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DISABILITY SERVICES COMMISSION

Transcript of an interview with

GUY JOSEPH LIVINGSTONE HAMILTON

b.1923

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TAPE 1: SIDE A: Interview with Dr Guy Hamilton 18 October 2002
Interviewer: John Bannister
For Disability Services Commission Oral History Project.

Doctor, I thought we would begin the interview by you telling us your full name, and where and when you were born, please.

Guy Joseph Livingstone Hamilton. I was born at **Bucithurst Hill,** in Essex on 4th July 1923.

Can we talk about your background and how you came to be in Australia in the first place?

Well, I'm the son of a doctor and the grandson of a doctor, - both G.Ps. So I went into medicine - at the age of ten I decided I was a going to be a doctor. And I qualified in 1946. I went to Epsom College which was the Medical Foundation College when it was first started in 1853 – or something – so I was in the medical atmosphere all my life. I kept in that – even in student jobs and the war was on – so I was in blitzes and things like that so I got involved in all sorts of surgery - at which I'm absolutely hopeless. My son, who is also a doctor, is a brilliant plastic surgeon but I'm not.

1/A024

So after I'd qualified and was at one job at the Middlesex Hospital I was called up and I went into the Army, and I managed to persuade them to allow me to go to a Hospital – the Royal Albert Hospital, which had been designed by Florence Nightingale – and looked it – which is where I met my wife – who was a Sister in the QA's – Queen Alexandra's Imperial Medical Nursing Service.

We had three sons – Sean – my eldest boy – born in 1948; Kevin, my second son born in 1950, and Jeremy, my third son, born in 1951. He was a rhesus baby – a very rare type of rhesus – rhesus negative antibodies came up, which is unusual. He was very jaundiced at birth, and that led to him having **Athetosis**, a form of cerebral palsy. He is deaf, he has difficulty in speaking because of that, and in understanding what you say. He's got **Athetosis**, the irregular movement that you get in that form of cerebral palsy. He was born in the Suffolk where I was in an "assistantship with view" that didn't eventuate and after he was a few months old we moved to Brighton where I went into general practise as a partner – junior partner. Junior partners in England - you did all the spare work with evenings off; the three senior partners got weekends off and junior partners were <u>junior</u> partners.

1/A046

When I first went into general practice in the Health Service in England – for which you were paid seventeen and eightpence (17s8d) per person per year, you could make a living on about two thousand five hundred (2,500) patients. As things went on, by the time I'd been there about six or seven years, you needed about four thousand (4,000) to make a living. And that meant I was working – I'd do the housecalls in the morning and I'd get back for lunch and then I'd go out again, and I'd get back again after evening surgery – which could mean anything after nine o'clock at night, and I wasn't seeing the family at all. And so after we'd done this for a few years, in 1956 we decided to come to Australia. We chose Australia because South Africa was obviously going to have problems, New Zealand there were too many English doctors, Canada I would have had to re-qualify and I didn't know if I could do that; and then we had a cousin living in Adelaide, and she said "Don't go to Brisbane, it's too hot; don't go to Sydney it's too big; don't go to Melbourne it's too cultured;; don't go to Adelaide it's too slow; Perth is the best place to go to". And having reached that stage, we decided to come to Perth, and I'll come back to that in a moment. But, Jeremy was nearly six by then, and he was, ...obviously,... he'd only started to walk when he was four and a half or five; he was obviously having great trouble with his speech – we'd worked out that he was deaf and he had a hearing aid, but he was obviously going to have all sorts of problems. We took him to various specialists, and a number of them said "If you put him into a mental hospital – Dorking Mental Hospital is a very nice one, it's where the Queen's relatives go to; he will spoil your life, and he will spoil the other children's lives; and you shouldn't keep him at home". Well, we didn't agree with that; and I could get through the local Council somebody to come in and help – teach him. They didn't do very much, but at least it meant that Margaret and I weren't fully occupied looking after Jeremy, and working all the time. But we decided that we would keep him at home.

1/A084

Well, having decided that we were going to leave England, and we would come to Perth – I'd been looking at the spastic centres in England – I'd been around to them and we'd started a spastic centre at Brighton – quite a small one with an occupational therapist – a very good occupational therapist – and she taught us a lot about handicapped children. So Jeremy was going there – I think it was three mornings a week or something like that – but I obviously wanted to do something more. And then quite by coincidence – in December 1956 – an advertisement appeared looking for a Physician Superintendent for the Spastic Centre in Perth – so I applied – sent off my letter of application – and I promptly got polio, and was admitted to hospital, where I stayed for about three months.

1/A098

But during that time I had an interview for the position - that happened to be by a paediatrician – a very important paediatrician from London – who I knew. He came down and saw me, I was still in bed, I couldn't speak properly, I still couldn't move, but he gave me a very good write up, and posted it off – and so I got the job. I recovered from polio and was appointed to the job, and we came out in August '57, to the Spastic Centre, where I stayed for four years.

1/A110

I won't give you the reasons why I left, but – I don't think you want that down on tape – I'll talk to you afterwards about that.

1/A113

But I learnt a lot – I was really very ignorant about cerebral palsy, and about handicapped people indeed; but the important thing was I regarded them as people, whereas the medical profession as a whole looked at people with disability – if you had a physical disability, you were probably assumed to have a mental disability as well. And if you had a mental disability there was only one place for you and that was to go into a mental hospital. And in those days children with Down Syndrome at birth, they were placed in Claremont; they were certified and that was it – they stayed there for the rest of their days. And the medical profession was very much in the institutional mode of thinking.

Jeremy was a little boy at home, and he was a little boy – a good little boy, but he was a little boy. He obviously was a person – he obviously could learn – he would do odd things – he would surprise us constantly by doing something that we didn't think he could do – and so that was fine. We came out here, and I started off at the then Spastic Centre, and Jeremy improved enormously – he was at the kindy - there.

1/A135

I was going to ask you – do you think that you would have been inspired to work in the disability field had you not experienced ....

1A137

No – if I hadn't had Jeremy with a disability I would never have worked in the field; I was brought up as a doctor and I would have treated all other people's handicapped children as handicapped; that was what I was taught, that was what you did; and it was purely because Jeremy was my son that I saw what it was all about, and I didn't want to place him, that we moved to other things.

You said that at the time this was a general attitude –

1/A146

Oh yes. Pre-war there was very little alternative. During the War – and about that time, and immediately post-War, a variety of people in America and then all round the world – got to the stage of saying "These people don't have to go". And while, if you look back into history, there had been people in Switzerland in the mid-eighteen hundreds who had taken people with intellectual disability and taught them all sorts of things, - on the whole, and doctors are part of the community, these are terrible people we must place them. But during the War, and the years after the War people started valuing these people a little bit more, and spastic centres started coming up all over the place, and organisations like the Slow Learning Children's Group – now the Activ Foundation – I think that was started about 1953 – came up saying 'We don't want to place our children; we want to keep them at home, and we will teach them' and they started pressuring Education Departments to open up schools. So in that period 1945-1955 or so there was quite a change – not in the medical profession, not in government departments, but in people; that people with disabilities were people, they could do things. And in fact when, my first contact with intellectual disability was in August 1939 when the Superintendent of the mental hospital in Colchester where I lived – his groom was called up back into the Army and since I had learnt to ride with the Cavalry and I knew about horses – I'm that old, I did learn to ride with the Cavalry when they had horses – in 1936 – so I got a job looking after his horses, because the superintendent of this hospital also had two thousand acres on which they grew all their crops and also fed their horses. And I can remember him telling me that "if you ever want an assistant as a groom, then get a mongol" – which is what people with Down Syndrome were called in those days – or he might even have said mongoloid – I'm not certain – "because they communicate with the animals so well". And obviously his attitude was they weren't much above the animals – it was quite a general attitude. And then – exactly the same thing was said to me when I went to Claremont Hospital in 1962, by the man entitled "Farm Manager" – and he said exactly the same thing; because a lot of handicapped people were working on the farm at Claremont, and down in the country (I've forgotten the name of it just now – it's just closing). But it was very obvious that although we all said that people with intellectual disability can do nothing, yet they were doing all sorts of things, on the farm, and in factories overseas, they were being taught to do and they could do. So quite obviously they didn't need to be institutionalised, they could be employed in varying ways. Certainly during the War in England this came about, because on September 3rd 1939, when War was declared, about fifty-thousand people with intellectual disability, and some mental illnesses, were released from mental institutions because we expected to have vast casualties and we had to have the hospital beds for them. Lots of these people got jobs during the War, in factories and managed all sorts of things. And at the end of the War, some of them obviously had to go back to institutions, they started looking for these people to send them back; and they found they were doing all sorts of things. I remember one was found to be a manager of a Woolworth's' store, and was diagnosed with some childhood disorder but he was doing very well. Lots of them were found to be doing very well, and didn't need to go back. I remember the article being published on this and this was after Jeremy was born, so I began to get the idea that people could do things.

1/A222

The other thing that came about when I was at the Spastic Centre was – you really didn't need a lot of doctors around. It wasn't a medical problem – it was a social-educational problem, and so that – when I was at the Spastic Centre - I very definitely altered my opinion about things.

1/A230

Well, then, in 1960, end of 1961 I left the Spastic Centre. I had to have a job and it was either going back into General Practice, which meant moving out into the country – which I very nearly did . But **Dr Digby Moynagh** who was then the last Inspector-General of the Insane – I had met him several times – he'd been at Epsom College before my time; he'd been in the RAMC and so we communicated very easily, and we got on very well. So he persuaded me to come into Mental Health Services – he said he was going to separate the intellectually handicapped. There were psychiatric wards and there was a psychiatric hospital at Heathcote, but at Claremont there were psychiatric patients, and mental deficiency patients in the same ward; the only people who were segregated were the alcoholics. So he said he was going to have a separate service which would be run by an ex-brigadier from the Army – I think he was a bursar at a private school – and he was going to have a doctor, a psychologist and a social worker to provide the clinical material. And he persuaded me to come in and said I would be the senior doctor there; the psychologist would be somebody called….. (Ellis Brown); the social worker hadn't yet been appointed.

So I came in – I had to start in Claremont – Claremont Mental Hospital – which had 1500 patients, of whom 437 were people with intellectual handicap. I just worked as an ordinary doctor there until he could get this service going. The problem was that he resigned six months later and Dr Arch Ellis was appointed as Director. There was another doctor – I can't remember his name at the moment – Dr Gray who was Acting-Director for a year before Dr Ellis was appointed; and he started setting up a separate service in Claremont for people with intellectual handicap and I got appointed to look after them, because I was the only person who had any experience with children. And everybody else wanted to be a psychiatrist, which lead to higher degrees, whereas there was no higher degree in intellectual handicap.

I'm interested to ask – on your arrival to Western Australia – the hierarchy in which mental disabilities would fit in the medical...

1/A284

Mental disability was always at the bottom – medically – because there was nothing you could do for them. There was no treatment; you couldn't operate; it wasn't like psychiatry where there were drugs like that, there was nothing you could do for them – so let them be. So we started separating them out a bit – I know it was 437 because I had to go around and count every one, because they were in every ward – where there were female ward. They worked in the farm and they had just started a sheltered workshop – there had been occupational therapy before, but then there was a workshop which actually produced things. Both mentally retarded and mentally ill people were put there – they weren't separated. But it was interesting in that some years later, when we were doing some renovations, in the children's – boys' ward, we found there were blackboards on the walls – they'd been painted over. And I looked into that and found out that way back in the 1920's somebody had – there was a psychologist who thought that people with intellectual disability could learn, and so she had set up blackboards to teach these children. But it had apparently all closed down – the school had closed down during the Depression. But in the 1920's there was somebody who was way ahead of everybody else.

In the 1960's when you first arrived, what were your initial impressions of the place?

1/A321

I had visited there because there was a child from the Spastic Centre – who was **spastic quadriplegia** – she was intellectually handicapped, and she got pneumonia, and I sent her into Princess Margaret Hospital. From Princess Margaret Hospital, two doctors certified her as incompetent and admitted her – without letting the parents know – to Claremont (Mental Hospital). That was people did in those days. I went to visit her in Claremont in the girls ward – F4 – and saw how she was lying in a cot under a flyscreen sort of thing – to keep the flies away – and that was all that happened – she just stayed there. And it smelt. The one thing you noticed about Claremont in those days was the smell. After all if you had faeces poured over the floors for umpteen years it tends to smell a bit. And just about everybody who went into Claremont got diarrhoea in the first few days and eventually you developed immunity – and there you were – including doctors. I remember it very well.

So – I had been to Claremont before, but **Dr Digby Moynagh** – he persuaded me to go there, and said I could look after the children and said we would eventually get this separate service. Unfortunately he left and so I stayed on, then, it was decided – because I think some politicians had said – it was a pretty lousy sort of place and we must get the children out of there. So a committee was formed to set up a new unit for children, and the land out at Pyrton had been bought for the development of a new psychiatric hospital – I believe it was going to be three thousand (3,000) beds. But anyhow it was decided they wouldn't build that, and I was offered it and the Director set up a committee to design this situation – and we were very amateur in our design. But there we were.

Your impression of the Government's interest in mental health in those days?

1/A372

Oh – the Government couldn't have cared less about it, but in 1964, after I had been there about two years, Dr Benn – who was a lecturer, a Scotsman, a lecturer in German at the University of WA – he had a severely handicapped son. I believe he went to Claremont and looked at it and went home and shot his son – said he shot his son. He was sentenced to – I forget what – but he served about ten years in gaol. That produced an enormous reaction, not only in Perth but interstate as well. All the Director could say was "Well, we're going to build a new place" but I think that Dr Benn's actions sort of hurried it up a little bit. So we produced what was eventually to be called "Pyrton". It was originally going to be called Guildford Home for the Retarded, and then the Shire of Bassendean rang up and notified us that it was in Bassendean, not Guildford, and it couldn't be called Guildford. So it was called "Pyrton" because that was the name that somebody had given to that area – and it was sheer coincidence - because Pyrton is a little place in Oxfordshire which has a large six hundred (600) bed mental institution for intellectually handicapped people – which I visited many years later. There's a lovely pub called "The Plough" – but ….

I went to Claremont, and it was appalling, and it was obvious that it was just custodial care.

What was the staff that worked there?

1/A413

They were psychiatric nurses, and they had about, in their first year, about six lectures on intellectual handicap, and in their third year they had another six – but there was nothing taught about intellectual handicap. It was all taught about psychiatric disease and when we started to build "Pyrton" a number of nurses came to me could they have a job out there – because it wasn't dangerous – psychiatric patients could be a bit aggressive at times, and they wanted a nice quiet job to retire on. And so I had reached, at that time – because I had been asked to give lectures to Community Welfare staff, on disability – because they saw quite a number of people with disability. Now, Community Welfare staff in the past had been either totally untrained or medically trained in one way or another – they were nurses and things like that. Whereas the new Director, or the Director of Child Welfare, was getting these people and giving them their own training; and having decided that really it wasn't a nursing sort of situation that people with intellectual disability wanted that I and the Psychiatric **(whose name I will remember**) dreamed up a scheme of getting ordinary people to look after people with disability –the little nursing knowledge they had to have we could easily give them – but to teach them to be people who looked after people. And it was quite difficult – The Director Dr Ellis suggested that we should have mental deficiency nurses, which were present in every State – and so I got the curriculum and offered it to the local nursing board, and they designed a course – but in the first year they just did basic nursing – they didn't do anything on intellectual handicap at all. And I was able to talk to the Director and Dr Ellis, and suggested that this really wasn't a very good idea; and if we had people who we gave some basic training to in looking after children, but we got nice mothers.

1/A486 – stop; turn over tape to side 2.

So we went on and we recruited these people – this was after we opened "Pyrton" – we recruited people who were nice mothers, could care for children, and wanted to work in this field, and were not nurses. We had to have nurses to start with to organise things, but after a couple of years we got rid of those, and this was how we formed what are now called Social Trainers – we originally called them Training Assistants.

Where did they come from? How did they become interested?

1/B010

We advertised that we wanted people to come and work in this field. And we wanted thirty for the first group that we took on in December 1966 – and we got just about enough – we took just about everybody on – I don't think we turned anybody away. But they were nice people, we selected those were good mothers, and we told them they were going to look after children. We didn't get grossly handicapped children to start with; we got children who could respond a little bit – I had to win, so we got nice children from Claremont, initially; and just let them go. I knew very little about training children. We had a psychologist who was good – but the important thing was that they were children, they could play, they could do things, and they went to bed at the normal time – all these sorts of things. And the staff were nice mothers – and that was it.

What did you see that these children were lacking the most?

1/B027

Oh – they were lacking love the most – I mean, in the Female children's ward at Claremont, there were about seventy (70) people – some of them were children – some of them were adults. There would be about four nurses on at one time. If you were not mobile, you were stuck in your cot and you stayed there all the time. You started going to bed about three or four o'clock in the afternoon, because the staff couldn't get everybody washed by the time the shift had finished. In the Boys' Ward – "J" Block – which we had about forty (40) in and there would be about four males there looking after them – because sexes were rigidly segregated at Claremont. If they were dirty they would be hosed down – not all the time but quite often – including in winter. So that the care they got was not the best. I remember I persuaded the Charge Nurse to put the children out of cots on the floor – if you were immobile you didn't get out of bed, you were in a cot twenty-four hours a day, seven days a week. And I persuaded them to put them on the floor. And then when he went on holiday, his replacement came in and said "Oh, these floors are bad – they're not polished; I'll get them up to scratch while Mr Whatnot is away" – and that is what they thought of – the floors were more important than children. So when we moved out, the cleaners did clean – but the important thing was the children were loved. And the staff we chose were first-class, because a number of them used to take the children home, or bring their children in to play, and that was fine. I remember in April 1967 and we'd been open four months, I knew we were doing the right thing, because there were sixteen in the dormitory – I'll come back to that in a minute – but they had a dining room, and they were seated at four tables of four. In Claremont they would be put at arms' length from each other because they would snatch each other's food – perhaps they were hungry. But I remember going in at lunch time and seeing all these sixteen children there – four tables of four – and all the staff were up at the serving hatch getting food, and the children were behaving perfectly; and I knew that we were doing the right thing then – we still made lots of mistakes, but it was the right sort of attitude.

What were some of those early mistakes that were made?

1/B068

Oh – we underestimated people and what they could do. For example now, if a child is born with Down Syndrome I would tell the mother "the probability is that he is going to live in a unit, perhaps with somebody else, perhaps by himself – it depends on what he wants. He'll do his own shopping, but he'll need a bit of help with the money – the pension – but he can do his own shopping and he can choose what he wants to eat; probably won't be what you'd do, because he's a bachelor, and bachelors eat frozen foods and things like that – and won't have enough vegetables – well that's what my wife feels about Jeremy – and he'll hold down a job – he won't be in the highest grades of pay, but he'll be able to earn something; and he'll have a part pension".

In those days a child with Down Syndrome we would warn "Put him in a hospital, put him in a mental hospital, he'll never do anything, he'll wreck your life, wreck your other children's lives – forget about him." And people did that – and if they didn't the doctors would get very cross with their patients – because in those days – it was wonderful – what doctors said went – if I said you'll have your appendix out, you had it out – and that was it, and there was no question.

I'm interested to ask if you are able to tell us – what your initial impressions were when you realised that Jeremy did have cerebral palsy?

1/B090

Oh – he was a little baby and I couldn't throw a little baby away – he just had to stay. And my wife was the same. He was our baby, and we would have to look after him. And of course there were lots of other parents who had handicapped children. I remember in early 1970's going up to Northam and finding a man with Down Syndrome who had been kept at home, but the neighbours didn't even know about him – neighbours about hundred yards away. But the parents were ashamed; the neighbours didn't know about him – he was kept secret. But they wanted to keep him at home so they did. There were a number of parents who did that – but you see there was so little support for them. It was only in 1953 when the Slow Learning Children's Group was formed – that parents could get support. And even now, many parents with children with disabilities, their friends also have children with disability. There are still people who just – You know "I'm not quite certain I want to know those people, they've got a child with disability. Not in my family" – and all those sorts of things are said.

You mentioned support – what sort of support would that include?

1/B112

Well, in England, in the 1950's – the Spastic Welfare Association had just been formed. When the paediatrician told us about that, when Jeremy was a few months old – we went off to them and found out – and there was nothing they could do for us. The Spastic Welfare Association was in London, and we were in Brighton fifty miles away. There was nothing they could offer. But they gave us a whole lot of information about setting up a spastic centre, and what one could do - which they had mainly got from America. So Margaret did most of the work for the Spastic Centre – I used to go round to all my patients and try and get them to give donations, and things like that – but we ran this Spastic Centre at Brighton – it's still going – known as Hamilton House - which they called it when we left – in a Church Hall to start with, and then we were able to – with local government support - to acquire a house which there still exist. They teach people cooking, and what to do, how to sit, and all sorts of things. But the community attitude – while it's changed, I'm not certain how much it's changed. For example, if we had headlines sin the newspaper "Mental Defective Rapes Girl" – I just wonder how many people would be saying "They should be back in the institutions". Or if we had a war, and there was no money available for this sort of things – what would happen? While I think the attitude has changed a lot I'm not certain that basically it has completely gone.

Recorder turned off briefly.
1/B146

> **I wanted to move forward again now – in relation to "Pyrton", and in relation to the very early stages of DSC.**

The important thing was – it was a non-medical situation, and it was lucky that I was a doctor because it wouldn't have ever started if I hadn't have been. We gradually moved more and more away from a medical situation – we were still using O.Ts, Occupational Therapists, physios and speech therapists of course, because they happened to have problems there. But we were moving them away from institutions. We had got Nathaniel Harper Homes which had got a whole lot of children in, which had been started by donations from a man who had a son with Down Syndrome – very interesting I met the son some time later and he hadn't ever gone into an institution, but Nathaniel Harper had sufficient money that he could employ a nurse – a male nurse – to look after him, so this male nurse and Nat. Harper spent their time travelling round the world. I think the nurse had a wonderful time, but the man with the Down Syndrome also had a good time too – he was not institutionalised – he saw things – and that was managed alright. We moved away from the medical attitude to the social-educational attitude, and had staff going that way. And then we felt that – the Slow Learning Children's Group had got people living in houses, hostels, between eight and sixteen in them – we started doing the same. Very soon after we started doing it – in about 1968 – it was obvious that people could live in ordinary houses.

> **I was asking you earlier on about some of the initial difficulties that you would have, and you mentioned in a report "Thirty Years of Social Training – 1966-1996" that on the 21 November 1966, 9 am you could remember feeling absolutely panic struck – tell us about that, and why.**

1/B185

Oh Yes! Well that was the first day. We had interviewed all these nice ladies – they were all ladies; we had appointed them as trainee assistants, and they turned up and they were going to start and we had three weeks before we started taking children. And this was a change so different and if it went wrong I was going to be the one that copped it. So I was panic-struck – and I remember walking down the passage from the office "once more unto the breach dear friends" and I'm thinking back to various things I'd done in the Army and thinking how panic-struck I'd been then, and so we started and we gave them three weeks of lectures, and then they started looking after children.

What were some of the lectures?

1/B200

Oh – we gave them a little bit on medicine – you know how to spot some child who was ill, things like that; quite a lot on behaviour, and how, if you get a child who is losing his temper – what you did – you didn't hit them or things like that. A big on occupational therapy – what are you going to do with these children all day. We might even have given them a little bit of speech and physiotherapy too – but very little of that. What we wanted to do to get these twenty or thirty women thinking "These are children, and we look after them as children; they need a little bit of love and care" and then on the 5 December we brought some children out just for the afternoon, to let them see what they were going to cope with – nobody left after that. There might have been a little bit of unemployment around too which was a good thing. But on the 12 December we brought them out and they had to stay. Some of the people were a bit shaken – I remember we brought out a twelve year old boy and he was incontinent all over the place; and I remember going and holding a social trainer's head over the toilet when she was vomiting. We met up with faeces all over the place, and vomiting and things before, and it didn't worry me very much, but some of the nurses hadn't – they'd coped with babies, but they really hadn't coped with adolescents doing this sort of thing. So we pushed their morale up as high as possible – they were doing a very good job. I worked a little bit on every shift for about four months – do a bit of an evening shift, bit of a night shift. But they had to be supported, and I went back to all the leadership stuff that I'd been taught in the Army – the best place to learn leadership – much better than any other army. And I brought all those sorts of things out to produce the leadership – I knew them all by name and all that sort of thing – so that - and this is what worries me about modern Government departments – I don't think people at the top know the people at the bottom. I have troubles there.

1/B248

But – they could come and talk to me if they had a problem and that sort of things. They needed a lot of support in that first six months, and at the end of it there was, as I say – I saw this situation in the dining room and I knew we were doing well, and I reached an exhaustion state then so I took a fortnight's leave – and it didn't fall to bits – it was wonderful. So I knew that things were going alright – and we were on the right track. We still had masses to learn – I mean the psychologists were doing all sorts of things – we did a whole lot of **"training affirm",** ignoring people when they were bad and encouraging them when they were good. That sort of thing, and we taught that sort of simple thing and went on….and so children – they learnt as normal children do – beating children doesn't work – normal or handicapped. And so gradually with the psych. Treatment that came up, and a lot of information from overseas, and we set up things.

1/B272

Oh, now, I must come back to why we got sixteen in a dormitory at "Pyrton". Some time just after I'd left the Spastic Centre, there was an article in the British Medical Journal on what they were doing in England – it was from a doctor at Wolverhampton. And they were moving all their people from mental hospitals into hostels and things like this, and there was a very good description of what they'd done at **Carshalton.** There was a new hospital built at Carshalton which was taking people from Tooting Beck. Now Tooting Beck was a hospital that I visited as a student for mentally ill people, and it had wards of 50 or 60 – and if you were violent during the day you were put in The Cage. – I mean a cage in the courtyard. And I remember seeing people there. Well they moved the people from Tooting Beck to Carshalton – a new place, and while they were doing that one of the things that they did Professor Tizard from Reading University was in charge of the move – or was advising. And they opened up a house in Ealing and they put sixteen children there with untrained staff., and the staff they had – there was always one supervisor and four staff. So when we built "Pyrton" I designed it on 16-bed dormitories, which would have four staff on plus one supervisor, because I knew it worked at Ealing and then down to Carshalton. So that was why "Pyrton" had sixteen beds to a dormitory, and why we had that amount of staff. By the way the staff being untrained – which was another thing which possibly helped to get non-nursing staff was that they were paid less – they were on twenty-three dollars ($23) a week whereas a trained nurse got $38 or something like that. So it was quite an advantage.

I wanted to ask actually about the funding side of things?

1/B316

Well, Mentally Deficiency Division had been set up – as part of Mental Health Services – and unlike today in twenty years I never looked at a budget. I am a doctor, or clinician, or setting up services – somebody was employed to do that – I never looked at the budget. On one occasion … and things like that, but it was a lot easier in those days. The Secretary of Mental Health Services rang me one March – it would be about '68 or '70 - and said "Could I do with five million dollars extra" and I said "Yes" . And he said "The reason is that there's one Mental Deficiency Division Superintend – and there are thirteen or fifteen or something Psychiatry Superintendents and they can't agree on how to spend the money, and I've got to put the budget in to Treasury next week" – you always do that in March for budget to be approved in July or whenever it is. And so he said "Could I do with it?" so I said "Yes. I said I'll go away and I'll re-write my five-year plan to use an extra five million dollars – which I did, to get a whole lot more staff to work in the community. So, as far as funds are concerned, I don't know. I believe that when I left in 1982 that I was on about nineteen million year – but I don't know. I never bothered about it, and nobody these days will believe this – but I had a very good chap in charge of Administration – a Mr Bergl – he used to do the budget, I'd tell him what I wanted, and he would organise; or he would say "You haven't got the money to do this and we would say "Well, how can we fiddle it?" and that sort of thing.

The other thing that got a whole lot of extra money was when we were getting "Pyrton" going was the Benn case of course. The Government could not refuse to give the money then after Dr Benn had shot his son. So money was never a problem as far as I was concerned. I never looked at it.

You were mentioning that seeing you were taking the right path. How then was this to convince and to make your job easier do you think?

1/B376

Well – you see that most people – the psychiatrists – Dr Ellis and people like that – they didn't want to be involved in intellectual handicap because it is not a psychiatric problem. So they didn't want to be involved, so they let me get on with more or less what I wanted – as long as I didn't create havoc and cause political problems, and things like that; and later on we'll talk about Tresillian – and that was alright. There was becoming more and more pressure – the Slow Learning Children's Group had started and they were asking for money; Nulsen Haven had started and was asking for money, while the Spastic Centre was still very medical. But, the pressure was on not to put people in Claremont – there were lots of parents who were beginning to complain and want more things done and there were lots of parents who weren't. So that gradually, with the Dr Benn case it began to alter community attitudes, and politicians realised they couldn't dump the whole thing – which was perhaps the easiest thing of all.

I still get the impression though that "out of mind out of sight" –
1/B407
I still think this is still possibly a problem – still. As I say , if we had a war or we had a disastrous rape or something like that – I think we might still have problems

End of Tape 1, Side B

TAPE 2, SIDE A: Interview with Dr Guy Hamilton on 25 October 2002
Interviewer: John Bannister
For Disability Services Commission Oral History Project.

We were talking earlier on about Carshalton, and I was interested because you mentioned you'd taken a lot from overseas; I'm interested to find out where else you looked and some of the other things you were to take from overseas.

2/A009
Well, I'll have to start with before I came to Australia. Jeremy had been born; he was obviously handicapped, we didn't know how handicapped, but he'd got cerebral palsy – called spastic so we set about and eventually opened a small spastic centre in Brighton (UK). To do that we had to know a little bit about what was happening, and that we got almost entirely from America. There was the Spastic Association in England but it really didn't know very much in those days, and all the information they were giving us was from America.

In America things had started a bit before the War, I think, but certainly after the War they had increased and people with cerebral palsy – and it was only the people with physical disabilities as opposed to people with mental disabilities – were being catered for – and I remember reading up about the history of this and then finding that in Switzerland in the early 1800's that people had taken all sorts of people with disabilities – including people with mental disabilities – and trained them to do all sorts of things in small groups. In Switzerland they had a little village and they would have a home – what we would now call a hostel – in the little village with a few people there – less than thirty – but certainly not the sort of two or three hundred in institutions that we had in England. So I learned that; then I found out that in America they had begun to do the same sort of things just after the War. Parents were – after the War – parents were much more demanding of doctors. I mean, I can remember when my father was in general practice, and you never argued with the doctor. And I remember my grandfather telling me that if he found Black's Medical Dictionary in a patient's house he'd throw it out of the window. And doctors had that authority; and that was queried in America, particularly with the Cerebral Palsy Associations over there. I remember a Doctor Carlson – he wasn't a medical doctor – at least I don't think he was – coming over to lecture about it in England, and he actually had **athetosis**

2/A043
it was a great tragedy because he found that alcohol improved his **athetosis** so he used to drink before he started giving lectures, and he eventually ended up very sadly as an alcoholic. But I remember going to a lecture in London by him in which he was talking of people with cerebral palsy living in the community, whereas still, in England, the spastic centres were still thinking of segregated – very nice but segregated institutions – small institutions in the community. And I remember before I came to Australia I visited one in Cardiff, and another one up in Scotland, and several in England. And the idea was that you would have these little places where these people were looked after – they needed too much help to be looked after at home. The wouldn't do much in the community – they would be cared for.

2/A057
Well, when I came to Australia and I really started learning what it was all about, and there were people who were – certainly at University level – One of the children that I looked after at the Spastic Centre has got his PhD – he doesn't walk but he manages very well, and his parents organised things for him – and it was obvious that there were children who were going to do a great deal more than just be looked after, or do repetitive jobs, and things like this.

And I was only thinking, until I joined the Mental Health Services, that this was really for people with cerebral palsy and the Cerebral Palsy Association really didn't like taking people who were intellectually handicapped as well as cerebral palsy, and because they were short of funds they could refuse some people – and they did – the ones with intellectual handicap as well. So that I got the idea that all these people could be coped with – people with disabilities could be coped with. And when I went to Mental Health Services in 1962 the then Director-General of the Insane –
2/A074
Dr **Digby Moynagh** – he was going to set up a different service, because the intellectually handicapped were looked after custodial-care – they helped in the farm and things like that at Claremont, and there taught to do various things – menial-type things – cleaning the toilets and all these sorts of things. And **Digby Moynagh** was going to set up a separate service where the intellectually handicapped were separate from the psychiatric patients, and there was going to be an ex-Brigadier – who was the Bursar at a school in Western Australia who was going to be in charge, and who would have assisting him a doctor, a social worker, psychologist and he offered me a job, first as a medical officer in Mental Health Services, but that it would eventually **2/A088** move on to this sort of job. The psychologist was **Ellis Brown,** and he hadn't chosen the social worker. The trouble was that he resigned six months after I joined the Mental Health Services and so I was left there – and I didn't know whether to stay, or go or what. I needed a job, it was a steady job and I was beginning to enjoy it, so I stayed.

> **You mentioned earlier on some of this – I was interested to also to talk to you about some of the brainstorming that went on amid – you made the decision – you were going to do this, then...what was involved in that?**

2/A100
Well – the Slow Learning Children (group) had set up "Irrabeena" – an Aboriginal word meaning "awakening" which was really a clinical unit to assess people with disabilities – new ones – so that they could be admitted to the schools – the Education Department's schools – or to the Sheltered Workshops run by the Slow Learning Children's group, or to their hostels if necessary. I wasn't to provide medical care for ordinary illnesses – it was to assess them. And :Irrabeena" started off in Perth and had – became important because it was the only place where all these people were listed. And when I was working at Claremont Hospital in 1962 I was offered - the Slow Learning Children's Group offered– an extra position - for me to do some extra work there; and the Mental Health Services agreed that I should, and it became very important – and it obviously was going to be the crux of the whole thing, because it was the only place where all these people were registered. So I stayed there, and worked there, and there were various people like **Dr Hockey, Peter Silberstein** working there – Peter Silberstein was a neurologist who came in – and **Ellis Brown**

was the psychologist. And we worked there and I forget exactly which year it was – it would be about 1964 – but the Slow Learning Children's Group wanted more money – I think it was nine thousand pounds (£9,000) – a piddling amount nowadays – to pay for their doctors, and I persuaded the then-director – I'm not sure who it was – that Mental Health Services should take over "Irrabeena" because it was obviously the key to the whole thing.

2/A130

We had people there, and we would have vague discussions about what we should do. Ellis Brown was very, very good, and told us a lot about what was happening elsewhere – particularly what was happening in Denmark, Sweden, and places like that; and we would, at lunch time have talks, and we gradually all moved towards the community business – I think Ellis Brown was probably leading us – 1962, '63, '64 sort of period, but we all saw that it was right so we followed along. And then we were reading at the same time – what was happening elsewhere, and the advances were still going along. I remember particularly an excellent paper in the British Medical Journal from Wolverhampton which spoke about the very minor role that doctors have to play in the care of people with intellectual handicap. And really the next step was – it shouldn't be a medical situation at all – I remember that paper very well because it had tremendous influence on me.

2/A152

So we gradually began to move away from that. I think there was a fair bit of opposition, medically, about this, because it was taking things away from doctors - I mean after all "doctors are proper people, and therapists and other sorts of people are not the same, not quite the same level" – so that there were some problems over this. For example, Princess Margaret Hospital didn't like losing a lot of these people. And before we opened "Pyrton" there was only Claremont where they could go, and Princess Margaret Hospital had a ward of severely handicapped children who parents didn't want to go into Claremont, and PMH had agreed to take them because the care provided in Claremont, then, was quite inadequate. I mean, I don't quite know the death rate, but it was pretty high of profoundly handicapped children, because that led to …once we got the death rate down and moved all the children out, that led to "Tresillian" later on – which we'll come back to.

2/A172

But there wasn't a sort of decision made – "we will do it this way" – it came about gradually as we developed. We developed social trainers in the same sort of way. I had been giving lectures to the Child Care Services on people with disability. And they had – they all had – nurses looking after these people – and they decided – I've forgotten the name of the Director – he had ordinary people coming in and being given special training – how to handle children; and I gave things on what disability meant and things like that. I think they got about ten lectures from me – evening lectures – and these were people who did a year before they were accepted by Child Welfare as trained people. And they were not people with tremendous skills, they were just nice people who wanted to work in this field. So when we decided that we would build "Pyrton" and the decision was made about 1963 – although we didn't open until 1966 – initially it was said that we would have mental deficiency nurses like each other State, and – when I went into it, the cost of it, they weren't going to learn anything about intellectual handicap for the first year. And I persuaded the Director – Doctor Ellis then – that we should have social trainers – these untrained people (a) they were cheaper and (b) they were mothers – and that's really what I was looking for – I wanted people who would be kind, be nice to children. And the only group I knew like that were mothers. So, when – we thought first of all of doing as Child Welfare had and training all these people for the year beforehand. I'd put out an advertisement for that – I think it was about April '66. I got about 5 answers, - so we just couldn't do that. The Minister - "Pyrton" was getting finished and the Minister was getting worried about – once it was finished we had to get into it, and so eventually we decided well, we'd have them up, we'd give them three weeks' training – God help us – and then they would have to start looking after children. So we did that, and we designed a course, with help from W.A.I.T. and we worked out this course – Ellis Brown did a great deal of it – he gave the psych. Lectures, I gave the medical Lectures, and it was a W.A.I.T. course, and we designed this as a preliminary three-week course, and then we went on to design a year-long course which was a bit amateur I must admit - but we sat down and we developed the courses as we went along. Initially it was much too medical and when I saw, when "Pyrton" opened we had nurses who would take temperatures and things like that – so we would take all that away, there was no need to do any of that. And I really didn't give any, initially we gave them a whole lot of information about where the brain damage occurred, and such like things, we took all that out after the first go, because it just wasn't necessary. And it was obvious it wasn't necessary; and the medical situation came down to coping with cuts and bruises and any acute situations they might have as mothers do – and went to call the doctor – and that sort of thing. We didn't have any sort of desperate conference – "we will sit down and we will decide this" – it gradually went on over lunch time and we gradually altered a lot of people's opinions and that sort of thing.

You were mentioning earlier on that you'd decided to bring the easiest to handle children along. How many initially, and then, gradually how then did that expand?

2/A249

Well, when we first opened "Pyrton" we brought out children who were going to be easy because the staff had only met them on two or three afternoons before, so we brought out children from Claremont that weren't going to be too difficult.

How old would we be talking?

Oh, we'd be talking of under-twelves – six to twelves; I don't know whether we brought any babies or not – there weren't very many – because people could be admitted to Claremont at the age of 14 days, and were, in those days. And I don't think we had any of those. But there were certainly nobody over twelve – and probably four or six was the youngest; and they were mobile, and they didn't have terrible tempers, or things like that. We brought out eight on the 11th December, and then a week later we brought out another eight., and then we stayed like that for a couple of months, before we brought out any more.

The severely handicapped ones we didn't bring out until some time later because, really the ones that were suffering in Claremont, were those who had some possibility. Whereas the possibilities that I could see then – I was fairly ignorant still – for severely handicapped were very small. So we didn't bring the severely handicapped out for a year or so, then we didn't bring many to Pyrton because I had by then been able to open up a little place in Scarborough – we found a small place in

Scarborough – an old people's home that was closing and it only had about twelve or fourteen people there and I used that for severely handicapped children.
So I think about late 1967 we had the Scarborough home opened up; we put severely handicapped children in there, because I had nurses to look after them – it was a nursing situation. And the tremendous thing was that nobody died – oh, at least one person died – a little boy – I remember him well – died in the first year. Whereas I think the death-rate was something like 50% per year of severely handicapped children in Claremont; and this is what led to all the trouble – and we'll talk about it later - of "Tresillian", because we had so many of these severely handicapped children who weren't dying – they hadn't been a problem before.
2/A304
So, we had people who were mobile, moving around, largely at "Pyrton" and the staff there was chosen because they were mothers and that's what they did best. And I can remember, after we'd been there a few weeks with some trepidation a staff member – social training –training assistant as they were called – came up and said "could they take a child home". And I said "Yes" – And she took the child home and nothing went wrong - the child didn't die; the child wasn't damaged or anything else. He just went home and played with her children. And it was so obvious that this was just what was needed – just mother-love.

You mentioned the T.L.C. thing earlier and I wish to talk about that; but the whole idea was that it was to be as normal a situation as possible?

Yes, - while we had built the place at "Pyrton" which was going to have twelve dormitories of sixteen – because the idea of putting them back into the community in houses with three or four in – I would have been certified if that had been – I'd put that idea up. And I mean – having sixteen in a dormitory was fantastic – because when the Director of Mental Health Services in Victoria came over, he came out and looked at "Pyrton" and was absolutely appalled when he saw these dormitories which he could have put 40 or 50 people in – and I was putting 16 in – and he was appalled at that. Mind you, I got my own back when I went across to see his new units, which had sleeping accommodation attached to wonderful toilets – so I called them "public toilets with sleeping accommodation attached". So we didn't really talk together very much after that, - but the children they had room to play, they had toys, there are a whole lot of photos in Mental Health Services somewhere of units that I've been around to in the Eastern States, where there were children, and not a toy in sight. And I remember giving a talk on this many years ago – because children need toys to play with. So we had masses of toys, and I remember a lot of training assistant – they used to bring in their used toys – ones their children had grown out of – they brought them in because I couldn't afford to get so many toys as I would like. So we had a lot of extra toys from these mothers who were coming in.

And gradually we did make the course more and more complicated and these – but the emotional attitude was the first thing – and that was the most important of all.
And gradually the course developed over the years and eventually got out of my routine, and gradually became a pure W.A.I.T. course.

In relation to, you were mentioning earlier on, it was simple to handle children. The expansion you'd seen after the first six months you'd seen after the first six months that things <u>were</u> going o.k. – you took a holiday

and it didn't just fall in a heap – presumably from this point you started to bring in more handicapped people...

2/A377
Oh, we were bringing them in, all the way along, because my ambition was to empty all the intellectually handicapped out of Claremont.

Can we talk then about those handicaps – the various types, and the severity.

Well, at Claremont there were all types – children with Down Syndrome, adults with Down Syndrome, children with cerebral palsy, brain damage, damaged at birth – all sorts – with and without physical handicaps as well. I remember there was one man there aged forty-something who had exactly the same as Jeremy – cerebral palsy due to rhesus incompatibility. I was interested him because he was about 40 then, and he'd been born long before the days when you could get a transfusion; and he had the job as the electrician's assistant in Claremont – that is he went around and he changed globes, and he helped the electrician and it was obvious that he wasn't mentally defective. Yet, you looked at his files, and he'd been there about forty years and there were about two pages of notes on him – and I'll talk about those notes in a moment – but it was quite obvious that he was intelligent, and that he could do things. When I first joined Mental Health Services the Physician Superintendent said "Now, you should put the notes on file every day for the first week, every month for the first year, and once a year thereafter. And so really, obviously, the expectation was "no change" – so that's often what the notes were like – there was practically nothing for many, many years. I remember a woman with Down Syndrome aged 70 – which was very unusual in those days; and you know the notes for the last thirty years said "Still living" sort of thing and that was about all. She was never trained to do anything, whereas now I would have expected her to have done all sorts of things.

So, in Claremont, we didn't expect anything so there no notes kept – so that was a problem. And that the same in some other voluntary organisations too. Whereas at "Pyrton" I insisted that we had notes – not medical notes but notes: "He is now able to tie up his shoe laces" – any gain that he made we had to record, because it was important for that child. That sort of thing – I'm sure know what sort of notes we were going to take at the beginning, we gradually worked out that these were the things that we were going to record - he could now do this which he couldn't do a month ago; and what we're going to try and teach him to do next. Those were the sorts of things that I found were important.

The other thing that came about was that we couldn't teach them all how to live by staying in "Pyrton" – so we had to go out, and that meant we had to buy a bus – which we did. So that the children could go out in small groups – in small groups. We still went out in groups, whereas later on we did much more in the way of taking them out individually – but they went out and they saw things – because in Claremont children would go out – I think the Red Cross - or some other voluntary organisation – used to take a whole lot out for a bus ride out at Christmas, give them a whole lot of sweets – and that was the only time they left Claremont.
Tape 2, Side 2/B003

So, it was a very slow progress of all of us learning. The more we read – because a lot of the staff started reading too, they'd go to other books and other things, and we'd try different ideas, and I really wouldn't stop anybody trying any ideas. The psychologists were particularly good at this, and they were finding out all sorts of things - from particularly the (United) States, but also I think it was Switzerland mainly – Switzerland or Southern France – there was somebody else who was doing a tremendous amount of work there.

I wanted to discuss what you were getting from – what you mentioned earlier on – from the psych. treatments.

Well, psychologists – they were doing a whole lot of treatment, really training staff how to get children to do what they wanted – the good things. And to not do the bad things. And it was fairly simple – you rewarded the good things, and you didn't reward the bad things. We did have one psychologist who decided that the bad things should be eliminated – he would give them an electric shock with a cattle prod – but we had to get rid of him, because that just wasn't on. So we – they were encouraged to do the right sort of things behaviour-wise, and in learning just getting the usual sort of rewards – and it worked very well.

There were some children with terrible problems – mainly perhaps because they'd been in Claremont a long time, and mainly perhaps because they were so handicapped they didn't learn very well. So that some children didn't do a lot of good.

I was interested to also discuss the sort of institutionalisation of some of them sort of suffer in relation to being in somewhere like Claremont.

2/B030

Well, if you had been in Claremont for any time you knew nothing but Claremont – particularly as a child. And so, it really was important that not only did you have a wide variety of things to do during the day, playing with different toys, walking around, going out, seeing different things, seeing different people – but that you saw what was on in the community. To go and do something simple, like go and buy an ice-cream – the amount you've got to learn to do that is really quite a lot. How you behave in the shop, how you hand your money over, how you choose your ice-cream – all those sort of things. So we started doing that – not as quickly as perhaps I think we might have done because we had to learn too; but eventually that was what we were doing. And children were going out regularly, and it became a problem because I think by about the end of the year – or perhaps nine months or so – we had got 64 children in what became the Primary Unit – the first unit. That was built with dormitories of sixteen – having started on that, when we decided on building the next one, it was obviously wrong – you don't want a dormitory of sixteen. So we had four dormitories of four separate rooms, with four in each – and the Secondary unit was built like that and when we had that built, we put the more handicapped children into the Primary unit, and the less, or more mobile, more active children into the Secondary unit. So we went along and did that.

And when we built the third unit – the Tertiary unit – we went even better – we had still sixteen to the group, but there were some rooms with two in, and I think there was the odd room with one in. There still some rooms with four, but we broke it down even more.

But of course by the time we were building the Tertiary unit, we knew the whole thing was wrong – but for me to go and say "I don't want to build the rest of "Pyrton" would have led to my certification, but we knew it was wrong then, we knew that we wanted to move into the community, we knew that 16-bed hostels, weren't the answer – that people could live by themselves, or in a house with three or four people; and we were beginning to start that but the numbers were coming through were so great – it took until April 1st 1984 for the last of the people with intellectual handicap to be moved from Claremont – well, that's eighteen years that it took. Because we had to stop people going in – I had persuaded everybody that no child could be certified – it wasn't true. Any two doctors could still have certified a child and have them admitted to Claremont – but I sort of put the idea around that they couldn't be certified, and they didn't have to be certified to go to "Pyrton" – and if they wanted to go to "Pyrton" they had to come to "Irrabeena" and eventually come through me. So we had a lot of people were still saying – doctors particularly - were still saying children must leave home. We had to take these children in; there were parents who couldn't cope; the Community Welfare was beginning to foster some of these children – instead of admitting them to us they would foster them to parents who would look after handicapped children – children with handicaps.

2/B088

So while the pressure was on – one of the other pressures was that Princess Margaret Hospital decided not to run its ward for severely handicapped people – for obvious reasons – it wasn't the best place for them – so we had all those – an extra group to take from there. So that's why it took so long to get all the adults out. We did start taking children out first.

You mentioned a few things there; I wanted to discuss a couple of things there – in relation to taking children out from Claremont: - Presumably they came out with emotional problems they gained in Claremont – regardless of their disability?

Oh Yes. Every child would have some emotional problems of some sort. But we couldn't cope with those. Probably if you were going to cope with those you needed lots and lots of psychologists –in actual fact we had mothers. And that was probably the cure anyhow – they were looked after as individuals, and cuddled and that sort of thing.

What were some of the most startling gains that you saw in that process?

Well. – behaviour – I remember that in "J" Block in Claremont children at lunch-time were put at arms-length, because they would grab food, and I remember that in April 1967 going into a lunch room and seeing 16 children, four at four tables and all the staff getting the food and bringing it over to them – and none of the children were fighting – it was quiet, none of them was grabbing food – they weren't doing anything wrong – they were behaving like normal children.

You mentioned that as one of the things that showed you were going the right way. You mentioned also that a child's notes might have written "Now he's able to tie his shoe laces" Those sort of....

They're all simple things – they didn't demand psychological knowledge, or anything like that; they were just "this child can now do this sort of thing. Let's try and teach him to dress himself. And it would go down on the thing "Teach Bill to put his trousers on" or something like that. And that's how we would go along – and it was a really amateur situation, because we didn't know very much better.

You mentioned the experience of one of the chaps now with a PhD –

No, that was with the Spastic Centre – he wasn't with us – he remained out in the community and his parents supported him enormously.

You mentioned earlier on your involvement with Spastic Welfare, and you decided you didn't need to talk about that. I was wondering if you'd taken anything from that experience. Into what you were now doing, and whether that – could you tell us about some of that?

2/B133

Well. Really, children with disabilities, whether they're physical, intellectual, sensory or what, they're still children. And if you are going to treat children with a motor disability as a child, then there really isn't anything much else you can do for a child with an intellectual disability. So you treat them as children, and yes they learn more slowly and that sort of thing, but you still treat them as children. And that was the important thing.

I think that cerebral palsy started ahead of intellectual handicap because people could see that these were children who could do things, therefore we must see that they do. And this started in America of course, and then we followed suit. But when you move on to children with intellectual disabilities they can still do things. And although we said they can't, we had employed them in all sorts of places for many years doing jobs on farms and things like this – so it was obvious that they could do things. The only things that, we always put a limit on it – you know – he will be able to look after the cows or something like that, but he'll never be able to add. Well, nobody ever tried to teach him to add to know whether he could or he couldn't. So, we just tried all sorts of things such as you would with a normal child, and if it didn't work, they we wouldn't go on with it; if it did work you went on and did something else. There were a number of children who had originally been diagnosed as intellectually handicapped who eventually ended up really doing an awful lot – not geniuses, I'm not saying that, but able to cook and to shop – they might not be able to count their change but a lot of people don't count their change from supermarkets - not very different – but able to do some cooking and not necessarily read the recipe unless it was put in the exact way – there are recipe books for people who can't read. So that we really tried, on an experimental basis, to give them the opportunities to do things.

You mentioned taking children out into the community, to buy an ice-cream, for instance. How were they seen.....what was the community..?

2/B172

If you took a group out everybody looked at you; everybody crossed to the other side of the road and that sort of things – didn't want to know. If you took one out and his behaviour was reasonable, nobody noticed. And I remember taking a boy down – he needed some new jeans – or something like that and so I went to Boans I think – I'm not certain why I took him out – I think I was going into town and the social trainer wanted a lift – the car broke down, or something like that – so I drove her down and we bought these jeans, and nobody knew – it was a normal mother buying a pair of jeans for a normal child – because he behaved perfectly well, didn't talk a lot – that was it. So, you know, from trial and error we really found out quite a lot, because we were learning, and so it – we did not sit down and plan one step ahead, or two steps ahead – it happened.

Presumably the more handicapped, or people with severe disabilities, needed a different sort of treatment?

2/B193

Well, the same sort of treatment but much more slowly, much more care taken; probably the more severe handicapped didn't go into the community quite as much. But the same sort of principles was followed with them. There were some who were going to be bed-bound, and really we couldn't do much more for them than – sit them up, not keep them in bed all day – as they had been – but we would sit them up, and push them around in prams and that sort of thing – so at least they saw something.
But they were obviously going to do very much – they wee going to have total care for the rest of their lives. And there are still children like that of course.

You mentioned also a couple of other places that were opening up around the same time – Nulsen Haven, you also mentioned the University Kindergarten.

2/B208

Yes – Some time in the late 'fifties the Psychology Department at the University (WA) – I think with some pressure from the Slow Learning Children's Group – set up a kindergarten for children with handicaps. Because parents you see, even before Mental Health got involved – "we don't want to put them into Claremont, we want them at home, and if they're home we want them to do things"; and so they did things at the Kindergarten – which was very good. And eventually the Education Department came in and they opened up Special Schools – initially in South Perth and then five or six of them all over the place. Children had to have IQs over 40 before they could get into them – because we relied very heavily on IQs in those days. Special Education was set up in the mid-fifties, or something like that and special schools – there had been special classes for children with mild disability –disability in the IQ 70 and things like that. We were very rigid about IQs then – if you had an IQ of 39 you couldn't get in to the special classes, if you had an IQ of 41 you could. Some of the IQ tests were a little doubtful – because they wanted to push them up. So the Education Department had set up this because of parent pressure from the Slow Learning Children's Group and individuals that there should be these special schools for children with disability – and as long as it wasn't too severe – like an IQ below 40 then they could go to these classes – Special Schools – there were buses provided for them. This was all part of changes in community attitude, and the Slow Learning Children's Group had started hostels – initially out at Hawkvale which was going to be Hawkvale Farm Village – 200 people in a series of hostels around the village green. In fact that was segregation, just as Claremont was – a much nicer segregation – it never actually got to that because they started realising that was segregation and they started putting hostels in the community, in various suburbs. But the idea was that they had one in every suburb so people wouldn't have to move away from their suburb when they had to leave home. So the Slow Learning Children's Group was doing that. In 1953 Nulsen Haven was started by a group of parents who had severely handicapped children and didn't want them to go into Claremont. When I first saw it, about 1962 or something like that – it wasn't very different from Claremont – there were very few toys, the children were in bed most of the time, and it was run by a Matron who really had little idea about children. Eventually she left and we persuaded

2/B270

the **Nursing Sister** in charge there that these children could be trained and so we started putting training in to the children at Nulsen Haven – who were severely handicapped. But the Slow Learning Children's Group really led the way by having hostels with adults in them, and by having sheltered workshops where these people could go to work.

We did try and we did get some people into normal employment but many employers in those days didn't want to have those sort of people. Nowadays they know that someone with a disability – they're not going to move, they're going to stay with you forever – which has great advantage.

> **You've been mentioning obviously – some of the taking children out into the community, and I was interested in relation to some of the other places that you mentioned – Nulsen Haven; you also mentioned the Nathaniel Harper Homes.**

Nat Harper homes were built by – well, it was set up by the Harper Family – the houses were really nice big houses. There were two in Guildford. Nathaniel Harper had a son who had Down Syndrome, and he went to the Government and spoke about this sort of thing – that people should be helped, and so the Government eventually took these two houses as Nat. Harper Homes, and there were about 50 children moved out from Claremont. I think that in the early 'fifties. But it was known as a custodial situation, there was a special school started – there was a special school put there – but it was essentially a custodial situation there. It really was another ward of Claremont - rather nicer, and only moderately retarded people could go there, and there was eventually a school there. But it really was Claremont.....

> **I think you mentioned earlier on that places like Nulsen Haven and the University Kindy. Were competing, obviously presumably for a pool of funds that would go into this sort of thing.**

2/B314

Oh, Yes. I don't know anything about the funds – I stayed right out of funds – in 20 years I never looked at a budget – because I had somebody who would do that – it's nothing to do with me.

How did these other places – given you're in the pool for this particular sort of work – actually enhance what you were trying to do? Was it healthy competition?

Oh, no. There were only the two places you see – Nat Harper was government so there was no competition there. Nulsen Haven and Slow Learning Children's Group – initially they all started on public appeals. Then they got government grants and that's gone on – with much in the way of government grants of course. But I stayed right out of all finance – a) I don't know anything about it and b) if I got involved in that it might influence me with other sorts of things and I wasn't going to get involved in that. And the voluntary organisations, of course, wouldn't want me coming into that.

I would support them in anything they wanted – but I stayed right our of funding.

In relation to places in the Eastern States you mentioned a sort of comparison that you may have had. How was the situation in the West competing with..........

Well, you see it was very different, because in the Eastern States they all had Mental Deficiency nurses, so they had specialist people, to do this sort of work which we didn't have – so we didn't have to get rid of them; and that has been a problem in the Eastern States of re-organising the set-up over there. And of course, when people in the Eastern States saw what was happening they were very much opposed to it because they could see it could threaten their sort of situation. In fact when I retired from the Division for the Intellectually Handicapped here and went to Adelaide, the major opposition that I got was from the Mental Deficiency nurses, because they though I was going to get rid of them – which I was – and move all the people out of institutions – because they still had 700-bed institutions there. So that – I used to go across – there was the Australian group for Scientific Study of Mental Deficiency which had an annual conference – I was a founding member of it . But about 1976-77 I gave up going to it, because I would get off the 'plane and have a row with someone over what was happening about what they were doing and what we were doing, and why they wanted to keep their institutions going – and that would continue for the week of the conference – or whatever it was – and start again next year.

Could we possibly talk about that – you mention that you were a founding member – what was involved in the founding?

2/B379

Well – there was an International Society for the Study of Mental Deficiency and various people from the Eastern States went to a Conference in '64 – something like that – and came back and said we've got to have an Australian Group to do the same sort of thing. And so they set up a Conference, and I was – as I was the head of the services in WA – I was invited and became a member. It was very, very medical to start with. Most of the members were doctors – I mean there were psychologists and all sorts of other people, but it was very medical. The President, the first few Presidents, were medical – I refused to be a President because it would mean another doctor. So they put a nurse in instead.

So, AGSOMD – which is now ASSID – Australian Society of the Study of Intellectual Disability – was an annual conference situation where we looked at all the problems. Initially it was very medically, and I remember in 1966 going across and talking about what we were doing with social trainers, and really the whole of my talk was met with silence – it wasn't applauded or anything – because it was so upsetting to people over there – what was to happen to Mental Deficiency Hospitals, Mental Deficiency Nurses, doctors in charge of Mental Deficiency Services, and things like that and I was saying we should change all that – it wasn't popular.

I gather the impression that, we've been speaking about this – that it had to move away from the medical.

Yes. And I think because I was a doctor that I could do it. I don't think it could happen if a psychologist had done it, because the doctors could have stood up and said "No". But I was able to leave it aside, and then gradually – look we're having social trainers instead of nurses. And we needed psychologists, we needed O.Ts, Physios, and Speech Pathologists to teach them and to help them, and to provide the special care. But the medical aspects – terribly important medical aspects – you've got to see whether it's a genetic link – because you've got to counsel parents; any special medical problems that that particular person may have – you know people with Down Syndrome have high incidents of congenital heart disease as well, and that's got to be worked out, and it's got to be worked out as importantly as if that child was a genius. You see it wasn't – at one time children with Down Syndrome were operated on when they were developing the cardiac surgery situation children with Down Syndrome were operated on because if things went wrong it wasn't so important. I won't tell you where this happened, but it did. And then once the cardiologists, the cardiac surgeons, got properly organised there was no problem – people weren't going to die – then it was very difficult to get a child with Down Syndrome operated on.

2/B461

End of Tape 2, Side B

TAPE 3:SIDE 1: Interview with Dr Guy Hamilton – 1 November 2002
Interviewer: John Bannister
For Disability Services Commission Oral History Project

On the last tape we were talking about heart operations being done on Down Syndrome children. Some would see this and say it was nothing short of experimentation.

Well, it was very good for the children, but it was done at the beginning of cardiac surgery. So that yes, there was a certain amount of experiment. It was seen as a situation where, if something went wrong it wasn't so important if the person was intellectually handicapped. And then once, having got through where the surgery was fine and nobody had any problems, it became much more difficult – because there were lots of other people who needed to be operated on – at least that's one of the reasons to get people with Down Syndrome to get their cardiac problems solved.

You were speaking earlier on having to treat these people as if they were like your own children or like geniuses in……

Well, I believe that people with disability had the same rights, privileges as everybody else. The trouble was that the community didn't believe that – particularly for people with mental illness and mental disability – to not quite such an extent if you had a physical disability, but the community- you see – really had to get to know that because in I suppose 1900 – the vast majority of children with disabilities died. In 1946 – no, 1948 when I was in Egypt the only children with disability that you saw were children who had polio or car accidents or something like that. After they had got beyond four, five or six years old children born with disabilities all died. But the infant death rate was – I don't know, probably 200 per thousand or something like that anyhow – so that lots of normal children died. So providing services for people with disability is relatively modern. Providing custodial care, institutional care for people was what was seen before that because there wasn't so much you could do. Although in various parts of the world – Switzerland and places like that – people had tried – the Quakers had tried in England to do all sorts of things – and had succeeded. Perhaps that's where, in the 1950's and '60's we took off from what they had found.

We've spoken about some of the successes obviously, that you've had, and it's been written in "Under Blue Skies" the book that the authors Cox, Fox, Brogan and Lee put out – that you'd had successes in a number of suburban locations. I wanted to speak to you now about the "Tresillian" Instance; and as I understand there were certain concerns from Councils prior to you being offered "Tresillian" in relation to places being set up within their shires as it were.

3/A053

Well, my first contact with Nedlands Council there was, when there was a gasometer there and on a site – they were going to take that gasometer down – because it was out of date, and that sort of thing, and there was a very nice site there, and I thought it would be a very nice site to build a hostel. It had a good view looking over the Swan River and gardens around it, and that sort of thing – and it would have been a nice site for a hostel. And I applied to the Council – about 1971 – but it was turned down. I was not allowed to have it, and eventually they built units for elderly people on it –

and it's still there of course. Well, then in 1972 "Tresillian" came on the market. "Tresillian" had been a nursing home; it was single storeyed building, a lot of single rooms around, a big dining room, and big playroom, and things like that; and it had been used when it gave up being a private nursing home – it was taken over by Charles Gairdner Hospital and used for recovery of people. I mean – my mother had a heart-attack – she was in Charley Gairdner's for a bit then she did a few weeks in "Tresillian" before she was able to come home. So she was in a convalescent situation. It was owned by the Health Department.

3/A076

Well, Charley Gairdner's decided they didn't need it any more for this purpose, so it was advertised through the Health Department as available. I went round and looked at it – it had been looked at – I remember there were notices on the walls – it had been looked at as an Administrative building by the Health Department, and they had decided not to have it as an Administrative building. I was desperate because when we had children with severe disabilities in Claremont Hospital, about 50% of them died every year – gastro-enteritis and **pneumonia** and that sort of thing. There was never a problem about finding beds for them. Now we had taken them out and set them up in a little hostel up in Scarborough – and I remember in the first year we had one death – I think there were about twenty children there, and only one died. So we had to find another place for the next lot of children coming along – because these were children who were difficult to manage at home, and most doctors were telling parents that they should dispose of their children because it was too much at home – and it was a major job.

So I was beginning to fill up all the beds that I could find with these children. I didn't want to have a lot of them in "Pyrton" because that was to be an active situation, and these were children that I was seeing as a nursing problem primarily. So I was looking around for anything – I would take a decent stable if necessary – I was getting really desperate. Because what I didn't want to do was to start putting them back into Claremont – which theoretically I could have done and then have to be certified – but I wasn't going to do that. And this place came on the market in 1972 – or late '71 - and I recommended to the Director – Dr Ellis – that we should acquire this place and I could put another twenty beds in there – or something like that. And that was approved. It didn't have to go to the Minister – or at least I am sure he was informed – but we didn't have to get his approval or things like that, because it was still within the Health Department – it was not being bought, it was just the Health Department, the Mental Health Services, the Mental Deficiency Division, - the Division for the Intellectually Handicapped could provide the funds, the staff – then there was no problem. It was agreed, everyone saw the necessity for it – and so I got it.

Sometime early, in April – I think 1972 – we recruited the staff which were nurses, enrolled nurses and nursing assistants and starting putting the children in. And immediately there were problems – the local neighbours complained – their two major complaints were (1) our daughters will be raped - by totally immobile children; and (2) there was a local resident who had been a Japanese Prisoner of War and he said that the noises that they made took him back to when he was a Japanese Prisoner of War. And they complained to the Council – which couldn't do very much, because it was a Government Department – but they also complained to Sir Charles Court in whose constituency it was.

So there we were – we were having a lot of local complaints, and there was really no justification – because the children were – yes, you might have heard them at some stage, but they didn't run around the place – they were wheeled out, they were pushed around the area, they had walks, they went to the local parks so that people could see them – but they weren't doing anybody any harm – unless you looked at them.

Well then, the Government changed – I forget – the middle of '72 or something like that, and it became - Sir Charles Court became Premier – I think – but anyhow he was in Cabinet; and there was a series of statements that they were to be moved and this sort of thing. I resisted because I had nowhere else to put the children, and there were going to be all sorts of problems if I had to move them out to "Pyrton" – and I needed beds – I just needed a lot more beds – because these children were living.

> **I understand that by this stage there had actually been a "watchdog" set up to prevent Councils from restricting the position of such places.**

3/A161
Yes, there was a voluntary organisation set up by parents to sort of monitor these sorts of things – "Tresillian" was the reason it started, but it continued for other things as well. So it just went on and on, and the problem went on, with Sir Charles Court being more aggressive about these children leaving – I don't say leaving his constituency because whenever I saw him with children he actually would handle children with disabilities - he would touch them and talk to them – which was jolly good. But, for various reasons he pushed, that they should be moved from his constituency.

This went on gently, getting bigger and bigger until 1976, and obviously then he decided that a decision had to be made as to what was going to happen. I mean there were – major – I don't mean a hundred thousand people – but there were a large number of people getting involved and felt that they should stay. And we had meetings – public meetings – outside "Tresillian" and various people – local people – spoke – how good it was, how they should stay there, and this sort of thing; and that we shouldn't be just taking these children, and putting them in nice situations way out in the country, surrounded by beautiful green grass, and that sort of thing – they needed to be in the community. And this was fine, and everybody was saying this sort of thing, so we went on. Eventually, from about the middle of '76 it all came to a head – and Sir Charles – or his Cabinet – eventually decided that the children would be moved – and if the parents -who had been most vociferous about this, of course - wouldn't move them then they would all be sent home, and the parents would have to look after them at home. There was a major meeting outside, and I was called up to Sir Charles Court and told that this was going to happen, and if I didn't move them, then the Police would be sent along to take them in their cars and take them home. Eventually it came to the situation, where I had no option but I agreed that they would be moved – they weren't going to be moved that day, we would require other places. So the parents agreed that thee would be a move.

The final meeting took place at a place out in Forrestfield that we had acquired for these children, and – it was on a Sunday morning; the Director who was then Dr Fred Bell, and Sir Charles Court were meeting the parents out there – I was not invited, but then the parents wouldn't talk to Sir Charles Court unless I was there. So I was rung up at home and went out and talked to the parents and explained what was happening, and there we were.

I understand that places had been offered – a place in Karrakatta had been proposed?

3/A223

An area in Karrakatta had been proposed, nothing built on it. It overlooked the Cemetery, and I said later: you wouldn't put old people overlooking a Cemetery, and the answer was "Yes, but these were only handicapped children and it doesn't matter". Eventually I had to agree that we would build new places and move all the children – and in fact we got three places.

There is mention too, that the Councils in Melville and Belmont had objected to possible movement to there?

Yes, there was a place in Belmont that we went to, I remember. It would have been perfectly alright, but the local Council objected and the Minister wouldn't back it, so it just fell through. But we eventually got three places out of it – I forget which they all were now…

You mentioned the place in Forrestfield – Ross Memorial?

Yes, that's what it was. Yes.

But there was objection to that because it was actually out of the way.

Well, I objected to that because it was way out, it was "put them out in the country". You see at one time I had been offered a hospital which had been used for TB patients for many years – out on the Great Eastern Highway, and I was offered that for several hundred people with intellectual disability. And of course, this was happening in all States – for example in the late 'seventies Colac was built – two hundred kilometres from Melbourne, for Melbourne children. And of course you don't see your parents. And – it was going to be about 600 beds I believe, but it is about 200 beds – and the idea is that these people are away from the community, they are in nice country, a nice place, good fresh air for them - but they're not part of the community, they're withdrawn, and that isn't the appropriate situation for people to live in the community, whatever their community is. So "Tresillian" eventually – about a year after all the kafuffle – closed, and we have got three other places. If I was doing it now, I wouldn't have done it in the same way – I would have had many living in ordinary houses, but at that stage in development people needing a lot of people needed to be in small units – not 500 bed units, but twenty-thirty units, and that was about we had got. We were progressing through from that to making much smaller places – the group homes with four or five people in only. We hadn't really reached it – we were just coming to that stage then.

You mentioned the kafuffle – as I understand, pickets, demonstration – how was it resolved? Can you tell us what went on in the meeting, the final meeting that came up with the resolution?

3/A282

Well, I wasn't allowed to attend the final meeting. What it was that I agreed that if we had various other new places in the community, that we would move the children from "Pyrton" – they would be – I forget the names – one's out at Scarborough and it is a very good place and is still going strong. So I got the number of beds that I wanted – and I really didn't care – as long as they were in the community I didn't mind which particular community it was. I did object to them being pushed out because that showed this showed that there are superior communities which don't have these people in, and there are less good communities which <u>do</u> have these people in.

I think one of the options was a place at Innaloo?

Yes, that's one we did build – at Innaloo. There – and we took over the old nursing home – down south on the Albany Highway. But you see, I would take anything, because I needed beds, and we really had to have beds because these children – we hadn't developed the home services that we were able to supply later on, where you could get both trained and untrained staff helping out at home, with parents who were prepared – with help – to keep them at home – which was what we were looking for. Because I sort of started making a policy – "If parents would look after children at home until they were 18 or 25 or something like that, then the state services would look after them after that. And that was what we were really trying to do, because children need their brothers and sisters, need their parents, they do not need institutions, and then if we could – if they were adults just like any other adult they could leave home and go off to work or whatever was appropriate for them to do. So they could go to school from home – because all parents help their children an enormous amount with their school-work. And that was what we were looking at.

You mentioned the situation at "Tresillian" – the demonstrations. How, in a way did this difficult period help your cause?

3/A335

Well, it certainly made people aware of it – I mean you couldn't pick up the paper at the time without reading "Tresillian" in headlines on page 3, or something" It was very obvious – now, whether it helped is debatable. A lot of people came on to our side who wouldn't have done otherwise. There were still a lot of people saying, and there still are "If you can't fit into the community without assistance then you should live in an institution". There are still people saying that sort of thing. But it brought it up – you see, before we started, before the Benn case and before "Tresillian" and things like that, people just washed it – put it under the carpet – washed it out – didn't have to think about it. But with the Benn case and with "Tresillian" they couldn't avoid it – it was headlines on the newspaper – it wasn't on TV because we didn't have TV in those days, but it was certainly on the radio – so that people had to come down one side or the other - so they certainly knew more, or they had the opportunity to learn a lot more about it than we had in the past – they couldn't just wipe it and say "Nothing to do with me". Because a lot of Nedlands people really thought about it for -I'm sure - the first time: is Nedlands a place where we shouldn't have people with disabilities? is it such a superior place that we mustn't have them at all?; or is it an ordinary place where people with disability live? And people had to think those sorts of basic things.

Now, I suspect that at the end we gained as many people as we lost – 50% of the people came down on the side of people with disability being within the community and 50% people came down on the side of saying "No, I won't". But I think that most people had to think about it. They might have suppressed it later on, but at that time they couldn't avoid thinking about it, because – you know – wherever I went people discussed it – actually wherever I went a lot of people wouldn't discuss it, but it was being discussed. So that I think it was a very good community education thing – I think that is what is required – that community can ignore the whole situation of disability if it's not told about, and I think the more people know about it, they've got to think about it, and they've got to make some sort of decision. Now I don't say that I always come down on the right decision – I think I do, of course, but some people will come down on saying "placement" and others will say "you've got to treat people as people" – and this is the problem – if say we had a War now, and money is short and staff is short, I suspect that many people would say "Well, the quickest and easiest and best thing to do is go back to institutionalising them. We'd save money, because we haven't got the staff" and all that sort of thing. I also think, that if we had headlines in the paper that said "Mental defective rapes girl" or something like that, there would be a number of people who would say "Well, these people shouldn't be in the community" – you've got to keep them.....

You mentioned that a little earlier on. I'm interested to discuss how things really changed when you....

3/A423

Well, I don't know whether they have – I think they are better. But I know that, when I take my son out to dinner – not that long ago. – he's not the neatest of eaters, having got cerebral palsy, but some people in the restaurant moved their table so that wouldn't have to look at him. I think, when we go shopping, I don't think it is nearly as bad as it was but I think there are still people who cross to the other side of the shopping aisle so that they are not in contact with him. So – yes I think that the community has changed, I think it has improved. It's more positive towards people with disability, but I think that we have a long, long way to go. And the real way I think that it is changing, is that there are more people in the community who are being positive and are seen to be positive in the community. Jeremy for example, works at the nursing hospital, and the staff – as far as I can see – seem to like him. And I think he is influenced them that there are people who can't speak properly, who can't walk properly, but who can do a job, and can laugh and be happy and that sort of thing. Mind you I think the people there are people on pretty much on side to start with, but I think they've learnt that people with disability can manage.

End of Side A; Tape 3.

3/B

You mentioned that, with the case of "Tresillian" that you'd been offered other places – I'm interest to discuss some of these other places –one of the places I found is "Devonleigh" in Cottesloe. Tell us about "Devonleigh".

I don't remember the exact date we got "Devonleigh" but it was a nursing home that closed down for reason – and I wanted beds; and it wasn't ideal because it had quite large rooms – I think six or eight beds and things like that, but it was in the community and it was a place where I could put some more children; and we opened it up for active children – highly mobile children, because there was quite a big playground there, and a garden. I think it took about 34 children.. So, I wouldn't do it now, but at that stage I needed beds, and we were still thinking of the hostel situation, rather than individual homes situation – group homes – so I took it. But you know, most of my time in Mental Health – I don't think after 1979 I would have taken any more hostels. But up till then I would have taken anything that was going – I was so short of beds – largely because children weren't dying; children were showing they could manage in these sort of place, and parents were seeing them as good places to put them. And we were getting more from the country who were asking for education because lots of places in the country there weren't special schools, and the ordinary schools wouldn't take them. So there were people asking and while we didn't have many who just came up for the term, there were a few who came up for the term and then went home for the holidays, which wasn't approved of because it meant beds were empty for some weeks of the year, and that sort of thing.

There was talk of a place named "Milford" – where was "Milford"?

3/B032

"Milford" was out in Bassendean – it was a hostel – it was the first of the hostels where I started reducing the numbers and because I was short of places – this was for adults and late schoolers – sixteen year olds – but I needed the beds - I wanted 24 beds there – but it was run as two entirely separate wings of twelve – because we had been on sixteen up to then – but here I was getting it down, reducing the numbers a little bit – but running it on twelve. One of the great things about "Milford" was that it taught me that we needed to get rid of hostels. Because it had twenty-four people there, and the electricity was complex and from this sort of thing we had to have an engineer on call – twenty-four hours a day in case it went wrong – I don't know whatever went wrong, but still - . And we had to have – we had washing machines that could cater for the dirty clothes of twenty-four people. And then the expense of this – I remember these washing machines – I forget how many thousands they cost but it was an awful lot – and having an engineer on call – it became obvious that what we needed was ordinary houses – because we could have an ordinary washing machine; we would have the ordinary electrician around the corner on call, and we could save an awful lot of money that way. And really "Milford" – this was about 1979-80 –really opened my eyes. I've since discovered that although only built twenty years it has been pulled down by the new services – they don't want hostels, quite rightly. All those people they could have gone into group homes, and that would have been fine then – but we were just learning, we were still just developing. And of course if I had said too early "All these people can live in ordinary homes" I would have been thought to be quite daft. But of course that they could, because there were many people who were at home – I mean some of them were in appalling circumstances and I remember finding a man with Down Syndrome who was aged about thirty and he lived outside Northam, and he spent his days tied to the Hills Hoist, and walking round and round. Even the neighbours didn't know that he existed. They had kept it secret. They couldn't place him in Claremont when he was born, but they couldn't let anybody know. I mean, he had a terrible existence and eventually we got him down to a hostel, and I believe he's living in a group home now. But it was not only the community having to be educated, but I had to be educated too – we had to develop this, and it was slow – I mean – we went from the business "We can take them out of Claremont into "Pyrton" and then from "Pyrton" we'd have hostels in each suburb; we had hostels for people needing a lot of help to people needing a little help, people needing a moderate amount of people – and suddenly realising that it was much easier to move staff than it is to move people, because they have to learn all over again – bus routes, and shop and things like that. And that's when we went on to thinking of group homes and even more, that people can live by themselves, or with a friend if they want to with the appropriate of help going in. And that's the critical thing – it's got to be the appropriate amount of help for that particular person. If they need help with shopping then somebody's got to do it, if they need help with cleaning then somebody's got to organise that. And, I mean for example – Jeremy is absolutely hopeless at cleaning but he's prepared to pay for somebody to come in once a month – well, so do I. So he's being very normal there, and he manages – he feeds himself, he buys frozen foods – like many bachelors do now.

You've been speaking about some of the places you've taken as hostels – you mentioned also that some of these places were fairly dilapidated – I think "Devonleigh" was supposed to have had vermin, and "Milford" was dilapidated and "Earlsferry" –

Well, "Milford" was not dilapidated – I built it and it was brand-new and very good – and too complex. "Devonleigh" was dilapidated, yes. "Earl's' Ferry" was part of the Nathaniel Harper Homes – there were the two houses there. Eventually that was burnt down by a resident – or at least it was burnt – it wasn't burnt down – and the great result of that was that the adults there were taken out and put into ordinary homes, so a little bit of arson does the world of good – and fact it's been sold now and it's privately owned.

I wanted to ask – talking about some of the problems that you had earlier on with government – particularly with the "Tresillian" encounter – what were some of the acts of laws that stick out with regards to disability services in Western Australia ? Had they changed? You mentioned... You were only really dealing with one?

3/B117

Well – it was the Mental Health Act – and that really said that if you were incompetent and two doctors say that you are incompetent, you can be placed in Claremont where a psychiatrist will say whether you can stay or not, and there was never any difficulty about getting people with intellectual disability from the age of 14 days upwards into Claremont. Claremont really didn't have the power to refuse – if two doctors said "This child must go to Claremont – certified them" that was it. And parents didn't have to be consulted. I remember one child at Princess Margaret – when I was at the Spastic Centre, she had severe spastic quadraplegia and severe mental retardation, and got pneumonia and went into PMH and two doctors there decided that she should go to Claremont – so they moved her there, and then told the parents. That's way back in the late 'fifties.

You were mentioning, what we've been talking about – obviously almost fighting against the Mental Health Act of 1965 I understand.

3/B140
I don't remember the date of the Act. I didn't have to worry about the Act because it was the same for everybody whether you were mentally ill or mentally retarded. I don't know – I suppose I did read it but I don't remember much about it. Because I mean it said "provide decent care" or something like that, but what's decent care? What the community would accept. And that had been custodial care for many years, and it was only very gradually – when Slow Learning Children's Group and the Spastic Centres came on the market that people started thinking "There are places other than Claremont for these people to go".

You mentioned some of these places. Obviously the impression that they were formed from grass-roots level. You mentioned Tresillian, Friends of Tresillian had been formed from Parents and friends.

Yes.

A changing attitude within the community?

3/B156
Yes – well, post-war there was a gradual changing attitude. It was – when I was a student in the 1940's – if you were intellectually handicapped you were gone – you went in to a mental hospital. Then various things – from America and the Continent – people started doing different things.

In relation to Acts and Government policy in 1981 a change which changes the definition from what you described to the intellectually handicapped person as she came in for the first time – what changes did that make – if any?

I don't remember any changes that it made. That's a couple of years before I left – I don't remember that it made any difference at all. I just went on providing services as best I could. The problem was money – and to get the amount of services that we needed, because we were moving then very much away from – you see when we started it was all institutions – small; and then we started moving out into the community, and I needed more and more people to help parents in the community – both in psychologists and social workers, and O.Ts and physios. And speech pathologists – social trainers as well to help them with it. Because they would never have been – I couldn't get sufficient speech therapists for example – they just weren't available – I think I had more than anybody else in Western Australia, - I had eight at one time – and that was more than Princess Margaret (Hospital). But there weren't – money was short – well it always is – because it was never seen as the high priority – and I think it's even more a priority now, that adequate care shall be provided.

But – I've been speaking to the Headquarters of DSC – you mentioned the changes that you've seen, just by sitting in this office. Can you give us an idea on tape?

3/B193
This is somewhat difficult. When I was running the service it was part of a Government department, and we were caring for about five thousand (5,000) people with intellectual disability – one way and another. Our funding, for example, was purely for the services that I ran. If voluntary organisations wanted funding, they went quite separately to the Minister or somewhere else. They got the funding quite separately. Now I believe their funding comes through the DSC and so they control voluntary organisations. I had no control over voluntary organisations – I would provide help to them, but if they decided to do something, that was up to them.. I mean, Nulsen Haven at this time provided custodial care; they just looked after people with severe disabilities. It was better than Claremont – but there weren't any toys there and that sort of thing. So I couldn't control that – I could try and persuade them – and did – that their children should be educated – but they were called ....incurable – so there was, also the parents – we failed to educate the parents. Eventually we got through and of course nowadays they're fine – they still take profoundly handicapped people, but they're all in community-based group homes. So that it took its time – and the parents – I mean voluntary organisations were run by parents and if you could persuade the parents, eventually they would make the changes – and they did and they have, as opposed to the old days, when they abandoned them to it and left it at that.

So the changes were probably initiated by voluntary organisations, and I was able to persuade Government to follow suit and do the same sort of thing, and gradually developed a community-based service.

You mentioned if you had a policy you would change...

Oh, yes...

There weren't all these people that you had to go through.

3/B234
The organisation was that there were myself, my deputy, somebody in charge of administration – Mr Bergl – and a senior doctor, senior psychologist and so on. And we would meet about once a fortnight and decide on policy and things like that, and that was it. And we didn't have an organisation that set up policy – that was me. Somebody wanted to persuade to do something, that was fine. They could come and nag me – we didn't have an enormous financial situation, because Mr Bergl was in charge of the finances of a part of a government department, so he was responsible to the Secretary of Mental Health Services. So, I mean, funding in my last year was a boot nineteen million – it wasn't small – about a tenth of what it is now. But we all talked to each other. We could all wander into somebody's room and talk to them about policy or any particular problems of discipline or anything like that; and I would see – eventually it was once a week – but all my units - hostels that we had and things – I would visit, eventually came down to once a month. And I would go and have tea with the Supervisor so the Supervisor was directly responsible to me. So between me and the person with the disability, there was me, the Supervisor and then

the Social Trainer – there were two people in between. And – this is my Army training on leadership – I think it's absolutely essential; I mean if Field-Marshal Montgomery can shake hands with me, my sergeant and three of my men – which he did on one occasion – then I can go and talk to social trainers. And I think that's a desperately important thing, the leadership's role; and I felt that I had to give them. I have not commonly – but I tolerated – people with disability to show the staff that I would do it if it came to the worst, and I think that's terribly important – that people in charge are prepared to get down and do the dirty work if its necessary. I mean, on one occasion we had a strike, and so I went out and actually – they thought I was better employed in the kitchen than with the people – so I worked in the kitchen at "Pyrton" – but I would have done any job – I think that's absolutely important. I believe – Army too because I was a Subaltern in the Army – because that's the leadership that you need to have; and it worries me to see great family trees of hierarchical members of staff like that. I think that everybody who is working in this field should have worked with people with disability. At one time everybody who came in to the staff had to do a fortnight at "Pyrton" – I remember on one occasion an Indian lady doctor was employed – she went out to "Pyrton" on her first day in a pink sari and her hair in long pigtails. She's the quickest learner that I've ever seen, because the next day she turned up in jeans with her hair tied up, so that she could handle children without difficult. And I think that's desperately important – that everybody is prepared to work with people with disability, because so many people won't – and if the senior people won't then the junior people will adopt that attitude that "these are not important people". And I believe that all leaders need to show this; I think it's terribly important; and where you have an enormous administration then there will be some people who have never actually handled a people with disability. – and do not know the problems. That worries me enormously.

3/B320
End of Tape 3, side B.
Please go on to Tape 4, Side A.

TAPE 4: SIDE A: - Interview with Dr Guy Hamilton 8 November 2002
At his home in Western Australia.
Interviewer: John Bannister
Disability Services Commission Oral History Project

You spoke last week about some of the worries you had had about how operations could run. I would be interested for you to discuss how the expansion had been developing, and when those worries had started to concern you most initially.

Well, we started off with Claremont – with 487 people with intellectual disability there, and the Slow Learning Children's Group who were looking after probably 150 people, and also running day centres, and 'Nulsen Haven' which was providing accommodation for about 30 severely handicapped people.
That was what it was like in early 1960's.

Then, as we gradually expanded – we all expanded – the Slow Learning Children's Group increased their number of hostels. They had started with a hostel more or less out by the Airport, and they were going to build a village out there – there were villages in England more or less entirely populated by people with intellectual disability, around a mental hospital. They had this idea that they would have a series of hostels out at "Hawkvale" around a village green with their workshop there, and people would go there and stay there for the rest of their days.

But they also started having hostels in various suburbs – largely I think because parents wanted to be able to see their children without having to travel miles out – it was quite a long way in those days – out to the Airport. And so they started – I think they got the idea from America – having hostels in various suburbs – with eight to sixteen or thereabouts living there and going off to work at sheltered workshops. The sheltered workshops were set up both to provide occupation, but also to provide an income for the Slow Learning Children's Group.

So the Slow Learning Children's Group really started a lot of this, and great credit is due to them that they did this sort of thing – both with their schools that they set up, and persuaded the Government to increase; the day activities centres for those children who had IQs below 40 – because that was the cut-off point in those days – if you had an IQ below 40 you couldn't get into the Education Department; if you were in between 40 and 70 you got into a special school, and at about 70 you got into a special class. So they had put a lot of pressure on that. They had set up this place called "Irrabeena"- an Aboriginal word meaning "awakening" which was their out-patient clinic – with Government support. This was started in the City and then moved up opposite Princess Margaret Hospital. It opened I think in 1962 and I started working there on half days off from Claremont Hospital – seeing children and adults with intellectual disability.

After two or three more years the finances got a bit much for the Slow Learning Children's Group and I suggested to the Director of Mental Health Services – Dr Ellis – that the Mental Health Services - the Mental Deficiency Division – should take it over, because it was obviously the centre of all the services that we had information about – I think there were about two thousand (2,000) people with intellectual disability on the register then, and it obviously was going to be the central thing. And I think that the Slow Learning Children's Group wanted £9,000 (nine thousand pounds) which the Government decided not to give them, but to take it over and pay all the staff – which wasn't great I think – there was Mrs McGillivray as the Director and Administrative Officer of the whole thing, a number of doctors who came in on a part-time basis, an OT., physio and some psychologists, some of whom were employed by Mental Health Services. But it was important that if the service was going to expand and it was going to be run by the Government, that it was taken over by the Government. So I think about 1964 or '65 the Mental Deficiency Division took it over and it became my headquarters - as the Senior Medical Officer and the only medical officer in the Mental Deficiency Division of Mental Health Services.

So, although it was terribly important that we had control of that if the Government service was going to expand – we had learnt from the Slow Learning Children's Group. So the Government also started building hostels – the first opened, I think, in 1968 – we didn't actually build them in those days – we found old houses like "Croydon" in West Perth, which could accommodate between eight, ten to twelve people with intellectual disability. They were always one sex. So we began to build these up.

We were opening "Pyrton" at the same time – we'd had the idea that we would move people out to an institution – long before we finished "Pyrton" it was obvious that we needed to move people into the community, because they could do that, but it was obvious that we had to finish "Pyrton".

> **I get the impression that with this expansion, obviously, there was not so much a loss of control, but certainly spreading.........**

4/A096
Oh, the services were certainly spread, and that was important. But then the people in charge of these hostels were people that we trusted to do the right thing. They were people who would regard people with disability as people, not as custodial care things; and they all went off to sheltered workshops, because they had to do something during the day because there wasn't much staff at the hostels during the day – they were there during the evenings, at the weekend and things like that. So it gradually expanded so that we had the idea at that time – that perhaps we would have one hostel in every suburb, so that the people from that suburb, live in that hostel, they can see their parents, they know their way around, and that was good. And we went on and started building hostels, expanding them, and so did the Slow Learning Children's Group – they started increasing the size of "Hawkvale". So we went on expanding the services in the hostel situation.

Would they sort of lost control almost?

No, - I don't know about the Slow Learning Children's Group – the Supervisors of the hostels in the Mental Deficiency Division were directly responsible to me. They could ring me up at any time, I would go and see them initially once a week – eventually, when I left, it was about once a month. We trusted them to do the right thing by these people, and if anything went wrong somebody would let you know about it, without any trouble. We chose good people to be in charge – a lot of them were amongst the early staff at "Pyrton" – and they had taken in a lot of the ideas that we had – these were people who could do things, could be taught and could do all sorts of things, much more than they had been expected to do in the past.

And then of course we started moving away from hostels into group homes; and then again the Slow Learning Children's Group started that – trying a few people – four or five people – in a house, in various places in the community, with staff initially all living in – or at least certainly being there overnight. But then eventually when we had less handicapped people who were more trained, then we moved to the situation where staff visited, and would help out with money, with shopping – with anything they needed. They'd go in every day, but they wouldn't be there all the time.

You wanted to actually speak about the relationship with the Slow Learning Children's Group.

4/A139
The relationship with the Slow Learning Children's Group most of the time it was pretty good; we got on most times. At times they felt that the Government was taking over too much, and didn't really want that to happen – they wanted it to be their situation, a much freer situation than the Government wanted it to be. We never came to blows over it, but they were doing their own thing; they were getting their own money from the Government and from their own fund-raising, so they could do it their way. Initially it didn't have many trained staff; whereas we had got social trainers by then who were people who were pretty skilled – and while a number of the social trainers eventually went over and worked for them, finding it easier in a less formal situation than the Government one – but essentially they were untrained – but jolly good people.

So we didn't always see eye to eye on individual things, but we were going along roughly parallel paths so that there wasn't any real strife.

On the other hand with the "Nulsen Haven" – it was very well providing a custodial situation – much nicer than Claremont, it didn't smell, the children were washed and cleaned. But again, when they started in 1953, it was purely custodial care, they had very few toys and the children were – a lot of them were kept in bed and a lot of them just sat around all day. So they weren't doing too well. And I remember having discussions with them about this. There were parents who were in charge who really felt – they had been told nothing could be done for their children, and when we were doing all sorts of things with equivalent children, they were still providing no care. Perhaps – I mean they had been taught by the community and by the doctors that nothing could happen, and they had a nurse in charge who did exactly that – they looked after them very well, their temperatures were taken and they weren't ill, they were clean, but they weren't given the opportunity to learn. Then – fairly late in the sixties – or early seventies some time- the matron changed and they started to accept to accept the fact that something could be done for these people and training started to be given, for all the children there – and adults.

4/A188

With the expansion obviously, that we've been speaking about , how had the parents changed in the relation to those people you were taking care of?

What we were saying was "These people can be trained, and that they need to be trained, and that's the important situation, so we've got to provide training." So that's what we were doing. So these were no longer people to be cared for, they were people to be trained in various ways, particularly in social skills primarily – that included everything from dressing, cooking, all sorts of things – travelling on the bus, and behaviour at work and that sort of thing. So we expanded on that, and initially I'm sure we felt that "They won't get very far". And as we went on we found that there was no limit as to what we could do. There were people who couldn't read, perhaps couldn't even talk, but they were still capable of using electric drills, electric saws – in the sheltered workshops they could be trained to use those perfectly safely. I must admit when I first saw this I was scared stiff – and it was the Slow Learning Children's Group that started it. Because, I mean, if somebody had cut their fingers off, or something, there would have been terrible trouble. But in fact it went very well. The staff trained them very well. So we expanded the whole idea of what these people could do.

I get the impression that with the change from Mental Health Service and then AIH and then DSC that the disabilities encompassed have widened, and very much varied.

4/A218

Oh, Yes. I mean I left before DIH became AIH and long before that became DSC. But there were some problems, because I remember before I left – probably in the earlier 'eighties, probably 'eighty-one, that somebody from the Liberal party came and talked about setting up a service for people with disabilities. And I was opposed. Because I felt that if you had a service for people with disabilities and all other services for normal people then you were widening the gulf between people with disabilities and the so-called normal. So I didn't – I remember writing something about this which went to the Minister – I didn't approve of the setting up of a service only for people with disabilities. I felt that generic services should cater for all people – whether they were disabled or not. The trouble was that it didn't work terribly well, because I remember a boy from "Pyrton" going in to Royal Perth Hospital – in the late 'seventies I would think – I forget what he went in for but I went to visit him. He was a nice boy, he wasn't difficult or anything like that, oh, he wasn't a boy – he was seventeen or eighteen. But he'd been put in the side ward, away from everybody else because he was intellectually handicapped. And being bored to tears he started tearing the mattress up, pulling bits off and eventually he ended up without a mattress. So we got him placed into an ordinary ward, but they wouldn't do it in Royal Perth without my sending a social trainer in 24 hours a day – which I did – he just sat there, didn't have to do anything, and the boy had his operation, or whatever it was and came out quite happily. But generic services were not ready, not prepared, not trained, to cope with people with disabilities. So we started then giving lectures to people at Royal Perth about people with disability – it wasn't particularly enthusiastically received, but it was alright. We didn't have to do this at Princess Margaret because they accepted them as children, so there wasn't a real problem there, but for adults – it was where we really widened our thinking that we really had to change the community into accepting people with disability – members of the community. And we still haven't got that far with that – we have a long way to go.

So, we had gradually widened and widened. But it really does depend a lot on community education, and we still have a along way to go with that, because there are still many people – the community as a whole says "If you have an abnormal foetus, then have it aborted. And there are some hospitals where you cannot have pre-natal testing unless you agree to termination if the foetus is found to be abnormal. So that I don't think that the community have yet accepted that people with disability have the same rights as anybody else.
We certainly abort abnormal foetuses – the difference between aborting them at sixteen or eighteen weeks of pregnancy and killing them off at one hour age is very little – and that's what I'm afraid we might come to one day. That's what the Romans used to do – expose the babies who looked abnormal.

So that the community really has accepted a lot of people with disability – some parts better than others – but I think we've got a long way to go. One of the things that I think helped is by having people with disability in the community, and people see "They're not that bad. after all". So when we had hostels I used to invite the local people in to have tea so that they met these people and weren't frightened of them and that sort of thing, so they became more acceptable.

By the time you were to leave- '81 – we talked of some of the successes that you've had, and obviously beginning from virtually nothing. What were some of the disappointments that you had at that time about the things that you hadn't achieved….?

4/A309
Oh, Well – I mean when I – my ambition had been to get everybody out – everybody with intellectual handicap out of Claremont. That didn't happen until April 1st, 1984 – a date I constantly remember because a psychologist there rang me up and told me that the last one had just left – well, that had taken from 11 December 1966 to April 1st 1984. But there were 487 that we'd had to move out – and of course a lot of them were adults who'd been there for many years, and some of them had to go to "Pyrton" – so we had to get beds for them at "Pyrton" – space; others were able to go straight out to hostels, so that I was disappointed that it took so long. I was disappointed that with just about every hostel that we opened there would be a local outcry against it. I remember when we opened "Epsom" we had a meeting of all the local people before we built the hostel, before we put anyone in – all the local people were complaining madly about it, and I remember one of the statements was "But look, our children" (that is the so-called normal children) "they'll throw stones at these people" – the answer to that was obviously "start training your children, because ours won't throw stones back" Actually, I remember what happened there, after "Epsom" had been opened for about a year or so, one of the residents there set

fire to somebody's front hedge – which of course didn't endear them to everybody – but the community by then had got used to these people and there wasn't real outcry about it. There was much more outcry from me about this man getting hold of matches and going along – because we knew he was a fire-bug – and being allowed to do this sort of thing.

So, the disappointment was the speed at which we went – it was much too slow for me. Because there were people who were getting old and difficult and not improving because we couldn't get them out of Claremont and that sort of thing. And always, the ideas were way ahead of what we could do practically. I mean, long before we'd finished the third unit at "Pyrton" it was obvious that we didn't want "Pyrton" – we did not need that sort of thing and we would move then on to hostels.

Long before we'd finished hostels it was obvious that we wanted group homes, and the staff to care for them in that sort of situation. But we had to go on building hostels until we could persuade Ministers, and politicians and senior members of staff of something else – we'd moved on. So that we were always behind what – I remember at one time we had an idea that group homes – they would be for severely handicapped people, another one would be for mildly handicapped people and we suddenly realised that if we trained these people – if we didn't move them, because they would have to learn new bus transports, new shops, and things like that – we would move the staff. And instead of having full-time staff there we would have part-time staff there – and I would remember that absolute genius thought came to me when I was giving a lecture tour in New Zealand in 1980, and it was quite a change – keep the people in the same spot but move the staff. And when we started doing that it worked very well – obviously – but it took us a long time to think of that, because we had been moving people around before that.

And you were to move yourself around – and end up in another place. I wonder if we could discuss that – had you been looking elsewhere.

4/A398

No. I was a permanent civil servant, and civil servants normally retire at 65; but Government has the option if you get old, or something, of getting rid of them at 60. When I was 59 I was very firmly told that I would be retired at 60 because I had upset too many politicians – with "Tresillian" and such like things over the years – I had too! That was just one of those things. So I was told that at sixty I would be retired.

Well, at sixty, as far as I was concerned I was in the prime of life and I was certainly not going to retire. And quite by coincidence the Intellectually Disabled Services Commission of South Australia was advertising – they had just been formed – and they were advertising for a CEO. And in about July 1982 I applied, I was interviewed and I was appointed. And one of the things that attracted me was that I was directly responsible to the Minister. You see, in Perth I was directly responsible to the Director of Mental Health Services, who spoke to the Minister. Sometimes, it depended on the Minister, I could speak directly to the Minister, but very often – not being the senior civil servant in the Department, I didn't. So I never knew quite what happened, and how a Minister was getting educated. And one of the things that was attractive about the CEO of

IDSC of South Australia, was that I was directly responsible to the Minister. So I applied, I was interviewed, and eventually got the job. And I moved over there in October 1982. The problem was that I was appointed by the Minister of Health – a lady of the Liberal Party. A month after I got there, there was an election and the Liberals lost, Labor was appointed, and a veterinary surgeon – Dr Cornwall – was appointed Minister of Health.

4/A460 End of side A, Tape 4.
Please fast forward to end of tape, and then turn over to side B.

Tape 4, Side B: Interview with Dr Guy Hamilton, 8 November 2002
Interviewer: John Bannister
For Disability Services Commission Oral History Project.

No, South Australia had quite a different system to Western Australia. Firstly they had Mental Deficiency Nurses; they had built, in the 1970's a very big 700-bed unit called "Strathmont" and they had a private unit which had been going since 1904 with about 400 people in it – also staffed by nurses called "MINDA".

They knew that I was coming over, and that I had had social trainers and not nurses and so, when I go there, there was quite a bit of opposition from the Mental Deficiency Nurses. But having changed to a Labor Government they had the direct ear of the Minister, whereas I didn't. Because soon after I got there the IDSC was made – by the Minister – subordinate to the Health Department – instead of being independent – it hadn't really settled down under the previous Minister, so it was moved around so that in fact not only was I not responsible to the Minister, but I was responsible to somebody who was two down from the Health Services Director.

So I didn't have direct access to the Minister, and I did have access through two people before I got to the Director Health Services. So I rarely saw the Minister – and that was very disappointing for me because the Minister was getting all his advice from the Unions – the Union of Mental Deficiency Nurses. And I had said "Sooner or later we would have to close down "Strathmont" and we'll move the people out into the community, and they didn't like that, because they were going to lose their jobs, or they weren't going to be the nice, easy jobs that they were in the hospital.

We did start a couple of hostels, but then we had a bit of a problem in that a couple of men living in the community, who were intellectually handicapped – they raped – and severely attacked – sexually – a boy and the headlines in the paper were "Mental Defectives attacking/sexually assaulting children" and the community felt very much that we shouldn't have any more of these people living in the community. So the Minister laid down the law that we would have no more hostels within the community.

Some years later – long after I left – it was reversed – and a whole lot more were built. But it really didn't make things at all easy. These people –who assaulted this child – hadn't been in an institution for a number of years, they'd been living I the community; but they were referred to as mental defectives; and the whole idea was "you've got to keep these people out of the community because they'll go and assault children".

So that it got very difficult to get new community-based services, and after I'd been there eighteen months it was obvious (I was there for a five-year period) – it was obvious that in five years I was going to get precisely nowhere; and knocking my head against a brick-wall, and my blood pressure going up and not seeing the Minister – so, after eighteen months I put my resignation and came back to Perth. But it was essentially the Minister who wasn't going to have this sort of community-based service. They've changed quite a lot since then – I think – or I hope that some of it was due to me. But at that stage the unions were so powerful that we weren't going to get anywhere. So it was most disappointing, but I think we trained a few people over there into what could happen, because they have now gone and produced a whole lot of community-based services now, so hopefully something that I said stuck – so that was fine. But, it wasn't a happy experience, being in Adelaide. And I'd never had trouble with the Unions – I mean the union of Social Trainers over here. If there was a problem, either they would come to me, or I would go to some of their senior members and we'd go and have a cup of tea somewhere – strictly off-the-record – and we'd solve it. Although there was one strike I think, on one occasion. But we really didn't have big troubles, whereas the Mental Deficiency Nurses – they were not going to do as I said; they were not going to change it; it was going to be run as a medical situation, and that was it. So that was why, after eighteen months or so I had had it, so I packed it in.

Given your involvement in Western Australia from the early sixties: how had you seen the rest of Australia, in relation to the West Australian experience?

Oh, we were way ahead of the rest of Australia.. I mean, in the late 'seventies, for example, in Victoria, they built a new – it was going to be 600 bed – but it ended up 200 beds – out at Colac which is 100 ks. or so from Melbourne, for Melbourne children. They were still doing that. There were in all the other States voluntary organisations who were doing things much as the Slow Learning Children's Group had, but all the other States had Mental Deficiency nurses, and they were resistant to change, so that they were well behind World standards, compared with WA. The greatest thing about WA is the Nullarbor – it keeps the bastards away – so that I used to go to the conferences – the ASSID Conferences – Australian Group for the Scientific Study of Mental Deficiency – from 1960 or thereabout onwards, and would have words with people from the moment I got off the plane. I remember in 1967 giving a talk on what we were doing with social trainers – we had only be doing it a year – in Sydney; and it wasn't exactly received with enthusiasm by psychiatric nurses or by the psychiatrists over there – in fact it was one of the few speeches I have given where I didn't applauded at the end. The other one was at "Minda" in South Australia before I went there.

So, I believe we were well ahead – not leaders of the World or anything like that, but we were well ahead of the other States – well ahead of England, and I remember, I think in '73 – I went to Ceylon – I was invited over to give a series of talks, and I went to their situation. It's the only place I think I've ever run from. There were children sleeping on concrete slabs, and faeces all over the place – an absolute disgrace – but that was what they did – I mean they were not as affluent as we were, but parents were beginning to want something better. And I went over and gave a series of talks to parents. I found out about cultural differences there, because at one talk a father got up and said he had twins, one of whom was intellectually disabled, and the other one wasn't. Why was this so? I as a British doctor saw absolutely no problem – saw absolutely no problem – but what he was really talking about was they were all under the same star sign ad they should be the same. And I really learnt the sort of cultural differences.

Anyway, I tried to sell them the idea of "Irrabeena" as a central place for all these people to be looked - because there wasn't any one and eventually they did start that there, two or three years later. It was started by parents, who had come across and seen what we were doing. But there was a lot of resistance from the medical profession there, because they were still thinking of them as custodial care bodies – and that was all.

Following your sojourn in South Australia and having returned – what was your plan?

I obviously wasn't going to get back into Disability Services – I would like to have done. But ex-Superintendent Physicians don't get employed. And in fact what I did, I decided I wanted to be a doctor again as opposed to being an administrator. So being fairly well out-of-date in medicine, and modern drugs, I chose a very pleasant area – that of Hospice. I mean, I didn't think I needed to know quite so much about modern drugs – I'm not certain that that was really true – but still… And so I worked in Silver Chain Hospice for three years full time until I was 65, and then five years part-time, and seeing people in their own homes – doing the sort of medicine that I liked – if I wanted to spend an hour with someone I could – none of this eight-and-a-half minute visit or anything like that; and I thoroughly enjoyed it. But at 70 they decided that I was too old, so….

How did your earlier experience help you in this – new field – in this hospice endeavour?

4/B165

Oh, well you see when I left the Army I became a GP and – my father had been a GP, my grandfather had been a GP, I was brought up to be a GP so it was just going back to what the family had been doing. And I thoroughly loved it – particularly as it wasn't general practice of getting through patients – 25 patients in a day or whatever it was. I could spend as long as I liked with them, and talk in any way I wanted to the people – both the relatives and the person who was dying. So it suited me down to the ground.

The first job I had when I joined them was as Deputy Director and I set up a statistical thing so that we knew what was happening, how severe the problem was when they came in, what we did for them, and things like that – so we could evaluate how good the service was. And I enjoyed setting that up and getting it all on the computer – which they hadn't done before. Because that was one of the things that I had done in Mental Deficiency Division. Initially we had edge-notched cards where you cut out- for instance cut out A that means they've got Down Syndrome, B they've got cerebral palsy, and that sort of thing. But by the time we'd got 3000 patients to get a couple of facts out of it took the whole afternoon; so we then started computing – initially just punching things on to cards and then sending the cards over to the University to be added and read and all the stats done on them. And I remember in 1973 I went to Curtin University and did a course on computing, and then we got a whole lot more information - better information than any other State – about all the people who were disabled – intellectually disabled on our register. And that was – it was good being able to produce the facts. I must admit that I wasn't always honest about things, in that it was terribly important that we advance the services, so that the annual reports always showed the amount of work that we were doing, and that sort of thing, but in the final figures at the end it included all those that were dead. So that the figures looked bigger. There was not a lie amongst it, but it helped to influence Treasury and such-like people, that we needed more money – and it was terribly important that we got that going.

In relation to your experience, and also in particular you mentioned opposition to Disability Service – how do you see the developments – of DSC – today?

4/B224

Well, I must admit that I am not certain that a service that provides all the services for disabled people is ideal. I still think that they should be cared for in generic services and educating the community, and educating generic services to provide appropriate care. And it worries me that there may be – because you've got a separate service – that people may say "You go there, you don't come to us" – in the normal sort of situation. Secondly, I don't understand it at all, and I can't really be critical, but there's an enormous hierarchy of senior people – a number of Directors and a large number of Managers, and it wouldn't be how I would run it.

The other thing is that – does it by its very largeness sort of hide people away in some ways it – say you have a particular disease – let's say its quadriplegia – does it make that less-important to the community. Because if you've got an organisation that only copes with quadriplegia they push their barrow for quadriplegia. If the barrow for quadriplegia is pushed by services, it may not get that extra bit. Now, I know that this means that some services will do better than other because they're better at communicating with community and that sort of thing; but I don't like the idea of being the disabled for whom we are given money. Yes, they need money and it may be that the Government's doing it the right way – I'm not certain. But, as I said I opposed having one set up – I thought that it was better to have services that provide for a specific areas and Yes, they need to have Government support, and Government funding and that sort of thing, but I'm not certain that having one big one is ideal. But, I can easily be wrong on that – I don't know.

Given that we will be working with this current system, what would you like to see happen?

4/B271

Oh, I think public education. I think that's the important thing. We have to have the money for treatment – that goes without saying. But one thing I would like to see is the community understands, ;is taught about people with disability, and is taught they are part of the community and they're to be treated just like anybody else. And that is where I would put any spare money that I had to educate the community as such. I was at a kindergarten about a year ago, and there was a little boy with Down Syndrome there, aged about three, and there was a parent there who was telling her daughter not to play with that boy. Now obviously "Down Syndrome is catching" – now if that's what you do to three year olds, you know the attitude generally is lousy. And I think that we need to do that – you know I give lectures on stamps occasionally in schools, and I was in one school about a year ago, and I was waiting outside the headmaster's office, and he was shouting at some poor teacher and said "You're only fit to teach idiots". You see, I mean you put your worst teacher with the worst children, as opposed to you put your best teacher with the most difficult children.. So that I still believe that the community needs a great deal of education;; and I believe – I would love to spend a lot of money on that.

Now, how you do it I'm not certain– I'm no expert on that – but I think by having people in the community they educate it. I mean, Jeremy (my son) is at the Mercy Hospital, and so far as I can see, all the staff like Jeremy. Now he has obviously educated people that with his particular disability of deafness, lack of speech, cerebral palsy that he can still do a job; and he is entrusted in all sorts of things now, which he never was before. And he has influenced them and I hope that they go away and think "Well, people with disability are not absolutely useless" Whereas, we've taken Jeremy out to dinner and he's by no means the neatest-out of all with his abnormal movements, but – we have had people move away to another table so they couldn't see him. Well, I think that is quite unnecessary – not all of us have best table manners, and that's it.

Coming to the end – unless you feel that we need to discuss any other areas you may not have touched upon?

4/B327

I think perhaps we've done enough.

What would you say, in summing up then?

Summing up my life or summing up what's happened?

Your experience.

Oh, I think that a) I learnt a lot from people with disability and b) I believe the community can learn a lot from people with disability; and I think that we need to go on and train the community so that we don't go backwards; because I would be terrified if we had the same sort of thing we had in Adelaide of a person with disability who sexually assaulted someone – terrified of what the headlines would be. And the community would perhaps go backward.

I would be very worried if we ran short of money because I suspect that the Government would do the cheap thing – put people in institutions where you could have fewer staff – and that sort of thing. You know, unless the community is well-educated, then I have a feeling we could go backwards too easily, if circumstances arose.

Would you like to finish the interview there?

Yes, that's fine.

Thankyou very much for your help – nice to have spoken with you.

O.K. – Well I hope that's alright?

End of Tape 4/B354

This is the end of the 4th tape of the interview with Dr Guy Hamilton; interviewer John Bannister. This tape made on 8 November 2002 for the Disability Services Commission Oral History Project.