



Royal Commission
into Violence, Abuse, Neglect and Exploitation
of People with Disability

Research Report

Disability in Australia: Shadows, struggles and successes

A usable¹ socio-cultural history
of disability in Australia

Lorna Hallahan and Flinders University

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For

All those who, with creative brilliance and wit, tell our stories and amplify our claims

All those with disability whose stories have been heard and heeded

All those whose stories are lost through the years of being sequestered

All those who didn't make it through

All those who have sought to bring the stories of segregation and struggle to public recognition

All those who have stared down every effort to remove disabled people from our shared spaces and lives; who have said 'no' to maltreatment; and fought for our rights

All those who have built decent lives for themselves and others and see a future free from violence, neglect and rights denial for all of us

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Other researchers on the antecedents to the Royal Commission have assisted me to see the mosaic of forces that bring our nation to a point where we are prepared once again to face the shadows of our collective responses to those labelled with disability. These fellow researchers have highlighted our hopes for a truly embracing society.

I encourage everyone interested in Australian disability history to read the full suite of papers. Here you will find the legislative and policy trajectory to the current day, with its problems and durable solutions; the voices of First Peoples speaking their truth about living with disability and drawing courage and hope from ancient, enduring cultures of inclusion; analysis of Australia's role in the global human rights struggle and our progress in with recognising the rights and dignity of our citizens with disability; as well as vivid accounts of the ways in which people with many differing impairments speak of maltreatment and inclusion. Professor Shane Clifton's lucid take on disability theory ... its opportunities, interlocutors and capacity to guide our questions ... offers an accessible and provocative path into these important debates.

Professor Richard Bruggemann and Ms Colleen Johnson of Lumin Consulting carried out initial research in this area. I have drawn on their insights gained from over half a century of working alongside individuals with intellectual disability, their families and progressive human service workers. Their prescience about the future which continues to be so uncertain for so many people with disability has guided me in my conclusions.

I thank internal and external reviewers for their rigour and assistance. In the end, however, I take responsibility for any factual inaccuracies, inconsistencies, fallacies or misreadings. The work of getting a history of disability written for Australia will take collective effort and I am pleased and proud to have contributed.

Linking to the Royal Commission's terms of reference: A twilight of knowing and unknowing?

In 'Twilight of knowing: The forgotten Australian debate', Anna Haebich invokes a term used to explain a state of 'knowing and not knowing' among Germans about the treatment of Jews during the Second World War. The term, used by Gitta Sereny in her biography of Albert Speer (Minister of Armaments and War Production in Nazi Germany), is the 'twilight of knowing and unknowing'.²

Haebich says:

researchers have argued that there is an easy slippage between a 'mind-set' that distances and dehumanises targeted groups and acceptance of their unequal treatment. This treatment becomes normalised, unremarkable and invisible to the wider society, even as it assumes harsher forms. Citizens tacitly support these processes without acknowledging what they are doing. This state of 'knowing and not knowing' is powerful and obstinate, persisting in the face of observable evidence and personal encounters.³

By requesting an account of the socio-cultural history of disability in Australia, the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (Royal Commission) aims to establish some of the antecedents to the presenting problem of historical and ongoing maltreatment of people with disability. In this way, it shines a light into a 'twilight of knowing' about many Australians with disability and their lives.

This project fits with the requirements in the Royal Commission terms of reference to inquire into 'any matter reasonably incidental to a matter referred to in paragraphs (a) to (c) or that you believe is reasonably relevant to your inquiry'.⁴ By exploring some of the historical roots of maltreatment, as well as the history of refusal and resistance by people with disability and their allies with the resultant impact in social policy, the project aims to contribute to this quest:

what should be done to promote a more inclusive society that supports the independence of people with disability and their right to live free from violence, abuse, neglect and exploitation.⁵

The project builds understanding of the systemic issues⁶ contributing to the risk of maltreatment of certain people with disability. Understanding the historical roots of the mind-set that distances and dehumanises people with disability may help us, as Haebich says:

become informed, maintain debate, fight for justice, develop sensitivity and awareness and keep our hearts and minds open.⁷

Speaking diversity: A note on language

I adopt the practice used by the editors of *Under blue skies* (1996), who explain that:

People with intellectual disabilities have been known as 'feble-minded', as 'idiots', 'imbeciles', 'mental deficients', and by other kinds of terminology over recorded history, much of which seems pejorative today. For reasons of historical authenticity, this terminology has been used throughout this book and readers are accordingly cautioned.⁸

When it is not necessary to preserve historical accuracy in this way, I refer to the subjects of the history with more contemporary language including people with impairments, people with disability, disabled people, and those labelled with (type) impairment/disability. I distinguish this usage based on whether the important point is about the person's impairment or label or it refers to the social and cultural status of the person or group of people. I favour 'disabled person', both as a proud personal identity within the Disability Movement and as a referent to the attitudes, policies and practices that produce and reinforce the damaging othering of those with impairments.

I have not adopted the same approach when referring to Aboriginal and Torres Strait Islanders in Australia, preferring to use the term 'First Peoples' which is used by the First Peoples Disability Network.⁹ Nor do I use any of the pejorative terms used to describe those who are not part of the Anglo-Celtic settler descended communities, preferring to use the widely accepted term 'people from culturally and linguistically diverse communities'.

Starting out: Ambivalence and change

Disability attracts because it is a force that makes us human and disability repels because it is a force that threatens our humanity.¹⁰

Producing impairment: 250 years of epidemic

This story starts with a deadly epidemic of smallpox that killed up to 70 per cent of the First Peoples in contact with the site of the first British colony and spread throughout Australia, almost wiping out groups of people who had not faced such diseases. 'It was almost entirely confined to the Aboriginal community and drew only confused and sluggish responses from white medical officers in the settlement.'¹¹

It is joined by other deadly diseases, including leprosy, which led to the development of off-shore 'lazarettos' to quarantine people during the late 19th century and into the 20th century, and bubonic plague in 1900. Tuberculosis too, has played its part including with returned ANZACs who were forced into colonies of shared suffering, and their orphans into children's homes. As well as outbreaks of measles and scarlet fever in the mid-19th century; influenza outbreaks in the 1890s and later the Spanish influenza pandemic at the end of the First World War; conditions such as diphtheria and pertussis persisted well into the 20th century.

These diseases were particularly rapacious in settings where lived those judged feeble in mind and body or irresponsible and unable to care for themselves, or in prisons, resulting in elevated infection and death rates among residents and staff.¹²

Poliomyelitis affected waves of children through to 1955 in Australia when a safe vaccine was introduced. Polio typically affected young children, often in crowded conditions, leaving overwhelming numbers of them with life-long impairments.¹³ By 1983 Australia faced another viral disease in HIV-AIDS that was not understood, was stigmatised and resulted in death and chronic illness among the gay community and other minorities. While life-extending treatments are now available, many people throughout the world continue to die from lack of protection and treatment for HIV-AIDS. All these epidemics have resulted in lasting impairments for those who made it through.

The account ends with yet another global pandemic testing public health officials and medical officers, threatening high death rates among vulnerable citizens in settings where they are clustered by the medical, human service or corrections systems. COVID-19 offers a solemn warning about the conditions necessary for a contagion to spread and the incapacity of some citizens to find safety because they are gathered into care settings staffed by precariously employed workers who themselves struggle to remain safe. It also reminds us that:

paradoxically, there were often long-term beneficial results from these epidemics: improved medical techniques for dealing with disease and a heightened public awareness of the situation of minority groups, often changing attitudes to those groups and their problems. Of course, there were also very real costs too including death, misery and social and economic dislocation.¹⁴

Looking back over the history of epidemics in Australia provides a brief insight into the ambivalence of governments and communities as they address an environment of bewilderment, panic and resentment.¹⁵ It is, however, only a launching point for tracking social, political and cultural forces driving responses to and actions by those with impairments throughout the history of the nation of Australia.

Locating people with disability in Australia in 2021

ABS: DISABILITY, AGEING AND CARERS, AUSTRALIA: SUMMARY OF FINDINGS, 2018 (FED)

In 2018 there were 4.4 million Australians with disability, 17.7% of the population, down from 18.3% in 2015. The prevalence of disability increased with age – one in nine (11.6%) people aged 0–64 years and one in two (49.6%) people aged 65 years and over had disability. Disability prevalence was similar for males (17.6%) and females (17.8%). 5.7% of all Australians had a profound or severe disability. Almost one-quarter (23.2%) of all people with disability reported a mental or behavioural disorder as their main condition, up from 21.5% in 2015. One in every six Australians (15.9% or 3.9 million people) was aged 65 years and over (up from 15.1% in 2015). Most older Australians (persons aged 65 years and over) were living in households (95.3%), with 4.6% living in cared accommodation. Half (49.6%) of all older Australians had disability (similar to 2015).¹⁶

Sharing meaning: A world of stories

We inhabit a world of stories; through stories we inherit and those we choose to tell; we make sense of the world and construct our realities. Our stories are cultural texts that reflect a shared understanding of the meaning of experiences, and which mirror the social ecology within which they exist. Simultaneously, stories are acts of individual meaning-making within sociocultural contexts. Through stories, discourses, and activities, we can either accept dominant cultural narratives or exercise agency by rejecting them, and in doing so, come to author ourselves. Thus, operating individually and collectively, stories serve as a bridge between sociological and individually-lived, personal dimensions.¹⁷

This project explores available cultural, social and political texts to map a history of shared understanding of diverse Australians with disability and their close associates and aims to elucidate the social ecology that produced these stories. It uses snippet-stories (or cases) of individuals and groups to construct the bridge between biography and history.¹⁸ This produces a form of blended text that weaves chronicle with more discursive elements than we might expect to find in a narrative history. For more detail about this approach to disability historiography see the 'Sources' section of the Appendix.

Chapters in summary

Chapter 1: Drawing boundaries through the emerging Australian nation

Establishing the primacy of First Peoples in the land, we enter the world of the new colony ... its hopes and its shadows. The focus on 'ideots and lunatics',¹⁹ the crippled, blind, deaf and dumb, reveals the power of policy discourses generated in Britain, but distinctively applied in the convict settlements. Ambivalence marks this period as those labelled with impairments are either enlisted in the colonising enterprise or drafted into the prototype asylums that later flourished throughout the 19th century.

Chapter 2: Drawing boundaries with custodial and medical models

The long reach of British social policy, aimed at sifting the indolent from the impotent poor, was felt throughout the 19th century as each Australian colony moved to set up asylums for those deemed unfit to live in the wider community. In this period, the colony of Victoria was known as the maddest place on earth with the world's highest proportion of the population contained within asylums, hospitals and prisons. These worlds were not free from scandal as the local media exposed maltreatment directed at inmates, prompting the first of many commissions of inquiry that mark the Australian disability policy landscape.

But this is not the only story. The ambivalence endures. We also pick up threads of narrative about family care, the beginnings of benevolence as the roots of Australian welfare, and a history of resistance. This history is set against the backdrop of an Australian 'mythscape'²⁰ that positioned the White Aussie bloke as the desired citizen in the colony and nation. A mythscape that contributed to the 'othering' of those, who for various reasons, were considered to have fallen short of the ideal. In short, othering describes social and cultural processes which determine that people with certain characteristics do not fit dominant norms (see 'Theoretical propositions' below for more detail).

Alongside the rise of eugenics arguments in the United Kingdom and United States, these ideals influenced Australian policy makers to experiment with various approaches to social hygiene, which produced lasting sequestration in 'care' centres and prisons of those with spectacular impairments and First Peoples.

Chapter 3: Drawing boundaries by and in the disability services system

The end of the long 19th century with the return of wounded, maimed and shell-shocked veterans of the Great War in the early 20th century brought challenges to the ways in which

those with impairments were viewed. The establishment of the Repatriation Commission was met with both hope and threatened rebellion as many of the ‘broken heroes’ found reintegration difficult and unsupported. Families, especially women, picked up the pieces and asylums took in those who remained deeply afraid and in despair.

Simultaneously, the debates about the educability of those labelled incurable met the growing science of medical intervention and rehabilitation, as charities emerged to look after crippled children. The tensions about the place of Australians with impairments – in segregated ‘care’ settings and special schools, or in the wider community – became increasing fraught as parents resisted handing their children over; residents in congregate care revealed the oppression they experienced; and yet more inquiries revealed improper use of medicine.

The rise of organisations of ‘the people affected’ fed into an emerging independent living movement and disability rights movement. The Disability Movement, active up to, during and after the International Year of Disabled Persons in 1981 and the United Nations Decade of Disability ending in 1991, was able to influence legislation and reform of the Australian disability service system and legislation about guardianship, discrimination and sterilisation of women with intellectual impairments. At the end of the 20th century we see obdurate congregate service models and special education and discrimination in many areas of community life, under pressure from an international human rights consensus favouring inclusion and supported community living.

Chapter 4: Drawing boundaries by and in the disability rights movement

The sources of political inspiration for the disability rights movement were both international and linked to other social movements as well as profoundly local. Efforts to develop a pan-disability identity, distinguished by the experiences and threat of sequestration, oppression, rights denial and abuse rather than impairment-specific identities with parallel systems of care, saw people with physical impairments finding joint cause with those with intellectual, psychiatric and sensory conditions.

This movement was accompanied by families getting on with living the new amid the old, focusing both on education and post-school life. The ambivalence continues as fresh debates about differentiation in service systems raise arguments about the suitability of inclusive strategies for certain categories of children and adults with disability. All the while, policy innovation in all states and through the National Disability Insurance Scheme was focused on supporting inclusive education, community living and access to opportunities for contribution to the economy.

The contribution of First Peoples in reminding all Australians about ‘culture is inclusion’ brings enduring commitment to non-segregation to the fore contributing wisdom, vision and direction to the ongoing struggle to be living as full citizens.

Chapter 5: Closing for now – Fighting on for the right to have rights

This story does not point to an overly optimistic Whig view of history (a steady march of progress), showing that while the tactics of exclusion and their rationale have changed over time, the social status of disabled Australians remains vulnerable. Many disabled people have better lives than our forebears, but this has happened in the context of improvements in social and cultural conditions in Australia generally. The situation of First Peoples with disability remains particularly precarious as they face the compounding effects of racism, especially the prolonged and profound devaluing of their culture, which offers a strong possibility of inclusion.²¹

Indeed, the need to hold a Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability underlines the threats to the humanity of disabled Australians in the current era.

Employing the conceptual tools of othering to analyse culture and the structured interaction perspective to analyse social policy over time, the project explores the multiple and interwoven layers of disability history in Australia to reveal an enduring *scriptio inferior* or underwriting of ambivalence. The accounts and narratives reveal a foundational and enduring set of tensions about devaluing and excluding those with disability and a related impulse to honour and to embrace. On an optimistic note, the history shows that progress toward the full inclusion of people with disability into Australian society is not simply a remote dream but that the conditions and resources are available to build communities that are welcoming, safe places of participation and contribution.

Locating the writer

While residing in the United States and being once again reproached for not being a real historian, Foucault replied: ‘I’m not a historian, but then again, nobody is perfect’.²²

S/he is a historian who is convinced of the insight that what s/he writes or re-constructs is never and can never be completely true. S/he is a historian who knows that the knowledge s/he produces and the insights s/he builds up will always in a way be imperfect and open to unending interpretation.²³

I am just that imperfect historian, a not-historian with an academic history in social science and social work, in theology and in ethics. I am mindful of Rembis’s criticisms of not-historians undertaking studies in disability history.²⁴ He argues that the contributions of social workers and other clinical and human service professionals weigh disability history away from the voices and

experiences of disabled people by positioning contemporary policies as enlightened against a background of the dark days. In so doing they neglect the value of traditional sources to inform historiography. He says:

it must be recognized that historians are limited by their sources. In many times and places, it is difficult, if not impossible, to access the experiences, thoughts, emotions, or actions of disabled people, but historians are showing that when read creatively and within larger contexts provided by a rigorous understanding of the historiography, traditional sources can be quite revealing.²⁵

I take this as guidance to draw on as many 'traditional sources' as possible. But I also speak back asking Rembis to consider that not-historians of this ilk may also be as I am, a disabled person who, with long experience in the struggles of the last forty years alongside my academic and professional endeavours, has worked to weave those who have been othered into exclusion and shame back into communities that welcome and value them.

This does not automatically slant my history writing to certain conclusions, but it does help me clarify the questions under consideration. Clearly, I am not free from selection bias, but throughout this study have aimed to identify sources and theories that enable us to see that the history of disability in Australia is not one thing ... it is comprised of many often contradictory strands that leave contemporary policy makers (including the collective efforts of the Royal Commission) with opportunities as well as perplexities.²⁶

That is why this history, at heart, discloses past and enduring ambivalence 'where reactions toward persons with disabilities are seen as a result of conflicting values'.²⁷

1. Drawing boundaries through the emerging Australian nation

A world that is, was and will be

The role of the Aboriginal women was of particular interest to the officers. However, they were consistently protected by the men. On 29 January, Bradley writes that when an older woman came on to the beach appearing 'feeble with old age, very dark & ugly' we had some hopes that the others who we saw on the beach close by the woods would allow us to interview her. '(A)s we approached them they ran away ... and had a party of very stout armed men near them'. Many entreaties were used without effect.²⁸

The 29 January referred to here is in 1788, within a few days of the arrival of the First Fleet in Sydney Cove. We cannot say whether the protectiveness described in this encounter is an accurate reading of what happened, but it rings true to what we know about the respect that First Peoples describe as at the heart of cultural practice with its 'focus on relationality rather than isolation'.²⁹ It is presumptuous to attempt to present the understandings of physical frailty, illness, age and impairment found within such an ancient culture with its multiple and fluid manifestations across the continent and throughout the ages.³⁰ For example, while signed speech has been used in First Peoples communities, it has not been documented in ways that historians can speak with confidence about the ways in which Deaf First Peoples communicated within their communities prior to invasion.

Conversely Bradley's record discloses an instance of objectification of this woman by the invaders, by virtue of her place on the land, her sex and her perceived frailty and demeanour. Tom Shakespeare provides a wider cultural context to this gaze, saying:

I have suggested that disabled people are 'objectified' by cultural representations: it is also clear that processes described above assume that disabled people are passive, akin to animals, objects rather than subjects. In seventeenth, eighteenth and nineteenth century British society, the freak-show is a clear example of the way that human beings were seen as non-human, as potential exhibits in what was perhaps a cross between a zoo and a museum.³¹

Detailing the differences in periods layered into Australian disability and related histories must not render First Peoples cultures museum pieces – noted at the beginning of an account of disability in Australia and left alone as we launch into a colonial history account. The desire and drive for self-determination evident through the First Peoples history since invasion offers a significant but incomplete tale of relevance to disability history.³² As David Hollinsworth puts it: 'Racism, along with ableism, has effectively disabled an entire category of Australians since colonization.'³³

As we look at the early days of colonisation, we note movement from 'First Contact' to the 'Frontier Wars' and into the 'Protection Era', layering it with the emergence and consolidation

of 'civil commitment' in the 19th century asylums. Assimilation is dealt with in the following chapter, along with the consolidation of repatriation and welfare models. At each point, ambivalence is explored and explicated.

Othering in the new colony

George III Commission to Captain Arthur Phillips 1787

The British colonists – a band of military officers and ranks and convicts who were followed by more criminal transportees as well as 'free settlers' – were determined to make a new life in New South Wales. From the outset 'the natives' and the 'ideots and lunaticks' were marked for special attention, consistent with the views of the day.

The final version of the Commission to Captain Arthur Phillips by King George III is lost to history, but an earlier draft (1787) is available, showing deletions and changes. It provides extensive instruction on the conduct of the journey out to New South Wales and how to set up the colony. One passage indicates official views of the categories of people referred to as natives and those who are referred to as ideots and lunaticks. The language is confronting to current scholars, but the points are important for establishing an official, institutionalised³⁴ response to these two populations.

The new Governor Phillip is enjoined to:

endeavour by every possible means to open an Intercourse with the Savages (struck out) Natives and to conciliate their affections, enjoining all Our Subjects to live in amity and kindness with them. And if any of Our Subjects shall wantonly destroy them, or give them any unnecessary interruption in the exercise of their several occupations, it is our Will and Pleasure that you do cause such offenders to be brought to punishment according to the degree of the Offence. You will endeavour to procure an account of the Numbers inhabiting the Neighbourhood of the intended settlement and report your opinion to one of our Secretaries of State in what manner Our Intercourse with these people may be turned to the advantage of this country.³⁵

While the accounts from diaries of the first contact show some intent to pursue this goal to live in amity and kindness, the historical record over the years that followed shows devastating outcomes for the First Peoples in the area around the settlement. Between 50 per cent and 70 per cent of the Gadigal people succumbed to smallpox in 1789.³⁶ The epidemic overwhelmingly affected older people, pregnant women and young children and rapidly spread to communities as far distant as the Darling and Murray Rivers.³⁷

Although the Crown recognised the presence of the people in the land, there was no recognition of land ownership or the complex cultural practices related to sharing of food, seeking permission to enter country, welcoming and respecting kinship rules. Hollinsworth sums up this period:

Following the arrival of the British in 1788, Indigenous Australians were progressively dispossessed of their lands and denied legal recognition as traditional owners or British subjects. Those who resisted were killed, although most died from starvation and introduced diseases such as smallpox, measles and influenza against which they had no immunity (Kunitz 1994). While many worked for rations on pastoral stations or did domestic work, Indigenous people were often regarded as scarcely human and incapable of becoming full members of the emerging nation.³⁸

In following sections, as the link between colonisation and disability is explored, we see enduring catastrophic consequences for First Peoples.

The Lame, the Blind, the Mad, the Malingerers³⁹

Those transportees who were unable to meet the expectation that they carry out hard labour in building the colony's infrastructure, providing the food and manufacture of necessities, were nonetheless expected to work. Many joined the various construction gangs; some were taken into work with private citizens (assignment) while others with more severe impairments were sent to the Invalid Gangs.

The lame, the blind, the sick and disabled were ever present in convict society, but once their sentences had expired the Government claimed no further responsibility for them ... The large vessels arriving during the 1820s and 1830s disembarked 'able bodied' men and women to supply the expanding Colonial Workforce. However, among those transported from Britain and Ireland there were many whose capacity to work was seriously impeded by pre-existing chronic illness or by varying degrees of physical and mental impairment. In the 1820s, 5.1 per cent of all males transported from England and Ireland to New South Wales were in some way physically or mentally impaired. By the 1830s this proportion had dropped to 3.9 per cent.⁴⁰

Many who were not able to find suitable employment were threatened with pauperism and became reliant on the limited community-based, charitable resources available in the colonies.⁴¹ After 1821, women convicts were sent to the Parramatta Female Factory where they worked in various classes according to their capacity to be assigned to settlers; to work with their hands in the closed factory setting; or to be punished by working, with shaved head, on the task of breaking up rocks.⁴²

The Female Factory was also the site where women who were sick or disabled were offered a form of medical care. Female factories with similar regimes opened in other penal colonies throughout the east coast and Tasmania over the next few years, closing in the late 1840s with

the cessation of the transportation of convicts. The Parramatta Female Factory later converted to a 'benevolent' asylum until the inmates were transferred to the Tarban Creek⁴³ Lunatic Asylum, which had opened in 1838.

The conditions of labour, combined with harsh penalties such as flogging, also produced lasting impairments for those already compromised by pre-existing conditions. Men were flogged without regard to age or disability. James Burnett (brought on the transport ship *Floremia*, 1828) was given twenty-five lashes and banished to a distant road gang in spite of his having a disabled right arm. His was one of the cases reported to the British Parliamentary Committee on Crime and Punishment.⁴⁴

Nicholas Bayly, a disgruntled landowner during the time of Governor Lachlan Macquarie, writing back to Britain in 1815 revealed his reactions: 'Horrid to relate I saw a prisoner who had nearly lost the use of his limbs and faculties by confinement on bread and water', and in another cell, 'a prisoner perfectly mad, chained to the wall'.⁴⁵ Bayly also drew attention to four prisoners with dreadful sentences, 'including those of Hoare and Gilchrist, and pointed out that a bread-and-water diet had been proven to damage the faculties in less than six months'.⁴⁶

These accounts, linked as they are to treating the convicts as an important economic resource for the colonial administrators, underline the importance of analysing from the materialist position advanced by Brendan Gleeson. Gleeson is forceful in his criticism of 'schematic' disability histories that universalise the experiences of disability. He argues that:

The effect of this view is to silence history, projecting disabled people's relatively recent experience of service dependency and marginalisation through the entirety of past social formations. ... Thus, the view of all disabled persons as beggars is based upon an ontological and methodological selectivity which must inevitably run the danger of reification. Second, this construction of disability in history has odious political implications by encouraging the identification of impairment with social dependency.⁴⁷

Gleeson goes on to challenge disability historians to see the actual conditions of the lives of people with impairments, showing that capacity to labour was influenced as much by the modes of production as by the notion of a person being unproductive by virtue of their condition. The early days of colonisation required labour that offered roles for convicts and ex-convicts to participate in the nascent economy.

Although we do not have access to the biographies of the many disabled people who arrived in New South Wales and the other colonies as they opened-up,⁴⁸ not all were subject to the 'gathering up' that was about to occur. The criminalisation of those with impairments was indeed part of a strategy to control and contain that led to policies aimed especially at custodial responses to those who were considered idiots and lunatics ... especially those labelled dangerously insane.

Civil commitment: Aboriginal children, dangerous lunatics and others

In 1789 Governor Phillip's Commission was revised to take account of the administration of the colony. A lengthy section, worthy of insertion here, addresses requirements for the treatment of 'ideots and lunaticks':

And whereas it belongs to us in right of our Royal Perogative to have the custody of ideots and their estates and to take the profits thereof to our own use finding them necessaries and also to provide for the custody of lunaticks and their estates without taking the profits thereof to our own use⁴⁹. And whereas while such ideots and lunaticks and their estates remain under our immediate care great trouble and charges may arise to such as shall have occasion to resort unto us for directions respecting such ideots and lunaticks and their estates. Wee have thought fit to entrust you with the care and committment of the custody of the said ideots and lunaticks and their estates and Wee do by these presents give and grant unto you full power and authority without expecting any further special warrant from us from time to time to give order and warrant for the preparing of grants of the custodies of such ideots and lunaticks and their estates as are or shall be found by inquisitions thereof to be taken by the Judges of our Court of Civil Jurisdiction and thereupon to make and pass grants and committments under our Great Seal of our said territory of the custodies of all and every such ideots and lunaticks and their estates to such person or persons suitors in that behalf as according to the rules of law and the use and practice in those and the like cases you shall judge meet for that trust the said grants and committments to be made in such manner and form or as nearly as may be as hath been heretofore used and accustomed in making the same under the Great Seal of Great Britain and to contain such apt and convenient covenants provisions and agreements on the parts of the committees and grantees to be performed and such security to be by them given as shall be requisite and needful.⁵⁰

Over the following decades this injunction came to reflect the categorisations of the poor and dependent that drove the reform of the Poor Law in 1834 in Britain with its policies of providing indoor relief to all those considered either indolent or impotent. Indeed Bottomley asserts that 'it is argued, this pre-New South Wales legislative history conditioned later approaches to, and the type of, law relating to civil commitment in this State'.⁵¹

But, at this point, the focus is on the powers and responsibilities conferred on Governor Phillip in 1789. During this period in English law these provisions were about the use of property.⁵² In the case of ideots, their property was available for the profit of the Crown but not so for those deemed to be lunaticks. Over time:

The role of the state as *parens patriae*, already well established in property matters, proved to be a useful rationale for state activity in general issues of lunatic custody and management (and, later, treatment). On these issues, *parens patriae* accompanied (and was often confused with) the presumed power of the state to prevent harm to the community

— the ‘police power’. They provided apparently self-justifying rationales for legislative and judicial activity in this area.⁵³

Unfortunately, many of the documents that might have revealed Phillip’s interpretation of and actions under these powers of *parens patriae* have been lost. Records of the town gaols, such as Parramatta (in the land of the Burramattagal people), however, reveal something of the fate and the lives of those considered insane. The first gaol in Parramatta was built in 1796. Following a fire in 1797 building work was not completed until early 1804.⁵⁴ A further report, from *The Sydney Gazette* of 1 June 1811, reveals that those with ‘mental derangement’ were confined to this gaol. The then Governor Lachlan Macquarie announced an intention to build an asylum at Castle Hill:

His EXCELLENCY, commiserating (sic) the unhappy condition of persons labouring under the affliction of mental derangement, has been pleased to order an Asylum to be prepared for their reception at Castle Hill, whither they have been accordingly removed from their former place of confinement, which was in the town gaol at Parramatta,⁵⁵ and every provision that humanity could suggest has been made for their accommodation and comfort.⁵⁶

This is the first record of countless unmet good intentions that have bedevilled state intervention into the lives of those deemed in need of custodial care, including to the present day. Conditions in the early colony were tough with many of the residents already deeply troubled by their experiences of transportation and the events leading up to it. James Dunk’s account of mental distress in the early colony during Macquarie’s gubernatorial period from 1809 to 1821, *Bedlam at Botany Bay* (2019), takes a vernacular approach to recounting the lives of several people who experienced the harsh conditions of colony life and the cruel and confusing treatment that they met from the administrators of the gaols/asylums.⁵⁷

Once again, not all people judged insane (this may have included people with other conditions loosely called idiocy) were confined to these makeshift custodial buildings. They were free and treated as private patients of the various medical officers in the colony.⁵⁸ The increasing dependence on state and community based ‘services’ is charted in the next chapter, alongside the surviving information about the ways in which those deemed impaired in myriad ways maintained, if somewhat tenuously, their connections to country, community and family.

What is not mentioned here is that the ‘settlers’ were also dealing with the beginning of the Frontier Wars, which demonstrated a deteriorating relationship with First Peoples throughout the area, as more and more land was ‘granted’ and brought under settler control.⁵⁹ Settling advanced apace at the same time that Governor Macquarie set about the ‘civilisation’ of the natives:

Central to Macquarie’s vision were plans to provide land and farming equipment to select adult Aboriginal people who wished to farm and create a small European style Aboriginal village.

On 10 December 1814, Macquarie gazetted the rules and regulations for the Native Institution. The Parramatta Native Institution opened on 18 January 1815 and was then transferred to the Blacktown location, which operated between 1823 and 1829.⁶⁰

Viewed now as the initial step in the removal of First Peoples' children and their institutionalisation, the civilisation policy spread across all colonies and extends through to the current day. A brief survey of histories of this period does not provide any insight into how children and adults with impairments were involved in these civilising experiments. But we note that after a number of deaths of children at the Blacktown school, several surviving children abandoned the site and returned, afraid for themselves, to their families.⁶¹ The salient point here is the use of institutional settings as a favoured response to certain social problems and aspirations to build a good colony. It also represents a collusion between religious authorities (Church Missionary Society in the Church of England and the Methodist Church) with the administrators of the colony – the model used to develop the Benevolent Society in Sydney in 1813.⁶² Furthermore, the link between certain forms of impairment and the racist attitudes permeating the establishment of British rule and the sustained dispossession becomes apparent with the rise of the Social Hygiene movement. The Social Hygiene movement, discussed in the next chapter, had its ideological roots in the eugenics mission to improve the quality of Australians, especially by designing custodial interventions for First Peoples and those of feeble mind and body, criminal habits, drunkenness and/or sexual incontinence.⁶³

If those with physical and sensory impairments were able to survive through the 19th century with a tenuous grip on employment, the treatment of those labelled insane and/or idiots is shown to be much more controlling in response to the perception of threat. The interface between the hospital and the prison, in which the insane were moved from hospital 'care' into gaols and then into long term institutional custody in Tarban Creek in the outskirts of Sydney, shows a more sinister side to managing those who were deemed unsavoury even dangerous. In his work about 19th century's gaols and charitable institutions in Queensland, Evans asks:

The problem is to discover whether certain forms of deviance in the society Queensland possessed in the nineteenth century were viewed as sickness (an involuntary state) or crime (a voluntary state). The area of deviance covered will encompass insanity, mental retardation and epilepsy, chronic infirmity in its various aspects, leprosy, venereal disease and alcoholism – for their nature is not so easily classifiable as, say, influenza or burglary. The modern trend is for the area recognized as sickness to encroach upon that of crime, but how far had this process developed by World War I?⁶⁴

These conclusions are substantiated by a long history reaching back to pre-colonial Britain in which deviance was addressed with an ambivalent approach, simultaneously incorporating punishment and treatment. First, however it is necessary to note the emergence of the nationalistic, natural Australian (male) as dominant in social and cultural trends right through to the end of the Great War in 1918.

Shadows: Between Enlightenment ideals and colonial realities

Disability is a complex process, which involves a number of causal components. Within this, the role of culture and meaning is crucial, autonomous and inescapable. In many societies, disabled people are viewed in significant ways – not always negatively – regardless of the particular socio-economic relationships. But to say this, is not to posit some universal feature of human psychology, nor to suggest that progressive change is impossible.⁶⁵

Taking up this challenge to explore disability as a complex process, we look to normalcy and the ways in which it is understood culturally. A complex process produces both *impairment* (in the early colonial period through dispossession, disease and combat with First Peoples and through cruel punishment, hard labour and deprivation among the convicts) and *disability* as an experience of othering. Tom Shakespeare puts it clearly: ‘People with impairment are the ultimate non-conformists, and as such are perpetually threatening to the self-image of the average, so-called “normal” population.’⁶⁶ As Evans puts it:

I work with an Anglo Celtic or White model of Australian identity and masculinity and, by extension, a White understanding of Australian culture and identity, as this is the model that continues to permeate local and global myths and imaginings of the iconic Australian man. I recognise that such a model is problematic and that it relies heavily on the denigration and maltreatment of those deemed Other.⁶⁷

The shadow of the dream of the emerging powerful manhood of Australia contains just this denigration and maltreatment, as well as invisibility and silence. Dunk describes it thus:

Working around these official authorities, with their commissions and instructions, were those who made the quieter decisions which history does not always notice: the mad themselves, whom we often cannot reach, and their families, who suffered with them. All of these actors, agents and decision-makers were held in the firm, shrewd grip of the Colonial Office, which cast formal and informal lines of power across the globe.⁶⁸

The mythscape⁶⁹ of the ‘normal’ population that emerged from the early days of colonial Australia is extensively described and debated, as:

typically constructed through a series of explicit or implied binary oppositions which position him against an absent ‘other’, in an identity constructed through ‘sameness’ over difference. Our man is practical rather than theoretical, he values physical prowess rather than intellectual capabilities, and he is good in a crisis but otherwise laid-back. He is common and earthy, so he is intolerant of affectation and cultural pretensions; he is no wowser, uninhibited in the pleasures of drinking, swearing and gambling; he is independent and egalitarian, and is a hater of authority and a ‘knocker’ of eminent people. This explicit rejection of individualism is echoed in his unswerving loyalty to his mates.⁷⁰

The Aussie Bloke, the great conqueror of the bush, morphed into the Aussie Digger as thousands of young men left country towns and properties for the battle lines of the Great War. Here mateship took on a more desperate stance as many men were injured or killed. The egalitarianism of the bush and the emergence of mateship from the earliest days of the colonisation⁷¹ have been described and critiqued; interrogated for its inherent racism (the bloke is neither Aboriginal nor Chinese); its inherent sexism (women are viewed as feminising blokes by making them into 'a family man'); and its class implications (the 'other' is seen as the feminised genteel English man).⁷²

What, however, does the valorisation of the Aussie mean for disabled people throughout the 19th century; and in the third decade of the 20th century as so many returned from Europe, bearing the permanent physical and psychological injuries of war in the trenches?

Conclusion: Contorting complexity into marginality

Gleeson's argument that the material complexity of disability is, through social policy, reduced to undesirability and marginality is borne out throughout the 19th century and into the first two decades of the 20th century. He argues that:

The tendency is to reduce the concrete lived experience of impairment to the more limited domain of disability as state social policy. This must both obfuscate the material genesis of disability and reify the entrenched policy construction of impaired persons as ineluctably dependent upon social support. The history of disabled people, with its potential material complexity, is reduced thus to a saga of vagabondage and marginality.⁷³

The next chapter provides a more comprehensive overview of the policy history of the consolidation of the disability services sector with its roots in public, charitable and private structures and processes. It provides insight into the persistent ambivalence that drives often contradictory responses to those who are considered less than normal, deviant or dangerous.

2. Drawing boundaries with custodial and medical models

We remember the asylum as the boldest ambition of a surpassingly ambitious era, as the repository of the deepest fears and desires, and the guardhouse which societies placed between themselves and oblivion. The Asylum being out of sight, has been out of mind and like every other neglected thing, it has grown up to annoy and reproach us with its existence ...⁷⁴

Enduring ambivalence about sequestration

With few exceptions the study of the history of intellectual disability has concentrated on the asylum period from the mid-nineteenth century and the subsequent shift to 'community living' that continues today. This has helped to create a distorted, binary debate about the concept of community in relation to people with intellectual disabilities.⁷⁵

Simon Jarrett, writing about community life in England, recalls stories that demonstrate that those condescendingly called silly, idiot and other terms were also shown to be spoken well of, be employed, married, connected to various community organisations and generally tolerated. He cautions against an overly romanticised view of community, citing evidence from Old Bailey hearings that individuals had been ridiculed.⁷⁶ Other scholars posit liminality, including Irena Metzler's history of people with impairments right through to the industrial revolution in Britain, arguing that:

people with disabilities occupied a liminal space in medieval culture, stuck between stages of health, illness and death such that their humanity and social standing were considered debatable. Hence, disabled people were a kind of 'cultural wild card, removed from one status, but not yet inhabiting another, and opening the possibility of any outcome'.⁷⁷

Disrupting the commonly recited history invites a closer reading in Australia. It allows us to explore processes that led to the distinctiveness of the asylum on Australian soil, and following Jarrett's thesis, to observe development of the professionalised, serviced notions of community from the mid-20th century. A narrative of the emergence of the asylum forms the backbone of this chapter. It does not however block out counter narratives, including the patchily documented participation of people with impairments (particularly physical and sensory) in community life, sometimes showing leadership, at other times living in the margins. Changes from the end of the Great War through to the present day are covered in the following chapters.

International changes in understandings of insanity and idiocy enforced through custodial regimes were influential in the policy and legislative decisions of the Australian judiciary and colonial administrators.⁷⁸ Indeed, Governor Macquarie, who instigated custodial care and is generally considered progressive and humane, was informed by philosophies and science emanating from Britain. So, we return briefly to Britain to identify the growing connection between the use of distinct custodial orders to manage those considered dangerous to self and others and the rise of medical science and psychiatry as they meet on the site of the asylum.

Reforming the Elizabethan Poor Laws, *non compos mentis* and the reforms of 1834

When the Colony of New South Wales was established under the Commission to Captain Arthur Phillip, the provisions made, especially for the idiots and the lunatics, in the 1789 document (see Chapter 1) reflect the assumptions and operations of the Elizabethan Poor Laws. These laws had, since the 16th century, underpinned a parochial style of relief for the poor, making a distinction between the sturdy poor and the lunatic pauper. In 1597 the statute 39 *Elizabeth. I c.* 3 provided for the custody and chaining of 'Persons, who by Lunacy or otherwise, are furiously mad, or are so far disordered in their Senses that they may be dangerous to be permitted to go abroad'.⁷⁹ The authors of the Comments in the *Chicago Law Review* (1951) further argue that:

In general, the early years of the 17th century represent a turning point in the English law of lunacy. Beverley's Case ... contains an analysis, exposition, and codification of the entire previous law of lunacy. Lord Coke here sets up a fourfold classification of those who are non-compos mentis (which he uses as a generic term). There are lunatics, idiots, distracted persons (a term formerly included in the concept of the lunatic) and drunkards. The common characteristic of the class is loss of control over the will.⁸⁰

These distinctions did not last long in practice as juries were reluctant to find a person an idiot because it meant that they would lose control over their property (and possibly be confined) until the end of their life. Juries preferred the lunatic label (*non compos mentis*, and therefore open to recovery), and not *nativitate* (a 'born fool' with no hope of development). Jarrett's case that juries applied some leniency up to the end of the 18th century gains some support with this observation.⁸¹ Nonetheless these classifications remained important to law for several centuries.

A parallel account, slightly later in the colony of South Australia, tells the story of Huntley McPherson, accused of being partially insane and suspected of arson who was found by a divided jury to be 'of weak and diseased intellect', despite the evidence of three doctors attesting to his insanity as grounds for denying access to his savings. Confusion about medicalised terms and mistrust of medical expertise pointed to an enduring confusion among the judiciary.⁸²

In England in the early 1830s the Poor Law Commissioners were charged with reviewing the operations of the Elizabethan Poor Laws⁸³ as changes in the economics of the rural sector and the impact of the Enclosure Acts (from early 1800s) drew the rural poor into towns and cities. Just at this point the industrial era was emerging, fed by the influx of materials from the expanding British Empire. This caused increasing strain on the parochial system of providing relief to the poor. It is not surprising that such wide scale economic, social and cultural change should have an impact on the lives of those increasingly deemed unproductive in the labour market. The determinations of the Poor Law Commissioners, encouraged by the political economists Nassau Senior and Edwin Chadwick, cemented the differences between the *indolent poor*, who chose not to work, indulged in alcohol and other habits of idleness,

including sexual promiscuity; and, the *impotent poor*, those who, by cruel fate, suffered diverse impairments, inhibiting their capacity to participate and contribute.⁸⁴ *The Poor Law Amendment Act* of 1834 officially established policies of lesser eligibility, rendering conditions in the workhouses so unendurable that the indolent poor would be compelled to revert to employment as the more 'pleasant' option. By declaring that relief was only available 'indoor', those who were unable to provide for themselves were therefore obliged to enter the workhouse.

Once again, we see an ambivalence. Notions about the treatment of different categories of people⁸⁵ clashed with recognition that those who were not considered dangerous were treated as regular paupers under the Poor Laws or left to fend for themselves with their families and others offering oversight and access to some forms of work. Conditions in the workhouses were indeed terrible, described thus by Sidney and Beatrice Webb in *English local government: Poor Law history., Part 1 The old Poor Law*, who assert that at first no special provision for the class of pauper lunatics was thought necessary. Of the treatment of pauper lunatics, the Webbs say:

Nothing gives a worse impression of the eighteenth century poorhouse or workhouse than the presence in them, intermingled with the other inmates, of every variety of idiot and lunatic. Of all the horrors connected with this subject we need not dwell – the chaining and manacling of troublesome patients, the keeping of them in a state almost of nudity, sleeping on filthy straw, the mixture of melancholics, and persons merely subject to delusions, with gibbering and indecent idiots, the noisy with the quiet, the total lack of any proper sanitary arrangements.⁸⁶

The 18th and 19th centuries saw a prolonged 'gathering up' of many people considered impotent poor in the United Kingdom, Canada, United States and Australia. The lunacy provisions developed in the England in this period represent a strategy of control of the poor.⁸⁷ While Australia largely avoided the indignities of the 18th and 19th century workhouses, many of those transported would have encountered this system. They then encountered the conditions outlined in Chapter 1. They also found themselves connected with the emerging charities and benevolent societies. Peter Bartlett, describing the loci of care for the 'insane poor' in England in the 19th century, provides a summary of the options:

The 19th century created a number of mechanisms for care ... the family was the primary caregiver in the 19th century. Once the family was no longer able to cope, a variety of institutions were available: private care in the home, private madhouses, charitable hospitals, county asylums, and union workhouses. The reality was that relatively few could afford the fees of the madhouses and hospitals, and fewer still the costs of private care in the home.⁸⁸

This is a similar position to that found in Australia, without the option of workhouses. The ways of admission also differed between the United Kingdom and Australia. Without widespread application of the administrative procedures related to the new Poor Laws, which enabled the Poor Law Commissioners to commit a pauper lunatic or idiot to the public asylum, residents of the Australian colonies found their way into publicly funded institutions via a referral from gaol or

the courthouse, or through the intervention of family members with the approval of two medical practitioners. Private provision remained a tiny proportion of care both in the United Kingdom and Australia, with estimates sitting at about two per cent by the end of the 19th century in the United Kingdom. Catherine Coleborne points out that this model of psychiatry was not evident in the early Australian colonies.^{89,90}

In the United Kingdom until the early 19th century, the idiot's place within the wider community was generally not questioned, even though they were recognised as different from the general population. Within a couple of decades, many were to be found in the workhouses of the United Kingdom. The trend was fed by the growing separateness observed in directions to the jury about moral culpability of idiots and their incarceration.⁹¹ Alongside this, the emergence of medical science, holding hands with colonial views of race, contributed to an argument that people with certain characteristics belonged to the 'inferior races'.⁹² John Down developed this typology and the genetic condition bearing his name, 'Down syndrome', was supposed to represent mongoloid peoples. He organised open days at Earlswood Asylum during the mid-19th century so that the general citizenry and medical colleagues could 'observe the five races of idiots'.⁹³

The 19th century saw the ongoing sorting out of all those gathered-up into workhouses and asylums, but also to the gaols.⁹⁴ Even a cursory glance at the lists of convictions of transportees to Australia shows that poverty underscored the tendency to criminal activities. Some of the paupers of the United Kingdom ended up as the convicts in New South Wales. Transportation continued for eighty years from 1788 until 1868 when the final ships arrived in Western Australia, bringing to these shores many who resorted to petty crimes to survive in an economy that could not accommodate their labour. We have seen that among their number were those labelled idiot, lunatic and crippled. The confluence of a regime of incarceration, met with a growing acceptance of committal to asylum, saw many of those people increasingly sifted out of early Australian colonial life and economic activity, and gathered into asylums in each colony as it developed.

Lunatics, idiots and their colonial custodians: Not (entirely) a simple repression narrative

Beginning in 1843 with the passage of the *Dangerous Lunatics Act* in New South Wales, the colonies throughout Australia sought to make their own legal provisions in a move away from relying on the British codes. By this point, colonies were established around the continent:

with some like Van Diemen's Land and Queensland beginning as penal colonies, while others such as Western Australia, and South Australia established as free colonies without a resident convict population, although Western Australia later became a penal colony to survive. Each colony had a different history and they were not to join together under a Federal Parliament until 1901.⁹⁵

Willow Court, co-located with the Royal Derwent Hospital, opened in Tasmania in 1830 and still operates in 2021. The independent colony of Victoria was formed in 1851, excised from the larger Colony of New South Wales. The Yarra Bend Asylum, in Fairfield Melbourne, opened in 1848. The colony of South Australia opened the Adelaide Lunatic Asylum in 1852. Western Australia established the Fremantle Lunatic Asylum in 1865. Woogaroo Lunatic Asylum (later Wacol) opened in Queensland in 1865, effectively putting an end to retaining distressed and confused people in gaol or transporting them south to Tarban Creek, outside Sydney.

Just as the history wars rage in Australia about colonial history and its benefits or seeds of destruction for First Peoples, historicising the arena of 'care' for the impotent poor is an encounter with the major theory battles in history over the past century. Without attempting to prosecute these arguments, I aim to capture the layering of complexity that is revealed once the history moves away from simple narratives positioning perpetrators (in the form of police, psychiatrists, courts, jealous husbands and 'keepers') against hapless victims (all others). The operation of power and the tendency for these systems to move toward neglect and abuse is clear but, consistent with the growing evidence that ambivalence was present throughout the entire period of this history, evidence points to genuine attempts to provide restorative care as well as to retain a focus on people kept out of such settings. Diverse sources also demonstrate the benefits of looking more closely at diversity under these policies, especially relating to types of impairing conditions that attracted official attention as well as gender, age, race and ethnicity.

The following section draws on various sources and studies to depict life in insane asylums across the continent and the policies that drove increasing numbers of vulnerable people into publicly funded custodial care. Differing approaches applied to those of unsound or of feeble mind, depending on whether the policies sought to reduce poverty and crime or to provide care, or slightly later, to prevent reproduction of 'degenerates'. Overwhelmingly however, the records show a pattern of increasing control, overcrowding, and cruel treatment with few instances of genuine regard.

Themes include:

- the tension between custodial and medical models of psychiatry
- distinctly Australian manifestations of asylums
- differentiation of asylum populations and their paths into and (occasionally) out of institutionalisation
- depictions of life in confinement with narratives of maltreatment, including those exposed through public inquiry
- evidence of who stayed out and the charitable support they received
- the rise of destitute asylums and 'crippleages'.⁹⁶

Wrangling custodial and medical models of psychiatry

The establishment of mandatory detention through a medical certification in a judicial process defined what a lunatic was for a century and more – a person imprisoned rather than hospitalised. In spite of the inability of science then or now to predict dangerousness, the retention of compulsory confined continued in what became known as ‘involuntary admission’. ... [this] defines conception of the fully human status of the human subject. Without committing crime, one becomes the object of coercive control, for the welfare of oneself or others, to ensure among other things that a future offence will not be committed.⁹⁷

The emergence of psychiatry during the early to mid-19th century proliferated theories describing the roots of insanity ranging from stress, to masturbation, use of drugs and alcohol, and congenital states including being born a fool. With these theories came doctrines of intervention. Many of the histories of the colonial asylums recount the waves of thought, especially the shift from late 18th century into the early 19th century into moral treatment, based on the practices of the County Asylums. The County Asylums in England, which emerged in the rural areas following the work of William Tuke at The Retreat, were based on the Quaker tenets of compassion, respect and self-control. While some historians would see this as a major shift into medical understandings of mental distress, others, notably Coleborne, trace the medical roots further back into the 18th century. The accounts written by medical superintendents show the struggles by some to introduce and administer a more compassionate approach to the treatment of those confined. Jill Geise’s account of madness in Victoria draws on the records of the Medical Superintendent at Yarra Bend, Dr Robert Bowie, and later Dr Edward Paley to install moral treatment ... all the while the places over which they had responsibility were overfilling. A similar tale is evident in Adelaide’s Lunatic Asylum, which was supposed to be built on the plans of the ‘ideal asylum’ designed by alienist Dr John Connolly in England. Callan Park in Sydney was designed by another Quaker, American Thomas Kirkbride, who believed that under the right conditions many patients could be cured.

The doctrine of the ideal asylum was pervasive throughout Australia from the mid-19th century until the Great War. The Baillie Henderson Hospital in Toowoomba, Queensland, started in the late 19th century and completed in the first decade of the 20th century, is a classic example of Connolly’s ideal asylum.⁹⁸ The ideal asylum requires location in a beautiful setting, often surrounded by a ha-ha (a moat with small fence surrounding the perimeter inhibiting inmates from being able to abscond). The buildings are laid out symmetrically enabling maximum surveillance of the patients.

Distinctively Australian manifestations of asylums

By 1841 at the end of the first ten years of the free settler colony in South Australia, one-eighth of the population were dependent on public relief. Despite building a Destitute Asylum, a gaol and a temporary Public Colonial Lunatic Asylum, Governor George Grey set about ending destitution by reducing relief, requiring families to carry full responsibility and then completely

removing public relief by 1842. It was a cruel and ineffective policy.⁹⁹ In the same period the numbers of people confined to the Adelaide Destitute Asylum grew to bursting point.

The young South Australia was not alone in carrying out such policies, as Marian Quartly explains, 'the Australian colonies were cavalier in their approach to such problems, taking a superficial view and applying a superficial solution'. She goes on to say:

A short-sighted view of social problems was not a failing peculiar to early South Australia; nineteenth-century Englishmen were notorious for it. But in England there were, at least, exceptions; even in the decade of the savage New Poor Law, some influential people were aware of the depth and complexity of such problems as crime, poverty, and lunacy, and cared about the distress which they caused ... Many of the men who had the management of the colony – administrators and lawyers, legislators and doctors – were faced with aspects of this problem, and all turned to ad hoc and ill-conceived solutions, borrowing indiscriminately from English practice and theory. In most cases this theory was already incoherent; in nineteenth-century England there was no clear understanding of the nature of lunacy in either law or medicine. Lunacy law was a confused conglomeration of terms and intentions, and medical care a collection of violent and outdated remedies ...¹⁰⁰

In 1943 Charles Hedditch, a farmhand, was accused of the murder of a ten-year-old boy. Hedditch claimed in defence that he was *non compos mentis* as a result of a delusional state produced by a combination of a prior brain injury and the use of alcohol. He was detained at Her Majesty's Pleasure and became so anxious and distressed that the Governor did not release him. This was a trigger for the South Australian Legislative Council to introduce legislation to shift decision making from Britain back to the Colonial Governor. The colonial administrators, seeking an easy course, elected to copy the New South Wales *Dangerous Lunatics Act* (1843), which, according to Quartly, simply replicated the confusion apparent in British policy and practice. She sums up its provisions thus:

Briefly, it covered the committal to gaol of persons dangerously insane and suspected of intending crime; the removal from gaol to lunatic asylum of all types of insane prisoners including both the above and those prisoners who went mad while under sentence; the fate of persons found not guilty on account of insanity; the liberation of persons found not to be insane; the reception into lunatic asylums of insane persons, at the request of their relatives, and the upkeep of such persons.¹⁰¹

The Australian colonies did not pass the equivalent of what has become known as the 'ugly laws',¹⁰² enacted during the same period in America, but the various Lunacy Acts were undoubtedly aimed more at the containment of dangerous lunatics and dangerous idiots largely because they were considered a public nuisance and the community needed protection from them. To acknowledge this is not to advocate a 'simple repression narrative',¹⁰³ but to highlight one part of the double helix of policy discourse and practice¹⁰⁴ that takes many forms over this period.

Developing asylums: Melbourne – a case study

Practices in Yarra Bend Asylum in Melbourne, Victoria, illustrated some of the differences that emerged across the colonies at this time. Geise, in her narrative *The Maddest Place on Earth* (2018), tells of the growing concerns with insanity in the Victorian colony, especially after the beginning of the Gold Rush with 12,000 newcomers arriving on 120 ships in 1853. Disappointment met many of these ‘diggers’ as well as those who had been sent from their homeland by families unable to handle their pre-existing insanity.¹⁰⁵ Over time many of these unfortunates were gathered into asylums at Yarra Bend, in country areas in hospital wards, purpose built facilities near the goldfields and later in the Kew Asylum which was opened 1873. Victorians were not, however, prodigiously mad despite the dubious distinction of having the highest incarceration rates (based on percentage of population) of the insane in the world. Geise sums this up:

The Victorian lunacy law enabled drunkards with delirium tremens, debilitated elderly and ‘idiot’ children to be sent to asylums. A medical witness testified it was ‘utterly fatal to the improvement of idiots’ to allow them into lunatic asylums, when they should be kept in proper training schools as in England and Europe. Another asylum doctor gave evidence that paralysed and infirm patients were sent to asylum from hospitals keen to reduce their death rate figures.¹⁰⁶

Entrenching the practice reflected in the burgeoning numbers of non-dangerous lunatics in custodial care, the Victorian Parliament passed the *Lunacy Act* in 1867, which covered ‘any person of unsound mind and incapable of managing his affairs’.

Differentiating the paths of asylum populations into and (occasionally) out of asylums

Various groups were singled out for this mode of control: women (especially those considered sexually incontinent by families and communities or experiencing post-partum distress); people with a wide range of conditions including mental distress and cognitive impairment, acquired brain injury, substance abuse and sensory impairment; and increasing numbers of children and young people with various crippling conditions. Not much is known of the smattering of people from non-Anglo backgrounds and it seems that almost to a person First Peoples were committed to gaols around the growing country towns. Stephen Garton argues that in areas where police played a leading role in committal, men were the target for custodial care; whereas when medical officers made the determinations, more women found themselves long term residents of asylums.¹⁰⁷

All these categories were increasingly, through policy and practice, defined as Other, against the desirable Australian. Alison Carey, writing of the Aussie Male counterpart in America, refers to the ‘storybook citizen’, intellectually fine, physically upstanding, morally both of the above,

exuding 'intelligence, independence, and the ability to contribute to the national well-being through hard work, political participation, and bravery'.¹⁰⁸ The mythscape of the storybook citizen then culturally and socially marginalises the disabled poor into dependency and rights denial. A Victorian legislator who, supporting the widening of categories within the new *Lunacy Act* (1867), stated that 'many unfortunate have been allowed to wander about, and thus to present a spectacle disreputable to our common humanity'.¹⁰⁹ David Goodman in *Gold Seeking: Victoria and California in the 1850s* posits lunacy incarceration as an expression of wider disquiet about the nature of colonial society.¹¹⁰

Extricating intellectual disability from mental illness from late 19th century

A facility for children, the Kew Idiot's Ward (later known as Kew Idiot Asylum) opened in 1887 with many of the children transferred from the other facilities. The recommendations of the Victorian Royal Commission on Asylums for the Insane and Inebriate (1886) known also as the Zox Commission after its Chair, Ephraim Zox, supported the establishment of alternative arrangements, including setting up on campus cottages alongside the large hospital edifices; opening receiving hospitals for assessment of those who had been identified as of unsound mind; introducing boarding-out, a practice not used in Victoria; and allowing the operation of licenced private asylums.

Recommendation 21 of the Zox Commission addressed classification of inmates, advocating a separation of those not requiring the restraint of a closed institution from those requiring care and control in asylums from which escape is difficult.¹¹¹ The first category were described as imbeciles and harmless patients, semi-insane patients and those convalescing. A separate institution was recommended for the imbeciles. All others would retain a place in the asylums but separated into further classifications: inebriates in separate wards; as were dangerous and refractory lunatics; and criminals. This classification was consistent with models emerging throughout the western world as Garton explains:

Historically, intellectual disability and mental illness were part of the same system of committal and treatment. But in the late 19th century doctors began to construct these populations in very different ways and to provide treatment facilities for the disabled.¹¹²

Building on our earlier reference to John Down at Earlswood Asylum in England we can see this growth of interest in feeble-mindedness that was to lead into an emerging interest in eugenics and the Social Hygiene movement by the end of the 19th century.

The Ballarat Asylum for Idiots and Imbeciles opened in Victoria in 1877 and within two years 160 people were transferred from Yarra Bend.¹¹³ The residents were viewed as chronic and incurable, so no medical staff were appointed and 'nurses' were the keepers. Over the next century the property at Ballarat was used for many classes of people under the various lunacy acts of Victoria, including a period of specialising in treating people with epilepsy.¹¹⁴

Western Australia was also slow to address ‘the obscurity of mental invalids’ throughout this period, as classification was blurry, records were poor and the political purposes of confining ‘the corpus of degenerates who were socially disruptive’ dominated any caring responsibility. As Norman Megahey says:

we are denied a more complete picture by the very things which denied people with intellectual disabilities a more complete life in their own times: medical and legal confusion about distinction between intellectual disability and mental illness, and a lack of medical and psychological knowledge concerning intellectual disability and mental illness. To this can also be added the poor quality of record keeping.¹¹⁵

The sifting out of those who were considered incurable (the mental defectives) from those who were in extreme mental distress (the lunatics) was pointed to in the slew of legislative reforms at the turn of the century which established various state based lunacy acts.¹¹⁶ At a practical level, however, it was to take more than 80 years to establish genuinely focused services for both groups.¹¹⁷ The next section returns to the interior life of these asylums to highlight the history of maltreatment that received attention from successive governments, resulting in several commissions of inquiry and other investigations.

Containing the madness of women

Catherine Coleborne draws on the records of the official investigation into Kew Asylum in 1876 to explore the operations of gender in the ‘new’ spaces of asylums considered therapeutic rather than solely custodial and penal. Gender in the asylums warrants a more comprehensive study than permitted here. Coleborne identifies several issues regarding women inmates and Lee-Ann Monk examines the gendered distribution of asylum work. Both historians base their studies in the Victorian asylums, although similar accounts (Callan Park in New South Wales and Adelaide Lunatic Asylum in South Australia) show parallel strict gender divides into ‘the men’s side’ and ‘the women’s side’. Coleborne stresses that even though more men than women were committed, as the century advanced madness was judged a particularly feminine problem, especially for unruly, sexually promiscuous women who did not conform to Victorian notions of docility and gentility. The early differentiation of imbeciles and idiots were in a two:one ratio of men to women when transferred from Kew Asylum to Ballarat. Coleborne asserts that the women’s side was more ungoverned saying the Kew Inquiry (of 1876) was a representation of the asylum that ... reveals that the ‘female lunatic’ was a category under specific investigation in 1876. Largely because the disorderly ‘female side’ was not able to be subdued.¹¹⁸

Moral treatment required of patients that they learn self-regulation, ideally modelled to them by the attendants. Safe peaceful conditions were required for this cure to be effective. There is no doubt that some individuals benefited from genuine asylum conditions (when they were in operation).¹¹⁹ The places of containment in the 19th century (and later in the 20th century) in Australia all too rapidly reverted to the ‘madhouses’ of old.¹²⁰ Rather than blaming patient attributes for deterioration in these settings, the 1852 Parliamentary Select Committee that inquired into the ‘condition and management’ of Yarra Bend Asylum concluded that this

propensity for cruel conditions to emerge related to staffing arrangements, in particular the presence of male attendants on the female side.¹²¹ Male attendants refused to work with female patients, demanding instead to be able to work with men as an expression of the physicality at the heart of working class masculinity of the day.¹²²

Family committal contributed to the growing number of women to be found in the asylums as the 19th century ended. Refuting the notion that all committals were related to social control, Coleborne draws on correspondence and patient case notes, among other archival materials, from four hospitals for the insane in New South Wales, Queensland, Victoria and New Zealand from the 1880s to 1910. This was a critical period in the development of asylum management, and was also shaped by an 'emerging discourse of modernity expressed through new prescriptions for family roles'.¹²³ Coleborne's thesis that families were both a site of affection and of misery does not assist in understanding how those with conditions other than mental distress were brought to the doors of the institutions dedicated to their care, although one record refers to a young man with 'congenital mental deficiency'. Coleborne is primarily concerned with the 'mental breakdowns' of women failing to fulfil their domestic duties or of men being unable to support their families. In the correspondence she analyses a couple of references to epilepsy (a condition that is recognised as a neurological disorder rather than a mental illness today). Other inmates were men who were violent and tormented their wives and families. Records also show evidence of venereal diseases in advanced states contributing to forms of insanity.

As growing numbers of women were found in the asylums they were largely occupied with 'inside' domestic tasks such as sewing, laundry and food preparation. In distinction from the men who had 'outside' activities, the policy tended to reinforce the gender expectations of the era.

Ceasing the wandering around of First Peoples

Analysing the asylum populations in the late 19th century, Coleborne concludes that, although inmates came from all classes (differing from the public institutions of the United Kingdom and reflecting the lack of private provision in the colonies):

The majority were European. In New South Wales and Victoria, very few indigenous patients were confined and only a few were committed to Goodna Hospital in Queensland. It is likely that, given other provisions for the management and control of indigenous peoples and the deleterious effects of frontier violence, there were few Aboriginal people coming into contact with these institutions.¹²⁴

There are negligible references to First Peoples in the Victorian records, with terrible declines in population among the groups of First Peoples ... likely to be up to 80 per cent in the first 30 years. Geise tells us that those who did survive 'suffered profound social and emotional injury through the torment of dispossession and powerlessness'.¹²⁵ She recounts the lives of only two First People whose records are found at Kew Asylum and a further two at Yarra Bend. All four were labelled incurable, were considered haunted by fears of being murdered, and were

found wandering around in grief and confusion. All died within a few years of incarceration, 'dispossessed and rendered even more powerless in a white man's lunatic asylum ... at the mercy of the rampant racism of the time and engulfed by a thousand debilitated Europeans'.¹²⁶

Living in confinement and with maltreatment

'Lived experience' stories are lost because the victims were unable to record their lives; the stories were ignored or squashed by administrators and attendants; or attributed to the ravings of the idiots and lunatics. The asylums were rapidly overcrowded, understaffed or staffed with untrained personnel; under-resourced in terms of healthy food, clean clothing and shoes, adequate bedding and space to store personal items. Even when the administration favoured a therapeutic approach, in the absence of chemical treatments and staff trained in peaceful means, inmates were subjected to restraint in the form of straitjackets (and their variants), solitary confinement and isolation. As well as these failures inmates reported cruel, abusive and humiliating treatment (including sexual assault) from attendants; fear of and actual violence from fellow residents; and unsanitary conditions leading to a range of debilitating infectious illnesses.

The Zox Commission was the first broad inquiry into the operations of asylums in Australia. As well as recommending a detailed classification system and other changes listed above, it also called for the closure and sale of both Yarra Bend and Kew asylums, in part because of the value of the property they occupied. The result was a failure to maintain the buildings on both sites, which contributed further to the suffering of those confined and working there. The later cottage-style facilities built for idiot and imbecile children on the Kew site are likely to be the first in the world. They were upheld at the Psychological Section of the Intercolonial Medical Congress in Melbourne in 1889 as a breakthrough in the care of handicapped children. Corinne Manning, writing of Kew Cottages, says that since the late 1880s thousands of mothers and fathers sent their children there:

Parents chose this option for various reasons. Many were forced to relinquish their children into State care by circumstances beyond their control, being unable or unwilling to care for children with disabilities at home. Others believed the Cottages offered their children a brighter future with specialised medical services and developmental programs.¹²⁷

Such decisions were complex and agonising.¹²⁸

At the 1889 Medical Congress, Dr Frederic Manning, Head of the New South Wales Lunacy Department, reported statistics suggesting there were:

by 1887, around eight and a half thousand registered insane persons across the Australian colonies, in a total colonial (European) population of almost three million persons, making one in every 349 persons insane.¹²⁹

He also demonstrated that very few of those confined to asylums were First Peoples, with those few attracting attention being English speakers and likely to have been separated from their groups and working as trackers or troopers.¹³⁰

Other government inquiries throughout this period included parliamentary committees and inquiries conducted by the various departmental heads. They invariably sought to make changes within the existing structures, rather than to reform the model of care. The Zox Commission was distinctive in that it called for more use of boarding-out – a practice used extensively in Scotland and to a lesser extent in other parts of the United Kingdom and not used at all in the Australian colonies. It appears that it was not the first public call to develop a model of community care that was publicly funded and did not rely entirely on charity or families.¹³¹ Earlier calls were met with apprehension about loss of staff from the hospitals and lack of accommodation and post-discharge care. Some even asserted that the inmates were reluctant to leave. There was little understanding of the impact of trauma, institutionalisation and uncertainty about re-entering a world often alone without family support. Repeatedly these calls were met with resistance generated in the asylums, leaving no funds or effort available to support initiatives beyond their walls.¹³²

We have seen that the asylums occupied the horizon; they dominated social policy and medical discourse across the 19th century. Care in the family and the community, however, persisted throughout this period and we turn to it now.

Locating ‘care’ outside the institution

Gleeson’s study of people with physical impairments in domestic spaces in colonial Melbourne focuses on proletarian, inner city suburbs in a newly industrialising society. The focus on Melbourne also links with other studies, especially those of Shurlee Swain,¹³³ into the delivery of outdoor relief to poor families, many of which were headed by disabled adults or supported disabled children and adults unable to gain access to education or employment. Gleeson says:

The industrial city was a place of social exclusion for physically disabled people, and indeed a range of other social groups whose labour power was devalued by industrialism. In particular, the separation of home and work raised a major mobility barrier for disabled people that undermined their capacity to obtain paid employment. In addition, industrial labour processes disabled ‘uncompetitive’ workers, including physically impaired people. The rise of mechanized forms of production introduced productivity standards that assumed a ‘normal’ (usually male and non-impaired) worker’s body and devalued all others.¹³⁴

Non-impaired white men were therefore privileged while creating a ‘centrifugal force’¹³⁵ marginalising others with impairments. ‘The institution was the key centripetal site for disabled people.’¹³⁶ Gleeson’s work provides insight into the lives of those with physical impairments, who, at this point at least, were less likely to experience civil commitment to the asylums. But their fate was still uncertain. Swain tells of:

one-armed schoolteacher Richard Finnegan ... who told Mrs Burke (his charitable visitor) that he had lost his employment when the school was taken over by the Christian Brothers. Ten months later, the aid was discontinued, with the new visitor seeing only a strong wife and an idle and intemperate husband, both well able to work.¹³⁷

In the absence of workhouses, the threat of being enclosed was small, while the risk of destitution on the streets loomed large. To address a growing number of homeless people, often with impairing conditions, Ladies' Benevolent Societies formed, dedicated to the provision of outdoor relief (and bountiful advice). They adopted a social case model of home visitation carried out by middle class, socially conservative and well-connected volunteers. Welfare historian Brain Dickey tells us that in 1849 the Adelaide Benevolent & Strangers' Friend Society was established with these goals:

The friendly and purely charitable visitations of the select members will be seasoned with discretion and Christian humility, and as free as possible from any charge of denominational favoritism: so that the afflicted, and disconsolate strangers, and the widows and fatherless, may find a home amongst brethren, even in a country so far removed from the land of their birth.¹³⁸

The role of visitation is vital to getting to an understanding of at-home and in-community supports, as forms of outdoor relief that emerged across the colonies in this period. This work takes on distinctly gendered features. Private philanthropy boards were run and funded by men, but women gave their time and maintained contact in the home with other women and their families.¹³⁹

Providing in-home support: Charitable ladies and family life

The charitable aspects of colonial life were largely reflective of the practices in Britain. Gleeson describes and analyses the activities of twenty-six ladies' benevolent societies (most connected with religious groups) in Melbourne, which by the 1880s concentrated on impoverished inner-city communities.¹⁴⁰ The picture of the mid to late 19th century, especially for those identified as physically impaired, reveals the ambivalent status of disabled people as workers, with many relying on piece work in their homes. Campaigns for factory-based eight-hour days meant that these opportunities shrank. Following recessions, workers with disability were almost to a person excluded from wage earning labour. They transitioned to being supported at home by other family members in employment or found themselves in the Melbourne Benevolent Asylum or any of the twenty smaller poorhouses.

The minutes of the Melbourne Ladies' Benevolent Society over three decades show that the boundaries between the indoor relief available in the poorhouses, the Benevolent Asylum or the larger lunatic asylums were maintained to avoid 'double dipping', even though people (often ill) moved back and forth, depending on the availability of family support or the possibility of gaining an income. The lives of women were particularly difficult if they had to combine the care of children and a disabled husband with striving to bring in a family income. The case records also reveal that many had disabling conditions such 'bad legs' or a 'crippled arm'. Gleeson, in summary, says:

The home was a legitimate refuge for the disabled person, providing that she or he did not unduly 'burden' the household (and hence the Society). ... The institution, on the other hand, was the proper place for those who had crossed the threshold of dependency and were thus seen as totally reliant upon charity. This careful articulation of indoor and outdoor relief was a feature of the colonial charity network, at least within the Society's sphere. The ensnaring power of the charity web meant that many disabled people became caught within patterns of daily life over which they had little control.¹⁴¹

The pressure to stop begging (also called imposition), evident in the growing colonial centres, contributed to the establishment of market stalls, selling newspapers and 'hawking anything from fruit to matches'.¹⁴² Articles published in *The Argus* by John Freeman (who was widely held to be Edward Oxford, convicted of an assassination attempt on Queen Victoria) describe street life in Melbourne and allege that disabled children were displayed to attract attention of shoppers. This somewhat contradicts Gleeson's view that many families 'hid' their disabled children out of shame. He draws on the reports of child rescue charity workers to argue that these children were cut off and abandoned, perhaps caged in back yards because families held negative views about their children.¹⁴³ The child rescue charity workers were keen to see those children resident in the various crippled children's homes such as the rapidly overcrowded facility at Kew. While we do not have access to the motives of families who sought to conceal their child, we need to keep an open mind, especially in light of Manning's findings about mothers 100 years later.¹⁴⁴ She argues that the spirit of maternal protectiveness (rather than shame) influenced the decisions of mothers under pressure to 'surrender' their child. Swain's survey of the strategies used by destitute women to establish and maintain charity support tends to support the notion that 'keeping the family together' was a strong motive for subjecting themselves to the frequently humiliating obligations imposed by the charitable ladies.¹⁴⁵

This case study of the Melbourne Ladies' Benevolent Society is distinctive in the attention it has received from historians, but we know that it was largely repeated right across the British Empire, including with the emergence of the Charity Organisation Society in England in the 1860s. The Australian literature¹⁴⁶ echoes the intentions of these groupings in Britain, Germany and New York, which were to rigidly enforce the deserving/undeserving poor divide; and to promote the virtues of male sobriety and industry; and maternal sobriety, modesty and attention to children and the dependent elderly. In the absence of breadwinning men in families, the women were expected to provide by taking in work or entering various forms of service. At this distance it is hard to heed the stories of those who were poor and disabled, but it is safe to assert that throughout this period we saw the rise of the female version of who was a good Australian. Desirable masculinity, supported by grazier, industrialist and merchant, church leader and unionist, was about able-bodied, sound-minded hard work and family support. Desirable femininity was also able-bodied and sound-minded and additionally submissive to men while responsible for child welfare. The othering of those who did not meet these requirements placed few outside a growing view that the destitute, disabled, lunatic or otherwise incompetent were a threat to the future hopes of the colony. First Peoples were likewise othered as their lives were shaped by the unhealthy combination of a pursuit of land and a missioning quest to convert those considered heathen into law-abiding Christians.¹⁴⁷

These forces added momentum to the Social Darwinism and eugenic politics that gained popularity in the late 1800s as laissez-faire capitalism moved into its heyday. The following section tells of how the gathering-up program was increasingly directed at people who were neither idiot nor lunatic, yet they too were judged incurable, a threat to healthy stock and better provided for indoors. Before embarking of an exploration of how these social, cultural and political forces accelerated the processes of othering of people with impairments into the early 20th century, we take a brief look into the life of one man with significant physical impairments who avoided the indignities so many endured. The story of James Wrench reminds us that individuals and their families can resist the pressures of the wider society. We simply do not know how many Mr Wrenches there were or may have been.

Getting on with it ... middle class families

The influence of class stratification doubtless meant that disabled members of the upper and working classes had distinct social geographic experiences.¹⁴⁸

The life of James Thomas Wrench born near Bathurst (New South Wales) in 1868 illustrates this point. Breda Carty's lively project on history of disability in Australia¹⁴⁹ says of him:¹⁵⁰

He died in 1899 in Brisbane. He was born without arms, and with no knee or little toe on his right leg (he may have had a form of phocomelia). He learned to write and paint with his feet, and was a published author and artist. His autobiography, written as a young adult, is a most engaging document, and offers many insights into both the restrictions and possibilities for a person with a physical disability in mid nineteenth century rural Australia ... James Wrench's parents and seven siblings always included him and encouraged his social participation, learning and artistic work – '[they] were thankful to God to see me live and prosper'. His father adapted a perambulator to make a kind of very early wheelchair, and his siblings pushed him around in this wherever practicable. Wrench makes it clear that this familial support was essential for his achievements.¹⁵¹

Wrench died in his early thirties, but his story speaks to us about the possibilities when the person is viewed as part of the family, the school, the community. It also tells what happens when such a welcoming attitude is not evident:

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.¹⁵²

His death in Brisbane, Queensland, from bronchitis is recorded in *The Bathurst Free Press and Mining Journal* on 5 July 1899 under the header 'Death of Armless Man'.¹⁵³ It refers to the fact that he was proud of his achievements with the paintbrush including illuminated texts and fancy letterings; that he was intelligent, genial and popular. We also learn that his father has 'started for Queensland' to undertake the mournful task of returning with his son's remains. Wrench was buried in his hometown some time later.

Perhaps Wrench was safe from the pressure to enter institutional care by his capacity to bring in an income, his family's commitment to his flourishing and his distance from cities where forces to institutionalise were coalescing around those without these protections. We now turn to the destitute asylums that emerged alongside outdoor relief efforts delivered via the ladies' benevolent charities. They were not lunatic asylums but were erected to deal with persistent poverty.

Erecting destitute asylums for the deserving poor: The Benevolent Society

The histories of Benevolent Asylums that emerged in Australia in the mid-19th century provide insights into the lives of those considered infirm (often but not always by age) and deserving.¹⁵⁴ In addition to drawing on available accounts that describe and analyse family and community contributions, we can 'read against' accounts of the socially desirable to detect processes of marginalisation. This leads to 'reading behind' accounts that refer to poverty, marginalisation and family fracturing to see the lives of people with impairments. Finally, we have access to some personal accounts of individuals who, with family support, lived well. The community care/institutionalisation distinction should not be considered rigid.¹⁵⁵ While many people lived out their days in despair in the asylums, others were judged recovered and re-entered community life as well as spiralling back and forth from outdoor to indoor relief throughout their lives.

The Benevolent Society was formed in a separation from the New South Wales Society for Promoting Christian Knowledge and Benevolence in these Neighbouring Territories and Islands, in order to distinguish the missionising goals from aid to the poor, especially the aged and infirm. It was a subscription organisation with members being able to deliver services in kind. The Society also sought to assist those living in extreme poverty with government funds. The first recipient was a wounded former soldier. He received outdoor relief that included food and clothes. Anne O'Brien writing about the Society's attitudes toward First Peoples has found that most of the early records have been lost. She says, however, that:

The first report of 1814 is a rich text, providing insight into a philosophy of poor relief as Christian duty that was soon overtaken. The report evokes the emotional and physical suffering of those seeking help: 'a man diseased and helpless', 'a blind man, distressed', 'a young woman, paralytic, deprived of speech and motion' 'afflicted with a complication of Diseases, without Friend or Home'. It exhorts pity for those cut off from the ties of home: 'the self-bereaved colonist looks around his wretched hovel for some sympathising friend in vain. Where is his mother to find him, where his brethren to pity and comfort him?' It conveys a strong sense that the afflictions of the poor are providential rather than the result of individual vice or ineptitude.¹⁵⁶

O'Brien reports a hardening of attitudes over the 1820s, such that while the colonists rejected the administrative aspects of the new Poor Law primarily because they did not wish to pay taxes to support people in workhouses, they endorsed the principles of reduced eligibility and indoor relief. Compassion was replaced by a desire to reduce mendacity and begging. A distinctive

early Australian version of community welfare emerged, grounded in charity and driven by goals to reduce criminality, sexual promiscuity, illegitimacy, drunkenness, begging and all the vices associated with the early days of the colony. As numbers of former convicts and other arrivals aged and became unable to support themselves, with their families also facing poverty, the Benevolent Society established the Benevolent Asylum which provided accommodation for the aged and infirm, for wayfarers and seamen without means, and also hospice-type services.¹⁵⁷ Knowing that among those who were convicts were people with various impairments, it is safe to assume that many of the people assisted by the Society or resident in the Asylum were indeed disabled people, particularly with physical and/or sensory impairments. As the Society's annual report of 1845 stated:

The claims of The Benevolent Society are the claims of the deserted wife, the fatherless children, the stranger and the widow, the blind and the paralytic, the old man and the old woman bowed down under the load of age, disease, and infirmity, the houseless wanderer, and the friendless poor; these are the objects that plead for your charity, and who, but for the refuge you have provided for them, would either fill our streets with objects of pity, and besiege our doors with clamorous importunity, or suffer and pine and die unheeded and unknown.¹⁵⁸

Although this quote makes pity a lively factor in eliciting funds for the work of the Society, it also tells us about concepts of deserving and undeserving poor ... concepts at the heart of British Poor Law thinking that prevailed throughout the century. Indoor relief models also emerged in the other colonies with a grand building being erected in Melbourne and later replaced with a large development in the suburb of Cheltenham. The Dunwich Benevolent Asylum operated at Dunwich on Stradbroke Island / Minjerribah from 1865–1946.¹⁵⁹ In Launceston, the Benevolent Society has been providing outdoor relief since 1834. It took over administration of the Invalid Depot in 1895 and ran it as the Launceston Benevolent Institution and the Launceston Home for Invalids. In Western Australia a number of poorhouses developed in this period.¹⁶⁰ In Adelaide, the Destitute Asylum was opened in the late 1840s and also operated as a lying-in facility for unmarried women without male or family support until 1918.¹⁶¹

Constructing 'homes' for incurables and the weak-minded: an Adelaide case

The histories of the Asylum for the Blind and Deaf and Dumb at Brighton (1878); the Home for Incurables (1879); and the Home for Weak-Minded Children (1898) in Adelaide provide a brief case example that reveals some of the attitudes about the full range of people with impairments towards the end of 19th century. This case takes us away from the Melbourne and Sydney hubs to catch what was viewed as a reforming wave in the care of the crippled, blind, deaf, and weak-minded.

It is a story which, inflected with local variations, is evident across the British Empire. Alongside the lunatic asylums these reforms set the footings for services throughout the 20th century and into the current era. Community living and contribution persisted throughout the first 120 years

of the colony (often but not always with outdoor relief delivered by charities and funded with a combination of private donations and government grants), but was always tenuous, with many people under constant threat of being gathered-up. The investment in substantial lands and buildings contributed to intensifying this threat as now there was a place to 'put' people who were then simply committed to the lunacy and other facilities.¹⁶² This investment was sustained by a reformist rhetoric calling for locating the deficient in healthy surroundings, away from the hazards and deprivations of urban life. Here the resident would receive education and training if they were judged capable or they would be cared for until their expected demise. Park and Radford show how a competing policy agenda, focused on social control and social hygiene, swamped the care-and-educate agenda such that even those who remained outside institutional containment were stigmatised.¹⁶³

These policy tensions played out in Adelaide in the late 1800s.

The three central players are Mr William Townsend, a Congregationalist and politician; Mrs Julia Warren Farr, an Anglican women with a strong charitable impulse who was instrumental in establishing the Home for Incurables; and Mr George Ash, a member of parliament who lobbied for the formation of the Home for Weak-Minded Children (known as Minda Home). All had observed the terrible conditions endured by children and adults with both physical and intellectual impairments within the Destitute Asylum and the Parkside Lunatic Asylum. Here we see the beginnings of a joint approach among government and charities, operating with independent boards that prevailed in South Australia until 2007. Grant-in-aid was provided by the colony pound for pound to the institutions. All sought to capture the public minds and hearts through media campaigns and by offering subscriptions.

Townsend is described in the *Australian dictionary of biography* as likely illiterate and a man who was described in his obituary in *The Adelaide Observer* as rising 'from humble rank to be one of the most influential and well-known men of the day'.¹⁶⁴ The record of the surviving organisation Can Do 4 Kids says:

In 1865 William Townsend discovered that there were 34 totally destitute blind people living in the State and proceeded to establish an Institution that was to be 'primarily an asylum, a place of refuge to protect the afflicted from a world in which they could not cope'. On 26 June 1872, William Townsend, Member for Onkaparinga proposed to the House of Assembly that it would: 'be desirable to supplement by an equal amount any sum raised by public subscription for establishing an asylum for blind and idiotic persons'. The word 'idiotic' was removed and it was determined to associate the blind with the deaf and the resolution was passed.¹⁶⁵

The Asylum for the Blind and Deaf and Dumb continued its expansion as a residential school until the late 1920s when the board embarked on an integration program for deaf boys into regular schools. (We shall return to this in the next chapter.)

Mr George Ash is described in *The Australian dictionary of biography* as:

A teetotaler and non-smoker, he was a diligent official visitor to Adelaide's two lunatic asylums. His agitation for separation of retarded children from adult lunatics resulted in 1894 in government consent to subsidize the building of Minda Home. Ash wrote articles in the Advertiser seeking subscriptions and was honorary secretary of the founding committee.¹⁶⁶

Minda continues to offer residentially based services on a large campus at Brighton on the Adelaide coastline as well as community-based services. It, along with a couple of other large charity-based service providers in South Australia, has been consistently exempt from the deinstitutionalisation moves that took off in the 1970s.

Mrs Julia Warren Farr is described by her great granddaughter Ms Joan Clift as 'well read, had a quick clear brain and a power of terse, easy expression'.¹⁶⁷ She became concerned about incurables being discharged from the General Hospital, often to the Destitute Asylum. She therefore:

suggested that a home should be established in South Australia to care for people suffering from incurable diseases. She was supported by Dr William Gosse and a committee of interested citizens formed to raise funds to found the Home.¹⁶⁸

The initial building took in ten inmates and within a year further funds were sought for expansion. By 1881 it contained thirty patients. The site expanded until in 1978 the Home became the largest institution of its kind in the Southern Hemisphere. The *South Australian Register* (a broadsheet) of June 1881 invites a visitor to explore the setting, stating at one point that:

a matter that will arrest the eyes of the visitor will probably be the painful spectacle of one or two hobbling or bowed-down inmates slowly crawling about the grounds in quest of exercise and sunlight.¹⁶⁹

The author then tours the new wards and smaller rooms, arriving at the dining room where men and women dine together. At this point we learn that:

it is really astonishing to see what hearty appetites some of the afflicted patients have, although they are suffering from incurable diseases. In the dining-room of the old building stands a harmonium, which was presented to the Home by Mrs. Neville Blyth. It affords, under the kind manipulation of lady and other visitors, many a treat to the decrepit and stricken inmates of this temple of suffering.¹⁷⁰

After providing some particularly pitiable pictures of inmates in this temple of suffering, the author makes a final pitch:

The institution is one that cannot fail to commend itself to all people with any charitable impulses. The Home is supported entirely by voluntary contributions, aided, of course,

by the pound for pound Government grant-in-aid. I know of no local institution – except, perhaps, the Asylum for the Blind and Deaf and Dumb at Brighton – that appeals more pointedly to the active sympathies of visitors than does this Home for Incurables.¹⁷¹

Given the size of the colony and the concentrated efforts on the City of Adelaide it can be assumed that the leaders of these charities, and other bodies dedicated to the care of children, the elderly, women, especially single mothers, seamen and the poor, formed an influential component of the social, cultural and political life of the growing colony.¹⁷² As a counterpoint, those who sought political reform were clearly organised around women's suffrage (successful in 1894); worker's rights; property rights for women; naming rights for illegitimate children; temperance; and education. South Australia earned the reputation of being both progressive *and* wowsyish, especially given the profile and activities of the Social Purity Society committee during the 1880s.

The first full committee, drawn from a cross-section of Adelaide's leading citizens, met in October 1882, with John Howard Angas providing initial finance. A Ladies Division was established in 1883, along with suburban and country branches. Both male and female members adopted the Social Purity Pledge and swore to 'protect ... all women and children from degradation', to avoid 'jests and conversation, and behaviour derogatory to women', to ensure 'equal obligation of the law of purity on men and women alike', and above all, to 'fulfil the apostolic injunction, "Keep thyself pure"' ... The SPS also helped found the South Australian Women's Suffrage League. While the SPS embodied a spirit of reform that was progressive in so far as it championed women's social and political rights, its strident advocacy of sexual purity and temperance contributed greatly to South Australia's reputation for wowsyism.¹⁷³

The focus on improving social conditions that differed from the focus on improving the morals of the populous was also reflected in the work of well-known reformers such as Catherine Helen Spence (1825–1910), who is not noted for concern for people with impairments but for general social conditions, including the development of the Boarding Out Society for the care of children.¹⁷⁴

This Adelaide case study does not speak for all Australian developments over the period. It puts, however, important themes about the social, cultural and political debates about disability policy on the map alongside the Melbourne, Sydney and Brisbane stories.¹⁷⁵ Meanwhile, on the global stage social and scientific developments, while appearing progressive, were to have resounding, often disastrous consequences for those judged impaired, incompetent and socially undesirable ... the various classes of other who were judged a threat to a healthy society.

Limiting reproduction: Eugenics with an Australian flavour

Peter Bartlett and David Wright in *Outside the Walls of the Asylum: The History of Care in the Community 1750–2000*¹⁷⁶ return to 1870 to identify a transition from Poor Law thinking (which we have seen drove consideration of deserving the provision of outdoor relief and established indoor relief for those considered incurable, unproductive, sometimes dangerous) into Social Darwinism and its scientific offspring, Eugenics. Writing of the British context, still so influential in the Australian colonies, they say:

...1870 seems to provide a dividing point in Poor Law history. The founding of the Charity Organization Society began to suggest the acknowledgment within the Poor Law of a more structured and formal role for private benevolence. ... With the charity work, mixed with social work and criminology, a new intellectual structure centring on the individual as a 'case' appears. It is tempting to argue that asylum case books and admission documents were earlier progenitors of this technique ... In addition, the rise of eugenics in the last thirty years of the century has obvious ramifications to lunacy policy, such that continuation after 1870 would considerably expand this project. Further, commencing with the 1880s with The Idiots Act, there begins an institutional diversification of the Poor Law and asylum movement. To continue beyond 1870 would require these developments to be addressed, and thus the expansion of the time frame well into the twentieth century.¹⁷⁷

By declaring this the long 19th century, ending in about 1920, I have accepted that these forces of institutional diversification prevailed into 20th century in Australia.¹⁷⁸ The debates in Australia reached their height of influence in 1939 with the passage of the Victorian Mental Hygiene Bill. It is likely that the revelations of eugenics' murderous outcome under National Socialism in Hitler's Germany from the early 1930s contributed to a reluctance in Australian governments to embrace involuntary sterilisation with the gusto observed in the United States.¹⁷⁹

The science of eugenics has its roots in Social Darwinism, at its heart a profoundly racist doctrine which classifies races with white European descendants as the peak of human evolution.¹⁸⁰ The consequences for displaced indigenous peoples in colonised lands were profound. The impact of introduced diseases, trauma and privation also rapidly reduced the health of First Peoples such that they were likely to come to the attention of disability policies later in the 20th century. As Dennis Rutledge points out:

Though Darwin (1859) focused primarily on the biological evolution of animal species and almost never addressed the cultural or social consequences of this evolution for humans, others like Herbert Spencer (1874), who first coined the phrase 'survival of the fittest', reasoned that Darwinist principles were intended to buttress the case that biological evolution could be equally applicable to human societies. Spencer reasoned further that human societies, like biological species, operate according to the principles of natural selection, are governed by competition and fitness, and evolve from an undifferentiated

(homogeneous) and primitive state to one of differentiation (heterogeneity) and progress. Those too weak or ill-equipped to compete, or those who are unwilling and unable to do so, he reasoned, ought not to be given an artificial boost to keep them on Nature's battlefield.¹⁸¹

Despite the attempts of scientists of genetics to locate causes in individuals, families and races, those who were too weak or ill-equipped to compete in the fitness games were likely to be carrying a weight imposed by social, cultural and political discrimination and disadvantages. Eugenics therefore sits at the heart of the nature–nurture debate that has prevailed in philosophy and social sciences since the Enlightenment. Diana Wyndham's study of eugenics in Australia¹⁸² refers to its European roots but distinctive Australian manifestation, perhaps best recognised for what became known as the White Australia Policy, which shaped immigration until the 1960s. She charts its public health stream, focused on family planning, health promotion and education as well as its shadow related to the control of those deemed unfit. It is this wide acceptance that the historian Molly Ladd-Taylor has characterised as eugenics' 'ordinariness' and 'adaptability'.¹⁸³

'Negative' eugenics is:

the continuing strength of hereditarian ideas, the increasing resort to rigorous segregation measures and the popularity of sterilization as a vital measure to combat social inefficiency. In this context, negative eugenics is generally seen as a dark chapter in the history of early twentieth-century medicine, a tragic instance of medicine overreaching itself.¹⁸⁴

As well as being scientifically appealing, the arguments of Australian eugenicists struck a chord with existing strings of social opinion advanced by those who held fears about the viability of the new nation. As early as Governor Phillip's role in the new colony, we see concerns about allowing the peopling of the continent, newly under British rule, with the offspring of convicts and the loose women with whom they copulated. Perhaps the most vivid and shocking expression of this thinking is found in the concluding words of the report of William Birmingham of the Western Australia Lunacy Department. During 1911 he conducted a worldwide study of asylums saying:

I cannot conclude without urging with all the power that is in me, the adoption of the only effective means of dealing with the feeble-minded and epileptic by compulsory and permanent segregation. The evil arising from the unchecked increase in defectives is growing and spreading throughout the civilised world, forcing its way into all classes of society and vitiating the health of the nation. We are careful that no black skins be found in our white Australia, but we are doing nothing to protect the transmission of degenerate brains to those who come after us ... We have amongst us those who, for no fault of their own, are unfit for the battle of life and lead a wretched existence ... We can place these poor people when their feeble minds can be guided along lines that they can follow, when the darkened intellect can be enlightened as the weakness will allow, and when they will be safe from pitfalls of life and crime that are so thick along their pathway, and that their poor, half-blind intellects cannot see to avoid ... Knowing as I do the benefits that would follow the introduction of proper institutional treatment of feeble-minded and epileptic

I have no hesitation in urging our legislators to grapple with the imminent danger to our future greatness as a nation and wipe out this dark blot on our civilisation.¹⁸⁵

Such dramatic imagery about the nation connected with the concerns of religious conservatives about intemperate behaviour and sexual promiscuity; the Poor Law inflected approaches to provision of outdoor relief to those who were deserving by virtue of their sobriety, hard work and sexual restraint; and finally, the concern with lunacy, imbecility and danger, as well as hypersexuality. The growing attempts to separately classify mental defectives and the insane contributed to the necessity to develop different statutes to govern the lives of those considered in need of control.¹⁸⁶ Garton and others see these threads as contributing to a growing illiberalism. He says:

Key reformers, doctors prominent among them, argued that certain democratic rights (liberty, habeas corpus, free association, the presumption of innocence) be set aside in particular contexts and for specific problem populations in the national interest. Ironically, Joseph Goebbels captured the transnational mood of reformers rather well in his address to foreign delegates at the 1935 International Prison Congress in Berlin, arguing that Germany was now 'opposed to liberalism' because it focuses on the individual, whereas 'we focus on the nation ... liberty of the nation'.¹⁸⁷

Illiberalism directed at populations of defectives in Australia was enacted in the steps taken to permanently segregate 'mental defectives' with South Australia leading the way in 1913. Tasmania followed in 1922 with the establishment of the Mental Deficiency Board to administer several institutions for this purpose. Other states pursued similar policies up to the outbreak of World War Two in 1939. Where administrators did not have the legal authority to commit people deemed retarded when they came of age they were reclassified as insane in order to prolong their institutionalisation (showing the slippery nature of classification in the absence of legislation governing separate classes of incurables). Reflecting the earlier distinction between the use of medical officers or police (hospital or gaol) in determining who was irredeemable, Garton also points out that in New South Wales courts could also rely on the 1905 *Habitual Criminals Act*.¹⁸⁸

The reasons that Australia did not proceed to implement sterilisation legislation are canvassed by historians who nominate the social, cultural and religious influence of the Roman Catholic Church both within the labour movement and the wider polity as crucial to the resistance. Garton acknowledges this influence, but also points to a strong, shared ideology that Australia must not be settled by Asians and others and that Anglo-Celtic and European women must be encouraged to populate the continent. He identifies a steady stream of medically informed opinion that environmental factors dominate hereditary in all but a few cases. Adherents to this approach sought improved 'probation, parole, education, psychotherapy, healthy outdoor activities, sunshine, rural labour, better nutrition' and so on.¹⁸⁹ Despite these debates and no clear mandate to carry out involuntary sterilisations in order to prevent future generations from bearing the stain of degeneracy, medical practitioners performed the procedure for the 'medical benefit of the woman', usually to prevent pregnancy from sexual assault or willing sexual activity as well as menstrual management. These considerations persist to the present day.¹⁹⁰

Segregation was cemented as the preferred strategy for managing mental defectives and others; alongside upholding the dream of a White Australia by limiting First Peoples' lives (more of this in the next chapter); removing 'half caste' children; and limiting immigration to 'good whites'. Sterilisation did not require separate legislation as it was practiced anyway.

While these debates were occurring in Australia organised extermination of various classes of people was being orchestrated in Hitler's Germany under the policies of the National Socialists. The Holocaust led to the murder of at least six million Jews from all around Europe; countless Romany people; and the 'involuntary euthanasia' of the disabled children and adult residents of German, Austrian, Czech and Polish asylums. They included people with mental illness, intellectual, physical and sensory impairments, all judged to be 'life unworthy of life'. The study of Susan Benedict and Linda Shields highlights the fact that these people were killed through medical means by medical practitioners and nurses (for example, injections) and poisoning by operators of mobile gassing machines. This 'bed-emptying' strategy, known by the seemingly innocuous title Aktion T4, resulted in the deaths of at least 300,000 people.¹⁹¹ The social, cultural and political conditions that facilitated such a wholesale negation of lives is the subject of many historical enquiries, but it is worth noting that even though the Vatican announced its opposition to euthanasia on these grounds in 1941, the local German Church did not move with any vigour against it, to the point of facilitating it through their own institutions. The Protestant churches were likewise complicit as were medical practitioners and nurses. Concluding their examination of why nurses and midwives carried out these acts, Benedict and Shields say:

nurses and midwives killed their patients, those who had come to them for care, and were complicit in some of the most egregious crimes in history. Some participated because they felt they had no choice; others did so believing that what they did was wrong, but they did it anyway. Still others genuinely believed that what they were doing was right. It is hard for us looking through the lens of history to understand.¹⁹²

The playing out of extreme devaluation to the point of orchestrated extermination holds contemporary relevance in Australia, not because these practices are present but to provide the sort of warning that has been heeded by social policymakers in Australia since the end of World War Two when the outcomes of Aktion T4 became known. As Benedict puts it: eugenics provided the 'fertile ground for murder' as it combined a vision for a perfected race with a science related to 'good birth'.¹⁹³ In Germany those eligible for sterilisation after the passage of laws in 1938 included:

the socially inadequate classes, regardless of etiology or prognosis ... are the following: (1) Feeble-minded; (2) Insane (including the psychopathic); (3) Criminalistic (including the delinquent and wayward); (4) Epileptic; (5) Inebriate (including drug habitues); (6) Diseased (including the tuberculous, the syphilitic, the leprous, and others with chronic, infectious, and legally segregable diseases); (7) Blind (including those with seriously impaired vision); (8) Deformed (including the crippled); and (10) Dependent (including orphans, ne-er-do-wells (sic), the homeless, tramps and paupers).¹⁹⁴

The social devaluation and segregation of these socially inadequate classes – coinciding with a growing illiberalism; complicity among those expected to be allies; and a politics of fear – left them without protection and their lives were swept away.

This chapter has charted the waves of thought and policy that elevated the risk of devaluation through persistent segregation including that sanctioned by legislation in the first half of the 20th century. We need only to be reminded of the words of the Melbournian law maker who said, in 1867, that widening the powers of the Victorian *Lunacy Act* to include those who would satisfy the list of the socially inadequate classes (above) was necessary because ‘many unfortunates have been allowed to wander about, and thus to present a spectacle discreditable to our common humanity’.¹⁹⁵

While the roots of destruction on this scale may have been present they did not yield the same abhorrent fruit in Australia, perhaps in part because throughout the long 19th century a counter force, combining a charitable approach to community support with attention to reforming social conditions, moderated the potential for such destructive potential. Garton does not acknowledge these communitarian forces that perpetuated Australia’s ambivalence to its disabled citizens. He concludes, however, that: ‘British institutional frameworks, in Britain and its Dominions ... were an additional bulwark against social engineering and illiberalism.’¹⁹⁶

As further evidence of the enduring ambivalence about disability in Australia, David Earl takes a divergent position stating:

The absence of legislation (particularly related to involuntary sterilisation) concerning mental deficiency meant, in practice, that families were left to care for relatives as best they could. They did this quietly: the association of mental deficiency with racial degeneration, sexual delinquency, and other deviant behaviours had cemented the problem of a having a mentally deficient child as one that was to be dealt with out of the public eye. When family networks broke down, bureaucrats from the departments of education and welfare stepped in and dealt with the problem as they saw fit.¹⁹⁷

Throughout the 19th century and into the early 20th century, sources of cultural, social and political thought and practice produced a divided world for people with impairments as they navigated the *centripetal* forces of public opinion and policy leading to an institutionalised life, controlled under a rhetoric of care often in overcrowded, unsanitary and frightening conditions; and the *centrifugal* forces that pushed them back into domestic spaces and into marginalised worlds such as boarding houses, lodgings and the streets.

Conclusion: Claiming citizenship at the end of the long 19th century

With Federation in 1901, the states retained their responsibility for the care and control of people with impairments with charitable relief persisting until the establishment of the Invalid and Old-Age Pensions in 1908, following the recommendation of the Royal Commission into Aged Pensions (1906). The first step into nation-wide provision, it was finally delivered through money rather than the previous vouchers and in-kind donations tied to residence in the overflowing Benevolent Asylums. The recession of the 1890s had produced such widespread destitution, rendering the plight of the aged and infirm unavoidable. Established by the Deakin Government:

these pensions were unusual compared with other countries in that they were non-contributory (paid for through general revenue, rather than social insurance contributions), non-discretionary and means tested. This design has been the cornerstone for Australia's social security system ever since.¹⁹⁸

The constitutional and wider legal history is recorded in related projects and not covered extensively here.

Of immediate interest, however is the question: How does the culture make sense of the experiences of men transformed by war into cripples and troubled souls? The Australian Government set up repatriation and rehabilitation services for injured and ill veterans at the end of the Great War in 1918.¹⁹⁹ At this point a new class of people with impairments, the broken Australian male, surged the numbers of those seeking support. Their expectations to be provided with the resources to regain an active place in Australian society – often not met – contributed to a shift in policy from containment to rehabilitation. The next chapter takes us into the world of the 20th century, marred by war, by ongoing dispossessions and oppression of First Peoples; and slow and inconsistent reform of the institutions. It also covers the expansion of impairment-specific community-based charitable services; and the consolidation of the welfare state, as the Australian, state and territory governments jostled in what has become known as 'the blame game' to establish where lies responsibility for disability support.

Alongside formal, policy-driven, legislatively-based response to people with diverse impairments, we will also chart the growth of movements of the people affected.²⁰⁰ This present chapter 'echoes' the silence of those affected by the policies and practices of containment and charity evident from the late 18th century. In the next we hear the growing outcry for recognition, rights and welfare as the means to speak up became more available to the many who continued to live their days in dreary institutions, prisons and sheltered workshops, congregate residential or private homes with scant outside contacts. The study demonstrates the persistence of ambivalence in the public and in social policy about whether people with impairments are truly insiders in the society or require a place set aside for containment and or safety. Ambivalence remains a thread that binds the history of disability across the centuries. Disability policy with its roots in 19th century notions of pity and deserving-ness flowers in the 20th century, with struggles toward full citizenship failing to make significant ground for nearly 100 years.

3. Drawing boundaries by and in the disability service system

A history of intellectual disability is, to a great degree, a history of language, knowledge and power. It recalls the languages used to describe, classify and thus constitute certain members of society as 'disabled'. It assesses the knowledge that authorised these statements and determined the actions taken by and for people classed as having intellectual disabilities. And it reviews the power relations between these people and those who were in control of them and their lives ... And, because this knowledge and its languages were fundamentally evaluative, the 'different', 'other' members of society were accorded less social value than those in the position to judge and evaluate them ... Moreover, the languages of power concealed that their powerlessness was not, in most respects, a function of some mental, physical or functional impairment.²⁰¹

Enduring ambivalence about educability

By paying attention to powerful languages and their multiple sources, this chapter provides an initial exploration of 'protecting, repatriating, and serving'. It charts the drivers that led to the development of the industries of service that are part of the current era. But it is not a linear story, instead it discloses again an enduring ambivalence about people with disability in Australian society. The chapter also tells of attempts to regain power by those who found themselves negatively affected by health, welfare and education policies and wider social and cultural conditions.

The accounts take us across the 20th century and into the 21st century, identifying several interwoven threads of persistent importance. First, we see the impact of war on the cultural mythscape of Australian masculinity. The expectation of rehabilitation and its growing science produced similar expectations of being reintegrated into the workforce and life in community by the 'civilian maimed'²⁰² and others with crippling disorders. Next, along with two other cases of action by the people affected, the chapter includes a case study of the Deaf communities in Australia and their desire to preserve control over their own affairs. It is an early account of advocacy that gathered momentum with and inspired other groups much later in the century. We also track the impact of the polio pandemics and the rising focus on crippled children who were in turn distinguished from other children with mental deficiency through an argument about educability.

The notion of educability is tied to two strands of medically inspired thought. First, the positive view that those with impairments across the full range, from physical to sensory to cognitive to psychosocial, are developing persons who, with support and targeted interventions, can strive for and attain degrees of adult independence and contribution. On its negative side, eugenics fed into notions that certain people, including crippled children and those labelled idiots, imbecile and lunatics in the earlier eras, are uneducable and irremediable, worthy only of sequestration.²⁰³ Indeed, we see that veterans with ongoing psychiatric conditions deemed chronic met with containment in the asylums which morphed into Hospitals for the Insane.

The notion of educability and the practices of determining it (through IQ testing and other measures) therefore becomes a lightning rod for much of the activity and change charted in this chapter. The determination of educability provided an expanding scope of professional power beyond medical practitioners into the tools of physiotherapists, occupational therapists, speech therapists and educational and behavioural psychologists as well as special educators. The demand for educational opportunities for those previously denied these opportunities drove the emergence of special schools.²⁰⁴ It provided a focus for parents disenchanted about (indeed horrified by) the conditions in the long stay congregate residential facilities and their attempts to build a better life for their children with impairments. Over time, it provided an impetus among the residents of such facilities and those who managed to live in the community to demand a better life than the isolation or warehousing offered by those services. It provided a rationale for service reform by professionals and staff who could see a better way. Access to education was picked up early in the rights debates that shaped the later part of the period. Charting the debates and innovations about educability highlights the enduring ambivalence about the place of people identified as disabled in Australia. It also left many adults with disability within the archaic services developed in the late 19th century, who aged in very poor conditions.

Debate about whether or not the person labelled as disabled was being afforded the support and services required to help them meet their full potential was often tense when focused on where the support should be offered and was not the only thread that runs through this century of change. First Peoples were subjected to policies of segregation based on deceptive notions of the need to protect, while limiting opportunities, severing contact with land and with kin, and cementing an enduring pattern of disadvantage. There is slight evidence about how people with disability from diverse cultures were viewed, except that their immigration was resisted within legislation and associated regulations.²⁰⁵

As the century advanced a new tension arose – a tension that remains crucial to understanding debates within the disability community in contemporary Australia. Inspired by the civil rights and identity based social movements that arose in the United States, United Kingdom and continental Europe, and the national and indigenous liberation movements against colonisation in other parts of the world and in Australia, disability activists sought to address their outsider status. No longer simply calling for services, they struck a note distinct from many families, professionals and service providers by claiming their civil, political and economic rights. In so doing they spoke to the heart of the ambivalence, claiming their insider status as citizens while still enduring oppressive service conditions and discriminatory practices in the wider society.²⁰⁶

By mapping the socio-cultural locations of disability, the chapter asks:

- How, with these processes and structures so well entrenched, was a rebellious voice able to emerge, to be heard?
- How were people, generally pushed to the outskirts of the society (during a time of plenty), able to mobilise and demand a new way?
- What fed this internationally and nationally?

-
- What happened to those who were able to avoid the confines of the special school, the institution, the residential home, the sheltered workshop? Were they also able to make their way as workers, parents and homeowners?
 - Were they able to find solidarity with those who started to demand freedom from the structures of sequestration?
 - In short, how were the cultural locations of disability assailed and made open to reform? And how did the ‘phantoms of the past’ fight back?

There is no direct linear narrative to answer these questions. The chapter therefore weaves themes that are illustrated as much as possible with voices from primary sources and case studies, explained through relevant secondary sources. As such, some threads will appear partial, inviting further description and analysis. Regrettably, given the scope of this project, the rich detail available to elaborate this period cannot be presented fully. The selections aim for vividity, accuracy and relevance to the other themes that capture the social-cultural contexts of the period.

Locating disability culturally: A minefield of conflicting notions²⁰⁷

Recently (2010), during a preliminary thesis defense of a disability studies student, the disabled poet Jim Ferris asked almost bemusedly: ‘Are there tangible signs that disability is being loosed from its moorings in pathos, pity, tragedy, and dysfunction?’ To which the student responded, ‘No, not necessarily’ ... in a sense it does not matter whether old ideas about disability are or are not on their way out, because there is still much to be learned from the historical inquiry into the roots of what has been an unsettling century and a half of rabid segregation — and even extermination — of disabled people in much of Europe and the United States. The cultural locations of disability help to begin a phase of historical reconstruction that demonstrates that our current approaches to disability are haunted by phantoms of the past — in terms of both literal intellectual lines of descent and reactions to this heritage.²⁰⁸

In the above quote, Sharon Snyder and David Mitchell are talking about the enduring legacy of eugenics in attitudes towards people labelled disabled, reflected in social policy. While there is no evidence of conscious extermination of people with impairments in Australia during the 20th century, the history of ‘rabid segregation’ is evident. The story of the period reveals that our present is indeed haunted by the phantoms of the past.²⁰⁹

Eugenics undergirded and gave coherence to the concept of disability.²¹⁰ Snyder and Mitchell explain that:

Eugenic thought, it seemed, had played a crucial role in defining a distinctive US version of deviance that allowed physical, sensory, and cognitive differences to shadow each other —

as if one could not be called into being without the others. These concepts of unbridgeable, biologically based otherness played host to myriad cultural definitions.²¹¹

The situation in the United States contains distinctive features, but we shall see that in Australia, 'disability' also grew as a category of deviance requiring targeted solutions. This is then, paradoxically, taken up as a political identity by those who sought to dismantle such discriminatory practices. For Snyder and Mitchell, widening of the category of deviance known as disability, with its shadowing effects (for example, a person with sensory impairments is considered to be intellectually inferior; a person with cognitive impairments is considered emotionally unstable or prone to challenging behaviours; a person with physical disability is considered sexually deviant and so on²¹²) is driven by an alliance between medical disciplines and economics that determined disabled people as substandard in the labour market.

Similar forces were critical in Australia, gaining strength post-Federation with the introduction of the Invalid Pension in 1906 (for persons deemed permanently incapable of working to support themselves) and ten years later with the rehabilitation program for returned veterans. The Snyder and Mitchell thesis echoes the proposition that the Australian mythscape that feeds policies striving for a nation populated by the ideal Australian male – strong, independent and physically impressive and maintained by a likewise strong but nonetheless submissive wife – is powerful in delineating disability.²¹³ As they say: 'the categorisation of disability as pathological deviance was not an excursion from normalcy but rather its ultimate product.'²¹⁴

Facing the deepest shadow: Broken blokes at the end of the Great War

Ambivalence is perhaps most apparent in the stories of the Aussie blokes²¹⁵ who returned from the Great War.

A revision of the casualty figures for the AIF has found that just under half the men (147,000 or 46 per cent) of the 318,100 who enlisted became a battle casualty on at least one occasion. Of these, around 35,000 were wounded on more than one occasion.²¹⁶

Consistent with what we know about a proportion of the early convicts with their war experience in France in the late 18th and early 19th century, David Gerber, in his history of disabled veterans tells us:

In the distant past, many disabled veterans were pauperized, roleless, and utterly dependent, and they were reduced to street begging, to residence in poorhouses and monasteries, or to thievery, while often also sentimentally lionized in the abstract as heroes. In the twentieth century, disabled veterans became a major project of the modern state, which endowed them with recognition as a group worthy of continuing assistance, and with entitlements in the form of advanced medical care and prosthetics, pension schemes, vocational rehabilitation, and job placement.²¹⁷

The following sections show that this story is more complicated than Gerber suggests. They also demonstrate some of the links between cultural attitudes and social responses from government and philanthropy to the people affected.

Repatriating, rehabilitating and the beginning of social provision for those wrecked by war

Nick Caddick et al tell us of the power of narratives:

Narratives provide us with resources for conceptualising self and society; for understanding who we are, how to live, and what to do. Further, narratives help us to make sense of the past, suggest how we should live in the present, and orient us toward the future. In this sense, narratives are an important vehicle for personal knowledge and action in the lives of individuals. They are also deeply, thickly, social. Operating at a social level, narratives perform important roles by shaping dominant perceptions of groups of people, communities and organisations ... narratives perform important social and political work ...²¹⁸

Differing, even discordant narratives emerged as the 'wrecked by war' men sought their place in Australian society, with many powerful narratives prevailing to the present day. Counter-narratives tell stories from the perspective of those whose lives were shaped by these cultural trends. As Cassandra Phoenix and Brett Smith put it:

on occasions, the normal behaviors prescribed by master narratives fail to match the individual experiences of group members regarding what they actually do. In these instances, there are opportunities for counter stories to flourish. Counterstories are the stories which people tell and live that offer resistance to dominant cultural narratives. It is in their telling and living that people can become aware of new possibilities. When told collectively, these 'new' stories present the possibility for both individual behavioral and social change.²¹⁹

While the 20th century gives us more access to these voices and counter narratives, they remain muted against the power of dominant perceptions and expectations of people with impairments. We shall see that the expectation that people should rise above, or achieve life goals despite their affliction, is contradicted by portrayals of them as pathetic victims (with overwrought families) in order to attract public and charitable support. The disabled person was obliged to be simultaneously striving for independence while accepting dependency and a non-citizen status.²²⁰

The end of the First World War saw the establishment of Australia's first national repatriation and rehabilitation system.²²¹ After the Great War and subsequent conflicts, this 'system' has provided medical treatment, pensions and vocational training schemes for disabled former soldiers.²²² Pressure on the Australian Government was necessary to stimulate this response. Pointing out that injured veterans were threatening the recruitment efforts through their public claims of being abandoned upon return, Andrea Gerrard and Kristen Harmen say:

As wounded and otherwise incapacitated returned soldiers began to arrive home from the front, the initial response on the part of the Australian government was slow. With no comprehensive social welfare scheme in place, the government, in line with thinking that was current at the time, expected that individuals and volunteer organisations would provide relief for soldiers and their dependants. While many individuals provided help and organisations such as the Red Cross became heavily involved, the high number of wounded soldiers returning placed great demands on the limited services that existed.²²³

This contradicts the more popular and optimistic view of repatriation and rehabilitation that actions driven by the generosity of governments were in turn fuelled by the gratitude of a saved nation.²²⁴ It is only part of the story in Australia and in similar countries affected by the massive mobilisations of the 20th century. Gerrard and Harmen support the findings of Bruce Scates and Melanie Oppenheimer who explain:

Between that category of 'able bodied men' and 'totally and permanently incapacitated', there was a whole spectrum of disability, ranging from the 'slightly impaired' to what contemporaries called 'war wrecks'. The worst of these physically and psychologically damaged men were often institutionalised, placed in private hospitals, hostels managed by the Australian Red Cross, or asylums and repatriation facilities established by the government.²²⁵

While the principle to jointly reward and inspire service was the goal, the reality of the earlier period transportation tells a foundational story. The 20th century story is more complex but it once again brings into sight the role of families and non-government, charitable associations.²²⁶ The counter narrative tells of the role of families, especially mothers, wives and daughters, in ongoing support for veterans who 'lived with respiratory, circulatory and nervous system ailments, and a myriad of internal problems affecting organs, joints and muscles – all at continued risk of deterioration'²²⁷. A narrative that is one of struggle, ongoing suffering and neglected needs and social marginalisation.²²⁸

Picking up the pieces

Detailing interdependence which saw family life and domestic spaces reconfigured into what she calls 'landscapes of disability', Marina Larsson describes the ambivalence met by returned soldiers with tuberculosis as well as the sensory, mental and physical injuries they carried. Instead of being celebrated heroes they were viewed increasingly as dangerous, as a source of a killing contagion.²²⁹ Larsson, looking back over almost a century since the soldiers came back from the war in Europe, asks 'who picks up the pieces?' In summary, she argues, in *Shattered Anzacs: Living with the scars of war* (2009)²³⁰ that during the First World War the return of a physically or mentally 'shattered' man devastated thousands of Australian families. In the 1920s and 1930s, wives and mothers nursed ailing ex-servicemen; children learned to manage the disturbing behaviours of shell-shocked fathers; and households were forced to survive on a meagre pension income. In some instances, relatives spent years visiting veterans in repatriation hospitals, while others witnessed the slow death of wounded loved ones.²³¹

In her earlier work, *Restoring the Spirit: The rehabilitation of disabled soldiers in Australia after the Great War* (2004), Larsson refers to the 're-masculinising' agenda that sought to bring men back into the roles of producer, spouse and father.²³² Note the inherent irony that a man, dependent on a woman for the performance of everyday tasks, must find a way back to potent manhood, in its particular Australian mythologised form.²³³ Notions of dependency, shot through with danger²³⁴ with its perceived antidotes in denial of difficulty, resisting 'becoming a burden', 'rising above' and having a 'normal mental outlook', did not develop in a historical vacuum. Seth Koven argues that this is a deeply ambivalent position driven by the need to 'move on' from war:

Societies in Western Europe and North America, not just Great Britain, attempted to accommodate the political and emotional demand to memorialize those who sacrificed their lives or limbs for the country. At the same time, postwar reconstruction required that societies allow themselves to forget the wounds of war so that these could begin to close, to be concealed. In some sense, many acts of remembering war are fundamentally dishonest. By materializing memory in statues and parks, we satisfy our sentimental and nationalist cravings and allow ourselves to displace bodily pain and ignore the presence of the tens of thousands of disabled victims of wars.²³⁵

There is no evidence to suggest that Australia dealt with these matters differently.²³⁶ The soldier settler schemes were administered by the states and the pension was administered by the Commonwealth. Consistent with Koven's reminder that 'in addition to a subjective experience, it is also a multi-faceted socio-cultural phenomenon',²³⁷ their stories tell collectively of the scheme recipients 'being sandwiched in the middle'.²³⁸

Incarceration and/or charity interventions of the long 19th century designated people (especially those perceived to have afflictions of the soul and the mind, with or without other physical and sensory conditions) as incurable and perpetually dependent on both indoor and outdoor relief; or conversely, morally inferior, undeserving and required to make their own way. Conversely, the post-war years of the early 20th century saw a new agenda of 'independence' gain discursive power as the goal for all people with impairments, either through cure or rehabilitation. This cultural response to the experience, needs and threat of the broken digger met a growth in medical power and expertise, in part stimulated by the war itself, but also the science behind eugenics. The soldier settler and other repatriation schemes (such as small businesses) aimed to re-establish the 'natural breadwinner status to restore men, many of whom had been damaged physically and psychologically by war'.²³⁹ In fact, however, many such men were dependent on the grudging charity of the state and the labour of their wives and children.²⁴⁰

In addition to a gender analysis, the stories of 'Dominion Indigenes' highlight differential approaches to rehabilitation. Indigenous armed service men called by their governments to fight in the Great War argue that, despite their expectations, service did not elevate their social standing. Analysing the situation of indigenous veterans from Canada and Australia, Timothy Winegard says:

For all nations, the sacrifice of the First World War was measured in blood and the staggering tally of the butcher's bill. This was no different for the Indigenous peoples of Canada and Australia. ... After the war, prejudicial governmental policy in both Canada and Australia continued to dominate political discourse and Indigenous veterans returned to their pre-war status as subjugated peoples, banished to the shadows and the fringes of conventional society. Most were denied veterans benefits, including the assistances of the various postwar soldier settlement programmes.²⁴¹

Only one Aboriginal veteran was granted land under the Soldier Settler Scheme.²⁴² The main impact of the Scheme was further dispossession. Winegard says:

The logic of settler colonialism trumped any loyalty to the moral economy of wartime sacrifice as the rights of Aboriginal veterans and their communities were sacrificed on the altar of the insatiable settler colonial state.²⁴³

The files of *The Repat* were opened for historical analysis in 2015 on the centenary of the battle at Anzac Cove. Up to that point historians and family members could not access information that may contribute to understanding the sustained difficulties faced by veterans.²⁴⁴ Studies emerging since then have focused on various groups of people and organisations. It is likely that about 1,300 Aboriginal or Torres Strait Islander servicemen saw action during the Great War. At this point, except for Tasmania, each state operated a form of Aboriginal Protection, which confined people to missions and limited their activities, their rights (for example, to property ownership and civil rights such as voting) and access to services. While Repatriation Commissioner David John Gilbert clarified entitlement to services and support for First Peoples veterans, even though they were under State Protection regimes, it seems to have been applied unevenly, in many cases denying families as well as the veteran access to entitlements.²⁴⁵ Attempts to reduce such discrimination emerged over the 1920s and 1930s.²⁴⁶ The Gerrard and Harmen study of Tasmanian Aboriginal returned servicemen and *The Repat* suggests that Gilbert's injunction was followed somewhat and that while racist attitudes may have played a part in reducing benefits to individuals (in one case, alleging that carrying out the cultural practice of harvesting mutton birds was capacity to work), the main obstacles to accessing support were related to location and social disadvantage, including illiteracy.²⁴⁷ These obstacles could themselves have been generated by structural racism.

Many accounts of disability history in Australia, with a strong focus on the enduring policies of containment, segregation and benevolent provision, do not find a touchpoint with veteran policies or the stories of injured veterans. Telling disability history only through the lens of the asylums and their detractors both reflects and reinforces notions of parallel systems. In contrast to Gerber's description of parallel systems, Koven directs us to look at the point where the systems converge and reinforce each other.²⁴⁸ Seeking points of convergence, it is first in the role of families rather than organisations that we see shared thinking and responses.²⁴⁹ Of course, such an approach is not uniform, yet it allows a dual focus on the emergence of formal and informal systems of support. It also opens the link between portrayals of weakness and dependency to reinforce charity goals while conversely advocating cure and/or adaptation.

While a growth in first person accounts of disability occurred from this time onward, the accounts of veterans post the Great War remain largely focused on the war experience, not the post war period of repatriation, rehabilitation and reintegration.²⁵⁰

The following section takes us into the world of children with poliomyelitis to detect the master narrative of 'rising above' driven by a medical-scientific approach to cure and rehabilitation while being culturally positioned to attract donations in order to develop educational, residential and therapy services.

Serving crippled children and others: Charity and mixed services

Jumping puddles ...

Poliomyelitis (polio) emerged in Australia in 1895 with subsequent waves affecting young children until a successful vaccine was used widely in the late 1950s.²⁵¹ The master narratives of polio, both in Australia and other countries, were driven by debates among medical officers about preferred treatment and the record of the developments led by socially recognised charitable persons. During the acute phase of the condition children could live for up to three years in hospital wards. At discharge they returned to live with families or to move into the growing numbers of homes and schools for crippled children.

In his widely recognised autobiography of childhood and his experiences with horses, other children and polio, *I can jump puddles*, the Australian author Alan Marshall reflects on his childhood understanding on Australian masculinity. It is about 1908 and he is in the men's ward of his local hospital with men who are carrying injuries from their rural work ... a hand severed in a chaff cutter; a bung arm from lifting; an injured back He says:

Men like my father, I thought were stronger than any God.

But men in hospitals were different from men out of hospitals. Pain robbed them of something, something I valued but could not define. Some called out to God at night and I did not like it. I felt they should not have to do this. I did not like to admit myself that men could experience fear. When you became a man, I thought, fear and pain and indecision just didn't exist.²⁵²

Marshall's experience that being ill and or injured caused a man to face pain and fear – elements of life denied men who were neither ill nor injured – provides an insight into pre-Great War thinking in Australia. Invoking weakness, as either an expression of persistent childishness or feminine weakness, also provides an insight into the interior world of hospital settings.

Describing the early days of his illness in 1908, Marshall says:

I was the only victim in Turalla, and the people around for miles around heard of my illness with a feeling of dread. They associated the word paralysis with idiocy and the query 'have you heard if his mind is affected?', was asked from many a halted buggy ...²⁵³

Marshall's work has been critiqued for showing a plucky account of a determined, cheerful boy, without telling of the shadows that accompanied lasting impairment. *Hammers over the anvil* (1975), his last book, met refusal from his regular publisher Cheshire in part because 'people all over the world thought of him as "gentle, kind, brave, [and] sympathetic"' and asked 'do you think you should destroy the image?' Amanda Tink says of this work:

In this version of Turalla, Marshall's not just 'brave' and 'a marvel' anymore, he's also 'that bloody Marshall kid', and as often as the townspeople are encouraging and accepting of him, he is also the victim of their condescension, exclusion, and violence.²⁵⁴

Tink's observations include comments about the necessity for non-disabled people in Marshall's life to understand his impairment as he did. In one account Alan convinced his mother to give up costly massages of his legs saying to his father, 'I'm not going to waste any more time on cures, it holds me back'.²⁵⁵ Later, in an essay about Marshall's writing, Jack Lindsay (writer and polymath)²⁵⁶ said of Marshall:

he felt himself consistently as one of the many minority groups who by some misfortune or historical circumstance find themselves cut off from ordinary life, excluded from common humanity, and needing to make strenuous effort if they are ever to surmount the barrier ... Marshall has had to face it in a sharp and cruel form every moment of his life ...²⁵⁷

Optimistic care ...

Marshall lived with and received support from his family, entered employment, married and worked in various roles before becoming a full-time writer. This is a repeated story but not the full story of the children who found themselves reliant on other services. As more children were affected by polio, charities formed to take the children in. Called Homes for Crippled Children they reflected the model of the Guild of Brave Poor Things, developed out of the Charity Organisation Society in the United Kingdom, referred to as 'the public school of crippledom'.²⁵⁸ Such settings were described as:

The school and hospital were ambitious and innovative attempts to integrate recreation, education, and vocational training of the disabled with advanced ideas about medical care, including open-air and light therapies, new forms of orthopedic treatment, and physical rehabilitation through dance and play therapies.²⁵⁹

Montrose Home for Crippled Children, which opened in Brisbane in 1933 with donations from Rotary and the Nuffield Trust, marketed an optimistic approach to treatment, cure, education

and future employment all in a beautiful setting on the Brisbane River.²⁶⁰ The Xavier Home for Crippled Children, opened by the Catholic Archdiocese of Brisbane fifteen years later, was heralded as a place for medical cure and research.²⁶¹ A report in the *Cairns Post* in 1953 declares that in the:

last year a great number of children were admitted. Of these, almost 50 per cent, were discharged restored to health and activity as far as present-day medical science can achieve. In addition, there was a large number of out-patients receiving treatment.

The article concludes with an appeal for funds to build capacity to accommodate and treat more children.²⁶² This model of combining inpatient, outpatient, long and short stay services with a growing focus on 'special education' was a model repeated around the country, with the Victorian Society for Crippled Children (formed in 1935) providing casework support to children at home or in other institutions as well as camping respite services. They did not develop their own residential services until the 1950s although they used other convalescent and respite facilities such as Red Cross Lady Dugan House in Malvern Victoria.²⁶³ In 1977 the Victorian Society for Crippled Children was renamed the Yooralla Society.²⁶⁴ The New South Wales Society for Crippled Children formed in 1929 and offered special schools and residential services. Since 2012 the organisation has been known simply as Northcott.²⁶⁵

Forming organisations by 'the people affected': Getting services

At various points from the late 19th century, organisations were initiated and established by the 'people affected' rather than on the charitable purpose of citizens (for example, the Benevolent Societies supporting the poor, disabled and aged), or the colonial and state government asylums which later became hospitals for the insane and homes for feeble-minded children.²⁶⁶ Among the fledgling organisations of the people affected were: First Peoples organisations in the post Great War period; some (not all) of the services for crippled children; returned servicemen organisations; and impairment specific organisations whose services were not limited to provision of relief and therapeutic support but also extended to education, recreation and housing. The general history of the rise and consolidation of incorporated associations in Australia is outside the scope of the present study but such bodies were recognised as important as early as 1858 when South Australia passed the Associations Incorporation Act. The other states followed sporadically over the next 130 years, concluding with New South Wales in 1985.²⁶⁷

Charting the mobilisation of Australian workers in the first half of the 19th century, Quinlan makes the point that before unions were institutionalised when the industrial revolution brought increasing numbers of workers into factories more rudimentary associations of workers emerged. Attributing this to what he calls the 'collective impulse' Quinlan points to a long history in the United Kingdom, reaching back to the 13th century. His Australian story includes

actions of rebellion of unfree workers – convicts and indentured labour – which were less about organisation and more about refusal to work, ‘flash talk’ and forms of mutiny.²⁶⁸ Craft organisations such as the Stonemasons Society in Sydney emerged at the same time and later morphed into the first unions. We have already noted the impact of the eight-hour day campaigns and the growth of factory-based employment for workers with impairments. When individuals with impairments, their families and communities began mobilising and organising in the early decades of the 20th century, existing models of grass-roots associations were there to emulate. Kathryn McPherson et al note a similar trajectory in the United States, saying:

In the immediate post-WWI period, disabled civilians rose to claim the same rights to compensation benefits and measures of vocational rehabilitation as those granted to people who were injured at work or war. However, until the 1950s, the creation of occupational training centers for civilian disabled people, often attached to functional rehabilitation centers, was almost universally the initiative of, and also funded by, civilian organizations, such as secular charity societies and organizations of disabled persons.²⁶⁹

The growth of what is now called civil society or not-for-profit organisations forms a major part of the socio-cultural history of disability from that period to the present day.²⁷⁰ The following cases provide crucial insight into the way such societies emerged from among the people affected and the struggle to preserve their control of governance.

Recovering grassroots history: Four cases

Case #1: Treating the cerebral palsied – families building supports for crippled children

Bryan Ward concludes the opening chapter of his MA thesis, ‘The care of the cerebral palsied in Australia, with particular reference to the voluntary organizations, the Australian Cerebral Palsy Association and State/Commonwealth involvement from the Second World War until the present day’ (1983), with this summary:

All over Australia, therefore, by the outbreak of the second World War, citizens, women with a social conscience, and medical specialists had formed societies for the care of crippled children – all in the space of nine or ten years which had been characterised by world depression and growing international tension. They had been alarmed by recurring epidemics of poliomyelitis, urged on by Rotary International and charged with the responsibility of spending Nuffield’s benefaction. They set out to remove the anomaly that in Australia the blind, the deaf and the dumb had special facilities but the physically handicapped had little chance of rehabilitation and education after they had left hospital. In restricting their charter to the skeletal handicapped, or crippled, however, they not only excluded those with sensory impairments who were already provided for, but also the mentally retarded. This was to be expected in those days. The truth was, however, that there were some children whose complex disabilities defied these distinctions. Therein lay the rub.²⁷¹

Ward accessed records of the leading organisations around Australia and drew on his experience as a parent of a daughter with cerebral palsy. He charts the emergence of the Crippled Children's Associations, unified in their goal to rehabilitate, educate, train and prepare for adult life those children considered educable. Although the associations were divided in their service models, Ward identifies four shared features of the mid to late-20th century Spastic Welfare and related organisations, namely:²⁷²

1. persistent but declining control by parents with increasing numbers of fundraisers and professionals involved in governance
2. increased cooperation with state governments, especially in the provision of special education
3. increased capitalisation especially in therapy centres, sheltered workshops and residential facilities
4. ongoing 'over-protection' of those with cerebral palsy such that they continued to be spoken for, denied full membership of their organisations formed for their welfare and offered limited employment opportunities outside sheltered employment.

His concluding paragraph points to themes abiding throughout this period, noting the spirit of cheerful endurance, hope (rising above) rather than abandonment in the 19th century institutions:

The Sub-Normal Children's Welfare Association in Queensland has taken the name 'Endeavour Foundation' to cover work with children and adults. Their children have grown up too. In Tasmania 'Rosebank' signifies activities of the Spastics Association. Otherwise there does not seem much demand for euphemisms. 'Spastic' has made millions. As long as spastic children have a sense of belonging and as long as cerebral palsied adults can work and live with dignity they do not seem to mind the description. Perhaps the greatest achievement of the generation now passed has been to make 'spastic' and 'cerebral palsy' words that imply cheerful endurance and hope.²⁷³

Ward's view that those with cerebral palsy did not mind the description was soon to be proved wrong. The word 'spastic', used for raising millions, came under increasing attack by those who sought belonging and dignity and found in these views a charitable condescension that reduced their status, rights and opportunities. The story of resistance to charity featured later in the period.

Case #2: The Society for the Welfare of Mental Defectives in each state

The history of service provision for people with intellectual disabilities has involved periods of activity and whole decades of inactivity. The illusion of 'progress' has been ever present. Often, apparently humane and well intentioned policies have miscarried, or provided window dressing to social engineering or professional goals, which by contemporary standards most would regard as repugnant. In this sense, much of the history of service provision is ironic ...²⁷⁴

While the horizon was dominated by the large state-run asylums, including 'mental hospitals' that accommodated those with intellectual and psychiatric conditions, private, charitable and for-profit services also emerged at this point. Minda Home in South Australia was formed in 1898 by colonial philanthropists and is distinctive as a large 'de-facto' state asylum. By the 1940s Minda was operating a farm with several hundred 'inmates'.²⁷⁵ Most private facilities, however, were smaller in scale. Many parents organised private organisations to deliver residential and home-based services, while others sought to make the state-run and other institutions more hospitable.

A typical and well-publicised example of these private residential schools was the Sunshine Home and Clinical School in Sydney. Established in 1924, it offered 'permanent care for mentally defective boys past school age ... older girls, school children and infants'. Lorna Hodgkinson, the home's superintendent, advertised the venture in broadsheets throughout Australia, and the image of her home as a 'happy fairyland', providing 'single rooms and luxurious accommodation, ... [and] complete curing services day and night', must have been reassuring to some parents. Not all parents were comfortable with the type of care these private homes provided, however. One relative of a child in a state-run institution argued in 1948 that conditions were 'much worse' in the 'so-called rest homes' than in government hospitals: 'high fees are charged, parents receive little attention, and [children] are not kept if they give any trouble.'²⁷⁶

Resistance to the policies of sequestration and the evident neglect brought the parents of those labelled mental defectives together. The original parent group, formed in New South Wales in 1946 and named The Society for the Welfare of Mental Defectives, was followed by similar organisations in all states by the 1960s.²⁷⁷ Parents wanted to demonstrate that 'something could be done for their children'.²⁷⁸ This was in a reaction to 'the sieve' that separated normal from subnormal children²⁷⁹ and fed into the early forms of special education often linked to residential care and into residentially based adult services. It is clear that the parents of these children were like their counterparts in parents with crippled children in desiring opportunities for their children.²⁸⁰ Once again, themes of educability and rising professional dominance against a backdrop of parental pressure, fed a growth in service options, while continuing to deny any effective voice to those in receipt of the services.²⁸¹

The shared yet distinct history of these families with parents with crippled children is highlighted in various accounts of the period, highlighting ambivalent and diverse attitudes to children with 'special needs'.²⁸² The lack of community based support across the lifespan of the child is identified as a powerful motivator for parents to seek an institutional placement for their child. Jan Walmsley and others also identify a genuine reluctance to care for the child in the family due to feelings of shame, disgust or disregard.²⁸³ Earl, however, working specifically with Oppenheimer's study of the rise of voluntary organisations after World War Two, refers to the emergence of voluntarism as crucial for the initiatives spurred on by parents:

a new spirit of civic voluntarism which emerged in the postwar period. In the solidarity of total war everyone had been expected to muck in and do something for the state. With the war over, large numbers of people felt the urge to keep lending a hand to society through

volunteer work. Melanie Oppenheimer has revealed the huge expansion of service clubs such as Lions, Rotary, and Apex in this period. Hand in hand with this expansion came growing participation in bowling clubs, swimming groups, Country Women's clubs, and the like, all of which fostered a public spirit in their members. Politicians believed that the community was best able to identify areas of genuine need, and envisaged that volunteers, through their activities, would spur the state into action.²⁸⁴

Voluntarism is evident in both these cases, especially with the joint campaigns run by parents and recognised community service organisations such as Rotary. Funds from philanthropic trusts such as the Nuffield Trust, were dispersed by state governments, through Crippled Children Associations to develop residential services. In what has come to be seen as the shadow of charity and media campaigns, families took to the media to explain their distress.²⁸⁵ From the late 19th century the people who required the services were able to initiate them, often with the patronage of acknowledged philanthropists. The post-war voluntarism, linking the people affected with public-spirited individuals, had roots in the earlier forms of community responses.

Case #3: The South Australian Institution for the Blind

In 1884, Andrew Whyte Hendry, a blind South Australian, attracted the support of a wealthy philanthropist, Charles Goode, to develop a Blind Institution, known as an Industrial School. The Royal Institute for the Blind (Incorporated) offered workshop-based employment to blind citizens who up to that point had relied on begging.²⁸⁶ The strong focus on workshop-based employment remained throughout the 20th century, but services were expanded in the early 1900s to include lessons in Braille and the establishment of a Braille Library. The Australian dictionary of biography does not include Hendry's story, and its record about Sir Charles Goode attributes Goode with the formation of the Royal Institute. Goode was the Chair of the association until 1922 during which time he also participated in the development of the Deaf and Dumb Mission and the James Brown Trust set up to care for sick and crippled children and for sufferers from tuberculosis.²⁸⁷ The brief history of the Royal Society for the Blind of South Australia (now RSB) refers to Hendry as a contributor to its genesis. The notes produced by amateur historians for the North Road Cemetery (in Adelaide) say of him: 'Despite his disability, Hendry was always cheerful, unselfish and sympathetic.'²⁸⁸

It is difficult to determine how many 'people affected' are overlooked in the accounts of the development of such organisations as they developed from mobilisation to institutionalisation.

Case #4: The Australian Deaf Community in the 1920s and 1930s²⁸⁹ – Breda Carty

During this period, (1920s and 1930s) deaf people were very active, both in establishing new organizations that served their needs and in resisting the controls imposed on them by some of the older organizations. These efforts reflected some of the broader social movements of the time and demonstrated parallels with other Australian minority groups,

such as Aborigines and women, in their articulation of themselves as citizens, their search for advancement and equal rights, and their challenges to a charity model of service provision. Deaf communities became the sites of power struggles between some hearing administrators and a growing number of deaf people and hearing supporters who wished to have more control over their institutions and more equality with hearing people – aspirations that they often described as ‘managing their own affairs’.²⁹⁰

Breda Carty’s captivating narrative of a period of determination and resistance among Deaf people in Australia provides insight into the ways in which grassroots organisations may struggle to preserve control by the-people-affected as wider social and political forces shape their future. Deaf people in Australia, especially those who came from Britain, developed distinctive variations of signed language that over time have come to be known as Auslan. Preservation of the means of cultural transmission through education of Deaf children and organisations that enable Deaf people to participate in shared activities are crucial for Deaf identity. As Carty says:

Deaf communities using signed languages were clearly defined and active in many countries. During the final few decades of the nineteenth century, growing numbers of deaf individuals had significant roles in forming community groups and national organizations, and establishing, administering, and teaching in schools for deaf children.²⁹¹

Against these moves, Deaf children were increasingly brought into environments for oral education, run by hearing educators, medical practitioners and therapists. The forces that drove these ‘reforms’ ultimately led to takeover by hearing people who positioned Deaf adults as incapable, often childlike. The takeover was resolutely resisted, and the subject of legal proceedings as Deaf people strived to preserve or regain control over their organisations. Carty focuses on a Mr Abraham who is noted as charismatic, a fluent and beautiful user of sign language, yet determined to gain full control of Victorian Deaf Society. Describing an account in the 1937 in the Melbourne paper, *The Sun*, Carty identifies:

the persuasive power of portraying deaf people as ‘children’, usually living in supervised ‘havens’ and dependent on a ‘patriarchal authority’. The Deaf societies’ reliance on charitable funding exerted a constant pull toward this type of publicity, with its reassurance to the public that their charitable contributions had tangible and heart-warming results. Although contested by some deaf people, these images were very resistant to change.²⁹²

Carty’s investigations deserve more than cursory attention but, for the present project, her findings point to the resilience of notions of dependency, incompetency and powerlessness. We shall return to this narrative about the rise of the Disability Movement in the next chapter. For now, it is enough to say that by the end of the 1930s the dominance of the hearing within the education of and welfare services for Deaf people was so entrenched that this period has been largely lost to the memory of contemporary Deaf activists.²⁹³

Emerging tensions and ongoing ambivalence

The brief case studies highlight tensions in emerging grassroots organisations. Organisations found themselves reliant on charity for resources, yet many recognised that charitable appeals could diminish the recipients in the eyes of the wider community.²⁹⁴ Further, the reliance on non-impaired supporters and professionals (such as medical practitioners and teachers) to deliver the therapeutic and rehabilitation services was associated with declining control by the people affected. The projections of those with impairments as dependent and childlike often in need of special services to guide skills development, maintain social order and provide protection paradoxically had the potential to undermine the rehabilitation goals that were being advanced.²⁹⁵

Multiple forces clearly underpin the persistent ambivalence about whether Australians with impairments could live and work in the community or should be removed for special treatment.²⁹⁶ The following sections build on the analysis to date, pulling out the threads that contribute to a complex and vivid account of change and resistance in worlds of Australians with impairments. While the roots of the not-for-profit / non-government disability services sector were being laid down, individuals were ‘getting on with their lives’.

Crafting biography: Overcoming and interdependency

Paul Longmore, drawing on the distinction between ‘the cured cripple’ and ‘the charismatic cripple’ to describe the President of the United States Franklin Delano Roosevelt summed up the importance of this message:

That image became and has remained the preferred, even required, mode of self-presentation for people with physical and sensory (not mental) disabilities. It involved an implicit bargain in which the nonhandicapped majority extended provisional and partial tolerance of the public presence of handicapped individuals so long as they demonstrated continued cheerful striving toward normalization. This arrangement defined disability as a private physical and emotional tragedy to be managed by psychological adjustment, rather than a stigmatized social condition, and it disallowed collective protest against prejudice and discrimination, permitting at most efforts to educate away ‘attitudinal barriers.’²⁹⁷

In Australia we cannot point to the life of a national leader, but it is possible to see such tropes playing out in the biographies of some citizens with disability. The following section provides a brief biography of Mrs Olga Dagma Fudge who lived for most of the 20th century.

Overcoming: Olga Dagmar Fudge (1897–1993)

Olga Dagma Fudge was born in Point McLeay in South Australia, the daughter of an Aboriginal woman and unknown European father. She lived her 96 years from 1897 until 1993 ... across the stretch of the 20th century. Ms Fudge’s life and her biography was directly affected by social, political and cultural forces shaping the lives of everyday Australians in this first century of ‘Australia, the Nation’.

Described as an Aboriginal community worker in the *Australian dictionary of biography* entry by her biographer, Christabel Mattingley, Fudge's approach to work illustrates an individual and community response to the ongoing impact of colonisation, dispossession and discrimination that has prevailed throughout the entire period of European settlement in Australia.²⁹⁸ As a young woman Fudge was denied a full education and cast into the role of helper on rural properties. Over time she made it to Adelaide to pursue her interest in music and singing but was denied a scholarship²⁹⁹ to the Elder Conservatorium – a denial which she took to be racial discrimination. So, she took private lessons and remained a singer and librettist throughout her long life.

Mattingley goes onto talk about Fudge's life:

Later, working and travelling widely as a shearers' cook, Olga met Leo Thomas Fudge (d. 1983), a farm labourer. After marrying at the office of the registrar general, Adelaide, on 2 January 1930, they lived at Bungaree station in South Australia's mid-north. On January 1943, having moved to Adelaide for her daughter's schooling, the fair-skinned Olga was granted a certificate of unconditional exemption from the provisions of the Aborigines Act 1934. This meant that, legally, she and her children were no longer considered to be Aboriginal, and so were not subject to the regulatory measures of the Act.

Nevertheless, Fudge became an advocate for Aboriginal people.³⁰⁰

In this synopsis we see two crucial and related points: Fudge's exemption under 'The Act' leading to a loss of formal recognition as an Aboriginal Australian and the fact that she defiantly embraced her enduring Aboriginal identity to become an advocate. Her self-knowledge and her proud belonging were not stripped by the law. Nor was her percipient awareness of the situation of Aboriginal people (especially young women sent without an education off the missions into the city and onto pastoral properties) reduced by her own ongoing experiences of racial discrimination. Her repeated efforts to establish opportunities for herself, her family and others and her commitment to finding a respectful way to share country and culture with the settlers were acknowledged by State leaders and by leaders in her own community. Yet she missed out on education and housing and was compelled to deny her Aboriginality and the birth right of her children in order to avoid the 'protection and control of the Aborigines Protection Board'.³⁰¹ Her citizenship of a First Nation was legally extinguished because she was seen as an almost white person ('aborigine by reason of his character and standard of intelligence and development should be exempted from the provisions of this Act, the board may, by notice in writing, declare that the aborigine shall cease to be an aborigine for the purposes of this Act'³⁰²). Yet she did not receive full citizenship of the settler society.

The *Adelaide Advertiser* article, 'Olga Still "Sees" the Good Things in Her Life', refers to what Mattingley describes as a major transition in Olga's life: 'When glaucoma became a handicap she acquired a telephone, using it effectively to campaign on behalf of Aboriginal people.'³⁰³ Here we can observe another aspect of biography. Employing a persistent feature throughout all accounts of disabled people in the *Australian dictionary of biography*, Mattingley takes up the 'overcoming' account of disability. This is surely a perpetuation of the 'rising above' observed in the story of Alan Marshall (see section above).

This project is focused on the relationship of richness or poverty that arises when people with disability are viewed with ambivalence: Is this person one of us? Are they worthy to live among us? What would it take to have people with disability share the same places in our community? Fudge's brief biography takes us to this point. We do not know the detail of the relationships that sustained her as she addressed the racism that shadowed her every day, or of the supports she received from family and close associates as she became blind. We do know that she belonged to an ancient and enduring tradition that sees inclusion as culture and culture as inclusion.³⁰⁴ Fudge gave and received throughout her long life. In a racist and ableist world, she was embedded even as she was excluded.

As we spiral through the 20th century, seeing the worlds of disability develop, morph and clash, the following sections take us back into the worlds of those who were excluded and abused and who had opportunities to tell these stories to a wider world.

Naming the Sequestered Generations

By the 1960s the asylums still held the horizon even though the not-for-profit / charity sector was consolidating its funding base and building funding relationships with governments through grant-in-aid schemes. The various protectorates of First Peoples were cementing the segregated development path which led to entrenched disadvantage. Now called Hospitals for the Insane or Homes for the Feeble-minded, the institutions remained the purview of state governments and were soon to attract considerable and transformative scandal. Their characteristics are summed up as:

1. They were large establishments serving tens, hundreds or even thousands of people.
2. They were physically and socially segregated from the wider society.
3. Whether by policy or for want of alternative sources of support, residents were not easily able to leave them to live elsewhere.
4. Material conditions of life were worse than for most people in the wider society. The nature of care provided in these institutions was typically characterised by depersonalisation (removal of personal possessions, signs and symbols of individuality and humanity), rigidity of routine (fixed timetables for waking, eating and activity irrespective of personal preferences or needs), block treatment (processing people in groups without privacy or individuality) and social distance (symbolising the different status of staff and residents).³⁰⁵ A growing historiography has highlighted the role of class, gender, race, type and severity of any disability as important determinants of a disabled person's life chances and experiences of care.³⁰⁶

By the beginning of the 20th century 'the retarded population was too large to be sequestered'.³⁰⁷ By the post-World War Two period parent and professional-led charities had formed to provide for children labelled feeble-minded or retarded.³⁰⁸ Such services were aimed at those who were judged educable. Many children, especially those from stressed

families, were handed over to large institutional settings up until the 1980s. Referring to 'contested care' Anne Borsay captures the ambivalence at play when she and others describe the gradual move inside such settings from purely custodial models to models that promised to offer medical and therapeutic care and educational opportunities.³⁰⁹ Manning's oral history of Kew Cottages, published in 2007, draws on accounts from mothers who between the 1940s and 1960s made the difficult decision to relinquish their child to the care of Kew Cottages. In a chapter titled 'A river of tears', she captures the almost unbearable pain felt by parents as they took their child to Kew Cottages. She explains:

Many were forced to relinquish their children into State care by circumstances beyond their control, being unable or unwilling to care for children with disabilities at home. Others believed the Cottages offered their children a brighter future with specialised medical services and developmental programs. The following stories primarily focus upon the experiences of parents in the 1940s–60s. These accounts illustrate the complex and often agonising path taken by parents who surrendered their children into State care.³¹⁰

The foreword to Manning's book refers to the positive memories that some of the former residents were able to share about their life at Kew Cottages following its closure in 2008.³¹¹ The events that led to the final decision to close Kew Cottages were, by contrast, horrifying. During one night in 1996 a fire in Unit 31 killed nine men who were locked on the ward with no means of escape. Fire alarms did not operate, and the fire brigade did not make it in time to save their lives.³¹² Manning refers to her collection of stories as giving voice to 'some of Australia's most silenced and forgotten people'.³¹³

This project refers to those hidden from sight as the Sequestered Generations – people whose fate was shared with those recognised in Australia as the Stolen Generations (children of First Peoples in state care) and the Hidden Generations (the children of poor and troubled families throughout the Commonwealth who grew up in orphanages and children's homes in Australia). The Forgotten Australians are those who were forcibly adopted with their stories concealed through generations of closed adoption. Disabled children were among all these populations, but many also met the 'special' attention of the segregated setting designed for their sole occupancy. They became the Sequestered Australians.

Merrilyn Walton, writing twenty years after the report of the Royal Commission into Royal Commission into the former Chelmsford Private Hospital and Mental Health Services in New South Wales 1988-1990, reiterates the Royal Commissioner's description of Australia as 'a land of inquiries'. In 2013 she says:

Since 1801, Australians have witnessed 39 inquiries into Australian psychiatric facilities and mental health services concerning maladministration, including resourcing, overcrowding, abuse, harassment, and inadequate legislation. Four themes emerge: under-resourcing, better regulation, better accountability and increased scrutiny of the professions.³¹⁴

Several more have reported in the intervening period. Other public inquiries have focused on the deaths of Aboriginal and Torres Strait Islander people in prisons, the sexual abuse of children in institutions and violence against women and children.

Naming the abuse: 'Abandon hope all ye who enter here'³¹⁵ – Three cases

At Chelmsford Private Hospital, its director Harry Bailey was deemed responsible for the deaths resulting from a controversial and scientifically unfounded treatment for various conditions. Ironically, Bailey himself had prompted an earlier inquiry into Callan Park Mental Hospital where he was employed as medical superintendent in 1959. His allegations were of 'staff cruelty, patient neglect and daily pilfering from hospital stores. Subsequent police and Department of Public Health investigations found nothing to substantiate the charges'.³¹⁶ Bailey persisted and:

the resulting royal commission report into Callan Park by John McClemens confirmed many of Bailey's allegations, while concluding that some were exaggerated. Laying partial blame on inadequate funding, it also noted 'problems of leadership' at the hospital. The findings forced future governments to take mental health policy more seriously ...³¹⁷

This story was told and retold across Australia. The Official Visitor to Queensland Challinor Centre (a training centre for intellectually handicapped adults established in the early 1960s) had this to say:

On my initial visit, I found an institution used mainly as a place for keeping certain people out of circulation. Remedial treatment and turnover were practically nil. Patients were eking out a 24 hour daily existence in impoverished conditions and some practically in squalor. Many requests for discharge were ignored and not worth recording. Paramedics were unknown. I could have been forgiven had I returned to the gate to see if I had missed a caption reading, 'Abandon hope all ye who enter here'.³¹⁸

Despite earlier attempts at differentiation, by the mid-20th century the lives of those considered retarded or mentally feeble were still administered as a joint category with those who were judged insane or mentally ill. For example, Victoria passed the *Mental Hygiene Act* in 1933; the *Mental Health Hygiene Authority Act* in 1950; and the *Mental Health Act*, passed by the Victorian Parliament in 1959, enabled residents to be admitted to the Kew Cottages on a voluntary basis, rather than being committed as 'insane'. Later, the Rimmer Inquiry into the Legislative Framework for Services for People with Intellectual Disabilities in Victoria recommended new legislation, leading in 1986 to the *Intellectually Disabled Persons' Services Act*.³¹⁹ Additionally, the Victorian Minister's Committee on Rights and Protective Legislation for Intellectually Handicapped Persons, established in 1980, chaired by Errol Cocks, made recommendations in its final report (published in 1982) which served as the basis for the current *Guardianship and Administration Act 1986* (Vic). That report, generally known as the Cocks Report, is focused on the legal needs of people with an intellectual disability who were moving from institutional life to community living.³²⁰

The Principle of Normalisation, at the heart of these changes, was translated from the Nordic setting by Wolf Wolfensberger and colleagues working out of the Training Institute for Human Service Planning, Leadership and Change Agency at Syracuse University, New York State.³²¹ Normalisation drove 'integration' approaches which required the move away from congregate care, segregated special education and ghettoised employment. Wolfensberger argued that this approach was foundational to the goal of normalisation, which was to ensure that people with intellectual disability enjoyed life that was not viewed and maintained as deviant but as 'normal' in the patterns and conditions of daily life.³²² The move implied expression of rights to privacy, property, communication and expression of individuality and identified *the environment* as the site of normalisation – not the individual.³²³ This approach filtered through all disability service systems in Australia from the early 1970s, bringing with it intense debates about its desirability and viability.

We have already noted how difficult it is to hear voices from the inside of the homes and hospitals that continued with the policies of institutionalisation of those considered insane or 'backward' persons. The inquiries of the early to mid-20th century, including coronial inquests, provide some insight into the conditions that people experienced. In addition, the oral histories that brought institutional life to a wider public have taken a biographical approach as well as analysing the whole process of living in and moving out of the institutions.

Case #1: Kew Cottages, Melbourne, Victoria

Kew Cottages was frequently the focus of public outcry and inquiries, starting with the Royal Commission of Inquiry in 1924, and several coronial inquests that identified overcrowding as contributing to the death of the residents. In the 1950s the Tipping Appeal raised public funds to refurbish run-down buildings and The Minus Children appeal in 1975 raised funds for an activity therapy. These appeals continued the campaigning by journalists through *The Argus* and *The Age* started decades earlier by *The Vagabond* and others.³²⁴ Two events that changed the tone of the public stories and pushed for the closure of Kew Cottages after 120 years were the fire in 1996 and parent activism in 1995. The Parents Association sued the Victorian Government for its failure to offer services consistent with the 1986 Act. The action was withdrawn as the recommendations of the coronial inquest addressed a number of the issues they had raised. Earlier, in 1991, questions were asked in the Victorian Parliament about the reduction of food supply and neglect of those residents who were refusing to eat at Kew Cottages, with the Premier and the Minister compelled to report that they had required food supplies to be increased and proper diet restored.³²⁵

Ian Freckleton's account of the coronial inquest into the deaths of the nine men provides a fascinating survey of the multiple views about the risks contributing to the vulnerability of these men. He says that the Coroner was required to make sense of the events for relatives and the public in the absence of any other legal proceedings. The fire was likely lit with a cigarette lighter by one of the deceased. They had no dependents to pursue civil action. He says:

The men who died, Alan Negri, Joseph Richmond, Adrian Edmunds, Thomas Grant, Shayne Newman, Bruce Haw, Stanley Mathews, Peter Otis and Ronald Aldrige, were hardly ever named during the inquest. This was somewhat symbolic of how their lives had been lived. They were aged between 31 and 61 at the time of their deaths and most had lived at Kew Cottages for many years, some of them for decades. It was possible to see where their beds had been and that a number of the men had crumpled to the floor and, presumably, died of asphyxiation without being able to leave their rooms or escape through the labyrinthine construction to safety. Did they know what was happening? Were they frightened, disorientated? What sounds were there as the smoke became thicker and thicker and the noise of the flames approached? Did they die before the flames engulfed them? What could have been done to avoid such a disaster?³²⁶

As the inquest proceeded the lines of analysis and debate became clearer:

- The disability advocacy sector identified the fact of institutionalisation as the overriding risk factor.
- The Public Advocate argued that the living arrangements breached legislation as they did not offer the least restrictive alternative (as a condition of the normalisation principle).
- Parent organisations pointed to poor resourcing and neglect of the buildings.
- Unions referred to understaffing, especially at night.
- The Metropolitan Fire service focused on non-compliance with regulations.

The Coroner addressed the issue of fire protection and, in allocating blame to the State Government and its lack of investment in the site, 'deftly sidestepped many politically and legally sensitive issues, such as those concerning the kinds of residence in which people with disabilities should be housed in the modern era'.³²⁷ Freckleton acknowledges that while this might have been legally correct it did not settle the question that this project asks: what is the rightful place of those with disability?

Case #2: Lorna Hodgkinson Sunshine Home

Shown on Australian television in 1981, the International Year of Disabled Persons, *Stepping Out* was filmed during the preparation and presentation of Puccini's *Madame Butterfly* by a group of actors inside the Lorna Hodgkinson Sunshine Home. The facility provided special schooling and accommodation for children and adults with intellectual disability. The director was Aldo Gennaro, a drama therapist. The organisation was formed by Dr Lorna Hodgkinson in 1924 to offer education to children with intellectual disability. It expanded throughout the century and maintained a large residential facility at Gore Hill on Sydney's Lower North Shore.

Stepping Out records a rapturous conclusion to the performance in Sydney Opera House as well as showing the growing intimacy between two cast members. Dougal Macdonald from

The Canberra Times reported that as well as the sackings of the matron and the arts director, the young couple were separated. The film won about 15 awards and was screened by the United Nations at the official closing ceremony for International Year of Disabled Persons in Paris in December 1981. Its fate was much more promising than those whose story it told. Gennaro died in 1987 after continuing to work in Australia with people with disability and drama. No record exists of what became of the two young people separated from each other.

The film was extensively reviewed but has not attracted much academic attention. Tony McCaffrey published a work on incapacity and theatricality in 2019, which refers to these events.³²⁸ His reviewer, David O'Donnell, identifies compelling themes for this history when he says:

Incapacity and Theatricality illustrates the valuable role which theatre plays in making visible people who are often invisible in society, reflecting painful histories of repression, exclusion and institutionalisation. It also raises crucial ethical questions about agency and control, because all theatre featuring performers with intellectual disabilities has been 'generated through the facilitation of people without such disabilities'.³²⁹

The following case study shifts the focus onto creative work generated by those who are invisible in society.

Case #3: Weemala and 'Captives of Care'

The reliance on exposé through inquiries, inquests and staff changed in 1981 when John Roarty published his book *Captives of care* through Hodder Stoughton. In 1973, five residents of Weemala, the Royal Rehabilitation Hospital in Sydney, went on an Australian television program *A Current Affair* to reveal how their lives were being increasingly dominated and controlled following the independent establishment of their Residents Committee.³³⁰ In response to their internal agitation the residents were denied access to media, deprived of the use of motorised wheelchairs and put under an 8.30pm curfew.³³¹ A film *Captives of Care* was later screened in 1980, using actors with lived experience telling of life at Weemala.

Roarty entered Weemala when he was 16 years old and found the residential, employment and rehabilitation services restrictive, shaped largely by a government funding policy that required residents identified as in need of intensive care to never leave the site of care. He also recounts how he worked with Sue Treloar, a social worker, to develop a submission to the Commission of Inquiry into Poverty chaired by Professor R. Henderson.³³² On a roll, the Residents Committee also put in a submission to the:

Federal Labor Government's Standing Committee on Health and Welfare. We outlined the way the homes were run, the standard of nursing care, what we considered objectionable about the rules and regulations and an account of our struggles against the domination of the authorities at the home. Doing the submission helped us to focus on what the main aspects of our struggle were.³³³

The Residents Committee then took the opportunity to submit and present to the Royal Commission on Human Relationships. Roarty tells of waiting, in his tie and suit, to enter the hearing room at a 'big, beautiful multi-storey building' when a man approached and, unsolicited, handed him loose change. Roarty protested that he was not begging but the coins remained. This expression of pity was not the only attitude that Roarty and his fellow committee members met during their campaign. Roarty's account tells of mounting tensions between the Residents Committee and the senior management and Board of Weemala, and paradoxical opportunities to talk with a journalist from *The Sydney Morning Herald* facilitated by some staff who were able, on their days off, to expedite a mounting media campaign. He also tells of instances of support from members of the public, revealing something of the range of attitudes that the campaign attracted:

This sort of encouragement was happening all the time, in all kinds of places, wherever we went. We were recognized in hotels as well as in churches! Strangers would encourage us. We heard on the grapevine that phone-calls were coming into the home from people wanting to know why all these restrictions were placed on us. Of course, the authorities had to deal with these callers politely, and people were told that the matter was being looked into and that the problem would be solved. This all gave us courage every day, because we knew that public opinion would help in a situation like this.³³⁴

Although the Board of Weemala changed two policies during 1974, providing limited access to approved residents to motorised wheelchairs and the lifting of the 8.30 curfew, it is clear from Roarty's work that the Normalisation Principle was not having an effect at Weemala. Residents were still 'put to bed' at 5.30; Roarty himself was denied use of his new colour television that was only returned to him following pressure from a lawyer from the Council for Civil Liberties. Residents were denied any participation in decision-making either in their treatment as 'patients' or agency policies determined by senior administration and the board.

Roarty's book concludes on a more optimistic note than it opens, explaining the value of the growing collaboration between residents and staff, even though the organisational charter prevented a resident representative being appointed to the board. His final chapter reads as a manifesto that is at once of its time and forward looking. He argues for legislative safeguards of residents' rights while asserting that handicapped people should no longer be 'locked away – silent and out of sight'.³³⁵ His is an early argument from inside large congregate care for 'handicapped living at home stress[ing] the need to reduce the social isolation of these people and to provide domestic relief and temporary care to relieve the strain on their families'.³³⁶

By the time Roarty published these statements international moves were supporting the call for independent living. The Independent Living Movement spearheaded by Ed Roberts in California in 1972³³⁷ was the future face of the growing trend toward deinstitutionalisation of the mental hospitals and intellectual disability institutions.

Leaking out into public and political consciousness

The three cases provide a squint on life inside congregate settings for those with intellectual and physical impairments in the post war period until 1980. They do not offer a synoptic view but are examples of the stories of life inside leaking out into public and political consciousness. They also reveal something of community attitudes at the time. Perhaps the best summary belongs to Joan Hume, a widely acknowledged activist with physical disability involved in promoting independent living from the 1980s:

One of the lessons I have learned in life, after being in the chair for many years now, is that the world seems to be divided into those that see you as for the betterment of humanity, and able to make a positive contribution, and those who see you as a burden and embarrassment and would rather do away with you by any means.³³⁸

The ambivalence within the wider community remained evident as widespread change was fought for, resisted, acted upon and implemented over the next 50 years.

Unfurling skeins of change: international and national

Rising in the 1970s and linked to similar changes internationally, two skeins of change emerged in Australia. This project has sought to also identify social and cultural threads outside disability worlds as that alternate between driving change and preserving stasis. The first skein – collective action against oppression – can be traced from the early days in the colony: the rise of proto-unions in the growing cities and the Frontier Wars as First Peoples resisted colonisation. Collective resistance emerged among returned servicemen after the Great War and was matched by the rise of widespread voluntarism and initiatives by the people affected after World War Two.

The cases detailed here support the analysis of Eric Emerson and Chris Hatton, writing in 2005, that four main forces contributed to the drive for deinstitutionalisation, opening spaces for new forms of service delivery and opportunities for community participation and contribution. Their focus is on those with learning disabilities (the United Kingdom terminology for intellectual disability). Emerson and Hatton identify the post-World War Two rise in living standards, focus on universal human rights and liberalisation of social policy which opened a focus on the rights of minorities and marginalised populations. Indeed, in 1971 the General Assembly of the United Nations, in its resolution 2856 (XXVI), proclaimed the *Declaration on the Rights of Mentally Retarded Persons*. This was followed in 1975 by the *Declaration on the Rights of Disabled Persons*; the International Year of Disabled Persons in 1981; in 1982 the World Programme of Action concerning Disabled Persons; in 1991 the release of Principles for the Protection of Persons with Mental Illness and the Improvement of Mental Health Care; and the United Nations Standard Rules on the Equalization of Opportunities for Persons with Disabilities in 1993.

The second skein rises from within disability worlds.

Emerson and Hatton point to public scandals that highlighted the degrading conditions under which so many people with intellectual and psychiatric disability were living out their days. Walton repeating the comment that Australia is a land of inquiries supports this element in Australia as well. Roarty refers to the Royal Commission into Human Relationships which operated in Australia from 1974 to 1975, providing an opportunity for individuals with disability and for families to contribute to a national conversation about family life. It also foreshadowed the national consultations about disability, family and community life that followed in the next decade.

Next, emerging research and practice focused on education for people with intellectual disability opened a debate about the neglected potential for public participation and contribution by the many people who were missing out on the necessary developmental opportunities. The Emerson and Hatton position agrees that educability became (and remains) a crucial strand in policy debates in Australia. Finally, they point to the existence of alternative models of care and support in existence in various parts of the world. The persistence of charitable, philanthropic and benevolent activities aimed at supporting families in the community reproduced many of the dominant models of segregated care, as indicated by Bryan Ward in his historical survey of the development of services and schools for children and adults with cerebral palsy. Emerson and Hatton point out that changes in the welfare state were crucial to shifting away from a sole reliance on residential and custodial models of service. They say these changes were evident in Australia from the election of the Hawke Labor Government in 1983, which kicked off the Handicapped Programs Review resulting in the *New directions* report in 1985. The next section looks at the emergence of the new welfare settlement from the 1980s which both fed on and encouraged the growing Disability Movement.

Consulting and reviewing: *New directions* report and the *Disability Services Act 1986*

The election of the Hawke Federal Government brought a fresh phase in disability service provision. The Labor Party platform was built around:

a commitment to reform services for people with disabilities. It was influenced by normalisation theory and its practical application in a more inclusive approach to service provision, encompassing deinstitutionalisation, integration and access to mainstream services ... The Labor Government was also concerned about the budget deficit and assumed that recurrent outlays on disability services might be contained by redirecting the policy focus from expensive institutional care to less costly community-based services (although institutions were predominantly a State responsibility at this time). Its approach was categorised as favouring 'the least restrictive alternative' in the development and funding of disability services.³³⁹

Mary Lindsay's analysis (above) links aspirations for a more community-focused service system with a view that the move were driven by cost-cutting measures. Perhaps more importantly, the outcome of the Review, based on the first national consultation with people with disability, was to shift responsibility for disability services funding to the Australian Government. The *Disability Services Act 1986* (Cth) – with its distinctive 'Objects' that focused on rights protection and supported, community-based independent living³⁴⁰ – was welcomed as a major shift for the future of disabled Australians.

Advising: The Australian Disability Advisory Council and the *Disability Discrimination Act 1992*

In 1992 the Australian Government enacted the *Disability Discrimination Act* (Cth), which sought to address some of the social conditions contributing to placing people with disability at a distance from their aspirations and opportunities. Brian Howe, then Minister for Health, Housing and Community Services had this to say in the second reading speech:

Now, at the end of the United Nations Decade of Disabled Persons, I think it timely to be able to introduce legislation which will extend these principles to all walks of life. The principles need to be taken up within society as a whole so that they reach all Australians with disabilities, regardless of whether they are receiving support services under the *Disability Services Act*. The Disability Discrimination Bill will be instrumental in continuing social change and will have far-reaching and long-awaited effects for people with disabilities ... While I do not like to single out any particular individuals in the process, Mr Graeme Innes, Chairperson of the Disability Advisory Council of Australia, and Ms Chris Ronalds and the representatives of the Disability Anti-Discrimination Legislation Committee bear special mention ... The overall response from industry groups and state governments has also been very positive.³⁴¹

The recognition of Graeme Innes and Chris Ronalds highlights the collaborative relationship of the first Disability Advisory Council of Australia and the Legislation Committee – the primary example of bringing people with disability, their families and representatives into social innovation. Despite this evidence, the Emerson and Hatton analysis attributes initiatives for the changes with politicians and policy makers, not emanating from resistance and contribution among the-people-affected. They also suggest that the trajectory of change for people with physical and sensory impairments differed from the pulse for change that fed the drive to deinstitutionalise and to develop new style services for people with intellectual impairments. Finally, Emerson and Hatton focus only on service level reform without paying attention to the wider concerns expressed by Minister Howe:

It is therefore essential that there is a legislative basis to enable people with disabilities to participate in the economic, social and political spheres of the community and subsequently to determine the direction of their own lives. This legislation would be a vital element in removing the attitudinal, physical, structural and institutional barriers that people with

disabilities currently face. The realisation of this Government's social justice goals for people with disabilities will benefit not only people with disabilities, but society as a whole.³⁴²

Howe noted the long lead up to this moment. The *Disability Discrimination Act* saw the appointment of a string of respected disability advocates, including Commissioner Elizabeth Hastings (1992–1998); Commissioner Graeme Innes (2005–2014); Commissioner Alistair McEwin (2016–2019); and Commissioner Ben Gauntlet (2019–present). All have used the legislation to flush out instances of discrimination among people with disability in all arenas. They have participated in collaborative endeavours with Disabled People's Organisations to develop standards that capture the expectations of disabled people about how public and private organisations should act to ensure universal access and participation. Reviews of the *Disability Discrimination Act's* operations over the years since it came into force show that such measures are necessary but insufficient to address the deep roots and long tail of prejudice and discrimination.³⁴³

The following chapter, by reaching back to the 1960s and 1970s and concluding with the present, extends the scope of policy analysis to include action around rights rather than services alone. In addition, it probes the drivers that brought all people with disability into joint effort, freed from the divisions that were an artefact of a service system that separated people from each other based on impairment category.

Conclusion: Stirrings ... a time of upheaval and change

The years of the late 1960s and throughout the 1970s saw increased contestation about the place of people with disability in Australian society. The-people-affected challenged 'the "lukewarm outrage" to documented experiences of abuse – the lethal undertow of eugenics'³⁴⁴ that was influential in shaping the lives of those with significant impairments. By the mid-1970s the worlds of those with physical or sensory impairments were very similar to those with intellectual impairments and psychiatric conditions. Many people with physical or sensory impairments lived in large congregate settings that offered scant support for education and rehabilitation and provided only rudimentary employment. They received the Invalid Pension with the service providers receiving subsidies for their 'beds'.³⁴⁵ Although no longer called 'incurables', the view that they would live out their days in these settings was pervasive and powerful. Institutions for the 'intellectually handicapped' and 'mentally ill', operated by the states, were no different. Nowhere to go, nothing to do and no contact with the outside world.

The post-1980 welfare settlement that shifted responsibility back to the Australian Government and aimed to cement community living, on the back of over a decade of deinstitutionalisation, reveals the aspirations of Australians with impairments. The introduction of anti-discrimination laws and procedures in all jurisdictions set the scene for a deeper conversation about rights. All of this contributed to the rise of the Disability Movement whose stalwarts saw these changes as only a beginning in the quest for a valued life in community.

4. Drawing boundaries by and in the Disability Movement

Over the past decade, historians have begun to unveil the complex history of disabilities. We've learned that disability, like other cultural categories, is fluid and historically contingent, subject to change, resistance, and contestation. The complicated grouping of genetic disorders and cognitive, learning, and developmental impairments that we currently classify as intellectual disabilities are similarly contingent, and, arguably, especially liable to being reconstituted over time.³⁴⁶

Enduring ambivalence about identity, autonomy and destiny

As we continue to unfurl the skeins of stasis and change in the Australian disability scene, this chapter pulls out bright threads of critique, activism and contribution. Each illustrate the vibrancy of the Disability Movement in its multiplicity of persons, processes, visions and actions. But they cannot tell the whole story. A full story requires a longer study, dedicated to naming people, their times, their aspirations and actions.

The chronology is not linear. The flowering of the Disability Movement saw a swirl of multiple approaches to claiming and using disability identity for social change. The stories presented here cover the period from the 1960s through to the present day. The chapter highlights the themes and topics under critique and debate; the growing diversity of contributors to social discourse; and the inherent contradictions in each position as it was advanced. We conclude with a return to the enduring ambivalence present within the Australian disability scene and the wider society.

Refusing and resisting: The rise of the Disability Movement in Australia

If we had set out to map the changes in disability services over the two-and-a-half centuries since colonisation we would, most likely, have told an optimistic story of change and innovation, leading away from a largely negative view of those labelled with disability, to a life-affirming and inclusive view. With Meyrick and others, however, 'underneath the relentless optimism, we sensed a current of troubled preoccupation'.³⁴⁷ Positive change has been hard fought and is unfinished. This project has discovered a persistent troubled preoccupation with the question: 'What is the place of people with disability in Australian society? It reveals an abiding ambivalence about people with disability that is confronted in countless ways every day.

Several historical accounts of this period describe the constellation of forces that amplified the voices of refusal and demand of the people affected joined by service and educational reformers, rights activists and legislators in a time of upheaval and transformation ... some of it slow and begrudging; at other times, swift and dramatic.³⁴⁸ A slice of these histories illustrates

connections of the Disability Movement to wider social justice and liberation movements. This chapter charts the rise of the independent living movement and its relationship to other social movements; the reinvigorated parent's movement applying rights-based community development approaches to demanding inclusive education and to building new models of care and support; and, the importance of funded advocacy, including self-advocacy under the *Disability Services Act 1986* (Cth). These forces fed into the development of the *Disability Discrimination Act 1992* (Cth) and the *United Nations Convention on the Rights of Persons with Disabilities (CRPD)* and its implementation.

The roots of the Australian Disability Movement (sometimes called the Disability Rights Movement or the Independent Living Movement) spring from several locations, both national and international. The refusal and resistance of individuals with disability form a strong thread but are not the only source of pressure for change. First, as this study has shown, the desire for fully inclusive and supported living in the community of one's choice has been present for decades in Australia. Next, the sporadic stories of families refusing to hand their child or adult family member over to places of sequestration have encouraged generations of parents.³⁴⁹ As Megan Davis, speaking of First People's lasting struggle and hope, puts it: 'Aboriginal activism is an informal regulator of the system.'³⁵⁰

Living the new in the presence of the old: Family, friends, community, choice

The history of cerebral palsy services development in Australia by Bryan Ward is taken further by his son, Jeremy Ward, writing a powerful account of the life of his daughter Mena, diagnosed with cerebral palsy in her first year of life.³⁵¹ *The shouted goodbye* (2015) tells of a form of parent action that returns primary responsibility for relational support, which guides and develops participation, to family and community. Ward is critical of the ways in which formal cerebral palsy services had, by the 1980s, become increasingly controlling, excluding and limiting of life opportunities. His father's optimism that those with cerebral palsy would live with 'cheerful endurance and hope' was not realised as the services of the Spastic Welfare League became increasingly distant from family and community life. He explains that his spouse, Margaret, joined the board:

She argued for the closure of the League's nursing home, against the wishes of a small but vocal group of parents who saw it as the only place for their sons and daughters to live. My own parents had been involved in the nursing home's establishment in the 1960s, my mother arguing for a swimming pool against the advice of the professionals who said that it would be dangerous to let people with cerebral palsy in the water. But times were changing and now we saw the problems of segregated services that congregate people with disability, hiding them from mainstream life. My sister would later talk of escaping from the League nursing home when, after living there for seventeen years, she was given the opportunity to be part of a new project supporting four people with physical disabilities to share a house ... our father supported the move.³⁵²

Ward's comments are echoed by the former chair of Queensland Advocacy Incorporated, Marg Schroder, in her autobiography titled *On the move*, to capture 'my physical condition (cerebral palsy), love of the ocean and travelling'. She charts her life from segregated education into a sheltered workshop, and then to university where she gained an Arts degree and started a long career in the Queensland Public Service, larded with global travel and leadership in disability advocacy. Schroder says: 'Refusing to be destined to a life framed by an institutional definition, I braved the outside world by attending university.' Schroder attributes the love of her 'ordinary' family and her own drive to live more like her siblings with the spirit that gave her capacity to resist pity, to not see her condition as a tragedy, but as a God-given gift to find strength and power.

The cross generational accounts by Bryan and Jeremy Ward, speaking of their families and their contributions to the wider disability community, provide a promising narrative about the possibility for change, hard fought but ultimately rewarding. And for crafting a different life for those with severe impairments. Describing Mena's adult life, Jeremy Ward offers this snapshot:

Mena has a wide network of friends, many in her own age group. She enjoys being part of her local neighbourhood ... most nights each week Mena has dinner guests who love her lively spirit and infectious enjoyment of life ... all who dine with her are enthused by her love of her own home, in her love of work in the city, and her excitement about planning her next party or holiday.³⁵³

The family's effort for inclusion was driven first by Mena's claims of a positive vision for her life (the story of her asserting her desire to 'work in the city' is both entertaining and enlightening). Her parents' passionately held belief in the capacity of communities to embrace those with significant impairments was realised in the years before the introduction of the National Disability Insurance Scheme (NDIS), which in 2012 espoused similar goals. Mena was never a participant in the NDIS. Overwhelmingly a story of a family and those who formed their Circle of Friends,³⁵⁴ who were dedicated to pursuing a divergent approach ... it tells of living the new amid the old. Describing this approach as doing 'something different, somewhere else', Ryszard Praszkiar and colleagues attribute such changes to social entrepreneurship which builds social capital (note the significance of non service-based relationships) and circumvents sites of entrenched conflicts.³⁵⁵ They say:

Social entrepreneurs often operate in a context of conflict as they challenge critical social problems that are seemingly hopeless and unsolvable. This article presents the strategies they employ, such as building new positive attractors (ie, social capital) outside the field of influence of the conflict attractors; as a next step, they build a feedback loop between the success of their initiatives and reinforcement of social capital. Through subsequent positive experiences, they introduce constructive change outside of the field of conflict in a manner that modifies the societal balance based on higher levels of trust and tendencies to cooperate. Through this strategy, they make conflict less relevant and less salient.³⁵⁶

The shouted goodbye follows this trajectory, especially in detailing the place of the Circle of Friends who guided and supported Mena and her family as they sought a rich and valued life for her. The account finishes with the group meeting to symbolically go their separate ways on the first anniversary of Mena's death. Ward's book itself meets the requirement for a positive feedback loop, encouraging future generations to pursue a reasonable, realisable dream. Ward also devoted many years throughout this period to assisting parents to plan for their child's future. The postscript, written five years after Mena's death, reveals that one week after the first anniversary, Ward's sister Margaret also died. He says of Margaret: 'My sister, who had struggled to achieve independence in an age where institutionalised living was commonplace, had finally achieved independence in the last twenty years of her life.'³⁵⁷

Shaker Zahra et al provide a useful typology that locates approaches such as that adopted by the Ward family in the wider context of a growing social movement concerned with the wellbeing and rights of people with disability. Their study offers an analysis of:

three types of social entrepreneurs: Social Bricoleur, Social Constructionist, and Social Engineer. Social Bricoleurs usually focus on discovering and addressing small-scale local social needs. Social Constructionists typically exploit opportunities and market failures by filling gaps to underserved clients in order to introduce reforms and innovations to the broader social system. Finally, Social Engineers recognize systemic problems within existing social structures and address them by introducing revolutionary change.³⁵⁸

The activity focused on Mena Ward's life can be considered social bricolage; the earlier development of the cerebral palsy organisations by her grandparents was social construction. We now turn to the wider struggle for change (named in Zahra's work as social engineering) that confronts and at times exacerbates sites of conflict to vocalise claims in the public arena by employing the tactics of other social movements.

Acting nationally, connecting internationally: Bringing disability out of the closet

In her memoir, *Just passions*, acknowledged leader in the Australian disability movement Rhonda Galbally identifies the importance of her encounters with the women's movement in the United States and United Kingdom as crucial to her increased awareness of and skills with political campaigning, especially being able to frame personal issues as political claims. She also refers to her participation in anti-Vietnam war protests in Australia, but attributes injured and traumatised United States Vietnam veterans with 'bringing disability' out of the closet. She says:

By the time I stumbled across the Australian disability rights movement it was fully fledged. The movement had started in the United States in the early 1970s when Vietnam veterans began to come home mutilated, many of them disabled for life. These were adult men

who had fought in a war; they weren't passive patsies socialised from babyhood to put up with charitable crumbs ... They had just fought an ambivalent war to come home to an ambivalent reception; now they were being expected to put up with the ambivalence that until then had been the ordinary fate of all disabled people.³⁵⁹

How familiar is this story for those who have heard the accounts of Great War veterans? Concerns about rebellion fuelled by those who did not get the recognition or support they had been encouraged to expect contributed to the development of rehabilitation services in Australia.³⁶⁰ Once again this is not a singular narrative. The story of the rise of the Paralympics demonstrates a shift from rehabilitation services to a more socially celebrated place for athletes with disability. At the conclusion of the Second World War, the Stoke Mandeville Wheelchair games were launched in Kent, United Kingdom, by the neurologist Ludwig Guttman as an inter-hospital sporting event to help the rehabilitation of British war veterans at the Stoke Mandeville hospital. Dutch athletes competed four years later, sowing the seeds for the modern Paralympic Games that launched in Rome in 1960.³⁶¹ The Stoke Mandeville Games continued until 1984, with Australians participating in the games in Rome in 1960 and twelve Australian Paralympians winning ten medals. Reflecting in 2011, Louise Sauvage, a decorated long-distance track competitor, noted that: 'Paralympians, rather than being featured in the daily press as human-interest stories, are now featured more prominently and extensively in the sport sections.'³⁶²

Yet, in light of these seemingly pleasing outcomes of war woundedness, it is salutary to reflect on Galbally's point about veterans post-Vietnam who did not find the same pathways to achievement and recognition and whose demands contributed, in part, to the rise of a wider Disability Movement. Australian Vietnam veterans endured profound psychological distress with impacts on families as spouses and children were often left to contain and care for former fighters plagued by painful memories, flash-backs, suicidality and physical impairments.³⁶³ Here lies a clear link back to the experiences of troubled veterans from previous wars as they struggled to find their place within Australian society, to live in peaceful homes, and to get treatment that did not result in their institutionalisation.³⁶⁴

Galbally and others claim that other civil rights movements provided a discourse that was able to swing disability conversation away from Social Hygiene concerns; pity evoking, charity strengthening; or inspirational, 'rising above' themes.³⁶⁵ Michelle Arrow, writing about social reform in Australia in 1970s, reads the archives of the Royal Commission into Human Relationships to posit a shift to 'public intimacy'. Public intimacies are revealed in the submissions of 'everyday Australians' – often women in violent relationships, denied contraception and access to free, safe abortion; and gay and lesbian people whose sexual lives were criminalised and denied – to speak about their daily domestic lives as though it matters for public policy.³⁶⁶ We have already seen how important this Royal Commission was for John Roarty and his colleagues at Weemala. For Arrow, revealing public intimacies through inquiries marks a significant turn in Australian politics, when the personal became political. She builds links to a changed (not always progressive) understanding of citizenship:

'The personal is political' was one of the most famous formulations of the Women's Liberation Movement. It destabilised a foundational concept of modern political culture: the notion that there were two separate spheres of life, public and private. In this formulation, the public was the space of politics, government and paid work; the private was the place for home, intimacy and domesticity. The division between the two was strongly gendered, reinforced by ideology and government policy, especially around the meanings of Australian citizenship. Citizenship is key to understanding these changing ideas of public and private. While it seems like an abstract, remote concept, citizenship determines who belongs to the nation, and the terms under which they are included. For much of the 20th century, Australian citizenship was defined, in exclusionary ways, by racist ideologies like the White Australia Policy and restrictive laws governing Indigenous people. Citizenship was also shaped by ideas about gender. Citizenship defines people's rights and responsibilities, and historically, Australian's rights to the protection of the state through welfare, for example, were determined by your gender as well as your race.³⁶⁷

Australians with impairments have also faced exclusionary ways since colonisation, especially through sequestration, denial of a proper education, and limited access to community services, housing, training and employment. Enduring social policies and practices contributed to a fragile citizenship status. Scholars of the social movements that sprang to life from the 1960s and 1970s refer to the shift from old model social movements focused around class and conditions in the workplace to the new social movements with a focus on issues of citizenship. The new social movements, according to Alberto Melucci, were focused on identity (such as movements for and by women, indigenous and colonised people, gay and lesbian people and disabled people).³⁶⁸ Others addressed issues related to common causes such as the environmental, peace and anti-nuclear and anti-landmine movements. Melucci argues that such movements developed ways to live the new in the presence of the old while seeking wholesale change. In our case, away from sequestration and rights denial and into enrighted and supported community living, participation in democratic institutions and economic participation.

Melucci does not analyse the deep roots of new social movement types of action, perhaps because for so long it was submerged in a politics and cultural history of a top-down tale that silenced the voice and the narratives of those who experience 'epistemic violence'.³⁶⁹ By contrast, the present study has revealed a persistent, but frequently obscured or misunderstood, community presence of those with severe, as well as less severe impairments. For some, as we have seen, resisting the forces of sequestration was at once a source of empowerment and a struggle without resources to provide the proper support. Rather than a 'rising above', for many this was 'getting by as best we could'. Others, yielding to the policies that exclude, spent years trying to free themselves and family members from environments that stifled and oppressed them.

Politicising disability: Pan-disability and finding common cause

Australians with disability were connected to and leaders in international developments, including the formation of Disabled Peoples' International in 1981³⁷⁰ while local disability issues were becoming a focus for community and political attention. In the late 1970s political, social and cultural forces identified in this study crystallised disability as a social category rather than solely as an impairment diagnosis. The term 'pan-disability' is not widely used but it provides a concept that encapsulates both the heterogeneity within the Disability Movement and the unified goals that were articulated. Olivia Smith defines it thus:

the pan-disability approach sees disability as a unifier: it is a minority group issue which allows individuals with diverse impairments to be treated alike for group identification purposes. In this way, wheelchair users, individuals with learning disabilities, individuals with cognitive impairments, despite differences at the bio-medical level, can be categorised as forming a class on a more fundamental level because of their shared experiences of exclusion, animus and prejudice.³⁷¹

The notion that disability is a unifier across the various impairment categories was a motivator in the Australian Disability Movement.³⁷² Until solidarity was able to surface, the 'service' responses that were structured around diagnosis were dominant. Internationally, advocates, activists and academics were articulating the social model of disability that contested political and professional power aimed at managing deficit by offering rigid service models.³⁷³ Their analysis found a ready home in Australia.

Contributing to transnational rights codification:

Social model proponents drove the momentum for an international convention. Karen Soldatic and Shaun Grech characterise the 1980s as marked by 'transnational claims for social justice'.³⁷⁴ The details of actors and actions; debates and disagreements; combats and consensus of the considerable contribution made by Australians with disability to the development of the United Nations Convention on the Rights of Persons with Disabilities (CRPD) merit a concentrated historical effort. Soldatic and Grech go on to describe these operations in brief:

The most visible outcome of this transnational activism has been the United Nations *Convention on the Rights of Persons with Disabilities (CRPD)* (UN 2006). Initially proposed by Mexico, this global imagining of a disability rights instrument mobilized a global repertoire of disability advocacy, action and protest, combining efforts to articulate disability justice at the transnational level. The success achieved by the transnational mobilization of these disparate nationally-based disability groups was not limited to the development and ratification of the *CRPD* ... In fact, since these efforts, we increasingly see disability civil society actors transnationally organizing to position disability concerns for justice and

rights within the centre of transnational negotiations. This is particularly the case within the disability feminist movements, where activists from Australia, such as Carolyn Frohmader, have united with other actors from across the globe, to position disabled women's concerns at the centre of the global gender debate.³⁷⁵

Bringing education back into focus

The evolution of 'special education' in Australia is touched on in the prior section on educability and the topic deserves a more detailed account than is possible here. The tensions over where children and young people with disability receive their education are persistent, reflecting the ambivalence that bedevils all debates about the place of those labelled with disability.³⁷⁶ Jeremy Ward's account of his daughter Mena's life also focuses on the efforts of the family and the Circle of Friends to secure an education away from the special school operated by the Spastic Welfare League. Pursuing this goal, they contributed to a reforming wave in education. Their actions signalled a move away from notions of educability (inherent in the child) to a focus on the adaptability and receptiveness of school environments, including attention to the capacity of teachers to engender inclusive educational practices.³⁷⁷

Using the media to advance claims

Across the years we have seen how the media worked to raise issues about the maltreatment of those with impairments, especially living in the asylums and hospital. Julian Thomas, also known as 'The Vagabond', wrote in *The Melbourne Argus* in the 1870s and a decade later Hay Thomson, 'The Female Vagabond', worked as an assistant at the Melbourne Hospital and published a piece in *The Melbourne Argus* called 'The Inner Life of the Melbourne Hospital'.³⁷⁸ Over the decades scandals have been canvassed in the media, up to the present era with the exposé of the sexual assaults of residents in services run by Yooralla Services in Victoria.³⁷⁹ Of note, however, is the growing voice, from the 1980s forward, of whistleblowers with disability (such as Craig McDonnell in the Yooralla case³⁸⁰), including funded advocacy and disability rights organisations who both initiate media campaigns and are sought for comment. Roarty's use of the media in the 1970s provides a clear example of the voice from inside being amplified through the media. It is tantalising to think that the fight of Roarty and his fellow Weemala residents to restore access to their television sets signals a growth in confidence in the media as an ally in struggles for improved conditions. While documentary evidence is not available, perhaps we can speculate that access to media (through radio and television) for those sequestered in the full array of residential disability services also informed people of the rise of rights movements across the world. Access to media pierced the institution's walls and brought the outside in – providing a lens through which to view and describe life in sequestration.³⁸¹ Yet media scandals are not enough to build momentum towards sustained change. The stories from inside, accounts of discrimination, of maltreatment, of frustrated hopes and thwarted opportunities were intensified through Roarty's work; the findings of the Royal Commission into Human Relationships; more positive media generated during the International Year of Disabled Persons; and in 1984 with the release of the *New directions* report.

Drawing on and contributing to the rising push for fundamental change in the social management of those labelled disabled, social theorists in sociology, history and social work departments in universities around the world produced a confronting take on disability theory. As Steward and Spurgeon, in their study on people with disability and the Australian media, argue:

The normative use of ableism excludes and marginalises a large swathe of human experience and capacity and, as Goodley (2014 p. 35) suggests, consolidates the intersection of oppressions affecting individuals, namely, 'hetero/sexism, racism, homophobia, colonialism, imperialism, patriarchy and capitalism'. Participation by people with disability in media-making can disrupt the discourses and dynamics of ableism. However, participation alone may not lead to social change if people and organisations with social privilege do not also listen to these voices.³⁸²

Steward and Spurgeon direct our attention to the audience of such accounts ... the reference to people and organisations with social privilege is not directed at reinvigorating the charity impulse. It is about understanding the nature of power, produced and reinforced in political, social and cultural forces, that creates both ableism (the valorisation of those without impairments) and disablism (the structures of exclusion and discrimination).

Drawing on participation in other movements for social change

The Disability Movement is related to other identity focused movements that were influential in forming the claims and strategies of disability activists.³⁸³ As Karen Soldatic and Kelley Johnson say in the introduction to their international anthology on disability advocacy and activism:

The focus is thus a practical orientation to the work that they do to drive social transformation on issues of importance for the struggle for disability justice. Actions, campaigns and tactics can be both expressive and instrumental, depending on the target of their actions and the necessity of the 'what should be done'. While at times this may mean building broadscale alliances within the disability movement, at other times it will mean identifying opportunities to intervene in the campaigns of other social movements to insert disability into their agendas.³⁸⁴

In the Australian context, Arrow appreciates the links to the anti-Vietnam War movement of the 1960s. She argues that:

By the end of the sixties, opposition to the Vietnam War and conscription produced new kinds of radical protest. The expansion of higher education in the 1960s fostered groups of radical students, inspired by the US civil rights movement and the New Left. Opposition to the Vietnam War fused these elements together, creating critiques of western neo-imperialism and Australian insularity and racism. Many were drawn to the anti-war movement by its radical social critique. Yet this social critique did not take gender into account, and women found themselves relegated to subordinate roles. Gradually, these women would insist that their subordinate position was not 'natural', but political. To counter their subordination,

women, gays and lesbians started calling not for equality, or 'tolerance', but for liberation. To understand how and why these groups emerged in the late 1960s, we need to trace their rise within – and ultimately, against – the progressive critique of Australian culture in the early 1960s.³⁸⁵

The narratives of the Sequestered Generations and the stories of those trying to infuse social movements with a sensitivity to the political goals of disabled people also tug at the widely accepted view of the 1960s as universally socially progressive. Another decade was to pass before the Australian Disability Movement became a public force. But the connections were there. Galbally's autobiography points to her participation in the women's movement. The organisational history of the First Peoples Disability Network locates its vision in the movement of Indigenous peoples for land and human rights and recognition. Inclusion struggles have been influenced by the participation by citizens with disability from culturally diverse movements. This represents an active understanding of what is now called 'intersectionality'³⁸⁶ and Soldatic and Johnson describe as 'activism across multiple identities'.³⁸⁷

Theorising disability and ableism to challenge a progressive narrative of history

Breaking the exclusive grip of disability research in medical and allied health circles by taking thinking about disability into the disciplines of law, sociology, history, cultural studies, political theory and social policy opened an interface between the university and disability activists that drove a critical approach to thinking about disability that persists to the present day. Dan Goodley in his 2014 text *Dis/ability studies* asserts that:

Because politics and theory are so deeply rooted and involved with one other, then the very act of theorising the disabling society – or the ableist world – evokes a moment of political reflection.³⁸⁸

As part of ongoing reflection, critical disability theory has addressed simplistic notions of a progressive history propagating a break from old ways of institutionalisation into a new period of rights and citizenship. Disability theorising has explored an abiding connection to the development of analyses of ableism and disablism with strategies for change, including a strengthened self-concept for the person with disability. Goodley calls these 'conceptual anchors' that 'guide the politics of disabled people's movements and politicises the experience of life in a disabled world'.³⁸⁹ We focus now on Australian examples of different modes of politicising the experiences of life in a disabled world.

Building solidarity: Australian cases

The tactical choices made by those seeking change were influenced by the moment of their organising:

The level of public expression or closed-door negotiations is framed by the issue at hand and the surrounding politics that gives it meaning. Most significantly ... disability activism and advocacy is a negotiated process – across disabled people, their allies and networks. Identifying opportunities for social change and the possibilities for intervention are ongoing issues that disability activists, advocates and allies navigate as part of their campaign work. Sharing knowledge, skills, tactics and information, as a form of collective reflexive learning, generates a strategic wisdom to inform future success and socially just transformation.³⁹⁰

The following cases provide a brief glimpse of a period when growing numbers of people with disability, their families and allies spoke into a policy world, reflecting a socio-cultural context and material conditions of disability inspired by the growing acceptance of the social model of disability ... a model that pushes impairment out of sight in order to promote a concern with social, cultural and political dimensions of disability. They shine a light on the development of strategic wisdom about seeking social transformation ... new styles of services are no longer enough.

Advising, consulting and changing disability policy: Advocacy from within

Following the establishment of the Disability Advisory Council by the Hawke Labor Government in 1984 successive Australian Governments have established similar bodies with terms of reference that provide varying opportunities to engage with policy development. The period of the Howard Coalition Government saw a disbanding of the Disability Advisory Council. Government policies came to reflect a stronger orientation to families being the core of disability support in Australia; 'while diminishing the collective involvement of disabled people within the policy process', investing more in carer lobbies; and welfare reform that put increasing pressure on recipients of the Disability Support Pension.³⁹¹ Soldatic and Pini conclude their survey of 'contentious and dramatic changes to disability policy',³⁹² saying:

In the final year of the Howard administration, Australians with disabilities, carers and the large network of disability service providers actively expressed their concerns about the growing inequities and disparities emerging across Australia, with Labor Party parliamentarians instigating and convening the Senate Inquiry into the primary government funding and coordination mechanism for the provision of disability services and supports across Australia (Senate Standing Committee on Community Affairs, 2007).³⁹³

The contribution of the National People with Disability and Carers Council chaired by Rhonda Galbally following the election of the Rudd Labor Government in 2007 to the analysis and interpretation of data from the second national consultation with the disability community (after

the review of the Handicapped Programs almost 30 years earlier) is notable. The resultant report – *Shut out: The experiences of people with disabilities and their families in Australia* (2012) – led directly to the development of the National Disability Strategy 2010–2020 and the initial proposal for the National Disability Insurance Scheme. This was rapidly followed by national consultations run by the Productivity Commission, with acknowledged peer leaders contributing to the design of meetings, data analysis and interpretations.

Funding advocacy: a distinctly Australian contribution

In the introduction to *New directions: report of the Handicapped Programs Review* in 1985 the Minister for Community Services, Senator Don Grimes, refers to the actions of the incoming Labor Federal Government in 1983, saying:

[We] decided to fund the Australian chapter of the self-help group Disabled Peoples' International and also established the Disability Advisory Council of Australia to provide direct advice to the Federal Government in this area. Later in 1983 we set up the Handicapped Programs Review as a further means of identifying what changes might be necessary to improve existing services.

New directions was delivered by a secretariat comprised of Senator Grimes and senior staff from relevant Australian Government departments. They were assisted by the Disability Advisory Council and Professor Tom Bellamy from Canada as an expert advisor. *New directions* introduced several key recommendations that were to put disability services on a new footing in Australia. Consistent with the determination to fund Disabled Peoples International, section 21 refers to self-help and political activism, arguing that:

The self-help and consumer movement has been growing in Australia over the past ten to fifteen years, mirroring similar growth overseas. Such growth has been encouraged by the acknowledgement that individuals or groups of people who are recipients of services, or the targets of policy decisions, are one of the best sources of information about how these services and policies should be designed. The call for assistance to self-help groups of disabled people and for increased consumer participation in management and policy development is a reflection of this general trend for other groups in the community.

Consumer and self-help groups can fulfil two roles. These are:

- mutual support and information for people with disabilities; and
- a power base from which to advocate for rights, lobby for change and improve the status of their members with disabilities.³⁹⁴

Articulating a philosophy and drive to ensure all mainstream services and life activities could become inclusive of people with disability, *New directions* made recommendations regarding the necessity to develop and fund specialist advocacy (that is, disability focused only) programs, especially citizen advocacy and self-advocacy, consistent with developments in the United

States and Canada. Both these programs were viewed as specifically necessary for people with intellectual impairments whose opportunities for exercising choice and control were limited by a combination of their impairment and their situation (many were still resident in large state-run institutions).

Section 7 Interpretation in Part 2 of the ensuing *Disability Services Act 1986* (Cth) provided funding for advocacy services defined in this way:

(a) a service that seeks to support persons with disabilities to exercise their rights and freedoms, being rights and freedoms recognised or declared by the Disabilities Convention, through:

(i) one-to-one support; or

(ii) supporting them to advocate for themselves, whether individually, through a third party or on a group basis; or

(b) a service that seeks to introduce and influence long-term changes to ensure that the rights and freedoms of persons with disabilities, being rights and freedoms recognised or declared by the Disabilities Convention, are attained and upheld so as to positively affect the quality of their lives; or

(c) a service included in a class of services approved by the Minister under section 9B.³⁹⁵

Over time the National Disability Advocacy Program came to fund these approaches:

Approaches to disability advocacy can be categorised into six broad models being:

Citizen advocacy: matches people with disability with volunteers.

Family advocacy: helps parents and family members advocate on behalf of the person with disability for a particular issue.

Individual advocacy: upholds the rights of individual people with disability by working on discrimination, abuse and neglect.

Legal advocacy: upholds the rights and interests of individual people with disability by addressing the legal aspects of discrimination, abuse and neglect.

Self-advocacy: supports people with disability to advocate for themselves, or as a group.

Systemic advocacy: seeks to remove barriers and address discrimination to ensure the rights of people with disability.³⁹⁶

This detail is necessary to capture the enduring commitment to advocacy funding (despite periods of underfunding and funding uncertainty over recent decades³⁹⁷) to highlight the distinctive contribution made by funded advocacy, including of national Disability Representative Organisations, incorporating the Disability Australia Consortium.³⁹⁸ In the absence of a comprehensive and critical history of funded and related advocacy in Australia and its national and international impact, only snippets of activism are available. Ward writes of his participation in Queensland Advocacy Incorporated (QAI), funded in early 1988 to undertake legal and systemic advocacy across the state:

I stayed at QAI for ten years ... I learnt how to write press releases and give media interviews. I found myself leading public rallies and protest marches and attending public consultation meetings, with the expectation that I would ask the probing questions. More often than once I was put in my place when my sister, in her wheelchair in the front row, cut straight to the point with a question most of us had not considered.³⁹⁹

Here we have a voice of a disabled person breaking through, reframing issues and challenging existing policy solutions ... a voice that gains collective intensity in the same period.

Collectively and creatively organising: The Bolshy Divas

Twenty years after Jeremy Ward left QAI another type of group emerged. In her case study of The Bolshy Divas and their use of social media, Katie Ellis has this to say:

Traversing the line between advocacy and activism, the Bolshy Divas were formed to collectively organize against regressive state policy in relation to disability rights while protecting the work of disability advocates working on the inside as 'respectable middle-class professional disability advocates' on national committees, inquiries and commissions. The Bolshy Divas collective, with its utilization of a range of creative online platforms, has provided an alternative mechanism to rally disability rights advocates and activists. The Divas movement has also received international attention and influenced Australian disability policy.⁴⁰⁰

The line between advocacy and activism is also intersected by the activities of formal advisory and consultation functions. Australian disability policy, mentioned by Ellis, refers to the period of policy upheaval and change introduced with the election of the Rudd Labor Government in 2007. Rudd called an Ideas Summit, at which the idea of setting up a national disability insurance scheme was floated. It was not a new idea, having been advocated for by South Australian disabled activist Jeff Heath in the mid-1990s, drawing on rudimentary work carried out during the period of the Whitlam Government. In the same year, the Rudd Government ratified the *CRPD*, on the advice of the Joint Standing Committee on Treaties. The Committee also noted the nomination of Ron McCallum as a candidate for election to the Committee on the Rights of Persons with Disabilities. A National Social Inclusion Unit established a comprehensive agenda that 'placed a heavy emphasis on inclusion, participation and public consultation'.⁴⁰¹

The Treasurer initiated a Tax Review, headed by Ken Henry, Secretary to the Treasury. Henry charged Jeff Harmer with a Review of Pensions. National disability representatives were Rhonda Galbally, Lorna Hallahan and Bruce Bonyhady. The Harmer Pension Review concluded that progress towards a national insurance scheme to meet disability support needs was preferable to the provision of a Costs of Disability payment, traditionally advocated for by Disabled Persons Organisations. Under the parliamentary leadership of Parliamentary Secretary for Disabilities Bill Shorten and Minister for Families, Community Services and Indigenous Affairs, Jenny Macklin, often in collaboration with shadow ministers across the political parties, the National Disability Strategy 2010–2020 and the National Disability Insurance Scheme became key outcomes of the policy development process.

Against this background of policy reframing, the Bolshy Divas, launched in 2010, was a group of ‘masked avengers’ who, contrary to so many other disability activist collectives, encouraged a level of anonymity. One Diva, in conversation with Ellis, says:

We were activists who didn’t tell people who we were and the myth of the Divas grew. We were female masked avengers and our weapons were not just being women and being feminists and being disability activists – our weapons were building a movement of women (and some men, the DwDs [Divas with Dicks]).⁴⁰²

While there is a spirit of exuberance in the ways that the Bolshy Divas organised in this period, they were unafraid to address the shadow of the reforms. While many leaders congratulated themselves on progress in Australian life, the Divas often focused on the persistence of violence against people with disability.

A core group ‘outed themselves’ to attend an Australian Senate inquiry into ‘Violence, abuse and neglect against people with disability in institutional and residential settings, including the gender and age related dimensions, and the particular situation of Aboriginal and Torres Strait Islander people with disability, and culturally and linguistically diverse people with disability’ (Community Affairs References Committee 2015). The Divas were revealed to be long recognised by peers in the Disability Movement as leaders and innovators; often as contributors to and leaders in formal advisory bodies. At the hearing and dressed as mourners, they ‘laid long-stemmed white roses on the table as they gave testimony, saying: “We dress as mourners and we read The Uncounted”’.⁴⁰³ Their statement:

We bear witness for Client 1, a 46-year-old woman who at the time of her abuse was only 24 years old. She was admitted to Prince Charles Hospital at the age of 4 years old and was moved to the Basil Stafford Centre, a government-run residential facility in Queensland at the age of 11. Client 1 is described as being a woman who has an IQ of under 25, and stands 138cm in height. She continued to live at the centre until its closure. In 1986 it was discovered that she had been raped by a staff member and her pregnancy was not discovered until she was 20 weeks pregnant. A CJC [community justice centre] review in 1992 documented numerous incidents of violence, sexual and other abuse and gross neglect, including the death of a man who choked after lack of supervision.

These roses made an impact. '[Senator] Rachel Siewert and others kept those roses and they dried them out', wrote the Diva I corresponded with. 'When they handed down the report they wore them pinned to their jackets.'⁴⁰⁴

The Bolshy Divas, with their vivid presentation, added emotional intensity, awareness of the long history of violence and urgency about a response to the Senate Committee inquiry which in turn accepted the pressing need for further investigation. Thus, adding fresh impetus to calls for a Royal Commission.

Persisting with politicisation: Peer-recognised leaders of post-institutional activities

This regrettably partial overview of the rise and struggles of and within the Australian Disability Movement from its radical stirrings in the 1960s through to sophisticated input and leadership of services reform and rights formulation, paints a mosaic. A mosaic of motivations, approaches, strategies and tactics used by people with disability and their allies, within other new social movements and within the wider disability community. Arrow, in her analysis of new social movements about gender and sexuality in 1970s Australia wisely points out that:

It is important to note that these changes have not always been progressive. Sometimes a change is just that – a change – and we can trace these changes without yoking them to a narrative of progress. We can easily mistake decriminalisation of homosexuality or the *Sex Discrimination Act* as moves towards 'equal rights' when in fact they do not guarantee these rights ... By the end of the decade, the ground had shifted beneath the feet of the liberation movements, and the logics of competition and deregulation had changed the framework of possibility for revolutionary gender and sexual politics.⁴⁰⁵

The Disability Movement was compelled to face the forces of neo-liberalism that became determining in the disability service world from the mid-1990s. Indeed, the shadows produced by aggressive neo-liberalism remain a present challenge. At the same time, critical disability theory with its enduring links to political action has continued to resist simplistic notions of a progressive history claiming a break from old ways of institutionalisation into a new period of rights and citizenship.

Niklas Altermark's provocative take on post-institutionalisation aligned with post-colonial theory argues that the power to segregate is not overcome by deinstitutionalisation. He sees a new set of processes that 'other', particularly those considered intellectually impaired. He presents three propositions that 'cast off the depiction of intellectual disability history as oppression succeeded by emancipation':

Firstly, post-institutional analysis, like postcolonial theory, analyses the failure of liberation and the complex trances of how power has transformed rather than disappeared. Secondly, post-institutional analysis attends to how intellectual disability is constituted as an 'otherness'

of humanist reason. This means that it becomes worthwhile to question whether or not the ideals of 'independence', 'citizenship', and 'inclusion' reinforce the worldview that rendered people of this group 'others' in the first place. Thirdly, post-institutional analysis is cautious not to view 'intellectual disability' as a fixed category with a common interest, but rather sees this condition as a political construct that always already bears the marks of power. This is not to suggest that there are no differences between people with intellectual disabilities and other people, but to acknowledge how certain differences are singled out as grounds for classification providing political concerns at specific moments of history.⁴⁰⁶

Altermark's approach challenges us to look more closely at the achievements of the change initiatives at the end of the 20th century. It preserves the connection with the destiny of First Peoples as they are subject to the intersection between racism and dis/ableism.⁴⁰⁷ Altermark attacks the notion liberation follows when voice is heard. Using Spivak's theory (see below) he asserts that the compelling task of political participation in policy debates is 'to learn how to learn from the othered'. For Altermark, this requires questioning the norms that produced their marginal status in the first place. He argues:

Rather than being reduced to representatives of a specific condition, an important ambition in these projects has been that the voices of people with intellectual disability should be allowed to enrich and destabilise common understandings of this group. In turn, this may also force us to reconsider the place of intellectual disability in history and how its history has evolved ... If we wish to replace the narrative of progression, and understand the complexities of how power is exercised in the post-institutional era, I believe that this is the only possible route forwards. This task is too important to solely be the responsibility of critical theorists.⁴⁰⁸

In Australia, this has been occasionally achieved when those who speak into policy and political debates express views developed as an individual conscientised by participation in the Disability Movement and participation in wider policy debates. Patsie Frawley and colleagues conducted conversations with adults with intellectual impairments who were appointed to formal advisory structures. Among interesting findings about how to support individuals so that their contributions can be well informed is an observation that eight of the nine of the interlocutors were experienced self-advocates. The study was located in Victoria where a post-institutionalisation advocacy group, Reinforce, sprang into action with the 'Drummond Street Squat' in 1981 and maintains steady contribution to the struggle for independence and rights recognition of people with intellectual disability.⁴⁰⁹ Frawley (above) and Christine Bigby conclude:

There is no suggestion that this small group of people is in any way representative of people with intellectual disability; rather, all except one were experienced activists, with many years of political apprenticeship served as members of self-advocacy groups. This indicates that a flourishing self-advocacy movement with the capacity to provide such training and experience might be an important foundation for citizen participation by people with intellectual disability.⁴¹⁰

A brief survey of the résumés of other peer-recognised leaders within the Australian Disability Movement shows similar political apprenticeships, both in related social movements and in funded advocacy efforts. The deep and critical history of these links is yet to be told.

Goodley declares this action directed at disablism, which he describes thus:

Disablism relates to the oppressive practices of contemporary society that threaten to exclude, eradicate and neutralise those individuals, bodies, minds and community practices that fail to fit the capitalist imperative. This is a powerful narrative that guides the politics of disabled people's movements and politicises the experience of life in a disabled world. Disability might be understood as an identity position, often a negative, marked and stigmatised social position.⁴¹¹

The snippets presented here point to recent and contemporary activities aimed at contesting and eradicating disablism. They have deep roots across the history of disability in Australia as individuals, families and communities have sought to find new ways of living as well as to challenge and change social policy. This history of various approaches to politicisation of disability in the quest for full citizenship can never be the full story. The following snippets point to active engagement with cultural, philosophical, ultimately social questions of the meaning of disability in Australian society and globally. They are actions directed at ableism, seeking to engage those who occupy organisational and personal privilege who must learn how to learn from the othered.⁴¹²

Exploiting the ambivalence: Quipping the culture

As individuals reach out and use art to make relationships across differences, build connections that allow them to understand more of the injustice others face within disability, sexuality, and its related intersections, and in turn respond to these through creating and sharing art, they discover ways to build alliances of people campaigning for disability rights and justice. And together these groups connect to create a more just and equitable world.⁴¹³

Tony McCaffrey, in his survey of the rise of theatre with intellectually impaired actors, sees *Stepping out*, released in 1981, as 'an early attempt to give voice to people with intellectual disabilities. A close analysis reveals some of the contradictions and tensions in this emancipatory urge.'⁴¹⁴ We have already seen that the senior management of the Lorna Hodgkinson Sunshine Home sacked the drama therapist Aldo Gennaro for encouraging expression of rights and sexuality. Conversely, McCaffrey sees 'Gennaro's theatrical framing of the participation of Chris and the other Sunshine residents is a kind of emergent "crippled" and/or "queered" theatre'.⁴¹⁵

If *Stepping out* was indeed a tentative 'stepping out' from institutional life, repressed sexuality, thwarted creativity and expressions of love, it is the birth of what is now seen as the last avant garde. No socio-cultural history can ignore the trajectory from the freak shows of the

19th century, through to the drama therapy of the late 20th century and into a professional performance sector, which by 2017:

embraces differences in bodies, but also in thinking, in neurodiversities, in being, in articulating, in appearing, in sensing, in intersectionalities, and in the experiences for audiences ... The concept of a 'last avant garde' is provocative because it has the potential to overturn presumptions about disability art. It inverts the often marginal position of disability art in terms of critical attention, experimental capacity, and aesthetic and cultural value. Instead, artists with disabilities are positioned as creative leaders whose value is to lead both aesthetic and social change.⁴¹⁶

This history, which is finally receiving detailed attention, reveals efforts from the 1980s to confront the ambivalence about the place of people with disability in Australian society. The avant garde aims to unsettle audiences by using provocative images and humour to smash taboos; and to present a vision of transformed presence. It turns the gaze away from the odd body back to an equivocating audience. Exploiting this awkwardness and uncertainty, professional performance and other artists (writers, artists, musicians ...) present a 'disability-led, professional, and politically charged practice that positions disability as an identity and culture worth celebrating rather than a condition to be cured'.⁴¹⁷

Quippings: Disability unleashed, a performance troupe that grew out of a lobbying effort for access in Melbourne in 2009, has presented on themes of sexuality and disability, with a growing diversity among performers across an array of art forms.⁴¹⁸ In 2019, reflecting on their work they say:

live shows developed because the founders realised that fun and public expression of private taboos were powerful; they recognised that the spoken word, the show, and the performance are important advocacy tools – just as vital as any number of letters or phone calls to organisations – in shifting public and private views and practices. At stake was the critical mass needed to press for all disabled people to be sexually liberated, loud, and proud ... at the core of our examination of disability performance as the last avant garde, is our awareness that we may need to keep thinking radically – to keep tearing things up, or moving forward in different ways, as disability aesthetics is not simply a theme, ideology, or politics, but a way of conceptualising the future as much through thinking and talking about performance as through enacting it.⁴¹⁹

This process of 'cripping' – of taking audiences and other viewers/participants into confronting taboos and resistances that performers and artists believe exist through their experiences of living with disability – is a direct practice aimed at challenging and changing the social and cultural dimensions of disability. Not only is it an in-your-face approach to disability expression, practitioners see it as a way of declaring a new future free from repressive forces. Goodley sees work such as this as addressing ableism:

Ableism's psychological, social, economic, cultural character normatively privileges able-bodiedness; promotes smooth forms of personhood and smooth health; creates space fit for normative citizens; encourages an institutional bias towards autonomous, independent bodies; and lends support to economic and material dependence on neoliberal and hyper-capitalist forms of production.⁴²⁰

The early days of the 20th century were marked by the twin forces of the emergence of the Aussie Bloke and the science of eugenics. The disability activist-artists crippling the world by storming the Arts aim to expose the dominance of 'normates'.⁴²¹ The end of the 20th century saw a culture marked by similar forces. Disability activists claiming a place as philosophers and theologians set about challenging trends in bioethics.

Reframing 'human': Bioethics and cultural studies

In 2004 Christopher Newell, ethicist, theologian and disabled person, working with Gerrard Goggin, a cultural studies media analyst and theorist, took on Christopher Reeve, a cultural icon⁴²². They say:

Reeve plays an enormously important (if ambiguous) function in the social relations of disability, at the heart of the discursive underpinning of the otherness of disability and the construction of normal sexed and gendered bodies (the normate) in everyday life. What is distinctive and especially powerful about this instance of fame and disability is how authenticity plays through the body of the celebrity Reeve; how his saintly numinosity is received by fans and admirers with passion, pathos, pleasure; and how this process places people with disabilities in an oppressive social system, so making them subject(s).⁴²³

The story of the two Christophers started before Newell and Goggin proffered this evidence of the obduracy of normate⁴²⁴ masculine views and their shadow of medicalised tragedy tales. In 2002 Reeve was sought by media to advance the case for the use of embryonic stem cells in medical research to cure serious conditions, including spinal injury. As Newell and Goggin tell it:

In 2002 there had been a heated national debate on the ethics of use of embryonic stem cells for research. In an analysis of three months of the print media coverage of these debates, we have suggested that disability was repeatedly, almost obsessively, invoked in these debates ('Uniting the Nation'). Yet the dominant representation of disability here was the cultural myth of disability as tragedy, requiring cure at all cost, and that this trope was central to the way that biotechnology was constructed as requiring an urgent, united national response. Significantly, in these debates, people with disabilities were often talked about but very rarely licensed to speak. Only one person with disability was, and remains, a central figure in these Australian stem cell and biotechnology policy conversations: Christopher Reeve.⁴²⁵

Reeve's Australian interlocutors were not so much motivated by the issues that many others raised about the ethical dimensions of using embryonic stem cells; nor by any intention to

discredit Reeve, the person. Rather they sought to address the cultural and media dimensions of disability that reinforced myths. It was a political shift away from the perennial concerns of the Australian Disability Movement with its dominant focus on rights advance, anti-discrimination and quality service provision in the community.⁴²⁶

The challenges were met by a firm response from Reeve who refused to accept any criticism that his opinion was utilitarian and therefore disrespectful of the many with impairments who have accepted their condition while resisting the historical legacy of exclusion and discrimination. He concludes his response with these words:

Finally, let me return to the accusation that I do not appreciate ‘the inherent worth of every person, regardless of extraneous attributes like impairment’. That is not true. Dr Newell will simply have to excuse me if I, like millions of others, prefer not to be impaired.⁴²⁷

Christopher Reeve died in 2004. Christopher Newell was undeterred by Reeve’s dismissal of his objections and maintained his public profile, addressing the myths surrounding disability and medical science until his death in 2008.⁴²⁸ There had been no rapprochement.

Stem cell research was not the only issue to galvanise activists as well as producing divided opinion in the Australian Disability Movement. Voluntary euthanasia has also prompted a similar set of conversations as have pre-natal testing and termination of pregnancy.⁴²⁹ These debates tend to position choice and control arguments (of prospective parents and disabled individuals) against claims about the damaging impact of describing disability in devaluing terms that feeds into the mythscape that so many have sought to challenge and change. Alternatively, opponents have argued that autonomy is impinged in end-of-life decision making, converting voluntary into involuntary euthanasia.⁴³⁰ Internationally, some scholars made tentative connections to the earlier period of the Aktion T4 campaign in National Socialist Germany in the 1930s and 1940s,⁴³¹ especially in relation to the power of policy to lethally activate devaluation and disrespect, as well as the power of law and policy to remove autonomy from many people with disability.⁴³² These references do not appear to have made their way into Australian public debate.⁴³³ Stella Young, a widely known media figure and contributing editor to *Ramp up* who described herself as of short stature and a wheelchair user who frequently has broken bones, entered the fray in 2013 saying:

I still believe we need more robust conversation if we are to pass a law that truly balances the wishes of those who want to die with adequate safeguards for those who don’t. Before we can talk about death with dignity, we need to ensure that all people, regardless of age or disability, can live with dignity. We’re not there yet.⁴³⁴

Young was not alone in taking this position. Taking a slightly different angle, the Australian disability advocate Erik Leipoldt produced a doctoral thesis titled ‘Good life in the balance: a cross-national study of Dutch and Australian disability perspectives on euthanasia and physician-assisted suicide’. Leipoldt’s work branched out into looking at interdependence, inspired by his commitment to environmentalism, arguing that:

Mostly we see suffering as a subjective and private experience leading to the invocation of individual rights to do away with one's life should it become unbearable, as of no consequence to others.⁴³⁵

Leipoldt and others opposed to voluntary euthanasia did not receive universal support from inside the Australian Disability Movement. Unifying threads remained evident in arguments about challenging myths of tragedy and dependence; the need for services and rights; and, the necessity to strive for interdependence. Leipoldt reaches into the ambivalence that is so often attached to disability when he says:

Just as life is a paradox, it seems that we carry a paradox inside ourselves. Where we normally look at life as if we are individual autonomous beings, when the chips are down, living it within acknowledged interdependence may appear to us as a sustainable reality. Disability experience thus illuminates a fundamental choice that may be open to anyone in approaching living and dying.⁴³⁶

The idea that impairment and disability deliver lessons for all people is challenging. That impairment and disability do not exist just as a marker of tragedy or fragility but as a guide for all humans facing their own weaknesses as well as seeking social connection and meaning remains a compelling message. Not the overcoming message, it is a politically charged message owned by activists to challenge ableism. Goodley describes:

the 'species-typical individual citizen': a citizen that is ready and able to work and contribute; an atomistic phenomenon cut off from others, capable, malleable and compliant. Ableism breeds paranoia, confusion, fear and inadequacy. Ableism is an ideal that no one ever matches up to.⁴³⁷

Here we re-encounter the enduring ambivalence: disability is something we desperately want to eradicate and yet none of us can meet the ideal of the species-typical individual citizen. Perhaps the psychological states that Goodley describes (paranoia, confusion, fear and inadequacy) point to the intensity and inescapability of the ambivalence.

Bringing impairment back into sight: the importance of the Global South

A failure to recognise ambivalence can have two adverse outcomes: 'First, where a disambiguated public discourse obscures more complex sentiments, policies are unlikely to meet needs ... Second, repressed sentiments may return to fuel harmful behavior.'⁴³⁸

The voices raised against the uncritical emerging consensus about pan-disability and the homogeneity of the social model of disability were found in the bioethics discussions, paradoxically hinted at among the 'cripping' artists who chose to celebrate rather than minimise impairment; advocates for those with significant intellectual impairments; and, theorists and

activists of the Global South.⁴³⁹ Essentially they coalesced around a determination to bring impairment back into the picture.

While it is a foolish undertaking to psychoanalyse a population, this project has tracked successive generations' attempts to conceal physical and mental frailty through custodial approaches enacted over a century of sequestration. Where those with impairments were able to avoid the asylum in all its manifestations, they were required to rise above, to overcome – to not draw attention. Despite persistent censorship over the decades there were attempts to draw attention, to reveal public intimacies, and to speak back to a society about the value and place of Australians with impairments. The almost stifled voices found reception from the 1960s onwards but not without cost. In 2015 the Senate inquiry into violence, abuse and neglect against people with disability in institutional and residential settings, including the gender and age related dimensions, and the particular situation of Aboriginal and Torres Strait Islander people with disability, and culturally and linguistically diverse people with disability, once again confronted Australian policy makers with the long, deep shadow of repression and its related failure to develop policy that can meet genuine need in safe ways. As Soldatic and Pini argue, opportunities for inclusion and exclusion prevail to the present, saying:

Like other areas of Australian social policy, disability policy has been subject to significant change in past decades as a result of global and national imperatives and ideologies. While older discourses of paternalism and charity and their associated practices appear to have been superseded by those pertaining to rights and citizenship, and an emphasis on responsibility and obligation, this is not the case ... the field of disability policy is more marked by subtle continuity rather than a clear demarcation between the 'old' and the 'new'.⁴⁴⁰

Among those who raised a voice against the pan-disability-rights settlement⁴⁴¹ were activist-academics who carry concern for citizens of the Global South – in Australia, First Peoples. Arguing that ongoing colonisation contributes to the 'production of impairment' by undermining the health of individuals and the capacity of families and communities to support those whose bodies are so marked, they make a call for bringing impairment back into policy discussions. This politicisation of impairment takes a different flavour from the social model by looking at the causes of high rates of chronic illness and impairment among people who also experience poverty, few and poor quality services, truncated education, high rates of child protection intervention and incarceration as well as loss of contact with country, identity and family. Helen Meekosha and Karen Soldatic, in a critical voice about an overly optimistic view of the *CRPD* to undo disability oppression, especially in the Global South, aim to:

capture social dynamics in the body, which is rarely captured within Northern debates of disability rights. While disability is clearly conceptualised as bodies in social dynamics, bodies also bear the mark of global power and this becomes embodied as a social reality.⁴⁴²

In 2013 the First Peoples Disability Network adopted ten priorities to advance the welfare and rights of First Peoples. Updated in 2018, the 10-point plan includes a priority that identifies inequity resulting from the current impact of colonisation and poverty in the bodies of First

People. This priority calls for proper links to be made to the Closing the Gap program,⁴⁴³ in partnership with First People with disability and their community-controlled organisations. The insistence on hearing directly and specifically from First People with disability, based on targeted research and the positioning of community elders, contributes to and draws on the Disability Movement history of demanding 'a place at the table'.⁴⁴⁴

Conclusion: Meeting support needs and rights demands with market forces

The history of the development of the National Disability Insurance Scheme (NDIS) is only now being recorded. The biographical accounts of its pioneers are yet to be written while their hopes are critically examined by individuals seeking access to and use of the NDIS. The behind-the-political-scenes accounts are eagerly awaited but the activities of the Every Australian Counts campaign are indicative of the power of a consensus that emerged across the Disability Movement in the late 2000s and through to the present. Every Australian Counts brings people with impairments together with those who are carers (overwhelmingly family members), service providers, their employees and independent professionals. They promote the virtues of a disability insurance scheme using mainstream and social media; among people living in many and diverse communities; in the full range of workplaces; and among people with impairments themselves.⁴⁴⁵ The campaign provides guidance and resources for grassroots community members to open conversations about the lives of people with disability, the shortcomings of service system under the 1980s and 1990s settlement, and the need for a larger national investment in building choice and control and quality service options. Every Australian Counts also identifies the need for vigilance and ongoing action to keep the NDIS on track. They say:

The NDIS is making a big difference to lots of lives. People are finally getting the support they need. But the NDIS isn't working well for everyone – that needs to change. We also need to make sure funding for the NDIS is secure – now and into the future.⁴⁴⁶

The legislative provisions met bipartisan approval. Yet, although the consensus was significant and publicly maintained it was not comprehensive. Critical voices have come from traditional service providers afraid for the future of their services and unions concerned about workers' conditions; from individuals with impairments who were comfortable with their current arrangements; from families afraid about changed service offerings and having to learn a new system; from professionals and some families who foresaw a lack of applicability for some groups of people with impairments; and from critical disability theorists unconvinced that a new welfare settlement focused on market-driven provision could protect rights and promote community living.⁴⁴⁷

All those who foresaw these shadows have found evidence for their concerns and have embarked on a vigorous internal debate within the Disability Movement. The apparent consensus that rights realisation, needs fulfilment and the emergence of a truly inclusive

society in which people live free from maltreatment would be the outcome of the new market-driven welfare settlement is fractured and fracturing. This ongoing upheaval is the backdrop for the concluding chapter, which pulls together the many threads, often melding, more often clashing, that are woven into this socio-cultural history.

5. Closing for now – Fighting on for the right to have rights

The notion ‘the right to have rights’ addresses social and cultural threads that have contributed to shaping the material lives of those identified as disabled in Australia over the last two-and-a-half centuries.⁴⁴⁸ Hannah Arendt was concerned with the realisation of rights, not simply with the attribution of rights through various declarations or social and legal theories. This means that the claim of rights must be enforceable through various social institutions that recognise the human being as a member of a political and civil community.

Socio-cultural history is primarily interested in charting normative stability and change over the identified period and is therefore closely related to civil and political life. The present study has sought to make sense of a growing understanding of people identified as disabled as ‘citizens’. ‘Citizen’ is used in the broad sense of belonging to the community, the nation, the wider world, not in the more specific sense of holding citizenship of a nation state.⁴⁴⁹ It also shows how slowly change has come, especially for some categories of people. Finally, while documenting resistance to social, cultural and political processes that deny the citizen status of people identified as disabled, it uncovers the power of forces that fight back, reinforcing processes of classification and exclusion.

A palimpsest is a multi-layered text that builds on earlier inscriptions. The deepest layer is called the *scriptio inferior*. Revealing the *scriptio inferior* by peeling back the subsequent layers of the palimpsest of this socio-cultural history of disability offers the opportunity to grasp these competing forces and dynamics. It provides the opportunity to collect the many skeins and threads exposed through this study.

Revealing the palimpsest: A complex socio-cultural history of disability in Australia

The layers identified here are not a sequence of eras, rather they relate to themes that have emerged throughout the study.

Temporal layering

The reach of the study, across centuries, provides a substantial temporal canvas on which to see the struggles of people with impairments and their close allies to find a valued place in the settler society. There is no progression from darkness into light, but there are moments⁴⁵⁰ when the social-cultural forces were realigned. Wars – frontier and world wars – and epidemics were producers of impairments leading to fresh demands for recognition and services. Post-war social changes, fuelled by new social movements seeking cultural change and justice for categories of people othered by rigid norms reinforced by oppressive power relations, inspired disabled people to name and deny the shadows of medical and welfare provision and the entrenched discrimination in the economy and the wider society.

And yet, there is stasis, unchanged at these moments. The colonial economy with its aspirations for a society peopled by the healthy, the sane, the strong and the white drove the segregation of those who did not fit the script. Those who avoided the sequestration have sought a place in the community in remarkably consistent ways across the centuries. They rose above, sought to overcome, or sought simply to get by. They also found relationships in which they were cared for and cared for others. To the present day, they have had to resist the relentless forces driving them back into the special worlds of disability.

So, observing the passage of time does not reveal an assured progression, rather a punctuated equilibrium that wrestles with the tensions between forces that other and exclude and forces that can pull people with impairments into community life.

Place layering

This is the most discernible dimension of the palimpsest as the asylums, in all their manifestations, held the horizon for so long. The published histories of asylums also serve to prioritise the place before the people. They reveal the ‘types’ of people sequestered because the official records provide diagnostic data and some limited personal data. In the early records the everyday lives of the ‘inmates’ are only scantily covered, with historians relying on the sources of journalists and whistleblowers to expose maltreatment. Recent research with those who were leaving places such as Kew Cottages shows a more nuanced picture, blending accounts of how individuals contrived to live well at the same time that many experienced ongoing maltreatment. Finally, the project has identified a set of subtle but nonetheless powerful forces that continue to push people with impairments into segregated settings.

A growing body of sources locate people outside the gathering-up strategies, living sometimes precariously and often safely and productively in communities, with families, including as parents. The knowledge of these lives inspired a strong independent and community living movement focused on pursuing en-righted, included lives. Advocates now face a struggle about prolonged social isolation and elevated risk of maltreatment for some individuals living alone in local communities.

At each point we see that ‘placing’ people with impairments is a primary concern of legislators and policy makers, often fed by medical, scientific and service fears and interests. Expressions of the need for certain categories of people with impairments to be contained and protected from a wider social world have tended to replace early notions that the wider community required protection from people whose urges and behaviour were deemed ungovernable.

The wider question of whether there should be *any* place for people with disability has lurked for more than a century. The early eugenicists advocated sterilisation to limit reproduction of inferior persons – a science enlisted in the Aktion T4 policy and practices of enforced euthanasia in Hitler’s Germany in the 1930s and 1940s. Contemporary disability advocates engage in public bioethics debates about beginning and end of life technologies. They conclude with a discussion about the ubiquity of human frailty and vulnerability to multiple, body-altering forces by taking up a position about interdependence as a fundamental aspect of the human condition.

Relationships layering

The placing of people with impairments, especially those with cognitive and behavioural difficulties, has an immediate impact on their relationships. The study reports a persistent pattern of policies that disrupt family-based relationships. By naming the many thousands of people who lived out their lives in institutions the Sequestered Generations links are made with other social policies leading to the Stolen Generations of First Peoples and of children subject to forced adoption; and the Hidden Generations of child migrants separated from their homes in the United Kingdom. Each group contained children with impairments, their lives distinctively marked by the fact that sequestration lasted across the lifecourse ... there was no time of growing out of the containment. Recent accounts tell of the heartbreak many families, especially mothers, endured when they relinquished their child or young adult family member to services promising to care. The sorrow was only deepened when they became aware of the maltreatment so many experienced. To the present, family members continue to confront service providers seeking safety and justice for their child or sibling. Others never saw family again. First Peoples were separated from culture and land, further cementing their alienation from a web of relationships offering secure identity.

Conversely, we have seen that the spectre of prolonged isolation can haunt people placed in community but not embraced in relationships of care, support, and friendship. For some the consequences have been catastrophic, with exposure to violence and exploitation. Others live their days in loneliness and frustration. Against this reality for many, the history reveals the efforts of individuals with impairments to extend their networks beyond contact with daily support workers, and into neighbourhoods, workplaces and families. Families have dedicated themselves to building webs of relationships to support and enable risk taking for members with significant impairments.

Political layering

As we peel back these layers, we see that the politics of disability navigated a deeper tension. A strong strand of resistance comes into sight. With deep roots in prototype collectivist action in Australia that was evident from the beginning of colonisation, people with impairments, especially those feeling the brunt of neglectful, discriminatory or exclusionary policies, and their allies politicised disability. The pan-disability approach sought shared goals and solidarity across the boundaries built by impairment-specific services with their history of differentiation. Individuals with impairments, their allies, those who called themselves carers, human service and allied health professionals, lawyers and policy makers, were drawn in, contributing sophisticated strategic insight to the development of Australian and international rights instruments. First Peoples representatives also participated actively in these political processes as part of a vibrant disability civil society coalition.

The politicisation of impairment has pushed back against the social model of disability. The social model is critiqued for privileging white, western knowledge which marginalises the experiences and wisdom of those with impairments in the Global South. Not to be confused

with a return to earlier medical models, this approach aims to disclose the systemic links to colonisation, poverty, marginalisation, poor environmental quality, neglect of health and educational needs throughout the lifecourse and discrimination in producing impairment and chronic conditions.

The future will tell whether these two strands of politicisation can enrich each other or will be in divisive tension. The outcome will be affected, in part, by how those seeking to gain political attention to the negative impact of disability and the ways in which social exclusion is measured in the bodies of the colonised and poor, are able to successfully address ableism.

Cultural layering

While narratives about who is a True Blue Australian were apparent from the earliest days of colonisation, theorisation was most salient in the 1950s and 1960s.⁴⁵¹ Although it has morphed under the pressures of the rise of ‘the personal is political’ slogan from the 1970s, contemporary studies reveal that this mythscape is pervasive.⁴⁵² Against this, those with impairments report that the dominance of these ideals positions them culturally as ‘other’, in turn facilitating the experiences of exclusion, discrimination and maltreatment

Othering via ableism has not been passively accepted. A long established, now flourishing Disability Arts scene tackles myths and taboos head-on. A far cry from the early freak shows that objectified people rendering them folk to be derided or feared, crippling artists take their audiences, readerships and others into alternative worlds. Worlds which turn the tables to expose the casual bigotry of the non-disabled and the toxic actions of those who would push those with spectacular impairments out of sight. Disabled cultural activists reject the ‘pornography of inspiration’, highlighting the implicit condescension and intrusion that accompanies such attention.

The *scriptio inferior* of ambivalence

Ambivalence in the wider society runs through this history, never resolved. Socially, politically and culturally it is about the very humanity of those with impairments – are they a threat to a healthy nation or are their lives a revelation about the ubiquitous fragility of life? About the place of those labelled disabled in Australian society – do they belong in here with all of us or over there with each other? About the nature of independence, dependence and the denial of interdependence – are they burdensome or is interdependence the desired socio-cultural fabric of the human condition?

Ambivalence among people with impairments and their close allies also runs through this history, never resolved. Socially, politically and culturally it is about:

- identity – how do we describe ourselves in a way that does not feed into tragic and other myths?
- needs and rights – how can we talk about our needs for support while keeping alive our demand for rights recognition in all spheres of our lives?

-
- action – how do we balance a focus on disability and injustice with impairment ... its production and its effects in our bodies and minds?
 - our culture – how can we celebrate our experiences while also telling the truth about violence, abuse, neglect and exploitation?

All these questions, and more, expose a *scriptio inferior* (the deepest text in the palimpsest) of fundamental ambivalence about what Australians value as hallmarks of our national life. The primordial Othering act of invasion and ongoing colonisation reverberates throughout recent Australian history. Not only has it retained a myth of who is racially, ethnically and culturally Australian, it has located those with impairments in disability worlds from which they have fought for liberation.

Conclusion: Locating people with disability in contemporary Australian society: in-betweenness and togetherness

The study brings us to a contemporary point where people with disability find themselves in-between: participating and flourishing in growing numbers but nonetheless wary of the historical forces arrayed against their full inclusion. The policies that gather up people with impairments have changed over the years, but their impact remains the same. Special schools and services keep people out of community life, often estranged from family and exposed to social over-protection, containment and maltreatment. Alternatively, some families collude with medical practitioners and services to keep people out of sight. Discriminatory attitudes and practices keep people isolated and exposed to risks of abandonment, neglect and exploitation.

This is a stark, dichotomised position and the case for many. Yet, those who refuse and resist; confront ableist myths and deep taboos; and build decent lives alongside poor quality services and unrelenting discrimination, also show the power of being in-between. Not enlisted into rising above, overcoming and denying the realities of their daily lives in difficult bodies; not trying to pass or to ignore inequality, rights denial and violence; and, not pretending an independence (this is different from autonomy) that belies universal interdependence, they offer a confident view of themselves in society as people who reveal deep and uncomfortable truths about our collective lives.

The now decades long history of the Disability Movement points to the potency in both proclaiming an identity as a disabled person and claiming autonomy, rights and opportunity to live freely and to contribute. Tensions not resolved, rather it is 'doing the ambivalence' in which advocates and activists of different stripes daily live with a socially devalued identity while finding power and hope in their vision and actions. They neither embrace the dominant mythscape and its policy servants nor accept its historical alternative.

People with disability and their close allies can rightly ask of their fellow Australians: do you truly value us as members of this society? The record of exclusion, discrimination and maltreatment, evident across time and into the present, suggests that this question cannot receive an unequivocal 'yes'. Until that time, the history reliably informs us, the struggle for recognition, rights and decent, valued lives by those with disability and their close allies will confront the long exclusionary shadow and its contemporary manifestations.

We should never forget our past history and remember it with horror and be proud at our survival and at the changes we have made.⁴⁵³

Appendix. Bringing disability into focus – history and historiography

The study of 250 years of socio-cultural history of disability in Australia is necessarily limited in scale by *time available* (how long would it take to do this comprehensively?); *approaches* (what analytical tools are necessary to deliver a truth-filled and vivid yet complex account?); and *sources* (how can we muster sufficient primary sources to substantiate claims?). This introductory essay sets out the methodological considerations to deliver a paper of value to the Royal Commission as it aims to establish the antecedents to the presenting problem of historical and ongoing maltreatment of people with disability.

Approach: What is a socio-cultural history?

You should not limit yourself to what is strictly related to disability. You have to get at what everyone is thinking about in a given period: human relations, their relationship to divinity, to the natural world. You have to study culture because disability can often be found within these general elements of a culture.⁴⁵⁴

Jacques Stiker's advice to budding historians of disability, which is to look at cultural (and for us, social) conditions in order to detect traces of understanding about disability, opens a wide horizon that assists in 'avoiding a flat and inorganic sense of history'.⁴⁵⁵ As Halder et al explain we can approach this:

through a socio-cultural lens from which the structures within society all contribute to inform the attitudes and beliefs that are held about persons with a disability and how they may access services such as education, employment, and social engagement/independent living or a life of inclusion is laid down. Communication is a fundamental human expression that allows access to choice, voice, and personal understandings and expressions of value and worth.⁴⁵⁶

Looking at the socio-cultural history of disability in Australia, this paper places a primacy on pre-invasion and enduring understandings of 'disability' within First Peoples communities; mapping a faltering evolution toward a more en-righted but not fully realised position for people with disability focused on the movement from exclusion to inclusion. It concludes with maps of the range of contemporary concepts of interdependency as an essential building block to ensure 'a right to have rights' to humanity, to citizenship and to positive recognition in the wider society.⁴⁵⁷ Seen thus, it becomes an 'elastic' history, in which history is viewed 'no longer in terms of a progressive narrative but in terms of connected, sometimes competing perspectives'.⁴⁵⁸

As a history aiming to deepen explanations related to the status of people labelled with disability in Australia – their experiences of maltreatment and their resistance – this enquiry applies a modified case study research approach. Case study research is an explanatory method that deals with situations over which researchers have no experimental control and are most often relying on 'dead' sources such as primary sources, secondary documents and other artefacts. Contrary to experimental studies, an historical account cannot separate the phenomena under

investigation from their context to identify clear causal paths. This method, however, ‘benefits from the prior development of theoretical propositions to influence design, data collection, and analysis and as another result’.⁴⁵⁹ The following section outlines two theoretical propositions to guide detailed design and analysis.

Theoretical propositions: Othering and Structured Interaction

It is not necessary to recapitulate the discussion of disability theories in this paper. The Royal Commission has commissioned another paper which explores the range of understandings of disability that drive disability policy globally. Instead, here we look at two perspectives which will help us delve into socio-cultural trends that have shaped the lives of Australians with disability. We take a lead from Baker et al, who advocate theoretical pluralism. They argue that, ‘acknowledging that theoretical pluralism (that is, using multiple theories rather than one alone) can help to inform a more robust understanding of political and policy phenomena’, two theoretical frameworks can be integrated, chosen for relevance, frequency of use in literature, and complementariness (that is, together they offer a coherent and more complete set of theorised factors).⁴⁶⁰

The frameworks selected here are ‘Othering’, a sociological-philosophical approach to understanding the socio-cultural and political processes alive within a society that, over time, differentiate groups within the population, feeding into unequal power relations and outcomes. The ‘Structured Interaction Perspective’ allows us to see how these social conflicts then play out in policy struggles, ultimately affecting political decision-making.

Othering

A history such as this dares to advance some causative arguments – to look back over our collective shoulders to discern where things went wrong such that certain individuals and groups of people with impairments were exposed to and experienced maltreatment, sometimes from those with clearly expressed mal-intent; more often from those attempting to provide care. A brief survey of disability histories shows that it is tempting to attribute causation quite simplistically. And then to claim a present period of enlightenment that should fix all this. Attempting to resist this simplistic approach, within time and other constraints, and without rendering the narrative obtuse and confusing, I adopt ‘othering’ as an approach to analysis. Along with Bernasconi, I use othering as:

the differentiating that human beings sometimes employ in relation to each other in an effort to establish a distance between them ... The form of othering that I am concerned with here, othering between humans, thus takes shape across a certain sameness which constitutes a bond between the people being differentiated. Sometimes the very humanity of the other can be called into question, because the focus on differentiation can be so extreme. But even

when this othering takes the form of denying that another human being is human, as has sometimes been the case in racial thinking, this still can take place across sameness. As Sartre liked to say, 'To treat a man like a dog, you must first recognize him as a man'.⁴⁶¹

'Connection-within-differentiation' captures what this historical research reveals as an enduring ambivalence about the place of people with disability in Australian society. We see that at times certain categories of people with impairments are labelled as problematic – scary, oversexed or incapable and dependent – and excluded; while others remain enmeshed, to varying degrees, in their society. At other times, we see a correction that aims to bring those with impairments back into community, into decent lives, or, at times, leave them isolated and vulnerable to new forms of maltreatment. Sometimes these social forces are explicitly about identifying, classifying and controlling people with impairments (for example, eugenics inspired institutionalisation) while others are about enshrining a view about who is a worthy Australian (for example, a strong, white Aussie bloke).

Seen this way, othering operates through two often simultaneous pulses. First, negatively by identifying those who are socially undesirable and worthy of interventions that control. It becomes a way of seeing certain groups of people with disability as a problem within a good, well-ordered society. It is explicit and reinforced over time through the operation of social policy. Second, pursuit of the ideal, the good, the desirable, leaves those who fall short in a state of liminality. Liminality is best described as:

Here we are in this state of liminality, we'll never again find ourselves in that situation again, nor in the one that we would have wanted, we're stuck at a border, at a threshold, and it's impassable: apparently society or others can't fully integrate us.⁴⁶²

This outcome is less explicitly planned within social policy (more often seen as an unintended consequence); it features neglect and simply leaves people to get on with their lives as best they can. Both these pulses of history are influential in shaping the socio-cultural worlds of many people with disability.⁴⁶³

The 2003 landmark review essay by Catherine Kudlick 'Disability History: Why we need another "other"' argues that the historical study of how societies attribute meaning to disability in ways that shape the lives of those so labelled should be central to all historical scholarly endeavour ... not left out, tacked on, or trapped in sentimental personal narratives or heroic medical accounts. She says:

disability should sit squarely at the center of historical inquiry, both as a subject worth studying in its own right and as one that will provide scholars with a new analytic tool for exploring power itself. Indeed, the books discussed here represent only the beginning of a greater project that will reveal disability as crucial for understanding how Western cultures determine hierarchies and maintain social order as well as how they define progress.⁴⁶⁴

She goes on to say that:

the field offers possibilities for intellectual exploration that will appeal to a variety of scholarly tastes. For political and policy historians, disability is a significant factor in the development of the modern state, by raising questions of who deserves the government's assistance and protection, what constitutes a capable citizen, and who merits the full rights of citizenship.⁴⁶⁵

This project sits alongside others that have explored the role of the state and takes its place by mapping and interrogating shifting understandings of the capable citizen meriting full rights in Australian society.

Gayatri Spivak, a leading theorist of othering, describes three important aspects of othering that become evident in this account. The three dimensions, in sociological terms are about:

1. power, making the subordinate aware of who holds the power, and hence about the powerful producing the other as subordinate
2. constructing the other as pathological and morally inferior
3. knowledge and technology as the property of the powerful empirical self, not the colonial other.

Spivak's work is foundational in many studies relating to colonisation and intersectional research addressing othering based on sex, gender, race and ethnicity.⁴⁶⁶ Identifying the interpenetration of problems sees a complex picture of disability emerge. Spivak's work has been critiqued for its potential to create a rigid framework in which people are either othered or not, and forever. In contradistinction, Jensen posits that:

othering is not a straightforward process of individuals or groups being interpellated to occupy specific subordinate subject positions. On the contrary, agency is at play, and actors far from always accept becoming the other self. Othering can be capitalized upon or disidentified from.⁴⁶⁷

This history covers notable ways that individuals have 'disidentified' through 'overcoming' and ways that groups of people have used disability identity to build momentum for change. Jensen calls these responses 'refusal and capitalisation'.⁴⁶⁸

Structured Interaction Perspective

To look at these life-shaping strands over time, the paper does not launch into mapping eras of policy changes until the socio-cultural story of the making of an Australian citizen is told. Assuming that policy and related legislation reveal all we need to know about the way in which people with disability are viewed in this society produces a naïve account. Known as 'the problem of retrodiction' in histories such as this, it attempts to narrate or analyse gaps where evidence is not available or is equivocal. Such a process is not entirely unavoidable as we aim

to make sense of the forces shaping the lives of people silenced, even erased, from formal histories and wider social debates. For the present study, however, it is a warning to explore beyond policy and legislative histories, searching into cultural histories and the biographies of people with disability. The Royal Commission has also commissioned papers that look in more detail at the legislative making of disability and which form noteworthy companions to this paper. We know, however, that policy and legislation emerge from wider and deeper social forces that establish and reproduce norms, usually under conflict and contestation. Hal Colebatch describes this as the Structured Interaction Perspective which:

recognises that difference, contest and ambiguity are structural elements of the policy process; that the outcomes are provisional and the contest continues. In this perspective policy work is concerned with negotiating among these conflicting and institutionalised perspectives, and seeks to generate outcomes that a sufficient number of stakeholders can endorse.⁴⁶⁹

Colebatch identifies three distinct spheres of policy action: the problem stream, the policy stream and the political stream, arguing that it is the policy stream and the political stream that must coalesce for policy change.⁴⁷⁰ Accepting that in each stream we will find 'a differentiated world, in which a range of participants with different agendas and concerns, inside and outside government, interact in a variety of ways',⁴⁷¹ the first question becomes: 'what were the social and cultural factors and forces that contributed to some people with disability becoming a problem in Australia?'

After mustering a variety of sources to address this question, the paper provides a brief overview of resulting policies, before attempting to capture contemporary struggles for people with disability. So, the second question becomes: 'what are the social and cultural forces mustered by people with disability and their allies to either capitalise on or refuse othering?'⁴⁷²

Sources: Biographies, histories and the power of examples

Case study research modified for historical inquiry, according to Robert Yin, 'relies on multiple sources of evidence with data needing to converge for triangulation'.⁴⁷³ The following section identifies sources available for this project.

While often stigmatized, persecuted and silenced, disabled people do have histories which need to be examined and shared, especially during this era wherein more and more governments are beginning to address past harms as this population becomes a greater part of the mainstream of the global community.⁴⁷⁴

This section identifies the possibilities and the gaps in building an Australian disability history, which is fragmented and partial. In particular, it points to the practice, described by Rembis, that those who do disability history should attempt to:

think about the importance of using diverse primary sources in constructing historical scholarship, and about the ways in which gender and social class work to co-constitute disability and shape the experiences of disabled people in the past.⁴⁷⁵

This lack of interpretation of primary sources bedevils many of the disability histories on which we rely for a narrative that recounts sustained oppression of disabled people throughout history. Elizabeth Bredberg, in joining her voice to critique of what passes for disability history, alleges that:

Many of the overviews of disability history that have been written have drawn almost entirely on secondary sources. This is not an unreasonable strategy for an author whose competence at interpretation of primary sources is limited, or for whom time and resources prevent their exploration of new material. It seems an appropriate strategy for the short historical overviews that frequently appear at the beginning of accounts of contemporary practice or experience. It often, however, results in the sort of rehash of material (perhaps with a shift in the theoretical interpretation) ...⁴⁷⁶

Adding to this call for finding new sources, in 'The Perils and Promises of Disability Biography' Kim Nielson says that:

Telling the life story of someone whose life included disability, unpacking the relationship between that individual life and its larger historical context, and analyzing the questions and insights raised by that life have much to offer scholars and readers.⁴⁷⁷

Gwynneth Llewellyn refers to the 'power of examples' to fill out and give vividness to histories, especially those characterised by ambivalence. Anecdotes do not a balanced history make, mainly because surviving accounts reflect past preferences and prejudices, but as Gillian Cowlshaw points out, telling the past through only one lens renders accounts flat: 'When the past is made a parable of injustice and cruelty, living memories and inherited stories are flattened and homogenised.'⁴⁷⁸ Individual biographies, stories and memories are used here as much as possible in order to resist tendencies to iron out complexity and perplexity. This fits with Bredberg's view that seeking out vernacular accounts (perspectives which represent the non-institutionalised responses to disabled people within a society) as well as personal or experiential accounts have the capacity to highlight varieties of experiences within any period. Her example:

A pre-industrial rural population, for example, might well have perceived physical impairment differently than might its urban contemporary, in which the presence of institutional charity towards disabled people was a more structured, established practice⁴⁷⁹

is an effective reminder not to rely too heavily on institutional accounts.⁴⁸⁰

Where are people with disability in Australians: A Historical Library?

Historicising Australia is a large project with multiple authors publishing scholarly monographs, academic journal articles, biographies and informal histories of communities, organisations, families and individuals. In this spread, one large project deserves our attention. In 1987 *Australians: A historical library* was published in advance of the 1988 celebrations marking the two centuries since the arrival of the First Fleet in Sydney Cove and establishment of the British

Colony of New South Wales. Contributed to by more than 100 noted Australian historians, the series of twelve volumes is shaped around slices of history taken in 50 year spans. It aims to tell the story of that year (for example, 1788, 1838, 1888, 1923, and 1988) from the underside, recounting stories of the lives of Australians as the colonies were gathered into a nation that then took its place on the world stage. Spheres of life such as family, education, work, religion, and farming are described through the lens of particular populations of people including First People, prisoners, women and their children, returned soldiers, immigrants from non-Anglo cultures and community and political leaders. It is self-consciously a history of ordinary people rather than of politics, law and the economy, although these are noted as powerful forces shaping the direction of everyday lives. There is little attention paid to describing and analysing trends in history so the documents do not explicitly endorse a 'Whig view of history',⁴⁸¹ but nonetheless they converge on a view that Australia was a better place in 1988 than it was in 1788.

Australians: A historical library was conceived and designed in 1981 during the International Year of Disabled Persons. Handicapped Persons International was formed from protest at a global conference of Rehabilitation International in Canada and Australians with disability were calling for a history of our people to be written. A review of the many volumes shows mention only of the introduction of the Invalid Pension in 1908; there is no account in any of the 'slices' of history that reveals the everyday lives of people with disability; nor any reference to those with disability in leadership. So why was the place of people with disability in Australian society overlooked in the grand bicentennial history project? Perhaps the answer to this question lies in the ambivalent connection of many people with disability to Australian society. Is it that people with disability are assumed to be swept up into other narratives and identities, not to be examined as a category of citizens? Or is it that the history of disability, especially up to 1981, was overwhelmingly one of exclusion from full humanity and membership of the society, a narrative that surely would have assailed the implicit whigishness of the grand project? The editors of *Routledge history of disability*, aimed at covering disability histories across eras and nations and published in 2017, note the same omission. They conclude:

Indeed, most disability-related texts deal with personal accounts about living with a disability; there are various texts pertaining to family and disability, enumerable texts pertaining to disability policies and scores of texts regarding disability theories, yet there remains minimal literature relating to histories of disabled persons. It is as though disabled people as individuals and as a collective have no social membership, have no social identity, have no history.⁴⁸²

In summary, can we ask, to paraphrase Colin Barnes: Do 'the lessons of history show that within western culture accredited abnormality represents an indicator of profound misfortune that warrants either exclusion or assimilation?'⁴⁸³ We return to this question in the conclusion.

The *Australian dictionary of biography (ADB)* was founded in the 1950s, with its first volume appearing in 1966. Extending thus far to 18 volumes and a supplement, the ADB went online in 2006, and entries are now published first online.⁴⁸⁴ The ADB is operated through the Australian National University and provides:

concise, informative and fascinating descriptions of the lives of over 13,000 significant and representative persons in Australian history. The subjects come from all walks of life – from prime ministers, governors-general and premiers, generals and bishops, artists, actors and authors, engineers and schoolteachers, to prostitutes, thieves and murderers – providing a cross-section of Australian society.⁴⁸⁵

A search for disability-specific entries produced 205 hits. Setting aside those that referred to the disabling of enemy ships and aircraft during war the remaining 190 entries covered 50 entries of people with disability, two of whom were disability activists (Genni Batterham and Alan Marshall); and eight are family members of a person with disability. A search of the term 'handicapped' provided another 205 hits, many related to sporting/racing handicaps; two more entries of people with disability and two family members. The balance of entries, numbering between 200 and 300, related to men and women who had contributed to the lives of the handicapped/disabled through medical and related careers (mostly men) and charity/welfare/educational efforts (mainly women).

Of the 52 entries about a person with disability close to 100 per cent spoke of the person achieving despite (or in spite of) their handicap; of overcoming their disability to do great things. With the exception of the accounts of Batterham and Marshall, the experience of impairment and disability was not seen as central or even relevant to the person's identity and contribution. Even so, both Batterham and Marshall are described as having overcome the hardship of their impairments. Nor was being disabled seen as an obstacle in the society or grounds for discrimination. Discrimination was attributed to the person's indigeneity, sex, class or immigrant status ... all viewed as contributing barriers to achieving life goals. In the *ADB* the 'overcoming metaphor' in relation to disability is invariably seen as related to the impairment(s) rather than any other obstacles.

This could reveal a number of assumptions about the lives of these remarkable Australians with disability. First, that they are fully included and that a statement about their impairment is just there to add veracity and vividity (two goals of the *ADB*). Or, alternatively, only those people with impairments who could 'overcome' are considered worthy of adding to the dictionary – their impairment is not an entry point in their life history. And their experience of disability (as discrimination, exclusion and/or maltreatment, including neglect of their needs over many years) is not considered in the ambition of the *ADB* to reveal Australian society through the stories of these notable contributors.

Simi Linton, writer and disability activist, argues in 'Reassigning Meaning' that:

the idea that someone can overcome a disability has not been generated within the [disability] community; it is a wish fulfilment generated from the outside ... because it is physically impossible to overcome a disability, it seems that what is overcome is the social stigma of having a disability.⁴⁸⁶

Linton's point is important but made clearer by her acceptance of a distinction between impairment (embodied experience of problematic body/mind) and the stigma of disability. Nielson takes this further. She wants to use disability biography, not to diminish the impact of impairment or the consequences of barriers, but to bring to light the deeply relational aspects of the lives of disabled people. She says:

Disability biography makes clear the multiple ways by which individuals and communities labor, make kinship, persevere, and both resist and create social change. When using a disability analysis, biographies of disabled people (particularly people famous for their disability, such as Franklin Delano Roosevelt and Helen Keller) reveal the relationality and historically embedded nature of disability. In an ableist world, such acts can be revolutionary.⁴⁸⁷

What is available in the archives?

Time constraints have limited opportunities to search disability records in the full range of archival stores available in Australia. This is a task for a comprehensive monograph on Australian disability history. Where possible archives have been accessed and searched for disability entries, and this is noted throughout the text. Archives are patchy. Burch and Rembis, in their introduction to *Disability histories* (2014), note a global issue with gaps in archives, asserting that:

Historically, archives, special collections, and other troves of valuable sources located around the world did not include disabled people or disability-related terms in their indexes. Efforts to preserve materials often overlooked institutions and communities associated with disabled people and minimized or excluded references to disability when it was present in the records. The persistence of social stigma and the 'medical model' of disability compelled individuals and groups who collected and organized historical sources to see disability as something that lay outside the purview of historians. Bureaucratic policies that restricted access to the sources most readily associated with disability further hampered efforts to study disability and disabled people in history.⁴⁸⁸

Managing their own affairs by Breda Carty (2018), a history of a critical period in Deaf affairs in Australia, is an excellent example of the use of archived materials held within Deaf organisations. Where such histories are available, they are used in building the narratives here. Other 'official' repositories have also been researched.

The value of disability histories and their limitations

Burch and Rembis set the task for historians of disability to bring these considerations in from the margins and to see the importance of disability considerations in all histories:

We of course acknowledge today's orthodoxies in disability history, such as challenging the dominance of medical professionals, the importance of a disability perspective, the

advantages of thinking cross culturally, and the need to understand change over time. Yet we also recognize that new discoveries generate a rethinking of older ideas and premises ... But perhaps more important in future articulations of disability history will be a thoughtful approach to the ways in which it touches all of our lives and has deeply influenced some of the most fundamental shifts in our collective past. Perhaps there will come a day when disability history will cease to be necessary – not because disability has been cured, but rather because it has become a standard part of human diversity that is thoughtfully integrated into all discussions of the past. Until that day arrives, we encourage our readers to discover disability and disabled people whose diversity, ubiquity, and uniqueness make disability history so central to nearly everything.⁴⁸⁹

In short, the project attempts to resolve these methodological tensions by weaving threads of narrative, academic and amateur history writing, with relevant social science and policy analyses to present a socio-cultural history which is at once partial yet sufficient for establishing the antecedents to the work of the Royal Commission. It recognises that the present problems did not emerge from nowhere and that an understanding of the processes that generated them can provide pointers to a future which addresses them. The following sections provide an overview of the shape of the study and the structure of this report.

Shape: Palimpsest and interwoven histories

Palimpsest: a model

During the early 1980s, while *Australians: A historical library* was being written, a debate was flaring, particularly in the United Kingdom and Europe, about how to do disability history. Disability activists, theorists and historians, moving away from the dominant evolutionary view of medical science as advancing the situation of disabled people, were seeking to capture the history of exclusion and oppression against a history of struggle for rights and recognition. The debate splintered into the numerous theory camps of history, sociology, cultural and literary studies and psychology. The effort of each researcher and writer leaves us with multiple sources seeking to either develop a sweeping theory that can take in all particulars and is inevitably tied to a social model of disability or, alternatively, smaller narrative versions aiming to deliver vivid realistic accounts of individuals and small groups making their way in often hostile cultures and societies. Into the 1990s and early 2000s these scholars added consideration of transnational understandings, challenging the tendency to see these matters only in national terms.⁴⁹⁰

This project, without recapitulating these debates (and frequent dead-ends), aims to bring available, diverse and not necessarily consistent academic and primary resources about socio-cultural conditions affecting the lives of disabled Australians to a consideration of these questions:

- What is the place of community in the lives of people with disability? And conversely what is the place of disabled people in community?
- How have they been embraced by community? How have they been excluded?

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- How has their status contributed to and been reinforced by various forms of maltreatment?
 - How have they organised and continue to organise to ensure their place as valued members of Australian society?

The concept of palimpsest is used to identify shifts in understandings of disability, as well as persistent 'mythscapes' throughout the periods of change.⁴⁹¹ Palimpsest refers to a multi-layered 'text' and is based on this model:

A text that is always in the process of becoming. Subject to constant erasure and rewriting, as were the parchment texts of late antiquity whose surfaces were carefully washed or covered over in order to be written on again and again, the palimpsest embodies the notion of history as a dynamic, even plastic, medium.⁴⁹²

Maria Pramaggiore goes on to say that the definition of historical texts can be expanded to include architectural structures and systems of social organisation. A socio-cultural enquiry can accommodate this expansion ... especially as we look at the relationship between the places of exclusion (asylums, institutions, group homes, isolated homes and special schools) and the trends in social policy. 'This system wasn't designed in any one moment; instead, it has accreted over time, with each new layer seeking to compensate for the deficiencies of what came before.'⁴⁹³ This can also be extended to include the bodies of those who are othered. Culturally, what has been written on the bodies of those who are rendered disabled and subject to the ambivalence which Muller describes thus:

Our cultural construct has long betrayed this tension between views of disability as valued and devalued ... disability illuminates both our understanding of what it means to live and our understanding of how little we understand about what it means to live.⁴⁹⁴

Muller's perspective aims to open up the ambivalence in society, but also acknowledges how ambivalence pervades the Disability Movement and is present among those with impairments themselves.

Reading the palimpsest reveals some of the cultural and social forces that have shaped the lives of people with disability, and 'at the same time, those ideas and concepts enable a re-inscription of the palimpsest that sophisticates our understanding of its complex structure and logic'.⁴⁹⁵

Endnotes

- 1 Anthony McMahon (2003) quotes Tosh, J. (1999) *The pursuit of history*, 3rd edn, Longman, London when he says: 'We need to know our history as "usable history" (Tosh 1999) to sharpen our awareness of the provision of social services in Australia over the last 200 years and thereby acknowledge, learn from and expand the innovative and indigenous ways of working of our predecessors.' McMahon, A. (2003) 'Redefining the beginnings of social work in Australia'. *Advances in Social Work and Welfare Education*, Imprint.
- 2 W. A. Visser 't Hooft cited in in Sereny, G.(1995) *Albert Speer: His battle with truth*, Knopf, New York.
- 3 Haebich, A. (2003) 'Twilight of knowing: a forgotten Australian debate' *Overland*, Vol. 170.
- 4 *Letters Patent* (Cth), 4 April 2019 amended 13 September 2019, (d).
- 5 *Letters Patent* (Cth), 4 April 2019 amended 13 September 2019, (c).
- 6 *Letters Patent* (Cth), 4 April 2019 amended 13 September 2019, (l).
- 7 Haebich, A. (2003) 'Twilight of knowing: a forgotten Australian debate' *Overland*, Vol. 170, p.43.
- 8 Cocks, E. et al (1996) *Under blue skies The social construction of intellectual disability in Western Australia*, Edith Cowan University, Perth, WA, p ix.
- 9 See *First Peoples Disability Network Australia* <<https://fpdn.org.au/>>
- 10 Muller, J. F. (2011) 'Disability, ambivalence, and the law', *American Journal of Law and Medicine*, 2011, 37, 4, p 471.
- 11 Wotherspoon, G. (2008) 'Epidemics', *The dictionary of Sydney*, <<https://dictionaryofsydney.org/entry/epidemics>>
- 12 For accounts of these diseases in one asylum see Willow Court History Group <<https://www.willowcourtasmania.org/>>
- 13 See Galbally, R. (2004) 'Sweet longings: Definitely NOT disabled', Chapter One in *Just passions: The personal is political*, Pluto Press, Melbourne.
- 14 Wotherspoon, G. (2008) 'Epidemics', *The dictionary of Sydney*, <<https://dictionaryofsydney.org/entry/epidemics>>
- 15 Curson, P. (1986) *Times of crisis: Epidemics in Sydney 1788-1900*, Sydney University Press, Sydney, p xi.
- 16 Aust Bureau of Statistics, *Disability, Ageing and Carers, Australia: Summary of Findings*^{2018 (Fed)}.
- 17 Bacon, J.A., & Lavani, P. (2019) 'Dominant narratives, subjugated knowledges, and the righting of the story of disability in K-12 curricula', *Curriculum Inquiry*, 49:4, pp 387–404.
- 18 See Mills, C.W. (1959) 'The promise' Chapter One in *The sociological imagination*, Oxford University Press, New York.
- 19 Governor Phillip's Instructions 25 April 1787 (UK).
- 20 The term mythscape is used to point to a number of cultural myths or unifying stories that interact to produce a form of cultural landscape.
- 21 Avery, S. (2019) *Culture is inclusion FPDN*. See Scott Avery: 'Up until that, people had sort of in our communities and it also happened before the industrial revolution is this notion of people have responsibility. They might be called cripple, they use language like that but they had responsibility, had roles in society. With the industrial revolution, what happened people essentially got commodified. They were like raw materials in a production process. If you didn't fit the standard process you were discarded.' <<https://www.daru.org.au/resource/culture-is-inclusion>>
- 22 G. Gutting (2002) 'Foucault's philosophy of experience', *Boundary 2*: 29, pp 69–85, cited in Barsch, S., Klein, A. & Verstraete, P, 'The need for imperfection' in *The imperfect historian: Disability histories in Europe*, Peter Lang Publishers, p 209.
- 23 Depaepe, M. (1992), Demythologizing the educational past: An endless task in the history of education. *Historical studies of education/Revue d'histoire de l'éducation* 9 (2) cited in Barsch, S., Klein, A. & Verstraete, P. 'The need for imperfection' in *The imperfect historian: Disability histories in Europe*, Peter Lang Publishers, p 209.
- 24 Bredberg makes very similar criticisms in Bredberg, E. (1999) 'Writing disability history: Problems, perspectives and sources', *Disability & Society*, 14:2.
- 25 Rembis on Hanes and Brown and Hansen, (1996) '*The Routledge history of disability*'. H-Disability. 10-16-2018, p 4.

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- 26 See: Lustick, Ian S., 1996. '[History, historiography, and political science: Multiple historical records and the problem of selection bias](#),' *American Political Science Review*, Cambridge University Press, vol. 90(3), pp 605–618.
- 27 Söder, M. (1990) 'Prejudice or ambivalence? Attitudes toward persons with disabilities', *Disability, handicap & society*, 5:3, pp 227–241.
- 28 Bradley, William, *A voyage to New South Wales, the Journal of Lieutenant William Bradley, RN of HMS Sirius 1786-1792*. The Trustees of the Public Library of New South Wales, with Ure Smith, Sydney, 1969. cited in Ann Moyal, 'Arthur Phillip: 1788. The Foundation Year', *Australian dictionary of biography*, National Centre of Biography, Australian National University, <<http://adb.anu.edu.au/essay/21/text34967>> originally published 21 August 2017, accessed 27 July 2020.
- 29 Moreton-Robinson, A (2006), 'How white possession moves', in Cowlshaw et al.
- 30 Elisabeth Bredberg in her sobering analysis of the unreliability of many disability histories and her suggestions about how to move beyond the fallacies of prevalent proof, over generalization and presentism, points out the benefits of microhistory:
'The lateral nature of many vernacular sources, in which a disabled person is referred to during discussion of some issue unrelated to his or her impairment, has two effects. It can actually serve to strengthen the conclusions drawn from very small but telling detail, since its inadvertence makes any deliberate misrepresentation improbable. ... microhistory, by drawing on small, closely prescribed detail, can produce a much more personalised historical narrative than the no less important overview. In so doing, it can begin to represent the activity of disabled people in history rather than institutional attempts to solve social problems. Finally, the restricted scale and precisely identified location in time and place of microhistory can serve as a foil for the over-generalisation and anachronism that has pervaded so much of disability history to date. One of the requisites of effective microhistory, as Ginzburg (1989) insists, is the recognition that when one investigates in precise detail, the difference between past and present becomes very evident. The risk of presentism, of interpreting the past in terms of contemporary values and practices, is substantially diminished as a historian becomes intimately acquainted with a particular setting in all its complexity and richness.' Bredberg, E. (1999) 'Writing disability history: Problems, perspectives and sources', *Disability & Society*, 14:2 ,p 198
- 31 Shakespeare, T. (1994), 'Cultural representation of disabled people: Dustbins for disavowal?', *Disability & Society*, 9:3, p 287.
- 32 The periods in the process of colonisation, including policy iterations in a climate of resistance and refusal by First Peoples, are described here in relation to child protection:
'How can NSW do that which the Australian nation has not done and that is become as fluent in the Aboriginal history of Australia as we are in the ANZAC legend, from first contact to the frontier wars to the protection era and assimilation? It is ahistorical to decouple the history of Aboriginal people and the state in New South Wales when considering the contemporary child protection and out-of-home care system.' Davis, M. (2019), 'Family is culture: Independent review of Aboriginal children and young people in OOHc' (in NSW), p xiv.
- 33 Hollinsworth, D. (2013) 'Decolonizing Indigenous disability in Australia', *Disability & Society*, 28:5, p 603.
- 34 I use 'institutionalised' in the sense that Bredberg does in Bredberg, E. (1999) 'Writing disability history: Problems, perspectives and sources', *Disability & Society*, 14:2, to describe the establishment of the civil institutions of the new colony, not in the sense frequently employed in disability discourse to describe the consequences of places people with disability in asylums.
- 35 Governor Phillip's Instructions 25 April 1787 (UK).
- 36 Historical records of NSW page 299 Governor Arthur Phillip correspondence to Lord Sydney, February 1790. This reads as a version of an annual report. Lord Sydney, Thomas Townshend was the British Home Secretary and Foreign Secretary.
- 37 The smallpox epidemic, see: <https://myplace.edu.au/decades_timeline/1780/decade_landing_22.html?tabRank=3&subTabRank=2>
- 38 Hollinsworth, D. (2013) 'Decolonizing Indigenous disability in Australia', *Disability & Society*, 28:5, p 603 and referring to Kunitz, Stephen J, '[Disease and social diversity: the European impact on the health of non-Europeans](#)', National Library of Australia.

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- 39 Earnshaw, B. 'The lame, the blind, the mad, the malingerers: Sick and disabled convicts within the colonial community', *Journal of the Royal Australian Historical Society* 81, no. 1 (1995) pp 25-38.
- 40 Earnshaw, B. 'The lame, the blind, the mad, the malingerers: Sick and disabled convicts within the colonial community', *Journal of the Royal Australian Historical Society* 81, no. 1 (1995): pp 25-38.
- 41 More about this in the next chapter.
- 42 For details see <<http://www.parragirls.org.au/>>
- 43 Now the suburb of Gladesville in Sydney, New South Wales.
- 44 Earnshaw, B. (1995) 'The lame, the blind, the mad, the malingerers: Sick and disabled convicts within the colonial community', *Journal of the Royal Australian Historical Society* 81, no. 1, p 32
- 45 Dunk, J. (2019), *Bedlam at Botany Bay*, New South Books, Sydney, Chapter 5.
- 46 Dunk, J. (2019), *Bedlam at Botany Bay*, New South Books, Sydney, Chapter 5.
- 47 Gleeson, B. (1997), 'Disability studies: A historical materialist view', *Disability & Society*, 12:2, pp 179–202.
- 48 A close reading of surviving convict letters home might provide further data to support this position, being mindful, however that such letters were likely to be written to reassure those back in Britain, rather than to document life as it was lived.
- 49 See 'Lunacy and idiocy: The old law and its incubus source', *The University of Chicago Law Review*, 1951, Vol. 18, No. 2 (Winter, 1951), pp 361–368 for further explanation of this distinction.
- 50 Phillip's Commission 1789 p.94 Historical records of NSW.
- 51 Bottomley, S. (1984) 'Law and psychiatry aspects of the relationship in NSW', *Australian Journal of Law and Society*, Vol.2 No.1.
- 52 Bottomley, S. (1984) 'Law and psychiatry aspects of the relationship in NSW', *Australian Journal of Law and Society*, Vol.2 No.1.
- 53 Bottomley, S. (1984) 'Law and psychiatry aspects of the relationship in NSW', *Australian Journal of Law and Society*, Vol.2 No.1.
- 54 Parramatta Heritage Centre <<https://arc.parracity.nsw.gov.au/blog/2014/06/04/parramatta-gaol-2/>>
- 55 It appears that the earliest gaol was constructed in 1792 on the foundations of an intended church. See NSW Historical records Letter of Rev. R Johnson to Governor Phillip May 1792 p 603.
- 56 Lachlan and Elizabeth Macquarie Archives at Melbourne University: <<https://web.archive.org/web/20120415101732/http://www.library.mq.edu.au/digital//lema/1811/sydgaz1june1811.html#>>
- 57 Dunk, J (2017), 'Authority and the Treatment of the Insane at Castle Hill Asylum, 1811–25', *Health and History*, Vol. 19, No. 2, 'Incarceration, migration, dispossession, and discovery: Medicine in colonial Australia', pp 17-40; See also: Philippa Martyr, James Dunk, (2020) *Bedlam at Botany Bay, Social History of Medicine*, Volume 33, Issue 2, Pp 676–678, <<https://doi-org.ezproxy.flinanders.edu.au/10.1093/shm/hkz138>> on Castle Hill Asylum: 'It was a ramshackle, unsafe, unhygienic holding pen for a range of people with a range of problems, some social and some medical. Dunk also points out the incongruity of referring to this as "Australia's first psychiatric hospital", when it was neither psychiatric nor a hospital.'
- 58 For example, see the account of William Bland in the Australian Dictionary of Biography. <http://adb.anu.edu.au/biography/bland-william-1793>
- 59 This has been extensively covered in recent works and is the subject of the so-called history wars. See Nettelbeck, A. (2011), 'The Australian frontier in the museum', *Journal of Social History*, Vol. 44, No. 4, Social Memory and Historical Justice, pp 1116 for a summary of these debates.
- 60 See Blacktown Institution Project: History, <www.bniproject.com/history/> and Dictionary of Sydney <https://dictionaryofsydney.org/entry/parramatta_and_black_town_native_institutions>
- 61 Blacktown Institution Project: History <www.bniproject.com/history/> and Dictionary of Sydney <https://dictionaryofsydney.org/entry/parramatta_and_black_town_native_institutions>
- 62 The Benevolent Society was formed on 8 May 1813 by Edward Smith Hall, Rev. William Cowper and five other like-minded gentlemen and was originally known as The NSW Society for Promoting Christian Knowledge and Benevolence. It was the first private charitable organisation dedicated to meeting needs of the very poorest groups in Australian Society, assisting people far beyond the capacity of government. While its origins were Christian, it soon went on to become a non-religious, unaffiliated organisation. See: <www.benevolent.org.au/about-us/our-history>

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- 63 Covered in more detail in Chapter Two in the section *Limiting reproduction: Eugenics with an Australian flavour*.
- 64 Evans, R. (1969), 'Charitable institutions of the Queensland Government to 1919', MA Thesis, University of Queensland, p iii.
- 65 Shakespeare, T. (1994) 'Cultural Representation of Disabled People: Dustbins for Disavowal?', *Disability & Society*, 9:3, p 289.
- 66 Against Gleeson, it remains important to understand normalcy in order to grasp some of the processes that have taken many Australians with impairments into the liminal world of disability, see Shakespeare, T. (1994) 'Cultural Representation of Disabled People: Dustbins for Disavowal?', *Disability & Society*, 9:3 p 296.
- 67 Waling, A. (2019) *White masculinity in contemporary Australia: The good ol' Aussie bloke*, Routledge, Taylor & Francis Group.
- 68 Dunk, J. (2019), *Bedlam at Botany Bay*, New South Books, Sydney. Chapter 5.
- 69 An unfamiliar but nonetheless useful term coined by Duncan Bell to capture what he calls, 'the temporally and spatially extended discursive realm in which the myths of the nation are forged, transmitted, negotiated, and reconstructed constantly'. Bell D. (2003) 'Mythscapes: memory, mythology, and national identity', *British Journal of Sociology*, 54(1), p 63-81.
- 70 Murrie, L. (1998) 'The Australian legend: Writing Australian masculinity/writing 'Australian' masculine', *Journal of Australian Studies*, 22:56, p 68.
- 71 Murrie suggests that this notion of mateship was in circulation from the early 1800s. See Murrie, L. (1998) 'The Australian legend: Writing Australian masculinity/writing 'Australian' masculine', *Journal of Australian Studies*, 22:56, p 83.
- 72 As an example of this coverage: 'Defining the traditional Australian male requires a brief historical overview of Australian masculine tropes. Past examinations of masculine narratives within Australia outline the creation, maintenance and re-embodiment of the Australian male identity through tropes such as the swagman (eg: Lake, 98; Lawson, 557; Moore, 'Colonial Manhood' 35; Ward, 53), the lifesaver-surfer (eg: Booth, 24; Evers, 'Men Who Surf' 27; Evers, 'The Point' 893; Henderson, 'A Shifting' 321; Henderson, 'Some Tales' 70; Pearson, 5; Saunders, 96;) and the ANZAC (eg: Donoghue and Tranter, 3; Page, 193). Historically, these tropes have been communicated through means such as poetry, art and literary magazines, such as *The Bulletin*, with contemporary representations found in the 1980s Crocodile Dundee and the current Bondi Rescue franchises, becoming the stereotypes of Australian men. Within this imagery, a set of qualities and characteristics emerge that illustrate and define a particular narrative of the "Aussie Bloke". These qualities include mateship, solidarity amongst men, anti-authoritarianism, equalitarianism, whiteness, able-bodiedness, rebelliousness, sympathy for the underdog, and patriotism.' Waling, A., (2014), 'Heroes, retros and metros: Narratives of conflicting masculinities within contemporary Australian media', *Outskirts*, 30, p 1.
- 73 Gleeson, B. J. (1997) 'Disability studies: A historical materialist view', *Disability & Society*, 12:2, pp 179–202.
- 74 Dr William Hobbs. Brisbane, Queensland, 14 May 1869.
- 75 Simon Jarrett introduces his study, of unpublished documentary sources from Old Bailey (in London) criminal trials in the eighteenth century, the Earlswood Idiot asylum in the mid-nineteenth-century and early-twentieth-century government reports, to explore historical changes in the concept of community. See Jarrett, S. (2015) The meaning of 'community' in the lives of people with intellectual disabilities: an historical perspective, *International Journal of Developmental Disabilities*, 61:2, pp 107–112,
- 76 Jarrett, S. (2015). 'The meaning of "community" in the lives of people with intellectual disabilities: An historical perspective', *International Journal of Developmental Disabilities*, 61(2), 107–112.
- 77 Metzler, I. (2013) 'A social history of disability in the Middle Ages: Cultural considerations of physical impairment', cited in Galer, D. (2014) 'A social history of disability in the Middle Ages: cultural considerations of physical impairment', *Disability & Society*, 29:1, p 163.
- 78 The roots of 'custodial' care in Australia are covered briefly in the preceding chapter.
- 79 McClemens and Bennett, covering the history of mental health law in New South Wales (as part of the Royal Commission of Inquiry into Callan Park Mental Hospital in 1961).

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- 80 'Lunacy and idiocy: The old law and its incubus', (1951), *The University of Chicago Law Review*, 18(2), pp 361–368.
- 81 Jarrett says: 'Overwhelmingly, this evidence suggests that people seen as idiots (or similar) were far from marginalized figures excluded from their communities. Informal community bonds of obligation and support were extended to those seen as vulnerable and with a deficit of intellect, who lived in families, often worked and were supported by largely protective neighbourhood networks. Even in court, this sense of community protection was visible, when idiot defendants were invariably acquitted or treated leniently.' Jarrett, S. (2015), 'The meaning of "community" in the lives of people with intellectual disabilities: an historical perspective', *International Journal of Developmental Disabilities* Vol. 61, No. 2, p 108.
- 82 Quartly, M. (1966) 'South Australian lunatics and their custodians', 1836-1846 *Australian Journal of Social Issues*, Vol. 2, No. 4, pp 13–31. Quartly provides a longer, more detailed account of the McPherson matter, refers to the confusions of the Attorney General about the application of British Law.
- 83 See: 'Poor Law Commissioners' Report of 1834. Copy of the Report made in 1834 by the Commissioners for Inquiring into the Administration and Practical Operation of the Poor Laws.' Presented to both Houses of Parliament by Command of His Majesty, London, Printed for H.M. Stationery Office by Darling and Son, 1905. <<https://oll.libertyfund.org/title/chadwick-poor-law-commissioners-report-of-1834>>
- 84 For a detailed exploration of the link between the Poor Law and the administration of lunacy in 19th century England see Bartlett, P. (1999) *The Poor Law of lunacy*, Leicester University Press, London.
- 85 According to classifications such as the Coke model (see above) and other approaches, including that those born deaf and dumb were considered idiots.
- 86 Webb, B&S. (1927) *English Local Government: Poor Law History: Part 1 The Old Poor Law*. Frank Cass and Co. London p.300. <<http://pombo.free.fr/webb1927.pdf>> It is not necessary to cover all the legal issues here, as a related project for the Royal Commission addresses this history.
- 87 He distinguished the administrations in various parts of the UK, noting that Scotland and Ireland had different structures for admission, while Wales continued the boarding-out tradition, long after it had ceased to be a major force in England. Bartlett, P. (1999) *The Poor Law of lunacy*, Leicester University Press, London, pp 2–3.
- 88 Bartlett, P. (1988) 'The asylum, the workhouse, and the voice of the insane poor in 19th-Century England', *International Journal of Law and Psychiatry*, Vol. 21, No. 4, p 422.
- 89 Coleborne, C. (2010) 'Colonial psychiatry in the Australasian world', in *Madness in the family*, Palgrave Macmillan, London, p 20.
- 90 Later, in the early 20th century the major Australian cities saw the development of private psychiatric hospitals, known variously as receiving houses or licenced houses. These sites did not blur distinctions between idiots and lunatics. The growth of the private mental health clinic has continued to the present day, driven in part at least by the availability of private health cover.
- 91 Jarrett, S. (2015) 'The meaning of 'community' in the lives of people with intellectual disabilities: an historical perspective', *International Journal of Developmental Disabilities* Vol. 61 No. 2.
- 92 Jarrett, S. (2015) 'The meaning of 'community' in the lives of people with intellectual disabilities: an historical perspective', *International Journal of Developmental Disabilities* Vol. 61 No. 2.
- 93 Jarrett, S. (2015) 'The meaning of 'community' in the lives of people with intellectual disabilities: an historical perspective', *International Journal of Developmental Disabilities* Vol. 61 No. 2.
- 94 Economists Clark and Page analysed whether the amended Poor Laws improved economic and social conditions for the Industrial Era concluding that the outcome in increased social misery delivered no benefit. They conclude: 'Over the course of the nineteenth century, hundreds of thousands of the poor in England were subjected to the harsh regime of the workhouse based on the mistaken conclusions of the Political Economists. Parents were separated from each other and their children, men and women were set to long hours of meaningless make work like breaking stones. The children in laboring families with the misfortune to produce large numbers of surviving children were brought up in conditions of grinding poverty. Yet this deliberately induced

suffering gained little for the land and property owners who funded poor relief. Nor did it raise wages for the poor, or free up migration to better opportunities in the cities ... Political Economy was born in sin.' Clark, G. & Page, M.E. (2019). 'Welfare reform, 1834: Did the New Poor Law in England produce significant economic gains?', *Cliometrica*, 13 (2), pp 221–244.

95 Piddock, S. (2007) 'South Australia and the 'ideal' lunatic asylum', in *A space of their own: The archaeology of nineteenth century lunatic asylums in Britain, South Australia and Tasmania*, Contribution to Global Historical Archaeology, Springer, New York, NY.

96 'Crippleage' is a slang term initially applied to the workshop and residence set up John Grooms in London in 1866 for working age girls and women with disability. The term has since been used more specifically to describe similar settings where people are gathered up and offered work and accommodation. See: John Groom's 'Crippleage and Flower Girl mission, Clerkenwell, London', <www.childrenshomes.org.uk/ClerkenwellGroom/?LMCL=JR_uWw> and Andalo, D (2007) 'Flowering talent: A new play tells the stories of disabled women who lived and worked in the Crippleage, a radical institution in its time', *The Guardian*, 26 September 2007, <<https://www.theguardian.com/society/2007/sep/26/guardiansocietysupplement.socialcare1>>

97 Garton, S. (2003) 'Asylum Histories' in Coleborne, C. and MacKinnon, D (eds) *Madness in Australia: Histories, heritage and the asylum*, University of Queensland Press, Brisbane, p 27.

98 It is still in operation today, providing segregated care for people with chronic mental illness, forensic patients, people with both mental illness and intellectual impairment, those with acquired brain injury and elderly people with dual diagnosis of dementia and mental illness.

99 Quartly, M. (1966) 'South Australian lunatics and their custodians 1836-1846', *Australian Journal of Social Issues*, Vol. 2, No. 4, pp 13–31.

100 Quartly, M. (1966) 'South Australian lunatics and their custodians 1836-1846', *Australian Journal of Social Issues*, Vol. 2, No. 4, pp 13–31.

101 Quartly, M. (1966) 'South Australian lunatics and their custodians 1836-1846', *Australian Journal of Social Issues*, Vol. 2, No. 4, pp 13–31.

102 The ugly laws are: 'municipal laws common in US cities that banned "diseased, maimed, deformed ... unsightly and disgusting" people, particularly "unsightly beggars," from exposing themselves to public view', See Schweik, S (2009) *The ugly laws: Disability in public*, New York, New York University Press, p 169.

103 Garton, S. (2003) 'Asylum Histories' in Coleborne, C. and MacKinnon, D (eds) *Madness in Australia: Histories, heritage and the asylum*, University of Queensland Press, St Lucia, p 17.

104 Garton, S. (2003) 'Asylum Histories' in Coleborne, C. and MacKinnon, D (eds) *Madness in Australia: Histories, heritage and the asylum*, University of Queensland Press, St Lucia, p 15.

105 Giese, J. (2018), *The maddest place on earth*, Australian Scholarly Publishing, Melbourne.

106 Giese, J. (2018), *The maddest place on earth*, Australian Scholarly Publishing, Melbourne.

107 Garton, S. 'Asylum Histories' in Coleborne, C. and MacKinnon, D. (eds) (2003) *Madness in Australia: Histories, heritage and the asylum*, University of Queensland Press, St Lucia, p.16.

108 Carey, A. (2009). *On the margins of citizenship: Intellectual disability and civil rights in twentieth-century America*, Philadelphia, Temple University Press, p 2.

109 Giese, J. (2018), *The maddest place on earth*, Australian Scholarly Publishing, Melbourne, p 51.

110 Cited in Garton, S. 'Asylum Histories' in Coleborne, C. and MacKinnon, D. (eds) (2003) *Madness in Australia: Histories, heritage and the asylum*, University of Queensland Press, St Lucia, p 17.

111 Royal Commission into Hospitals for the Insane and Inebriates, *Final report*, 1886, <<https://trove.nla.gov.au/newspaper/article/6094168>>

112 Garton, S. 'Asylum histories' in Coleborne, C. and MacKinnon, D. (eds) (2003) *Madness in Australia: Histories, heritage and the asylum*, University of Queensland Press, St Lucia, p 20.

113 Bonwick, R. (2010) *The history of Yarra Bend Lunatic Asylum*. Master of Medicine Thesis, University of Melbourne, p 51.

114 Public Record Office Victoria Ballarat (Asylum 1877-1879; 1893-1905; Hospital for the Insane 1905-1934; Mental Hospital 1934-1969; Lakeside Hospital 1969-1996) <<https://researchdata.edu.au/ballarat-asylum-1877-1969-1996/491733>>

115 Megahey, N., 'Living in Fremantle Asylum: The colonial experience of intellectual disability 1829-1900', Chapter 1 in Cocks, E. (Ed) (1996) *Under blue skies: the social construction of intellectual disability in Western Australia*, Edith Cowan Press Perth, WA, p 29.

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- 116 Ann Williams charts this growing penal and psychiatric interest in the UK from the mid-19th century: ‘...the “weak-minded” as presenting a unique social problem and campaigned for their complete segregation from society in specialised institutions. In the Australian context, however, *The New South Wales Lunacy Act of 1898* failed to distinguish between lunatics and idiots, thus allowing the committal of mental defectives under lunacy laws, whilst The South Australian Act of 1913 included the legally insane, idiots and imbeciles in the term mental defective and excluded the feeble-minded. The first Australian legislation which differentiated the feeble-minded from the insane was The Tasmanian Mental Deficiency Act of 1920 which established a separate administrative system, the Mental Deficiency Board, for their treatment.’ Williams, A.K. (1996) ‘Defining and diagnosing intellectual disability in New South Wales 1898 to 1923’, *Journal of Intellectual and Developmental Disability*, 21:4, p 256.
- 117 Acute care for people with mental distress is offered within state administered health systems, although support for people with psycho-social impairments has finally re-joined disability focused services through the introduction of the National Disability Insurance Scheme in 2013 (more about this in Chapter 4).
- 118 Coleborne, C. (2003) Space, power and gender in the asylum in Victoria, 1850-1870s in Coleborne, C. and MacKinnon, D (eds) (2003) *Madness in Australia: Histories, heritage and the asylum*, University of Queensland Press, St Lucia p 60.
- 119 For example, see the account of Joshua Fitzpatrick in Luke, S. (2018) *Callan Park Hospital for the Insane*. Australian Scholastic Publishing. Melbourne. Pp 184-189. Fitzpatrick was variously labelled feeble-minded, melancholic, violent, uncooperative, clever and wily and delusional as he passed from the care of the Marist Brothers following parental abandonment at a young age (possibly due to his perceived idiocy) and into the various asylums for over three years.
- 120 Monk, L-A. (2003) ‘Gender, space and work the asylum as a gendered workplace in Victoria’, in Coleborne, C. and MacKinnon, D (eds) (2003) *Madness in Australia: Histories, heritage and the asylum*, University of Queensland Press, St Lucia p 64.
- 121 Monk, L-A. (2003) Gender, space and work the asylum as a gendered workplace in Victoria in Coleborne, C. and MacKinnon, D (eds) (2003) *Madness in Australia: Histories, heritage and the asylum*, University of Queensland Press, St Lucia p 65.
- 122 Monk also looks at the work of David Goodman about gold seeking in Victoria and California in the 1850s, noting a ‘contest over masculinity’ which came to focus on masculine maturity as qualities of reflection and thoughtfulness, rather than physical aggression. She goes on to say that: ‘These qualities intersected with what that of the asylum which sought to create an environment in which patients were encouraged to exert their self-control.’ Monk, L-A. (2003) ‘Gender, space and work the asylum as a gendered workplace in Victoria,’ in Coleborne, C. and MacKinnon, D (eds) (2003) *Madness in Australia: Histories, heritage and the asylum*, University of Queensland Press, St Lucia p 66.
- 123 Coleborne, C. (2006) ‘Families, patients and emotions: Asylums for the insane in colonial Australia and New Zealand, c. 1880–1910’, *Social History of Medicine*, Volume 19, Issue 3, December 2006, p 425.
- 124 Coleborne, C. (2006) Families, patients and emotions: Asylums for the insane in colonial Australia and New Zealand, c. 1880–1910’, *Social History of Medicine*, Volume 19, Issue 3, December 2006, p 429.
- 125 Giese, J. (2018) *The maddest place on earth*, Australian Scholarly Publishing, Melbourne, p 56.
- 126 Giese, J. (2018) *The maddest place on earth*, Australian Scholarly Publishing, Melbourne, p 59.
- 127 Manning, C. (2007) *Bye-bye Charlie: Stories from the vanishing world of Kew Cottages*, University of NSW Press p 29.
- 128 Manning, C. (2007) *Bye-bye Charlie: Stories from the vanishing world of Kew Cottages*, University of NSW Press p 29.
- 129 Coleborne, C. (2010) Colonial Psychiatry in the Australasian World Chapter 1 in *Madness in the Family: Insanity and Institutions in the Australasian Colonial World, 1860–1914*. Palgrave MacMillan, Basingstoke, UK, p 36.
- 130 Coleborne, C. (2010) ‘Colonial psychiatry in the Australasian world’, Chapter 1 in *Madness in the family: Insanity and institutions in the Australasian colonial world, 1860–1914*, Palgrave MacMillan, Basingstoke, UK, p 40.

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- 131 Bonwick, R. (2010) 'The history of Yarra Bend Lunatic Asylum', Master of Medicine Thesis, University of Melbourne.
- 132 Bonwick, R. (2010) 'The history of Yarra Bend Lunatic Asylum', Master of Medicine Thesis, University of Melbourne.
- 133 Swain, S. (2007) 'Negotiating poverty: Women and charity in nineteenth-century Melbourne', *Women's History Review*, 16:1.
- 134 Gleeson, B. (2001) 'Domestic space and disability in nineteenth-century Melbourne, Australia', *Journal of Historical Geography*, Volume 27, Issue 2, p 225.
- 135 Gleeson, B. (2001) 'Domestic space and disability in nineteenth-century Melbourne, Australia', *Journal of Historical Geography*, Volume 27, Issue 2, p 226.
- 136 Gleeson, B. (2001) 'Domestic space and disability in nineteenth-century Melbourne, Australia', *Journal of Historical Geography*, Volume 27, Issue 2, p 226.
- 137 Swain, S. (2007) 'Negotiating poverty: Women and charity in nineteenth-century Melbourne', *Women's History Review*, 16:1, p 107.
- 138 *Register*, 28 Feb 1849 cited in Brian Dickey (1986) 'What have social workers done?' *The South Australian Social Worker*, vol 2, no.2 August 1986 & no.3 October 1986.
- 139 Swain, S. (1996) 'Women and philanthropy in colonial and post-colonial Australia', *Voluntas: International Journal of Voluntary and Nonprofit Organizations* Vol. 7, No. 4. p 428.
- 140 Gleeson, B. (2001) 'Domestic space and disability in nineteenth-century Melbourne, Australia', *Journal of Historical Geography*, Volume 27, Issue 2, p.234. These activities were similar across all the colonies, but the detailed historical of Gleeson and Swain about Melbourne is not available for all the emerging centres.
- 141 Gleeson, B. (2001) 'Domestic space and disability in nineteenth-century Melbourne, Australia', *Journal of Historical Geography*, Volume 27, Issue 2, p 234.
- 142 Gleeson, B. (2001) 'Domestic space and disability in nineteenth-century Melbourne, Australia', *Journal of Historical Geography*, Volume 27, Issue 2, p 234.
- 143 Case records, Joan Scott has warned, do not give the historian access to any truths for they are products of the discourses of their time. Scott, J. (1990) 'Review of Heroes of Their Own Lives: the politics and history of family violence', *Signs*, 15(4), pp. 848–852 cited in Swain, S. (2007) 'Negotiating poverty: Women and charity in nineteenth-century Melbourne', *Women's History Review*, 16:1, p102.
- 144 See: Manning, C. (2011) 'From surrender to activism: The transformation of disability and mothering at Kew Cottages, Australia', Chapter 13, *Disability and Mothering: Liminal Spaces of Embodied Knowledge*, Syracuse, New York, Syracuse University Press, p 183.
- 145 Swain, S. (2007) 'Negotiating poverty: Women and charity in nineteenth-century Melbourne', *Women's History Review*, 16:1, pp 99–112. See also: Swain, S. (2005) 'Toward a social geography of baby farming', *The History of the Family*, 10:2, pp 151–159.
- 146 McMahan, A. (2003) 'Redefining the beginnings of social work in Australia', *Advances in Social Work and Welfare Education*, Imprint, argues against the strictly conservative, Protestant approach to writing this history and identifies Roman Catholic Sisters who took a much more political approach to the problem of the poor. His thesis is examined in the section headed 'Moving beyond care ... resistance and reform'.
- 147 Edmonds, P. 'From bedlam to incorporation: Whiteness and the racialisation of colonial urban space in Victoria, British Columbia and Melbourne, Victoria, 1840s – 1880s' *Exploring the British world: Identity, cultural production, institutions*, Melbourne, RMIT Publishing, pp 60–90.
- 148 Gleeson, B. (2001) 'Domestic space and disability in nineteenth-century Melbourne, Australia', *Journal of Historical Geography*, Volume 27, Issue 2, pp 223–240.
- 149 Breda Carty traces a history of disability through the State Library's collections <<https://www.sl.nsw.gov.au/blogs/history-disability-australia>> October 2017
- 150 Wrench family photographs, scrapbooks and autobiography of James Thomas Wrench, State Library of NSW Collections, PXA 4462.
- 151 Breda Carty traces a history of disability through the State Library's collections October 2017, <<https://www.sl.nsw.gov.au/blogs/history-disability-australia>>
- 152 Breda Carty traces a history of disability through the State Library's collections, October 2017, <<https://www.sl.nsw.gov.au/blogs/history-disability-australia>>

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- 153 www.myheritage.com/research/record-10450-1272800/bathurst-free-press-and-mining-journal-nsw
- 154 Houston, R.A, in their history of 'boarding-out' in Scotland makes the methodological point that, in the absence of solid secondary sources addressing the role of families and communities in supporting and sustaining family members with impairments, it is necessary to look to primary sources. The current project does not allow for analysis of court documents, medical records, parochial records and the like so we are to rely on scant histories of this nature in Australia. The lunatic asylum history is more extensively explored, in part perhaps because it is easier to access the case records of those so contained. Houston, R. (2006) 'Poor relief and the dangerous and criminal insane in Scotland, c. 1740-1840', *Journal of Social History*, 40(2), pp 453–476.
- 155 Houston, R. (2006) 'Poor relief and the dangerous and criminal insane in Scotland, c. 1740-1840', *Journal of Social History*, 40(2), pp 453-476.
- 156 O'Brien, A. (2008) 'Kitchen Fragments and Garden Stuff', *Australian Historical Studies*, 39:2, p 153.
- 157 For a narrative history see Evans, T (2015) *Fractured families: Life on the margins in colonial New South Wales*, UNSW Press.
- 158 The Sydney Benevolent Society Annual report 1845 cited in Evans, T. (2015) *Fractured families: Life on the margins in colonial New South Wales*, UNSW Press, p 109.
- 159 Goodall, J. B. (1992) 'Whom nobody owns: the Dunwich Benevolent Asylum, an institutional biography 1866– 1946', PhD Thesis, School of History, Philosophy, Religion, and Classics, University of Queensland.
- 160 For a good summary of developments across each colony throughout the 19th century see: Lawrence, C. (2016) *A thematic heritage study on Australia's benevolent and other care institutions – Thematic study*, Commonwealth of Australia.
- 161 Dickey, B. (1986) *Rations, residence, resources: A history of social welfare in South Australia since 1836*, Wakefield Press, Adelaide.
- 162 For an interpretive geography to disability history see: Park, D. & Radford, J. (2005) 'Rhetoric and place in the "mental deficiency" asylum', Chapter 4, Butler, R. & Parr, H, *Mind and body spaces: Geographies of illness, impairment and disability*, Routledge.
- 163 Park, D. & Radford, J. (2005) 'Rhetoric and place in the "mental deficiency" asylum', Chapter 4 in Butler, R. & Parr, H, *Mind and body spaces: Geographies of illness, impairment and disability*, Routledge. As an example, the term Minda (the name of the Home for Weak-minded Children) has become a distinctive, widely used derogatory term levelled at Adelaide citizens with intellectual disability and occasionally, their siblings. See Strohm, K, (2002) *Siblings: Brothers and Sisters of Children with Special Needs*, Wakefield Press, Kent Town, p 29.
- 164 Jaensch, D. (1976) 'Townsend, William (1821–1882)', *Australian dictionary of biography*, National Centre of Biography, Australian National University, <<https://adb.anu.edu.au/biography/townsend-william-4742/text7875>>, published first in hardcopy 1976.
- 165 Can Do for Kids: History, <<http://web.archive.org/web/20150411173108/http://www.cando4kids.com.au/AboutUs/History.aspx>>
- 166 Edgar, S. (1979) 'Ash, George (1859–1897)', *Australian dictionary of biography*, National Centre of Biography, Australian National University, <<http://adb.anu.edu.au/biography/ash-george-5064/text8443>>
- 167 Joan Clift, 'Julia Warren Farr', SA History Hub, History Trust of South Australia, <<https://sahistoryhub.history.sa.gov.au/people/julia-warren-farr>>
- 168 Find and Connect SA Government, 'The Home for Incurables' <www.findandconnect.gov.au/ref/sa/biogs/SE01203b.htm>
- 169 Vid. (1881) 'The Home For Incurables', <<https://trove.nla.gov.au/newspaper/article/43158290#>>
- 170 Vid. (1881) 'The Home For Incurables', <<https://trove.nla.gov.au/newspaper/article/43158290#>>
- 171 Vid. (1881) 'The Home For Incurables', <<https://trove.nla.gov.au/newspaper/article/43158290#>>
- 172 I can find no evidence of the formation of an association akin to the Charity Organisation Societies that emerged elsewhere, including in Melbourne.
- 173 <<https://adelaideia.history.sa.gov.au/organisations/social-purity-society>>
- 174 For a contemporary critique of this initiative and its long tail in child protection system see: Michell, D. (2016) 'Dear Miss Spence: An open letter to Catherine Helen Spence (1825–1910)',

Life Writing, 13:4, pp 481–492. In many respects this reflects the critique that contemporary academics and activists express about the impact of the 19th century charitable endeavours in disability.

175 The concluding section of this chapter will draw out themes as foundational for the changes that occurred after the end of the First World War.

176 Bartlett, P. & Wright, D. (eds) (1999) *Outside the walls of the asylum: The history of care in the community 1750-2000*, Bloomsbury, London.

177 Bartlett, P. (1993) 'The Poor Law of lunacy: The administration of pauper lunatics in mid-nineteenth century England with special emphasis on Leicestershire and Rutland', unpublished PhD thesis, University College, London.

178 While it is not necessary to recapitulate the history of eugenics here it is important to see how the ideas of inherited feeble-mindedness, social worth and social hygiene appealed to the political and social leaders in the Australian colonies and into Federation in 1901. For an accessible history see: History.Com: (2019) *Eugenics* <www.history.com/topics/germany/eugenics>

179 'Eugenics was a movement originating in response to fears of racial decay in late 19th-century England. It aimed at perfecting the human population through selective breeding. Similar concerns led to the founding of eugenics organisations in Melbourne, the best known of which was the Eugenics Society of Victoria (1936-61) ... After World War II the society ceased holding public lectures and worked instead through informal contacts and other organisations. Failing to attract new members, it declined in influence and was disbanded in 1961.' Deacon, M.(2008) 'Eugenics', *Encyclopaedia of Melbourne Online* <www.emelbourne.net.au/biogs/EM00536b.htm>

180 'Social Darwinist ideas, not merely eugenics, became the justification for creating a new European environment peopled by a European population. Thus many students of eugenics "smoothed the pillow" of the "dying" aboriginal race, while enthusiastically predicting the birth of a new super white race under the Southern skies.' Jones, R. (2005) review of *Eugenics in Australia: Striving for National Fitness* by Diana Wyndham, *Journal of the History of Medicine and Allied Sciences*, Vol. 60, No. 2. p 239.

181 Rutledge, D. M. (1995) 'Social Darwinism, scientific racism, and the metaphysics of race', *The Journal of Negro Education*, Summer 64, 3 p 244.

182 Wyndham, D. (1996) 'Striving for National Fitness: Eugenics in Australia: 1910s to 1930s', PhD thesis, Department of History, University of Sydney.

183 Ladd-Taylor, M. (2001) 'Eugenics, sterilisation and modern marriage in the USA: The strange career of Paul Popenoe', *Gender & History* 13, 298–327, on p 299.

184 Garton, S. 'Liberty of the Nation: Eugenics in Australia and New Zealand and the limits of illiberalism, Chapter 1 in Paul, D.; Stenhouse, J., Spencer, H. (2018) *Eugenics at the edges of empire. New Zealand, Australia, Canada and South Africa*. Palgrave MacMillan. London. p 22.

185 The Birmingham Report, pp 10–11 (PROWA ref: AN 24, ACC 752/1911/1108). Cited in Cocks, E. (ed) (1996) *Under blue skies: the social construction of intellectual disability in Western Australia*, Edith Cowan Press Perth, WA, p 66.

186 For a detailed example of these debates in medical and political circles see Gillgren, C 'Once a defective, always a defective: public sector residential care 1900-1965', Chapter 2 in Cocks, E. (Ed.) (1996) *Under blue skies: the social construction of intellectual disability in Western Australia*, Edith Cowan Press Perth, WA.

187 Garton, S. 'Liberty of the Nation: Eugenics in Australia and New Zealand and the limits of illiberalism', Chapter 1 in Paul, D.; Stenhouse, J.; Spencer, H. (2018) *Eugenics at the edges of empire. New Zealand, Australia, Canada and South Africa*. Palgrave MacMillan, p 23.

188 Garton, S. 'Liberty of the Nation: Eugenics in Australia and New Zealand and the limits of illiberalism', Chapter 1 in Paul, D.; Stenhouse, J.; Spencer, H. (2018) *Eugenics at the edges of empire. New Zealand, Australia, Canada and South Africa*. Palgrave MacMillan, p 23.

189 Garton, S. 'Liberty of the Nation: Eugenics in Australia and New Zealand and the limits of illiberalism', Chapter 1 in Paul, D.; Stenhouse, J.; Spencer, H. (2018) *Eugenics at the edges of empire. New Zealand, Australia, Canada and South Africa*. Palgrave MacMillan, p 33.

190 Hallahan, L. (2012) 'Time to stop the forced sterilisation of girls and women with disability', Ramp up, ABC <www.abc.net.au/rampup/articles/2012/10/05/3604907.htm>

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- 191 Benedict, S. and Shields, L. (eds) (2014) *Nurses and midwives in Nazi Germany: The euthanasia programs*, Taylor & Francis Group.
- 192 Benedict, S. and Shields, L. (eds) (2014) *Nurses and Midwives in Nazi Germany: The euthanasia programs*, Taylor & Francis Group.
- 193 Benedict, S. and Shields, L. (eds.) (2014) *Nurses and Midwives in Nazi Germany: The euthanasia programs*, Taylor & Francis Group, p 42.
- 194 Benedict, S. and Shields, L. (eds.) (2014) *Nurses and Midwives in Nazi Germany: The euthanasia programs*, Taylor & Francis Group, p 43.
- 195 Giese, J. (2018), *The maddest place on earth*, Australian Scholarly Publishing, Melbourne, p 51.
- 196 Garton, S.' Liberty of the Nation: Eugenics in Australia and New Zealand and the limits of illiberalism', Chapter 1 in Paul, D.; Stenhouse, J.; Spencer, H. (2018) *Eugenics at the edges of empire. New Zealand, Australia, Canada and South Africa*. Palgrave MacMillan, p 36.
- 197 Earl, D. (2011), 'A group of parents came together: Parent advocacy groups for children with intellectual disabilities in post-World War II Australia', *Health and History*, 2011, Vol. 13, No. 2. p 87.
- 198 Daniels, D. (2011) History of Australian Pensions: www.aph.gov.au/About_Parliament/Parliamentary_Departments/Parliamentary_Library/FlagPost/2011/February/History_of_Australian_pensions
- 199 *Repat* - A concise history of repatriation in Australia (dva.gov.au)
- 200 The term 'the people affected' is a reduced relative clause used to refer to the people labelled with disability and their close associates who were the target of /or initiators of social policy and welfare/educational/medical services.
- 201 Cocks, E. et al (1996) *Under blue skies The social construction of intellectual disability in Western Australia*, Edith Cowan University, Perth, WA, p 283.
- 202 See www.alinea.org.au/about-alinea/ for reference to WA Civilian Maimed and Limbless Society which formed in 1945.
- 203 See Springthorpe, G. (1940) *The treatment of mental deficiency in Victoria*, Presented to a general meeting of the Medico-Legal Society held on Saturday, September 28, 1940, at 8.30 pm, at the British Medical Society Hall, Albert Street, East Melbourne.
- 204 For an example see the short history of The Endeavour Foundation in Queensland www.endeavour.com.au/our-endeavour-foundation/history and the timeline of the Montrose Home for Crippled Children which records the opening of a special school and dormitories for crippled children in 1974, www.montrose.org.au/about-us/our-history/
- 205 See *Migration Act* (1958) Health requirement www.aph.gov.au/Parliamentary_Business/Committees/Joint/Completed_Inquiries/mig/disability/chapter2#mig
- 206 See Bigby, C. (2008) 'Known well by no-one: Trends in the informal social networks of middle-aged and older people with intellectual disability five years after moving to the community', *Journal of Intellectual and Developmental Disability*, 33:2, pp 148–157.
- 207 Snyder, S. L., Mitchell, D.T. (2010) *Cultural locations of disability*, Chicago: University of Chicago Press, p xii.
- 208 Snyder, S. L., Mitchell, D. T. (2010) *Cultural locations of disability*, Chicago: University of Chicago Press, p xi-xii. They use the term 'cultural locations of disability' to evoke sites of violence, restriction, confinement, and absence of liberty for people with disabilities.
- 209 For a discussion of the complex, multi-layered foundations of eugenics prevailing in the early 20th century in Australia see: Rodwell, G. (1998). 'If the feeble-minded are to be preserved... Special education and eugenics in Tasmania 1900-1930', *Issues in Educational Research*, 8(2), pp 131–156.
- 210 According to the *Concise Oxford* dictionary the term 'disability' came into use in English in the mid-16th century and was closely linked with notions of being not able to carry out certain functions, including physical tasks and decision-making. This discussion takes it into identifying classes of persons; themes in law and social policy; and a unifying identify for those so labelled and treated in certain ways that reinforce their disability status.
- 211 Snyder, S.L., Mitchell, D. T. (2010) *Cultural locations of disability*, University of Chicago Press, Chicago, p xi.

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- 212 Snyder and Mitchell describe this as: 'the reliance on the body as an external manifestation of malignant psychic structures', Snyder, S. L., Mitchell, D. T. (2010) *Cultural locations of disability*, Chicago, University of Chicago Press, p 39.
- 213 For a recent account of these cultural threads see: Saatchi, M&C (2013) 'The modern (Aussie) man' White Paper Released to a Federal Parliamentary Roundtable on Australian Men, November 2013. It starts with these words: 'Stepping around the feminist minefield that stops academics, politicians and everyday men from saying what they really think, this research says what every man is thinking. Through their words and perceptions.' None of the men interviewed identified as disabled; sport plays a very significant role ... it is clear to the historical depth of this mythscape. <<http://mengage.org.au/population-reviews/the-modern-aussie-man-white-paper>>
- 214 Snyder, S.L., Mitchell, D. T. (2010) *Cultural locations of disability*, University of Chicago Press, Chicago, p x.
- 215 'To be sure, women have served in regular armies, mostly as uniformed nurses, and have been injured in combat zones and become disabled while doing so. If the American experience is representative, these disabled women veterans have been seriously neglected by the governments they have served. They have certainly been neglected by historians, whatever their nationality, for there is even less written about their experiences than those of men.' Gerber, D. A, (ed) (2012) *Disabled veterans in history: Discourses of disability*, University of Michigan Press, p 1.
- 216 Gerrard, A., Harman, K. (2015) 'Lives twisted out of shape! Tasmanian Aboriginal soldiers and the aftermath of the First World War', *Aboriginal History*, Vol. 39, p 187.
- 217 'Most Western societies historically have had at least two parallel tracks for providing assistance to those construed to be in need, one for veterans and another for the general civilian population. The former is not only older than the latter, but has been governed by different principles and rules and has been more generous in its provisions ... The liberality of the veterans' provision results from the belief, ... universally accepted in the twentieth century, that assistance to veterans should not be charity or "welfare," in the sense that contemporary term is used to connote aid grudgingly provided those popularly considered the unworthy poor. It is instead a reward for, and implicitly an incentive to inspire, service. In the case of disabled veterans, it is also a repayment for especially significant personal sacrifice. It is earned assistance and a right of citizens.' Gerber, D. A (ed) (2012) *Disabled veterans in history: Discourses of disability*, University of Michigan Press, p 3.
- 218 Caddick, N., McGill, G. Greaves, J., and Kiernan, M. (2018) 'Resisting decline? Narratives of independence among aging limbless veterans', *Journal of Aging Studies*, Volume 46, pp 24–31.
- 219 Phoenix, C. & Smith, B. (2011), 'Telling a (good?) counter story of aging: Natural bodybuilding meets the narrative of decline', *Journal of Gerontology: Series B*, vol. 66, no. 5. Pp 628-639.
- 220 For example: Charlie Byrne was eventually evacuated off the peninsula 'rotten with rheumatism', plagued by 'maddening headaches' and his nerves shot to pieces. On their return to Australia, men like Byrne ticked the box 'in A1 health', hoping it would speed up a painfully slow process of repatriation or even improve their chances of being granted a plot of land. A good many felt they could manage their injury on their own, without the stigma and inconvenience of charity or officialdom. Albert Ekert was one of these, and his failure to lodge any early claim on entitlements was to have serious implications for him and his family. Scates, B. & Oppenheimer, M. (2016) *The last battle: Soldier settlement in Australia 1916–1939*, Cambridge University Press, p 148.
- 221 For an official history of the system, its roots, challenges, and development through to the present day, see Payton, P. (2018) *Repat: A concise history of repatriation in Australia* <www.dva.gov.au/sites/default/files/files/publications/corporate/P03428.pdf> The Foreword by the Minister for Veteran Affairs (2018) says: 'As well as bringing home the troops from overseas, 'Repat', as it was universally known provided war pensions, healthcare, education and training, employment and housing, soldier settlement and remembrance and commemoration. Ambitious in scope it attempted to address the widely varying needs of veterans and their dependants. The Repatriation Commission and Department were also anxious to work closely with the voluntary sector including the Returned Services League, Australian Red Cross, and Legacy, setting an example which continues to this day.'
- 222 '...the onus of proof was on the veteran, who then had to use his body to prove his claim that his injury or illness was due to his war service. For many returned servicemen, the whole process

- was disempowering and even alienating, particularly when claims were rejected. For those who had their claims accepted, it was necessary under the Repat regulations to reduce the incapacity or suffering to a number that equated to a particular pension rate.' Gerrard, A. and Harman, K. (2015) 'Lives twisted out of shape! Tasmanian Aboriginal soldiers and the aftermath of the First World War', *Aboriginal History*, Vol. 39, p 189.
- 223 Gerrard, A. and Harman, K. (2015) 'Lives twisted out of shape! Tasmanian Aboriginal soldiers and the aftermath of the First World War'. *Aboriginal History*, Vol. 39, pp 183–201.
- 224 'In early 1917, in the midst of the First World War and with an Allied victory not yet in sight, Prime Minister W.M. 'Billy' Hughes made a promise to the country's armed forces on behalf of the Australian people. "When you come back we will look after you", he declared. It was a solemn and binding promise and Hughes recognised returning soldiers would be entitled to say to the Commonwealth Government: "You made us a promise. We look to you to carry it out." So begins the foreword to Payton, P. (2018) *Repat: A concise history of repatriation in Australia*, <www.dva.gov.au/sites/default/files/files/publications/corporate/P03428.pdf>
- 225 Scates, B. & Oppenheimer, M. (2016) *The last battle: Soldier settlement in Australia 1916–1939*, Cambridge University Press, p 144.
- 226 See: Oppenheimer, M. (2014) Shaping the legend: The role of the Australian Red Cross and Anzac [online], *Labour History*, No. 106, pp 123–142; Oppenheimer, M. (2014) *The power of humanity: 100 years of the Red Cross in Australia*, Harper Collins, Sydney NSW; and Oppenheimer M. (2017) 'Opportunities to engage: The Red Cross and Australian women's global war work', in Ariotti K., Bennett J. (eds) *Australians and the First World War*, Palgrave Macmillan, Cham. Oppenheimer stresses the (limited) militarisation of the Red Cross, a distortion of its foundational humanitarian concern for those harmed by war. In particular she depicts the link with nationalism that undermines the principle of neutrality of the Red Cross. Volunteer service in the Red Cross came to be seen as evidence of one's patriotism. It became an opportunity for women in particular to 'share in the great struggle'.
- 227 Larsson, M. (2004) 'Restoring the spirit: The rehabilitation of disabled soldiers in Australia after the Great War', *Health and History*, Vol. 6, No. 2, p 47.
- 228 Larsson, M. (2004) 'Restoring the spirit: The rehabilitation of disabled soldiers in Australia after the Great War', *Health and History*, Vol. 6, No. 2, p 47.
- 229 '...however, disability creates an ambiguous subjectivity for the veteran; simultaneously at the apex of cultural masculinity as veteran/hero yet also de-masculinised as weak, dependent and "victim"', see Caddick, N., McGill, G., Greaves, J. & Kiernan, M. (2018) 'Resisting decline? Narratives of independence among aging limbless veterans', *Journal of Aging Studies*, 46, p 25.
- 230 Larsson, M. (2009) 'Who picks up the pieces?', *Melbourne Historical Journal*, no. 37, p 25.
- 231 Larsson, M. (2009) 'Who picks up the pieces?', *Melbourne Historical Journal*, no. 37, p 25.
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- 233 'Reclaiming manhood is thus conceived within the framework of a melodrama in which men and women ultimately sort themselves out by conventional gendered categories in their emotional and sexual relationship.' Gerber, D.A. (ed) (2012) *Disabled Veterans in History: Discourses of Disability*, University of Michigan Press, p 8.
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446 See 'About', *Every Australian Counts*, <https://everyaustraliancounts.com.au/about/>

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448 This is the question Hannah Arendt asked at the end of the Second World War when discussing the plight of stateless persons. She saw this as the right to be part of a political community. Here we extend it to the right to be part of humanity in general and part of civil society in particular.

449 Arrow, M. (2019). *The seventies: The personal, the political and the making of modern Australia*, New South Publishing.

450 'Moment' is used here in two senses: first, in a temporal sense as a point in time and second, in a physics sense as a force which causes a body to turn on its axis ... to pivot away from the direction of the force.

451 This research has not looked to surveys of community attitudes to discern the ways in which disability is constructed and expressed culturally. Rather, the study has explored secondary sources to reveal the enduring power of ableism in the mythscape of the optimal Australian ... manifesting explicitly through the myth of the White Aussie Bloke.

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emphasize certain principles of progress in the past and to produce a story which is the ratification
if not the glorification of the present'. Herbert Butterfield, *The Whig Interpretation of History* (1931),
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includes material from 49 authors representing 19 countries who have come together to compose
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