

Zealand Electrical Supply Authority. Under Botting, the IHCPA was characterised by a more conciliatory approach. By the early 1960s conference remits were less radical than formerly, having been well and truly thrashed out at branch level. As Botting observed: 'Older members may look back nostalgically to the fiery enthusiasm of the early years but the quieter tone of today suggests that we know for the most part where we want to go. But still we must be persistent.'

By contrast with the Anyons, Stan Botting regarded the opening of the association to non-parents as 'the best thing we ever did'. One of the first such people was Dr D.M.G. (Donald) Beasley, a paediatrician based in Whangarei who had just returned from postgraduate studies in Britain. Then aged 35, he was married with children, but his interest in people with intellectual disability came from his specialist work in paediatrics. He helped form the Northland branch of the association.

A fortunate appointment in 1956 during the Botting term of office was that of R.G. (Ray) Mathews as general secretary. A qualified accountant and senior partner in a Wellington firm of chartered accountants, Mathews was also a lecturer at Victoria University College. The days when the paperwork for the society was done on the Anyon kitchen table were now ancient history. Mathews brought a much-needed expertise and professionalism to a society with a rapidly growing membership and increasingly complex finances. During his long involvement with the association he showed resourcefulness, commitment and business acumen far beyond any material compensation the society could give. Ray Mathews was awarded a Churchill Fellowship in 1972 and relinquished the position of general secretary in 1977.

In July 1957 when the government was considering amendments to the Mental Health Act it invited the IHCPA to make a submission. The amendment when passed met most of their requests. Clause 11 extended the permissible length of stay in a short-stay home to three months, though this did not apply to children over 18 years.

Clause 12 allowed the association (and other incorporated societies) to set up licensed permanent homes for the care and training of intellectually handicapped children over the age of 15 years. Though it had acquiesced to some of the IHCPA's demands, the official government view remained that institutions provided the best kind of long-term care for most of the intellectually handicapped. Both Levin and Templeton farm colonies increased in size during the latter 1950s and 1960s.

The IHCPA now ceased to push for the abolition of the large institutions, conceding that under existing conditions the state institutions were necessary for some people with severe disabilities. Rather, members wanted the government to build new institutions and keep the existing ones from getting any larger. Auckland parents in particular were concerned that New Zealand's largest city had no mental deficiency institution. Children from the northern districts had to be sent either hundreds of miles away to Levin or to the nearer but less suitable Avondale and Kingseat mental hospitals.

Conditions in the institutions were improving, partly as a result of pressure from and efforts made by the IHCPA. Parents worked to improve facilities by sending toys, pictures and books to the institutions. They continued to ask for more training programmes for the children, more speech and occupational therapists to be appointed. They also wanted short-stay facilities.

In 1959 official 'visiting committees' were formed to monitor conditions for the disabled in institutions. Appointed were: Jean Clark, A. Alcock, G. Whyte, W. Minston and Olive Grenfell. When the Auckland branch presented a petition asking for the Mental Hygiene Division to establish an institution or 'home' for Auckland similar to those at Levin and Templeton, the government agreed and land for the new institution was found at Mangere. Although this was a significant step and the petition appeared to have succeeded in its aims, nothing further happened until 1964. Even after building began, progress was frustratingly slow.

The Burns Report

Confidence in the approach and viewpoint of the IHCPA received a major boost in 1959. Sir Charles Burns, who had been supportive to the Anyons and was widely regarded as sympathetic towards the aims and objects of IHCPA, headed a sub-committee of the New Zealand branch of the British Medical Association. It issued a report that was in many respects critical of government policy and the Aitken Report. The foreword criticised the policies as 'based on outworn and outmoded ideas'. Burns wrote that the Consultative Committee had 'failed in its purpose which was surely to recommend ways and means of improving the lot of the mentally subnormal child and it failed seemingly

because it took no cognisance of what was going on in the world elsewhere'. The report quoted overseas research and emphasised the 'great danger of using a low IQ as an excuse for inaction rather than as a starting point for planned training and treatment'.

The sub-committee criticised the mental deficiency institutions as too custodial, too isolated and too large, and for placing insufficient emphasis on education, training and rehabilitation. It was particularly critical of the fact that 17 per cent of the first admissions between 1953 and 1956 were children under five years of age, and of these only 10 per cent were in the severest category of deficiency. 'High-grade' patients were being admitted too frequently and too young, when at an early age prognosis was uncertain. Some children diagnosed as mentally defective later improved and became self-supporting. Separation from the family at an early age often retarded intellectual development because the child missed the stimulation of a family environment, the sub-committee stated. Residential institutions where necessary should be small and made up of family-type units.

The report received considerable publicity. Stan Botting on behalf of the IHCPA told the press that the organisation was completely in accord with the Burns Report's recommendations. The government was less enthusiastic. H.G.R. Mason, Minister of Health, said: 'There is some truth in the ideas that have prompted the report, but there is extravagance in the over-optimistic picture presented in what may be achieved.' (*Evening Post*, 3 March 1959)

Dr Lewis, director of the Mental Hygiene Division, later was reported as saying that the government was 'not irrevocably committed to a policy of placing all mentally subnormal children in large institutions remote from the centres of population ... the policy of the Department for children with mild mental subnormality was to encourage voluntary bodies to make better provision for them.' (*Dominion*, 26 June 1959)

Following this report the government granted subsidies to IHCPA to establish and run certain services: occupational centres and short-stay homes. However the government also continued to concentrate on establishing large institutions for the severely disabled. Although the IHCPA agreed at the time that these institutions were necessary they believed that those planned by the government were too big.

It was clear, however, that the relationship between the IHCPA and the government had come a long way in a decade.

1955–1965: Decade of Steady Progress

Under Stan Botting's presidency the association progressed from being a pioneering protest group towards gaining establishment status – even respectability. The IHCPA saw itself as providing a voice for people with an intellectual disability and their parents, as well as being a welfare organisation concerned with providing services. New branches sprang up, membership increased to more than 1000. Venues for annual conferences rotated among the regions, with branches taking it in turn to act as host for them. Much hard work by members resulted in branches providing new day-care, occupational and short-stay facilities.

For a number of years the association had been fighting for the legal right to establish full residential facilities. Under the terms of the 1956 Amendment to the Mental Health Act an intellectually handicapped child could with departmental approval be admitted to a short-stay home for up to two months. An interval of six months must then intervene before a second application could be considered except in exceptional circumstances, and on this matter the department was apparently co-operative. A subsidy of six shillings a day was paid by the Health Department for those under 16 years when occupying beds in short-stay homes. An Invalid Benefit was available for those over 16 years and from this it was considered board could be paid. At the time this was a tremendous breakthrough for the association. Throughout the next few years a major thrust of the New Zealand Committee on behalf of its membership was to have government subsidies increased. Gains were slowly achieved. In 1963 history was made when concerns affecting the intellectually handicapped were mentioned in the Budget with the welcome news that the government subsidy had increased to 10 shillings per occupied bed per day.

Despite the work and significant progress made by the IHCPA, life for parents of handicapped children was not easy. Peter and Peg Hanan recall: 'Elaine was born in 1956. There was no "early intervention", no "parent to parent", no social workers and very little information.' The doctor at first kept the news from Elaine's parents and later instead of help there was 'a lot of ill-informed advice ... more fearful than encouraging'. In their rural district there was no schooling for Elaine and the IHC was in its infancy. Like so many parents with a disabled child the Hanans had only two choices: to move to an area where the services were more appropriate or to set to work and develop services. And like so many others the Hanans went ahead and 'did it themselves'. As time went on