Disability Services in NSW – A history.

31. Introduction

Begin by linking to previous chapter which was a broad overview.

Then state the focus of this chapter is NSW.

It is stated by some authors in the disability sector that an effective history of disability in Australia has not been written. This may well be true, but it is also accurate to say that aspects of disability policy have been written about extensively. It is also accurate to say that the Australian history represents something very similar to all other historic accounts in the Western world. This is, that people with disabilities were first and foremost cared for by families and other close relatives. Where this was not possible, they were institutionalised in hospitals, often with a view that they would not live for very long. In more recent decades, following trends in the US, the UK and other Western jurisdictions, there were policy changes towards de-institutionalisation.

This saw more people with disabilities living in the community and a growing push from their advocates, some families and, a growing body of international opinion that saw the development of a range of human rights-based arguments for the full inclusion of people with disability in the community. However, this was not where policy started.

3.2 The Approach to Disability in NSW – From Early Colonial Times to the World Wars and the NSW Home Care Service

The state of the research on disability services in NSW is incomplete. The aim of this thesis is not to fill the gaps in this research. Rather, in this section, the available research is drawn on to provide a picture, albeit incomplete, of the treatment of people with disabilities in NSW from which it may be possible to glean what was deemed to be the appropriate standard of living at various points in time. While my focus in this chapter is on the approach to disability in New South Wales in the latter part of the 20th century, in the earlier parts of the chapter colonial records and recollections have been sourced from wherever they could be found.

From the Australian perspective, there are arguments that see the colonies as 'a workers' paradise'.[1] As will be seen, this is true only to an extent. It needs to be remembered though that for Britain to maintain its Empire both resources and manpower were required. Lewis argues that for Britain:

> Industrial growth based on coal fired energy and the mass production of material goods, helped foster powerful ideologies of superiority that supported expansion, that explained away inequality through race, accepted a degree of violence, and fundamentally sold imperialism as a form of social transformation.[2]

[1] Paul Smyth, 'The British social policy legacy in Australia' in James Midgley and David Piachaud (eds) *Colonialism and Welfare: Social Policy and the British Imperial Legacy* (Edward Elgar Publishing Limited, 2011) 176.

[2] Joanna Lewis, 'The British Empire and world history: welfare imperialism and 'soft' power in the rise and fall of colonial rule' in James Midgley and David Piachaud (eds) *Colonialism*

It is not my aim to focus on racism or sexism but rather disability and imperialism, though I am aware of the intersectionality of identity formation involving multiple social constructs such as race, gender, and disability.[3] From the outset it is arguable that colonial Australia was built on masculinity and the able-bodied worker. This working-class white male was sent quite deliberately to a penal colony for crimes which often involved theft of basic provisions, like bread, while Irish political dissenters also found themselves on prison ships to Australia.[4] This was undoubtedly a hard life and many convicts were undoubtedly sickly as well, if not before the long sea voyage then certainly during or after. Applying modern day standards, many convicts would have been 'disabled' for the purposes of the *Disability Discrimination Act 1992 (Cth)* ('the DDA'). The DDA's definition of disability is very broad, including behaviours, loss of function of limbs, loss of limbs, periods of mental ill-health, as well as disabilities which are not manifest yet.[5] Impairment and illness were not thought of in this way at the time, though many convicts would have fitted into the definition. However, despite the obvious harshness of a penal colony, the lack of an ancient feudal order did see some change for the better for working class people.

At the time of 'settlement', the British Crown whose power was vested in Governor Phillip, the first governor of the colony of New South Wales, was the sole authority running the penal colony. Some evidence suggests though that he was not simply responsible for enforcing prisonlike discipline but that his orders also included a clear duty of care. This is underlined by Atkinson who said:

> The duties taken up by the early governors, as the representatives of royal authority, reproduce the image of the Crown as the source of moral authority within the state. For instance, Governor Phillip defined the convicts as 'servants of the Crown'. As the

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and Welfare: Social Policy and the British Imperial Legacy (Edward Elgar Publishing Limited, 2011) 18, citing J. Lewis. 'Empire State Building: War and Welfare in Colonial Kenya' (Oxford: James Currey, 2000); D. Williams, and T. Young, 'The International Politics of Social Transformation' in M. Duffield and V. Hewitt (eds), *Empire, Development and Colonialism* (Oxford: James Currey, 2009) 116–29.

[3] There are clear links between these issues and for a useful discussion see in particular, Helen Meekosha, 'A feminist/gendered critique of the intersections of race and disability: the Australian experience' (wwda.org.au, January 1, 2004, University of British Columbia, Vancouver); also see links between disability, vulnerability, poverty and health outlined in Victorian Government, 'Disability and health inequalities in Australia: Research summary – Addressing the social and economic determinants of physical and mental health' (VicHealth, August 2012); gender, violence and disability are also publicly acknowledged by State of Victoria, 'Family violence and women with disabilities' (1999/2021 State of Victoria. Reproduced from the Better Health Channel (www.betterhealth.vic.gov.au), (Web Page) <https://www.betterhealth.vic.gov.au/health/healthyliving/domestic-violence-and-women-with-disabilities?viewAsPdf=true>.

[4] See Karen Soldatic (2015) 'Postcolonial reproductions: disability, indigeneity and the formation of the white masculine settler state of Australia' (Social Identities, 21:1, Taylor & Francis 2015) 54.

[5] *Disability Discrimination Act 1992 (Cth)* s 4 (definition of 'disability, in relation to a person')

> master of such servants he made himself responsible for their welfare and discipline during the entire period of their sentence.[6]

The fact that welfare is mentioned might lead one to think that if convicts were going to be cared for as servants of the Crown, then those who were disabled and infirmed would have been treated well. There is some evidence for this, with Atkinson arguing that the British government took greater steps in the 1790s to ensure the health of those transported.[7] For example, by 1838 several poor free settler women would complain to authorities that a Dr Gill had failed to attend to them while they were in labour on the ship the *Royal Admiral.* Atkinson explains that the poor in England could receive or afford medical care but:

> [by] simple process of migration women had come to expect free and professional medical care as a matter of right. Their health, and the welfare of their children had been added to the direct responsibilities of the Crown.[8]

However, such descriptions are readily contradicted by other sources. For example, many in the colonies did not want and actively campaigned against the introduction of anything that looked like the English Poor Laws in Australia.[9] Smyth saw this as coming from a variety of factors including the lack of an entrenched class system in Australia, which supported the perception there was no need for assistance for the poor.[10] He also cited revenue from pastoral leases and the gold rushes as allowing colonial Governments to set up social infrastructure which was aimed at ensuring all received a reasonably good life by regulating market excesses. In his discussion, Smyth draws on William Pember Reeves who in his 1969 book, *State Experiments in Australia and New Zealand,* observed:

> Australia aimed to avoid the extremes of inequality produced by 'American Individualism' which had produced a Rockefeller and Pierpont Morgan alongside the 'slums and rookeries of New York'. Key social initiatives in this strategy to spread opportunity were legislation to prevent monopoly ownership of land, trade and industry policies to promote a higher wage manufacturing sector, state provision of

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[6] Alan Atkinson, The Muddleheaded Republic, Oxford University Press, 1993, 34, citing Governor Phillip's Instructions, 25 April 1787, *Historical Records of Australia*, series 1, volume 1, 12; Alan Atkinson, *'Sunshine from the Fruit', Push from the Bush*, no. 28 (April 1988) 12 – 17.

[7] See Alan Atkinson, The Muddleheaded Republic, Oxford University Press, 1993, 34.

[8] Alan Atkinson, The Muddleheaded Republic, Oxford University Press, 1993, 35, citing J Brown to the Resident Commissioner, 17 February 1838, South Australian Archives, GRC 35/211/1.

[9] This was explained by Mendelsohn in these terms:

> There has, however, been one recurring theme, grounded in (Australian colonial) history. The harsh administration of the Poor Law and especially the degrading nature of the means test have resulted in a firm emotional set against anything smacking of charity or inquisition into private circumstances, and in favour of any device which avoids those characteristics.

Paul Smyth, The British social policy legacy in Australia, in James Midgley and David Piachaud (eds), *Colonialism and Welfare: Social Policy and the British Imperial Legacy,* (Edward Elgar Publishing Limited, 2011), 179, citing Mendelsohn, R. (1954). *Social Security in the British Commonwealth.* London: The Athlone Press., 61.

[10] See Paul Smyth, The British social policy legacy in Australia, in James Midgley and David Piachaud (eds), *Colonialism and Welfare: Social Policy and the British Imperial Legacy,* (Edward Elgar Publishing Limited, 2011), 176.

> economic infrastructure such as roads and railways, a system of free elementary public education, and wage arbitration to make work pay. The result, [Reeves] said, had produced what many thought a 'paradox' – the state is more and more, but so was the initiative, energy and hopefulness of the working people.[11]

However, spreading opportunity through legislation did not always involve direct state aid to individuals or families as there was a tension between providing state aid and concern that it would reduce individual initiative and entrepreneurship. Ultimately, it was the charitable organisations and philanthropists that were left to do what government would not, for fear of English-style pauperism developing.[12] Even so, what was less readily acknowledged by many leading colonists and commentators, was that 'a significant proportion of 'charitable funds [was] drawn from the great milch cow, the general revenue'.[13] Just how much the proportion of one was to the other is evident from a 1892 report by the NSW Director of Charitable Institutions, Sydney Maxted, who claimed that:

> expenditures relating to 'lunacy, charity and corrections': per head of population, 11s.10d. per head derived from taxes and 5d. per head from philanthropic contribution.[14]

The fact is though, whatever the quantum, charity and government in Australia have always been in a very self-serving, co-dependent dance. One did (and continues) to support the other in providing goods and services to various needy populations, including those with disability. The following discussion provides examples of the interconnected role of charities and government in providing for disadvantaged groups which would have included people with disabilities. It also demonstrates how their role in providing supports was determined by wider social and economic developments which may have been motivated by less than a benevolent spirit. This shows that the welfare of people with disabilities was not a primary objective despite the rhetoric of government and charities. This becomes evident in the efforts and concerns of individual philanthropists and the families of people living with disability.

On its website The Benevolent Society ('the Society') proclaims it is Australia's first and oldest charity, founded in 1813 by seven gentleman as the NSW

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[11] Paul Smyth, The British social policy legacy in Australia, in James Midgley and David Piachaud (eds), *Colonialism and Welfare: Social Policy and the British Imperial Legacy,* (Edward Elgar Publishing Limited, 2011), 177, discussing Pember Reeves, W. (1969). *State Experiments in Australia & New Zealand.* South Melbourne: Macmillan.

[12] See Paul Smyth, The British social policy legacy in Australia, in James Midgley and David Piachaud (eds), *Colonialism and Welfare: Social Policy and the British Imperial Legacy,* (Edward Elgar Publishing Limited, 2011), 177-178.

[13] Paul Smyth, The British social policy legacy in Australia, in James Midgley and David Piachaud (eds), *Colonialism and Welfare: Social Policy and the British Imperial Legacy,* (Edward Elgar Publishing Limited, 2011), 178, citing Spence, C.H. (1891). *Proceedings of the first Australasian Conference on Charity*. Melbourne: Government Printer., 15.

[14] Paul Smyth, The British social policy legacy in Australia, in James Midgley and David Piachaud (eds), *Colonialism and Welfare: Social Policy and the British Imperial Legacy,* (Edward Elgar Publishing Limited, 2011), citing Maxted, S. (1892). *Proceedings of the Second Australasian Conference on Charity.* Melbourne: Government Printer., 43.

Society for Promoting Christian Knowledge and Benevolence.[15] While it was certainly concerned with augmenting what was being done for the needy by government, it was also closely tied to government. Two years after its establishment, the Society acknowledged Governor Lachlan Macquarie as 'a regular donor'.[16] By 1818, the Governor was the Society's Patron,[17] and in the same year he authorised the construction of the Benevolent Asylum to be run by the Society at what is now the current location of the Sydney Central Railway Station.[18]

The Society's website and other sources reveal there was a definite interchange of funds, resources, and other benefits with government. While the Benevolent Asylum was the first to be run by an NGO, Macquarie had ordered that another one be built on the site of the then remote Castle Hill agricultural settlement in 1811. He clearly thought this preferable to the Parramatta jail where he had visited only to find himself 'commiserating the unhappy condition of persons labouring under mental derangement'.[19] It is noteworthy that the Governor appears to have had a humane response to their suffering. He ordered that the Castle Hill site, a granary, be modified so that 'every provision that humanity can suggest … be made for their accommodation and comfort'.[20] However, not everyone had comfort. The Parramatta Female Factory, for example, housed over 200 women and children 'in a place that could house only sixty at night'.[21]

Nevertheless, when penal transportation ceased, the factory's former convict inmates were transferred to the Society in 1849.[22] Prior to that the Society established district nursing to support rural and isolated people, as well as the first maternity hospital in 1820 and 1866, respectively.[23] As we entered the 20th century, the Society led a campaign to have the NSW Parliament establish a world-first Old Age Pension in 1901, it was incorporated by an Act of the NSW Parliament in 1902, and it established the Royal Hospital for Women in 1905.[24]

These developments might indicate that charity was quite influential in NSW and that Australia, as either a series of colonies or a federated nation, depended on this private, secondary, and often religiously based organsiations to deliver

[15] See 'The Benevolent Society: Our History' (The Benevolent Society 2019, Website) <https://www.benevolent.org.au/about-us/our-history>.
[16] See 'The Benevolent Society: Our History' (The Benevolent Society 2019, Website) <https://www.benevolent.org.au/about-us/our-history>.
[17] A position every successor has held according to the website.
[18] See 'The Benevolent Society: Our History' (The Benevolent Society 2019, Website) <https://www.benevolent.org.au/about-us/our-history>.
[19] Grantlee Kieza, *Macquarie* (HarperCollins Publishers, 2019), 282, citing *Sydney Gazette* and *New South Wales Advertiser,* 1 June 1811.
[20] Grantlee Kieza, Macquarie (HarperCollins Publishers, 2019), 282, citing Sydney Gazette and New South Wales Advertiser, 1 June 1811.
[21] Grantlee Kieza, Macquarie (HarperCollins Publishers, 2019), 283.
[22] See 'The Benevolent Society: Our History' (The Benevolent Society 2019, Website) <https://www.benevolent.org.au/about-us/our-history>.
[23] See 'The Benevolent Society: Our History' (The Benevolent Society 2019, Website) <https://www.benevolent.org.au/about-us/our-history>.
[24] See 'The Benevolent Society: Our History' (The Benevolent Society 2019, Website) <https://www.benevolent.org.au/about-us/our-history>.

key services. However, it was not unusual for government to assume responsibilities, particularly in the face of Parliamentary criticism. The NSW State Archives highlights this on its webpage where it states:

> In March 1862 a Select Committee report found the Society's institutions seriously overcrowded and provision of care inadequate. In response to the report the Government assumed responsibility for the Benevolent Society's asylums for the infirm and destitute.
>
> The Government Asylums for the Infirm and Destitute Branch was established in 1862 under the control of the Colonial Secretary's Department. The Branch administered asylums at Liverpool, Hyde Park Barracks and Parramatta.[25]

Then in 1873, the NSW Government launched a Royal Commission into Public Charities.[26] The Society's website states that '(the) Benevolent Society was commended for its work'.[27]

It might be wondered how the Society could have been commended for its work, when just 11 years earlier, its facilities were criticized by Parliament as overcrowded. Certainly, there may have been some improvements, but the early 1850s hold the clue. NSW was granted responsible government in 1856,[28] a *Constitution Act* having passed in Westminster the preceding year.[29] During the same period, the Society's website entry shows that it started a service for destitute children, while also noting that 'subsidies from the British Government ceased'.[30]

The webpage does not elaborate on what these subsidies were, or exactly what they funded. Moreover, these sources do not provide an account of what happened after the loss of subsidies, though it is reasonable to infer that the NSW government took responsibility for them. Economic historian, Peter Lloyd, argues that as early as 1821 NSW had been the beneficiary of a tariff which meant its alcoholic spirits were shielded by a duty against imports. In Lloyd's words, 'it was the first deliberate use of a tariff for the purpose of protection in

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[25] 'Infirm / Destitute Asylums Guide' (NSW Government State Archives and Records, Website) <Infirm / Destitute Asylums Guide | NSW State Archives> citing *Report from the Select Committee on the Benevolent Society*, Sydney, 7 January 1862, Votes and Proceedings 1861-62, Vol 2, 910.

[26] See 'Royal Commission into Public Charities 1873: Inquiry into public charities that led to changes in the treatment of delinquent and destitute children' (Dictionary of Sydney (City of Sydney and State Library New South Wales, Website) <https://dictionaryofsydney.org/event/royal_commission_into_public_charities_1873>.

[27] 'The Benevolent Society: Our History' (The Benevolent Society 2019, Website) <https://www.benevolent.org.au/about-us/our-history>.

[28] See '1856 to 1889 - Responsible Government and Colonial Development' (Parliament of New South Wales, Website) <https://www.parliament.nsw.gov.au/about/Pages/1856-to-1889-Responsible-Government-and-Colonial-.aspx>.

[29] See '1843 to 1855 - Towards Responsible Government' (Parliament of New South Wales, Website), <https://www.parliament.nsw.gov.au/about/Pages/1843-to-1855-Towards-Responsible-Government.aspx>

[30] 'The Benevolent Society: Our History' (The Benevolent Society 2019, Website) <https://www.benevolent.org.au/about-us/our-history>.

the colonial tariff system'.[31] Legislation granting responsible government also provided for the establishment of the new colonies of Victoria and Queensland and their breakaway from the colony of NSW, all of which happened only shortly before the discovery of gold and the subsequent Gold Rush.

However, to what extent the government was willing or able provide adequate supports during this period to people in need is subject to debate because of the strain of the gold rush on public finances. Lloyd has claimed:

> The fiscal needs of the Victorian Government soared along with the colony's population. Both tariff rates and the range of goods subject to tariffs were extended in 1857 and 1862. In 1854 also, an export duty on gold was introduced, effective from 1 May 1855. For the next 12 years, this became an important source of revenue for the colony.[32]

Bridget Mary Carty's thesis regarding the deaf community suggests there were not any great improvement to their welfare, regardless of colonial gold rushes, or any particular action by government. The inadequacies of government and charitable supports become more clearly apparent when the attention is turned to other forms of supports that emerged during this period. For example, Carty notes that the first school for deaf and dumb children was established by Thomas Pattison. He came to Sydney in 1858 as a free settler from Edenborough, where he had been first a student and then an Assistant Teacher at the Edenborough Institute for the Deaf and Dumb. He married into a family with three deaf daughters and, with their help learned of many other deaf children in the colony which led to the establishment of a small school in Sydney in 1860.[33]

Only three weeks later a school opened in Melbourne, thanks to another deaf man Frederick John Rose who had been schooled in the Old Kent Road Asylum for Deaf and Dumb in London. He came to Melbourne in 1852 with his brother, initially amongst the thousands searching for gold.[34] Instead of finding riches, he established a school in response to letters in the Melbourne *Argus.* These came from a mother who said she and her deaf stepdaughter would have to return to England to access education. The letters went on to claim there were over 50 children in Victoria in the same predicament.[35] Rose responded to the letters this way:

> I would beg to state that I am deaf and dumb, and have received a good education in the asylum in the Old Kent-road, London, where I was for

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[31] Peter Lloyd, 'The first 100 years of tariffs in Australia' (Australian Economic History Review, Vol. 57, No. 3, November 2017) 322.
[32] Peter Lloyd, 'The first 100 years of tariffs in Australia' (Australian Economic History Review, Vol. 57, No. 3, November 2017) 323.
[33] See Bridget Mary Carty, 'Managing Their Own Affairs: The Australian Deaf Community During the 1920s and 1930s' (PhD Thesis, Griffith University, 2005), 61.
[34] See Bridget Mary Carty, 'Managing Their Own Affairs: The Australian Deaf Community During the 1920s and 1930s' (PhD Thesis, Griffith University, 2005), 62.
[35] See Bridget Mary Carty, 'Managing Their Own Affairs: The Australian Deaf Community During the 1920s and 1930s' (PhD Thesis, Griffith University, 2005), 62, citing Letters to the Editor, (*The Argus,* 14 February 1859) 5; and (*The Argus,* 16 February 1859) 5.

> five and a half years; and, knowing the necessity that exists for the instruction of the deaf and the dumb, who, unless some little knowledge is imparted to them, cannot tell good from evil, I should feel most happy to further the views of your correspondents in establishing an asylum for the instruction of those who may be unfortunately deaf and dumb; or if one were established, I should have no objection to render any assistance in my power in the way of instruction for a fair remuneration.[36]

It is notable that Rose himself spoke of the establishment of an asylum, perhaps without even questioning the lexicon of his day. He also seems very concerned about the possibility of evil, should people with disabilities (in this case the deaf) not be educated. This concern over misbehaviour, and those with disabilities being led there, is an issue detected by Carty,[37] but if one looks more deeply there was a strong element of correction and indeed fear, about deviance from a human 'norm'. This is seen clearly in both records from early asylums and their intersection with the medical community and wider policies on the proper development of human society. Nevertheless, there was not a significant departure, and in fact these understandings remained steeped in Christian values. In the case of educating deaf children, it could be inferred from Rose's letters that he was not only motivated by pragmatism but also Christian morality.

There is an absence of research into the lives of people with greater needs and disabilities at this point in Australia's history. However, it could be inferred from attitudes such as Rose's that similar fears would have been held about people with more severe disabilities and they would not have been necessarily perceived as deserving charity or redemption. This is confirmed by a short autobiography of James Thomas Wrench who lived at the end of the nineteenth century and just missed the twentieth, dying in 1899 at 31. There is a family archive held in the State Library of NSW and his life, as well as that of his family, have been examined by some researchers.[38] Lacking arms, a toe and a kneecap, and having had a limited education, he

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[36] Bridget Mary Carty, 'Managing Their Own Affairs: The Australian Deaf Community During the 1920s and 1930s' (PhD Thesis, Griffith University, 2005), 62-63, citing Supplement to *The Argus,* 24 February 1859, 1.

[37] See Bridget Mary Carty, 'Managing Their Own Affairs: The Australian Deaf Community During the 1920s and 1930s' (PhD Thesis, Griffith University, 2005), 67, citing Rhonda Laodes, 'The Establishment and Maintenance of the Deaf Community in South Australia' (BA Honours Thesis, Flinders University, 1989) 32, where it is stated that:

> (In) the *First Annual Report of the Deaf Young Men's Mutual Improvement Society* in Adelaide in 1891, the rationale for its formation was given as:
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> > '…to prevent deaf young men from wandering about the streets at night where they meet with accidents, or fall in with bad company and be led astray. As Deaf men cannot, by reason of their peculiar affliction avail themselves of the usual means of mental or moral improvement, this society was established in order that they may have the same means of developing their mental powers, as hearing you men do.'

[38] See Breda Carty, 'A history of disability in Australia, October 11th See2017' (Blogs) <https://www.sl.nsw.gov.au/blogs/history-disability-australia>.

learned to write and paint with family support, penning a short autobiography several years before his death. Wrench described his mother having to chew his food for him as a youngster, so that he could eat it. At the same time, he described his family as unusual to many at the time because:

> My parents were very unlike many parents. I have read about such cases as mine was. Instead of wishing for my death, they cared for me and tended me more than all the others and were thankful to God to see me live and prosper. I think that is a great thing: for what are we all? We are all in God's keeping. He deprived me of my limbs, so that I cannot work as others: but He has blessed me in many other ways. He has blessed me with a knowledge of right and wrong.[39]

This passage provides several insights into the day-to-day perceptions and treatment of people with disabilities at the time. On the one hand, it shows that his treatment was exceptional in comparison to others like him, due to his family, schoolteachers and others who showed him kindness. While historian, Breda Carty refers to one person in James Wrench himself described as 'cruel',[40] the autobiography itself describes a number of others who helped him and who Wrench remembered fondly.[41] He particularly recalls a Miss Twemlow who came to the family home and taught him watercolour painting, and while there were physical obstacles in the way of attending school,[42] when he did attend, he 'got on splendidly with … lessons'.[43] The autobiography also refers to his mother being consoled by

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[39] Mitchell Library and State Library of New South Wales, 'Wrench family photographs, scrapbook and autobiography of James Thomas Wrench.' Vol. 1, Call no: PXA 4462, IE no: IE8872600, File no: FL8872635, <https://www.sl.nsw.gov.au/collection-items/autobiography-james-thomas-wrench> citing James Thomas Wrench, The Autobiography of James Thomas Wrench, Born Without Arms; containing an *Interesting Account of my Life from a Child up to the Present*, JJ Howard (Printer) Melbourne 1893, 3.

[40] Dr Carty also acknowledged that:

> 'There is a great deal of research evidence today to show that teacher attitudes make an important difference in educational opportunities for children with disabilities. Wrench describes his active and enthusiastic participation in school during two periods when the teacher was "kind". For another four years of his childhood, however, the school was in the charge of a teacher who was "cruel" to him. He simply stopped going to school for those years.'

Breda Carty, A history of disability in Australia, October 11th 2017 (Blogs) <https://www.sl.nsw.gov.au/blogs/history-disability-australia>.

[41] See Mitchell Library and State Library of New South Wales, Wrench family photographs, scrapbook and autobiography of James Thomas Wrench., Vol. 1, Call no: PXA 4462, IE no: IE8872600, File no: FL8872635, <https://www.sl.nsw.gov.au/collection-items/autobiography-james-thomas-wrench> citing James Thomas Wrench, The Autobiography of James Thomas Wrench, Born Without Arms; containing an Interesting Account of my Life from a Child up to the Present, JJ Howard (Printer) Melbourne 1893, 5.

[42] Mitchell Library and State Library of New South Wales, Wrench family photographs, scrapbook and autobiography of James Thomas Wrench., Vol. 1, Call no: PXA 4462, IE no: IE8872600, File no: FL8872635, <https://www.sl.nsw.gov.au/collection-items/autobiography-james-thomas-wrench> citing James Thomas Wrench, The Autobiography of James Thomas Wrench, Born Without Arms; containing an Interesting Account of my Life from a Child up to the Present, JJ Howard (Printer) Melbourne 1893, 5.

[43] Mitchell Library and State Library of New South Wales, Wrench family photographs, scrapbook and autobiography of James Thomas Wrench., Vol. 1, Call no: PXA 4462, IE no: IE8872600, File no: FL8872635, <https://www.sl.nsw.gov.au/collection-items/autobiography-james-thomas-wrench> citing James Thomas Wrench, The Autobiography of James Thomas

his grandfather saying with certainty that James 'would be clever with (his) toes in the time to come'.[44] On the other hand, this passage reveals how perceptions of people with disability were underpinned by religious norms and their treatment depended on the extent to which they were perceived as God's children. Wrench was fortunate enough to have a family who supported him according to their Christian faith, in a time when he acknowledged that this made him unusual. Indeed, a different interpretation of Christianity could have resulted in his institutionalisation, if not also his premature death. In this regard, it is notable that it was around the time of Wrench's death that the *Lunacy Act 1898* (NSW) was introduced. It authorised state-sanctioned institutionalisation of people who came within a broad definition in s 3 of what was an 'incapable person'. This would have included anyone who was unable to manage their own affairs, including the mentally ill, and also people with intellectual and other disabilities. This legislation also captured people at the lower end of the socio-economic spectrum in the state's effort to reduce the visibility of difference as represented by the poor and disabled. Ultimately, this marked the beginning of an era of institutionalisation[45] as the norm for many disabled and mentally ill people under the guise of promoting social order and public safety, and was perceived as promoting the best interests of the people affected. The Orange Mental Hospital is one example and its history has been chronicled by Prior in *Our Parklands Home: A History of the Riverside Centre.*[46]

These attitudes coincided with the rise of the eugenics movement. At its essence lay a particular view of the improvement of human society. With the broad acceptance of Darwin's work encapsulated in his book *The Origin of the Species,* this fed into other ideas about the social good and what would constitute an 'ordinary life' for people who became increasingly classified and categorized according to their physical and intellectual differences. This did have positive effects for some classes of people as public policy became focused like never before on the support, nurture and advancement of children and families. The state took an interest in individual conduct, levels of cleanliness and attention to medical and educational needs by directly intervening with initiatives like mandatory education.

Nevertheless, despite any positive effects, it is also true there was abhorrence of people and behaviours that deviated from what was seen as morally and socially, as well as

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Wrench, Born Without Arms; containing an Interesting Account of my Life from a Child up to the Present, JJ Howard (Printer) Melbourne 1893, 5.

[44] Mitchell Library and State Library of New South Wales, Wrench family photographs, scrapbook and autobiography of James Thomas Wrench., Vol. 1, Call no: PXA 4462, IE no: IE8872600, File no: FL8872635, <https://www.sl.nsw.gov.au/collection-items/autobiography-james-thomas-wrench> citing James Thomas Wrench, The Autobiography of James Thomas Wrench, Born Without Arms; containing an *Interesting Account of my Life from a Child up to the Present*, JJ Howard (Printer) Melbourne 1893, 3.

[45] A list of NSW Disability Homes can be found at: Disability Homes (Find & Connect Web Resource Project for the Commonwealth of Australia, 2011, Web Page 29 July 2021) <https://www.findandconnect.gov.au/resources/Disability%20Homes/>. Also note that there are lists of both Government-run and non-government run institutions at: Browse Category – D – Disability Institutions (Find & Connect Web Resource Project for the Commonwealth of Australia, 2011, Web Page 29 July 2021) <https://www.findandconnect.gov.au/ref/nsw/browse_d_function.htm#F000056> (non-government); see also Browse Categories – G – Government-run (Find & Connect Web Resource Project for the Commonwealth of Australia, 2011, Web Page 29 July 2021) <https://www.findandconnect.gov.au/ref/nsw/browse_g_function.htm#F000069>.

[46] See Marje Prior, *Our Parklands Home: A History of the Riverside Centre* (Ageing, Disability and Home Care, Department of Family and Community Services NSW, 2016),

economically, acceptable. This is exemplified by the fact that after the Boer War in 1902, British Prime Minister Lloyd George was prompted to introduce a national insurance scheme because he noted that there were too many bowlegged veterans returning from the war, which would deprive Britain of an effective fighting force.[47]

In a survey of colonial records in Australia and New Zealand, Catherine Coleborne concludes that people with disabilities were able to be seen in the streets. However, the poverty that ensued after the end of the Gold Rush, people flocking to urban centres looking for work, and the increasing role of mechanisation in the emerging capitalist economy meant there was less space for those with any form of disability or impairment. This is a similar story to what occurred in the United Kingdom and, as Coleborne observes:

> Social institutions, including asylums, immigrants' homes, benevolent homes, and welfare agencies, became solutions to the growing crises in colonial cities.[48]

It would be incorrect however, to suggest that such action was necessarily based on a sense of benevolence. There is considerable evidence that policies regarding the disabled were often driven by community fear and sometimes hatred. This is evident from Coleborne's citation of Susan M Schweik, *The Ugly Laws: Disability in Public,* an historical account of the treatment of many disabled, maimed, or malformed people in the US, which reveals the extent to which people with disabilities were regularly banned from showing themselves at public in several US jurisdictions in the nineteenth and for much of the twentieth century.[49] Other authors have confirmed that such laws and policies existed throughout the US and could result in harsh police enforcement. For example, in 1902 the Chicago Police Department poured acid over their disabled beggar population to force them out of public view completely.[50] There were several elements driving such policies but first and foremost it is important to return to Australia to realise there was racial overtone and an argument for human betterment intertwined. Coleborne's observations around the keeping of medical records in the asylums of colonial Australia is revealing. She says:

> In the white settler colonies of Victoria and New Zealand, public institutions tended to cater to all socioeconomic classes of the wider population and included Chinese and Aboriginal or Maori patients, but administrators and medical personnel were concerned mostly with the health of white European subjects who formed the vast majority of the institutional populations.[51]

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[47] See Ray Porter, The Greatest Benefit to Mankind, London, Harper Collins, 1997, 638-639.
[48] Catharine Coleborne, 'Disability and Madness in Colonial Asylum Records in Australia and New Zealand' in Michael Rembis, Catherine Kudlick, and Kim E. Nielsen (eds), *The Oxford Handbook of Disability History* (Oxford University Press, 2018) 283.
[49] See Catharine Coleborne, 'Disability and Madness in Colonial Asylum Records in Australia and New Zealand' in Michael Rembis, Catherine Kudlick, and Kim E. Nielsen (eds), *The Oxford Handbook of Disability History* (Oxford University Press, 2018) 283, citing Susan M. Schweik, The Ugly Laws: Disability in Public (New York: New York University, 2009).
[50] See Puloma Banerjee, 'Ugly Law: When the US Banned Unsightly Individuals from Coming Out in Public' (STSTW Media, 2019, Web Page 18 April 2021) <https://www.ststworld.com/ugly-law/#:~:text=%20Ugly%20Law%3A%20When%20the%20US%20Banned%20Unsightly,World%20War%20that%20the%20outlook%20towards...%20More%20>.
[51] Catharine Coleborne, 'Disability and Madness in Colonial Asylum Records in Australia and New Zealand' in Michael Rembis, Catherine Kudlick, and Kim E. Nielsen (eds), *The Oxford Handbook of Disability History* (Oxford University Press, 2018), 281, citing Catharine

The situation would have been similar in NSW, as it was arguably in the rest of the Western World.[52] It shows that medical staff did have definite clinical biases in how they assessed a patient's clinical and psychological condition. There were prevailing social norms that necessarily had an impact on these judgements and Michael Rembis has put together what is probably the most complete history of eugenics as it relates to disability, not only in the context of Australia but from a worldwide view. Eugenics has a strong foundation in nationalism and pride. It is not new and some authors trace what is termed 'proto-eugenics' right back to Ancient Greece.[53] However, improving the human species is a concept that traverses generations and cultures, as well as time periods. Its most grievous examples in the twentieth century were the Nazi concentration camps like Auschwitz, where Jews, gypsies, the disabled and others deemed as not meeting a 'master race' construct were interned and killed. While Rembis is concerned principally with the disabled, he notes that 400,000 people were sterilized between 1933 and 1939 in Germany. Many received 'treatment' by virtue of euthanasia.[54] There were more subtle forms, such as serialization alone, and this was sometimes forced on groups of people by statute. This was true in leading democracies, because as Rembis observed:

> Approximately 65,000 people, many of whom found themselves in institutions, were sterilized between the passage of the United States' first state sterilization law in 1907 in Indiana and the beginning of the disuse of state sterilization laws in the 1970s.[55]

Rembis surveys the range of international meetings and conferences in the early twentieth century demonstrating it was a cross-cultural and multinational concern. This was shown by the fact that interest in eugenics stretched from Romania to Latin America, where the Catholic Church and clinicians were and remain very influential.[56] It is possible to see a

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Coleborne, *Madness in the Family: Insanity and Institutions in the Australasian Colonial World, 1860–1914*. (Basingstoke, UK: Palgrave Macmillan, 2010) 42, 63.

[52] It could be argued that little has changed in the modern day for either those with disability or the unemployed. See generally, Loic Wacquant, 'Crafting the Neoliberal State: Workfare, Prisonfare, and Social Insecurity' (Sociological Forum, Vol. 25, No. 2, June 2010) 202, citing Frances Fox Piven and Richard A. Cloward. 1993. *Regulating the Poor: The Functions of Public Welfare.* (New York: Vintage 1993, Orig. pub. 1971), note 23. Wacquant takes a broad historical sweep and highlights several interlinking forces when he writes:

> This organizational coupling of the Left hand and Right hand of the state under the aegis of the same disciplinary philosophy of behaviorism and moralism can be understood, first, by recalling the shared historical origins of poor relief and penal confinement in the chaotic passage from feudalism to capitalism. Both policies were devised in the long sixteenth century to 'absorb and regulate the masses of discontented people uprooted' by this epochal transition.

[53] See Michael Rembis, 'Chapter 5: Disability and the History of Eugenics' in Michael Rembis, Catherine Kudlick and Kim E. Neilsen (eds) *The Oxford Handbook of Disability History* (Oxford Press, 2018) 87.

[54] See Michael Rembis, 'Chapter 5: Disability and the History of Eugenics' in Michael Rembis, Catherine Kudlick and Kim E. Neilsen (eds) *The Oxford Handbook of Disability History* (Oxford Press, 2018) 90.

[55] Michael Rembis, 'Chapter 5: Disability and the History of Eugenics' in Michael Rembis, Catherine Kudlick and Kim E. Neilsen (eds) *The Oxford Handbook of Disability History* (Oxford Press, 2018) 90.

[56] See Michael Rembis, 'Chapter 5: Disability and the History of Eugenics' in Michael Rembis, Catherine Kudlick and Kim E. Neilsen (eds) *The Oxford Handbook of Disability History* (Oxford Press, 2018) 88.

junction here between conflicting religious doctrines around disabled people being at once angelic when in receipt of alms and yet, also fallen children suffering disability as penance for sin. Meanwhile, the secular authorities in the Western World have traversed the policy ground from ignoring people with disability and considering them a family matter, to considering them a public nuisance or embarrassment, as demonstrated by the actions of the Chicago Police Department. The state was looking at preserving the value of its resources including its human capital. The role of a human being in western society is largely to be self-sustaining and produce wealth. This meant knowing what to do with human capital that did not fit the confines of what a modern industrial state sought from its people. In its answer, NSW along with many other Western societies drew from various elements and traditions which attempted to explain disability.

One place where records showing this confusion is in the scrapbooks of historic newspaper articles kept by the Royal Blind Society and preserved by the NSW State Library. A consistent theme in these records involves people with disability seeking admission into acceptable society, which in many cases were attempts by charitable and other supportive organisations to make activities for people with disabilities look as close as possible to work so they looked as though they were emulationg the lives of able-bodied people, especially men at the time.[57]

For example, in 1932 the *Newcastle Herald* reported under the heading 'Blind Workers: Interesting Exhibition' that several blind workers had made wicker baskets, which would be displayed and sold, thanks to space donated by Winn and Company. That may have been a matter-of-fact way to describe what was reported, however it is noteworthy that this is not what is written. Showing both the exceptionalism and then the language of dependence in descriptions of disability, the article says:

> A remarkable exhibition of work performed by blind people is on view in some of the windows of Messrs. Winn and Company. Baskets, wicker work, and mats of various colours and designs are to be seen, faultlessly fashioned by the hands of those bereft of the power to see their finished handiwork. … The main object of the exhibition is to bring to the notice of the public the valuable work carried on by the Industrial Blind Institution. At the moment approximately 128 blind people are dependent on the

[57] Equally, Western society, at least in modern times, has sought to celebrate those people with disability who are seen to achieve things considered beyond their capacity. This is exemplified by Carty highlighting an editorial in The Register. Commenting on a 1904 conference in Adelaide involving numerous attendees who were deaf, the paper said:

> One may admire the splendid spirit of self-reliance exhibited by the mutes, and the fine courage of the Congress in requesting fairplay for the afflicted… In this age, which glories in humanitarianism, it is much easier to exact a charity dole than to obtain justice. Mankind prefers to act as to be considered generous, rather than to make reparation which brings no credit but such as is associated with a stigma. What a satire upon society in which so many other normal members are leaning against Government posts nursing 'tired feelings,' fostered by enervating politics, is the fact that the deaf and dumb should be heard eloquently preaching the gospel of self-help and manly independence!

Bridget Mary Carty, 'Managing Their Own Affairs: The Australian Deaf Community During the 1920s and 1930s' (PhD Thesis, Griffith University, 2005), 77, citing Editorial: 'A Pathetic Congress' (The Register, 4 January 1904).

> institution for a livelihood, and it is the endeavour of the authorities to market their goods at reduced prices, so as to ensure continuous employment for these people.[58]

However, there is equally controversy over the conditions and treatment of these workers. This is exemplified by a wide variety of articles and reports. For example, amid papers included in a folio marked 'Submission to Ways and Means Committee' the Australian National Council of Organisations for the Blind include a document headed 'Wicker Workers' Wages Board'. Reprinted under it is an article which (according to the header cum explanatory note) appeared in the *Evening News* on 1 April 1910, as well as numerous other papers. The headline of the article itself reads: 'Blind Workers and Labor Council Exonerated by Wages Board'.

The reason for this is that the Wages Board Chairman had received a variety of letters from former workers at the Industrial Blind Institution which he dismissed because the authors did not come forward to give further evidence. He believed their claims to be somewhat dated and based on former workers called to give evidence that there was 'a strong personal animus against the institution and especially against its manager, for which (there was not) foundation'.[59]

This may have been the view of the Wages Board Chairman, to the extent that he declared the correspondence from former workers 'as so much waste paper',[60] yet for many others concerns remained real. The same folio which included the *Evening News* piece contained an undated letter from the Australian Council of Trade Unions ('ACTU') which reads to:

> The Organiser
>
> The Blind Institute
>
> Dear Madam,
>
> Your immediate explanation is requested as to why "sweating" has been practised at your Institute…'[61]

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[58] 'Blind Workers: Interesting Exhibition' *Newcastle Herald* (21 June 1932, archived in 'Newspaper Cuttings' Royal Blind Society Records, 2748 Box 34(36) NSW Government Records Repository Kingswood) 38.

[59] 'Report of the Wicker Workers Wages Board: As appeared in the *Evening News* on 1st April 1910, and other daily papers. *Blind Workers and Labor Council Exonerated by Wages Board* (1st April 1910, contained in folio marked 'Submission to Ways and Means Committee: Australian National Council of Organisations for the Blind – by J. K. Holdsworth and D. L. Westaway' archived in Royal Blind Society Records, 2748 Box 34(36) NSW Government Records Repository Kingswood).

[60] 'Report of the Wicker Workers' Wages Board: As appeared in the *Evening News* on 1st April 1910, and other daily papers. *Blind Workers and Labor Council Exonerated by Wages Board* (1st April 1910, contained in folio marked 'Submission to Ways and Means Committee: Australian National Council of Organisations for the Blind – by J. K. Holdsworth and D. L. Westaway' archived in Royal Blind Society Records, 2748 Box 34(36) NSW Government Records Repository Kingswood).

[61] Letter from The Secretary, ACTU The Trades Hall Sydney, to The Organiser, The Blind Institute, undated though circa 1931 given the three newspaper Newspaper Cuttings which accompany it; 'Blind Institute' (unsourced, undated); 'Blind Institute: Nationalisation Sought (Sydney Morning Herald, 21 February 1931); 'Awful Conditions: Blind Institute – Union Wants Things Altered' *To the Editor* (21 February 1931) contained in folio marked 'Submission to Ways and Means Committee: Australian National Council of Organisations for the Blind – by

This is an effective case study illustrating how disability can potentially result in exploitation obscured by reverence, in this case in relation to the handiwork of the blind workers. But whether it is by reverence or exploitation, the effect is to marginalise people with disability and reinforce a sense that they do not to have the same worth or ability to be part of wider society, or to contribute socially and economically to it. This marginalisation can also render those with disabilities and their families less able and willing to avail themselves of complaint, compensation, and other redress mechanism, even when they are available.

The first example is the action of the Wages Board Chairman. He dismissed some allegedly serious claims, due to lapse of time, and the failure of letter writers to come forward with more evidence upon invitation.[62] Whether the letter writers had the ability to come forward may well be questioned when the power that the management of various institutions held over the lives of people with disability is considered. For example, the 1910 Wages Board article refers to a Mr Hedger as manager of the Blind Institute, who gave evidence and called on workers, which 'amply satisfied … the board that the charges were untrue'.[63]

However, the archives from the NSW State Library tell a different story. The 'Newspaper Cuttings' in particular reveal controversies through articles and letters published in *The Sun, The Sydney Morning Herald* and the *Worker* between 1930 and 1931. One *Herald* clipping from 2 July 1930 is entitled 'Unemployment. 60 per cent wages for inefficient workers. Parramatta Proposal'. The story was of the Local Council seeking to reduce the wages of men it deemed inefficient, though this was being hotly contested by some Aldermen as unlawful.[64] While it is not explicitly stated, the inference drawn from the article's placement in the 'Newspaper Cuttings' is that many of the 'inefficient workers are blind'. Near this article is an undated *Letter to the Editor* from a correspondent in Punchbowl. Significantly, it reads, under the heading 'Sweated Blind Workers – Driven on the Streets':

> Sir – I beg space in your valuable paper to answer M. Hedger's (manager of the Blind Institute) statement in the "Guardian" that no able-bodied blind man need beg in the streets. I differ from Mr Hedger, as I have a relative who, after working five years in the institute, was being paid the princely sum of two pounds a week, and worked from 8 to 5.15. Does Mr Hedger expect a man to live and pay rent on that? Men in the institute have been told by Mr Hedger that they are commercially unfit and must take what the committee offers. Mr Hedger says he knows the funds of the Blind Institute

J. K. Holdsworth and D. L. Westaway' archived in Royal Blind Society Records, 2748 Box 34(36) NSW Government Records Repository Kingswood).

[62] See 'Report of the Wicker Workers' Wages Board: As appeared in the *Evening News* on 1st April 1910, and other daily papers. *Blind Workers and Labor Council Exonerated by Wages Board* (1st April 1910, contained in folio marked 'Submission to Ways and Means Committee: Australian National Council of Organisations for the Blind – by J. K. Holdsworth and D. L. Westaway' archived in Royal Blind Society Records, 2748 Box 34(36) NSW Government Records Repository Kingswood).

[63] 'Report of the Wicker Workers' Wages Board: As appeared in the *Evening News* on 1st April 1910, and other daily papers. *Blind Workers and Labor Council Exonerated by Wages Board* (1st April 1910, contained in folio marked 'Submission to Ways and Means Committee: Australian National Council of Organisations for the Blind – by J. K. Holdsworth and D. L. Westaway' archived in Royal Blind Society Records, 2748 Box 34(36) NSW Government Records Repository Kingswood).

[64] See 'Unemployment. 60 per cent wages for inefficient workers. Parramatta Proposal' (*Sydney Morning Herald,* 2 July 1930, archived in 'Newspaper Cuttings' Royal Blind Society Records, 2748 Box 34(36) NSW Government Records Repository Kingswood) 69.

> cannot stand the strain of paying the poor sightless workers a decent wage. Is it fair that others should receive large salaries?[65]

While some may see the last question as laced with sarcasm and irony it is actually a very important point. As will be shown later, low payment, under-payment, or no payment of wages to people with disabilities continues to be a problem today. For now, it is important to point out that there may not have been much money to go around, particularly during the first half of the 20th century encompassing World War I, the Great Depression and World War II. Australia was heavily engaged in both conflicts and the Blind Institute's sixty-third *Annual Report* of 1943 is instructive. The report lists at some length everything from individual donations to fund-raising functions organized by members and remittances received from local Institute branches, generally referred to as auxiliaries.[66] Clearly, there was a great reliance on community engagement and civic involvement, which some argue is still more virtuous today rather than having charities reliant on large government subsidies or grants.[67]

In the first part of the century though, allegations persisted about abuse, neglect, and underpayment of people with disabilities. Indeed, in 1923 the Blind Institute found it necessary to release a circular to members after the Wages Board cleared the organization of working blind men in 'sweat shop' conditions. However, this circular also laid out a range of prior allegations dating back to the organization's foundation.[68] This is a 21-page document, and most of its pages survive in the Royal Blind Society Records held in the NSW Government Repository.

It would not be appropriate for me to try and impose my own judgment on the veracity of any of these claims. However, there is a broad circumstantial impression left by many reports. The first is that people with disabilities have and remain very vulnerable to abuse and neglect. This is not only shown by the 1923 circular but also by Dr Carty's thesis. She states that until the end of the 1920s an Ernest Abraham had been overwhelming influential in the Deaf community. He had come to Australia at the turn of the century and then set about establishing various support groups and homes or activities for the deaf. His adoptive father in the UK was a Reverend who established a deaf Mission.

Abraham followed his father's example with zeal in Australia, most notably establishing the Australian Deaf and Dumb Association. Prior to coming to Australia, Abraham had attended an international conference on the education of deaf people in 1893, where his paper had been withdrawn. Despite this, little stopped Abraham who Carty describes as a man with 'a

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[65] 'Sweated Blind Workers – Driven on the Streets' (*Letter to the Editor,* unsourced, undated, but based on surrounding pieces circa 1930, archived in 'Newspaper Cuttings' Royal Blind Society Records, 2748 Box 34(36) NSW Government Records Repository Kingswood) 69.
[66] Sydney Industrial Blind Institution 'Sixty-Third Report 1943' (Royal Blind Society Records, 2748 Box 22(36) NSW Government Records Repository Kingswood) 29.
[67] See e.g., Vern Hughes, 'Not for Profits Lose Sight of Volunteer Heritage' (Pro bono Australia, Staff Reporter, 10 February 2011 at 10:22 am, Web page 26 May 2021) <https://probonoaustralia.com.au/news/2011/02/not-for-profits-lose-sight-of-volunteer-heritage/>.
[68] See Committee of The Sydney Industrial Blind Institution, 'Memorandum to the Subscribers of the Sydney Blind Institution, June, 1923: 1898 to 1917 Investigations made by various Newspapers on the alleged Sweating of the Blind and the work of the Sydney Industrial Blind Institution, Trades and Labour Council, Government Officials etc.' (Royal Blind Society Records, 2748 Box 22(36) NSW Government Records Repository Kingswood).

gift for self-promotion'[69] The importance of this story is twofold; the first is the apparently charismatic figures who gravitate to the vulnerable and needy, as well as the dark, manipulative side many of these people tend to have. This often has profound impacts on the people they deal with, particularly those with disabilities. Carty sights evidence from a fairly credible (though largely unsuccessfully) opponent of Abraham, that Abraham had taken sexual liberties with young deaf women.[70]

This opponent, a First World War veteran who was deafened and had problems with his sight due to his service was originally a friend of Abraham's but became disenchanted with the man and his administration of the Victorian Deaf Society. In a 40-year tenure as Superintendent in Victoria, Abraham and his management committee would face controversy in 1923 over the hiring and immediate firing of a married couple as caretakers of the Society's Flinders Street Headquarters. The reason was the wife's pregnancy,[71] somewhat ironic given Abraham's own behaviour.

This behaviour extended to claiming titles he did not have such as principal and reverend. Carty states that Abraham was neither a trained teacher[72]nor an ordained minister of religion.[73] This reportedly never stopped him running church services for the deaf of the Victorian Society.[74] It might be wondered why relating small snippets of the Victorian Deaf Society is important here. Firstly, despite the incomplete nature of the record, the deaf societies in NSW and Victoria seemed amongst the best able to collate and retain at least some of their own history. Secondly, if we want to gain a sense of the standard of living of people with disabilities and what an ordinary life was like for them at this time, it is necessary to consider what the organisations supporting them were doing and saying in public to understand what impact this might have had on people with disabilities privately.

Returning to the NSW records, Blind Institute members, auxiliaries and staff held events ranging from card parties to balls and corporate donations, including from the Metropolitan Water, Sewerage and Drainage Board.[75] While all these activities are commendable in their own right, it is debatable whether having people live off charity provided for an ordinary life, or was in their best interests. On the 88th page of the 64th *Annual Report,* the Institute listed all the goods and services, including medical and employment support it provided to its blind workers. The latter insists that (amongst other things) 'the Institution is not exempt from

[69] Bridget Mary Carty, 'Managing Their Own Affairs: The Australian Deaf Community During the 1920s and 1930s' (PhD Thesis, Griffith University, 2005), 73.
[70] See Bridget Mary Carty, 'Managing Their Own Affairs: The Australian Deaf Community During the 1920s and 1930s' (PhD Thesis, Griffith University, 2005), 109-110.
[71] See Bridget Mary Carty, 'Managing Their Own Affairs: The Australian Deaf Community During the 1920s and 1930s' (PhD Thesis, Griffith University, 2005), 98.
[72] See Bridget Mary Carty, 'Managing Their Own Affairs: The Australian Deaf Community During the 1920s and 1930s' (PhD Thesis, Griffith University, 2005), 73.
[73] See Bridget Mary Carty, 'Managing Their Own Affairs: The Australian Deaf Community During the 1920s and 1930s' (PhD Thesis, Griffith University, 2005), 108.
[74] See Bridget Mary Carty, 'Managing Their Own Affairs: The Australian Deaf Community During the 1920s and 1930s' (PhD Thesis, Griffith University, 2005), 108.
[75] See Sydney Industrial Blind Institution 'Sixty-Third Report 1943' (Royal Blind Society Records, 2748 Box 22(36) NSW Government Records Repository Kingswood), 29.

paying Award Rates of Wages (and workers on probation) are granted…40/- a week to supplement their pensions'.[76]

Sometimes organisations set such information out as a matter of course, particularly if they are trying to attract or retain important benefactors. At other times, it might be a defensive strategy, where a corporation, government or charity was seeking to justify, explain, or refute questions about its actions. It is too far back in history, and documentation is admittedly incomplete for me to draw definite conclusions about whether blind and other disabled workers were being underpaid, or not paid at all.

As indicated above, there were circumstantial cases that such things were happening, even if the complaints bodies, such as the Wages Board, found the evidence incredible and based on unreliable sources. It is to be remembered that the sources of evidence were disabled people and how their words and actions can be manipulated by others. Their evidence could not compete with the acclaimed and trusted reputation of Mr Hedger and Mr Abraham. Both clearly had overwhelming personalities if dubious records.

They would remain able to court the powerful and control the needy into the 1930s and 1940s. However, the regulatory ground and popular opinion was shifting under their feet. While 'the Manager' of the Blind Institute (presumably Mr Hedger) was still able to write to the Chief Secretary's Department in response to an inquiry from the NSW Premier refuting allegations of worker underpayment in 1932,[77] policies were changing overseas which would influence policies in Australia. This is shown by a report published in Sydney on 4 January 1930 from the British Official Wireless. Under the heading 'Provision for Blind. Minimum Income' it was reported that of 31,374 blind people living with family in the UK, a third did not have enough money for necessities.[78] The Advisory Committee on the Welfare of the Blind recommended to the UK Ministry of Health that there should be:

> A scheme for the provision of an assured minimum wage for all unemployable blind persons living at home or in lodgings [and] the age at which old-age pensions are payable to the blind should be reduced from 50 to 40 years.[79]

This is to be contrasted with the deaf ear of the Blind Institute. Mr Hedger appears to have had a very definite and dogmatic view. This revolved around being opposed to anything he

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[76] Sydney Industrial Blind Institution 'Sixty-Third Report 1943'*Sydney Blind Institution, William Street, Sydney: Benefits to be derived by the Blind Workers* (Royal Blind Society Records, 2748 Box 22(36) NSW Government Records Repository Kingswood) 88.

[77] See letter from The Manager to The Under Secretary, Chief Secretary's Department, 24 February 1932, contained in folio marked 'Submission to Ways and Means Committee: Australian National Council of Organisations for the Blind – by J. K. Holdsworth and D. L. Westaway' archived in Royal Blind Society Records, 2748 Box 34(36) NSW Government Records Repository Kingswood).

[78] See 'Provision for Blind – Minimum Income' (British Official Wireless, London, 2 January 1930, reported *Sydney Morning Herald* 4 January 1930, archived in 'Newspaper Cuttings' Royal Blind Society Records, 2748 Box 34(36) NSW Government Records Repository Kingswood) 69.

[79] 'Provision for Blind – Minimum Income' (British Official Wireless, London, 2 January 1930, reported *Sydney Morning Herald* 4 January 1930, archived in 'Newspaper Cuttings' Royal Blind Society Records, 2748 Box 34(36) NSW Government Records Repository Kingswood) 69.

saw as welfare, which he saw as damaging to young men's work ethic.[80] He said that granting pensions to 16-year-olds would discourage both young girls and from being trained in appropriate work in trades and professions for their 'self-improvement'.[81] Hedger was also especially scathing of parents, some of whom he claimed:

> [Show] a lack of interest in their children when they leave school and think it is kindness to allow them to follow their own immature inclinations, instead of insisting that should take up some occupation particularly suited to the blind immediately they leave school.[82]

As the article goes on, it becomes clear that Mr Hedger is using the speech to make a pitch to impress upon conference attendees the services of his Blind Institute. While this is not unreasonable, it is arguable that the response may not have been as sympathetic as he anticipated. I am going to assume that the compiler of the Newspaper Cuttings from the archives where I found this article was acting purposefully when placing another article from the UK *Daily Express* alongside it.

This tells the story of Harry Gover, blinded by his First World War service at the Somme in 1916, and by 1938 he was working on the telephone exchange in the Exchequer and Audit Department. Gover himself was the perfect media presentation of disability when he summarised his life this way:

> Got a job in '18, and here I am at forty-two, happy, married, still going strong and never been out of a job for twenty years.[83]

Mr Gover's story draws several important themes together. First he, as other war veterans, would increasingly find favour with the public as the ranks of veterans swelled with two World Wars. This would get to the point where popular opinion would demand governments do more for returned servicemen and their families. This becomes clear when considering Duffy's comments on the consensus on the need for state intervention after these conflicts and the Great Depression. He argues the political class agreed that to enjoy economic and social stability they had to establish 'a system of social security in order to avoid the kinds of … injustices and insecurities of the previous hundred years or more'.[84]

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[80] See 'Pensioners for Young Blind. Wisdom of System Questioned by Speaker at Interstate Conference' (circa 1938, publication unknown, archived in 'Newspaper Cuttings' Royal Blind Society Records, 2748 Box 34(36) NSW Government Records Repository Kingswood), 40.
[81] 'Pensioners for Young Blind. Wisdom of System Questioned by Speaker at Interstate Conference' (circa 1938, publication unknown, archived in 'Newspaper Cuttings' Royal Blind Society Records, 2748 Box 34(36) NSW Government Records Repository Kingswood), 40.
[82] 'Pensioners for Young Blind. Wisdom of System Questioned by Speaker at Interstate Conference' (circa 1938, publication unknown, under the sub-heading *Experiment Not Justified,* archived in 'Newspaper Cuttings' Royal Blind Society Records, 2748 Box 34(36) NSW Government Records Repository Kingswood), 40.
[83] 'Humanity Behind The Government's £2,541,994 Estimates - Blind 'Phone Operator Earns £3 Walks 3 Miles: Cooks Own Breakfast (*Daily Express* 1938, archived in 'Newspaper Cuttings' Royal Blind Society Records, 2748 Box 34(36) NSW Government Records Repository Kingswood), 40.
[84] John O'Brien and Simon Duffy (eds) 'Citizenship and the Welfare State' (The Centre for Welfare Reform, The Need for Roots program, March 2016) 12.

If this was the view in the UK, then it was similarly held across the Atlantic. US authors make the point about sustaining the now wide electoral franchise required a new form of politics. This, combined with the deprivations of war had:

> [A] radicalizing effect on post-war [social] politics making for a generally much stronger role of government in social matters. During the interwar period, the rising impact of labour governments was conducive to more active expansion of social security coverage in the Scandinavian countries … and in New Zealand [in 1935].[85]

Australia would follow suit, as laid out in Herscovitch and Stanton's *History of Social Security in Australia.*[86] However, Australia's transformation would be later because of the existence of large friendly societies, notable for having large memberships of working-class people who voluntarily came together to achieve social and public policy goals of mutual benefit.[87] While this may have served most of Australia's population as it experienced 'early and gradual industrialization [and] efficient capitalist agriculture',[88] it did not reach most with disabilities. As Herscovitch and Stanton put it, prior to 1900 and the enactment of old-age pension provisions in NSW and Victoria 'there was nothing in any of the Australian colonies that would be recognized today as social security',[89] which was unlike the UK experience where the Poor laws had been enacted in 1601 (see Chapter 2 above).

Yet by the mid-to-late 1940s the same authors have argued that Australia emerged as a radically altered nation. The light industrial agrarian home of mutual societies had been fundamentally changed by World War II. Herscovitch and Stanton state:

> Australia entered World War II with only a fragmentary welfare provision: by the end of the war it had constructed a 'welfare state'.[90]

The Australian states had started with aged, widowed, sickness or injury benefits, as well as child endowments, but these would soon be taken over by an expansionary Commonwealth Government. This is underlined by the fact that in 1941 a growing list of welfare payments, initially the responsibility of Treasury, became the responsibility of a new Department of

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[85] Stein Kuhnle and Anne Sander, 'The Emergence of the Western Welfare State' in Francis G Castles et al., *The Oxford Handbook of the Welfare State* (Oxford University Press, July 2010) 70.

[86] See Andrew Herscovitch and David Stanton, 'History of Social Security in Australia' (Australian Institute of Family Studies, Family Matters 2008 No. 80) 51-60.

[87] An example in NSW is the NSW Branch of the National Roads Association, founded in 1920 and which would go on to become the National Roads and Motorists Association (NRMA) which took the name NRMA in 1923 to 'cover everything necessary for the advancement and protection of motorists' – 'Our history – a timeline' (Centenary, Then and Now, Web Page 6 June 2021) <https://www.mynrma.com.au/centenary/then-and-now/our-history-a-timeline#1920s>.

[88] Stein Kuhnle and Anne Sander, 'The Emergence of the Western Welfare State' in Francis G Castles et al., The Oxford Handbook of the Welfare State (Oxford University Press, July 2010) 67.

[89] Andrew Herscovitch and David Stanton, 'History of Social Security in Australia' (Australian Institute of Family Studies, Family Matters 2008 No. 80) 53.

[90] Andrew Herscovitch and David Stanton, 'History of Social Security in Australia' (Australian Institute of Family Studies, Family Matters 2008 No. 80) 54, citing S. Shaver, 'Design for a welfare state: The Joint Parliamentary Committee on Social Security.' (Historical Studies, 22(88) (1987) 411.

Social Services.[91] These payments, but more broadly who they targeted, were most significant. There was much concern for wives and children and the raising of families. The children raised from these homes had to be good, upright, and productive citizens. This is seen in two respects. The first example here is the United States, which while known for its individualistic, self-help mentality, did introduce targeted payments for 'children, widows and War Veterans'.[92] While it took the Great Depression and President Roosevelt's *New Deal* for a more generous Social Security Act to emerge,[93] the same sort of targeted support would see the emergence of the Homecare Service in NSW.

People wanted children brought up properly, so mothers and children became very important to the state, so much so that childbirth is considered one of life's emergencies. On a now defunct Ageing, Disability and Homecare website it was stated:

> The Home Care Service of NSW was established in 1943 as the NSW Housekeeper's Emergency Service. Its role was to provide housekeeping assistance during illness, childbirth and other emergencies.[94]

This indicated the growing support for broadening social welfare measures by all levels of government. It also notably refers to childbirth as an 'emergency' even though in establishing their families, most young Australian women would experience this *at least* once in an 'ordinary life'. However, in Australia, government would neither cover the field or have its social welfare inventions always welcomed. This is underlined by the fact that two attempts were made to introduce general social insurance schemes in the 1920s and 1930s, but these were never implemented. Even when legislation was passed in 1938, the public response and the likelihood of war meant it was 'shelved…indefinitely'.[95] More specifically businesses, especially the friendly societies saw this as an end to their market, while the United Australia Party Government found the proposal was internally divisive.[96] As in the US though, injured war veterans would be a focus for community concern. This is shown locally by the Blind Institute, whose 1939 *Annual Report* stated in part:

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[91] See Andrew Herscovitch and David Stanton, 'History of Social Security in Australia' (Australian Institute of Family Studies, Family Matters 2008 No. 80) 53, citing Director-General of Social Services. 'First report of the Director-General of Social Services, year ended 30 June 1942' (Canberra: Commonwealth Government Printer, 1942), 2.
Andrew Herscovitch and David Stanton, 'History of Social Security in Australia' (Australian Institute of Family Studies, Family Matters 2008 No. 80) 54, citing S. Shaver, 'Design for a welfare state: The Joint Parliamentary Committee on Social Security.' (Historical Studies, 22(88) (1987)

[92] Stein Kuhnle and Anne Sander, 'The Emergence of the Western Welfare State' in Francis G Castles et al., The Oxford Handbook of the Welfare State (Oxford University Press, July 2010) 76.

[93] See Stein Kuhnle and Anne Sander, 'The Emergence of the Western Welfare State' in Francis G Castles et al., The Oxford Handbook of the Welfare State (Oxford University Press, July 2010) 76.

[94] 'Our history – ADHC' (NSW Government, Family & Community Services: Ageing, Disability and Home Care, Web Page 27 March 2017) <https://www.adhc.nsw.gov.au/about_us/our_history>.

[95] Andrew Herscovitch and David Stanton, 'History of Social Security in Australia' (Australian Institute of Family Studies, Family Matters 2008 No. 80) 54.

[96] See Kemran Mestan, 'Who Killed Social Insurance in Australia and Why?' (Review of *A Decent Provision: Australian Welfare 1870-1940* by John Murphy, Analysis and Policy Observatory [APO] 2011, Web Page 1 July 2021) <https://core.ac.uk/display/30680747>.

> BLINDED SOLDIERS.
>
> Bearing in mind the extra demand made on the Institution during and after the 1914-1918 War, we have already given consideration to the welfare of any men who may return to New South Wales after losing their sight in the present war, and have offered the services of the Institution to the Repatriation Department in any scheme for teaching Braille or vocational training of Blinded Soldiers, and placed at the disposal of the Department the trained teachers in over various departments.[97]

It would be appealing to think this offer was motivated by humane compassion. Some commentors argue that it was the focus on the war effort and resulting wounded who required support that led to an Australian model of means-tested direct welfare model. In his review of John Murphy's work, *A Decent Provision: Australian Welfare 1870-1940,* Mestan argues that the adverse impact on the domestic population of working age to fund welfare, plus the wish to be generous to veterans 'meant that paying the bill left little money to develop the general welfare state'.[98]

There is therefore little surprise that a 1941 a multi-party Joint Committee on Social Security did not favour an individual contribution social insurance model regulated and guaranteed by government. Australian governments (by then predominantly the Commonwealth) preferred to maintain direct fiscal control of welfare outlays, which had allowed the government flexibility to introduce supports as it saw fit. The UK took the opposite route, implementing 'a comprehensive scheme of national insurance to commence after the war was over'.[99]

While the milk of human kindness may have flowed to some extent, it was also true that the charitable sector had not been immune to scandal. This ranged from questions of underpayment of wages to blind workers mentioned earlier, to questions over inquiries by the

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[97] 'Sydney Industrial Blind Institution: Fifty-Ninth Annual Report for Year Ended 31st December, 1939' (Royal Blind Society Records, 2748 Box 34(36) NSW Government Records Repository Kingswood), 9.

[98] Kemran Mestan, 'Who Killed Social Insurance in Australia and Why?' (Review of *A Decent Provision: Australian Welfare 1870-1940* by John Murphy, Analysis and Policy Observatory [APO] 2011, Web Page 1 July 2021) <https://core.ac.uk/display/30680747>.

[99] Andrew Herscovitch and David Stanton, 'History of Social Security in Australia' (Australian Institute of Family Studies, Family Matters 2008 No. 80) 54. This did not mean the UK scheme enjoyed universal support. William Beveridge, a civil servant, academic and long-term campaigner for a flat-rate social insurance in the UK during the first half of the 20th century, had to make key concessions to see part of his Report from the *Unemployment Statutory Committee* implemented. Tony Lynes argues that even on models where people were receiving minimal support was encountering bureaucratic and political opposition. Ultimately, this meant that:

> [to] go beyond subsistence would have meant either recommending a higher level of flat-rate benefits or abandoning the flat-rate approach in favour of benefits related to individual earnings. Flat-rate benefits above subsistence were not, in the circumstances, a realistic option. Even at the levels proposed, Beveridge had to concede a 20 year phasing-in of full subsistence pensions as the price of grudging acceptance of his plan by the Treasury. And although that concession was rejected by the Attlee government, the postwar benefit rates still fell short of the subsistence target represented by the national assistance scale.

Tony Lynes, 'William Beverige, 1869 – 1963' in Paul Barker (ed) *'Founders of the Welfare State'* (New Society 1984, Republished Gower Publishing Company Limited, England 1986) 95.

NSW Charities Commissions[100] and the behaviour of charitable collectors.[101] Beyond this, it is easy to find public disquiet about the demands of charities on people's pockets[102] as well as popular concern about how charities should be run. This is underlined by commentary in *The Guardian* quoting various individuals who said things including:

> There are more charities and charitable institutions in Sydney (per) head, than any other place in the world. In my opinion, there is too much overlapping of charities doing the same work.[103]

Despite the State Government having big plans and some Cabinet Ministers wanting to know just how much charity was costing the public[104] it seems these plans only partly came to fruition, though the resulting Commission had some early enforcement success, according to Chief Secretary Chaffey.[105]

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[100] See 'Charities Board and Blind Opposed' (undated, but nearby article dated April 1929, archived in 'Newspaper Cuttings' Royal Blind Society Records, 2748 Box 34(36) NSW Government Records Repository Kingswood), 43. The Board said it was responding to criticism of the Institute, while Mr Hedger for the Institute claimed the organization was being targeted for its criticism of the Board, and some building works dating back to 1923.

[101] See 'Profits of Charity: Collectors Who Got Half of What They Collected! Soup For Surry Hills' (*Truth,* Sunday, January 15, 1928, archived in 'Newspaper Cuttings' Royal Blind Society Records, 2748 Box 34(36) NSW Government Records Repository Kingswood), 100. While the case in Redfern Local Court failed because the chief witness denied being harassed by a bogus collector and instead was offered a subscription, the opening two paragraphs are interesting. They state:

> If you accept some of the police evidence given in Redfern Court during the week against an alleged bogus canvasser, there's lashing of money to be made by collecting for charity.
>
> The commission drawn by certain collectors was given as 50 per cent-£10 in every £20, £50 in every £100 and so on.

[102] See e.g., 'Too Many Fingers In Our Charity Pie: Crying Need for Control – Overlapping and Confusion' (date unknown, publication unknown, archived in 'Newspaper Cuttings' Royal Blind Society Records, 2748 Box 34(36) NSW Government Records Repository Kingswood), 100.

[103] 'Relief Payments: Charity Finance Adjustment – Many Departments May Come Under Hospital Commission – This Should Help Liten Taxpayers' Burden: Big Scheme to Be Considered' (undated, but nearby article dated April 1929, archived in 'Newspaper Cuttings' Royal Blind Society Records, 2748 Box 34(36) NSW Government Records Repository Kingswood), 43.

[104] This becomes clear when considering this observation:

> It is considered by a section of Cabinet that with the appointment of an all-powerful charities commission, it would be possible for the Treasurer definitely to estimate each year the actual cost to Government of charities.

'Relief Payments: Charity Finance Adjustment – Many Departments May Come Under Hospital Commission – This Should Help Liten Taxpayers' Burden: Big Scheme to Be Considered' (undated, but nearby article dated April 1929, archived in 'Newspaper Cuttings' Royal Blind Society Records, 2748 Box 34(36) NSW Government Records Repository Kingswood), 43.

[105] See 'Charity Racket Ended: Effect of New Act, Claims Chaffey: Registration Enforcement Has Struck Blow at Bogus Canvasser' (*The Sun,* Friday, August 20, 1937, archived in 'Newspaper Cuttings' Royal Blind Society Records, 2748 Box 34(36) NSW Government Records Repository Kingswood), 52.

For people with disabilities this was unlikely to resolve itself in a way that would grant them an ordinary life. Mr Gover may have had a job in the UK Exchequer, a wife to which he was happily married and the ability to go on long walks. This made him comment in the article:

> 'I get up, get my own breakfast-cook myself some sausages or bacon-and take the wife a cup of tea. And off I go [for a walk].
>
> It's just knowing how to live that makes a chap happy-blind or not'.[106]

Mr Gover seems to know what makes 'a chap happy' and arguably he had the ordinary life that this thesis is trying to identify and define. It is also arguable that despite his lack of limbs and shortened life expectancy James Thomas Wrench, discussed earlier, may have agreed about the things that make one's life happy, fulfilling, and reasonable, despite neither ever meeting. It is notable that supportive teachers and family members were key to Mr Wrench's life, as Mr Gover's wife and satisfaction in employment were to his life.

Nevertheless, like Mr Wrench, Mr Gover's life experience would have been more the exception. As the nation moved out of the 1940s into the 1950s and 1960s, the lives of people with disability continued to be shaped by policies that sanctioned their institutionalisation in most cases. As noted previously, institutionalisation was sanctioned by the *Lunacy Act 1898* (NSW). This was followed by the *Mental Defectives Act (Convicted Persons Act) 1939* (NSW). It might be thought that this legislation saw the end of the Lunacy Act but it only dealt with those who had been convicted, distinguishing them for the definition of lunacy.[107]

At this time, charities continued to be formed to service people who lived outside the institutions, but this was on a small scale within a fairly defined local area. Notably, this included bodies like Sunnyfield[108] and the Cerebral Palsy Alliance (formerly the Spastic Centre).[109] It is to be noted how both were reliant on parent initiative, philanthropy, and government grants. For example, Mr McLeod started his school and therapy organization in a house donated by a Sydney businessman.[110] Another businessman, Keith Coles (who headed

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[106] 'Humanity Behind The Government's £2,541,994 Estimates - Blind 'Phone Operator Earns £3 Walks 3 Miles: Cooks Own Breakfast (Daily Express 1938, archived in 'Newspaper Cuttings' Royal Blind Society Records, 2748 Box 34(36) NSW Government Records Repository Kingswood), 40.

[107] *Mental Defectives Act (Convicted Persons) Act 1939* (NSW) s 2 stated that a:

> 'Mentally defective person' includes a convicted prisoner not being an insane person within the meaning of the Lunacy Act of 1898, in whom there exists mental defectiveness so pronounced that he requires supervision and control for his own protection, or for the protection of others.

[108] See 'About Sunnyfield – Our Story (Sunnyfield Disability Services, Web Page, 22 June 2021 <https://www.sunnyfield.org.au/about/>; also see 'Sunnyfield History' (Find & Connect: History & information about Australian orphanages, children's Homes & other institutions, Commonwealth of Australia 2011, Last updated: 8 September 2020, Web Page 22 June 2021) <https://www.findandconnect.gov.au/ref/nsw/bib/NP0000923.htm>.

[109] See generally, Neil McLeod, 'Nothing Is Impossible: Adventures in cerebral palsy' (The Spastic Centre 2007, from an unpublished manuscript 1986, Web Page 9 May 2020) <https://www.cerebralpalsy.org.au/wp-content/uploads/2013/07/Nothing-is-impossible.pdf>.

[110] See Neil McLeod, 'Nothing Is Impossible: Adventures in cerebral palsy' (The Spastic Centre 2007, from an unpublished manuscript 1986, Web Link 9 May 2020) <https://www.cerebralpalsy.org.au/wp-content/uploads/2013/07/Nothing-is-impossible.pdf> 21-22.

a third disability organisation, the Crippled Children's Society) donated $3000 which was virtually the seed capital.[111] McLeod states that he contacted the then State Minster for Education to arrange for a school teacher for his small organisation in a Mosman house. Otherwise, he is dismissive of government, stating:

> We had set the administrative pattern quite deliberately, so that the parents would always be in control of treatment and education, under the guidance of the Board of Directors. The Medical Director would professionally be in control of the medical unit, and the schools would necessarily be under the control of the Department of Education, with a Principal who was expected to liaise with the Medical Director and the Honorary Superintendent. Because we had no facilities for [cerebral palsy] in Australia we did not have anybody in authority to withhold any action which we needed, and the State and Federal Governments and their Health Departments were not interested.[112]

However, there is contradictory evidence on this issue. McLeod may have found some public officials unresponsive to his particular cause, but by his own acknowledgement he secured teachers from the NSW Department of Education. Furthermore, at the time he was establishing the Spastic Centre, an archived version of the Sunnyfield Disability Services website says that:

> In the 1950s parents of children with an intellectual disability were advised that the most appropriate place for their children was an institution.[113]

This was also true of the McLeod's who been told to put their daughter Jenny 'in a home and forget her'.[114] However, this was something McLeod was not inclined to do, as his daughter was not yet exhibiting clear signs of spasticity or muscle deformity. He would conduct his own research into disability and specifically cerebral palsy, via public libraries. Significantly, he concluded that:

> There were references to pneumonia of the newborn, jaundice, brain injured children, chorea, hydrocephalus, birth trauma and the like. It was not until nearly sixty years later, that an authoritative publication dealing with cerebral palsy was written. I gained the impression that the condition received little attention from the medical

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[111] See Neil McLeod, 'Nothing Is Impossible: Adventures in cerebral palsy' (The Spastic Centre 2007, from an unpublished manuscript 1986, Web Link 9 May 2020) <https://www.cerebralpalsy.org.au/wp-content/uploads/2013/07/Nothing-is-impossible.pdf> 22.

[112] See Neil McLeod, 'Nothing Is Impossible: Adventures in cerebral palsy' (The Spastic Centre 2007, from an unpublished manuscript 1986, Web Link 9 May 2020) <https://www.cerebralpalsy.org.au/wp-content/uploads/2013/07/Nothing-is-impossible.pdf> 22.

[113] 'Sunnyfield History: Our Story' (Sunnyfield: For a brighter Future, Web Page, archived 19 February 2017, accessed 22 June 2021) <https://web.archive.org/web/20170219073916/http://www.sunnyfield.org.au/about-sunnyfield/sunnyfield-history>.

[114] See Neil McLeod, 'Nothing Is Impossible: Adventures in cerebral palsy' (The Spastic Centre 2007, from an unpublished manuscript 1986, Web Link 9 May 2020) <https://www.cerebralpalsy.org.au/wp-content/uploads/2013/07/Nothing-is-impossible.pdf> 13.

> profession, because it was assumed that the facial mask of the spastics implied gross mental deficiency.[115]

Here again, it is easy to see a link with lunacy, which added to the presumption of intellectual disability would see many children placed in institutions. McLeod would address the issue of facial muscular problems in his writing,[116] while also describing an orthopedic procedure while promising much, saw Jenny spend six months in hospital without realizing any physical benefits.[117] Nonetheless, with more medical knowledge there were more individuals, families, and disability organisations readily pursed medical interventions, as part of the aim of having people with disability attain a normal life. This is clear from the *Newspaper Clippings* held by the Mitchell Library, particularly when it came to the preservation of retinas in an eye bank.[118] Such schemes were supported by church leaders [119] and the first successful operation was performed on a 38-year-old man injured at work.[120] Following such

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[115] Neil McLeod, 'Nothing Is Impossible: Adventures in cerebral palsy' (The Spastic Centre 2007, from an unpublished manuscript 1986, Web Link 9 May 2020) <https://www.cerebralpalsy.org.au/wp-content/uploads/2013/07/Nothing-is-impossible.pdf> 14.

[116] For example, at one point McLeod stated explicitly:

> For far too long, the general attitude of society has been to regard a cerebral palsied person as somebody who is quite different from themselves, apart altogether from the visible disability. The person with athetoid facial grimaces is assumed to have a mental defect, no matter how intelligent he may be. A shambling walk, or a lack of speech, calls for automatic rejection. Based partly on embarrassment, it still contains a measure of primeval prejudice against the unknown.

Neil McLeod, 'Nothing Is Impossible: Adventures in cerebral palsy' (The Spastic Centre 2007, from an unpublished manuscript 1986, Web Link 9 May 2020) <https://www.cerebralpalsy.org.au/wp-content/uploads/2013/07/Nothing-is-impossible.pdf> 95.

[117] This shows what some parents will do in the name of giving their children an ordinary life, only to be disappointed. McLeod wrote:

> [We were put] in touch with the Crippled Children's Society; their physiotherapist suggested that an orthopaedic surgeon was doing marvellous things with a plaster treatment for spastics, but this would mean several months in hospital. We were clutching at straws, so we followed her advice. This was unfortunate for Jenny, who had to adapt herself from a loving overprotective family life to a hospital ward where she was just filling a bed for an endless, long, six months. From that experience she emerged mentally scarred, but also matured beyond her years. And her physical condition was disappointingly unchanged.

Neil McLeod, 'Nothing Is Impossible: Adventures in cerebral palsy' (The Spastic Centre 2007, from an unpublished manuscript 1986, Web Link 9 May 2020) <https://www.cerebralpalsy.org.au/wp-content/uploads/2013/07/Nothing-is-impossible.pdf> 14.

[118] See eg, ''Eyes' Offer to the Blind' (*Daily Telegraph,* 28th May 1956, archived in 'Newspaper Cuttings' Royal Blind Society Records, 2748 Box 34(36) NSW Government Records Repository Kingswood). Over 100 Braile Writers were reported to have agreed to donate their eyes to the eye bank, upon their passing.

[119] See 'Primate's Appeal for Eye Bank' (*Bathurst Times,* 14th December 1955, archived in 'Newspaper Cuttings' Royal Blind Society Records, 2748 Box 34(36) NSW Government Records Repository Kingswood).

[120] See 'Sight Regained by Operation' (*Bathurst Times,* 22nd December 1955, archived in 'Newspaper Cuttings' Royal Blind Society Records, 2748 Box 34(36) NSW Government Records Repository Kingswood).

reports, many people came forward to donate their corneas (upon death) to the Sydney Eye Hospital.[121]

From all of these it is arguable that an important aspect of a normal life was good sight. Both the public and the media considered children's' sight as a matter of particular urgency. This would generate both urgent public appeal for corneas for patients like James, a 17-year-old foundry worker involved in a workplace accident.[122] Six weeks after the accident, James would see again proclaimed *The Sun,* picturing him in a hospital bed and attended by two smiling nursing staff.[123]

However, these attempts to find a 'cure' continue to demonstrate the influence of eugenics in the treatment of people with disability and how with increasing medical knowledge, the eugenics movement was overtaken by the medical model of disability. Throughout this history, the public has been complicit in the othering of people with disability in this way and there are striking examples of this in the Newspaper Clippings ranging from the 1930s and throughout the 1950s and 1960s.[124] If one's (disabled) life did not meet the expectations of a 'normal' able-bodied life there was a very different response, as emphasized by Neil McLeod when he observed:

> We never, in all of those years [before he and his wife Audrey established the Spastic Centre], heard of another baby with the same condition as Jenny, although in the country towns I grew up in and the suburban streets of Perth they were there – with the blinds pulled down and the doors closed against the neighbours' stares.[125]

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[121] See 'Eye Grafts Mounting' (*Maitland Mercury,* 22nd December 1955, archived in 'Newspaper Cuttings' Royal Blind Society Records, 2748 Box 34(36) NSW Government Records Repository Kingswood); See also, 'Many cornea grafts' (*Mirror,* 22nd December 1955, archived in 'Newspaper Cuttings' Royal Blind Society Records, 2748 Box 34(36) NSW Government Records Repository Kingswood).

[122] See 'Doctors beg for cornea: Who will save this boy's eye?' (*The Sun,* 6th January 1956, archived in 'Newspaper Cuttings' Royal Blind Society Records, 2748 Box 34(36) NSW Government Records Repository Kingswood).

[123] See 'Dead man gave this boy sight' (*The Sun,* 25th January 1956, archived in 'Newspaper Cuttings' Royal Blind Society Records, 2748 Box 34(36) NSW Government Records Repository Kingswood).

[124] Those who could not work were often considered a burden, particularly by the press. This was seen in the Royal Blind Society's Newspaper Clippings, where a Letter to the Editor from the earlier mentioned Mr Hedger thanking a company for displaying the wares of blind workers in their windows (and encourage others to buy them). Alongside this was a photo article about blind young orchestral players and blind cricket teams from NSW and Victoria taking a harbour cruise in Sydney. Yet, for all these apparently positive stories was pasted another cutting declaring the blind were defectives who should not procreate, were a burden and possibly should be euthanized with parental consent. It is arguable that those collecting the clippings wanted to demonstrate the juxtaposed position of public policy and societal views on disability. The view that was sought was one of impaired people preserving against the impediments of their disability to achieve what everyone else would recognize as an ordinary or normal life.

See 'Newspaper Cuttings' (Royal Blind Society Records, 2748 Box 34(36) NSW Government Records Repository Kingswood), 39.

[125] Neil McLeod, 'Nothing Is Impossible: Adventures in cerebral palsy' (The Spastic Centre 2007, from an unpublished manuscript 1986, Web Link 9 May 2020) <https://www.cerebralpalsy.org.au/wp-content/uploads/2013/07/Nothing-is-impossible.pdf> 16.

While this showed what McLeod called 'prejudice against the unknown'[126] it was a general view held by many and confirmed by other sources.[127]

Many people were not, which is where it is important to tell the story of disability activist, author and all-round survivor of institutional care, John Roarty. Mr Roarty's autobiography *Captives of Care* cannot be said to speak for all residents or staff of institutions which held people with disabilities up until the 1980s, and in a few cases much later. Firstly, Mr. Roarty makes clear that despite serious spasticity in his limbs, he had a happy childhood. A major problem though, occurred before he was born. While his mother attended school until she was 15 and his father was initially having a very successful career with a wholesale grocery company. However, as Mr Roarty puts it his father's success as a salesman meant 'a fairly good expense account to entertain his prospective customers, and this proved to be his downfall'.[128] Shortly after he was born, Mr Roarty's mother decided to leave with the children, something that would not have been done easily in the 1920s.

The point of this early story is four-fold. Firstly, it is an instructive case study of the interaction of poverty and family breakdown in the context of life outcomes and disability. It also gives insights into the view of people with disability and other family members without disability. From here it is possible to look at Mr Roarty's institutionalized life and then, draw some generalized conclusions.

When the family left the marital home, they were sheltered for extended periods of time with Mr Roarty's aunt and his cousins. He writes with warmth and humour about these times, about people he obviously loved and who accepted him in his condition. He speaks particularly of cousin Edna:

> Enda used to look after me at night when my auntie went out to the went out to the pictures, which she did often. Rather a funny thing; my auntie could always get girls to look after me, but never boys. I suppose because girls have the mothering instinct. I don't really know what it was, but I had more little girl friends than little boy friends. My aunt used to be worried, because when she went out at night, she preferred to have a boy look after me, so he could attend to me if I wanted to 'do a wee-wee' (as we

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[126] Neil McLeod, 'Nothing Is Impossible: Adventures in cerebral palsy' (The Spastic Centre 2007, from an unpublished manuscript 1986, Web Link 9 May 2020) <https://www.cerebralpalsy.org.au/wp-content/uploads/2013/07/Nothing-is-impossible.pdf> 95.

[127] For example, on its website, the Auruma Disability Service states:

> While today, disability is something to be embraced, the world was a much harsher place back in the 1960's.
>
> There was a widespread belief that if someone had a disability, they were being punished by God – which meant families would hide or barely acknowledge family members with a disability.
>
> In Lionel's [Watts] words, 'restaurants would refuse to have disabled people on the basis that it would upset the other clients. Banks and other services also felt that it would upset other customers to have that so called 'ugly' person in their premises'.

'The incredible life of Lionel Watts' (*Auruma Disability Service,* Web Page, 4 July 2021) <https://www.aruma.com.au/about-us/blog/The-incredible-life-of-Lionel-Watts/>.

[128] John Roarty, 'Captives of Care' (Sydney : Hodder & Stoughton, 1981), 15.

> called it then) and needed to be given a bottle to do it in. But little did she know that when she went out, this little girl, Edna, had no trouble at all in.[129]

While John was clearly accepted and supported by his family, his mother was still a poor divorcee. The aunt who had provided much support developed cancer and as he grew into adulthood, Mr. Roarty became more physically difficult for his ageing mother to manage.[130] His move into a Crippled Children's Society home called Weemala, would however, be life-changing and not all in good ways.

For example, while he enjoyed his stay at Weemala and could say he had left home like anyone else, this was not exactly true.[131] In any private home in the community, occupants would go to bed at times of their choosing. By contrast, John Roarty faced going to bed at 5.30pm after tea, a concession he won after complaining the staff would have to feed him his tea if they put him to bed at 3.30pm. This was the one part of the regimented lifestyle he always disliked, but said having gained a dispensation himself, he accepted it. This was because:

> [the staff] put a lot of pressure on the young ones to go to bed..The reason they put us to bed so early was that the day staff went off duty and there were very few night staff to attend to our wants. So most of us who could not put ourselves to bed had no choice but to go to bed early.[132]

The War would see an end to his ability to have trips home, while Mr Roarty found Weemala lacked appreciation for, or access to, dental care. He deeply regrets this loss, as his teeth were something his mother always saw received proper care. He describes himself and especially his teeth as like a war casualty because of their rotten condition.[133] Throughout his life Mr Roarty would fight staff at Weemala over things like kettles and access to television. He purchased a television with his own savings, only to see it seized and locked in a cabinet by a senior nursing sister. Roarty ultimately contacted the Council for Civil Liberties and they told Weemala they would send a lawyer if the television was not returned.[134] Meanwhile, even those who, according to Roarty, could make tea and coffee for themselves were discouraged on the basis they may burn themselves. The concern was an accident would cause an inquiry which the staff did not want. Roarty wrote:

> Now to me this was a rather selfish attitude since the staff were not actually thinking about the [residents] in the home, but only thinking about themselves and the trouble they might get into.[135]

Similarly, other adult pleasures like sexuality were shunned in the institutional environment.[136] This was even when certain activities. Roarty even tells the story of going to

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[129] John Roarty, 'Captives of Care' (Sydney : Hodder & Stoughton, 1981), 17-18.
[130] See John Roarty, 'Captives of Care' (Sydney : Hodder & Stoughton, 1981), 20.
[131] See John Roarty, 'Captives of Care' (Sydney : Hodder & Stoughton, 1981), 23.
[132] See John Roarty, 'Captives of Care' (Sydney : Hodder & Stoughton, 1981), 22
[133] See John Roarty, 'Captives of Care' (Sydney : Hodder & Stoughton, 1981), 25.
[134] See John Roarty, 'Captives of Care' (Sydney : Hodder & Stoughton, 1981), 89-91.
[135] John Roarty, 'Captives of Care' (Sydney : Hodder & Stoughton, 1981), 76.
[136] It could be asked how much has really changed and, on some interpretations, relatively little may be the answer. See especially Michael Feely, 'Sexual Surveillance and Control in a Community-Based Intellectual Disability Service' (Sexualities, Vol. 19, no. 5-6, 2016); also

movies where Weemala male and female residents would have to sit on opposite sides of the picture theatre. This was so that male residents did not touch female residents, even on the knee, as one blind male resident allegedly did.[137] However, there was a more sinister side for a thirteen-year-old-girl who had learnt to push her wheelchair with her legs. Weemala's matron, who was concerned ostensibly about muscle spasms[138] so wrote to the girl's widowed father suggesting a brain operation to stop the spasms. Roarty writes:

> After much thought the father consented. Well, the poor child was operated on and after the operation, instead of being a bright, happy child, she lay on her bed for about eight months – very sad and still – and finally took ill and died.[139]

Given these, and many other experiences retold in his book, it was perhaps fitting that Mr Roarty was invited to appear before the *Royal Commission into Human Relationships* (the *Relationships Commission*) when it sat in Sydney. However, even in a wheelchair and in his best formal clothes he faced the assumptions and presumptions of 1970s Australia. Before even entering the city hotel where the Commission would convene the hearing 'a well-dressed man…put his hand into his pocket and threw a twenty-cent piece onto my chair table'.[140]

This was one of the first commissions or inquiries to consider the welfare of those with disabilities within the community. It still essentially framed disability as a medical problem, requiring early diagnosis and therapeutic interventions.[141] However, it also identified that many families were struggling with children who had very complex conditions and were not receiving adequate support, either from the medical fraternity or the wider community. In 1971, a Senate inquiry identified the paucity of inflation about disability in Australia and the *Relationships Commission* drew on Canadian data to infer the level of disability in this nation.[142]

This lack of knowledge did not stop many families taking a leap of faith into the unknown and caring for disabled children at home. The *Relationships Commission* heard that:

> We have very commonly come to accept that whenever possible the handicapped should live with their families…However, it appears that we have overinterpreted this principle to the point that we need to leave the family to meet this challenge entirely through its own resources. Frequently, this had led to unfortunate consequences…Handicapped people and their families no less that any other group in

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see generally Tinashe Moira Dune, 'Sexuality and Physical Disability: Exploring the Barriers and Solutions in Healthcare' (Sexuality and Disability, Vol. 30, Issue 2, 2012).

[137] See John Roarty, 'Captives of Care' (Sydney : Hodder & Stoughton, 1981), 28.

[138] Despite identifying that the teenager Anne wore long bloomers, Mr Roarty says that 'matron was concerned at all the "expose" going on'.

John Roarty, 'Captives of Care' (Sydney : Hodder & Stoughton, 1981), 27-28.

[139] John Roarty, 'Captives of Care' (Sydney : Hodder & Stoughton, 1981), 28.

[140] John Roarty, 'Captives of Care' (Sydney : Hodder & Stoughton, 1981), 94.

[141] Royal Commission on Human Relationships, 'Final Report' (Vol. 4: The Family, Commonwealth of Australia, 1977) [30] – [[42] 119-120.

[142] See Royal Commission on Human Relationships, 'Final Report' (Vol. 5: Equity and Discrimination, Commonwealth of Australia, 1977) [9] – [10], 115.

> society have the right to share in normal social expectations as far as they can, and the right to the range of help to make this possible.[143]

This is all very positive in theory however both pages cited quote abandoned wives and mothers, siblings who won't invite friends over because of their likely reaction to disability and, families whose lose social connection because of reactions to their disabled relative.

In quickly charting Commonwealth interventions for those with disabilities since the 1960s[144] and calling for a national disability watchdog modelled on the then Canadian National Institute on Mental Retardation,[145] the *Relationships Commission* was clearly preparing for a time when more people with disability would be out in the community. However, it knew the administrative, social, civic, cultural, and built environment were largely not adapted to meet the needs of people with disability.

The *Relationships Commission* thought the lack of understanding of those with disability and their families was so lacking that:

> [Ombudsmen should be] appointed in large hospitals so that parents of a handicapped child have access to an independent person should that be required.[146]

Similar concern was raised for the level of support in the community, as well as the lack of appropriately modified housing for children with disabilities, as well as the lack of housing for adults with disabilities. Some of these ageing parents were labelled as 'over-protective' [147] of adult children. Nonetheless, the *Relationships Commission* gives an insight into an early disability sector which lacks broad societal acceptance, has few resources and is poorly coordinated. The Whitlam Labor Government had proposed a national disability insurance scheme prior to its dismissal in 1975, prior to the Government's dismissal but the succeeding Fraser Government did not pursue the policy.[148] Various Australian jurisdictions conducted inquiries and the Hawke Labor Government identified national no-fault insurance as a 'long term objective'.[149]

Into this environment, the NSW Government commissions the *Richmond Report.* Legally, it was not until 1978 the people with psychological disabilities were distinguished from those with intellectual disability under the *Mental Health Act* 1978 (NSW).[150] However, from this

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[143] Royal Commission on Human Relationships, 'Final Report' (Vol. 5: Equity and Discrimination, Commonwealth of Australia, 1977) [13] 115-116, citing Exhibit 110.
[144] See Royal Commission on Human Relationships, 'Final Report' (Vol. 5: Equity and Discrimination, Commonwealth of Australia, 1977) [25] 118.
[145] See Royal Commission on Human Relationships, 'Final Report' (Vol. 5: Equity and Discrimination, Commonwealth of Australia, 1977) [28] 118.
[146] Royal Commission on Human Relationships, 'Final Report' (Vol. 5: Equity and Discrimination, Commonwealth of Australia, 1977) [107] 130.
[147] Royal Commission on Human Relationships, 'Final Report' (Vol. 5: Equity and Discrimination, Commonwealth of Australia, 1977) [60] 123.
[148] See Mike Steketee, 'How a forty-year old proposal became a movement for change' (Inside Story, National Affairs, 22 October 2013, Web Page 9 September 2016) <http://insidestory.org.au/how-a-forty-year-old-proposal-became-a-movement-for-change>.
[149] Mark Anthony Robinson, 'Accident Compensation in Australia - No Fault Schemes' (Legal Books Pty Ltd, Sydney 1987), 29, citing a seminar that was held at the Australian National University. [1984] Commonwealth Record 1499.
[150] See Marje Prior, 'Our Parklands Home: A history of the Riverside Centre' (Ageing, Disability and Home Care, Department of Family and Community Services NSW, 2016), 6.

point on it became harder to justify the continued housing of those with intellectual and other physical disabilities alongside those who were seriously, psychotically unwell. Therefore, the *Inquiry into Health Services for the Psychiatrically Ill and Developmentally Disabled* ('the *Richmond Report'*) recommended the placement of people in the community, in smaller groups. To be supported in the community people required 'a system of integrated community based networks, backed up by specialist hospital or other services as required'.[151]

Notable here is the back-up of specialist hospitals, suggesting still a predominantly medical approach to disability. Prior to this report though, disability, intellectual and psychological as well as physical might be thought of in less distinct ways. In many ways it may not be seen to have mattered that much because disability was not something readily spoken of in families or still widely accepted or understood by the community.

However, in many ways, things had to change. The *Richmond Report* came just two years after the United Nations declared 1981 the International Year of Disabled Persons. This had a number of objectives including to ensure the 'right of persons with disabilities to take part fully in the life and development of their societies'.[152] It was true that those with disability were taking on a more distinct and visible place in the community.[153] This was beginning to be reflected in legislation and administrative arrangements at State and Commonwealth[154] level. While the focus of this thesis is NSW, it is worth noting that other States had remarkably similar histories and policy trajectories.[155]

Prior to 1988, the Home Care Service and its Board of Management had been a sub-section of the *Community Welfare Act 1982* (NSW) ('the 1982 Act'). This Act may well be described as an Omnibus Act of human misery, as it dealt with matters as diverse as foster care, children's courts, community visitors, wards of the State and intellectually disabled persons in workshops[156] and residential facilities.[157] The Home Care Service itself was provided for by Part V of the 1982 Act. In many ways, its work with a broad cohort and growing of people with disabilities was only just emerging and it seemed to continue to speak to the needs and expectations of an earlier era in which institutionalisation was more the norm.

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[151] Inquiry into Health Services for the Psychiatrically Ill and Developmentally Disabled, (Part 1: General Proposals, Department of Health, N.S.W., Division of Planning and Research, March 1983), citing Recommendation 1.

[152] The International Year of Disabled Persons 1981 (United Nations, Department of Economic and Social Affairs: Disability, Web Page, 13 July 2021) <https://www.un.org/development/desa/disabilities/the-international-year-of-disabled-persons-1981.html>

[153] However, this has not come without a cost for many of those who have spent their whole lives in institution – see Cassandra Hannagan, 'The closure of the Riverside Centre in Orange – a photo essay' (The Guardian Australia, Tue 3 Apr 2018 04.00 AEST, Web Page 3 July 2021) <https://www.theguardian.com/society/2018/apr/03/the-closure-of-the-riverside-centre-in-orange-a-photo-essay>.

[154] A summary of Commonwealth action up to 1977 can be found at Royal Commission on Human Relationships, 'Final Report' (Vol. 5: Equity and Discrimination, Commonwealth of Australia, 1977) [24] – [27] 117-118.

[155] See e.g.: Errol Cocks et al (eds), 'Under Blue Skies The social construction of intellectual disability in Western Australia' (Joondalup, Australia: Centre for Disability Research and Development, Faculty of Health and Human Sciences, Edith Cowan University, 1996, Web Page 4 January 2020) <https://ro.ecu.edu.au/ecuworks/7114>.

[156] See *Community Welfare Act 1982 (NSW),* Part X: Division 5: Discipline in Training Centres for Intellectually Handicapped Persons.

[157] See *Community Welfare Act 1982 (NSW),* Part XI: Handicapped Persons' Welfare

Another factor which would increase the pressure for social and structural reform around the needs of people with disabilities caused by the release of the *Richmond Report.*

As suggested above, this document is critical for understanding not only the emergence of Home Care itself as a disability service provider but also the slow reformulation of disability from a medical issue to a social concern. Also included were important budgetary and economic concerns, with efficiency being a recurring theme. The first thing to note about the Richmond Report is that it was an inquiry commissioned by the NSW Department of Health. The then Health Commission of NSW, responding to industrial pressure from nursing and allied health unions, noted that:

> It is only for reasons of history that Governments assumed direct responsibility for services for the psychiatrically ill and developmentally disabled - the community was never able or willing to meet the costs of such services - whereas for the earlier part of the State's history, hospitals catering for the physically ill required no Government financial assistance.[158]

The *Richmond Report* and the *Human Relationships Commission* before it made numerous recommendations about the support of people with disabilities and their families in the community and their families. The latter also called for wide-ranging reforms concerning discrimination, childcare, employment, education, family support and other issues. It had a sweeping high-level scope, but it was clearly an ambitious attempt at structural reform. However, as the NSW Health Commission observed was the community willing to pay the bill. The NSW Homecare Service and its operation said the community had some willingness to support people with disability and their families. It is arguable though that this support was never to the quantum to fulfill the plans of either the *Human Relationships Commission* or the *Richmond Report.*

The Introduction of the *Home Care Services Act 1988* (NSW)

The Home Care Service[159] was established by the *Home Care Services Act 1988* (NSW) ('the Act'). It became a responsibility of the Department of Ageing, Disability and Home Care ('ADHC'), which was established formally as a New South Wales Government Department in 2001.[160] It existed within a broad suite of legislation, policy, intergovernmental agreements, and other public

[158] Inquiry into Health Services for the Psychiatrically Ill and Developmentally Disabled, (Part 1: General Proposals, Department of Health, N.S.W., Division of Planning and Research, March 1983), 38, citing Submission 95: Health Commission of NSW.

[159] For simplicity I will refer to 'Home Care'. This is a common name which was often used by staff, clients and families alike as a form of shorthand. It tended to be used interchangeably with 'ADHC'.

[160] See Find & Connect Web Resource Project, New South Wales – Organisation: Department of Ageing, Disability and Home Care (2001 - 2009) State Government of New South Wales (Commonwealth of Australia, 2011, Web Page, 23 September 2016) <https://www.findandconnect.gov.au/guide/nsw/NE01280#tab1>.

strategies.[161] This included the *Youth and Community Services Act 1973* (NSW) and the *Anti-Discrimination Act 1977* (NSW), while it would also include the *Community Services (Complaints, Reviews and Monitoring) Act 1993* (NSW) (CS-CRAMA) and the *Disability Services Act 1993* (NSW).

These legislative titles alone suggest that at the time there was a move from non-descript communal services to something which not only directed itself to the needs of people with disability but applied, at least on its face, a non-discriminatory framework. Notably, part of this framework included a complaint and dispute resolution mechanism. These were introduced as part of then then NSW Griener Liberal Government's 'Power to the People' and 'customer focus' agenda.

These principles are explicated stated in Minister Jim Longley's copy of his Second Reading Speech to the Legislative Assembly when introducing the CS-CRAMA legislation.[162]

Before going further, however, it is important to consider the Act itself. While not making any overt reference to international charters or like documents, the Objects of the Act were quite clearly aimed at supporting people with disabilities to contribute to society by preserving as much of their autonomous decision-making as possible and ensuring that 'adequate standards are achieved and maintained'.[163] Section 6(b)(vii) of the Act made a specific reference to the *Community Welfare Act 1987* (NSW) ('the Welfare Act') which included in its Objects a long list of groups it considered disadvantaged and this list specifically included people with 'physical or intellectual impairment'.[164]

The Welfare Act and the Act also shared similar language when it came to explaining what both pieces of legislation were designed to do. These laws were certainly complimentary because the Objects of the Welfare Act opened in these terms:

> (1) The objects of the community welfare legislation are:
> (a) to promote, protect, develop, maintain and improve the well-being of the people of New South Wales to the maximum extent possible,
> (b) to promote the welfare of the family as the basis of community well-being,
> (c) to ensure the provision, to the maximum extent possible, of services for, and assistance to, persons disadvantaged because of:
> (i) lack of adequate family or social support,
> (ii) personal or family problems that inhibit adequate social functioning,

[161] See Legislative Council Standing Committee on Social Issues, *Services provided or funded by the Department of Ageing, Disability and Home Care,* Parliament of New South Wales, (Report 44 – November 2010), 14-15.
[162] See Jim Longley, 'Second Reading Speech: Community Services (Complaints, Resolution and Monitoring) Bill 1993 (Parliament 11 March 1993, archived in James Alan Longley - papers, 1976-1996, Box 98 1988-1995; 'Community Services' Call No.: MLMSS 7409/98, NSW Government Records Repository Kingswood) 1.
[163] *Home Care Service Act 1988* (NSW) s 6 (1) (c) (iii).
[164] *Community Welfare Act 1987* (NSW) s 4 (1) (c) (v).

(iii) the breakdown of the family as a social unit,
(iv) lack of adequate food, shelter or other basic necessities,
(v) physical or intellectual impairment,
(vi) their being members of an ethnic group which has inadequate access to services or resources available in the community,
(vii) age, whether young, advanced or other,
(viii) lack of information about or access to services or resources available in the community, or
(ix) their residing in places which lack basic services essential to the proper functioning of those persons.[165]

There are two elements that are noticeable here. The first is the broad sweep of phrases used to describe the maintenance and improvement the NSW Government wanted to see in the lives of all the State's residents. The other factor is the central nature of 'the family' and its importance to community well-being. The indicia under sub-section (c) elaborates on the family, social functioning, housing, ethnicity, access to services and at sub-section (c)(v) disability is specifically mentioned.

Similarly, with the Act, it not only sought to support people with disability but also families who, due to poverty and/or injury, could not maintain their home and needed domestic help.[166] According to the Act, the Home Care Service was established:

(a) to provide home care services to persons:
    (i) with disability, or who are ill or otherwise incapacitated or who are affected by personal or family problems, and
    (ii) who, as a result, are incapable of carrying out work of a domestic or home maintenance nature without assistance or are otherwise in need of assistance to manage their homes
(b) to ensure that, as far as possible, those services are provided so that:

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[165] *Community Welfare Act 1987* (NSW) s 4 (1) (a) – (c).

[166] Some would argue that this assumes that disability and poverty are *problems*. However, is there really any serious debate that disability and poverty are not problems? Perhaps, the correct characterisation is that they are related issues and effective public policy should address this fact. For example, as Mónica Pinilla-Roncancio has argued:

> Disability and poverty have a bidirectional relationship; meaning that disability is a cause and a consequence of poverty…On the one hand, low levels of nutrition, limited access to preventive health care, low access to sanitation and clean water and violence are some factors that increase the risk of becoming chronically ill for poor populations. On the other hand, people with impairments face extra costs and barriers in their access to health care services, including rehabilitation and technical aids; they are socially excluded from education and employment and have to assume direct, indirect and opportunity costs, which negatively affect their income and consumption …This is not a universal circle that affects all poor or disabled individuals. However, people living in poverty and people with impairments face higher risks of becoming disabled and poor, respectively.

Mónica Pinilla-Roncancio, 'Disability and poverty: two related conditions. A review of the literature', Revista de la Facultad de Medicina, 63(Suppl. 1, Bogota 2015), 115.

> (i) the independence of the person being assisted is maintained, and
> (ii) institutional care is avoided wherever appropriate, and
> (iii) adequate standards are achieved and maintained, and
> (iv) the rights of persons to make their own decisions about their affairs are respected, and
> (v) priority is given to those most in need, and
> (vi) fees are based on the assessed capacity of the individual client to pay, and
> (vii) disadvantaged people, such as those referred to in section 4 (1) (c) of the Community Welfare Act 1987, have access to services, and
> (viii) available resources are used efficiently and effectively, and
> (ix) there is adequate planning to enable these objects to be achieved.[167]

The Objects of the Act also saw Home Care empowered to provide housing that was readily physically accessible for the elderly and low-income earners.[168] While it may have been listed as an additional responsibility, the clear implications were that the likelihood of impairment increases with age and, there was a distinct possibility that many people with one or more disabilities would be living on a low income.[169] The two Acts were complimentary – the Welfare Act identified the 'problem' of a lack of access to a range of goods, services and information for a range of vulnerable groups. Home Care was one part of the Government's policy response at least as this related to people were aged and/or disabled. While section 6 of the Act spoke of preserving the independence of Home Care clients, as well as respecting their rights and personal choices (and describing institutionalisation as a last resort) it did this with two important caveats. While section 6(b)(iii) spoke of adequate standards being achieved and maintained, the same section called for efficient and effective use of resources at s.6(b)(viii).

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[167] *Home Care Service Act 1988* (NSW) s 6 (1) (a) – (b).

[168] *Home Care Service Act 1988* (NSW) s 6 (2) which states:

> In addition to the objects set out in subsection (1), it is also an object of the Service to facilitate the provision of accommodation designed and constructed to meet the housing and care needs of older people, in particular those on low or modest incomes.

[169] There is compelling evidence to argue that number of structural elements drive inequality and poverty when it comes to disability. For example, Peter Saunders has written:

> Once account is taken of the costs of disability, the differential in poverty rates between those with and without a disability increases substantially, with the poverty rate among those with a disability exceeding that of those without a disability by more than six-fold. This differential declines somewhat when account is taken of the level of restriction associated with the disability, but remains substantial at more than fourfold. These latter estimates highlight the impact of disability among older households more starkly than the alternative approaches.

Peter Saunders, 'The Costs of Disability and the Incidence of Poverty', SPRC Discussion Paper No. 147, August 2006 (The Social Policy Research Centre, University of New South Wales, 2006), 22.

Relative scarcity always seems to have been a major issue in disability services regardless of what framework they have been delivered under. In 1988, Minister Moore acknowledged during his Second Reading Speech to the Assembly that people with disabilities had progressively become an increased focus of Home Care's operations as:

> The service now provides assistance which varies from ordinary domestic cleaning for the majority of clients to general maintenance and personal care -- that is, washing and dressing -- and relief care of the disabled. Assistance is available to any person after assessment of need and it is delivered through more than 160 branch committees. It provides about three million hours of service to clients annually and total funds available to the service in 1987-88 amount to more than $62 million.[170]

The Ministerial speech outlined the agency's history in brief, spoke of the creation of a departmental Director-General and referred to a report prepared by Parliament's Public Accounts Committee. It was this Committee that recommended 'a broad statement of objects',[171] which the government accepted. In agreeing to implement the Committee's broader recommendations, the government, anticipating growth, provided for further functions to be given to Home Care by Regulation.

The legislation does not appear to have been contentious, because by 2 June 1988 the *Home Care Services Bill 1988 (NSW)* was noted as having returned to the Legislative Council without amendment.[172] By 2 August 1988 the Legislative Assembly was advised that the legislation had received the Royal Assent.[173] Furthermore, there was little reason for the enactment to be contentious with Explanatory Notes extending to only two pages.

However, perhaps more notice should have been taken of this document, particularly its short description of various miscellaneous sections. Firstly, Home Care staff were not public servants, even as the Minister's Second Reading Speech to the Assembly expressed the view that:

> The bill provides for the continuity of employment of persons employed by the service … It is the intention of the Government that the Home Care Service should be included in schedule 3 to the Public Service Act. The effect will be to enable efficiency audits and management reviews to be conducted and also for staff numbers to be determined formally by the Government.[174]

Schedule 3 of the then *Public Service Act 1978 (NSW)* allowed the Governor to proclaim certain authorities as 'designated' allowing Ministers and Departmental

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[170] New South Wales, *Parliamentary Debates,* Legislative Assembly, 1 June, 1988, 1223 (T. J. Moore, Minister for Environment and Assistant Minister for Transport).
[171] See New South Wales, *Parliamentary Debates,* Legislative Assembly, 1 June, 1988, 1222 (T. J. Moore, Minister for Environment and Assistant Minister for Transport).
[172] See New South Wales, *Parliamentary Debates,* Legislative Council, 2 June 1988,1336.
[173] See New South Wales, *Parliamentary Debates,* Legislative Assembly, 2 August 1988,2206.
[174] New South Wales, *Parliamentary Debates,* Legislative Assembly, 1 June, 1988, 1223 (T. J. Moore, Minister for Environment and Assistant Minister for Transport).

Heads to give directions to an authority's management.[175] For all intents and purposes Home Care became a State Government agency and, with the passing of its own Act, a free-standing entity.

Now that Home Care has been replaced by the NDIS there is limited information available about the workings of Home Care. As a former client from 1987 to 2016, my memories of Home Care are of a State Government instrumentality which periodically centralised and decentralised its administrative arrangements until it was transferred to the NDIS in 2016.

In general, a client was referred to Home Care by their doctor or an allied health professional. This was the case in my situation, having just emerged from three months hospitalisation in 1987 at the age of 14. At the other end of the age spectrum, my experience as an officer of the NSW Ombudsman in the early 2000s was that referrals of elderly people looking to Home Care for home cleaning assistance were being rejected as a matter of policy, unless the individual was confined to a wheelchair. This demonstrates that a medical model that assessed the degree of impairment was applied to ration access to Home Care services. These examples further indicate an understanding of who was deemed as deserving of supports, and to what extent, and provides insight into the way government shaped peoples' lives through the supports made available to them (or not). The underfunding of Home Care ultimately provided a justification to replace it, and other state and territory-based disability support services, with the NDIS. However, the NDIS did not abandon a capped funding model (see next chapter).

On one view, it would seem that Home Care was balancing what could be considered practically reasonable and possible for a government agency to provide, as against expectations that may be placed upon it. Added to these considerations is that there had long been Federal funding and policy considerations affecting how Home Care delivered services, to whom it delivered them and how much money was available to provide services. This is well outlined by the NSW Legislative Assembly in a 2007 report enquiring into the Home and Community Care (HACC) program. This was a nationally legislated scheme which had a 60/40 funding split between the Commonwealth and the States.[176] This effectively was how Home Care was funded.

However, what this report also does is set out very quickly and clearly the fact that all levels of government had known for some time that the disability services sector, as well as the aged and community sector more generally, were chronically underfunded. Prior reports from the 1990s are cited to give hard figures on the number of people and eligible families going without Home Care and like services. Various calculations indicated that both clients and carers in Home Care or eligible for Home Care who required more assistance ranged from 500,000 to

[175] See *Public Service Act 1979 (NSW),* ss.124-125.
[176] See Public Accounts Committee, *Inquiry into Home and Community Care Program,* Legislative Assembly, NSW Parliament (Report no.167, January 2007), 1, [1.5].

well over 1 million. These figures were documented in a 1994 report 'Home But Not Alone' by the House of Representatives.[177]

Another important factor in NSW was that Home Care was the principal supplier of Home and Community Care (HACC) services, which was unique when compared to all other jurisdictions.[178] However, there is a good deal of evidence to suggest the agency was having serious difficulties managing growing demand over time. This is underlined by an Auditor General's report in 2004, indicating that:

> [Home Care] is under considerable pressure as care needs far exceed available resources. In 2002-03, half of all applicants eligible for a HACC service received a service from [Home Care]. This declined to one in four applicants in 2003-04.[179]

This certainly explains why the predominantly elderly ladies who complained to me on the NSW Ombudsman's telephone were not being granted their requests for domestic assistance. There were simply not the resources to go around and the Public Accounts Committee's report to which I have been referring could easily be described as the history of insufficient resources facing growing demand in Home Care and HAAC.

Even the most generous assessment of Home Care could not appraise it as meeting the standards set out for the HAAC program, either directly through the services it delivered or the services it tended out to charities and other NGOs to deliver on its behalf. There was a distinct mismatch between demand and service delivery. Thus, while in establishing Home Care government aspired to support people with disability (albeit to remain in their own homes), over time the political perspective changed as its shortcomings became the focus. However, my own experience as a client of Home Care, I did not experience any consistent failures in service delivery and as the following discussion demonstrates, it was not so clear cut. In my research involving carers of family members with disability who have experience of Home Care and the NDIS their experiences were mixed. There are striking examples of inadequacies but also of satisfaction. Through the analysis of these experiences their expectations in terms of ensuring their loved ones would lead an ordinary life under Home Care becomes clearer and will be compared with the NDIS in the next chapter.

The first point to make is that despite the eventual disjuncture between demand and service delivery, the aim of Home Care was to ensure its clients had access not only to therapeutic services aligned to the medical model. It was also aligned

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[177] See Public Accounts Committee, *Inquiry into Home and Community Care Program,* Legislative Assembly, NSW Parliament (Report no.167, January 2007), 5, [1.25] quoting House of Representatives Standing Committee on Community Affairs, 'Home But Not Alone', Report on the Home and Community Care Program, July 1994, 29-30.

[178] See Public Accounts Committee, *Inquiry into Home and Community Care Program,* Legislative Assembly, NSW Parliament (Report no.167, January 2007), 3, [1,16].

[179] Public Accounts Committee, *Inquiry into Home and Community Care Program,* Legislative Assembly, NSW Parliament (Report no.167, January 2007), 5, [1.26], quoting NSW Audit Office, Home Care Service: Department of Ageing, Disability and Home Care, October 2004, 12.

to the social model in its provision of social services to its clients. These aspirations were articulated by the agency at the 2010 Legislative Council's inquiry and further indicate Home Care's understanding of what an ordinary life would be like for its clients and how that could be achieved:

> The objective of the specialist disability services system in NSW is to enable people with disabilities to participate fully in the community. Each person with a disability has individual needs and life aspirations that need to be respected and supported.[180]

However, it is decidedly unclear what 'participate fully' may mean for each individual with disability. Full participation seemed to depend on a combination of services provided by ADHC itself, a person's family or other so-called 'mainstream' services with which a person with disability may interact. By mainstream service, this is a reference to an organisation or institution that people without disabilities would regularly use.

In its submission, ADHC argued that its regional, devolved structure permitted it to share resources with local community groups and services.[181] This could include local government agencies, charities and for-profit entities, all of which ADHC would fund to provide respite for families who need temporary relief from the demands of care of a disabled loved one, personal care to people in their homes, various forms of therapy to maintain functional abilities and outreach or day programs to foster a leve0l of social connection between people.[182]

Understood in this way, full participation appeared to be very much confined to the personal sphere. Equally, when ADHC speaks of full participation in 'the community', the interpretation of this phrase was also noticeably narrow. For example, the Legislative Council was advised that the aim of community support was ultimately to prevent families going into crisis and relinquishing the care of a disabled loved one to the State.[183] Supporting families, carers and the so-called 'informal networks' to keep people with disabilities able to live at home, has been a key long-term objective since the establishment of Home Care.

While maintaining people in their family unit is undoubtedly a social good in many cases, we should not discount the possibility that governments also see the maintenance of people with disability at home as less expensive than re-establishing the prior institutional framework. Therefore, we should pause to consider that policy is neither altruistic nor necessarily consistent. Indeed, it is a

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[180] Department of Ageing, Disability and Home Care, Submission 31 to the Legislative Council Social Issues Committee, *Inquiry into Services Provided or Funded by the Department of Ageing, Disability and Home Care* (2010), 16.

[181] See Department of Ageing, Disability and Home Care, Submission 31 to the Legislative Council Social Issues Committee, *Inquiry into Services Provided or Funded by the Department of Ageing, Disability and Home Care* (2010), 10-11.

[182] See Department of Ageing, Disability and Home Care, Submission 31 to the Legislative Council Social Issues Committee, *Inquiry into Services Provided or Funded by the Department of Ageing, Disability and Home Care* (2010), 11.

[183] See Department of Ageing, Disability and Home Care, Submission 31 to the Legislative Council Social Issues Committee, *Inquiry into Services Provided or Funded by the Department of Ageing, Disability and Home Care* (2010), 7.

complex system as ADHC recognised in 2010:For example, the definition of community support says both that Home Care services support people and families to keep living at home, yet these same services also encourage independence and increased skills amongst people with disabilities.[184] While these are not necessarily bad measures or aims, if a person is truly independent would they require services? Arguably not, which is why we should look critically on the use or misuse of language by those producing documents in the disability sector.

Therefore, it may be that an ordinary life for someone with a disability is and always has been something fundamentally different to that experienced by people without disability. It is to be wondered therefore why we continue to use the same language when we cannot possibly mean the same thing. One way to judge this is to acknowledge that people without disabilities do not need to interact with the disability services sector. They do not need to concern themselves with the system that ADHC described in 2010 as one in which:

> Assistance for people with a disability currently sits within a complex arrangement of specialist disability support, mainstream services, as well as the natural support mechanisms available through carers, families and broader community interactions.
>
> This complexity is further compounded by the arrangement of responsibilities between different levels of government. The Australian Government takes responsibility for employment and income support, while the States and Territories assume responsibility for specialist disability services.[185]

The question however is, how successfully did ADHC and related services provide adequate and effective supports to people with disabilities. Equally, how did people with disabilities, their families and the community perceive these services and, were people satisfied with what was being delivered? In other words, did these services achieve what could be considered an ordinary life?

There are several ways of answering these questions, the first being to look at what official advisors to the Commonwealth Government have said. Among these advisors is the Productivity Commission[186] which left no doubt about where it

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[184] See Department of Ageing, Disability and Home Care, Submission 31 to the Legislative Council Social Issues Committee, *Inquiry into Services Provided or Funded by the Department of Ageing, Disability and Home Care* (2010), 7.

[185] Department of Ageing, Disability and Home Care, Submission 31 to the Legislative Council Social Issues Committee, *Inquiry into Services Provided or Funded by the Department of Ageing, Disability and Home Care* (2010), 16.

[186] There is a series of principle, policy and theory questions around which you could ask why a 'productivity com0mission' to inquire into disability care. However, it is noteworthy that the Productivity Commission describes itself this way:

> The Productivity Commission is the Australian Government's independent research and advisory body on a range of economic, social and environmental issues affecting the welfare of Australians. Its role, expressed most simply, is to help governments make better policies, in the long term interest of the Australian community.

started its deliberations. Having received a reference from the Commonwealth Government in 2010 to inquire into disability care, the Commission's starting point was clear when its *Issues Paper* said:

> Reviews of services for people with disability have shown many people are frustrated by current arrangements or get insufficient support, and feel alone, angry or depressed as a result.
>
> The key question for the Commission is not how bad the current system is — nearly everyone thinks it needs to be overhauled. What we want to know is how to build a good system. You may have ideas about the features of a new long-term disability care and support scheme, based on your own experiences as a person with a disability, or as a service provider, carer, family member, friend, employer or workmate of a person with a disability.[187]

This paper does not question that there were no problems with the previous State-run systems like NSW Home Care, as there are any number of other credible reports saying exactly that.[188] However, it is also correct to say that there are a range of views about what State-run disability provided and how well this was accomplished.

Productivity Commission, *Disability Care and Support* (Issues Paper, Australian Government, May 2010).

[187] Productivity Commission, *Disability Care and Support* (Issues Paper, Australian Government, May 2010), 4.

[188] See generally, National People with Disability and Carer Council, *Shut Out: The Experience of People with Disabilities and the Families in Australia* (National Disability Strategy Consultation Report, Australian Government, 2009); See also, Standing Committee on Community Affairs, *Funding and operation of the Commonwealth State/Territory Disability Agreement* (The Senate, Commonwealth of Australia, February 2007) ch 4.