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| ***Province*** | ***Législature*** | ***Session*** | ***Type de discours*** | ***Date du discours*** | ***Locuteur*** | ***Fonction du locuteur*** | ***Parti politique*** |
| Alberta | 17e  | 1re  | Remarques préliminaires à l’étude des crédits  | 28 avril 1972 | M. Neil S. Crawford | Ministre de la Santé et du Développement social | PC |

**Mr. Crawford:** Thank you, Mr. Chairman. On the last point, I do feel that the attention that has been given by the government and the intentions that we have indicated in that regard to community health and social development centres, are consistent with the last part of what was said by the hon. member for Little Bow as being the sort of arrangement on the local level that was hoped for at the time the composite Health and Social Development Board for local areas was conceived -- the local composite board. I think on that point there isn't any doubt that this is an ideal to work towards. There surely cannot be a better and more satisfactory way for the citizens of the community to be served than on the basis of the decisions and priorities being arrived at locally to the largest possible extent.

Now, in regard to the amalgamation of the department, I think the situation is the same as it was outlined a few months ago, and that is that the merger is under review. It's not an easy act to perform as the hon. gentleman well knows. I think, myself, that the more I work in the area, the more satisfied I am, myself, that some way has to be found to make the merger administratively possible.

I think the reasoning is simply this: the reference to it not being simply a matter of co-ordination at, you might say, the head office or minister's office level. The important thing is at the local level where the service is delivered, to see if co-ordination can take place there, and that it's delivered there, and it's this challenge that's very considerable and which will probably take some years to see its fulfillment on a local basis.

I often think that the questions of decentralization, the questions of regionalization, and the questions of citizen participation can quite easily be grouped in the same sort of subject matter as the issue of local autonomy. Once again they are ideally, if not easily, related to the question of the delivery of the health and social development services in the community. I mentioned before, and don’t mind saying again that I have a strong commitment to local autonomy because it seems to me that that is what the people are entitled. The greatest participation can be had with local autonomy, and that's what our efforts should be directed towards. I don't want to say too much about regionalization except that I wouldn't like to see it developed, into history framework of being an attack upon local autonomy. Regionalization, to me, means that the service may be co-ordinated at different levels without infringing on local autonomy. And yet I know in the criticisms that are made of regionalization, in some of the ways that it has been conceived up to the present time, that the criticism is because of the fact that it seems to take away local autonomy. That is a clash in ideas that I think I wanted to highlight. Regionalization to me should not be an attack on local autonomy. It often seems to fall into that because of some of the plans for regionalization of services that come up and are put forward from time to time. I don't think there's anything in de-centralization that is inconsistent with the remarks that I've made about local autonomy and regionalization.

I'd just like to dwell for a moment on the question of citizen participation. I have the feeling that in health and social services, knowing what we can know of the history of it, that much has been done in the private sector. The existence still, of voluntary hospitals indicates that people from non-government areas went ahead and provided important health services at the time when there was a need.

In regard to the areas that come directly in contact with the Department of Health and Social Development. So often people want to find good works to do in the community, it may be something like the Canadian Mental Health Association or the Canadian Association for the Handicapped or organizations for children with learning disabilities or organizations to help the blind or the aged. Whatever it may be, these needs are fulfilled and always have been fulfilled to a partial extent by voluntary groups, associations or groups that are related in many instances to, say, churches or service clubs.

Knowing that, it seems to me that I want to be very careful in developing government programs to make sure that citizen participation it fully utilized. I know that is a very general statement, but it is one that, I have been a consciously moving toward during the time that I have been minister. It is my intention to look for ways in which the private sector can benefit from its involvement with government, without the government appearing to overwhelm and run the innovativeness, and the sense of voluntary service that exists in associations in the private sector. I think that relates to the questions primarily that have been raised by the hon. Member so far, Mr. Chairman.