed Goodwill Industries of Alberta) and the Canadian Paraplegic Association (CPA, renamed Spinal Cord Injury Canada) (Jongbloed 2003, 205). In 1962, CPA, Easter Seals and the March of Dimes formed the Canadian Rehabilitation Council for the Disabled (CRCD), a federal advocacy organization for individuals with physical disabilities (Neufeldt and Enns 2003). Meanwhile, the Canadian Mental Health Association (CMHA) advocated for community-based options for individuals with mental health needs (Neufeldt 2003, 42).[14]

While these efforts raised public consciousness for community-based services for people with physical disabilities and mental health needs, the normalization movement spurred the deinstitutionalization of individuals with developmental disabilities. Originating in the 1950s in the demands expressed by Scandinavian parents and popularized in North America by Wolfensberger (1972) and the National Institute on Mental Retardation,[15] normalization meant "making available to the mentally retarded patterns and conditions of everyday life which are as close as possible to the norms and patterns of the mainstream of society" (Nirje [1969] 1994, 19). Normalization principles were readily adopted by parents advocating for the education rights of children with developmental disabilities (Dunn 2003, 203). As the children grew to adulthood, parent associations

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[13]   British Columbia was Canada's only other province with such legislation. Despite having similar size populations, about 10 times as many people in Alberta were sterilized as in British Columbia (Grekul, Krahn and Odynak 2004, 358).

[14]   Ironically, it was the CMHA, then called the Canadian National Committee for Mental Hygiene (CNCMH), that had successfully advocated for the segregation and sterilization of the "feeble-minded" in the 1920s in Alberta.

[15]   NIMR was renamed Roeher Institute, which was later succeeded by the Institute for Research and Development on Inclusion and Society (IRIS, n.d.).

shifted their focus to lobby for employment opportunities and community living options (Neufeldt 2003, 45).[16]

Meanwhile, important legislation related to the rise in the welfare state was priming the federal context for a nation-wide transformation in disability programs. The *Hospital Insurance and Diagnostic Services Act* (S.C. 1957, c.28) and the *Medical Care Act* (S.C. 1966, c.64) led to universal medicare for all Canadians, including those with disabilities. A few years later, the *Vocational Rehabilitation of Disabled Persons Act* (1961; VRDP) enabled provinces to recover up to 50 per cent of vocational training costs for individuals with disabilities, and the *Canada Assistance Plan Act* (S.C. 1966-67, c.45, s.5(2)(c); CAP) provided similar cost-sharing for approved social programs, including disability supports (Jongbloed 2003, 204-205).

Concerted attention on cognitive disabilities came about in 1964 when the federal government responded to parental pressure by organizing a national conference on mental retardation – a move the Manning government criticized as an intrusion in provincial matters (Finkel 1989, 150). Spurred by the conference, federal funds were provided in partnership with CAMR as part of the Centennial Crusade in 1967 to incite the provinces to fund community-based services for individuals with developmental disabilities and establish research and demonstration centres (Neufeldt 2003, 47).

Federal funding was an important contributor to the growth of non-profit group homes and sheltered workshops (Neufeldt 2003, 48). Progress along this new trajectory, however, was slower in Alberta than in other provinces. Saskatchewan, for example, had been planning community supports for people with mental health needs as early as 1956 (Neufeldt 2003, 40). Nonetheless, community-based non-profit advocacy and service organizations had started appearing on the landscape.

SOCIAL MODEL OF DISABILITY

The third critical juncture in policies and services for adults with developmental disabilities occurred in the 1970s. This was fostered by several factors. First, international social and rights models introduced new conceptualizations of disability and expectations of the role of people with disabilities in society. Academics, newly graduated rehabilitation professionals and influential parental advocacy groups promoted these views. Second, key reports (Blair 1969; Wolfensberger 1972) translated the philosophical conversation into concrete guidelines for restructuring services into small, community-based service models. Third, politically and culturally, the province was ready for the progressive shift to the belief that individuals with disabilities had the right to participate in society and make decisions over their own lives. Finally, Alberta's economic prosperity meant public funds were readily available to finance innovative and collaborative responses to facilitate the rapid deinstitutionalization of individuals with developmental disabilities.

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[16] The Canadian Association for Retarded Children (renamed in 1969 the Canadian Association for the Mentally Retarded [CAMR] and changed in 1985 to the Canadian Association for Community Living [CACL]), established in 1958, was one such parent advocacy organization (CACL, n.d.). The Christine Meikle School, established in 1958 by a concerned parent, is still part of the Calgary Board of Education and serves children with severe and complex needs.

Internationally, there were major shifts in views of disability, building on the social consciousness groundwork laid in the 1950s and 1960s. British activists developed a social model of disability conceptualizing it as the oppression created by society's failure to respond to functional limitations. Under this model, the appropriate policy response was not to fix the individual through behavioural or medical intervention, but to change the social environment. In North America, disability activists advocated for the rights of people with disabilities to have control over their lives, and to access opportunities for full participation in society (Jongbloed 2003, 206). These activities not only "changed the conversation about disability, but also presented a new framework in which disabled people could be united and organized" (Withers 2012, 5). CACL's nation-wide *Plan for the '70s* campaign played a significant role in refocusing federal and provincial policies from institutionalization to community-based supports, and galvanized parents and service recipients to advocate for greater involvement in decision-making processes. The campaign also spurred the establishment of self-advocacy groups such as the People First organizations (Neufeldt 2003, 50).

The emergence of community-based disability organizations was a critical outcome of the deinstitutionalization and normalization movement in Alberta. In 1969, the province commissioned a study to review services for individuals with mental health and cognitive issues. The resulting Blair (1969) report was instrumental in developing a policy framework and guidelines for structuring community-based services. It laid the foundation for more changes to Alberta's developmental disability sector in the 1970s, than any since the start of the century.

In 1972, the *Sexual Sterilization Act* was repealed, and the Eugenics Board disbanded.[17] The Services for the Handicapped (SFH) program was created, administratively separating for the first time services to adults with developmental disabilities from those with mental health needs. Handicapped Children's Services (HCS) was established to financially assist parents or guardians of children with disabilities (Alberta 2006, 565). Although SFH and HCS were later criticized for unintentionally creating "silo[s] of responsibility" rather than integrating disability policies and responsibilities across all public departments (MacFarlane 2009, 14), and for providing different types and levels of supports for children versus adults (Clark, Seel and Clark 2009), SFH and HCS were critical first steps in the creation of structures to support large-scale deinstitutionalization. Other developments included innovations such as the *Dependent Adults Act* (S.A. 1976, c.63.) enabling courts to appoint a legal guardian for an individual unable to make personal decisions, and the 1979 Assured Income for the Severely Handicapped (AISH) program, the first social assistance program in Canada exclusively for people with disabilities who were unable to work.

The establishment of SFH led to rapid growth in community-based residential services, sheltered workshops and training sites structured to move individuals through programs as they attained increasing levels of skills and independence. Government administrators, community agencies and families collaborated closely to identify service needs, develop programs, create service standards and place individuals in the community (Alberta HSD

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[17]   *The Sexual Sterilization Repeal Act,* 1972, SA 1972, c 87.

1973; MacFarlane 2009, 14). To ensure well-trained staff were available to support the expansion of services, Alberta Advanced Education funded the development of post-secondary programs in community disability services (Neufeldt and Egers 2003, 312).

Despite the shift to community-based services, institutional facilities continued to expand.[18] The official rationale was that the facilities were needed to support people who were too old or disabled to transition to the community (Alberta SSCH 1985b, 24). In reality, the general public was simply not ready to welcome people with developmental disabilities or mental illnesses into their communities. In some instances, poorly executed transitions reinforced views that residential facilities were necessary (LaJeunesse 2002, 149). As well, many influential parents who believed that institutional care was a better option for individuals with severe disabilities were instrumental in modernizing the facilities (Wingrove 2013; Malacrida 2015, 228). There were also political and economic considerations. Institutions were often the largest employers or purchasers in the rural communities where they tended to be located; politicians needed the support of people who benefited from the facilities (LaJeunesse 2002, 147; Malacrida 2015, 155). Keeping them operational has also been argued as providing "a too-easy alternative in the form of reinstitutionalization when the will and resources to support community living fall short" (Malacrida 2015, 231).

Thus, during the 1970s, contradictory and conflicting logics shaped policies and services for adults with developmental disabilities in Alberta. The immense push toward deinstitutionalization, well-aligned with the widespread ideas brought by progressive movements and the social models of disability, coexisted with makeover attempts to normalize institutional facilities so they could remain in operation. The policy landscape became much more complex in the 1980s as new ideas about the role of government began taking hold across advanced Western democracies.

NEOLIBERALISM IN THE DEVELOPMENTAL DISABILITY SECTOR

The fourth critical juncture in developmental disability policies and services occurred in the 1980s as a severe economic downturn created fertile ground for neoliberal views favouring smaller governments, individual initiative and market-based competition. Neoliberalism's recommendations include privatizing state agencies, reducing social services and welfare programs (Steger and Roy 2010, 11), and borrowing corporate values and techniques to form a "new public management" approach to increase market-oriented behaviour, administrative efficiency and accountability in the public sector (Osborne and Gaebler 1992; Steger and Roy 2010, 14).

In the developmental disability field, neoliberalism's influence can be seen in the acceleration of privatization, funding cutbacks, limits to program access, restructured program delivery, options to enhance family and individual responsibility, and mechanisms for scrutiny and accountability (Sonpal-Valias 2016).
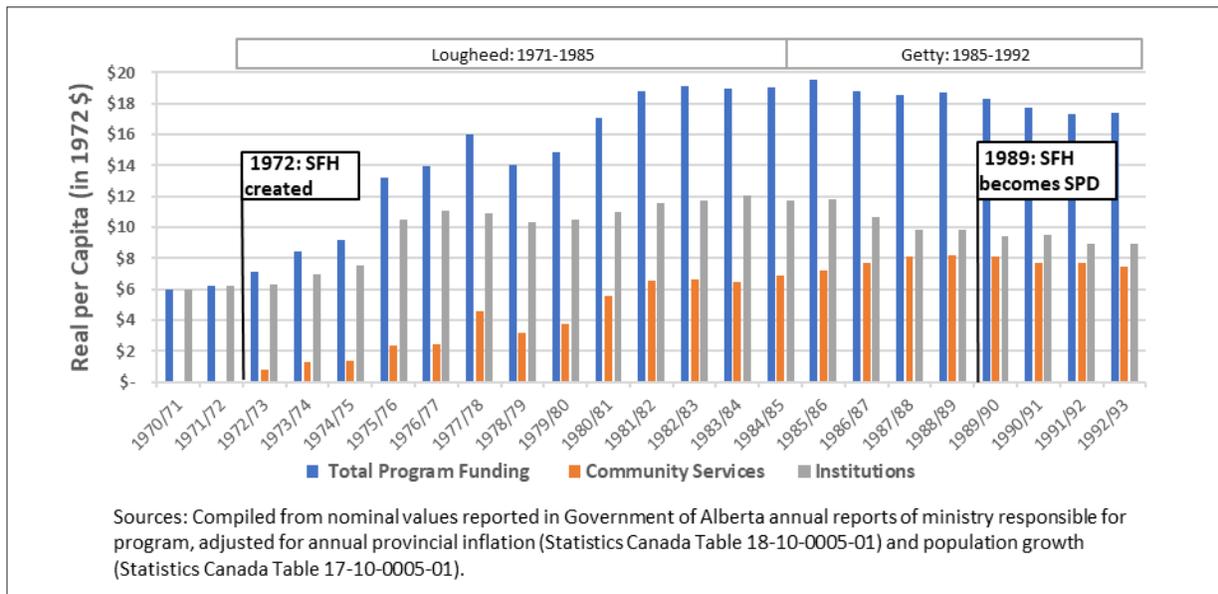
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[18]   The Centre for Care of the Mentally Handicapped (renamed Eric Cormack Centre) was opened in Edmonton; the PTS was expanded and reopened as the Michener Centre, which included a public recreation complex and a residential subdivision with 21 group homes.

ACCELERATION OF PRIVATIZATION

Framed in neoliberal language as the "revitalization of community enterprise" (Kinkaide 1987, 28), privatization was seen as a vital strategy to broaden individual, family and community responsibility. It shifted government's role from delivering services to developing standards and monitoring service quality. It was also a means to increase competition, accountability and innovation by strengthening market forces and to enhance volunteerism and non-public sector employment (Kinkaide 1987, 32). In the developmental disability field, privatization aligned well with: (i) families' demand for greater flexibility and control over services; and (ii) government's desire to reduce the perceived concentration of power in large agencies by funding the creation of many smaller agencies (MacFarlane 2009, 18).

The acceleration of privatization is demonstrated by the rapid increase in the proportion of SFH funding to community-based services vs. institutions (Figure 1). By 1989/90, when SFH and HCS were reorganized into a combined Services for Persons with Disabilities (SPD) program, community-based services had become the dominant care providers.

FIGURE 1   ANNUAL EXPENDITURES FOR INSTITUTIONAL AND COMMUNITY-BASED SERVICES FOR ALBERTANS WITH DEVELOPMENTAL DISABILITIES 1970/71 TO 1992/93

Sources: Compiled from nominal values reported in Government of Alberta annual reports of ministry responsible for program, adjusted for annual provincial inflation (Statistics Canada Table 18-10-0005-01) and population growth (Statistics Canada Table 17-10-0005-01).

The expansion of community-based services occurred within a context of broader disability policy initiatives and advances. The United Nations declared 1981 the International Year of Disabled Persons and 1982 to 1993 the International Decade of Disabled Persons. To support these, the federal government undertook a comprehensive review of federal legislation pertaining to persons with disabilities and produced the landmark *Obstacles* report (Canada 1981) which provided federal and provincial governments coherent guidance not seen before or since in this policy arena. Legislation such as the *Canadian Charter of Rights and Freedoms* (*Constitution Act* 1982), *Canadian*

Human Rights Act amendment (R.S.C., 1985, c.H-6) and the *Employment Equity Act* (S.C. 1995, c.44) positioned disability in a human rights framework. Meanwhile, structural developments such as the federal Disabled Persons Secretariat and the Disabled Persons Participation Program emphasized disability as a rights and citizenship issue and galvanized federal activities and funding (Neufeldt 2003, 58-62).

To support the growth of new agencies, the government funded improvements to vocational services, strengthened AARC's role in policy planning (Alberta SSCH 1981) and standards development (Alberta SSCH 1985a), and created the Premier's Council on the Status of Persons with Disabilities (PCSPD) to advise on cross-disability matters (Alberta Social Services [SS] 1988). Guidelines were developed in collaboration with families and service providers to design individualized service plans with an emphasis on natural (vs. professional) supports, smaller group homes and supported independent living (vs. congregate care), supported employment (vs. sheltered workshops), and community access supports for leisure, self-growth and socialization (Alberta SSCH 1986, 26). The Brassard (1989) report was produced with significant input from rehabilitation professionals and academics. Its recommendations to view individuals with disabilities as citizens with rights, value the role of individuals and families in setting policy direction, fund advocacy groups and develop legislation to ensure services specifically for individuals with developmental disabilities would shape the direction of services in the 1990s.

Despite these advancements, privatization was criticized as having been carried out too rapidly, with no vision, overall plan, or proper supports for quality and accountability. Inadequate funding also became an issue, foreshadowing a pattern that was intensified by the deep cuts and widespread reforms that the Klein government implemented to cement neoliberalism's roots in Alberta's policy landscape.
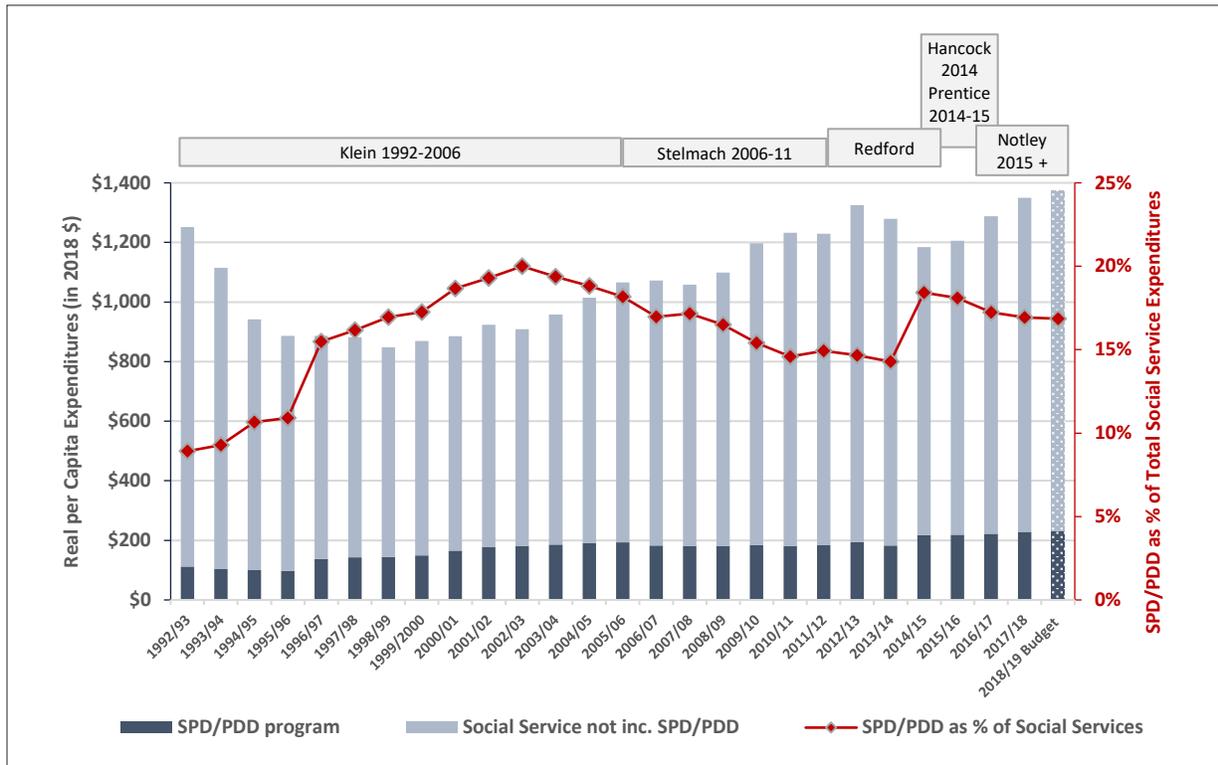
A RICH YET CHRONICALLY UNDERFUNDED PROGRAM

In 1997, SPD was restructured into PDD for supports to adults with developmental disabilities and Family Supports for Children with Disabilities (FSCD) for families of children with disabilities.[19] Like all programs, SPD experienced cutbacks during the first three years of the Klein reforms, although it fared better than other social programs such as welfare (Figure 2).[20] From 1992/93 to 1995/96, real (inflation-adjusted) per capita funding to SPD dropped 13 per cent compared to a total cutback of 31 per cent for other social services. As total social services funding continued to decline until 1999/2000, SPD/PDD's share grew rapidly until peaking at 19 per cent in 2002/03. The pattern of cuts reflected the view that people with disabilities are more deserving of charity and public support than individuals on welfare (Reichwein 2002, 27).

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[19] Since the focus of this paper is primarily on policies and supports for adults with developmental disabilities, policy developments related to FSCD are not included.

[20] The amounts reported for SPD (pre-PDD) only include funding for adult programs, to maintain consistency and comparability with the PDD amounts reports.

FIGURE 2 REAL PER CAPITA ANNUAL EXPENDITURES IN SPD/PDD PROGRAM
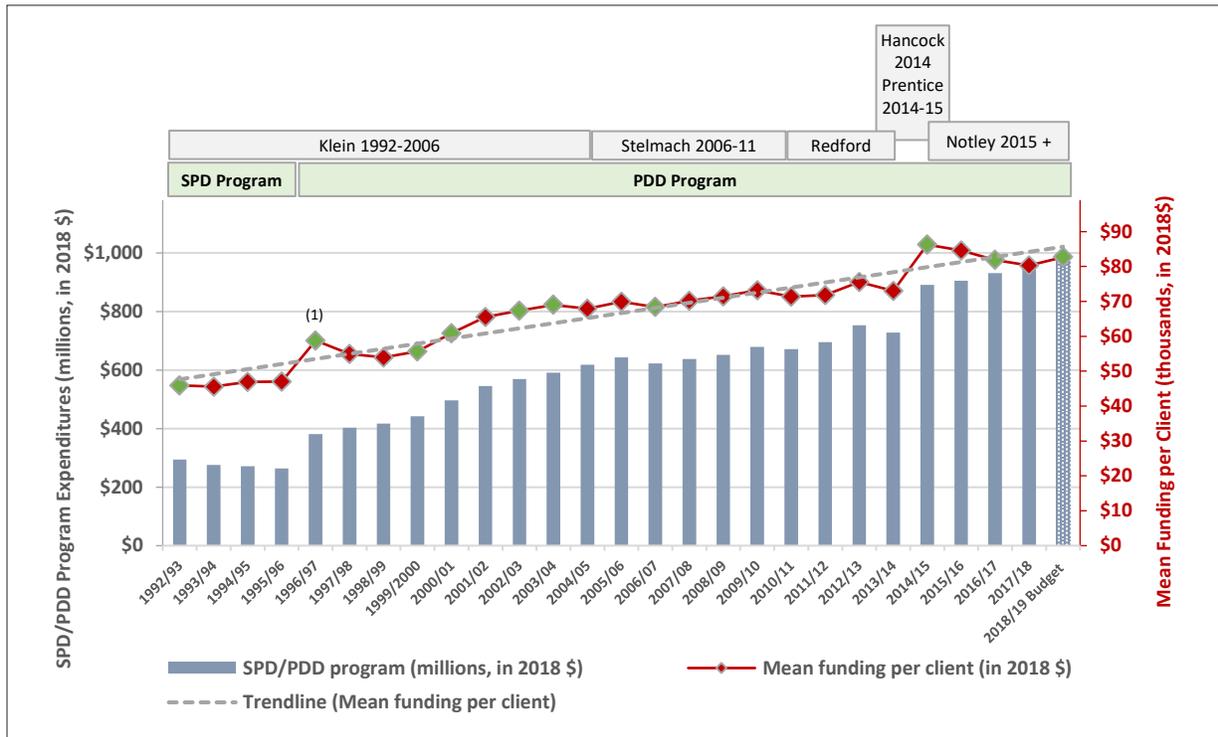COMPARED TO REST OF SOCIAL SERVICES 1992/93 TO 2018/19

Sources: Social Services nominal values from Alberta Finance Consolidated Financial Summaries for
reporting year; SPD/PDD nominal values from ministry annual reports for reporting year. Nominal values
adjusted for provincial annual inflation (Statistics Canada Table 18-10-0005-01) and population growth
(Statistics Canada Table 17-10-0005-01).

Since its creation in 1996/97, PDD's caseload has grown 85 per cent from 6,500 to
just over 12,000 in 2017/18.[21] Over the same period, average real funding per client has
increased by 37 per cent from $58,800 to $80,400 (Figure 3).[22]

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[21] Higher than the 55 per cent growth in total population, largely due to medical advances enabling people with
disabilities to live longer than was previously possible.

[22] Caseloads are based on values in ministry annual reports. It is unclear if the estimates are annual averages or
year-end figures. Missing values were replaced by interpolated or nearest values as appropriate.

FIGURE 3 SPD/PDD ANNUAL EXPENDITURES AND ESTIMATED AVERAGE FUNDING PER INDIVIDUAL 1992/93 TO 2018/19

Sources: SPD/PDD nominal values from ministry annual reports for reporting year, adjusted for provincial annual inflation (Statistics Canada Table 18-10-0005-01). Client caseload numbers from ministry annual reports; missing values for some years (green marker) replaced by linear average or values of closest years reported.

Note 1: Transfer of Personal Supports Benefits from welfare to SPD and creation of PDD Program.

Despite these increases, PDD funding has not kept up with the true costs of service delivery. These include high service costs due to an increasing proportion of clients with complex support needs; administrative and operational costs which have increased at much higher rates than inflation when Alberta's economy has been robust; and staff recruitment, retention and training costs due to high turnover associated with low wages, demanding work conditions and burnout (Zwozdesky 2000, 12-17; Sonpal-Valias 2016, 188; ACDS 2019).

Chronic underfunding has forced service providers and families to resort frequently to advocacy (Sonpal-Valias 2016, 189). Ranging from private conversations with government representatives to highly publicized and vocal protest rallies, these efforts have, in many cases, resulted in cutbacks being cancelled or reduced, or budgets being increased (see, for example, Alberta Health and Wellness 2001, 2002; Alberta Community Development 2003; Alberta SCS 2006; Croft 2013). The government's response reflects the tension in how far cost-containment approaches can go for vulnerable Albertans before public pressure – actual or perceived – becomes too intense (Sonpal-Valias 2016, 189). Underfunding has not been confined to Alberta's PC governments. Even under the Notley NDP government, although PDD's nominal funding increased year-over-year, administrative costs rose due to increased regulatory requirements. Real mean funding

per client dropped 3.5 per cent from 2014/15 to 2018/19 (budgeted) (ACDS 2019, 8) as the government attempted to keep costs under control as the economy plummeted.[23]

LIMITING PROGRAM ACCESS AND SCOPE

Besides cutting funding, government can control spending by tightening eligibility criteria. For the PDD program, this means, in effect, defining whether a person is developmentally disabled or not. The *PDD Community Governance Act* defines developmental disability as "a state of functioning that (i) began in childhood, and (ii) is characterized by a significant limitation, described in the regulations, in both intellectual capacity and adaptive skills" (RSA 2000, c P-8, s 1(1)(c)). The specific criteria for significant limitation in either intellectual capacity (defined via an IQ cut-off level) or adaptive skills (defined as the number of skills that an individual can perform satisfactorily without support) are based on the regulation active at the time of determination of eligibility.

In 2009, a regulatory change lowered the IQ cut-off for PDD from 75 to 70, and took away the leeway that regional PDD offices had to accept individuals with significant functional impairment (e.g., individuals with Asperger's, some form of pervasive developmental disorder or other personality disorders) regardless of IQ level. In effect, some people who were defined as developmentally disabled before the regulations changed, now were not (Sonpal-Valias 2016, 202).

Although described as necessary to "improve clarity, consistency and transparency" (Alberta Seniors and Community Supports [SCS] 2010b),[24] eligibility clarity could have been achieved without changing the IQ limit. Since the decision followed on the heels of the 2008 global economic crisis and instability in Alberta's economy, it is possible that cost may have been a contributing factor (Sonpal-Valias 2016, 202). Strong advocacy by families, service providers and self-advocates eventually resulted in the government announcing in 2013 that the IQ test would be eliminated (Croft 2013); at the time of writing, the regulation was still in effect. However, changes to eligibility criteria were among the items under consideration in the 2018/19 PDD Program Review (Alberta CSS 2018).

Program costs may also be controlled by determining the types and scope of supports an individual may receive. In 2009, PDD implemented the Supports Intensity Scale (SIS) to quantitatively assess individual needs (Alberta SCS 2010b), replacing a process which involved service providers assessing required supports through conversations with the individual and their support network which took into account the individual's goals.

Families and service providers criticized the SIS score as a snapshot in time, unable to reflect a person's (sometimes rapidly) changing circumstances, or the efforts to maintain (often precarious) states of stability. It was perceived to be subjective and prone to bias. Although PDD promoted it as one aspect of a multi-faceted process, it became a central

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[23] The NDP, however, did increase AISH and other income supports and index them to inflation, effective Jan. 1, 2019 (Bellefontaine 2018).

[24] Some argue that the regulation may have been spurred by a British Columbia Human Rights Tribunal ruling (J and J obo R v. B.C. [Ministry of Children and Family Development] and Havens [No. 2], 2009 BCHRT 61) that limits to program access had to be clearly articulated and could not be arbitrary or discretionary.

determinant of an individual's funding. The recipient was to take that funding and shop for services in the pseudo-competitive market of community-based service agencies. The supports were not necessarily what the individual wanted, but what they were eligible for as determined by SIS (Sonpal-Valias 2016, 204). After a ministerial inquiry and relentless advocacy, SIS was repealed in 2016 (Alberta CSS 2017, 31).

Reducing government responsibility often goes along with increasing local responsibility; one way to achieve this is to create decentralized structures.

RESTRUCTURING PROGRAM DELIVERY

On April 1, 1998 the *Persons with Developmental Disabilities Community Governance Act*[25] replaced SPD with PDD, a program with a regional community governance structure for services for adults with developmental disabilities. It was the most significant structural change in this field since the 1970s, and a unique development for a program affecting a very small population of Albertans (Alberta FSS 1997; Alberta 2006a). PDD's creation fit with the Klein government's agenda to devolve responsibility to local communities. An influential group established to discuss the future of the Michener Centre was an important catalyst in the creation of PDD (Sonpal-Valias 2016, 208).

The group – which included senior bureaucrats, family advocates, representatives from Michener staff and parents, the City of Red Deer and community members – could not agree on the Michener Centre's fate. However, they did agree that if SPD were to become part of a large entity, its policies were at risk of being determined by a different philosophical approach (e.g., a medical model under a health super-board) and that its relatively generous funding level would draw attention if other disability groups were assembled together. Since the government was keen on decentralization and the precedent for regional authorities existed in health, children's services and FSCD, the group's solution was to craft a community governance model for adults with developmental disabilities (Sonpal-Valias 2016, 208).

The structure had great potential to mobilize and empower local developmental disability communities, as evidenced by the *PDD Community Governance Act* preamble which stated that the government "recognizes, values and supports the ability of communities to respond to the needs of adults with developmental disabilities," (RSA 2000, c.P-8, 1). In reality, the centre retained power through legislation and regulations that forbade deficit budgets, set eligibility and assessment criteria, and established standards and performance measures. Regional boards had to manage, administer and be accountable for services within these constraints, with little authority to meaningfully respond to local needs and expectations (Sonpal-Valias 2016, 229).

The inherent conflict in a top-down approach to community governance created role confusion, frustration, tensions and strained relationships (Zwozdesky 2000, 14; KPMG 2010, 35-36; Sonpal-Valias 2016, 228). Despite the centralized authority, the ministry felt the regions were too autonomous with inconsistencies in service practices across

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[25] *Persons with Developmental Disabilities Community Governance Act*, RSA 2000, c P-8. Originally enacted in 1997, revised in 2000 and 2006, expired on Dec. 31, 2010, and continued by Order in Council to Dec. 31, 2015.

the province, a perception echoed by the auditor general and external program reviews (Sonpal-Valias 2016, 218). Following a series of reviews and change initiatives (Alberta PDD Program 2009; Alberta SCS 2010a; KPMG 2010; Alberta SCS 2012b), the regional community boards were ultimately dissolved in 2014 as part of the activities to align programs with then-premier Alison Redford's Social Policy Framework. The goal was to shift the PDD to a "one organization, one program approach" (Alberta Human Services 2013d), formalizing in the structure the centralization of control while supporting the management and administration of service delivery via regional offices.

It has been argued that PDD's community governance structure failed because its different constituencies had different motives and expectations (Sonpal-Valias 2016, 229-230). Advocates such as the Michener group, who were influential in promoting its design, expected it to be a structure that was responsible to local communities, valuing their ability to identify and respond to local needs. The Klein government, which created the structure, saw it as a means to devolve responsibility from the centre while buffering it from negative responses to unpopular decisions such as funding cutbacks. Subsequent governments, which inherited the structure, desired program efficiency and consistency. The disability community, meanwhile, interpreted the structure as a genuine invitation – perhaps even a right – to collaborate and have a greater voice in supports that shaped their daily lives. These conflicting demands made the PDD structure unable to meet anyone's needs, resulting in tensions that live on to this day.

INCREASING FAMILY AND INDIVIDUAL RESPONSIBILITY

Enhancing citizen responsibility and capacity for self-welfare is a necessary component of neoliberal efforts so that individuals and familiar and community networks can play an important role alongside government (Luxton 2010, 163; Steger and Roy 2010, 12; Mik-Meyer and Villadsen 2013, 4). In the developmental disability field, the government has actively involved individuals, families and guardians in consultations and program reviews, and supported capacity-building opportunities for self-advocates and families (Sonpal-Valias 2016, 249-250). Family responsibility has also been encouraged by the development of the Family Managed Services (FMS) funding option.[26]

FMS allows families to develop, hire and manage the supports for their family member with a developmental disability. The program was implemented in 2006 in response to growing interest from a new generation of families of younger adult children with developmental disabilities used to community-based supports. It is attractive to government since it promotes self-reliance and is cheaper than funding agencies since families bear the administration costs (Sonpal-Valias 2016, 256).

The seeds of FMS can be traced to the personal supports benefit, a funding envelope created in the 1970s in the welfare program to allow families of individuals with physical disabilities and other disability groups to purchase unique supports not available in existing services (Salter 2002, 14-15). When faced with stagnating SPD funding due to the economic slowdown in the 1980s, program administrators took advantage of this loophole and supported large numbers of families and service providers to access what

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[26] The terms Family Managed Services and Family Managed Supports are used interchangeably in the field.

came to be known as individualized funding (IF).[27] IF appealed to government's desire to promote self-reliance and families' need for control (Sonpal-Valias 2016, 251). By 1990, Alberta was considered a leader in IF (Ontario Federation for Cerebral Palsy 2000, 36). Recognizing IF's substantial role, the Klein government transferred about $80 million from the personal supports benefits into SPD in 1996/97 to legitimize the funding and control the costs better within SPD (Sonpal-Valias 2016, 252).[28]

Uptake of IF dwindled over the next decade. A constrained public service was unable to assist families with the cumbersome tasks of planning and managing supports; consequently, most families defaulted to access supports from agencies (Sonpal-Valias 2016, 254). By 2004/05, only 234 families relied exclusively on IF for supports (Alberta PDD 2006). However, some groups – AACL in particular – continued to advocate for a mechanism and resources to support families to have direct control over planning and administering services.

In 2005, PDD created an advisory team to help frame policy discussions to develop a more formalized family-managed funding option, resulting in the reincarnation of IF as FMS (Alberta PDD 2006). Over the next few years, many activities were undertaken to promote FMS, including supporting AACL to create resources for families (Uditsky 2008), developing processes to improve access to FMS (Alberta SCS 2008), and establishing an FMS-specific resource centre (Alberta SCS 2012b).

Some families have expressed concerns that FMS is too onerous. While it gives families the control they desire, it forces them to bear a significant administrative burden (Alberta Disabilities Forum 2012). They are responsible for planning supports, recruiting, hiring and training staff, following the employment code, administering payroll, monitoring services and maintaining business records (Alberta Human Services 2012). Despite the costs, a significant minority of families have selected this option. Of 9,957 individuals receiving PDD services in July 2013 (latest breakdown available), 11 per cent were using FMS exclusively or in combination with agency-contracted supports (Alberta Human Services 2016). Since 2009/10, the number of individuals accessing FMS has increased by 132 per cent (Alberta CSS 2018, 14). To have flexibility and control, many families have become willing partners in the agenda to increase their personal responsibility even though it comes at a personal cost.

The final example of how neoliberal reforms have manifested in the developmental disability field is in the numerous mechanisms to increase scrutiny and accountability.

ENHANCING SCRUTINY AND ACCOUNTABILITY

Following new public management's prescriptions for governance (Osborne and Gaebler 1992; Steger and Roy 2010, 12), a series of initiatives were implemented in the late-1990s to improve accountability, including consulting stakeholders to define

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[27] Since the federal CAP program reimbursed the provincial government for half of welfare program costs, the personal supports benefit could keep expanding in a way that SPD could not.

[28] In 1996/97, CAP was replaced by the Canada Health and Social Transfer, and federal matching grants previously available under CAP ended.

outcome measures, developing evaluation standards with AARC and starting a biennial satisfaction survey of clients, families and guardians (Alberta FSS 1995, 1997, 1998, 1999). By 2008, a mechanism to track and report standardized units (hours) of service was developed. Agencies had to submit monthly service-utilization reports and receive payments based on detailed invoicing of actual units of service provided as opposed to getting a predictable block of funds in advance (Alberta SCS 2009). Subsequently, these processes were further strengthened via standardized tools and processes for assessing eligibility, service needs and client outcomes; a strategic procurement framework; a performance management system; and new contracting approaches based on these rationalized processes and tools (Alberta SCS 2010b, 2012b; Alberta Human Services 2013a, 2013b, 2013c, 2015).

Although checks and balances are needed in any publicly funded program, increased reporting requirements create high administrative burdens and divert resources from frontline services (Dart and Zimmerman 2000; Tindale and MacLachlan 2001; Brown and Troutt 2003; Statistics Canada 2005, 48). Standardized practices hinder workers from using creative, client-centred practices to promoting activities that will be monitored and counted. They may also limit, rather than increase, client or family participation in the formation of goals and service plans (Smith 2010, 258-261).

While rigorous accountability requirements may make it seem like public dollars are being spent carefully, some of the costs that should be borne by the public purse are, in effect, being transferred to the private sphere. Furthermore, such processes may result in short-term savings; however, their long-term social costs are inevitably much higher. They may even result in greater current costs as larger portions of the budget are allocated to monitoring rather than delivering services. Moreover, standardized approaches, which typically rely on a narrow set of quantitative measures, obscure the reality of human service work, which is highly indeterminate with a multitude of factors that can intervene to make outcomes uncertain and unpredictable (Hasenfeld 2010). These characteristics generally make human service work unamenable to the rubrics and constraints of standardized instruments and practices (Sonpal-Valias 2016, 272-273).

SUMMARY

From the 1980s onwards, policies and services for adults with developmental disabilities in Alberta have been shaped profoundly by neoliberal ideas promoting privatization, tightening public expenditures, increasing self-reliance and enhancing mechanisms for scrutiny and accountability. In some instances, government's aims have converged with the desires of programs' beneficiaries or their families; for example, for the expansion of community-based services and for greater control over the administration of support. In these cases, shifts have been accomplished rapidly and collaboratively. In some instances, goals or values have been in conflict; for example, when the government has had to impose funding cutbacks. In these cases, well organized and vocal advocacy has helped to reverse decisions or at least reduce their intensity or impact. Despite these slight corrections, the overarching shift in the past three decades has been the decisive permeation of neoliberal-inspired decisions and processes in the field of policies and services for Albertans with developmental disabilities.

CONCLUSION AND LESSONS FOR POLICY CHANGE

Since 1905, Alberta's developmental disability field has been shaped not only by societal shifts in views toward disability, but also by the province's unique identity as a frontier land dominated by a socially conservative and religious elite during its formative years, dependent on volatile resource revenues, with a population priding itself on self-reliance. Alberta's contesting authoritarian and progressive leanings have been reflected in its dark history of eugenics and institutionalization, and in innovations such as Canada's earliest parent-run schools for children with disabilities, income support programs such as AISH and legislation such as the *Dependent Adults Act*. Beginning in the 1980s and intensifying in the 1990s, the field has been shaped by neoliberal ideas about government's role and relationship with society and its governance mode, which imports values and techniques from the business world to the sphere of publicly funded human services. This last shift has had a profound impact on who gets services, the scope of supports provided, how services are delivered and accounted for, and who bears the full costs and burdens as government recedes in its role.

History has demonstrated that, even though critical junctures have resulted in overarching shifts, policy responses based on different underpinnings often coexisted, and continue to do so. At any given time, the developmental disability policy field contained a complex array of beliefs, ideas, norms and values, existing structures and influential actors shaping its evolution, characteristics and outcomes.

Policy fields with competing beliefs and values contain within their messy mix opportunities for creative actors to inject alternative frames to define issues and propose solutions to further their agendas. Such opportunities become significantly narrower after ideas become enshrined in legislation or regulation. Policy entrepreneurs and field advocates are best served by keeping discussions, debates and avenues for expression of alternative ideas open; it is within this window that they can exert the most influence.

Policy entrepreneurs can enhance the likelihood of acceptance of their proposals if they can leverage existing and already legitimized structures, forms, policy tools and mechanisms or belief systems. Success is also more likely when alignment can be created across diverse groups with common goals. Alberta's program for sterilization, for example, continued for as long as it did in part because of its nexus with residential institutions and those who ran them. The deinstitutionalization movement originated in the demands of people with physical disabilities but had its most powerful impact for individuals with developmental disabilities. Privatization could be implemented with extraordinary rapidity because the desire for community-based services already existed.

Alignment with individuals with access to and influence in the centres of decision-making power is also key. The strong overlap between the political and the conservative social elites during the Social Credit government made it difficult for anti-eugenics arguments to take hold in Alberta until a more progressive government gained power. The Michener group succeeded in catalyzing a unique structural configuration for PDD because of the central location and influence of some of its members; although the structure eventually failed because of inherent tensions in the model, it was innovative for its time. Family Managed Supports has become an important funding mechanism for some families because of the longstanding credibility of the advocates for this option.

This paper identified four critical junctures resulting in transformative shifts in the evolution of Alberta's field of developmental disability policies and services. As we approach the end of the second decade of the 21st century, with Alberta facing new economic and social realities, rapid technological changes, political polarization and uncertain global influences, we may well be on the brink of a new window of opportunity to shape this policy field onto a new trajectory. Policy entrepreneurs and field advocates are best served by keeping discussions, debates and avenues for expression of alternative ideas open; it is within this window that they can exert the most influence.

TABLE 1   ALBERTA DEVELOPMENTAL DISABILITY POLICIES AND SERVICE MODELS: MAJOR TRANSFORMATIONS AND CONTEXTUAL FACTORS

	Legalized Institutionalism and the Medical Model of Disability 1905 onwards	Deinstitutionalization Movement 1950s and 1960s	Social Model of Disability 1970s onwards	Neoliberalism and Privatization 1980s onwards
Contextual Landscape				
Historical	Birth of Alberta. WW1. WW2.	Rise in science and technology.	OPEC oil embargo.	Global recession. Thatcher/ Reagan neoliberalism
Political	Liberal. UFA. SC. (Traditionalist)	SC. (Authoritarian, conservative)	PC. (Relatively socially progressive)	PC. Federal Reform Party (Neoliberal)
Economic	Expansion. Depression/ labour unrest. Postwar boom. Oil found in 1947.	Postwar and oil boom. Foreign investment. Net assets.	Surge in GDP, revenues and public services. Canada's richest province.	Recession. NEP. Federal transfers decline. Deficits and rising debt.
Demographic	Population boom. Conservative elite. White, Anglo-Saxon rural majority.	Overlap between religious and political elite. Population more urban than rural.	Increasingly urban, multicultural, diverse, well-educated, professional.	Corporate layoffs. High unemployment.
Cultural values	Self-reliance. Respect for authority. Social reform. Religious fervour. Rise in respect for science and medicine.	Civil rights and women's movements. Liberalization and awareness of social injustices. Growing social freedoms.	Socially progressive relative to previous decades in the province. Open to innovation and largesse.	Cost-conscious. Shift from shared to individual/ local responsibility.
Forces Shaping Developmental Disability Policies				
Beliefs and Ideas	Law-and-order model: people with disabilities a menace to society. Medical model. Feeble-mindedness a` threat to human race, hereditary, subject to diagnosis and intervention.	Medical model. Veterans and other people with physical disabilities promote rehabilitation and community living. Start in demand for community supports.	Social and rights models: disability created by social oppression; people with disabilities have right to full participation and respect. Medical model still present.	Social and rights models. Medical model still present. Neoliberal ideology: small government, low taxes and spending cuts.
Normative influences	Eugenics movement.	Normalization and deinstitutionalization movements. Power of medical and rehabilitation professionals.	Rehabilitation professionals, social workers, parent advocacy and self-advocacy groups.	Corporate and business logics (efficiency, competitiveness, accountability). *Obstacles* (1981)
Regulatory	*Insanity Act*, *Mental Defectives Act*, *Sexual Sterilization Act*, Eugenics Board	Federal initiatives (Medicare, VRDP, CAP, Centennial Crusade). Research and funding for community supports.	Blair report (1969). SFH created. *Sexual Sterilization Act* repealed. *Dependent Adults Act*. AISH.	IYDP. IDDP. *Charter of Rights*. Regionalization. Brassard (1989).
Service models	Large residential institutions. Eugenics program. Confinement and control. Treatment and/or sterilization.	Large residential institutions. Eugenics program at its height. Confinement, treatment, sterilization. Start of community-based services and advocacy agencies.	Community-based sheltered services. Institutions "normalized."	Surge in privatization. Rise in small agencies. Individualized funding model. Normalized institutions.

Adapted from Sonpal-Valias (2016, 150)

REFERENCES

Alberta. 2006. *An Administrative History of the Government of Alberta, 1905-2005.* Edmonton, AB: The Provincial Archives of Alberta.

Alberta Community and Social Services. 2017. *Annual Report 2017-2018.* Government of Alberta.

Alberta Community and Social Services. 2018. *Persons with Developmental Disabilities Program Review. Discussion Guide.* Government of Alberta.

Alberta Community Development. 2003. *Annual Report for the Fiscal Year Ended March 31, 2003.* Government of Alberta.

Alberta Council of Disability Services. 2019. *Moving Forward: A Vision and Framework for Impact.* Calgary, AB.

Alberta Disabilities Forum. "Persons with Developmental Disabilities Program – Summary of the Issues." PDD Working Group Position Paper.

Alberta Family and Social Services. 1990. *Annual Report 1989-1990.* Government of Alberta.

Alberta Family and Social Services. 1995. *Annual Report 1994-1995.* Government of Alberta.

Alberta Family and Social Services. 1997. *Annual Report 1996-1997.* Government of Alberta.

Alberta Family and Social Services. 1998. *Annual Report 1997-1998.* Government of Alberta.

Alberta Family and Social Services. 1999. *Annual Report 1998-1999.* Government of Alberta.

Alberta Health and Social Development. 1973. *Annual Report 1972-1973.* Government of Alberta.

Alberta Health and Wellness. 2001. *Annual Report 2000-2001.* Government of Alberta.

Alberta Health and Wellness. 2002. *Annual Report 2001-2002.* Government of Alberta.

Alberta Human Services. 2012. "Is Family Managed Services (FMS) Right for You?" Available at http://humanservices.alberta.ca/disability-services/pdd-fms-right-for-you.html. Accessed Jan. 28, 2016.

Alberta Human Services. 2013a. "PDD Change Initiatives – First Quarter Progress Report (April to June 2012). Available at http://humanservices.alberta.ca/disability-services/pdd-ci-quarterly-report-201206.html. Accessed May 21, 2013.

Alberta Human Services. 2013b. "PDD Change Initiatives – Second Quarter Progress Report (July to September 2012). Available at http://humanservices.alberta.ca/disability-services/pdd-ci-quarterly-report-201209.html. Accessed May 21, 2013.

Alberta Human Services. 2013c. "PDD Change Initiatives – Third Quarter Progress Report (October to December 2012)." Available at http://humanservices.alberta.ca/disability-services/pdd-ci-quarterly-report-201212.html. Accessed May 21, 2013.

Alberta Human Services. 2013d. "PDD Program Change Initiatives – Project Overview." Government of Alberta.

Alberta Human Services. 2015. *Human Services Business Plan 2015-20 (March 2015).* Government of Alberta.

Alberta Human Services. 2016. "PDD by the Numbers." Available at http://humanservices.alberta.ca/disability-services/pdd-by-numbers.html. Accessed Jan. 27, 2016.

Alberta Persons with Developmental Disabilities Program. 2006. *Family-Managed Supports Project Report.* Government of Alberta.

Alberta Persons with Developmental Disabilities Program. 2009. *"What We Heard": Detailed Summary of the 2008 PDD Program Stakeholder Discussions.* Government of Alberta.

Alberta Seniors and Community Supports. 2006. *Annual Report 2005-2006.* Government of Alberta.

Alberta Seniors and Community Supports. 2008. *Persons with Developmental Disabilities Community Boards Annual Report 2007-2008.* Government of Alberta.

Alberta Seniors and Community Supports. 2009. *Persons with Developmental Disabilities Community Boards Annual Report 2008-2009.* Government of Alberta.

Alberta Seniors and Community Supports. 2010a. *Alberta Seniors and Community Supports Annual Report 2009-2010.* Government of Alberta.

Alberta Seniors and Community Supports. 2010b. *Persons with Developmental Disabilities Community Boards Annual Report 2009-2010.* Government of Alberta.

Alberta Seniors and Community Supports. 2012a. *Alberta Seniors and Community Supports Annual Report 2011-2012.* Government of Alberta.

Alberta Seniors and Community Supports. 2012b. *Persons with Developmental Disabilities Community Boards Consolidated Annual Report 2011-2012.* Government of Alberta.

Alberta Social Services. 1988. *Annual Report 1987-1988.* Government of Alberta.

Alberta Social Services and Community Health. 1976. *Annual Report 1975-1976.* Government of Alberta.

Alberta Social Services and Community Health. 1981. *Annual Report 1980-1981.* Government of Alberta.

Alberta Social Services and Community Health. 1985a. *Annual Report 1984-1985.* Government of Alberta.

Alberta Social Services and Community Health. 1985b. *Michener Centre: A History 1923-1983.* Government of Alberta.

Alberta Social Services and Community Health. 1986. *Annual Report 1985-1986.* Government of Alberta.

Bellefontaine, Michelle. 2018. "Increases to Benefits for Albertans in Need Coming Jan.1." CBC News, Nov. 8. Available at https://www.cbc.ca/news/canada/edmonton/ aish-income-support-seniors-benefits-indexed-to-cost-of-living-under-new-bill-1.4898020. Accessed Jan. 30, 2019.

Blair, W.R.N. 1969. *Mental Health in Alberta: A Report on the Alberta Mental Health Study. Vols. 1 and 2.* Government of Alberta Human Resources Research and Development Executive Council.

Brassard, Roy. 1989. "Claiming My Future: A Person with a Mental Disability – Today and Tomorrow." *Report of the Brassard Review Committee.* Alberta Legislative Assembly.

Brown, Laura and Elizabeth Troutt. 2003. "Stability and Stress in the Relationship between Government and the Nonprofit Sector: The Case of Manitoba," in *The Nonprofit Sector in Interesting Times*, edited by Kathy L. Brock and Keith G. Banting. Kingston, ON: School of Policy Studies, Queen's University and McGill-Queen's University Press, 177-217.

Canada. 1981. *Obstacles. Report of the Special Committee on the Disabled and the Handicapped.* Ministry of Supply and Services Canada. Cat. No. XC2-321/5-03E.

Canadian Association for Community Living. n.d. "History." Available at http://www.cacl. ca/about-us/history . Accessed June 10, 2015.

Clark, Dawne, Keith Seel, and Mitchell Clark. 2009. "Disability Policy in Alberta: An Initial Exploration of Transition Implications." Calgary, AB: Institute for Nonprofit Studies, Mount Royal College.

Croft, Amy. 2013. "PDD Cuts Off the Table: Oberle." *St. Albert Gazette*. June 29. https://www.stalbertgazette.com/article/pdd-cuts-off-the-table-oberle-20130629. Accessed Feb. 25, 2019.

Dart, Raymond and Brenda Zimmerman. 2000. "After Government Cuts: Insights from Two Ontario Enterprising Nonprofits," in *The Nonprofit Sector in Canada: Roles and Relationships,* Keith G. Banting, ed. Kingston, ON: School of Policy Studies, Queen's University and McGill-Queen's University Press, 107-148.

Dunn, Peter A. 2003. "Canadians with Disabilities," in *Canadian Social Policy: Issues and Perspectives* (3rd ed.), Anne Westhues, ed. Waterloo, ON: Wilfrid Laurier University Press, 200-219.

Finkel, Alvin. 1989. *The Social Credit Phenomenon in Alberta.* Toronto, ON: University of Toronto Press.

Grekul, Jana Marie. 2002. "The Social Construction of the Feebleminded Threat: Implementation of the Sexual Sterilization Act in Alberta, 1929-1972." PhD dissertation, Department of Sociology, University of Alberta, Edmonton, AB.

Grekul, Jana. 2011. "A Well-Oiled Machine: Alberta's Eugenics Program, 1928-1972." *Alberta History.* Summer: 16-23.

Grekul, Jana, Harvey Krahn, and Dave Odynak. 2004. "Sterilizing the 'Feeble-minded': Eugenics in Alberta, Canada, 1929-1972." *Journal of Historical Sociology* 17(4): 358-384.

Hasenfeld, Yeheskel. 2010. "The Attributes of Human Service Organizations," in *Human Services as Complex Organizations* (2nd ed.), Yeheskel Hasenfeld, ed. Thousand Oaks, CA: Sage Publications, Inc.: 9-32.

IRIS. n.d. "Welcome to the New Home of IRIS!" Available at http://irisinstitute. ca/2012/02/01/welcome-to-the-new-home-of-iris/. Accessed June 10, 2015.

Jongbloed, Lyn. 2003. "Disability Policy in Canada." *Journal of Disability Policy Studies* 13(4): 203-209.

Kinkaide, Perry S. 1987. "The Revitalization of Community Enterprise: The Alberta Case for 'Privatizing' Social Services," in *Perspectives on Social Services and Social Issues*, Jacqueline S. Ismael and Ray J. Thomlison, eds. Ottawa, ON: The Canadian Council on Social Development: 19-38.

KPMG. 2010. *Administrative Review of the Persons with Developmental Disabilities (PDD) Program. Report to the Minister. Confidential.* Government of Alberta: Ministry of Seniors and Community Supports.

LaJeunesse, Ronald A. 2002. *Political Asylums*. Edmonton, AB: The Muttart Foundation.

Luxton, Meg. 2010. "Doing Neoliberalism: Perverse Individualism in Personal Life," in *Neoliberalism and Everyday Life*, Susan Braedley and Meg Luxton, eds. Montreal and Kingston: McGill-Queen's University Press: 163-183.

MacFarlane, Chris. 2009. *Walking Down the Street. The Evolution of Services for Persons with Developmental Disabilities in the Calgary Region.* Report prepared for the Calgary Region Community Board for Persons with Developmental Disabilities.

Malacrida. Claudia. 2015. *A Special Hell: Institutional Life in Alberta's Eugenic Years.* Toronto, ON: University of Toronto Press.

Mansell, Robert L. 1997. "Fiscal Restructuring in Alberta: An Overview," in *A Government Reinvented. A Study of Alberta's Deficit Elimination Program*, Christopher J. Bruce, Ronald D. Kneebone and Kenneth J. McKenzie, eds. Don Mills, ON: Oxford University Press: 16-73.

Mik-Meyer, Nanna and Kaspar Villadsen. 2013. *Power and Welfare: Understanding Citizens' Encounters with State Welfare*. New York: Routledge.

Neufeldt, Aldred H. 2003. "Disability in Canada: An Historical Perspective," in *In Pursuit of Equal Participation: Canada and Disability at Home and Abroad*, Henry Enns and Aldred H. Neufeldt, eds. Concord, ON: Captus Press: 22-79.

Neufeldt, Aldred H. and Julie Egers. 2003. "Disability and Institutions of Higher Learning in Canada and Internationally," in *In Pursuit of Equal Participation: Canada and Disability at Home and Abroad,* Henry Enns and Aldred H. Neufeldt, eds. Concord, ON: Captus Press: 296-342.

Neufeldt, Aldred H. and Henry Enns. 2003. "Introduction: Canada and Disability Issues," in *In Pursuit of Equal Participation. Canada and Disability at Home and Abroad*, Henry Enns and Aldred H. Neufeldt, eds. Concord, ON: Captus Press: 1-18.

Nirje, Bengt. [1969] 1994. "The Normalization Principle and its Human Management Implications," in *Changing Patterns in Residential Services for the Mentally Retarded*, Robert B. Kugel and Wolf Wolfensberger*, eds.* Washington, D.C.: President's Committee on Mental Retardation: 179-196. Reprinted in *The International Social Role Valorization Journal* 1(2): 19-23.

Ontario Federation for Cerebral Palsy. 2000. *More Choice and Control for People with Disabilities: Individualized Support and Funding. Review of Individualized Funding.* Toronto, ON.

Osborne, David and Ted Gaebler. 1992. *Reinventing Government: How the Entrepreneurial Spirit is Transforming the Public Sector.* Reading, MA: Addison-Wesley Publishing Company.

Radford, John P. 1991. "Sterilization versus Segregation: Control of the 'Feebleminded'." *Social Science and Medicine* 33(4): 449-458.

Salter, Suzanne E. 2002. "'Changing the Rules of the Game': Individualized Funding in B.C.: Implications for Families and Social Workers." M.A. thesis. Faculty of Social Work, University of British Columbia, Vancouver, BC.

Smith, Brenda D. 2010. "Service Technologies and the Conditions of Work in Child Welfare," in *Human Services as Complex Organizations* (2nd ed.), Yeheskel Hasenfeld, ed. Thousand Oaks, CA: Sage Publications, Inc.: 253-267.

Sonpal-Valias, Nilima. 2016. "Paradoxes in Paradise. Neoliberalism in Alberta's Developmental Disability Field." PhD dissertation. Department of Sociology, University of Calgary.

Statistics Canada. 2005. *Cornerstones of Community: Highlights of the National Survey of Nonprofit and Voluntary Organizations, 2003 Revised.* Cat. No. 61-533-XIE. June.

Statistics Canada. 2011. Census of Population. CANSIM 051-0001.

Steger, Manfred B. and Ravi K. Roy. 2010. *Neoliberalism: A Very Short Introduction.* New York: Oxford University Press.

Tindale, Joseph A. and Erin MacLachlan. 2001. "VOD 'Doing Commercial': The Experience of Executive Directors with Related Business Development," in *The Nonprofit Sector and Government in a New Century,* Kathy L. Brock and Keith G. Banting, eds. Kingston, ON: School of Policy Studies, Queen's University and McGill-Queen's University Press: 189-214.

Uditsky, Bruce. 2008. "Individualized Funding: Renewal or Continued Decline." *Connections* 1(1):3. Alberta Association for Community Living.

Whitcomb, Ed. 2005. *A Short History of Alberta.* Ottawa, ON: From Sea to Sea Enterprises.

Wingrove, Josh. 2013. "Alberta's Michener Centre Can't Shake Sordid History." *The Globe and Mail.* March 15. Available at http://www.theglobeandmail.com/news/national/albertas-michener-centre-cant-shake-sordid-history/article9848678/. Accessed May 23, 2013.

Withers, A. J. 2012. *Disability Politics and Theory.* Winnipeg, MB: Fernwood Publishing.

Wolfensberger, Wolf. 1972. *The Principle of Normalization in Human Services.* Toronto, ON: National Institute on Mental Retardation.

APPENDIX A: LIST OF ABBREVIATIONS

AACL	Alberta Association of Community Living (renamed Inclusion Alberta)
AARC	Alberta Association of Rehabilitation Centres (renamed ACDS)
ACDS	Alberta Council of Disability Services (previously AARC)
AISH	Assured Income for the Severely Handicapped
CACL	Canadian Association for Community Living
CAMR	Canadian Association for the Mentally Retarded (renamed CACL)
CAP	Canada Assistance Plan
CMHA	Canadian Mental Health Association (previously CNCMH)
CNCMH	Canadian National Committee for Mental Hygiene (renamed CMHA)
CPA	Canadian Paraplegic Association (renamed Spinal Cord Injury Canada)
CRCD	Canadian Rehabilitation Council for the Disabled
FCSS	Alberta Family and Community Support Services
FMS	Family Managed Services (also referred to as Family Managed Supports)
FSS	Alberta Family and Social Services
HCS	Handicapped Children's Services
PC	Progressive Conservative Party of Alberta
PCSPD	Premier's Council on the Status of Persons with Disabilities
PDD	Persons with Developmental Disabilities
PSS	Alberta Preventive Social Services Program (renamed FCSS)
PTS	Provincial Training School (renamed Michener Centre)
SC	Social Credit League of Alberta (renamed the Alberta Social Credit Party)
SCS	Alberta Seniors and Community Supports
SFH	Alberta Services for the Handicapped
SSCH	Alberta Social Services and Community Health
UFA	United Farmers of Alberta
VRDP	*Vocational Rehabilitation of Disabled Persons Act*

About the Author

Nilima Sonpal-Valias is a sociologist with over 25 years of research, policy and senior leadership experience in the nonprofit and community disability sectors. She is the Director of Strategic Initiatives and Stakeholder Engagement with the Alberta Council of Disability Services, a provincial association of community service providers for individuals with developmental disabilities or brain injury. Dr. Sonpal-Valias has produced numerous reports to assist in the development of disability policies and practices in Alberta. Her doctoral research examined the institutional forces that have shaped developmental disability policies and services in Alberta since 1905, and investigated in depth the manifestations of neoliberal reforms in the developmental disability policy arena and their impact on community disability service organizations.

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