

A History of the Australian Society for the Study of Intellectual Disability (ASSID)

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*I hereby certify that the work embodied in this thesis is the result of original research and has
not been submitted for a higher degree to any other University or Institution*

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ABSTRACT

This history examines the Australian Society for the Study of Intellectual Disability (ASSID). It investigates the reasons for the Society's establishment in 1964 and follows its development up until 1999. It tracks the changes within the Association's structure and explores the social, political and economic influences that have impacted on its development. The thesis also undertakes an analysis of the association's impact – its aims and objectives and whether these have been achieved or changed in response to member and community needs or trends in the field.

It was initially formed by professionals working in the field of intellectual disability, as the Australian Group for the Scientific Study of Mental Deficiency (AGSSOMD). The original aims included the promotion of scientific study in the field, to serve as a medium for exchange of ideas and skills and the dissemination of knowledge. Reflecting the changing trends in the field towards anti-medicalisation and de-institutionalisation, the membership of the Association became more psychologically and educationally-based.

The research questions anchoring the study were designed to extract the impact of professional groups on members and the broader community. Specifically, their purpose was to identify the role and contribution of the Australian Society for the Study of Intellectual Disability. Sub questions focussed the study on the reasons for the association's establishment at the particular time it formed; key people influencing policy-making; whether or not conflicts were apparent and if so, how they impacted on the Society.

Sources of data for the study included documents from the Association's archive which included minutes of meetings, correspondence and 21 interview transcripts, the Association's journal and newsletters, a questionnaire devised by the researcher and sent to 300 members, and private documents donated by members.

The study found that AGSSOMD/ASSID's development reflected the trends and developments in the field of intellectual disability. While the body's activities could not be said to have been on the cutting edge of change, AGSSOMD/ASSID responded to change and its membership base and activities broadened to reflect the field. The association's conferences and journal were important forums for the dissemination of knowledge in the area, and its publications were

important in educating and informing the field on many issues. The degree to which the Society should pursue its role as an advocacy body (a role which profiled highly in the 1980s but to a lesser extent in the 1990s), is an issue for the future. While AGSSOMD/ASSID did not play a major role in influencing government policy, by highlighting issues in the field, AGSSOMD/ASSID furthered the awareness of issues regarding the care, treatment and attitude of people with intellectual disabilities.

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LIST OF ABBREVIATIONS

AGSSOMD	Australian Group for the Scientific Study of Mental Deficiency
ASSID	Australian Society for the Study of Intellectual Disability
AAMR	Australian Association on Mental Retardation
NCID	National Council on Intellectual Disability
AUSRAPID	Australian Sport and Recreation for People with Intellectual Disabilities
ACROD	Australian Council for Rehabilitation of the Disabled
IASSID	International Association for the Scientific Study of Intellectual Disability
IASSMD	International Association for the Scientific Study of Mental Deficiency

Chapter 1

Background and Approach

Introduction

The history of The Australian Society for the Study of Intellectual Disability (ASSID), formerly the Australian Group for the Scientific Study of Mental Deficiency (AGSSOMD), is the story of a group of professionals who formed in 1964 to promote the scientific study of, what was then referred to, as mental deficiency, through a multidisciplinary approach, to serve as a medium for exchange of ideas and skills, and to disseminate knowledge.¹

The discovery of new chromosomes and advances in genetics and molecular biology in the 1950s and 1960s advanced the field of intellectual disability. Groups such as the American Association on Mental Deficiency (AAMD) and the Royal Medico-Psychological Association (RMPA) in the United Kingdom began to ‘consider seriously the possibility of an international multi-disciplinary conference to be held in London in 1960’.² As a result, an international committee was set up to form the International Association for the Scientific Study of Mental Deficiency. Its inaugural meeting was held in Copenhagen in 1964. A number of Australian professionals in the field attended the meeting and decided to link themselves with this body of professionals and form an Australian group.

When it formed, AGSSOMD/ASSID was the only organisation with a strictly professional membership in Australia specifically targeted to people working in the field of intellectual disability. It provided a forum for them to meet and discuss issues in the field.³ The aim of the professionals who joined was to ‘improve the practice and care’ of people with intellectual disabilities.⁴ The members also sought to make the subject of intellectual disability ‘more respectable’.⁵

¹ ASSID archive: Constitution of the Australian Group for the Scientific Study of Mental Deficiency, J.D. Van Pelt (ed), Melbourne, 1965, pp. 92-95.

² A.D.B. Clarke, ‘A Brief History of the International Association for the Scientific Study of Mental Deficiency (IASSMD)’, *Australian and New Zealand Journal of Developmental Disabilities*, 1991, 17(1), pp. 97-107.

³ ASSID archive: Member Interview, 1999, 2000 nos. 13 & 18.

⁴ ASSID archive: Member Interview, 2000, no. 5.

⁵ ASSID archive: Member Interview, 1999, no. 15.

The history will focus on the development of AGSSOMD/ASSID, the changes that occurred in its activities, operations and membership and what influences played a role in its development. The research will also attempt to identify the influence the body had on its members and the broader community. Hence the research also addresses the question: why do such professional groups exist and who do they serve?

The history of ASSID taps into institutional history, as well as educational and medical themes. It contributes to the relatively small historical field of intellectual disability. While it is primarily a history about the structures and politics of an organisation, it is also about community, and as such comprises a social history component .

Why Study Professional Associations?

Certain groups, at particular times in history, seek to promote or protect the ‘best interests’ of those they formed to serve.⁶ The greatest achievements of some groups reside in their role as advocates for, and defenders of, the rights of others. The importance of professional groups can be found in the legacy that they leave for future generations, and in the recognition they achieve for their field, their profession (for example teachers or nurses) and others in the community (such as those with an intellectual disability).⁷ Their importance can lie in the informal and formal educative roles they perform or the networks they promote. Their activities may extend existing knowledge through the dissemination of, and promotion and support for, research, and they can make an impact politically by informing and influencing government policy.⁸

Historians have studied a broad spectrum of professional and specialist groups and found how their development and growth mirrored the growth of science and the emergence of new knowledge. For example, in his history of the Manchester Statistical Society, Selleck looked at the reasons behind the growing interest in statistical work surrounding its establishment in 1833. In a similar vein to the histories on professional groups produced by Sloan and Stevens and Bessant and Holbrook, Selleck contextualised his study by examining the

⁶ J.B. Jefferys, *The Story of the Engineers 1800-1945*, 1945, Lawrence & Wishart Ltd, Foreward.

⁷ Ibid.

⁸ B. Bessant, A. Holbrook, *Reflections on Educational Research in Australia: A History of the Australian Association for Research in Education*, Coldstream Victoria, Australian Association for Research in Education Inc, 1995, pp.27-37; A. James, *Much Writing, Many Opinions: The Making of the Royal Australian Historical Society 1901 to 2001*, Sydney, The Royal Historical Society, 2001, pp. 1-6; E. Cocks, *An Introduction to Intellectual Disability in Australia*, Fyshwick, ACT, Australian Institute on Intellectual Disability, 1998, pp. 4-20.

prevailing social and economic frameworks operating at the time.⁹ The history demonstrates how social science methods first employed by the Society in the 1830s are still relevant today. For example, the first research project commissioned by the Statistical Society was carried out by choosing a topic of contemporary concern, designing a questionnaire, analysing the data and submitting the results to a ‘learned society’, all of which resonates strongly with the emphases in social science research practice today. Selleck also notes the truism inherent in the fact that ‘today’s social scientists endeavour to conduct research which will provide acceptable data upon which policies can be based’ – ‘endeavouring to produce knowledge for the policy-makers to put to use.’¹⁰ The importance of this study is in the way in which it demonstrates how knowledge in social science research was validated.

In *A Century of Concern: A History of the American Association on Mental Deficiency (AAMD) 1876 – 1976*, authors and members, Sloan and Stevens discussed the social and scientific trends that influenced the Association and the impact of the Association in the field of intellectual disability. For example, the name of the association was modified several times to reflect the changing philosophies in the field. Initially, it was an organisation for medical officers of institutions whose aim was ‘pushing the development of institutions in the West’.¹¹ However, the membership was subsequently broadened to allow for the entry of non-medical officers and eventually the body became multidisciplinary in focus and membership. Sloan and Stevens demonstrated that the Association was flexible and responded to changing philosophies and community pressure. This was evident in a shift in ideology (eg for smaller group homes to replace large institutions for people with intellectual disabilities), and also in the Association’s revised stance on issues such as sterilisation and castration.

The authors also demonstrated the breadth of activities undertaken by the Association over the years. These took the form of assisting in developing government policy in the 1960s and testifying in matters related to the rights of people with intellectual disabilities to education and paid work. The authors also explored the growth of the association through the development of separate branches and the relationship of growth to economic trends. For example, in the years of the Depression, there was ‘virtually no growth’, whereas in the 1966-

⁹ Ibid; W. Sloan, H.A. Stevens, *A Century of Concern: A History of the American Association on Mental Deficiency 1876-1976*, Washington, American Association on Mental Deficiency, Inc.

¹⁰ R.J.W. Selleck, *The Manchester Statistical Society and the Foundation of Social Science Research*, *Australian Educational Researcher*, 1989, 16(1), pp. 1-15.

¹¹ W. Sloan, and H.A. Stevens, *A Century of Concern: A History of the American Association on Mental Deficiency 1876-1976*, Washington, American Association on Mental Deficiency,

75 period, significant economic growth coincided with a growth in the number of professionals in the field.¹² Expansion of membership and a name change were also features of ASSID's history as that body changed to reflect a broader community outlook.

Bessant and Holbrook undertook an examination of the Australian Association for Research in Education (AARE), a body concerned with research and education. One of the aims of the study was to explore the impact of research and education in society. Drawing on oral history interviews, archives, personal documents and other correspondence, the history investigates the reasons for the Association's foundations in 1970 and follows its subsequent development, using a 'highly contextualised and interpretive' approach.¹³ Particular emphasis is placed on the growth and influence the association had on its members and on research in education. The formation of the AARE was 'part of a grand plan to oversee educational research in Australia which might lead to the resolution of the main problems facing education in the 1960s'.¹⁴

The findings demonstrated how the AARE was impeded in its aims by lack of government support and recognition of educational research, and how governments are able to control what research is carried out through management structures and 'national guidelines'. Bessant and Holbrook illustrated how educational research indirectly influences government policy, through the media and public opinion. The history identified the key issues and persons driving the decisions made within the Association as well as the practices, changing philosophies and environmental influences that affected its development. The findings also pinpointed issues for consideration by future executive committees - such as whether to pursue greater political influence and seek peak body status.¹⁵ As this history of ASSID will show, the latter are issues which ASSID will also have to consider in the future. Such findings highlight the role that institutional histories can play in the ongoing evolution of the professional group studied. They can be 'living histories'.

In his history of the International Association for the Scientific Study of Mental Deficiency, Clarke discussed the influences that led to the group's formation, such as 'research advances, social and political changes, the evolution of parental pressure groups and the existence of professional associations, most notably the AAMD (American Association on Mental

Inc, pp. 297-305.

¹² Ibid.

¹³ B. Bessant, and A. Holbrook, *Reflections on Educational Research in Australia: A History of the Australian Association for Research in Education*, 1995, p. 11.

¹⁴ Ibid., p. 27.

¹⁵ Ibid., pp. 272-273.

Deficiency)'.¹⁶ Clarke identified the strengths and weaknesses of the Association. One of its main strengths lay in its provision of an international conference as a forum for information exchange, while its weaknesses lay in the burdens placed on the officers who were busy professionals with 'many other demands upon their resources'. The latter would appear to be a common concern of many voluntary organizations.¹⁷ This association had a significant influence on the formation of ASSID and the two groups shared much in common. The findings in both cases identify the importance of the services that professional groups provide and how these can influence and improve the lives of individuals within the client group or the group that the [professionals who are] members serve.

Wiegerink and Pelosi claim that service delivery is difficult to provide from a state level as 'the state is too far removed from the service delivery setting to be adequately sensitive to the client needs'.¹⁸ The Australian Society for the Study of Intellectual Disability is situated between service delivery activity and people with intellectual disabilities, their parents and carers.

The post-war increase in tertiary education in the wake of Sputnik brought about rapid growth of science and technology and more money from the government to pursue research and provide for minority groups. The result was expansion in many areas of research including the social sciences. Discussions on the growth of the welfare state can be found in Bolton and McIntyre's histories of Australia, while Bessant and Holbrook refer to the government funding that was dedicated to increasing science in high schools.¹⁹

Cooter and Pickstone point out in *Medicine in the Twentieth Century*, how the medical profession used its power at the 'phase of optimum growth of the welfare state' to retain the status quo against governments pushing for reforms to the health system.²⁰ In this course of

¹⁶ A.D.B. Clarke, *A Brief History of the International Association for the Scientific Study of Mental Deficiency* (IASSMD), *Australia and New Zealand Journal of Developmental Disabilities*, 1991, 17(1), pp. 97-107.

¹⁷ Ibid.

¹⁸ R. Wiegerink, & J.W. Pelosi, *Developmental Disabilities: The DD Movement*, Baltimore, Paul H. Brookes, 1979, p. 59.

¹⁹ S. Macintyre, *A Concise History of Australia*, Cambridge, Cambridge University Press, 1999, pp. 217-218; G. Bolton, *The Oxford History of Australia*, Vol 5, South Melbourne, Oxford University Press, 1999, pp. 205-229; B. Bessant, & A. Holbrook, *Reflections on Educational Research in Australia: A History of the Australian Association for Research in Education*, Coldstream Victoria, Australian Association for Research in Education Inc, 1995, pp. 10-11.

²⁰ R. Cooter, and J. Pickstone (eds), 'Medicine and the Welfare State 1930-1970' in *Medicine in the Twentieth Century*, Australia, Harwood Academic Publishers, 2000, pp. 125-140.

action, the profession drew on the support of pharmaceutical and insurance companies. With changes in philosophy and the increased involvement of governments in particular areas of health and education, professional groups formed to protect and control vested interests, to direct research and policy, and to raise or protect the status of the professions. Findings such as these are the product of histories that critically examine the course of events and seek multiple perspectives.

Changes in the Writing of Historiography

The 1960s and 1970s heralded changes in social historiography. Prior to this time, historians discussed the development of society in terms of 'progress', and the contribution and experiences of groups such as women, children, members of other cultures and other minority groups were not written into history in any significant way.²¹ This was particularly evident in such areas as educational history and these developments have been written about at length.

The classical tradition in history was deconstructed by revisionist writers in the 1960s and 1970s. The new history set about reconstructing social and political histories in ways that broadened the field and gave ordinary people a voice. It also questioned whose interests were being served in traditional history writing and identified minority groups that were being.²² This point is made explicit by Burke, who explains: 'traditional history offers a view from above...(where) the rest of humanity (is) allocated a minor role in the drama of history'. History from below, on the other hand, investigates 'the view of ordinary people and their experience of social change'.²³ New approaches have produced a genre of history writing which aims to achieve a level of critical analysis previously unknown in the field.²⁴

There has been a growing interest in previously ignored sources of information that assist historians to more fully recreate the past. Asking new questions of the past requires 'new objects of research' and involves the discovery of new sources to meet that aim. Oral history

²¹ P. Burke, Overture: The New History, its Past and its Future, *New Perspectives on Historical Writing*, Cambridge, Polity Press, 1991, pp.1-23.

²² Ibid.; W.F. Connell, Research and Writing in the History of Education in J.P. Keeves (ed), *Australian Education, Review of Recent Research*, Allen & Unwin, pp. 29-65; R. Donato, M. Lazerson, New Directions in American Educational History: Problems and Prospects, *Educational Researcher*, 2000, 29(8), pp. 4-15; Burke, Overture: The New History, its Past and its Future, *New Perspectives on Historical Writing*, Cambridge, Polity Press, 1991, pp.1-23.

²³ P. Burke, *New Perspectives on Historical Writing*, Cambridge, Polity Press, 1991, p. 4.

²⁴ W.F. Connell, Research and Writing in the History of Education in J.P. Keeves (ed), *Australian Education, Review of Recent Research*, Allen & Unwin, 1987, pp. 29-65

is one method of history collection that has grown recently.²⁵ Its importance lies in the way in which it gives ‘people who made and experienced history, through their own words, a central place’.²⁶

Other sources such as imagery in drawings and photographic evidence, material evidence from particular periods, and more recently, statistical records such as population figures, wills, church registers and the like, supply new ways of constructing history. Moreover, existing written evidence is now looked at in new ways for the additional information it can provide.²⁷ For example, previously neglected records such as those of student societies within universities, have been suggested by Beer as a valuable source of information in the writing of institutional histories.²⁸

The Approach Taken in this Study

The researcher is not a member of ASSID or in any way connected to it. She had no existing background in intellectual disability. The history is not a commissioned work, although the body concerned was actively interested in having its history written. The project was taken on as a challenge by the researcher for her Honours project in order to obtain experience as an historian writing the history of an organisation from first principles.

The research questions that guided the study were broadly underpinned by an interest in the role, contribution and impact of professional bodies on the people they form to serve, and the specific role and contribution of the Australian Society for the Study of Intellectual Disability (ASSID). One line of questioning focused on the Society’s development, including policy development and the reasons behind its establishment. Another focused on the membership and the influence of individuals and groups within the body. The third line of questioning explores the nature and success of ASSID’s activities, extending to its contribution to the community.

²⁵ G. McCulloch, and W. Richardson, *Historical Research in Educational Settings*, Buckingham, Open University Press, 2000, p. 48; W.F. Connell, *Research and Writing in the History of Education* in J.P. Keeves (ed), *Australian Education, Review of Recent Research*, Allen & Unwin, 1987, pp. 29-65.

²⁶ L. Douglas and P. Spearritt, in G. Osbourne, & W.F., Mandle (ed), *New History: Studying Australia Today*, Sydney, George Allen & Unwin, 1982, p. 51.

²⁷ P. Burke, *New Perspectives on Historical Writing*, Cambridge, Polity Press, 1991, pp. 12-15.

²⁸ D. Beer, ‘New Sources for the History of Australian Universities’, *History of Educational Review*, 1998, 27(2), pp. 37-49.

A number of sources of data were collected for the study. These included documents from the Association's archive. Minutes of meetings and correspondence were important in determining ASSID's development, and interview transcripts from twenty-one members added emphasis and depth (see Appendix 7 for list of interview questions). The researcher also studied the journal and newsletters, which were helpful in identifying trends in the field and within the association. A questionnaire devised by the researcher and sent to three hundred members including as many ex executive members as possible (see Appendix 8, response rate 81 (27%) members) elicited the opinions and expectations of the body by its members and also identified private archival material and recollections of the foundation years. Private documents were also donated by members largely in response to the questionnaire and a request printed in the newsletter. The researcher also corresponded with some members by email, letter and telephone to seek answers to questions emerging from, or to address gaps in, the documentary material. Background articles, books and journals on intellectual disability both in Australia and overseas were also studied.

The Organisation of the Thesis

In this thesis, Chapters 2 to 4 discuss the Society's formation and development in three periods. The Formative years, between 1964 and 1979 saw important new ideologies emerge in the field of intellectual disability. The decade of the 1980s (Chapter 3) represents a period of increased activity, both in the field of intellectual disability and within ASSID. Chapter 4 focuses on the 1990s, when the level of activity so prominent in the 1980s dissipates in the face of economic rationalism. Chapter 5 concentrates on the services, activities and publications of the Society. Chapter 6 builds on the previous chapters to explore the role and contribution of the Society and to evaluate not only its contribution but also the key influences on its development.

Before moving to chapter 2, however, it is necessary to set the scene with respect to the history of intellectual disability

The History of Intellectual Disability

There have been many changes in language and definitions pertaining to intellectual disability. This has occurred as philosophies throughout the world have changed. Over time people with intellectual disabilities have been seen as objects of pity, as mentally diseased, as trainable but not educable, as a threat to society and latterly, as human beings deserving of the same education and treatment as their non disabled peers.

The Enlightenment period of the late eighteenth and nineteenth centuries represented a time of optimism regarding educational outcomes for people with disabilities. Early educators in the field included Dr J. M. Itard and Dr E. Seguin. Newton dedicates Chapter 4 in *Savage Girls and Wild Boys* to Itard's efforts to educate a boy in the late 1790s. The boy had been found 'running free in the woods'.²⁹ An account of Seguin's treatment using the physiological method is available in *Idiocy*, and Segal in *No Child is Uneducable*, discusses the contribution of both men.³⁰ This period also marked a shift in philosophy away from a reliance on superstition, towards a faith in science. The 'medical model' of care became the dominant paradigm.³¹ Faith in education as treatment was not sustained and the trend shifted to an 'out of sight, out of mind' philosophy', regarding people with intellectual disabilities and they were placed in 'custodial care facilities (in) isolated, rural settings'.³² The image of those suffering from intellectual disabilities thus shifted from them being thought of as educable, to a feeling that they were damaged, dependent people, in need of care.³³

The image drastically altered again with the discovery of intelligence testing early in the twentieth century. With it came the view of intellectual disability as a social problem. People with disabilities were regarded as social misfits, to be measured and contained through a series of social control measures, such as sterilisation and isolation.³⁴

²⁹ M. Newton, 'Radical Innocence', in *Savage Girls and Wild Boys*, London, Faber and Faber, 2002, pp. 98-127.

³⁰ E. Seguin, 1866, *Idiocy: and its treatment by the Physiological Method*, M.K. Simpson (ed), [Online], Available: <http://www.personal.dundee.ac.uk/-mksimpso/Segldio.htm> [Accessed 20 October 2001]; S.S. Segal, *No Child is Ineducable*, 2nd Edition, Oxford, Pergamon Press Ltd, 1974, p. 79.

³¹ E. Cocks, & D. Stehlik., History of Services, in *Disability: A Guide for Health Professionals*, J. Annison, J. Jenkinson, W. Sparrow, E. Bethune (eds), South Melbourne, Thomas Nelson Australia, 1996, pp. 8-30; M.J. Begab, 'The Mentally Retarded and Society: Trends and Issues', in M.J. Begab and S.A. Richardson, (ed), *The Mentally Retarded and Society: A Social Science Perspective*, Baltimore, University Park Press, 1975, p. 5; M., Newton, *Savage Girls and Wild Boys: A History of Feral Children*, London, Faber and Faber, 2002, p. 115.

³² M.J. Begab, 'The Mentally Retarded and Society: Trends and Issues', in M.J. Begab and S.A. Richardson (ed), *The Mentally Retarded and Society: A Social Science Perspective*, Baltimore, University Park Press, 1975, p. 5.

³³ Ibid, E. Cocks, D. Stehlik., History of Services, in *Disability: A Guide for Health Professionals*, J. Annison, J. Jenkinson, W. Sparrow, E. Bethune (eds), South Melbourne, Thomas Nelson Australia, 1996, pp. 8-30; M.S. Crissey, Mental Retardation: Past, Present and Future, 1975, *American Psychologist*, 30: pp. 800-808.

³⁴ Ibid; R. Rodwell, Curing the Precocious Masturbator: Eugenics and Australian Early Childhood Education, 1900-1939, *Journal of Australian Studies*, 1998, 59, pp. 82-92.

Research has shown that the 1928 Depression and the Second World War provided impetus for further changes in how intellectual disability was perceived. In *The Mentally Retarded and Society*, Begab and Richardson discuss the impact of intelligence testing on war veterans and how men who had been tested and classified as having an intellectual disability, displayed none of the traits identified in earlier research which defined such a disability. Adjusting to civilian life, they were seen to be 'economically self-sufficient, socially responsible, and law abiding'. The return of veterans, who were 'dislocated and disabled', provided the impetus for a return to a philosophy of humanitarianism for those with disabilities.³⁵

There are many histories of intellectual disability which have documented the changing definitions and terminologies used to describe people with intellectual disabilities. In the past, terms such as 'moron', 'imbecile' and 'idiot' were used and considered appropriate, as is amply demonstrated in Dwyer's *Homes for the Mad: Life Inside Two Nineteenth-Century Asylums*, Gelb's 'The Moral Imbecile and the Moron: Nineteenth Century Origins of Educable Mental Retardation', and Wright and Digby's, *From Idiocy to Mental Deficiency*.³⁶

In their chapter *Doctors, Psychologists and Educators: The Professions and Intellectual Disability*, in *Under Blue Skies: The Social Construction of Intellectual Disability in Western Australia*, Carman-Brown and Cox argue that this time also saw 'the peak of psychology' as it was these professionals who were employed to administer intelligence tests.³⁷ Previously, medical physicians had been the predominant professionals in health care service provision.³⁸

³⁵ M.J. Begab, 'The Mentally Retarded and Society: Trends and Issues' in M.J. Begab and S.A. Richardson, (eds), *The Mentally Retarded and Society: A Social Science Perspective*, Baltimore, University Park Press, 1975, pp. 5-8; K. Carmen-Brown and C. Fox., *Doctors, Psychologists and Educators: The Professions and Intellectual Disability*, in E. Cocks, E. Fox, C. Brogan M. Lee, M. (ed), *Under Blue Skies: The Social Construction of Intellectual Disability in Western Australia*, Optima Press, Centre for Disability Research and Development, Western Australia, Edith Cowan University, 1996, p. 214; E. Cocks, D. Stehlik., History of Services, in *Disability: A Guide for Health Professionals*, J. Annison, J. Jenkinson, W. Sparrow, E. Bethune (eds), South Melbourne, Thomas Nelson Australia, 1996,

³⁶ E. Dwyer, *Homes for the Mad: Life Inside Two Nineteenth-Century Asylums*, New Brunswick, Rutgers University Press, 1987; S.A. Gelb, 'The Moral Imbecile and the Moron: Nineteenth Century Origins of Educable Mental Retardation', New Orleans, Paper presented at the AERA, 1988; D. Wright, A. Digby, (eds), *From Idiocy to Mental Deficiency*, London, Rutledge, 1996.

³⁷ E. Cocks, D. Stehlik., History of Services, in *Disability: A Guide for Health Professionals*, J. Annison, J. Jenkinson, W. Sparrow, E. Bethune (eds), South Melbourne, Thomas Nelson Australia, 1996, pp. 8-30.

³⁸ Carmen-Brown, K. & Fox. C., 'Doctors, Psychologists and Educators: The Professions and Intellectual Disability', in E. Cocks, E. Fox, C. Brogan M. Lee, M. (ed), *Under Blue Skies: The Social Construction of Intellectual Disability in Western Australia*, Optima Press, Centre for Disability Research and Development, Western Australia, Edith Cowan University, 1996.

The next major trend in the disability field was during the 1960s, when a number of important developments occurred. New human service principles emerged, such as those of ‘normalisation’, regarding the care of people with disabilities. The concept originated in the Scandinavian countries, by pioneers, Niels Erik Bank-Mikkelsen and Bengt Nirje. The guiding criterion for the concept was for people with disabilities to lead a life resembling, as closely as possible, that of their non-disabled peers.³⁹

The 1960s also witnessed a surge in human rights movements and this encompassed disadvantaged groups such as people with intellectual disabilities. A key player in the push for reform was President Kennedy, who appointed a special Committee to investigate the status of people with intellectual disabilities and develop programmes to better improve their situation.⁴⁰ Struggles in America centred on a better deal for minority groups and the oppressed, such as black Americans, women and people with disabilities. In Australia, the advocacy influence for people with disabilities came from the civil rights movements in America as well as the ‘post-war parent movement’, the latter which involved parents who wanted a better deal for their children with disabilities. In the 1970s and 1980s the advocacy movement resulted in legislation being passed to protect people with disabilities. It also resulted in the establishment of advocacy bodies in most Australian States.⁴¹

The combination of factors discussed above, resulted in a number of strategies being developed to improve service in different States. Subsequent recommendations in the 1980s saw the closure of many large institutions and the transfer of people with intellectual disabilities to community-based services.⁴²

According to the National Council on Intellectual Disability (NCID), formerly the Australian Association for Mental Retardation (AAMR), 450,000 people or 2.5% of the Australian

³⁹ W. Wolfensberger, *The Nature and Origins of our Institutional Models*, Syracuse, 1975, Human Policy Press, pp. 1-17; J. Briton, Behaviour Modification, Normalization and Person-Orientedness, *The Australian Journal of Mental Retardation*, 1977, (4)8, pp.4-12; E. Cocks, *An Introduction to Intellectual Disability in Australia*, Third Edition, Joondalup, Western Australia, 1998, pp.25-31; R.C. Scheerenberger, *A History of Mental Retardation*, Baltimore, Paul H Brookes Publishing Co, 1983, p. 251.

⁴⁰ L. Stella, ‘Normalisation and Beyond: Public Sector Residential Care 1965-1990 in Cocks, E., Fox, C., Brogan M., Lee, M., (ed), *Under Blue Skies: The Social Construction of Intellectual Disability in Western Australia*, Optima Press, Centre for Disability Research and Development, Western Australia, Edith Cowan University, 1996, pp. 92-136.

⁴¹ E. Cocks, D. Stehlik., History of Services, in *Disability: A Guide for Health Professionals*, J. Annison, J. Jenkinson, W. Sparrow, E. Bethune (eds), South Melbourne, Thomas Nelson Australia, 1996, pp. 8-30.

population have an intellectual disability and approximately 196,000 are profoundly disabled. NCID have identified that over 13,000 of people with intellectual disabilities 'are in crisis and in urgent need of daily living support'.⁴³

Many of the histories that have been written focus on the role of psychiatry and psychology in the social construction of intellectual disability. However, the 1990s witnessed a significant growth in the number and scope of historical publications about intellectual disability suggesting a surge of interest. Much of this work comes from America and the United Kingdom. Very little has been produced about Australia. Histories that are concerned with professional associations in the field of intellectual disability are few.

The Australian Society for the Study of Intellectual Disability was a body that formed in the 1960s when normalization ideologies began to emerge from overseas. Histories, such as Sloan & Stevens' *A History of Concern*, which followed the development of the American Association on Mental Deficiency, and Alan Clarke's *A Brief History of the International Association for the Scientific Study of Mental Deficiency (IASSMD)*, written to commemorate twenty-five years of congresses, have demonstrated the impact professional groups such as these have had on perceptions of, and practices in, intellectual disability. The study of such groups in Australia is important, therefore, not only to assess their impact on the field in this country, but in order to compare developments in Australia and overseas.

⁴² Ibid.

⁴³ National Council on Intellectual Disability, 1999, 'About People with Intellectual Disability' [Online], Available: <http://members.ozemail.com.au/~ncid/taxreform.html> [Accessed 4 November 2002].

CHAPTER 2

The Formative Years

1964-1979

Introduction

In the 1960s there were new scientific discoveries in the field of intellectual disability, such as the discovery of the extra chromosome (trisomy 21) in Down Syndrome, which were responsible for a surge of interest in the field, both overseas and in Australia.⁴⁴ In this climate the International Association for the Scientific Study of Mental Deficiency was formed and held its first congress in 1964. This conference provided the impetus for the formation of the Australian Group for the Scientific Study of Mental Deficiency (AGSSOMD). This chapter explores the first fifteen years of the association from its formation in 1964 to the end of the 1970s. It is the first in a series of three chapters that are devoted to an examination of the structure, membership and policies of the body that was ultimately to become the Australian Society for the Study of Intellectual Disability (ASSID). The chapters also highlight key events in its history and provide an outline of its activities. These activities are further fleshed out in Chapter 5.

The Inaugural Meeting

The inaugural Congress of the International Association for the Scientific Study of Mental Deficiency (IASSMD) was held in Copenhagen, Denmark in 1964. Among those in attendance was a contingent of Australians, working in the field of intellectual disability. Membership of the international association was open to ‘national organizations concerned with the scientific study of mental deficiency’. There was no similar Australian body at that time. On 8 August, during the conference, fifteen Australian delegates convened a special meeting at the Denmark’s Tekniske Højskole in order to elect a Steering Committee to prepare a ‘more formal inauguration’ for an affiliated organisation in Australia. The Steering Committee comprised Dr Alan Jennings, Dr David Pitt and Mrs Thelma McConnel.⁴⁵

⁴⁴ A.D.B. Clark, A Brief History of the International Association for the Scientific Study of Mental Deficiency (IASSMD), *Australian and New Zealand Journal of Developmental Disabilities*, 1991, 17(1), pp. 97-107.

⁴⁵ Dr. D. Pitt, private archive: A.N., Jennings, President, Australian Group for the Scientific Study of Mental Deficiency, Melbourne, Proceedings of Fourth Annual Interstate Conference, J.D. Van Pelt, (ed), 1965, p. 1, ASSID archive: Member Interview, 2000, no. 21.

Conferences in the area of Mental Retardation/Mental Deficiency had been hosted by the New South Wales Department of Health in 1962 at the North Ryde Psychiatric Centre, and in 1963, at the Broughton Hall Day Hospital in Sydney (Pitt, private archive; Conference proceedings, 1962, 1963, 1964).⁴⁶ Another was scheduled, again at Broughton Hall, in November 1964, three months after the Denmark Congress. This conference attracted five hundred participants and all of the speakers had attended the International forum. The membership of the Steering Committee elected in Denmark was enlarged to include Dr J Covernton, Dr G Hamilton and Dr W Crowther. This move secured representation from five States. The key outcome of the meeting was the decision to hold an inaugural conference of the new Australian organisation in Melbourne from 20 – 23 October 1965.⁴⁷

A Programme Committee, comprising Drs David Pitt, Dennis Maginn, Alan Stoller, Professor Elwyn Morey and Mr Keith Cathcart was formed to plan the Inaugural Meeting, which was held on the last day of the Fourth Annual Interstate Conference on Mental Deficiency in 1965 (the first under the auspices of the new body). At this time, a Constitution was submitted by the Steering Committee and the Australian Group for the Scientific Study of Mental Deficiency (AGSSOMD) was formally established (see Appendix 1 for the text of the Constitution). One hundred and eighteen people attended the inaugural conference, 92 from Melbourne and 26 from interstate⁴⁸ (Appendix 2). The conference was referred to as “truly a national meeting to promote communications between a wide range of professions and disciplines which approach the multifaceted subject from many directions”.⁴⁹

The term ‘Group’ (as opposed to ‘Association’ which was used by the International body), came from a suggestion made at this conference. The idea ‘caught on’, and ‘Group’ was incorporated into the name.⁵⁰

⁴⁶ Dr. D. Pitt, private archive: Proceedings of the 1st, 2nd, 3rd Annual Interstate Conferences on Mental Deficiency, Department of Public Health, New South Wales, 1962, 1963, 1964.

⁴⁷ Margaret Andersen private archive: AGSOMD Newsletter, May 1965; A. Ashman, History of the Australian Society for the Study of Intellectual Disability (for the bid by the QLD Branch to host the 1992 International Congress); National Australia Library archive: AGSOMD Newsletter, no. 17, December 1975.

⁴⁸ National Australia Library archive: AGSOMD Newsletter, May 1965; Dr. D. Pitt private archive: A.N. Jennings, President, Australian Group for the Scientific Study of Mental Deficiency, Melbourne, Proceedings of Fourth Annual Interstate Conference, J.D. Van Pelt, (ed), 1965, p. 1.

⁴⁹ Dr. D. Pitt private archive: A.N. Jennings, President, Australian Group for the Scientific Study of Mental Deficiency, Melbourne, Proceedings of Fourth Annual Interstate Conference, J.D. Van Pelt, (ed), 1965, p. 1.

⁵⁰ Telephone conversation between Dr. D. Pitt and researcher, 6 November 2002.

Duties and Composition of the Executive Council

The Executive Council of AGSSOMD was composed of a President, Vice-President, Treasurer and Secretary. The Constitution was such that the President and Vice-President were restricted to a period of office of two consecutive years. The Treasurer and Secretary served until a successor was elected. A maximum of two members from the States of New South Wales, Victoria, South Australia, Queensland and Western Australia and no more than one member from Tasmania, the Northern Territory, the Australian Capital Territory and the Territory of Papua-New Guinea could serve simultaneously. A total of eight members from different States, completed the Council and a number of committees were formed. These were the Research, Membership, Publications, Finance, and Programme Committees.⁵¹

The President's main duties were to conduct Council meetings and call special meetings of Council or officers as required. The President was also an ex-officio member of all committees representing AGSSOMD and was the representative in matters of public relations.⁵² The Vice-President's role was to act as Chairman of the Membership Committee and perform other duties assigned by Council or the President. The Treasurer was originally responsible for the supervision of all matters financial, however, the collection of membership fees subsequently became the duty of an elected Registrar. It was the Secretary's role to arrange annual meetings and the auditing of accounts, take minutes of meetings, handle correspondence, and perform other duties set down by Council or the President.⁵³ The office bearers for the first Council of AGSSOMD are presented in Table 2.1

The Constitution allowed for additional 'ad hoc' committees to be formed as needed. Officers and councillors were elected annually and nominations were submitted in writing by two members. The original Constitution allowed for the appointment of Honorary Officers, elected by a two-thirds vote of members of the Council. Such officers would be 'persons who have earned high distinction by scientific or practical contribution to the field of mental deficiency or allied fields'.⁵⁴

⁵¹ Dr. D. Pitt private archive: Constitution and By-Laws of the Australian Group for the Scientific Study of Mental Deficiency, in Fourth Annual Interstate Conference on Mental Deficiency, J.D. Van Pelt (ed), Melbourne, 1965, pp. 92-100.

⁵² Dr. D. Pitt private archive: 4th Annual Conference on Mental Deficiency, 1965, By-Laws of AGSSOMD, pp 92-95, and 5th Annual Interstate Conference on Mental Deficiency, 1966, p.97.

⁵³ Dr. D. Pitt private archive: Constitution and By-Laws of the Australian Group for the Scientific Study of Mental Deficiency, in Fourth Annual Interstate Conference on Mental Deficiency, JD Van Pelt (ed), Melbourne, 1965, pp. 92-100.

⁵⁴ Dr. D. Pitt private archive: Constitution and By-Laws of the Australian Group for the Scientific Study of Mental Deficiency, in Fourth Annual Interstate Conference on Mental

AGSSOMD was run on a wholly voluntary basis. Voluntarism is a common characteristic of non-profit and professional organisations.

Table 2.1: First Council for the Australian Group for the Scientific Study of Mental Deficiency

President	Dr Alan Jennings
Vice-President	Mr Keith Cathcart
Secretary	Dr David Pitt
Treasurer	Mrs Thelma McConnel
Members	Associate Professor Elwyn Morey (VIC) Dr Judith Dey (NSW) Miss M Mills (NSW) Dr J Covernton (SA) Mrs P Kaufmann (SA) Dr Guy Hamilton (WA) Miss D Cooper (TAS) Mr J Van Pelt (ACT)
<u>Chairman of Committees</u>	
Research	Dr Brian Turner (NSW)
Membership	Mr Keith Cathcart (VIC)
Publication	Dr Alan Jennings (NSW)
Finance	Mrs Thelma McConnel (QLD)
Programme	Mrs T McConnel (QLD)

The Link between Aims and Membership

The purpose of AGSSOMD was to promote the scientific study of mental deficiency, through a multidisciplinary approach ... serve as a medium for deliberation, for exchange of ideas, knowledge, skills and experience, and for compilation and dissemination of information... In furtherance of their purpose, the group aimed to:

- A: Serve as a medium for deliberation, for exchange of ideas, knowledge, skills, and experience, and for compilation and dissemination of information.
- B: Organise congresses, conferences, and regional seminars.

C: Encourage research in the field of mental deficiency, including causes, prevention, diagnosis, evaluation, therapy, management, education and social habilitation of the mentally deficient.

D: Receive, use, hold and apply any contributions, bequests or endowments, or he proceeds thereof, in furtherance of such purposes.

E: Provide such other services and develop such other functions as are compatible with the purposes set forth in this Article.⁵⁵

Membership of AGSSOMD was open to those working in the field of intellectual disability who possessed a tertiary education qualification such as a degree, diploma or certificate. Annual General Meetings (AGM's) were held to coincide with the National Conference. At these meetings, the National Council for the subsequent year was voted in and the first Council Meeting for the following year was held shortly after that.⁵⁶

Amendments to the Constitution were made in 1969, primarily to allow for the formation of State Branches and to extend the membership to include a category of 'Associate' member.⁵⁷ This category was opened to persons working in the field of intellectual disability who were training for a tertiary qualification, or who had the responsibilities and skills thought by Council, to have 'like merit'.⁵⁸ The category of Associate membership was later converted into Ordinary membership.⁵⁹

On 11 June 1975, AGSSOMD became registered as a non-profit company because of the need to limit each member's liability.⁶⁰ This was one change wrought on the basic operations of the body by revisions and reforms in legislation. Other such changes in later years included the implementation of the GST. The impact of such developments could threaten the operations of voluntary groups but in the case of AGSSOMD/ASSID, mostly caused irritating administrative difficulties.

⁵⁵ Ibid.

⁵⁶ National Australia Library archives: AGSOMD Newsletter, September 1974, No. 12; Newsletter Supplement, June 1975.

⁵⁷ National Australia Library: AGSOMD Newsletter, December 1975.

⁵⁸ *The Australian Journal of Mental Retardation*, 1970, 1(1);2.

⁵⁹ This category of Associate membership differs significantly to the Associate membership category introduced in the 1990s which allowed for people with intellectual disabilities, their families and carers to become members.

⁶⁰ National Australia Library archive: AGSOMD Newsletter, December 1975; ASSID Newsletter, 1995, 16, (1), p 3.

A common concern to most non-profit organisations is the ability to attract and retain members. This was a common theme throughout AGSSOMD's development. In the first few years, however, membership grew steadily, from 58 members in May 1965 to 192 in December 1967. In June 1968, the figure had decreased slightly to 182 members. By 1975 however, AGSSOMD had over 600 members and by 1979-1980, membership was just below 800 (Table 2.2).⁶¹

Table 2.2 denotes membership in the years 1975-1979. All States except South Australia experienced increases and there was a small gain in overseas membership. The State of New South Wales had by far, the fastest growing membership.

Table 2.2: Membership of AGSSOMD 1975-1979

	NSW	QLD	SA	VIC	TAS	ACT	WA	O/S
1975	162	70	97	160	28	33	65	4
1979	252	95	96	186	45	37	74	8

The Composition of the Membership

Over the years, AGSSOMD/ASSID has been perceived as an elitist organisation and this perception has persisted to some extent. There may be at least two reasons to account for this. Firstly, the original constitution opened membership only to those working in the field of intellectual disability who already possessed a tertiary qualification. Secondly, according to reports, the early conferences were 'a very medical orientated thing because all the senior people were doctors'.⁶² The content of the very early conferences did have a distinct medical focus, although this emphasis was short-lived and topics relatively quickly broadened into other areas, such as the education and habilitation of people with disabilities.⁶³

The affiliations of those who attended the first conference under the auspices of the Australian Group for the Scientific Study of Mental Deficiency can be seen in Appendix 3. An analysis of these affiliations revealed that of the 118 members who attended, 43 came from an

⁶¹ National Australia Library archive: AGSOMD Newsletter, May 1965; Secretary's Report 1982/1983 in February 1984 AGSOMD Newsletter; 1982/1983 Secretary's Report in February 1984 Newsletter.

⁶² ASSID archive: Interview no. 19.

⁶³ ASSID archive, Member Interview, 2000, no. 19; Dr. D. Pitt private archive: Proceedings of 1962-1967 Annual Interstate Conferences, J.D. Van Pelt (ed).

academic/educational background, 38 could be positively identified as medical practitioners, 13 were psychologists, 12 came from within the nursing and allied health sector, there were 5 directors, 2 inspectors and one of each in the following categories: surgeon, dental surgeon, mental survey tester, librarian and reader (Appendix 3).

Table 2.3 presents the professions of the first National Council of AGSSOMD. Here it can be seen that of the twelve members of the Council, five were medical practitioners, and of those five, two held the very senior positions of President and Secretary. Moreover, their number did represent the largest group on the Executive. This analysis and the one above clearly indicates that even though medical professionals did not make up the majority of members in the early years, or even the majority of members on the National Council, those who did come from a medical background were holding key positions within the group and likely to be influential.

Table 2.3: Professional Groupings of the First Council Members – 1965

Profession	No	Name	Council Role	State
Medical Practitioners	5	Dr Alan Jennings	President	NSW
		Dr David Pitt	Secretary	VIC
		Dr Judith Dey	Member	NSW
		Dr Guy Hamilton	Member	WA
		Dr J Covernton	Member	SA
Principal	2	Mrs T McConnel	Treasurer	QLD
		Mrs P Kaufmann	Member	SA
University Academics	2	A/Prof Elwyn Morey Miss D Cooper	Member Member	VIC TAS
Professor of Education Lecturer in Psychology				
Inspector	1	Mr Keith Cathcart	Vice-President	VIC
Social Worker	1	Miss M Mills	Member	NSW
Librarian	1	Mr J Van Pelt	Librarian	ACT

AGSSOMD's Executive Council during the first ten years of its existence comprised a number of professions (See Appendix 4). Of the fourteen members who held executive positions, there were three psychiatrists, two paediatricians, one psychologist, one Inspector of Mental Deficiency Services, one Director of Nursing, three Principals of Centres or Heads of School and one Professor of Education. The professions of two of the fourteen members

could not be identified. Of the affiliations, only five of the twelve members whose professions could be identified had medical degrees. This analysis provides evidence that the composition over the ten year period was varied and moved towards encompassing a wide range of professions, which included education and nursing. AGSSOMD was pursuing its stated aim of employing a 'multi-disciplinary approach' in the promotion of scientific study in the field.⁶⁴

Establishing Branches

The foundation of AGSSOMD was followed within its first few years by the establishment of State Branches. By 1967, there were Branches in Western Australia and South Australia, and Victoria followed in 1968. By 1970 Branches had been established in all States and the ACT. Each Branch had its own Executive Committee and representatives on the National Council.

The structure of the establishment of some Branches differed from that of the national body and were initially established with the name of the State before the AGSSOMD title, such as in Victoria and South Australia. The Branch in Western Australia held its inaugural meeting on 22 April 1967 and largely adopted the Constitution and By-Laws of those of the national body with one major exception; members of the same disciplines in that state could not follow each other into Senior Offices. This rule was instituted to prevent a bias on the Committee towards one or another discipline.⁶⁵

The Victorian Branch originally took as its title the Victorian Group for the Scientific Study of Mental Deficiency (ViGSSOMD), on 24 June 1968. However, at a meeting of the Victorian members at St Nicholas Hospital, Carlton on 4 March the following year, the branch changed its name to the Australian Group for the Scientific Study of Mental Deficiency, Victoria Branch.⁶⁶ This was also true in South Australia, where the Branch originally began as SAGSSOMD but subsequently changed to adopt the National group's title.

The different activities in which the branches were involved indicate a broad scope of interest as the following examples demonstrate: The Queensland Branch held its inaugural meeting on 22 April 1970, where Dr Gordon Urquhart gave an address on 'Hostels for the

⁶⁴ Dr. D. Pitt private archive: Constitution and By-Laws of the Australian Group for the Scientific Study of Mental Deficiency, in Fourth Annual Interstate Conference on Mental Deficiency, J.D. Van Pelt (ed), Melbourne, 1965, pp. 92-100.

⁶⁵ National Australia Library archive: AGSOMD Newsletter, no. 17, December, 1975, March 1976; Dr. D. Pitt private archive: Conference Proceedings (1969).

⁶⁶ National Australia Library archive: AGSOMD Newsletter, December, 1975, March 1976;

Intellectually Handicapped'.⁶⁷ Discussion on this topic centred around staffing and staff training and whether or not hostels should be the responsibility of Government instrumentalities or non-Government organisations. The 1970 agenda for the Queensland Branch was to recruit new members and encourage them to attend the Conference in South Australia.⁶⁸

The early days of the ACT Branch in the late 1960s and early 1970s were remembered as 'busy, exciting days', when members would phone each other 'for unofficial, informal, off the record exchanges of ideas and information' and 'would send each other draft documents, in confidence or otherwise, (and) comment on each other's proposals to introduce or amend legislation'.⁶⁹

Such comments indicate, and further attention will be given to this issue later in the thesis, that, at least some members, and perhaps even all or some in particular branches, from the beginning, viewed AGSSOMD as a forum for influencing government policy. On the other hand, AGSSOMD's future role as a lobbyist group, may have been due to the fact that some members were in a position to individually influence or introduce legislation in their State.

Branch Committees acted in an advisory capacity to the National Council Committee members on branch affairs. Members were elected to Branch Committees by members in that State. The members of the committee then elected councillors from each State to form the officers of the National Council.

Branches were funded from a number of sources:

- a) per capita grant on membership, set each year at the AGM of AGSSOMD (\$2.00 per member)
- b) The organisation of Branch functions in the form of seminars, workshops and training groups, with a registration fee sufficient to cover costs and make a profit.
- c) By organising the National Conference on a rotational basis. The organising Branch retained 15% of any profit made (this stipulation was later changed to 25% in 1991)
- d) By holding fund raising social events.

Dr. D. Pitt private archive: Conference Proceedings (1969).

⁶⁷ Notes and News, *The Australian Journal of Mental Retardation*, 1970, 1(2), p.65.

⁶⁸ Notes and News, *The Australian Journal of Mental Retardation*, 1970, 1(2), p.65.

⁶⁹ ASSID archive: Interview no. 11.

e) By applying to the National Council for seeding grants to hold state conferences, seminars, workshops and educational events.⁷⁰

Branches were responsible for conducting their own management and activities within the rules of the Constitution. Most held regular meetings, either monthly or quarterly, and organised programmes and speakers for their social events. Branch Committee members were required to submit programmes of Executive Meetings to the National Secretary every six months, hold an executive meeting two weeks prior to each National Council Meeting; submit half yearly reports of their activities to the Editor for inclusion in the National Newsletter; submit a yearly budget plan, and provide a statement of their income and expenditure.⁷¹

Setting the Course

In 1965, letters were written to organisations such as The Royal College of Physicians, the Victorian Council of Social Service, the Australian Association of Social Workers, the Australian Council for the Mentally Retarded, the Australian Council for Educational Research, the Mental Health Authority of Victoria, the Australian and New Zealand College of Psychiatrists, the Australian Paediatrician Association, and the New South Wales Council for the Mentally Retarded, informing them of the existence and purpose of AGSSOMD. Application was also made at this time for affiliation with the International Association for the Scientific Study of Mental Deficiency.⁷² In the early 1970s, two Sub-Committees were set up to investigate ways in which AGSSOMD could become more involved with neighbouring countries and to that end, in 1975, AGSSOMD became a member organisation of the Asian Federation.⁷³

In the 1960s and 70s AGSSOMD concentrated on issues such as medical education, for example, training for workers in the field of intellectual disability. Dr G Hamilton and Dr A Hockey, two AGSSOMD members, raised the question of whether newly qualified physicians realised the 'size, the scope and the variety of the problems of mental deficiency, not only

⁷⁰ Margaret Andersen private archive: Affiliation of State Branches, in Aims and Objectives of ASSID, undated document; Letter from Margaret Anderson, National Secretary to State Presidents and Secretaries, 30 May 1992.

⁷¹ National Australia Library archive: AGSOMD Newsletter, December 1975; Margaret Andersen private archive: List of Current Council Resolutions, 7 July 1986.

⁷² National Australia Library archive: Newsletter, May 1965.

⁷³ National Australia Library archive: AGSOMD Newsletter, no. 14, March 1975.

from its purely medical aspects, but from social, psychological and educational points of view'.⁷⁴

Research in the area of intellectual disability was given a boost when in 1967 the 'Apex Foundation for Research into Mental Retardation' was established and four AGSSOMD members, Dr A Stoller, Dr E Cunningham Dax, Dr D Pitt and Dr R Galbally were elected as Directors.⁷⁵ In 1969, the Foundation issued grants totalling \$9,830 for research in the area of intellectual disability. Examples of the type of research for which the grants were issued gives an indication of the interests prevalent during this period. Recipients included: Dr DM Danks, from the Royal Children's Hospital in Melbourne for the 'Development of screening techniques for Inborn Errors of Metabolism'; Dr R Freeman, from the Prince of Wales Hospital in Sydney for research into 'Blood and urine lead in normal children (without pica), in children with pica and mentally retarded children'; Dr GM Turner of Grosvenor Hospital in New South Wales for 'Assessment of genetic risk rates in a population of retarded children' and Mr D Efraemson, of the Children's Unit, North Ryde Psychiatric Centre in NSW for 'Self-stimulating behaviour in autistic, retarded and normal children.'⁷⁶

A Forum for Discussion

From the beginning the national conferences have played a key role in the organisation's development. Held annually, the national conferences, along with AGSSOMD/ASSID's Journal, have enabled the group to disseminate knowledge in the field of intellectual disability.

Attendance at the first three conferences is indicated in Table 2.4.⁷⁷ Attendance at the Brisbane conference in 1966 did not match that of the inaugural conference in 1965. However, by 1967 attendance had exceeded the inaugural conference by 68 (63.5%), with the Sydney conference drawing the largest attendance.

⁷⁴ Dr. D. Pitt private archive: G. Hamilton, A. Hockey, 'Medical Education Concerning Mental Deficiency' in AGSOMD Bulletin, 1969, 1(3); ASSID archive: Secretary's Report, 1969/70.

⁷⁵ National Australia Library: AGSOMD Newsletter, No. 9, December 1967.

⁷⁶ Dr. D. Pitt private archive: AGSOMD Bulletin, 1969, 1(5), p. 7.

⁷⁷ National Australia Library archive: AGSOMD Newsletter, 1966, No 6, 1966, No 9, 1967.

Table 2.4: Conference Attendance Numbers 1965 – 1967

	Local	Interstate	New Zealand	Total
Melbourne 1965	92	26		118
Brisbane 1966	47	40		87
Sydney 1967	137	41	8	186

Mr Niels Erik Bank-Mikkelsen, Director of Danish Services for the Mentally Retarded, presented a topic at the 1967 conference on ‘Preparing the Mentally Retarded for Adult Life’.⁷⁸ Bank-Mikkelsen is given credit by some members of AGSSOMD/ASSID for having had ‘the biggest influence’ in changes to models of care for people with intellectual disabilities.⁷⁹

An Architectural Section was included in the Conference Proceedings in 1967. It was hoped that this section would be expanded at future conferences, to cater for the growing interest in the physical environment on mental health and well being.⁸⁰ There is no evidence available to determine if this section was continued at any future conferences.⁸¹ Proceedings of Conferences were published and made available for sale.⁸²

In 1979, AGSSOMD held its first joint conference with the Australian Association of Mental Retardation (AAMR), a group established in the 1960s ‘by parents and friends in an endeavour to improve the quality of life of people with intellectual disabilities’.⁸³ This led to the first commercially published proceedings in the history of the association. The publication, ‘Preparation For Life’, was edited by Trevor Parmenter and Greg McIntyre. Every paper at that conference was invited.⁸⁴

⁷⁸ Dr. D. Pitt private archive: Proceedings of the 6th Annual Interstate Conference on Mental Retardation, Australian Group for the Scientific Study of Mental Deficiency, J.D. Van Pelt (ed), Sydney, 1967.

⁷⁹ ASSID archive: Interview no 15.

⁸⁰ Dr. D. Pitt private archive: Proceedings of the 6th Annual Interstate Conference on Mental Retardation, Architectural Section, L. Kristensen and the Publications Committee (eds), 1967.

⁸¹ Dr. D. Pitt private archive: Proceedings of the 4th, 5th and 6th Annual Interstate Conferences on Mental Deficiency, 1965, 1966, 1967.

⁸² Dr. D. Pitt private archive: AGSOMD Bulletin, 1965, 1(5), pp. 2-11.

⁸³ National Council on Intellectual Disability, [Online], Available: <http://members.ozemail.com.au/~ncid/taxreform.html>.

⁸⁴ ASSID archive: Member Interview, 2000, no. 4; Margaret Andersen private archive: New South Wales Branch Newsletter, Developmental Disabilities, 1988, 4,(2).

In 1966, the possibility of hosting the 1973 International Conference at the new Sydney Opera House was raised.⁸⁵ However, it was not until 1992 that the International Group held a Congress in Australia.

The national conferences were popular and well attended. They provided an important avenue for dissemination of knowledge in the area of intellectual disability. Other such avenues were the group's Journal and newsletter.

Journal and Newsletter

The first Newsletter for the Australian Group for the Scientific Study of Mental Deficiency was produced in May 1965. It was used to inform members of AGSSOMD's activities. The first Newsletters were edited by Dr David Pitt and the first Business Manager was Dr Dennis Maginn. Originally, Newsletters were presented in a simple two-page format and produced up to three times a year.⁸⁶ A more sophisticated 'Bulletin' was subsequently produced and distributed to the membership of more than 200 in December 1968.⁸⁷ In 1966 the sub-title of AGSOMD, as opposed to AGSSOMD, was adopted as an abbreviated version of the title.⁸⁸ Members were requested to submit articles of up to 1500 words, book reviews and abstracts from the literature for inclusion. Hopes for the Bulletin were high. Standing in for Dr D Pitt as Editor for the June Bulletin in 1969, Dr D Maginn's editorial comment expressed this: He said, in part: 'with continued support of members it is reasonable to expect that it will soon reach a standard equal to that of other Journals of Mental Retardation'.⁸⁹

In March 1970 the Bulletin was replaced by the first edition of The Australian Journal of Mental Retardation.⁹⁰ Maginn became first Editor of the Journal, and was credited as the 'moving spirit' behind the development. (See Appendix 6).⁹¹ Published quarterly in March, June, September and December, the Journal's material derived from published papers presented at the Annual Conferences, submitted articles, abstracts and items of interest to members. The Journal was distributed to libraries and members overseas, as well as to Australian members, by staff at the Children's Kew Cottages Training Centre. A part-time

⁸⁵ National Australia Library archive: AGSOMD Newsletter, 1955, no 6.

⁸⁶ National Australia Library archive: AGSOMD Newsletter, May 1965, August, 1966.

⁸⁷ National Australia Library archive: AGSOMD Newsletter, December 1975,

⁸⁸ National Australia Library archive: AGSOMD Newsletter, May 1965, August, 1966.

⁸⁹ Dr. D. Pitt private archive: AGSOMD Bulletin, June, 1969, 1(3), p. 3.

⁹⁰ Dr. D. Pitt private archive: AGSOMD Bulletin, 1969, 1(5), p. 3; Member Interview with D. Maginn.

⁹¹ Dr. D. Pitt private archive: AGSOMD Bulletin 1969,1(5), p. 3.

clerical assistant, Mrs Elvira Seidurs, was employed by Council to help with bulk mailings. By August, 1974, around 900 journals were being mailed each quarter.⁹²

The evolution of the original Newsletter into the Journal left a void which was filled by the reintroduction of a quarterly Newsletter for members only. Over the ensuing years, the Newsletter has developed into a more sophisticated Magazine-type format and goes under the name 'Intellectual Disability Australia'. Material from members for the Newsletters has always been welcomed. At some time during the 1970s production of the Newsletter ceased and was reintroduced in 1979 under the Editorship of Dr Bob Cummins.⁹³

Summary

By the end of the 1970s, AGSSOMD was firmly established, with growing membership in the states, and a Council committed to the aims and objectives of its Constitution. Conferences in the field were proving popular and the Journal was being marketed to reach an international audience. Moreover, research funding was being offered in the area of intellectual disability.

This coverage of AGSSOMD's developments and activities will continue in Chapter 3 which will discuss the developments in the 1980s. This decade was an innovative time for AGSSOMD with the establishment of a Secretariat, a name change to reflect the changing philosophical attitude of the period, and the ever-present concern about the size of membership. There was also a significant increase in activities in the field of intellectual disability in the 1980s which will be explored. It was a time when the practices put into place to assist people with disabilities began to catch up with the ideas and theories underpinning 'normalisation principles' that had emerged in the 1960s and 1970s.

⁹² ASSID archive: AGSOMD Newsletter, December 1966; Margaret Andersen private archive: Memo to Branch Secretaries, 16 October 1985; National Australia Library archive: Newsletter 1974.

⁹³ ASSID archive: Secretary's Report 1979/80.

Chapter 3

A Decade of Change

1980-1989

Introduction

The 1980s were a period of expanded activity in the field of intellectual disability and in the activities and developments of AGSSOMD/ASSID. The early years of the decade were ones of increased government funding which led to a wide expansion of initiatives being implemented for people with disabilities in the community. The end of the decade however, witnessed a decline in government funding in an atmosphere of ‘economic rationalism’.

The 1980s were also a time of initiative within AGSSOMD, with moves to improve its profile and structure. Some of the main developments during this period were a change of name for the organisation to ASSID and a change in the name of the Journal to the Australian Journal of Developmental Disability. This decade also saw AGSSOMD secure a permanent Secretariat in New South Wales and a reinstatement of the position of National Vice-President. The decade also saw AGSSOMD/ASSID increase its profile by publicly positioning itself in the field on many issues and pursuing an advocacy role for people with disabilities.

The Political Climate

The decade began with the International Year of Disabled Persons (IYDP) and in the ensuing few years, due to an injection of government funding, there was increased activity in the area of disability, in the form of programme implementation and legislation. This time also witnessed a rise in the number of advocacy groups generally, and changes in service delivery for people with intellectual disabilities in areas such as accommodation, education and employment. It was a time of increased activity in the transfer of people with disabilities from large institutions to smaller group homes within the community.⁹⁴

Dr Adrian Ashman, National President in the late 1980s, credits the Labor Government, elected in 1983, for some of the developments in the field of intellectual disability in this decade:

⁹⁴ A.F. Ashman, ‘Change and Disability Services in Australia: A Ten Year Retrospective’, in *Australia and New Zealand Journal of Developmental Disabilities*, 1989, 15(2), pp. 73-80.

We owe some debt of gratitude to the Labour Government which was elected in 1983. In its wisdom, the government decided to fund the Australian chapter of the self-help group, Disabled Peoples' International, and to establish the Disability Advisory Council of Australia (DACA) to provide direct advice to the Government in the area of disability.⁹⁵

The transition period between models of care and treatment for those with disabilities did not always run smoothly however, nor were the newer models without their detractors. The transfer of services to the community developed before people in the community had grown to accept the changes. Ashman argued that there was fear in the community that the establishment of group homes would decrease the market value of property, and that the scheme was a threat to safety:

The plans to place people with a disability in group homes often spawned loud protests from ad hoc neighbourhood committees dedicated to maintaining the value of their properties and safeguarding their young ones from marauding bands of people with disabilities who they expect would rape and pillage their way through the community.⁹⁶

Such concerns notwithstanding, over the next few years, government funding increased for people with disabilities. In May 1984, Senator Don Grimes, Minister for Social Security, announced the approval of projects in the area totalling \$527,326. This was in addition to an \$8.3 million package announced in April 1984.⁹⁷ Further grants totalling 3.97 million were announced for 76 projects in 1985-96, to be funded as part of the Handicapped Persons Welfare Programme. Half of the funds were to provide accommodation, mostly in the form of small group houses.⁹⁸ In February 1986, Senator Don Grimes gave approval for 40 demonstration projects to be funded at a cost of \$2.03 million for the 1985/1986 financial year, with some of the projects specifically designed to provide vocational training for disabled young people, to increase their chances of gaining employment.⁹⁹

In the mid 1980s, a major development in the field was the Federal Government's initiative to transfer the role of administration for people with intellectual disabilities from the Departments of Health and Social Security to that of Welfare. This move allowed welfare to

⁹⁵ Ibid.

⁹⁶ Ibid.

⁹⁷ National Australia Library archive: AGSOMD Newsletter, May 1984, p. 15.

⁹⁸ National Australia Library archive: AGSOMD Newsletter, May 1985, p.4.

⁹⁹ National Australia Library archive: AGSOMD Newsletter, February 1986, p. 2.

be kept under one administration. This development was supported by ASSID. In 1985, a Commonwealth Department of Community Services was established.¹⁰⁰

In 1985, the South Australian State Government announced its initiative to develop a Special Adoption Unit to encourage more parents to adopt special needs children who would otherwise live in institutions.¹⁰¹ Also in 1985, the Handicapped Programs Review Report and Recommendations, entitled 'New Directions' was released. The recommendations called for a complete overhaul of the Commonwealth's programmes for those with a disability.¹⁰²

The Federal Government's Disabilities Act came into being in 1986. This funded organisations to provide employment, support and other services for people with disabilities. Other legislation such as the Sex Discrimination Act in 1984, the Human Rights and Equal Opportunity Commission Act in 1986 and the Disability Discrimination Act in 1992, and the various complimentary acts in States' legislation, protected the rights of people with intellectual disabilities.¹⁰³

The changes in AGSSOMD/ASSID in this decade reflected the social, philosophical and political changes evident during that time. As is clearly demonstrated, the period was one of change, directed to improve the lives of people with disabilities.

A Period of Consolidation

Definitions and Classifications

There have been many different definitions of intellectual disability and also many different terms to describe it. Definitions and terms are strongly influenced by how intellectual disability is viewed within the particular society.¹⁰⁴

So said Dr Errol Cocks who discussed the changes to definitions and classifications in An Introduction to Intellectual Disability in Australia. The shift in ideologies behind these changes in the field were mirrored in the decision to change the name of AGSSOMD to ASSID. In 1980, Tasmanian branch members recommended that the term 'Scientific' be dropped from the name and six years later, at the Annual General Meeting in 1986, the *motion*

¹⁰⁰ National Australia Library archive: AGSOMD Newsletter, May 1985, p. 3.

¹⁰¹ National Australia Library archive: AGSOMD Newsletter, 1985, 7, (4), p. 25.

¹⁰² National Australia Library archive: AGSOMD Newsletter, 1985, 6, (3).

¹⁰³ National Australia Library archive: Bill Taylor, Presidential Address to the 33rd National Conference, ASSID Newsletter, 1997, 18,(4), 1997.

¹⁰⁴ E.Cocks, *An Introduction to Intellectual Disability in Australia*, Fyshwick, ACT,

was carried. By this time, membership encompassed a much wider section of the community than suggested in the name, and the dropping of ‘Scientific’ from the title was believed to be more in keeping with the broader nature of this culture.¹⁰⁵ Moreover, developments which had occurred in the field in the 1980s, reflected a shift away from the emphasis on the diagnosis and prevention of disability, toward more service delivery, and community care.

At the same time, it was argued that within the new paradigms of practice and treatment, the term ‘Mental Deficiency’ held negative connotations. So too, the word ‘Group’ was no longer adequate to reflect the size of the membership.¹⁰⁶ While AGSSOMD’s Journal adopted the term ‘Developmental’ in its title from 1982, in 1986 the Society updated its name from ‘Mental Deficiency’ to ‘Intellectual Disability’.

Moreover, philosophical debates were waged regarding the ‘meaning’ of the terms ‘developmental’ and ‘intellectual’. Cocks argued that the term intellectual disability was ‘widely used in Australia’ and was ‘not connected with mental or physical illness’.¹⁰⁷ Journal Editor, Phil Foreman claims that its adoption by ASSID was because it was ‘a more direct updating of the term mental deficiency’.¹⁰⁸

Cocks further claims that the concept of ‘development disability’ challenges notions of highly specialised need that may spring from narrow categorisation of people with disabilities that stem from a perception that they are different from other human beings...¹⁰⁹

Foreman, says that choosing the term ‘Developmental’ by the Journal resulted in it having a ‘slightly broader coverage than the Association’.¹¹⁰

In 1986, the organisation officially became the Australian Society for the Study of Intellectual Disability (ASSID).¹¹¹

Australian Institute on Intellectual Disability, 1998, p.39.

¹⁰⁵ National Australia Library archive: AGSOMD Newsletter, 7(3,4) August/November 1986.

¹⁰⁶ National Australia Library: AGSOMD Newsletter, 1986, 7(3,4).

¹⁰⁷ E. Cocks, *An Introduction to Intellectual Disability in Australia*, Fyshwick, ACT, Australian Institute on Intellectual Disability, 1998, p. 41.

¹⁰⁸ ASSID archive: Member Interview, 2000, no. 4; Email to Phil Foreman, [Online], Available: Email scpjf@cc.newcastle.edu.au

¹⁰⁹ E. Cocks, *An Introduction to Intellectual Disability in Australia*, Fyshwick, ACT, Australian Institute on Intellectual Disability, 1998, p. 41.

¹¹⁰ ASSID archive: Member Interview, 2000, no. 4; Email to Phil Foreman, [Online], Available: Email scpjf@cc.newcastle.edu.au

It has since been suggested that the name to which AGSSOMD changed is now ‘outdated and devaluing’.¹¹² This gives a clear indication of how changing attitudes in society force changes in terminology.

ASSID was also instrumental in urging the International body to change its name from the International Association for the Scientific Study of Mental Deficiency, to the International Association for the Scientific Study of Intellectual Disabilities. The recommendation came following the International Conference in 1992. Two years later the International group changed its name and became the International Association for the Scientific Study of Intellectual Disabilities (IASSID).¹¹³

The name change to ASSID for the Australian group was a major development in its history which reflected how changes in the field influenced decisions made within the organisation. Around the same time, another major development occurred which was the securing of a National Secretariat in New South Wales. This development was instrumental in consolidating the group and led to greater efficiency in its administration.

The securing of a Secretariat had been an aim of AGSSOMD for a number of years. Funding had been sought for this from the Commonwealth Government to help in the setting up process but the bid had been unsuccessful.¹¹⁴ There had also been discussions regarding the value of amalgamating with the AAMR. The aim of the amalgamation was to obtain a higher profile for AGSSOMD, which would be achieved because the AAMR had its own Secretariat in Canberra. The amalgamation did not proceed however, because of the concern that AGSSOMD’s objectives may be compromised. Through its own initiative, AGSSOMD secured a Secretariat in the Special Education Centre at the University of Newcastle in New South Wales in 1985.¹¹⁵

Changes to Administration

Due to the volume of business on the agenda at Annual General Meetings, Mid-Year Council

¹¹¹ National Australia Library: AGSOMD Newsletter, 1986, 7(3,4).

¹¹² Member Questionnaire, 2002, Respondent 14.

¹¹³ ASSID archive: Minutes, ASSID Council Meeting, 25 October 1994.

¹¹⁴ ASSID archive: Member Interview, 2000, no. 4; Email to Phil Foreman, [Online], Available: Email scpjf@cc.newcastle.edu.au

²² ASSID archive: Secretary’s Report, August 1986; National Australia Library archive: AGSOMD Newsletter, August 1985, 6(3); AGSOMD Newsletter, 1986, 7(3,4).

Meetings were introduced in 1980. National Council funded the President, Secretary, Treasurer, Registrar and one representative from each State, not already represented, to attend these meetings. Initially, state branches were to subsidise the cost of their representative and pay accommodation, meals, and airport transfers.¹¹⁶ From May 1987 onwards, ASSID's Council met these costs.¹¹⁷ Teleconferences were introduced in 1987. Initially held twice a year (May and November), these were later increased in frequency. Two were held between the First Council Meeting and the Mid-Year Meeting and the other two before the last meeting of the year. Due to the frequency of Teleconferences, from 1990, the Mid-Year Meeting became a meeting of the Executive Council only. Only those states which did not have an office-bearer on the National Council sent a representative.¹¹⁸

A National Registrar was appointed in 1980 to maintain the membership register and mailing list, and prepare associated reports and statistics.¹¹⁹ In 1984, account mailing and subscription

collection became the responsibility of the National Registrar, due mainly to the Registrar at that time having access to secretarial support services within his office.¹²⁰ This evidence demonstrates the dependency of voluntary bodies such as ASSID on resources available through the executive members' workplaces.

As early as 1984, AGSSOMD investigated the possibility of a professional publishing company publishing the Journal.¹²¹ In 1995, the association entered into an agreement with Carfax Publishers to undertake its publication.¹²² The development of the Journal will be discussed more fully in Chapter 5.

At the beginning of the 1988/89 ASSID year, the position of Vice-President was reinstated (having been discontinued in 1971). A primary task of the new Vice-President, Dr Bob

¹¹⁶ National Australia Library archive: Secretary's Report in AGSSOMD Newsletter, May 1984, p.14.

¹¹⁷ Margaret Andersen private archive: Minutes, Second Meeting of the 1986/87 Council, 8-10 May, 1987.

¹¹⁸ Ibid; Minutes, AGM National Council, 1991; ASSID Newsletter, 1989, 10(1,2); Report of the National President, October 1990; Memo to Councillors and State Secretaries, from G Ross, National Secretary, undated document.

¹¹⁹ Margaret Andersen private archive: List of Resolutions as at 17 September 1987, Item 3.1 9 September 1980.

¹²⁰ Margaret Andersen private archives: Memo to Councillors, regarding position of registrar, undated document.

¹²¹ National Australia Library archive: Secretary's Report in AGSOMD Newsletter, May 1984, p. 14.

¹²² Margaret Andersen private archive: Teleconference, Third National Council Meeting, 30 January 1995.

Conway, was to oversee the development of position statements made by ASSID (see Appendix 6 for list of National Executive members). These were statements or submissions which stated ASSID's point of view on different issues in the field. Position papers were submitted to National Council for discussion and printed in the National Newsletter for comments before being ratified by ASSID. From 1987 the National President prepared a position paper each year for adoption by ASSID on a topic of concern for members. In the late 1980s, position papers that were produced included ones in the areas of education; staff training; guardianship, human relations and sexuality and ageing.¹²³ Producing position statements was also a way of raising ASSID's profile.¹²⁴

Raising ASSID's Profile

In an effort to raise its profile further and make other organisations in the community aware of its existence, letters were sent to government and non government agencies, informing them of ASSID's willingness to act as a peer group for reviewing policy documents. Information kits were sent to such organisations as the Department of Community Services, the New South Wales Department of Ageing and Disability Services and Anti-Discrimination Board. The intention was to inform government and non-government agencies of ASSID's work in the field and its willingness to prepare and advise on matters concerning intellectual disability, at both the State and National levels.¹²⁵

Collaboration with the AAMR

The President and an Executive Officer of the AAMR were occasionally invited to meetings of ASSID's Council to discuss core issues in which both groups had an interest. In May 1987, for example, these issues included the 1988 joint ASSID/AAMR Conference; Health Services Administration; Commonwealth Criminal Law and the Inquiry into Medical Education.¹²⁶

ASSID and the AAMR lent support to each other's aims, as the views of the two organisations were felt to be similar on many issues. For example, the AAMR wrote to

¹²³ Margaret Andersen private archive: President's Report to Third Meeting of 1987/88 and AGM 1988.

¹²⁴ Margaret Andersen private archive: Letter to Ms M. Re, AIH from RNF Conway, National Vice-President ASSID, dated 12 March 1989.

¹²⁵ Margaret Andersen private archive: ASSID New South Wales Branch Committee Meeting, 27 September 1995, Third Council Meeting, 1986/87, 7 November 1987.

¹²⁶ Margaret Andersen private archive: List of Resolutions as at 17 September 1987, Item 1.9 9 December 1986; Agenda, Second Meeting 1986/87 Council, 8-10 May, 1987,

ASSID asking for its support regarding a document it had produced on sterilisation. ASSID supported the document on most points, thereby enabling the AAMR to use both ASSID's and the AAMR's names to support it.¹²⁷

Reviewing Membership

As discussed in Chapter 2, membership of the organisation steadily grew throughout the 1960s and 70s. By August 1983, membership had grown to 830, and represented a rise of 70 from the previous year.¹²⁸ By March of 1985 however, numbers had fallen to 745 and by August 1986, was down to the low 600s. The following year the number of financial members had dropped again to just over 400.¹²⁹ This represents almost an almost 50 per cent drop in membership in the eight years since 1979 when the membership peaked at just below 800.¹³⁰

The concern for the falling membership resulted in a subsequent push to recruit new members. This was emphasised at both national and state levels and much time and discussion was dedicated to it. A member survey was carried out in 1984 by Neil Sinclair, Chairman of the Membership and Promotions Committee, to determine why members were leaving ASSID and over the next few years, a number of strategies were implemented to increase membership.¹³¹ One initiative was to target those groups of professionals not well represented in the organisation.¹³² An incentive of a prize of \$250 was initiated for Branches to recruit new members. The prize was offered to the branch that secured the highest increase in financial members. The Western Australia Branch won in 1987, after increasing its membership by 80 percent.¹³³

Other strategies for membership and promotion in the late 1980s included: a brochure produced by the Membership and Promotions Committee advertising ASSID's services; attempts to access names and addresses of new workers coming into the field by negotiating with employers with a view to sending promotional material; offering talks at universities and

¹²⁷ Margaret Andersen private archive: Letter to M.R. Barson, Executive Officer, AAMR from G.A. Ross, National Secretary, ASSID, 2 June 1987.

¹²⁸ National Australia Library: 1982/1983 Secretary's Report in February 1984 Newsletter.

¹²⁹ National Australia Library archive: AGSOMD Newsletter, May 1985, p. 7.

¹³⁰ National Australia Library archive: Secretary's Report in AGSOMD Newsletter, February 1984.

¹³¹ National Australia Library archive: Secretary's Report in AGSOMD Newsletter, May 1984, p. 14.

¹³² Margaret Andersen private archive: Tasks generated at the 3rd Meeting of the 1984/85 Council and 1st Meeting of 1985/86 Council, 16 October 1985.

¹³³ Margaret Andersen private archive: Minutes, Third Council Meeting for 1986/87, 7

colleges to students close to graduation whose courses could be relevant in the field of disability; nominating a person to recruit new members; and offering project work and a research prize to students.¹³⁴

The strategies employed to recruit new members and retain old ones met with varying degrees of success in the branches. For example, recruitment in South Australia and the Australian Capital Territory (ACT) met with little success. In South Australia, the fall in membership resulted in the question of membership fees being reduced.¹³⁵ This is more fully discussed in Chapter 5. In the ACT, due to the low membership in that State, the Branch was disbanded in 1986, and members were transferred to the New South Wales membership.¹³⁶ There was a last conference held in the ACT in 1988.

Membership Composition

In 1985, National Registrar, Trevor Parmenter, analysed the occupations of a sample of approximately 400 members. Table 3.1 supplies the results of the analysis.¹³⁷ This table demonstrates that psychologists and those from an educational background in special education were the largest professions represented, whereas the medical profession, believed to have been influential in the founding years of AGSSOMD/ASSID represented only 10%.

Membership Status

In 1985, the issue of Retired membership was raised. This category had been an honorary one for 'former colleagues or visitors from overseas or to long standing retired members who had a significant involvement with the Society'.¹³⁸ From 1985 however, members in the Retired category were required to pay an annual fee. This was to help cover the costs associated with the publication of the Newsletter and Journal.¹³⁹ In 1987 Honorary/Retired membership was

November 1987.

¹³⁴ Margaret Andersen private archive: Membership and Promotion Committee Report to Mid Year Council, May 1987; 'Strategies for Membership and Promotion', undated document, circa 1988.

¹³⁵ Margaret Andersen private archive: *South Australian Branch, President's Report, AGM Minutes 26 September 1988.*

¹³⁶ Margaret Andersen private archive: List of Resolutions as at 17 September 1987, Item 11.6 30 August 1986.

¹³⁷ National Australia Library archive: Registrar's Report 1984/85 in AGSOMD Newsletter, Vol 6, no. 3, August 1985.

¹³⁸ Margaret Andersen private archive: Letter to Dr Pitt, Honorary Member from Ron Joachim, National President, 10 October 1988.

¹³⁹ National Australia Library archive: Registrar's Report 1984/85 in AGSOMD Newsletter, 1985, 6(3).

transferred to Ordinary and members were required to pay full membership *fees*. *These* members could transfer to Associate membership when this category was introduced in the 1990s.¹⁴⁰ In 1983, the Ordinary membership broadened to allow applicants who held an ‘appropriate’ post-secondary qualification. (eg those who were qualifying as social trainers.¹⁴¹

Table 3.1: Analysis of Occupations from a Sample of 400 Members of AGSSOMD

Occupations of Members	Percentage
Psychologists	25
Special Education Teachers	23
Administrators	12
Medical Practitioners	10
Nurses	10
Social Welfare	10
Occupational Therapists	5
Speech Pathologists	3
Dentist	1
Staff Development	1

New Approaches to Conferences

Midway through the decade, ASSID’s National Council members began to play a more active role in the planning of the annual conferences and to this end the National body took over responsibility for the production, marketing and distribution of conference proceedings.¹⁴² The themes and issues dealt with at Conferences give a clear indication of the developments that existed in the field in the 1980s.

Conference themes such as ‘Beyond Normalisation’, ‘Atmosphere of Change’, ‘New Approaches to Old Problems’, ‘A Time of Change’, and ‘Accepting Change, Changing Acceptance’ demonstrate that ASSID was directing its conferences to reflect developments in the field of intellectual disability. The climate in the 1980s was one of implementation of new

¹⁴⁰ Margaret Andersen private archive: Minutes, Third Council Meeting for 1986/87, 7 November 1987; ASSID NSW Committee Meeting, 11 September 1990.

¹⁴¹ Margaret Andersen private archives: List of Resolutions as at 17 September 1987, Item 2.5 10 October 1983.

¹⁴² ASSID archive: Secretary’s Report to AGM, 1984/85.

practices. Themes at later conferences in the decade continued the same themes, with titles such as 'Developmental Disability, In or Of the Community' 'Technology and Consumer Outcomes' and 'Hands On'.

Cocks describes three models of influence in intellectual disability which arose in the 1980s as the 'Rights, economic/business, and advocacy' models. The Rights model 'focussed attention on consumer rights, empowerment and quality of life for people with intellectual disabilities'.¹⁴³ Conference themes mirrored the changing philosophies in the area and also reflected the broadening of the field to include more workers involved in a greater area of direct services for people with intellectual disabilities.

Consideration was also given to strategies to more involve people with intellectual disabilities at conferences. An example is a request by members of the New South Wales Conference Committee, to put aside an amount of \$3000 (normally used to fund a third international speaker to the Conference), to fund persons with an intellectual disability and their families to attend.¹⁴⁴ Three years later, ASSID reviewed its Constitution and introduced an Associate member category which enabled people with disabilities to become members of the organisation.

In the early years of conferences, the entire conference proceedings were published. In later years, only two-thirds of the papers were published, and after 1993, due to cost, and the difficulty in obtaining papers from presenters, the practice was discontinued.¹⁴⁵

In 1987 an amount of twenty thousand US dollars was set aside to support a bid to host the 1992 International Congress of the International Association for the Scientific Study of Mental Deficiency.¹⁴⁶

Initially the Victoria, Queensland and Western Australia Branch Committee members were interested in hosting the Conference. The three states split the tasks necessary to plan for the bid. The Victorian Branch Committee members looked at proceedings and travel, the Queensland Branch Committee members at programme presentation and the Western

¹⁴³ E. Cocks, *An Introduction to Intellectual Disability in Australia*, Fyshwick, ACT, Australian Institute on Intellectual Disability, 1998, pp. 33-34.

¹⁴⁴ Margaret Andersen private archive: Minutes, National Teleconference, 20 January 1988.

¹⁴⁵ National Australia Library archive: ASSID Newsletter, November 1987, p 53, Email to Phil Foreman, [Online], Available: Email scpjf@cc.newcastle.edu.au

¹⁴⁶ Margaret Andersen private archive: Minutes, Third Council Meeting of 1986/87, 7 November 1987.

Australia Branch Committee members at flyers and advertising. Queensland hosted the Congress in 1992.¹⁴⁷

For all the developments which had occurred in the first three quarters of the decade, the end of the 1980s witnessed a decrease in the projects that had been implemented with such vigour. For example, in the 1988/89 financial year, the Federal Government decreased funding in New South Wales. Patient contribution rates in public nursing homes and Fifth Schedule hospitals was increased. A letter from Peter Collins, Minister for Health in New South Wales, stated that the increase was 'simply bringing New South Wales into line with other states'.¹⁴⁸ The closure of work preparation programmes for people with intellectual disabilities announced in 1988 meant a loss of experienced and trained staff in the area. Trevor Parmenter claimed that in regards to this development he 'could not get our National Council to raise a whimper of protest'.¹⁴⁹ There is some evidence that mounting workloads were beginning to take their toll on member involvement, and this example may indicate the different levels of priority members in executive positions may have had to place on issues in the field. A common characteristic for voluntary, heterogenous groups is the difficulty in achieving consistent pressure on governments.

Summary

This chapter found that the early 1980s witnessed a significant increase in activity in the field of intellectual disability, particularly in light of increased government spending in the area. Changing developments in the field were reflected in AGSSOMD/ASSID's own development, which resulted in the reinstatement of a Vice-President's position, the introduction of a Mid-year Council Meeting and Teleconferences, the move into the writing of position statements, and the securing of a national secretariat. The chapter also found that changing ideologies regarding terms and definitions for people with intellectual disabilities forced AGSSOMD to rethink its name and the name of the Journal. Themes of the conferences in the 1980s mirrored changes in the field and changing government policies impacted on outcomes for people with intellectual disabilities, with the end of the decade seeing less government spending in the area. As a result, there was less activity in the

¹⁴⁷ Margaret Andersen private archive: Agenda, Third Meeting of 1986/87 Council, 7 November 1987.

¹⁴⁸ Margaret Andersen private archive: Letter from the Premier's Office to Jeffery Green, NSW Branch, dated 7 September 1988; Letter from Minister for Health, Peter Collins to Jeffery Green, dated 20 September 1988.

¹⁴⁹ National Australia Library archive: ASSID Newsletter, 1988, 9(4), p.51.

implementation of initiatives such as programmes in the community for people with intellectual disabilities.

Chapter 4 will outline the 1990s and discuss the developments in the field in this decade. Included will be the changes in the Constitution regarding the change of the organisation from a company to an association, the broadening of the membership to reflect the expansion of the field generally, and ASSID's changing profile in the areas of advocacy. The chapter will also explore the issues which were a cause of conflict within the association.

Chapter 4

Developments in the 1990s

Introduction

This chapter will consider ASSID's development in the decade of the 1990s with emphasis on amendments to the Constitution and the broadening of the membership to include admission of people with intellectual disabilities, their families and carers.

In the 1990s, pressing issues had developed within the field of intellectual disability in relation to employment, ageing and abuse, appropriate training of staff, and civil liberties.¹⁵⁰ In regards to 'employment', National President, Robert Conway argued that the area of disability was put 'on the political agenda' following the election of the Labour government in 1983, but that some of the legislation that was subsequently passed was unsuccessful in coming 'to grips with the transition of programmes away from traditional models'. Legislation enacted in the 1990s, such as the Disability Reform Package in 1991 was 'designed to provide employment, training and education options to reduce the numbers of persons with a disability requiring income support'.¹⁵¹ The result was a shift away from traditional sheltered workshop employment for the disabled to competitive or supported employment in the existing labour market.¹⁵²

The aims for the Society in the 1990s evolved in response to the intellectual disability climate of the time. As can be seen below, emphasis was placed on clients' rights and monitoring legislation and standards and framing policy, as well as the continued promotion of the conferences and *Journal* to disseminate knowledge in the field. The aims of the Society in the 1990s were as follows:

¹⁵⁰ National Australia Library archive: Minutes 12/8/1994, ASSID archive; AGSOMD Newsletter, Vol 11, nos 3& 4, p.1., ASSID Newsletter, Vol 11, nos. 3&4; ASSID archive; Annual Report, 1990/1991.

¹⁵¹ Conway, R., Disability and Legislation: The Relationship Between Changing Policy and Changing Practices., *Australian and New Zealand Journal of Developmental Disabilities*, 1992, 18(2), pp. 65-73.

¹⁵² Conway, R., Disability and Legislation: The Relationship Between Changing Policy and Changing Practices., *Australian and New Zealand Journal of Developmental Disabilities*, 1992, 18(2), pp. 65-73.

Provide a national forum for people who have an association with the field of intellectual disability.

Promote the rights of people with an intellectual disability.

Advocate on behalf of people with an intellectual disability.

Act as a legislative watchdog in the area of intellectual disability.

Frame policy with regard to the delivery or non-delivery of services to people with an intellectual disability.

Foster high principles and standards of work practice.

Stimulate research in the field of intellectual disability.¹⁵³

The first three aims were about giving voice to people with intellectual disabilities, while the fourth and fifth extended to monitoring policy and standards of service delivery and professional practice within the area. The last was about research dissemination to inform both practice and the community.

Structural change

In the early years of the 1990s, the issue of joining forces with the AAMR, now the National Council on Intellectual Disability - NCID (following a name change in 1991), was once again raised. This time the proposal was for the formation of a new Association, as opposed to the suggested amalgamation discussed in 1987. It was felt that one body could achieve more as a lobby group as NCID 'lacked an effective structure and ASSID lacked peak body status'. In the end, however the two associations were retained.

In 1993 ASSID moved toward incorporating as an association rather than a company.¹⁵⁴ In 1994 it was discovered that as a company, ASSID was under strike-off action from the Australian Securities Commission (ASC) due to non-compliance with that body's requirements. If it were struck off, all funds belonging to the company would automatically become vested with the ASC. This accelerated the need for ASSID to deregister as a company.¹⁵⁵ ASSID incorporated as an association in 1995. This meant that in future, the national body would be run by the state branches. In this capacity, the National body

¹⁵³ Margaret Andersen private archive: ASSID membership brochure, circa 1990.

¹⁵⁴ ASSID archive: Third National Council Meeting, 4 August 1992; National Council Teleconference, 15 February, 1993.

¹⁵⁵ Margaret Andersen private archive: Letter to Greg Lewis, President ASSID from Ray Woolley, Accountants, dated 5 October 1994.

would continue to perform the important central functions such as maintaining the nationwide membership register, collecting subscriptions, publishing a journal and newsletter, underwriting a National Conference and returning a per capita grant to the States..¹⁵⁶

The Constitutional change created an opportunity for National Council

to shift the focus and control of ASSID to the branch level, leaving the national body to focus on activities of national importance to provide a solution to the auditing and financial accountability problems that existed.¹⁵⁷

The branches were incorporated separately in each State and the National Body in Western Australia. Western Australia was chosen because there was no limitation on members residing in other jurisdictions.¹⁵⁸

According to one member, the incorporation did not pass without some tension between the Western and Eastern States. The incorporation of the National Body in Western Australia was perceived as a 'takeover' by some members in the eastern states. However, the ability of AGSSOMD/ASSID (hereafter ASSID) to work through the difficulties was seen as an important aspect of the organisation:

I look back and there have been some tense moments but we lived through those and the good thing is people remain friends, even if at times it was a bit difficult. (With) Australia being so large, I think it has been remarkable that we have been able to hang together as a national group.¹⁵⁹

The Membership Profile

The association's aim of a multidisciplinary approach to disseminate knowledge in the field of intellectual disability had been clearly demonstrated by the 1990s as the diversity in membership indicates. By 1991, the membership comprised professionals in medicine, state intellectual disability services, and educational and legal fields, as well as member organisations and persons with intellectual disabilities and their parents and carers.

¹⁵⁶ National Australia Library archive: Sue Robertson, National Treasure and Greg Lewis, National President, "Proposed Restructuring of Australian Society for the Study of Intellectual Disability (ASSD) in ASSID Newsletter, 1995, 16(1), p. 3.

¹⁵⁷ National Australia Library archive: Sue Robertson, National Treasure and Greg Lewis, National President, "Proposed Restructuring of Australian Society for the Study of Intellectual Disability (ASSD) in ASSID Newsletter, 1995, 16(1), p. 3.

¹⁵⁸ Margaret Andersen private archive: Letter to Shepherd & Partners Accountants from Parker & Parker Barristers, Solicitors and Notaries, dated 1 April 1982; letter to Mr John Le Breton from Pieterse & Pieters Solcitors, dated 15 March 1983.

¹⁵⁹ ASSID archive: Member Interview, 2000, no. 4.

During the late 1980s and 1990s, ASSID membership categories were expanded to include Full (changed from Ordinary, Associate, Organisational and Student. Moreover, subscription to the association's journal, the *Australian and New Zealand Journal of Developmental Disabilities*, stood at approximately one thousand.¹⁶⁰

This represented a significant shift from the stipulation in the original Constitution which restricted membership to those working in the field of intellectual disability who possessed a tertiary education qualification. The Membership Brochure in the early 1990s cited persons eligible for membership as:¹⁶¹

Any person or organisation who subscribes to the broad aims and objectives of ASSID is eligible to join the Society. The person may have an intellectual disability, may work in the field of intellectual disability, may be a parent or friend of a person with an intellectual disability, may be an academic, a student or a researcher. The organisation may be a direct service provider, a funding body, a parent organisation, a lobby or self-advocacy group.¹⁶²

In the late 1980s and early 1990s, there was much discussion regarding changes to membership, due in part to the fact that original and early members would soon retire and the changing needs of those members needed to be addressed. The category of Honorary/Complimentary memberships had earlier been revoked and members were required to pay full membership fees. Some of the founding members and other retired members had been upset by the move. Others found the \$70 membership fee too high and were vocal in pushing for changes to the membership categories.¹⁶³

In 1990 discussions were held regarding the benefits of a category of 'Associate' membership that would allow members the benefits of ASSID but exclude subscription to the Journal.¹⁶⁴ There were arguments against the move as it was felt that as the association was about the study of intellectual disability the Journal's future could be threatened if memberships were

¹⁶⁰ Margaret Andersen private archive: Letter to Brian Corcoran, First Assistant Secretary, Disability Services Programmes from Robert Conway, National President, 4 October 1991.

¹⁶¹ National Australia Library archives: AGSOMD Newsletter, September 1974, No. 12; Newsletter Supplement, June 1975.

¹⁶² Margaret Andersen private archive: Membership Brochure, circa 1990.

¹⁶³ Margaret Andersen private archive: Correspondence between David Pitt, Frances Burness, and Ron Joachim, dated 11 October 1988 and 14 November 1988; Letter to founding member, Dr M Maginn and Adrian Ashman, dated 14 February 1989; ASSID archive: Letter to Tim Griffin from Meryl Caldwell-Smith, dated 7 November 1989.

¹⁶⁴ ASSID archive: Discussions at Executive Teleconference 18 September, 1990.

created which omitted it.¹⁶⁵ Support for the change came in the form of letters from retired and current members. Some members felt that the changes did not go far enough.¹⁶⁶

Following a survey that found the majority of members in favour of the change, the new category of 'Associate' membership was added to the membership in 1991. This category included members who had retired, direct-care workers, persons with an intellectual disability and their parents or family. The fee entitled the member to receive the National and State Newsletters and membership rates for ASSID at functions and conferences. Journal subscriptions were not included nor were voting rights at any meetings of ASSID. An Associate member was not eligible to hold any executive position.¹⁶⁷

From 1987 to 1993, membership rose from approximately 400 to 599.¹⁶⁸ Interestingly, even with the addition of the Associate membership category, membership was reported as being at its lowest level in a number of years. Bob Conway, then National President, admitted that the recession could be held responsible for some of the decline, but reiterated the need to reassess membership categories and recruitment strategies to attract and retain new members.¹⁶⁹

The Associate membership category remained small, with only four or five members transferring into this category. In 1993, Ordinary members represented three-quarters of the membership, followed by 13 percent in the Organisational category (introduced in 1989). Nine percent was held by Student membership and 5 percent by Associate memberships.¹⁷⁰

Credit for the growth of ASSID at this time was due largely to recruitment activity in Victoria and Tasmania. Membership in Victoria had increased from 66 members in March 1989 to 126 in November 1993. Tasmania's membership had doubled between 1992 and 1993. Western Australia had increased membership by 22 per cent in the first three years of the decade.¹⁷¹

The concerns that the implementation of an Associate category of membership would be detrimental to the Society were not realised, as the majority of members remained in the

¹⁶⁵ ASSID archive: Annual General Meeting, September 1991.

¹⁶⁶ ASSID archive: Correspondence from members to National President, May 1991.

¹⁶⁷ ASSID archive: AGM 16 October 1990; 3rd Teleconference 1990/1991; Vice-Presidents Report, AGM, 1991.

¹⁶⁸ ASSID archive: National registrars Report, 1993.

¹⁶⁹ Margaret Andersen private papers: Report of the National President, Mid-Year Council Meeting, May 1991.

¹⁷⁰ ASSID archive: Teleconference and Executive Meeting, 14 & 15 August, 1993.

¹⁷¹ Margaret Andersen private archive: National Registrar's Report to Council, Annual General Meeting, 1993.

Ordinary category (See Table 4.1). This development supports ample other evidence that subscription to the Journal was an important part of ASSID membership.¹⁷²

Table 4.1: Membership as at 29 March 1992¹⁷³

	Total	Ordinary	Org	Student	Associate
NSW	172	142	24	5	1
WA	131	101	14	3	13
VIC	107	75	9	22	1
QLD	88	72	16	0	0
SA	60	45	6	8	1
TAS	17	16	1	0	0
O/S	4	4	0	0	0
Total	579	455	70	38	16

Membership fluctuated during the mid 1990s. For example, in 1996, membership was again on the rise nationally and between February 1995 and January 1996, membership grew from 537 to 624, or 16%. There was a rise of 58 in Ordinary members, 20 in Organisational and 17 Associate, while Student membership was down 8. New South Wales had gained 24 members, Western Australia remained the same, Victoria, Queensland, South Australia and Tasmania gained 9, 15, 20 and 19 respectively, and overseas membership increased by one member.¹⁷⁴

Following an increase in fees at the beginning of the 1996/97 financial year however, ASSID suffered a 16 percent loss in total membership.¹⁷⁵ By 1999 total membership had once again risen and stood at 647.¹⁷⁶

Retaining a viable membership was a perennial problem in ASSID's history that has continued into the 21st century. It is a problem common to most organisations because of the need to maintain a high level of membership to sustain credibility and to continue to provide services at a consistently high level.

¹⁷² ASSID archive: Teleconference; Exec Meeting 14, 15 August 1993.

¹⁷³ ASSID archive: Registrar's Report Membership Register, as at 29 March 1992.

¹⁷⁴ ASSID archive: National Registrar's report to Mid Year Meeting, March 1996.

¹⁷⁵ ASSID archive: National Registrar's Report, Mid Year Council Meeting, 1997.

¹⁷⁶ Margaret Andersen private papers: Vice-President's Report to National Council,

As can be seen, membership categories in the 1990s had expanded significantly from the original membership categories which had offered only Ordinary and Honorary memberships. By the 1990s, categories had expanded into Ordinary, Organisational, Associate and Student with Network membership being added in 1994. This category is discussed in Chapter 5.

Private Opinions in a Public Forum

The 1980s and 90s represented a time of increased activity by ASSID's members in offering statements in the media and writing submissions for public record. ASSID developed a policy in 1990 that statements to the media were not to be made without consultation with other Branch Committee members or National Council members. If there was no opportunity to take statements to a Branch or Council meeting, at least two other Committee members needed to be consulted, one of whom should be a National councillor so that statements may be considered and modified if necessary. It was deemed that whenever possible, the National President or State President should be the representative who officially made statements to the media in general, and the National President would make statements concerning Australia-wide issues.¹⁷⁷

In this climate of debate and advocacy, occasionally a controversial issue would arise. One such example was when ASSID member, Dr Helen Beange, Community Physician at the Lower North Shore Developmental Disability Service, argued in a submission that an increase in 'the availability of amniocentesis' would help to eliminate causes of such conditions as 'Downs Syndrome, genetic conditions with family history, Cerebral Palsy and Spina Bifida'. One member responded to the statement in the letters column of the National Newsletter, about what he saw as an official expression of AGSSOMD's policy on abortion concerning people with an intellectual disability:

Does AGSSOMD have a declared stance on this major ethical issue? If not then surely any AGSSOMD document should refrain from purporting to represent the members' collective view on the issue of abortion of handicapped people until debate has taken place within the membership and a policy declared.¹⁷⁸

September 1999.

¹⁷⁷ ASSID archive: National Council Meeting Minutes, 29 May, 1990.

¹⁷⁸ National Australia Library archive: AGSOMD's Newsletter, Reply by John Annison to Helen Beange's submission to Mr B Ayers, Secretary, Better Health Commission, December 1985, 7,(4).

Some Presidents took a strong public stand on certain issues and this led to sometimes public and sometimes private complaint. One such case occurred during Adrian Ashman's period of presidency. It was made clear in correspondence that the views of a Branch President expressed in the media were within ASSID's guidelines for such matters:

Presidents of each Branch have authority to respond to matters which may appear as newspaper articles, letters to Editors or comments on radio or television provided they conform to the objectives of the Society.¹⁷⁹

A President of the New South Wales Branch who wanted to lobby the government in regards to proceeding with its guardianship legislation avoided the conflict that could sometimes arise by first requesting permission from the National Body for approval before sending a letter of support.¹⁸⁰

Depictions by the Media for Persons with Intellectual Disabilities

An issue which saw the ASSID membership in full agreement was concern about the ways in which the media used terminology and portrayed people with intellectual disabilities. It was a concern that extended to some of the articles submitted for publication in the *Journal*.¹⁸¹ Phil Foreman, the editor in 1992, prepared a paper on 'Language About Disability'. In it he suggested appropriate language to use when referring to people with intellectual disabilities. In June 1996, the Tasmanian Branch launched a Media Project to encourage and reward members of the Australian media:

to report the activities, lifestyles and concerns of people with a disability in a fair and accurate manner with due regard to appropriate language, context and content.¹⁸²

Certificates were also presented by the States in recognition of good reporting for journalism/ and/or publications which were "non stereotypical and provided a non- prejudicial view of

¹⁷⁹ Margaret Andersen private archive: Correspondence between Adrian Ashman, National President and Queensland member 14 September 1990, and Branch Secretary, Queensland Branch, 30 July 1990.

¹⁸⁰ Margaret Andersen private papers: Minutes, Teleconference, 18 March 1987; Minutes, Teleconference, 18 May 1987.

¹⁸¹ Margaret Andersen private archive: Minutes, 3rd National Council Meeting 1991/92, 4 August 1992.

¹⁸² ASSID archive: Language About Disability, undated document, ASSID Archives; Media Project Guidelines, June 1996.

disability”.¹⁸³ A sub-committee was formed in the mid 1990s for Positive reporting of people with disabilities Media Project.¹⁸⁴ This is discussed in Chapter 5.

The Continued Emphasis on Dissemination

National Conferences continued to play an important role in the 1990s. In 1992, the Queensland Branch of ASSID played host to a successful Congress for the International Association for the Scientific Study of Mental Deficiency (IASSMD). Financially, the profit of approximately \$200,000 placed the Association firmly on its feet. In 1993, \$150,000 of the profit was invested to ensure the continuance of financial stability.¹⁸⁵

From 1993, conferences were held on a rotational basis between states. Members of the Executive were aware that the decision needed to be viewed against the fact that conferences in the largest states, particularly in New South Wales and Victoria, had more potential for larger profits. The possibility of alternating conferences between the larger and smaller states was considered, to provide a more consistent financial basis.¹⁸⁶

Due to the large volume of papers submitted for presentation, from 1997, conferences were held over a period of four days rather than three to allow for all papers that had been received to be accepted.¹⁸⁷ This development provides an indication of the extent of expansion in the field of intellectual disability in this period. A review of articles on intellectual disability history provides further evidence, as it was found that the greatest amount of research carried out in this review was in the 1990s. It can therefore be concluded that the period represented a time when there was a marked surge of interest in the field.¹⁸⁸

¹⁸³ Margaret Andersen private archive: Minutes, ASSID New South Wales Council Meeting, 11 November 1996.

¹⁸⁴ ASSID archive: Undated document.

¹⁸⁵ Margaret Andersen private archive: Memorandum to Presidents of State Associations from Tim Griffin, National President, 16 November 199; President's Report 24 October, 1994.

¹⁸⁶ ASSID archive: *National presidents report (1993), Teleconference, Executive Meeting 14, 15 August 1993.*

¹⁸⁷ Margaret Andersen private archive: Minutes, First National Council Meeting, 1997/1998, 28 September 1997.

¹⁸⁸ M.K. Simpson, 2002, 'Bibliography of the History of Idiocy' [Online], Available: <http://www.personal.dundee.ac.uk/-mksimpso/histories.htm> [Accessed 4 November 2002].

Summary

This chapter found that ASSID changed its focus to more appropriately reflect the field of intellectual disability and needs of its members and clients. ASSID responded to the broadening of the field of intellectual disability generally, and widened its membership base to include those from a wider variety of backgrounds. This chapter also saw ASSID continuing its commitments by raising awareness in the community and the media for people with intellectual disabilities. As well, it found that even though members were widely dispersed geographically and there were some serious tensions at times, the organisation was able to transcend these difficulties and remain focussed.

Chapter 5 will discuss in detail the services, activities and publications of the association and will highlight the shifting focus on issues throughout its history.

Chapter 5

Consolidating the aims of AGSSOMD/ASSID

Introduction

How a professional group defines itself is inherent in the services and activities it provides. Services and activities are indicators of the operation and aims of an association and how it goes about achieving them. This chapter will explore those activities of AGSSOMD/ASSID (hereafter ASSID) directed toward achieving such aims as to

serve as a medium for deliberation, for exchange of ideas... and dissemination of information, (as well as) [o]rganise congresses, conferences and regional seminars, (and) encourage research in the field, including causes, prevention, diagnosis, evaluation, therapy, management, education and social habilitation.¹⁸⁹

ASSID's profile was promoted through its conferences and publications, as well as through other functions it undertook to inform policy and practice. The role was more than an educative and networking one, as the body's lobbying activities demonstrate.

In the 1960s and 1970s, prominent issues in the field of intellectual disability were medical education and training for workers in the field.¹⁹⁰

In the early to mid 1980s, two major issues were the mainstreaming of children with disabilities into regular schools and the transfer of people with intellectual disabilities into residential homes in the community. The 1990s saw issues relating to client rights in such areas as employment. The services and activities of AGSSOMD/ASSID developed in tandem with the changing philosophies, activities and conditions in the field.¹⁹¹

¹⁸⁹ Dr. D. Pitt private archive, Constitution of the Australian Group for the Scientific Study of Mental Deficiency, in Proceedings of the Fourth Annual Interstate Conference on Mental Deficiency, J.D. Van Pelt (ed), 1965, pp. 92-95

¹⁹⁰ Dr. D. Pitt private archive: G., Hamilton, A., Hockey, 'Medical Education Concerning Mental Deficiency' in AGSOMD Bulletin, June, 1969, 1(3), pp. 5-7; ASSID archive: Secretary's Report, 1969/70; Notes and News, *The Australian Journal of Mental Retardation*, 1970, 1(2), p. 65; Dax, E.C., *Asylum to Community: The Development of The Mental Hygiene Service in Victoria, Australia*, Melbourne, F.W. Cheshire Pty Ltd, 1961, pp. 148-154; E. Cocks, *An Introduction to Intellectual Disability in Australia*, [Third Edition], Fyshwick, ACT, Australian Institute on Intellectual Disability, 1989, pp. 21-22.

¹⁹¹ E. Cocks, *An Introduction to Intellectual Disability in Australia*, [Third Edition],

Conferences – Making a Difference

Conferences play a pivotal role in most professional organizations. They provide current and cutting edge research findings and up-to-date information. The inaugural international conference in 1964 highlighted for the Australian attendees the major trends in the field that were having an impact overseas. The Third Annual Conference on Mental Retardation that was held in Sydney in November 1964 by the Department of Public Health, was attended by a number of professionals who had been to the international conference three months earlier, and a number reported on those trends. For example, Dr Alan Jennings, first President of AGSSOMD, detailed a number of practices that had been implemented in Holland with regard to people with intellectual disabilities, such as Day Care and Kindergarten Programmes; evening schools; and a guardianship agency.¹⁹² Dr Judith Dey, Medical Superintendent of the Lorna Hodgkinson Sunshine Home, and a member of the first Executive Council of AGSSOMD, noted that the move overseas was away from large institutions of 1000 to 4000 beds to smaller hospitals of between 100 to 500 beds. She also reported on the sheltered workshops, residential trainee and summer camp programmes that had been planned for implementation in parts of the USA.¹⁹³

Programmes for the conferences on intellectual disability in the three years preceding AGSSOMD's formation and the two years following (1962-1967) indicate the changing focus in Australia. In 1962, papers at these conferences presented research on diagnosis and prevention of intellectual disability, but by 1964, the trend was following that of overseas, with more emphasis given to catering for the needs of people with disabilities, most particularly their educational and environmental needs.¹⁹⁴

One ASSID member found the discussions on developments in the field of employment for people with an intellectual disability very interesting even though they were not ideas that she felt she 'could readily use back in (her) workplace at that time'. The member claims that similarly, the ideas which came out of the 1980 conference regarding the placement of people with an intellectual disability into group homes, started people thinking in those terms, though

Fyshwick, ACT, Australian Institute on Intellectual Disability, 1989, pp. 21-37.

¹⁹² Dr. D. Pitt private archive: A., Jennings, 'Personnel Training' in Third Annual Conference on Mental Retardation, Sydney, Department of Public Health, 1964, pp.33-39.

¹⁹³ Dr. D. Pitt private archive: J. Dey, 'Residential Care' in Third Annual Conference on Mental Retardation, Sydney, Department of Public Health, 1964, pp. 40-45.

¹⁹⁴ Dr. D. Pitt private archive: Conference Proceedings, 1962-1967.

‘there was a limit to how far it could go at the time without extra resources’. However, she felt that the changes that eventually occurred ‘came directly out of that conference.’¹⁹⁵

A number of years would pass before some of the topics presented at conferences became commonplace topics of discussion in Australia. For example, international speakers, Bob Shalock, Gerry Provencal and Barbara Wilcox presented papers in 1987 on service delivery, de-institutionalisation, and programmes for the mainstream employment for people with intellectual disabilities. These themes were some ten years in advance of their application in the Australian context. Some recall that the first time the concept of ageing and intellectual disability was considered was in a presentation by American speaker, Matt Janicki at a national conference.¹⁹⁶

In his article ‘Change and Disability Services in Australia: A Ten Year Retrospective’, Adrian Ashman claims that Marc Gold, keynote speaker at the National Conference in Tasmania in 1973, was ‘one of the harbingers of the decade in program development and attitude change’.¹⁹⁷ Gold’s address at the conference concentrated on the importance of people with a intellectual disability being taught skills that are positively valued in society, as opposed to training them to clean their teeth and comb their hair, activities which have little effect in increasing their status in the community.¹⁹⁸

There were a significant number of speakers who gave interesting and stimulating presentations to a receptive audience. Some of those who were recalled specifically by members from conferences in the 1960s came from overseas. They included Bank-Mikkelsen, Director of Services for the Mentally Retarded in Denmark, Bengt Nirje, a pioneer of the ‘normalisation’ movement, David Beattie, High Court Judge from New Zealand, and Gunnar and Rosemary Dybwad from America. Australian speakers included Brian Turner, pathologist, and Gillian Turner, geneticist, Gus de Glas, and Ruth Dimitri, occupational therapist at Kew Cottages. Irena Higgins, a social worker, discussed the growth of parent organisations in Australia, and Dr Alan Stoller, Head of the Mental Health Research Institute in Melbourne, presented on the epidemiology of birth defects in those with intellectual disabilities.¹⁹⁹

¹⁹⁵ ASSID archive: Member Interview, 1999, no. 14.

¹⁹⁶ ASSID archive: Member Interviews, 1999, 2000, no. 8 & 9.

¹⁹⁷ A.F., Ashman., ‘Change and Disability Services in Australia: A Ten Year Retrospective’, in *Australia and New Zealand Journal of Developmental Disabilities*, 1989, 15(2), pp. 73-80.

¹⁹⁸ Ibid .

¹⁹⁹ ASSID archive: Member Interviews, 1999, 2000, no. 3, 5, 14, 15.

At times the momentum was lost, and not all conferences were well received. In the February Newsletter in 1984, the National President, Johanne Wright, expressed her concern that the issues presented at conferences were repeating the same themes, and solutions were not being found for the problems that existed. Wright also expressed disappointment in the quality of papers presented at conferences and the need for programme committees to 'provide thought provoking material to participants'.²⁰⁰

Conferences in the decade leading up to 1980 are remembered as contributing new and interesting ideas and offering concepts and theories which were interesting and stimulating. Following this period of substantial innovation, the conferences of the early 1980s may have seemed lacklustre by comparison. The perceived lassitude may have been a transitional time in which practice caught up with theory. The actual implementation which stemmed from the new theories may have proved less exciting than the theories themselves. In the time-frame covered by the history, there have been 35 conferences in all, with Victoria holding 6, Queensland 6, New South Wales 6, Western Australia, 5, South Australia 5, Tasmania 4 and the ACT 3. Seven of the thirty-five were held jointly with AAMR/NCID (see Appendix 5).

As well as an opportunity to obtain new knowledge in the field, the Australian Conferences also presented an opportunity for visits to facilities in other States and provided one of the most effective ways to network with others in the field.

In the 1990s, Special Interest Groups and Consumer Days were introduced to cater for the broadening interests of members. People with intellectual disabilities and their families were encouraged to become more involved in conferences, and efforts were made to increase the relevance of the conference for all participants.

Networks/Special Interest Groups

In 1993, Gus de Glas, then an executive committee member, raised the issue of ASSID sponsoring national interest Networks. Two main questions arose from that discussion. Firstly, should Networks be a part of ASSID and therefore restricted to members of ASSID, and secondly, would ASSID money be used to sponsor what could amount to an unknown number of Networks? There was concern that the latter would allow many non-ASSID members to benefit from the subscriptions of ASSID members. Networks, in other words, had the potential to become 'bottomless pits'.²⁰¹ The outcome, however, was in favour of

²⁰⁰ National Australia Library archive: AGSOMD Newsletter, 1984, 5(1), p. 1.

²⁰¹ ASSID archive: National Council Teleconference Meeting, 30 June 1993; Teleconference and Executive Meeting, 14 & 15 August, 1993.

Networks as a positive way to facilitate professional development and information dissemination.²⁰²

National Networks and Special Interest Groups [SIGS] were initially separate entities. Special Interest Groups met only at conferences while National Network members met at other times as well. In 1999, the two were amalgamated (under the name of Special Interest Groups) and met at different times throughout the year.²⁰³

Discussions continued throughout 1993 regarding the extent to which ASSID members should be proactive in identifying Networks they thought should be established, rather than reacting to requests. Debate continued regarding the use of funds for this purpose, and the fact that Network members were not necessarily ASSID members. However, on the whole, Networks were seen as ways to both attract new members and to facilitate dissemination of information.²⁰⁴

The National Networks in 'Human Relations' and 'Ageing and Intellectual Disability' developed following a decision at the 1994 National Conference. The objectives of the Networks included the promotion of professional development, the provision of discussion forums in service delivery and research and opportunities for information exchange. They were also to provide ASSID with current information on special interest areas, to allow it to advocate for persons with disabilities and their families.²⁰⁵ Network membership commenced officially in 1996 and by 1998, in addition to the ones mentioned above, viable Networks included Behaviour Support and Health Issues. Two Networks which were established but later disbanded due to lack of membership and activity, were 'Legal Issues' and 'Women's Issues'.²⁰⁶

Members who held Ordinary and Organisational memberships were entitled to join one Network as part of their annual subscription fee. Associate and Student members paid an additional fee to join. Those who were not members of ASSID but wished to join a Network could pay an annual fee which entitled them to Network membership of ASSID.²⁰⁷

²⁰² ASSID archive: National Council Teleconference 15 February, 1993.

²⁰³ Margaret Andersen private archive: Minutes, First National Council Meeting 1993-1994, 4 December 1993; Discussion Paper for Consideration by ASSID National Council.

²⁰⁴ ASSID archive: Teleconference and Executive Meeting, 14 & 15 August, 1993; letter sent to Lyn Young, National President from John Annison, dated 12 August 1994.

²⁰⁵ ASSID archive: National Council Meeting Teleconference, 25 October, 1994.

²⁰⁶ ASSID archive, Undated, untitled document; Margaret Andersen private archives: email from Wendy Grant, Publications Committee Editorial Assistant, to ASSID State Presidents regarding memos from national president, 18 November 1998.

²⁰⁷ ASSID archive: National Council Meeting Teleconference, 25 October, 1994.

Networks and later Special Interest Groups placed an added burden on already busy conference convenors. For that reason, from 1999, Special Interest Sessions were incorporated at conferences rather than being held separately.²⁰⁸

Consumer Days

The introduction of Consumer Days at conferences suggests a further step by ASSID toward shaking off its perceived 'elitist' origins and toward redefining its role. 'Consumers' were people with intellectual disabilities, their families and carers. These days became increasingly important, as one member testified:

more and more in recent years we have tried to focus more on ensuring that people with intellectual disabilities get involvement within conferences.²⁰⁹

Achieving the right balance between the information needs of the academic members and other service providers, with the needs of those with an intellectual disability and their families required careful handling.²¹⁰

National Conferences provided one forum for the dissemination of knowledge, the Association's *Journal* provided another. A key goal was to see the latter raised to a publication of international standing.

Contribution of the Journal

From its first edition in 1970, as *The Australian Journal of Mental Retardation*, the intention was for the Journal to:

be brought to the notice of workers in the field both in Australia and overseas so that on the one hand, developments in Australasia will be more widely disseminated, while on the other, overseas trends will be more readily available to our readers.²¹¹

Dr Dennis Maginn, the Journal's original Editor, made a comment in the first edition that 'contributions need not necessarily be of a technical nature'. This prompted a later Editor, Professor Phil Foreman, to note, that it appeared that the original aims for the Journal seemed

²⁰⁸ National Australia Library archive: 'Changes to ASSID National Networks', ASSID Newsletter, 1999, 20,(2).

²⁰⁹ ASSID archive: Member Interview, 1999, no. 15.

²¹⁰ ASSID archive: Member Interview, 1999, no. 15.

²¹¹ D.W., Maginn, Editorial, *Australian Journal of Mental Retardation*, 1970, 1(1), p. 3.

‘not so much to produce a scholarly, research journal as to publish articles of interest to workers in the field.’²¹²

Maginn was the first in a number of medical physicians to edit the *Journal*. His editorship spanned the period 1970 to early 1973 (See Appendix 6), when he was succeeded by Dr David Pitt in March of that year. Dr Cliff Judge became Editor in September 1976 and Dr Robert Cummins in December 1980.

In 1970, an Editorial Board was elected. This comprised an Editor-in-Chief, two Associate Editors and seven Consultant Editors. In 1973, this was changed to Editor and Assistant Editor, with at least five Associate Editors, one of whom carried out book reviews on publications in the field. Editorial Consultants from overseas were introduced in 1980 with the input from overseas Consultants gradually increasing.²¹³

To encourage a standard of quality in *Journal* articles, State Branch Committee members had implemented a practice of awarding prizes to authors whose article had appeared in the *Journal* in the preceding twelve months and had ‘impacted positively’ on the lives of people with intellectual disabilities.²¹⁴ ASSID’s Research Committee members produced a Directory of Research every two years, which showed the amount of research being performed in the field. It was from here that the nomination was made for a National Research Prize.²¹⁵ The awarding of the prize commenced in 1987. It was an award for an Australian author(s) whose work was ‘innovative, practical and [brought] real life changes to intellectually disabled people’.²¹⁶ It is evident in the nature of the award that those working in the field of intellectual disability valued research that had direct applications - a situation not without parallels in the field of education where practitioner research, and especially action research was increasingly favoured over psychological research.

²¹² Ibid; P.J., Foreman, Publishing about intellectual disability: An analysis of the contents of the *Journal of Intellectual and Developmental Disability*, and its predecessors, *Journal of Intellectual and Developmental Disability*, 1998, 23(3), pp. 187-197.

²¹³ P.J., Foreman, Publishing about intellectual disability: An analysis of the contents of the *Journal of Intellectual and Developmental Disability*, and its predecessors, *Journal of Intellectual and Developmental Disability*, 1998, 23(3), pp. 187-197.

²¹⁴ Margaret Andersen private archive: Geoff Ross, Secretary’s Report to Council, 1985/86; Western Australia Branch Newsletter, 1988, 1(3).

²¹⁵ Margaret Andersen private archive: Letter to Ms M Hauritz from Geoff Ross, National Secretary, 1 June 1987.

²¹⁶ Margaret Andersen private archive: Minutes, Third Council Meeting for 1986/87, 7 November 1987.

Foreman has written an article on the history of the *Journal*. In that work he indicates that the name change in 1980 to the *Australian Journal of Developmental Disabilities* was ‘influenced by the acceptance of the United States definition of developmental disabilities’.²¹⁷ The definition of the term ‘developmental disabilities’ encompassed a broader range of disabilities which allowed the Journal to embrace a wider variety of articles in other areas of disability, although Cummins continued to ‘favour manuscripts in the area of mental retardation’.²¹⁸ Cummins’ appointment as Editor coincided with the name change and his appointment ended the trend of medical physicians being appointed as Editor. Since then, the editors have been either psychologists or educators.²¹⁹

In 1982, following an agreement for joint publication with the New Zealand Association for the Scientific Study of Mental Deficiency, the *Journal* became the *Australia and New Zealand Journal of Developmental Disabilities*.²²⁰ In December 1983, Trevor Parmenter succeeded Cummins as Journal Editor.²²¹

With the introduction of the inclusion of New Zealand in the title, the Editor’s title became Editor-in-Chief, which allowed for the position of Editor to be held by someone from the New Zealand Association. Associate Professor Keri Wilton, who resided in New Zealand, became the Editor and Trevor Parmenter, Editor-in-Chief. However, in 1993, the decision was made by ASSID’s National Council to abolish the position of Editor-in-Chief and revert to ‘Editor’. Council felt that a more efficient way to process the Journal would be to make the Editor in New Zealand a member of the Editorial Board. Wilton remained as an Associate Editor.²²²

Another name change occurred in 1992. The suggestion was that ‘New Zealand’ be dropped from the title and consideration be given to including ‘Australian’ or ‘Australasian’ in the title rather than ‘Australia’.²²³ This suggestion can be linked to Australia’s growing relevance to Asian countries in the Pacific and ASSID’s aim to play a greater role by expanding links

²¹⁷ P.J., Foreman, Publishing about intellectual disability: An analysis of the contents of the *Journal of Intellectual and Developmental Disability*, and its predecessors, *Journal of Intellectual and Developmental Disability*, 1998, 23(3), pp. 187-197.

²¹⁸ Ibid; R., Cummins, Editorial, *Australian Journal of Developmental Disabilities*, 1980, 6(1), p. 3.

²¹⁹ P.J., Foreman, Publishing about intellectual disability: An analysis of the contents of the *Journal of Intellectual and Developmental Disability*, and its predecessors, *Journal of Intellectual and Developmental Disability*, 1998, 23(3), pp. 187-197.

²²⁰ ASSID archive: Document for bid to host 1992 International Congress.

²²¹ *Australian Journal of Mental Retardation*, 1973, 2,(5).

²²² ASSID archive: Letter to Associate Professor Keri Wilton, from Dr PJ Foreman, ASSID Editor, dated 9 December 1993.

²²³ ASSID archive: Second Teleconference 1991/1992, 8 March 1992; Teleconference and

with neighbouring countries.²²⁴ By October 1994, the Journal was no longer a joint publication but retained Australian and New Zealand in the name. In 1996, the new title of the Journal of Intellectual and Developmental Disability was adopted.²²⁵

The Journal's appearance over the decades reflects the individual stamp placed on the publication by each of its editors. Colour, size and presentation changed right through to 1998. In that year it took on a blue and green cover. These changes were all part of a long term plan to produce a publication of quality with a strong reputation. As one former Editor stated: 'each Chief Editor in turn has improved it. It's top drawer now'.²²⁶

In 1990, Phil Foreman succeeded Trevor Parmenter as *Journal* Editor and Wendy Grant was appointed Editorial Assistant to the Publication's Committee.²²⁷

In 1995, ASSID entered into an agreement with Carfax Publishers to undertake publication of the Journal on the Society's behalf. Under the agreement, ASSID retained editorial control and Carfax Publishers became responsible for advertising, marketing, production, printing and distribution of the Journal.²²⁸

Analysis of Journal Articles 1970 – 1999

As indicated above, there has been a previous analysis of the Journal undertaken in 1998 to determine: 'the nature and orientation of its contents, the type of publication, and the professional background and affiliations of the authors.' The paper also examined 'the extent to which the Journal reflected developments in research and changes in professional practice in intellectual disability, in Australia and overseas'. The article concluded that the Journal

has reflected the changes that have occurred in the way people with intellectual disabilities have been treated in the community. The primary changes have been in the movement away from research and reports on medical issues towards studies of educational and life-style related matters.²²⁹

Executive Meeting, 14 & 15 August 1993.

²²⁴ National Australia Library archive: AGSOMD Newsletter, No. 14, March 1975.

²²⁵ ASSID archive: Minutes, Council Meeting, 25 October 1994, Extraordinary Meeting, 6 May 1995.

²²⁶ ASSID archive: 2000, Interview no. 4.

²²⁷ Margaret Andersen private archives: Secretary's Report, AGM 1991; Newsletter Editor's Report, 13 September, 1991.

²²⁸ Margaret Andersen private archives: Teleconference, Third National Council Meeting, 30 January 1995.

²²⁹ P.J. Foreman, Publishing about intellectual disability: An analysis of the contents of *the Journal of Intellectual and Developmental Disability*, and its predecessors, *Journal of*

There was a need to re-examine the content of the Journal for this history, and given a lack of detail about how the articles had been allocated to categories the author used a procedure that identified broad categories emerging from a non-specialist reading of the primary purpose of the articles.

Five categories emerged that reflected emphasis: Research, Literature Review, Professional Discussion, Programme and Personal Reflection. The articles that were 'Research' were those that included methodology, analysis and findings. Those categorised as Literature Review were devoted to surveying and evaluating the literature in a specific area, while the articles listed under Professional Discussion were those that provided an informed discussion on an issue and were clearly intended to raise debates, new angles and be informative to a wide range of readers. Those under Programme reported on the progress or results of specific programmes related to practice in the field that were not also 'research'. Under Personal Reflection were articles devoted to personal opinion or observation. Every journal issue was included in this analysis.

Figure 5.1 on the following page represents the percentage of total articles per year. The analysis found that the emphasis in the articles and the authorship reflect ASSID's commitment to research in the field of intellectual disability and also a commitment to international recognition. Research articles always dominated but in the early years research articles and professional discussions were roughly equal in proportion. There were very few literature reviews at this time. From the late 1970s and early 1980s, research articles became more prevalent and this trend has continued. In 1997, 100% of the articles published were research articles. Publication of literature reviews increased in the 1980s compared to the 1970s but the trend did not continue into the 1990s. The highest peak for literature reviews was in 1983, when 25% of articles published that year fell into this category. Articles in the professional discussion category have not regained the same prevalence as in the 1970s but nevertheless, represent the second largest grouping published in the Journal. Several times throughout the Journal's history, in 1973, 1976, 1977, 1988 and 1993, professional discussions have represented at least 40% of the articles published, and in the 1970s, twice exceeded 50% (Figure 5.1).

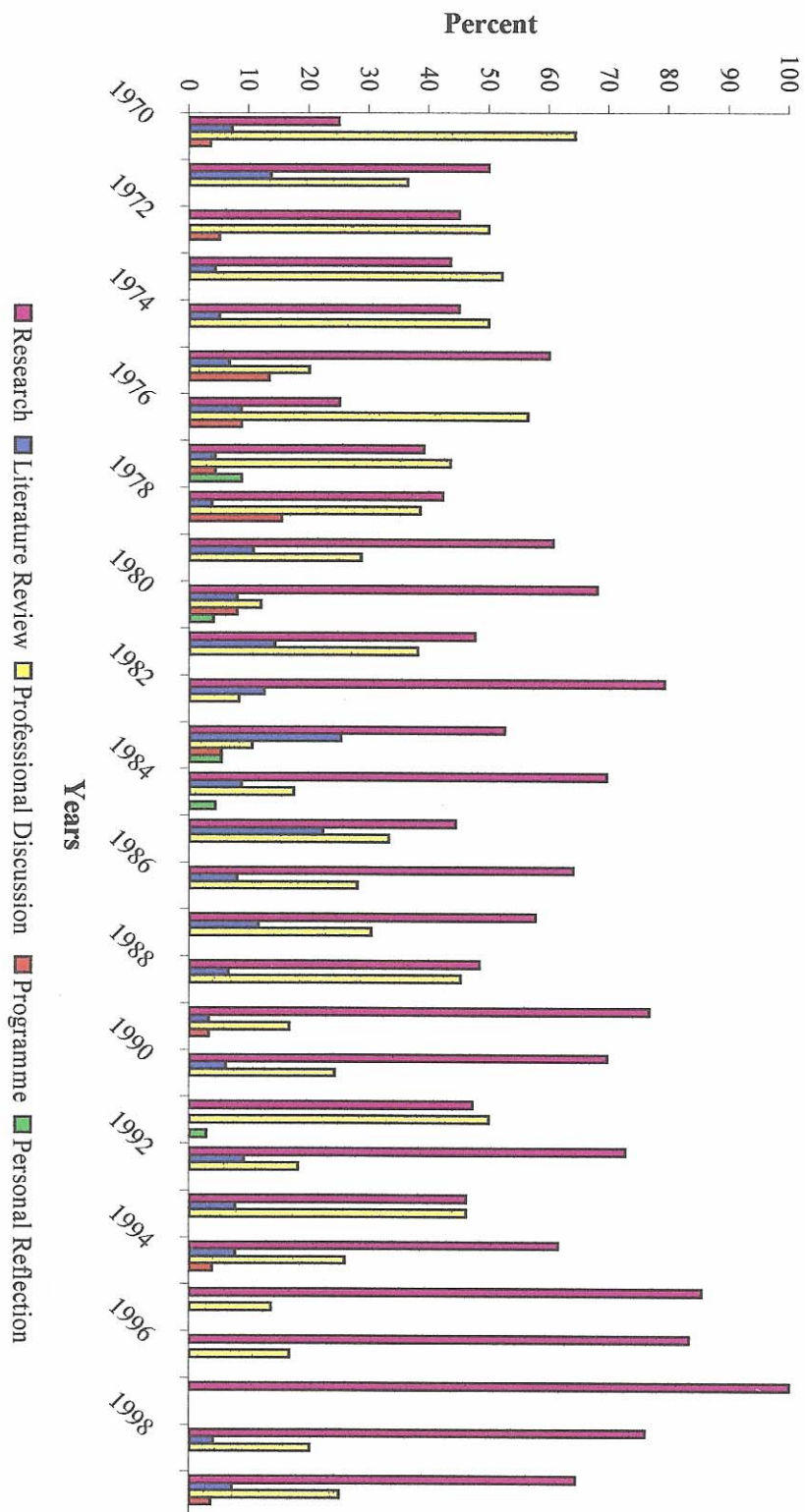
An examination of the number of articles published by Australian and overseas authors revealed that Australian authorship has dominated the Journal throughout its history, although from 1971, it has always included some overseas authorship. The input from overseas authors peaked in the 1980s. In four of the volumes during this period, overseas authorship

outweighed the Australian (Figure 5.2). A review of individual editorial periods did not reveal any pattern in the types of articles published during any one period.

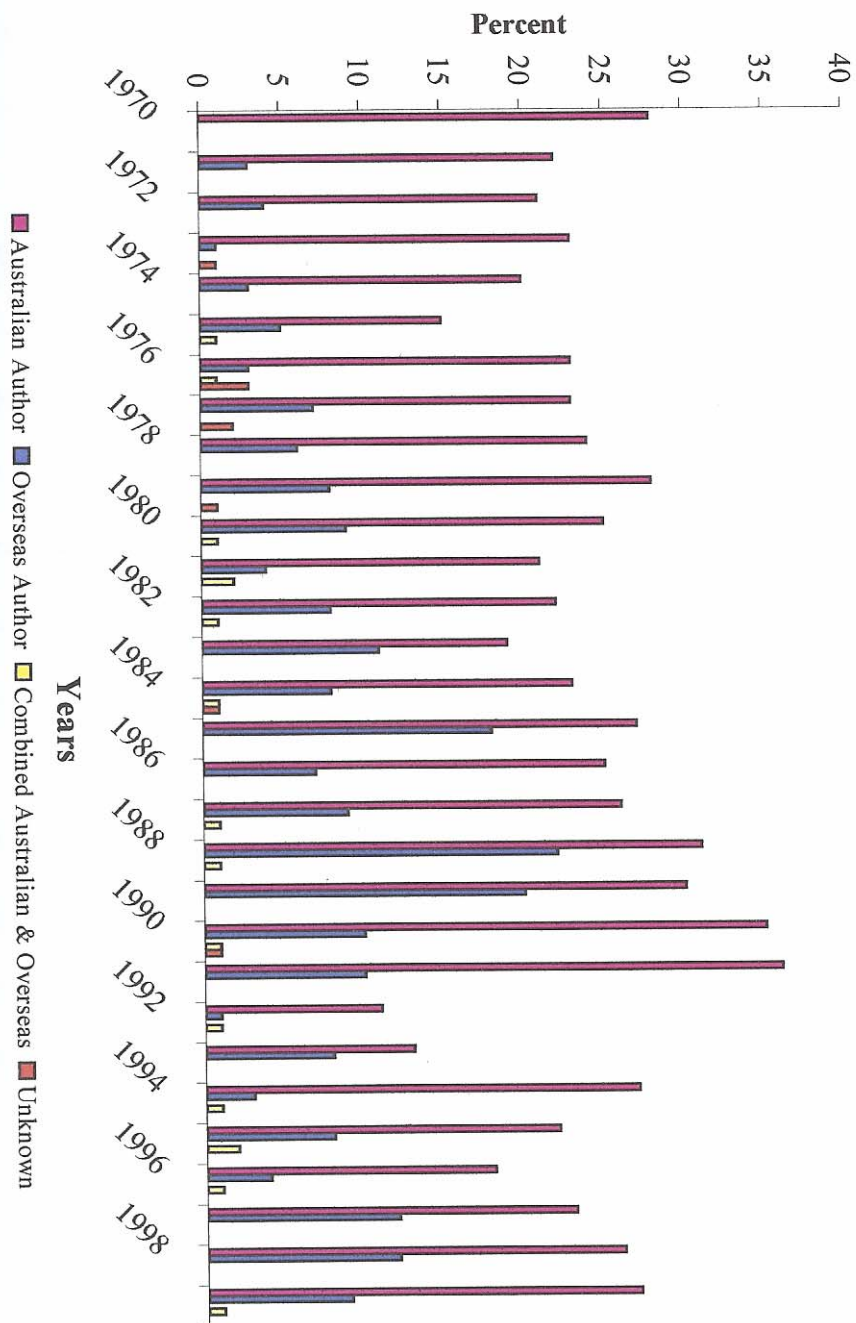
The Journal then, emphasised the association's commitment to research in the field of intellectual disability and was a major contributor to AGSSOMD/ASSID's profile as a professional group of high standing. Changes to the name reflected changing philosophies in the field, while changes to the content mirrored the changes in the field, particularly during the 1980s.

The National Newsletter, while lower in profile than the conference and the journal, was another mode of dissemination, albeit in less depth and for a different purpose. It informed members of activities in other States and Branches and provided reports from National Council, news releases, and information on other conferences, as well as political and other news.

Percentages of Journal Articles 1970-1999



Australian and Overseas Authorship



Contribution of the Newsletter

As with the Journal, the 1990s also witnessed format and design changes to the National Newsletter. In a teleconference in 1993, the National President proposed replacing the Newsletter with a large magazine-type format, to be prepared in part by journalists working on a contract basis. That the proposal was viable was due in part to ASSID's sound financial position since the success of the Queensland Conference in 1992. The plan was for the Magazine to be available on a subscription basis to non-members, similar to the Journal.²³⁰

A survey was subsequently sent to 200 members to determine their views on six proposed options for revising the Newsletter. Of the 36% of forms returned, the preferred option was a joint Newsletter with NCID. Second on the list of preferences was a quarterly National Magazine called *Intellectual Disability Australia*, to be produced and distributed by ASSID.²³¹

In 1994, after discussions and a survey was carried out to determine members' views on a new format for the Newsletter, 'Intellectual Disability Australia', was adopted as the new Newsletter. Conference papers were used as content as well as ASSID news. That way content was guaranteed for each edition.²³²

Trevor Parmenter's resignation as the Newsletter Editor in 1989 prompted National Council members to take responsibility for the four issues in 1990, as a full-time replacement could not be found.²³³ In 1991 Dr Bob Conway took over the Editorship and had as his Assistant Editor, Dr Ian Dempsey.²³⁴ In 1994 Karen Nankervis was appointed Editor and was reappointed for a further three years in 1998.²³⁵

In addition to the conference, journal and newsletter, ASSID was also committed to informing groups within the community by other means and this is evident in the lobbying role it performed, and in the books, monographs and brochures it produced, all primarily with the

²³⁰ ASSID archive: National President's Report, Teleconference and Executive Meeting, 14 & 15 August, 1993.

²³¹ National Australia Library archive: ASSID Newsletter, 25 October 1994.

²³² Margaret Andersen private archives: Memo to National Councillors, ASSID from John Cooper, SA, dated 21 February 1994; ASSID archive: Minutes of Meeting, 12 August 1994.

²³³ Margaret Andersen private archive: Vice-President's Report to AGM, October 1990.

²³⁴ Margaret Andersen private archive: Newsletter Editor's Report, 13 September 1991.

²³⁵ Margaret Anderson private archive: Teleconference Second Nat Council Meeting, 12 Dec 1994.

aim of informing others on behalf of persons with intellectual disabilities. The activities described below also illustrate ASSID's commitment to increase the scope and the quality of its contribution.

Other Key Activities Targeted to Assist and Inform the Community

Other Publications

ASSID's commitment to dissemination resulted in pamphlets, monographs and booklets being published to inform different groups within the community, particularly during the late 1980s and 1990s. These were published either jointly or by ASSID and at times were written at the request of other organisations. Early Intervention for children with disabilities – The Australian Experience was an innovation of ASSID's Research Committee which comprised Moira Pieterse, Dr Sandra Bochner and Dr Sue Bettison. The book was developed in the mid 1980s and was the result of members from each Branch being invited to submit a paper on the development and implementation of early intervention programmes for children with intellectual disabilities in their state.²³⁶

Another publication, *Guidelines to follow when a child with a disability is born*, was a brochure aimed at paediatricians, obstetricians and nurses. It was distributed to maternity and teaching hospitals, doctors' surgeries and Medical Departments throughout Australia.²³⁷ In the 1990s, the publication, *Behaviour Management: An Approach for the 90's: The Prevention & Management of Challenging Behaviour: Policies, procedures, Ethics and Law* was launched in 1993 and reprinted in 1997.²³⁸ A publication that was requested by Illawarra Disability Trust and produced by ASSID was *Intellectual Disability and the Law: Contemporary Australian Issues*. This was launched at the National Conference in 2000.²³⁹

ASSID's commitment to these publications is evidenced by The Publications Committee encouragement of authors with ideas for other publications suitable for ASSID publication.²⁴⁰

²³⁶ Margaret Andersen private archive: AGSSOMD Research Committee Report, Moira Pieterse, undated document; Report from Research Committee to National Council, March 1986.

²³⁷ Margaret Andersen private archive: Letter to Associate Professor Jay Birnbrauer, Murdoch University from Greg Lewis, National President, 14 March 1994.

²³⁸ Margaret Andersen private archive: Launch flyer; ASSID archive: Expressions of Interest document, circa 2000.

²³⁹ ASSID archive: Report from the ASSID Secretariat, October 2000.

²⁴⁰ ASSID archive: Vice-President's Report to National Council, Final Council Meeting, September 1999.

ASSID's Role as Consultant

The national body of ASSID has made itself available as a consultant group to government and non-government agencies to inform on issues arising in the field of intellectual disability, at both national and state levels.²⁴¹

In 1987, letters were written to a wide range of organisations, this time in an effort to identify areas that would require a consultant body such as ASSID. It was decided to compile a list of members within ASSID who had expertise in specific areas and were willing to offer their services in this way. This service was then advertised to other similar agencies such as the AAMR and Australian Council for Rehabilitation of Disabled (ACROD) and the Department of Community Services and Health in Canberra to make them aware of the service being offered.²⁴²

Media Project

Media Awards were an initiative of the Tasmania Branch Committee in 1996. Approximately twelve thousand 'prompt cards', were printed. The cards stated forms of appropriate terminology to use when describing people with disabilities. These cards were sent to journalists of the Australian Journalist Association, (now Media and Entertainment and Arts Alliance) as well as the major newspapers and major media networks. When examples of positive reporting on disability were identified, a certificate was sent to the reporters to congratulate them on good reporting.²⁴³

Sponsorship

The different activities and services performed by ASSID and the discussion they aroused, continually fed back into the way the body defined itself and broadened the terms under which it operated. An example of this is when it was called upon to act in a sponsorship role to other groups. ASSID saw the sponsoring of other organisations as a way of "supporting organisations that were putting practical resources towards meeting some of ASSID's own objectives".

²⁴¹ Margaret Andersen private archive: List of Resolutions as at 17 September 1987, Item 9.1 5 October 1979; Letter to DR N Blewitt, Minister for Community Services from Geoff Ross, National Secretary, 7 September 1987.

²⁴² Margaret Andersen private archive: Minutes, Third Council Meeting for 1986/87, 7 November 1987.

²⁴³ ASSID archive: Member Interview, 2000, no. 9.

Furthermore, it was felt that by adopting a role as a granting body, it “would be providing further impetus for ASSID to attract new members as well as further its own objectives”.²⁴⁴

ASSID sponsored a number of overseas visitors to Australia who were experts in the field of intellectual disability and issued a \$500 grant to the Australian Sport and Recreational Association for People with an Intellectual Disability (AUSRAPID) to help in its setting up costs. In addition, the Queensland Branch sponsored the Special Olympics Queensland team to visit Tasmania.²⁴⁵

ASSID also supported sponsoring a person with an intellectual disability to carry out research, the result of which was the Consumer Research Project. This initiative clearly demonstrates the commitment of ASSID to involve people with intellectual disabilities.

Consumer Research Project

The Consumer Research Project was introduced In 1999 when members on the ASSID Executive called for applications for a grant of \$5000 for a person with an intellectual disability to carry out a research project. The grant was paid to an organisation that would pay expenses for the project which was to be completed within a two year frame-work. Kim Walker was the recipient of the grant and became involved in a study regarding the courses offered at Ultimo TAFE for people with intellectual disabilities.²⁴⁶

Distinguished Service Awards

In addition to acting as a consultant body, as a sponsor for different activities, and informing the community in various ways, ASSID also rewarded members who had made a distinct contribution to AGSSOMD/ASSID and/or who had enhanced the profile of the Society.²⁴⁷ National President, Bob Conway, first raised the issue for discussion with the recommendation that a Sub-committee be established to determine criterion for such citations. The first Distinguished Service Awards were presented at the AGM in 1992 and took the form of a certificate. In 1993, an addendum was attached to the criterion that no serving member on the National Council could be nominated for a Distinguished Service Award during the term of their own Council membership. In addition, to maintain its prestige, the

²⁴⁴ Margaret Andersen private archive: papers Minutes, Second Council Meeting 1986/87 Council, 8-10 May 1987.

²⁴⁵ Margaret Andersen private archive: Newsletter, Queensland Branch, October 1987; ASSID Queensland Committee Meeting, 16 September 1987.

²⁴⁶ ASSID archive: Application for Consumer Research Project document, circa 1999, pp. 1-17; ASSID Consumer Research Project Report Recipient Kim Walker, Progress Report, undated, pp. 1-6.

Award was restricted in number, and based on ‘the person’s distinguished contribution to ASSID which had enhanced ASSID’s profile and/or operation’.²⁴⁸

Taking a stand on Key Issues

Position Papers

ASSID sought to play a proactive role in the community through the writing of position papers and lobbying government. Submissions were written that positioned ASSID’s views on different issues in the field and mirrored the changes that were occurring. Position papers were submitted to Council for discussion and printed in the National Newsletter for comments before being ratified as ASSID’s position on a particular issue. However, most responses tended to be done ‘on the run’, and were more reactive than proactive, as a result of the small amount of time professionals had at their disposal to write them.²⁴⁹

Submissions and comments were made to National and State governments on various issues and covered a wide spectrum of areas. Comment ranged from responding to various reports and Bills that were passed in different States at different times, to statements regarding the rights of persons with a disability and greater focus on intellectual disability in medical and post graduate teaching courses.²⁵⁰

In the 1990s, ASSID became less active in the writing of position papers when it was decided by National Council to produce fewer position papers and ‘focus more on core business.’²⁵¹

Lobbying

Lobbying played an important role in ASSID’s history. However, this type of activity was more marked in some periods than others. The 1980s were a decade of great change in practice in the field of intellectual disability and it was at that time that ASSID was most active in its lobbying role.

²⁴⁷ ASSID archive: Third Teleconference for 1990/91, 18 August 1991.

²⁴⁸ Margaret Andersen private papers: National Newsletter, undated; Western Australian Branch Committee Meeting, 8 July 1992; Citation for distinguished members, Report to National Council, April, 1992; ASSID archive: Minutes, Annual Report 1991/92, Teleconference and Executive Meeting 14 & 15 August 1993.

²⁴⁹ ASSID archive: National Secretary’s Report to National Council 1990/1991; Margaret Andersen private archive: Agenda, Third Council Meeting 1986/87, 7 November 1987; ASSID archive: Minutes, Annual General Meeting, 26 September, 1985.

²⁵⁰ National Australia Library archive: Secretary’s report 1982/1983 in February 1984 Newsletter; Margaret Andersen private archive: Submission to Chairperson, Committee of Inquiry into Medical Education and the Medical Workforce, by Dr Helen Beange, Co-ordinator, Development Disabilities Health Promotion Unit, Royal North Shore Hospital, 5 May 1987.

Joint submissions were commonly made by the AGSSOMD/ASSID in conjunction with other groups such as NCID. Moreover, other groups sought AGSSOMD/ASSID's response, asking it to lobby on particular issues. One case involved the decision by the Family Court to give the parents of a girl with an intellectual disability permission to obtain her sterilisation. NCID wrote to the Attorney General in Canberra regarding the case and ASSID wrote to the Human Rights Commission to intervene in the findings and give consideration to the implications the judgement would have of people with intellectual disabilities.²⁵²

The Association lobbied in response to injustice and narrow-mindedness in various guises. For example, a Tasmanian publication advertised for persons with suitable medical qualifications to apply for a Superintendent's position in a new residential training centre in that State. In response, National President, Joanna Wright wrote to the Tasmanian Minister for Health and Community Welfare, condemning the advertisement for its narrowness in not asking for professionals from suitable multi-disciplinary backgrounds to apply. Due in part to her lobbying, the job was readvertised, and extended to applicants with a variety of qualifications and experience.²⁵³

In mid 1985, William Stephen Wingham, a twenty-two year old man with an intellectual disability from the ACT was charged with assault and attempted murder. He was detained at the maximum security ward for the criminally insane at Morisset Hospital in New South Wales under the Lunacy Act of 1898. Under this Act, Wingham could be held at the Governor's Pleasure until he was able to understand the charges against him. National Secretary, Ron Joachim wrote to the Prime Minister, Bob Hawke, and asked him to intervene in the case.²⁵⁴ This issue was followed up for the next two years until National Council members were satisfied with the outcome.²⁵⁵

So far in the discussion the emphasis has been on the National body, but the Branches reinforced and stimulated national activity, with activities of their own, and raised the profile of the association within the States.

²⁵¹ ASSID archive: Vice-President's Report 1991/1992; Vice-President's Report 1992/1993.

²⁵² ASSID archive: Correspondence from Robert Conway, National President, ASSID to Mr B Brudekin, Human Rights Commission.

²⁵³ ASSID archive: AGSOMD Newsletter, 1984, 5(3), National Australia Library, Secretary's Report 1984/1985.

²⁵⁴ National Australia Library archive: Correspondence to Ron Joachim to Bob Hawke, 27/7/1985 in December, vol 7, no. 4, 1985 Newsletter.

Branch Activity

Throughout ASSID's history branch activities have played a vital role in the Association's growth and development. Branch members became involved in a range of diverse activities, from lobbying governments in their state, to developing seminars, training packages and publications and holding their own state conferences. Branches Committee members held regular meetings and seminars on current issues with invited guest speakers. The Branches used these forums to educate and inform and provided an opportunity for professionals to network. Branch Committees also developed initiatives to improve services to those with an intellectual disability.

Most Branches produced their own Newsletters and these were instrumental in informing members of activities within the state. They usually included the National President's address, information on budgets, upcoming conferences, and articles thought to be of interest. Some Branches began state conferences and developed other initiatives designed to raise ASSID's profile, increase membership and inform and educate the community.

Some examples of Branch activities give an indication of the wide variety of projects in which members were involved. New South Wales members produced a training film which resulted in financial solvency that helped to secure the Secretariat in New South Wales.²⁵⁶ Members in Western Australia became involved in the establishment of a Media Watch Group to re-educate the media; awarded prizes to outstanding students who completed habilitation courses; designed a new Associate Diploma in Community Studies for Social Trainers at the Western Australian College of Advanced Education; and in the early 1990s, developed a computerised intellectual disability network to operate as a bulletin board and information point of contact.²⁵⁷

In Victoria, members concentrated on student members and developed a working party to investigate methods by which this group could be supported. In Tasmania, members provided an educational forum by addressing audiences at Apex, Lion and Rotary Clubs and other bodies that were interested in information-sharing sessions.²⁵⁸ The Queensland Branch

²⁵⁵ Margaret Andersen private archive: papers Minutes of Teleconference, 4 August 1987.

²⁵⁶ National Australia Library archive: AGSOMD Newsletter, May 1984, p. 15.

²⁵⁷ Margaret Andersen private archive: Neil Sinclair, Western Australia President's Report to Council, 1985/86; AGM, Western Australia Branch, 28 September 1988; National Australia Library archive: Western Australia Branch Report 1982/83 to Council, AGSOMD Newsletter, February 1984; Margaret Andersen private archive: Minutes, ASSID New South Wales Committee Meeting, 10 October, 1994.

²⁵⁸ National Australia Library archive: Victorian Branch News, ASSID Newsletter, 1996,

Committee organised the International Conference in 1992 and was given credit for the voluntary work carried out by members to achieve its success.²⁵⁹

Conclusion

The services and activities provided by AGSSOMD/ASSID complemented and supported each other, and the expertise and knowledge within the membership provided a robust foundation for them. On the one hand, these activities ensured the survival of the group as members joined in order to access them. On the other, they allowed ASSID to build its profile nationally and internationally and to ‘be heard’ by decision makers at all levels from the institutional level to government level. Increasingly the activities began to draw in the client or customer group as well, so adding depth and practical relevance to the activities of the group.

17(3); ASSID archive: Member Interview, 2000, no. 11.

²⁵⁹ ASSID archive: Member Interview, 2000, no. 4.

Chapter 6

Role and Contribution

Introduction

The previous chapters provided a detailed account of AGSSOMD/ASSID's (hereafter ASSID's) development and activities. Chapter 5 also explored in some depth how ASSID catered to the needs and interests of its members through the dissemination of information, provision and creation of networks and channels of communication, as well as providing opportunities for self-development and growth. This chapter attempts to assess the broader role that ASSID has played in the field of disability and within the community generally, and the extent to which it has made a contribution.

Throughout its history ASSID's aims and activities have closely reflected the trends and developments in the field of intellectual disability. While it is not possible from the evidence to claim that the body had a substantial and sustained impact on policy, or that all its activities were at the cutting edge of change, it nevertheless responded to change. Moreover its role extended to advocacy, and its activities chipped away at the barriers that impeded the recognition and acceptance of people with intellectual disabilities.

The Challenges and Outcomes of the Association

The inaugural Conference of the International Association for the Scientific Study of Mental Deficiency (IASSMD) provided the impetus for the formation of AGSSOMD. The rapid response of the professional community connected with intellectual disability indicated that this seed fell on prepared and fertile ground. AGSSOMD/ASSID's own Conferences provided a vehicle to showcase new developments and learn of new trends, particularly in the 1960s and 1970s, and in turn provided the incentive for members to begin thinking of alternative models of care outside of the medical paradigm that had dominated the field until then.

There is evidence in archival documentation and the literature of the time that tensions existed between those who favoured the adoption of alternative models of care to that of the medical model, and those who favoured the medical model which supported institutionalisation of people with intellectual disabilities. Early members were certainly not homogenous in their

philosophies or practices, and this diversity could also be found in State differences. For example, alternative practices surfaced in Western Australia relatively early compared to other states. One of AGSSOMD's foundation members, Dr Guy Hamilton, was Superintendent of the Mental Deficiency Division of Mental Health Services from 1964. Hamilton implemented reforms, which, according to Stella, were reflected in overseas research in the mid 1960s.²⁶⁰

These tensions often spilled over at conferences where vigorous and heated debate often flared as different positions were put forward by professionals.²⁶¹ One member recollected that a presentation he gave on service provision in his state at a conference in 1967, was not viewed 'at all well'. This member felt that the negative reaction was because of the concerns felt by some members that changes to the medical model would result in a loss of power for the medical profession.²⁶² Support is found for this perception by Cooter & Pickstone, in their claims of how the medical profession has used its power against governments pushing for reforms to the health system.²⁶³

Another source of tension can be traced to the employment profile of members. A substantial proportion of AGSSOMD members were employed in government positions. This reduced the likelihood that the association's early executive could position itself at the cutting edge of reform because 'it may have offended who paid them.'²⁶⁴

The result was that

people... were pushing for reform and the introduction of new ways of doing things, (while) others in top positions in government circles had to maintain what was up and running.²⁶⁵

Moreover, even the implementation of reform could not ensure a change in practice in the short term. One member recalled that:

in Victoria, when I went there in about 1980 there were still dreadful institutions which hadn't changed in 100 years and there were people, staff in those institutions who were members of AGSSOMD and went to meetings. Other than conducting an annual talk-fest, AGSSOMD lacked any unity of purpose.²⁶⁶

²⁶⁰ L. Stella, 'Normalisation and Beyond: Public Sector Residential Care 1965-1990 in E. Cocks, C. Fox, M. Brogan, M. Lee, (ed), *Under Blue Skies: The Social Construction of Intellectual Disability in Western Australia*, Western Australia, Optima Press, Centre for Disability Research and Development, Edith Cowan University, 1996, pp. 92-136.

²⁶¹ ASSID archive: Member Interview, 2000, nos. 19 & 11.

²⁶² ASSID archive: Member Interview, 2000, no. 19.

²⁶³ R. Cooter, J. Pickstone (eds), 'Medicine and the Welfare State 1930-1970' in *Medicine in the Twentieth Century*, Australia, Harwood Academic Publishers, 2000, pp. 125-140.

²⁶⁴ ASSID archive: Member Interviews, 1999, 2000, nos. 4, 8,.

²⁶⁵ ASSID archive: Member Interview, 2000, no. 11.

²⁶⁶ ASSID archive: Member Interview, 2000, no. 13.

In terms of advocacy therefore, and in particular, advocating major reform, the ASSID Executive was restricted by external pressures.

Wiegerink and Pelosi discuss the advantages and disadvantages of working ‘inside’ an institution or agency. They claim that greater knowledge of the clientele or consumer group is available to those who work ‘inside’. However, the disadvantage is that ‘advocacy activity’ results in a ‘conflict between the advocate and the system providing his support’ – the ‘advocate may feel pressured to compromise an ideal’.²⁶⁷ As time wore on, the restrictions and tensions lessened for the Executive, as the number of non-government employees increased.

Debate and tension can also have a productive side however. As is evident in so many histories of professional groups and associations, there is evidence that bodies such as ASSID provide a setting for new ideas to take hold, and the seeds of change to be sown.²⁶⁸

The main trends in the area of intellectual disability in the 1970s in Australia followed those from overseas. The main trend was a shift away from institutionalisation and the medical model of care for people with intellectual disabilities, to integration within the community and a more service-based approach. These trends were discussed at conferences but it would seem that there was about a ten- year lag before change was actually implemented.²⁶⁹ ‘Parent pressure’ played a significant role in this change.²⁷⁰ For example one member recalled that the Board of the Minda Home in South Australia and the government:

were content to go on with their custodial policies and indeed it was the parent associations in each state, not knowing quite what they wanted, but what they did want was education for their kids... The shaping of public policy came from the parent associations.²⁷¹

²⁶⁷ R. Wiegerink, J.W. Pelosi (eds), *Developmental Disabilities: The DD Movement*, Baltimore, Maryland, Paul H. Brooks, p. 47.

²⁶⁸ M. Jacobs, Students of a like hobby: the Society 1900-1954 in *Much Writing, Many Opinions*, A. James (ed), Sydney, NSW, The Royal Australian Historical Society, 2000, pp.10-31; R.S. Love and V.M. Branson, *Apex: The First Twenty-Five Years*, Sydney, Association of Apex Clubs, pp. 100-101; B. Bessant, and A. Holbrook *Reflections on Educational Research in Australia: A History of the Australian Association for Research in Education*, 1995, pp. 272-273.

²⁶⁹ ASSID archive: Interview, 1999, 2000, Nos 6, 8,9.

²⁷⁰ ASSID archive: Member Interviews, 1999/2000, no. 13 & 15.

²⁷¹ ASSID archive: Member Interview, 2000, no. 13.

Parents began to question why there were service residential programmes for the psychiatrically disturbed but not for their children who had intellectual disabilities.²⁷² This ‘energy’ from the parent groups, together with the ‘interest developing from the professional groups’ spurred change.²⁷³

The late 1950s and 1960s represented an important period of scientific discovery with critical implications for the diagnosis and detection of intellectual disability. There was the discovery of a new chromosome in Down Syndrome and the identification of previously undiagnosed cases of phenylketonuria.²⁷⁴ Untreated PKU could result in babies with intellectual impairment.

Some members hastened to explore and apply these findings. Dr David Pitt, first Secretary of AGSSOMD, brought back a chemical kit developed in America by Dr Rob Guthrie, which was used to formulate a blood test to check for phenylketonuria (PKU) in newborns. AGSSOMD promoted the Guthrie Test and sent letters to State Ministers of Health to encourage its use in maternity hospitals. This initiative, together with a visit by Dr Guthrie in 1965 to demonstrate the importance of its use, resulted in many hospitals agreeing to implement the test.²⁷⁵

An area where ASSID took the lead in informing practice was to publish *Guidelines to follow when a child with a disability is born*. The impetus came from the New South Wales Branch members who wanted parents to be aware of the alternatives to institutionalisation, given the practice among doctors to advise parents to place their intellectually disabled children in institutions. ASSID members formed a Committee which included parents and a pamphlet was produced. This has been revised and updated over time and has been successful in its aims of educating ‘a wider audience’ in alternatives to institutionalisation.²⁷⁶

It is difficult to assess the extent to which ASSID impacted on practice. What is known, is that individual members brought their ideas and energy into the association and therefore into the broader arena.

²⁷² ASSID archive: Member Interview, 1999, no. 15.

²⁷³ ASSID archive: Member Interviews no1999, 2000, . 3, 13, 15.

²⁷⁴ ASSID archive: Member Interview, 2000, no. 5.

²⁷⁵ Dr. D. Pitt private archive: AGSMOD Newsletter December 1967, NA: archive; Member Interview, 2000, no 5, ASSID archive; Newsletter, May 1965; Bulletin, Vol 12, March 1969.

²⁷⁶ Margaret Andersen private archive: Letter to Associate Professor Jay Birnbrauer, Murdoch University from Greg Lewis, National President, 14 March 1994; ASSID archive, Member

There was another factor that would have worked to restrict the impact of ASSID on policy. It did not have a secretariat that was close to the base of power in Canberra. Without proximity to political decision makers it was not looked upon as a serious pressure group, nor called upon by government agencies to act in a consulting role.

Because we didn't have a secretariat, because we were too much in the international group, because we don't have the infrastructure support to respond quickly to government requests for input, sometimes we are just plain ignored.²⁷⁷

The importance of proximity to Canberra has also been realized by other associations, such as the Australian Association for Research in Education (AARE). The president of that association argued for a secretariat in Canberra where 'the increased politicisation' in that city made it necessary 'to have an AARE presence on the spot to carry out regular and sustained networking'.²⁷⁸

It has been argued that at one time the association *was* the peak body on intellectual disability but lost out to NCID because of that group's paid secretariat in Canberra.²⁷⁹

Some members believe that the profile of ASSID has not been high enough to have had a major impact on government policy. One made the point that it was not an atypical situation, given the nature of the 'relationship of non-government organisations and government', that ASSID is:

[not] perceived by governments, at any level, to be a particularly important or forceful organisation. I don't think government takes particularly much notice at all of ASSID as an organization... [government] also doesn't tend to take a lot of notice lately, of even groups like NCID.²⁸⁰

The same informant offers a further weakness with respect to ASSID's profile, namely the lack of

a significant turnover of people on national councils and state executives to ensure that new ideas are coming through. The period since I went on National Council in the late seventies, there are people who have been on National Council for the whole of that time. And I think the same problem exists with the states. There is a small nucleus of people who continue to be the providers of the actual work at state and national level. And I think that is one disadvantage of the organisation, one that needs to be addressed because we are starting to attack some of the more significant issues.²⁸¹

Interview, 1999, no. 17.

²⁷⁷ ASSID archive: Member Interview, 2000, no. 4.

²⁷⁸ B. Bessant, and A. Holbrook, *Reflections on Educational Research in Australia: A History of the Australian Association for Research in Education*, Coldstream, VIC, Australian Association for Research in Education Inc, 1995, pp. 95-96.

²⁷⁹ Member Questionnaire, 2002, Respondent 53.

²⁸⁰ ASSID archive: Member Interview, 2000, no. 1.

²⁸¹ ASSID archive: Member Interview, 2000, no. 1.

Competition from other agencies too, has been a factor in ASSID's lack of peak body status. When it formed, AGSSOMD was the only organisation with a strictly professional membership for people working in the field of intellectual disability; the only one where colleagues could meet and discuss issues in the area.²⁸² A range of new organisations, such as self advocacy groups, then entered the arena. Such groups catered to a broader range of disability and were more able to meet the specific needs of different professions.²⁸³ Moreover, the field in the 1990s split into distinct specialisations, and there developed groups for 'psychologists in disability, therapists in disability, social workers in disability, doctors in disability'. This in turn, impacted on ASSID's ability to attract new members.²⁸⁴

However, at times the body was called upon by government departments to undertake research in specific areas. An approach was made by the Office of Disability, for example, for ASSID and NCID to carry out research on abuse in people with intellectual disabilities. The research was instrumental in raising awareness in sectors such as the Human Rights, Equal Opportunity, and Disability and Discrimination Commissions and as a consequence, ASSID's profile.²⁸⁵ ASSID was also approached for consultation by groups such as the Human Systems Consulting Group, who had been commissioned by the Federal Government to 'consult with employers, unions and government on the feasibility of establishing an Industry Training Advisory body for the human services' with view to assessing the 'needs in services for the ageing, disabled, children, youth and homeless'.²⁸⁶

The focus of ASSID is a specific field or area of disabilities – intellectual disabilities. However that area encompasses the work of a range of professional groups and sub-specialisations, as well as a small but significant sector of the community. Partly for survival but also in response to the growing interest in the area by so many different groups and individuals, the organisation changed its membership regulations to allow students, network and associate members to join. By the turn of the century it was hardly an elitist organisation, but the perception that it was, from some sectors, still remained:

²⁸² ASSID archive: Member Interview, 1999, 2000 nos. 13 & 18.

²⁸³ ASSID archive: Member Interview, 1999, no. 6.

²⁸⁴ ASSID archive: Member Interview, 1999, no. 14.

²⁸⁵ ASSID archive: Teleconference and Executive Meeting, 14 & 15 August, 1993; Member Interview, 2000, no. 1.

²⁸⁶ Margaret Andersen private archive: papers Letter to G. Ross, National Secretary from Roger Barson, Human Systems Consulting Group, 5 August 1987.

The managerial style of some state bureaucracies means less tangible support from employers for individuals to participate in ASSID events. Some ministers eg in Queensland a few years ago hated ASSID – saw it as elitist.²⁸⁷

And,

What was seen as the high cost and elitism meant it was harder to widen the membership base.²⁸⁸

It would seem that mythology commonly pervades institutional narrative, because the memories associated with the foundational years of a body shape those that follow. For example, the authors of the history of the AARE identified the pervasive belief that the research ethos of that body was strongly ‘quantitative’ for most of its existence, when that was really only the situation for its foundation years.²⁸⁹ The most pervasive of ASSID’s ‘myths’ among current members is that it is an elitist organisation, despite more recent developments to the contrary.

The foundational years for ASSID and particularly the founding conferences were very strongly medical in orientation and the most influential members in the early days of its operation were from the medical profession and many of these worked in high status government positions. It should be noted here, however, that evidence exists that some of the key members who pushed for change in the early years of AGSSOMD and even before its establishment, were from a medical background.²⁹⁰ The category of Associate Member introduced in 1969 still restricted membership to people working in the field of intellectual disability who were training for a tertiary qualification.²⁹¹ ASSID only opened up its membership to student members and people with intellectual disabilities, their families and carers in the early 1990s. Another reason for ASSID’s perceived elitism is suggested by Dr Tim Griffin, National President in 1998, who offered the opinion that the misconception of the organisation as ‘elitist or academic’ could be blamed on the profile of past and present Presidents, ie ‘middle-class, middle-aged, tertiary educated (and) male’.²⁹² ASSID has

²⁸⁷ Questionnaire, 2000, no. 60.

²⁸⁸ Questionnaire, 2000, no. 66.

²⁸⁹ B. Bessant and A. Holbrook, *Reflections on Educational Research in Australia: A History of the Australian Association for Research in Education*, Coldstream, VIC, Australian Association for Research in Education Inc, 1995, p. 47.

²⁹⁰ *ASSID archive: 1999, Interview no 15; L. Stella, ‘Normalisation and Beyond: Public Sector Residential Care 1965-1990 in E. Cocks, C. Fox, M. Brogan, M. Lee, (ed), Under Blue Skies: The Social Construction of Intellectual Disability in Western Australia, Western Australia, Optima Press, Centre for Disability Research and Development, Edith Cowan University, 1996, pp. 92-136.*

²⁹¹ *The Australian Journal of Mental Retardation*, 1970, 1(1);2.

²⁹² National Australia Library archive: Dr Tim Griffin, National President’s Report, ASSID Newsletter, 1998, 19,(4).

certainly lost the medical connections and influence it once had. Ironically, comments now revolve around the difficulty involved in persuading medically qualified professionals to join.²⁹³

The broadening of ASSID's membership has not suited all member needs. There is a section of the membership that has viewed recent changes to membership as a 'deprofessionalisation' of the association, with a resultant 'decrease in professional maturity', and diminished 'interest from researchers'.²⁹⁴

Tensions have not disappeared from the organisation. It would be unusual in a body committed to developing and promoting debate if they had. The debates that arise are mostly philosophically driven, and also reflect the diversity of needs and expectations among the membership. This is strongly evident in expectations of the conference. For example, some members indicated on a 1997 Conference evaluation form, that they felt people with intellectual disabilities should be more involved in conferences, giving speeches and providing feedback on whether their needs are being met from a service provision viewpoint. Others believe that ASSID conferences generally should not be a forum for people with intellectual disabilities but should retain their commitment to science and the dissemination of high quality research and practice based information.

It was noted by some that the language in many sessions was inaccessible and the inclusion of 'plain English' sessions was needed.²⁹⁵ The introduction of Consumer Days at Conferences would appear to be aimed at addressing such concerns, although in the future achieving the right balance between the needs of service providers, people with intellectual disabilities, their families and carers is likely to continue to prove problematic.²⁹⁶

Where to now?

It is important to recap at this point that membership is a significant issue for all professional groups or associations. Membership defines the body and its goals. But if size of membership is closely allied with financial security, there comes a point where associations cannot afford to lose members. Mounting costs and expectations require a critical mass of membership to be maintained. The aim to retain and increase membership has constantly tested the ASSID

²⁹³ ASSID archive: Member Interview, 2,000, nos. 11 & 12, Questionnaire, 2002, no. 34.

²⁹⁴ Member questionnaire, 2002, Respondents 20, 34, 64.

²⁹⁵ Margaret Andersen private archive: papers Feedback on 1997 State Conference, Summarised from evaluation forms.

²⁹⁶ ASSID archive: Member Interviews, 1999, 2000, no. 1 and 15.

council. The broadening of the membership base was a way to maintain activities as well as a response to new aims and perceived role. Other organisations, such as the AARE found similar problems in their organisation in the 1970s, when decreased membership led to discussions about the membership criterion being ‘too restrictive’ and resulted in new categories being added.²⁹⁷ The AAMD was another such organisation, which broadened its membership from an organisation for medical officers initially, to one with members from a wide range of occupations.²⁹⁸ The question faced by all such bodies is the ‘fragmentation’ of identity and purpose that may occur with increased membership, with subsequent implications for future strategies, scope of activities, and status within the field.

Without it however, ASSID’s national body status was threatened from the low membership in two states, the ACT and South Australia. As a result, the ACT Branch was disbanded in 1987.²⁹⁹ South Australian President, Ian Pearce, felt that the culture of the field in South Australia differed from that in other states in that workers were not encouraged to join organisations outside of their place of employment to broaden their knowledge. Pearce claimed that:

While this is arguably not an intentional act by agency managers, it is certainly within the committee’s experience that staff are not actively encouraged to attend events for ASSID or other groups and most staff do not see the need to participate in any activity which is not immediately relevant to their day-to-day work and for which they are not paid.³⁰⁰

Bessant and Holbrook found a similar phenomenon in South Australia in regards to membership in their history of the AARE. The findings were that the

South Australian Institute of Research was weak in research and also there was a prevailing anti-quantitative view of research among researchers in this State.³⁰¹

One of the original aims of ASSID was to disseminate knowledge across and within professions in the field of intellectual disability. Some members feel that it was a later aim to

²⁹⁷ B. Bessant, and A. Holbrook, *Reflections on Educational Research in Australia: A History of the Australian Association for Research in Education*, Coldstream, Victoria, Australian Association for Research in Education, 1995, p. 52.

²⁹⁸ W. Sloan, H.A. Stevens, *A Century of Concern: A History of the American Association on Mental Deficiency 1876-1976*, Washington, American Association on Mental Deficiency, Inc, pp. 297-305.

²⁹⁹ Margaret Anderson private archive: Second Council Meeting 1986/87, 8-10 May 1987.

³⁰⁰ National Australia Library archive: South Australia Branch News, ASSID Newsletter, 1996, 17(3).

³⁰¹ B. Bessant and A. Holbrook, *Reflections on Educational Research in Australia: A History of the Australian Association for Research in Education*, Coldstream, Victoria, Australian Association for Research in Education, 1995, p. 63.

influence policy and practice. In the early years the Group concentrated on the dissemination of research and not a lot was done in the area of advocacy or bringing issues to government.³⁰² Another reason why ASSID did not take up an active lobbying role in its formative years may have to do with the trend in intellectual disability at the time which focussed more on generating new theories and planning to put them into practice.

Although not stated anywhere in the original Constitution, there is a piece of evidence that suggests the early members did have in mind lobbying strategies, which were tied up with parent groups. A founding member, who was also elected to the first Executive Council, claims that

it was hoped that AGSSOMD could allow professionals to share ideas and become a pressure group in a way, but on the other hand, feed information to the likes of [mentions a parent of a child with an intellectual disability] and put political pressure on.³⁰³

However, another early member believes the pressure came entirely from the parent groups. He did not think AGSSOMD

had anything to do with the shaping of public policy. The shaping of public policy came from the parent associations.³⁰⁴

In later years, the issue of lobbying became, as one member describes, a 'burning issue'. Debate centred on whether AGSSOMD/ASSID should seek a higher profile as a lobby group to influence government policy. Some councillors pushed for this, while others felt that perhaps the concentration should be on 'publishing a damn good Journal' and running the national conference.³⁰⁵

The issue of ASSID's role as a lobby group still exists. There is an opinion, that in the 1990s, the trend towards economic rationalism has meant that members since then, have had less time to devote to lobbying activities and the gauntlet has been taken up by 'groups who weren't around in the 1980s', when the focus of lobbying for ASSID was much stronger.³⁰⁶

There remains a question for ASSID in the future for a return to lobbying for people with intellectual disabilities. It is seen by some as a 'legitimate role for ASSID to play'.³⁰⁷ Another member, whose main focus was lobbying issues, felt that the organisation had not

³⁰² ASSID archive, Interview, 1999, 2000, nos. 6 & 11.

³⁰³ ASSID archive: Member Interview, 1999, no. 15.

³⁰⁴ ASSID archive: Member Interview, 2000, no. 13.

³⁰⁵ ASSID archive: Member Interview, 2000, no. 11.

³⁰⁶ ASSID archive: Member Interview, 1999, 2000, nos. 1 & 14.

³⁰⁷ ASSID archive: Member Interview, 1999, no. 6.

been important or useful ‘at all’. She claimed her activity in the association had declined because of the Victorian Branch of ASSID ‘showing more interest in conferences than further research and lobbying for change at a political level’.³⁰⁸

Has ASSID met its aims?

I think that change is actually a combination of lots of different organisations, parent groups, non-government organisations lobbying for change. I think ASSID, certainly through its conferences, has been able to highlight a lot of issues³⁰⁹.

As stated in the original Constitution, the purpose of AGSSOMD was to ‘promote the scientific study of mental deficiency, through a multidisciplinary approach, , to serve as a medium for exchange of ideas and skills and the dissemination of knowledge.’³¹⁰ The body has met these aims, as the support for the national conferences and the internationally recognised Journal testifies. From its inception, the association has used a multidisciplinary approach to its aims which has been demonstrated through the varying professions represented on the Executive Council in its formative years and the broad range of professional backgrounds of members.

In Bessant’s history, *The Growth of a Profession: Nursing in Victoria 1930s – 1980s*, the changing status of the nursing profession and the importance of a professional body in the realisation of professional status was emphasised:

Only those who had passed the necessary examinations and registration procedures could be classified as nurses, thus separating the trained from the untrained and ensuring not only that the qualified person practised nursing, but also that person was acceptable to other members of the profession and could be expected to conform to the profession’s ethics.³¹¹

In the history of the AARE, emphasis was on the education profession and the importance of the AARE in supporting the status of educational researchers, in “seeking to improve research status through gaining public and political acknowledgment of their role”.³¹²

³⁰⁸ Member questionnaire, 2002, no. 73.

³⁰⁹ ASSID archive: Member Interview, 2002, no. 1.

³¹⁰ Dr. D. Pitt private archive: Constitution and By-Laws of the Australian Group for the Scientific Study of Mental Deficiency, in Fourth Annual Interstate Conference on Mental Deficiency, JD Van Pelt (ed), Melbourne, 1965, pp. 92-100.

³¹¹ B. Bessant, *The Growth of a Profession: Nursing in Victoria 1930s-1980s*, Bundoora, Victoria, La Trobe University, 1991, Introduction.

³¹² B. Bessant, and A. Holbrook, *Reflections on Educational Research in Australia: A History of the Australian Association for Research in Education*, Coldstream, Victoria, Australian Association for Research in Education Inc 1995, p. 271.

In both histories, the emphasis was found to be on professional status, whereas, the ASSID history found that the status of the profession does not emerge as a central issue. Instead, ASSID's emphasis on the welfare of the clients played a pivotal role in the activities of that group.

The subsequent development of a lobbying component has seen ASSID responding to the trends that have arisen in the field, with particular emphasis of lobbying in the 1980s, when there were major changes to practices and more active interest taken by governments in policy. Opinions vary on whether or not AGSSOMD/ASSID was instrumental in influencing government policy. The most common impression can be summed up succinctly by one member, who believes that the organisation:

did not influence government policy really, but it certainly improved the attitude of the people working in the field... (which) flows on to improved quality of life for people who have an intellectual disability.³¹³

Another offered:

I have my doubts as to whether community services ... would have been developed as rapidly as (they) happened, had it not been for the activities of ASSID members in all the States.³¹⁴

Members joined ASSID primarily for the opportunities it offered in terms of information exchange, networking with other members, and increased knowledge in the field. Many saw the body as catering in some way to their professional development, by keeping them informed of current research issues. The *Journal* and Conferences have, since their inception, been regarded as very valuable.³¹⁵ They are seen to provide an opportunity 'to learn', 'meet colleagues', 'present one's work', 'keep up-to-date', and 'debate issues with peers'.³¹⁶ The advocacy role and the aim to have a positive impact in the field proved more difficult to develop and sustain. However, while the influence of ASSID may not have always been obvious, as the quotation that follows implies, indirect outcomes may be the most telling indicators of success for this group and others like it:

I would have hoped that people would (have) ... gone away and changed their practice or have been re-energised to do things differently or introduced new programmes... To some extent I would have hoped the *Journal* would have had a similar impact. The fact that the *Journal* and the Conferences have been there, has encouraged people to do research and to look at issues surrounding people with an intellectual disability, with a view to enhancing their lives.³¹⁷

³¹³ ASSID archive: Member interview, 2000, no. 11.

³¹⁴ ASSID archive: Member interview, 2000, nos. 21.

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³¹⁶ Member questionnaires, 2002, nos, 51, 54, 56.

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SCIENTIFIC STUDY OF MENTAL DEFICIENCY

(adopted October 23rd, 1965)

ARTICLE I. NAME

The name of this organisation shall be the Australian Group for the Scientific Study of Mental Deficiency.

ARTICLE II. PURPOSES

The purposes of the Group shall be to promote the scientific study of mental deficiency, through a multidisciplinary approach. In furtherance of this purpose, the Group shall:

- A. Serve as a medium for deliberation, for exchange of ideas, knowledge, skills, and experience, and for compilation and dissemination of information.
- B. Organise congresses, conferences, and regional seminars.
- C. Encourage research in the field of mental deficiency, including causes, prevention, diagnosis, evaluation, therapy, management, education and social habilitation of the mentally deficient.
- D. Receive, use, hold and apply any contributions, bequests or endowments, or the proceeds thereof, in furtherance of such purposes.
- E. Provide such other services and develop such other functions as are compatible with the purposes set forth in this Article.

ARTICLE III. MEMBERSHIP

Section 1. Qualifications

Membership of the Australian Group for the Scientific Study of Mental Deficiency shall be open, subject to the procedures in Section 2 of the Bylaws, to all persons who:

- a) work in the field of mental deficiency, and who
- b) possess a tertiary education qualification (degree, diploma, certificate, etc.).

Section 2. Termination of Membership

Membership in the Group may be terminated in any of the following ways:

- a) By resignation, subject to such conditions and notice as may be prescribed in the Bylaws.
- b) By default in the payment of financial obligations to the Group.

ARTICLE IV. ORGANISATION

Section 1. The Annual General Meeting

- a) The Annual General Meeting shall establish the general policies of the Group, review the activities and the accounts of the Council and define its responsibilities.

ing held in connection with a national scientific meeting of the Group every year, at which time the Group shall elect the officers of the Group and members of the Council and transact such other business as may be necessary. A general meeting may also be held upon call of the President or on a petition of a majority of the members of the Group.

- c) The Annual General Meeting and other general meetings shall be open to all members of the Group who are in good standing.

Section 2. The Council

- a) The Council of the Group shall consist of the four officers of the Group and no more than eight councillors, all of which (12) shall have been elected as prescribed in the Bylaws. Apart from the four officers, no more than two members of the Council from each of the States of New South Wales, Victoria, South Australia, Queensland, and Western Australia, and no more than one from each of Tasmania, Northern Territory, Australian Capital Territory, and the Territory of Papua-New Guinea shall serve simultaneously, provided that no more than three members of the Council from any one State shall serve simultaneously.
- b) The Council shall meet upon the call of the President, or upon petition of a majority of the Council members.
- c) The Council is the responsible organ of the Group to manage the affairs of the Group during the interim between meetings of the Group. The Council shall have and exercise all the authority and duties of the Group except such authorities specifically reserved to the Annual General Meeting.
- d) In the event of vacancies occurring in the Council, the Council may elect temporary Councillor(s) to serve until the next meeting of the Group.
- e) Seven Council members shall constitute a quorum for the transaction of business.

Section 3. Officers

- a) The officers of the Group shall be the President, Vice-President, Treasurer, and a Secretary.
- b) The officers shall be elected in such manner and hold office for such terms and perform such duties and have such responsibilities and authorities and privileges as may be defined in the Bylaws.
- c) In the event of vacancies occurring in the several offices, the Council may appoint temporary officers to serve until the next meeting of the Group.

Section 4. Administrative Committees

- a) The Council shall establish administrative committees as may be required in the Bylaws.
- b) The administrative committees will perform such duties and have such responsibilities and authority as prescribed in the Bylaws or as may be authorised by the Group.
- c) The administrative committees shall be appointed and serve for such terms as prescribed in the Bylaws.

perform those duties assigned to it by Council. Such committees may be dissolved by the Council.

Section 5. Scientific and Technical Committees

- a) The Council shall establish scientific and technical committees which shall serve to expand and strengthen the programme activities of the Group and to advise the Group on matters pertaining to particular fields of competence.
- b) The scientific and technical committee members shall serve for such terms and be appointed in the manner prescribed in the Bylaws.

Section 6. Special Committees

- a) The Council shall establish special committees as may be required.
- b) The special committees will perform such duties and have such responsibilities and authority as prescribed by Council.
- c) The special committees shall serve at the discretion of Council.

ARTICLE V. FINANCES

Section 1. Annual Fees

- a) Members of the Group shall remit to the Treasurer of the Group, on or before July 1st of each year, such annual fees as may be recommended by the Council and approved by the Group.

Section 2. Fiscal Year

The fiscal year of the Group will be from 1st July to 30th June in each year.

Section 3. Acceptance of Gifts

The Group may accept and use all gifts, subventions, subsidies and legacies, whether given in support of the general purposes or of a specific purpose of the Group. The Group may accept and conclude all contracts and acquire, alienate, rent or let any real property or personal property necessary to conduct its affairs.

ARTICLE VI. MEETINGS

Section 1.

The Council shall determine the place and date for each meeting of the Council and/or the Group. Such meetings shall be held at least annually unless prevented by grave circumstances beyond the control of the Council or brought forward by Council.

Section 2.

Coincident or consecutive with the meetings of the Group, the Group shall organise and conduct a scientific congress, or conference, or seminar(s) in furtherance of the purposes set forth in these Articles.

ARTICLE VII. RATIFICATION

Section 1.

These articles shall be fully effective when ratified at a meeting of the Australian Group for the Scientific Study of Mental Deficiency by a two-thirds (2/3) vote of those provisional members present. Upon such ratification, this Group shall be deemed fully constituted.

Within such time after ratification of these Articles as it may deem feasible, the Council shall cause to be prepared a set of Bylaws consistent with this Constitution, for the purpose of governing this Group. Such Bylaws shall be presented, individually or collectively, at a meeting of the Group and shall become effective when accepted by a simple majority of the members in attendance at a meeting of the Group.

ARTICLE VIII. AMENDMENTS

Section 1.

Amendments to the Constitution may be instituted on recommendation of the Council or by a postal petition of one-third of the members. Notice of proposed amendments and ballots shall be mailed to members by the Secretary at least three months prior to a meeting of the Group. Two-thirds of the votes given thereon, either at a meeting of the Group or by a postal ballot, shall be necessary to carry an amendment to the Constitution.

Section 2.

Amendments to the Bylaws may be instituted on recommendation of the Council or by motion of a member at a regular meeting. A simple majority of the votes given thereon at a meeting of the Group shall be necessary to carry an amendment or addition to the Bylaws.

ARTICLE IX. DISSOLUTION

Section 1.

The Group shall be dissolved only by consent of two-thirds of the members at a meeting of the Group. There shall have been notification to the members of the proposal to consider dissolution at least three months prior to the meeting. Should there be representation of less than two-thirds of the members at a meeting at which dissolution is considered, a postal referendum shall be effected and consent of two-thirds of the members shall be required for dissolution.

Section 2.

In the event of dissolution, whether decided at a meeting of the Group or by postal referendum, there shall be a concomitant decision on the method of dealing with the funds and other assets of the Group, which decision shall be carried by a simple majority vote.

Section 3.

This Group is dedicated exclusively to educational and scientific purposes and its funds will be distributed for such exclusive purposes in the event of its dissolution.

SCIENTIFIC STUDY OF MENTAL DEFICIENCY

(adopted October 23rd, 1965)

Section 1. Purposes

1. The purposes of the Group shall be accomplished by conducting congresses, conferences, and seminars for those engaged in the study of mental deficiency; by producing and distributing publications, by fostering research, by co-operating with other organisations and by engaging in such other activities as may be authorised by the Council.

Section 2. Membership: Application, Election, Fees, Separation, Reinstatement

1. Subsequent to 1st November 1965, any individual seeking membership in the Group shall file a written application with the Secretary on a form approved by the Council.
2. The initial provisional membership and each new application for membership shall be appraised by the Membership Committee and acted upon by the Council. Election to membership shall be by a two-thirds vote of Council members.
3. The annual fees of the Group shall be fixed by the Council at least every third year, to be effective for the ensuing years, subject to a majority vote of the members present at a meeting of the Group. All fees shall be payable in advance, and shall be in the first instance (1965-66) 4 dollars per annum.
4. A member who fails to pay fees or any subscription, assessment or other obligation to the Group within the prescribed time shall automatically forfeit membership unless the Council determines that the best interests of the Group will not be served.
5. A member may be separated from membership for conduct which tends to injure the Group, is contrary to or destructive of its purposes. Charges of such conduct shall not be entertained unless submitted to the Council, in writing, and signed by two members of the Group. Upon receipt of charges, the Council shall determine whether the charges shall be dropped. If charges are not dropped, the member concerned shall be given an opportunity either to resign or to be heard in defence by the Council. If said member chooses a hearing, he shall not be separated from membership except by three-fourths vote of the Council members present, and three-fourths vote of members present at a General Meeting of the Group.
6. A member may resign in good standing provided that member is not in arrears for fee payments or other obligations, and has not been notified of a conduct charge specified in these Bylaws. Such members will not be considered in arrears for fees if pro rata fee payment is made to date of resignation.
7. A member who has resigned in good standing may be reinstated without prejudice. A member who has been separated from membership because of failure to meet financial obligations to the Group may be reinstated by a majority vote of members present at Council, and upon payment of arrears or obligations and a reinstatement fee prescribed by Council.

Duties

OFFICERS, NOMINATION AND ELECTION. Term of Office, Special

1. Officers and councillors to be elected annually by the Group shall be nominated in writing by two members. Each such nomination (signed by the candidate) is to be handed to the Secretary at least 48 hours prior to the election.
2. The President shall conduct the election according to procedures established by Council. The candidate receiving the highest number of votes for an office shall succeed to office at the close of the meeting at which he was elected. He shall serve for the term specified in these Bylaws or until a successor is elected.
3. The Council by a two-thirds vote of members may elect Honorary Officers of the Group. Such officers shall be persons who have earned high distinction by scientific or practical contribution to the field of mental deficiency or allied fields.
4. In the event that the President shall not serve out his full term, the Vice-President shall succeed to the unexpired remainder thereof and continue through his own term. In the event that any other officer shall be unable to serve his term, the President, with approval of Council, shall appoint an interim successor until the next annual meeting of the Group.
Any contingency resulting from the vacating of an office, which is not otherwise included in this paragraph, shall be dealt with by the Council.
5. The President shall serve for a term of no more than two consecutive years, or until a successor is elected. He shall preside at all meetings of the Group and at all meetings of the Council. He may call special meetings of the Council or of the officers. He shall be authorised to represent the Group in matters of public relations. He shall be ex-officio member of all committees, and may confer with them at any time on matters affecting the interests of the Group. He shall perform such other duties as may be assigned by the Council. In the absence or temporary disability of the President, his duties shall devolve upon the Vice-President.
6. The Vice-President shall serve a term of no more than two consecutive years, or until a successor is elected. He will act as chairman of the Membership Committee. He shall perform such other duties as may be assigned by the Council or the President.
7. The Treasurer shall serve until a successor is elected. He shall receive and disburse and duly account for all sums of money belonging to the Group. He shall keep accurate accounts and vouchers and receipts of all payments on behalf of the Group and of all invested funds, with the income and disposition thereof. He shall buy and sell securities only as voted by a two-thirds vote of members of Council. He shall be responsible at all annual meetings of the Group for the supervision of all financial matters, including those pertaining to the collection of dues, registration, new memberships, sales of tickets and other necessary expenditures. He shall have all financial operations audited by legally certified public accountants. He shall present his operation for examination by a Finance Committee, and shall prepare a financial report for the preceding year. He shall perform such other duties as may be assigned by Council. He shall prepare a financial report for distribution to the membership.

8. The Secretary shall serve until a successor is elected. He shall keep a record of the meetings of the Council and the Group. He shall handle the correspondence of the Group appropriate to his office. He shall assume such duties as may be assigned by Council and perform such other tasks as may be required to conduct the business affairs of the Group as assigned by the President.

Section 4. Administrative Committees

1. The committees of the Group shall be administrative, scientific and technical as listed in this article, or special as the Council may establish. The organisation and function shall be as provided in the Bylaws or as prescribed by Council.

2. The chairman of the administrative, scientific and technical, and special committees shall have the privilege of being in attendance at meetings of the Council.

3. The Programme Committee shall consist of a chairman, the Secretary and three members appointed by Council for a term of one year. It shall be responsible for the Programme and other arrangements for annual and special meetings of the Group. It shall have authority to appoint persons and committees for local arrangements as may be required. It shall prepare information and recommendations to Council regarding location of future meetings. It shall perform such other tasks as prescribed by Council and report to Council.

4. The Membership Committee shall consist of four members appointed by Council for terms of two years, and the Vice-President shall serve as its chairman. It shall be responsible for implementing and co-ordinating the membership programme prescribed by Council. It shall review all applications and make recommendations to Council concerning membership in the Group.

5. The Publication Committee shall consist of three members, one of whom shall be designated as chairman, appointed by Council for terms of two years or until successors are appointed. It shall have responsibility for establishing the publications of the Group in accordance with Section 7 (3) of these Bylaws.

6. The Research Committee shall consist of five members, one of whom shall be designated as chairman, for terms of two years or until successors are elected. It shall be concerned primarily with furthering the creation and the dissemination of scientific information and such other activities which promote the purpose of the Group or that may be assigned by the Council.

7. The Finance Committee shall consist of three members elected by Council for terms of two years or until successors are elected, one of whom shall be designated as its chairman. It shall be concerned with the financial affairs of the Group and perform such other duties as may be assigned by Council.

8. Special ad hoc committees may be established by Council. The President shall appoint all members to special committees and designate one of its members to serve as chairman. The special committees shall perform the tasks assigned by Council and make reports as directed by Council.

9. In the event of a member of an administrative, or scientific and technical, or special committee being unable to fulfil the duties of the office, the President may make an interim appointment.

Section 5. Affiliations

1. The Council shall act to establish affiliations with international and national associations and organisations where it deems that the best interests of the Group will be served; it may subscribe to such fees or dues as may be required; and it may terminate such affiliation when it is deemed not to be in the interest of the Group.

2. The Council may enter into arrangements with authorised representatives of national and international governmental and non-governmental organisations, and may establish conditions of affiliation with national and international organisations.

Section 6. Meetings

1. At each annual meeting, a programme shall be arranged by the Programme Committee under the supervision of the Council. At each such meeting, at least one Group meeting (business meeting) shall be held. Twenty-five voting members shall constitute a quorum for a business meeting.

2. Special meetings called by the Council or the President shall state the purpose of the meeting. Special meetings shall be limited to that mentioned in the call. If it is necessary to take emergency action at a special meeting for which no notice was given, to legalize such action, it is necessary to have a majority vote approval of members present at next meeting of the Group or at a special meeting for that purpose.

Section 7. Publications

1. The Group may authorize the Council to arrange for scientific publications and such other publications that are in the interest of the Group or advance its purposes.

2. The Council shall appoint the Editor(s) and such other personnel as may be required.

3. Publication personnel appointed by Council shall conduct the customary operations and duties under policies prescribed by Council, and shall work under the supervision of the Publication Committee and make reports as may be required by the Council.

4. As may be necessary, the Publication Committee shall set fees for publications.

Section 8. Rules of Order for Meetings

1. The Council may establish rules of order for the Council and the Group.

2. The Council shall establish a code of rules. After adoption by a majority vote at a Group meeting, every member shall be furnished with a copy, and shall be bound by these rules.

Section 9. Personnel

The Council may employ such personnel as may be required to carry out the purposes and to conduct the affairs of the Group.

Section 10. Amendments

1. Amendments to the Bylaws may be instituted on recommendations of the Council or by a motion of a member of the Group.

2. Notice of proposed Bylaw amendments and ballots shall be mailed to the members at least three months prior to the meeting of the Group.

3. A majority vote of the members present at a Group meeting shall be sufficient to carry an amendment to the Bylaws.

The Foundation members were the participants in the Fourth Annual Interstate Conference on Mental Deficiency held in 1965 (N=118)

Appendix 2: List of Foundation members

New South Wales (N=37)

Name and Place of Employment

Mr R Armstrong
Department of Child & Social Welfare, Sydney

Mrs Lois Barker
Sydenham-Bankstown for Subnormal Children, Campsi

Mr RF Barron
Central School, Dundurrabin, via Grafton

Mr DA Brown
Oliver Latham Neuropathology Laboratory, Psychiatric Centre, North Ryde

Mrs Mary Callicott
Stockton Hospital, North Stockton

Dr V Caradus
Grosvenor Hospital, Summer Hill

Mrs Vera Corah
Psychiatric Centre School, North Ryde

Miss Leanore Craven
High School, Wagga Wagga

Mr DA Cross
Teachers' College, Bathurst

Dr Gesina den Dulk
Oliver Latham Neuropathology Laboratory, Psychiatric Centre, North Ryde

Occupation

Senior Psychologist

School Principal

School Principal

Microbiologist

Psychologist

Senior Medical Officer

Teacher

School Teacher

Lecturer in Education

Cytologist

New South Wales cont...

Dr Judith Dey
Grosvenor Hospital, Summer Hill
Dr B Dunlop
Grosvenor Hospital, Summer Hill
Dr JL Evans
Callan Park Hospital, Rozelle
Mr B Friedrich
Peat and Milson Islands Hospital, Hawkesbury River
Miss Una Gault
School of Psychology, University of New South Wales
Mr G Gibson
School of Architecture, University of New South Wales
Miss Phyllis Grave
Grosvenor Hospital, Summer Hill
Dr Gwen Greenman
The Lorna Hodgkinson Sunshine Home, Gore Hill
Miss Margaret Grutzner
Department of Social Work, University of Sydney
Mr WT Harries
High School, West Kempsey
Mrs Joan A Hart
Child Guidance Depart, Royal Alexandra Hosp for Children, Camperdown
Dr AN Jennings
Department of Public Health, Sydney
Rev Brother Damian Keane
St John of God Training Centre, Morisset
Mr W C Langshaw
Department of Child Welfare and Social Welfare, Sydney

Paediatrician-in-Charge
Paediatrician
Medical Superintendent
Registered Psychiatric Nurse
Psychologist
Lecturer in Architecture
Social Worker in Charge
Medical Superintendent
University Lecturer
School Counsellor
Psychologist
Director for the Mentally Handicapped
Teacher
Deputy Director

New South Wales cont...

Mr NJ MacBeth	Psychologist
Grosvenor Hospital, Summer Hill	
Mrs Dulcie MacLean	Principal
Dundaloo Opportunity School, Taree	
Mrs Mary Martin	Lecturer
Orange Grove Annex, Balmain Teachers' College, Leichhardt	
Mr DR Martin	Psychologist
School of Applied Psychology, University of New South Wales, Kensington	
Miss Millie Mills	Psychiatric Social Worker
Children's Unit, North Ryde Psychiatric Centre, North Ryde	
Mr KF Mitchell	Special School Principal
Special School, Sutherland	
Mrs Kyra Pohl	Headmistress
"Inala", Pennant Hills	
Mrs Grace Preece	Matron
The Lorna Hodgkinson Sunshine Home, Gore Hill	
Prof JA Richardson	Professor of Education
University of New England, Armidale	
Mr HH Sayer	Teacher
Glenfield Park Public School, Glenfield	
Mrs Muriel Scandrett	Mental Survey Tester
Division of Guidance and Adjustment, North Sydney	
Mr JRW Tennent	Teacher
Minerva Street SSP, Sutherland	
Dr JK Wilson	Psychiatrist
Psychiatric Centre, Watt Street, Newcastle	

Queensland (N=10)

Mr NA Collins
The Queensland Sub-Normal Children's Welfare Association, Brisbane
Dr K Dorney
AMP Buildings, Townsville
Mrs Jacqueline Gallagher
The Training Centre for Sub-Normal Children, Brisbane Special School
Mr JD Jago
University of Queensland Dental College, Brisbane
Mr WJ Kidston
Brisbane
Mrs Thelma McConnel
Bowen House Centre, Bowen Hills
Miss Jennifer Moxon
Queensland Sub-Normal Children's Welfare Association, Bowen Hills
Dr N Parker
Brisbane
Mr JG Swan
State School for Spastic Children, Brisbane
Dr GS Urquhart
Department of Health, Brisbane

South Australia (N=13)

Dr DSC Brown
Mount Gambier
Dr Frances Burness
Hillcrest Hospital, Gilles Plains

Director

Surgeon

Teacher-in-Charge

Lecturer

Social Worker

Principal

Psychologist

Consultant Psychiatrist

Head Teacher

Director of State Psychiatric Services

General Practitioner-Paediatrician

Medical Officer

South Australia cont...

Dr JS Covernton
Department of Mental Health, Intellectually Retarded Services, Fitzroy
Mr D Crawford
Minda Home, Brighton
Dr Audrey Fox
Intellectually Retarded Services, Parkside
Mrs P Kaufmann
Minda Home, Brighton
Dr Norma Kent
Mental Health Services, Adelaide
Mr ED Lasscock
Psychology Branch, South Australian Education Department, Prospect
Miss Sylvia Nero
Minda Home, Brighton
Mr ML Shackleford
Parkside Hospital School, Parkside
Mr G Sharman
Psychology Branch, Education Department, Prospect
Miss Eveline Tindale
Intellectually Retarded Services, Prospect
Mr SA Walker
Hillcrest Hospital School, Hillcrest Hospital, Gilles Plains

Tasmania (N=8)

Mr AE Cherry
Talire School, Moonah
Miss Daphne Cooper
Department of Psychology, University of Tasmania, Hobart

Consultant Paediatrician

Superintendent

Medical Officer

Head Mistress

Senior Psychiatrist

Psychologist

Matron

Head Teacher

Psychologist

Social Worker

Head Teacher

Headmaster

Lecturer

Tasmania cont...

Mrs Frances Grossett
Talire School for Retarded Children, Moonah
Mr T Harwood
St Giles School, Launceston
Mr P Morrow
Education Department, Hobart
Mr GR Pate
Lachlan Park Hospital, New Norfolk
Miss Jocelyn Richards
Division of Psychiatric Services, Department of Health, Hobart
Miss Jennifer Thomson
Guidance and Welfare Centre, Education Department, Launceston

Teacher

Headmaster

Supervisor of Special School

Assistant Psychiatrist

Psychologist

Child Guidance Officer

Australian Capital Territory (N=2)

Mrs Norma Rigby
Canberra City
Mr JD Van Pelt
National Library of Australia, Canberra

Teacher

Librarian

Victoria (N=43)

Dr AG Baikie
University of Melbourne, Depart of Medicine, St Vincent's Hospital, Fitzroy
Miss Beverley Bannister
North Richmond State School, North Richmond
Dr Dora Bialestock
Town Hall, South Melbourne

Reader

Teacher

Medical Practitioner

Victoria cont...

Dr WA Brady
Children's Kew Cottages Training Centre, Kew
Mrs Pauline Butler
Mont Park Mental Hospital, Mont Park
Mr KM Cathcart
St Nicholas Hospital, Carlton South
Dr Johanna Chakanovskis
Children's Cottages Training Centre, Kew
Miss Elizabeth Clark
Janefield Training Centre, Bundoora
Dr Helen Connell
Travancore Clinic, Flemington
Mrs Mollie Danby
Oakleigh Retarded Children's Centre, Chadstone
Dr DE Cunningham Dax
Melbourne
Mrs Ruth Dimitri
Children's Cottages Training Centre, Kew
Dr LR Drew
Sunbury Mental Hospital and Training Centre, Sunbury
Dr N Gold
Preston
Dr S Gold
Royal Children's Hospital, Parkville
Mrs Gwen Graves
Mental Health Research Institute, Parkville
Mrs Irena Higgins
Children's Cottages Training Centre, Kew

Psychiatrist Superintendent

Social Worker

Inspector, Mental Deficiency Services

Paediatrician

Occupational Therapist

Paediatrician

Supervisor Retarded Children' Centre

Chairman, Mental Health Authority

Senior Occupational Therapist

Psychiatrist Superintendent

Psychiatrist

Psychiatrist

Psychologist

Chief Social Worker

Victoria cont...

Dr C Judge
Janefield Training Centre, Bundoora
Miss Edith Kohn
Children's Cottages Training Centre, Kew
Dr J Krupinski
Mental Health Research Institute, Parkville
Dr FW Lustig
Children's Cottages Training Centre, Kew
Mrs Betty Lynch
Royal Children's Hospital, Parkville
Dr DW Maginn
St Nicholas Hospital, Carlton South
Mrs Rita Mantell
Heidelberg
Mr R McCulloch
Faculty of Education, Monash University, Clayton
Prof Elwyn Morey
Monash University, Clayton
Mr HL Mould
Croxtton Special School, Northcote
Dr LJ Murphy
Glendonald School for the Deaf, Kew
Dr Dorothy Newton
Department of Health, Yarra
Rev Brother Matthew O'Donnell
St John of God Training Centre, Cheltenham
Dr Dorothy Oliver
Children's Cottages Training Centre, Kew

Psychiatrist
Psychologist
Research Epidemiologist
Psychiatrist
Chief Dietitian
Psychiatrist
Teacher
Senior Lecturer in Education
Association Professor of Education
Teacher
Teacher of the Deaf
Medical Practitioner
Superintendent
Medical Practitioner

Victoria cont...

Dr DB Pitt
Children's Cottages Training Centre, Kew
Dr WS Rickards
Parkville
Dr RW Roy
Department of Health, Dental Division, Melbourne
Miss Nancy Scott
St Nicholas Hospital, Carlton South
Dr Isla Stamp
Maternal and Child Welfare Branch, Department of Health, Melbourne
Dr A Stoller
Mental Health Research Institute, Parkville
Dr Elisabeth Wann
Royal Children's Hospital, Parkville
Mrs ES Wertheim
Department of Psychiatry, Royal Children's Hospital, Parkville
Dr WM White
Royal Park Psychiatric Hospital, Parkville
Mr JS Williams
Department of Psychiatry, Royal Children's Hospital, Parkville
Dr A Wilmot
Maternal, Infant and Pre-School Welfare, Melbourne
Miss Stella Woodroffe
St Nicholas Hospital, Carlton South

Consultant Paediatrician
Director of Psychiatry
Dental Surgeon
Psychologist
Psychologist
Chief Clinical Officer
Assistant Psychiatrist
Senior Psychologist
Psychiatric Medical Officer
Clinical Psychologist
Director
Inspector, Mental Deficiency Services

Western Australia (N=5)

Mrs Jocelyne Casson
Glenlee Occupational Centre, Collie
Dr GJ Hamilton
“Irrabeena” Centre, West Perth
Dr Athel Hockey
“Irrabeena” Centre, West Perth
Miss Audrey Little
Department of Psychology, University of Western Australia, Perth
Dr PL Masters
Princess Margaret Hospital for Children, Perth

Headmistress

Physician Superindendent

Paediatrician

Lecturer

Pathologist-in-Charge

Appendix 3: Occupation and State Affiliations of Founding Members

Occupation	WA	NSW	QLD	SA	TAS	ACT	VIC	Total
Psychologist		6	1				6	13
School Principal	1	5	1	3	3			13
Microbiologist		1						1
Medical Officer		1		2			5	8
Teacher		5	2	2	1	1	4	15
Lecturer	1	4	1		1		1	8
Cytologist		1						1
Paediatrician	1	2		2			3	8
Medical Super	1	2		1			1	5
Psychiatric Nurse		1						1
Social Worker		2	1	1			2	6
School Counsellor		1						1
Director		1	2				2	5
Deputy Director		1						1
Matron		1		1				2
Professor		1					1	2
Mental Survey Tester		1						1
Psychiatrist		1	1	1	1		8	12
Surgeon			1					1
Supervisor of Special School					1		1	2
Child Guidance Officer					1			1
Librarian						1		1
Reader							1	1
Inspector							2	2
Occupational Therapist							2	2
Chairman, Mental Health Authority							1	1
Research Epidemiologist							1	1
Dietitian							1	1
Dental Surgeon							1	1
Pathologist		1						1
Total	4	38	10	13	8	2	43	118

Appendix 4: Occupations of Executive Members - 1965 – 1975

Yr	1965	1965/66	1966/67	1967/68	1968/69	1969/70	1970/71	1971/72	1972/73	1973/74	1974/75
P R E S	Alan Jennings Psychiatrist			Keith Cathcart Inspector Mental Defiency Services		Judith Dey Paediatrician		David Pitt Paediatrician	George Sharman Psychologist	DW Maginn Psychiatrist	Meryl Caldwell-Smith Director of Nursing
VP	Keith Cathcart Inspector Mental Defiency Services			Judith Dey Paediatrician		David Pitt Paediatrician					
S E C	David Pitt Paediatrician					Meryl Caldwell-Smith Director of Nursing			Bronwyn Calvert	Clifford Judge Psychiatrist	
T R E A	TS McConnel Principal Bowen House		Elwyn Morey Professor of Education Dennis Maginn Psychiatrist		Dennis Maginn Psychiatrist			PA Meuwissen	Ken Mitchell Special School Principal		Max Shackleford Head Teacher

Appendix 5: AGSSMOD/ASSID Conferences: 1965-1999

Year		Date	Place	State
1965	20 - 23	October	Melbourne	VIC
1966	7 - 10	October	Brisbane	QLD
1967	20 - 23	October	Sydney	NSW
1968	25 - 29	October	Perth	WA
1969	21 - 25	November	Melbourne	VIC
1970	1 - 6	October	Adelaide	SA
1971	28	October – 2 Nov.	Brisbane	QLD
1972	25 - 27	August	Sydney	NSW
1973	26 - 30	October	Hobart	TAS
1974	12 - 16	August	Perth	WA
1975	25 - 28	August	Melbourne	VIC
1976	15 – 19	August	Canberra - Joint with AAMR	ACT
1977	6 - 10	October	Adelaide	SA
1978	2 - 6	September	Broadbeach	QLD
1979		October	Sydney - Joint with AAMR	NSW
1980	5 - 9	September	Launceston	TAS
1981	5 - 9	October	Perth	WA
1982	27	September - 1 Oct.	Canberra	ACT
1983	7 - 12	October	Adelaide	SA
1984	17 - 22	August	Melbourne	VIC
1985	26 - 29	September	Brisbane - Joint with AAMR	QLD
1986	27 - 30	August	Sydney	NSW
1987	5 – 11	November	Freemantle	WA
1988	6 - 10	December	Canberra	ACT
1989	15 - 17	August 1989	Hobart - Joint AAMR	TAS
1990	15 - 17	October	Adelaide	SA
1991	23 - 27	September	Geelong - Joint with NCID	VIC
1992	5 - 9	August	Broadbeach- Inter. Conference	QLD
1993	1 - 4	December	Newcastle	NSW
1994	26 - 30	October	Freemantle - Joint with NCID	WA
1995	24 - 28	September	Melbourne	VIC
1996	24 - 27	September	Hobart - Joint with NCID	TAS
1997	23 - 26	September	Brisbane	QLD
1998	27 - 30	September	Adelaide	SA
1999	27 - 30	September	Sydney	NSW

Appendix 6: AGSSOMD/ASSID Executive Council Members

National	President	Vice-Pres	Secretary	Treasurer	Registrar	Editor
1964/65	Alan Jennings	Keith Cathcart	David Pitt	Mrs TS McConnel		
1965/66	Alan Jennings	Keith Cathcart	David Pitt	Mrs TS McConnel		
1966/67	Alan Jennings	Keith Cathcart	David Pitt	Professor Elwyn Morey		
1967/68	Keith Cathcart	Judith Day	David Pitt	Elwyn Morey/Denis McGinn		
1968/1969	Keith Cathcart	Judith Dey	David Pitt	DW Maginn		
1969/1970	Judith Dey	David Pitt	Meryl Caldwell-Smith	DW Maginn		
1970/1971	Judith Dey	David Pitt	Meryl Caldwell-Smith	DW Maginn		DW Maginn
1971/1972	David Pitt		Meryl Caldwell-Smith	Mr PA Meuwissen		DW Maginn
1972/1973	George Sharman		Bronwyn Calvert	Ken Mitchell		DW Maginn
1973/1974	DW Maginn		Clifford Judge	Ken Mitchell		David Pitt
1974/1975	Meryl Caldwell-Smith		Clifford Judge	Max Shackelford		David Pitt
1975/1976	Pat Kaufman		Christine Roylance	Max Shackelford		David Pitt
1976/1977	Cliff Judge		Christine Roylance	Max Shackelford		Cliff Judge
1977/1978	George Pate		Mr MH De Vries	Max Shackelford		Cliff Judge
1978/1979	Dr RJ Andrews		Mr MH De Vries	Max Shackelford		Cliff Judge
1979/1980	Dr Audrey Greenberg					Cliff Judge
1980/1981	Mrs M Muller		Mr MH De Vries	Sue Robertson		Robert Cummins
1981/1982	MH de Vries		Ron Joachim	Sue Robertson		Robert Cummins
1982/1983	MH de Vries		Ron Joachim		Robert Cummins	Robert Cummins
1983/1984	Johanne Wright		Ron Joachim	Sue Robertson	Trevor Parmenter	Robert Cummins
1984/1985	RA Cummins		Ron Joachim		Trevor Parmenter	Trevor Parmenter (Editor-in-Chief) Keri Wilton (Editor)
1985/1986	Mrs M Hauritz		Geoff Ross	Sue Robertson	Trevor Parmenter	Trevor Parmenter
1986/1987	Ron Joachim		Geoff Ross	Sue Robertson	Trevor Parmenter	Trevor Parmenter
1987/1988	Ron Joachim		Geoff Ross	Sue Robertson	Greg Lewis	Trevor Parmenter
1988/1989	Adrian Ashman	Robert Conway	Mr T Griffin		Greg Lewis	Trevor Parmenter
1989/1990	Robert Conway		Mr T Griffin	Sue Robertson	Greg Lewis	Trevor Parmenter
1990/1991	Rob Conway	Mr H Lowe	Mr T Griffin	Sue Robertson	G Lewis	Phil Foreman
1991/1992	Robert Conway	Haydn Lowe	Margaret Andersen	Sue Robertson	Greg Lewis	Phil Foreman
1992/1993	Robert Conway	Timothy Mark Francis	Margaert Andersen	Sue Robertson	Greg Lewis	Phil Foreman
1993/1994	Greg Lewis	Timothy Mark Francis	Lyn Young	Sue Robertson	John Cooper	Phil Foreman
1994/1995	Greg Lewis	Bill Taylor	Lyn Young	Sue Robertson	John Cooper	Phil Foreman
1995/1996	Bill Taylor	Tim Griffin	Lyn Young	Mark Francis	John Cooper	Phil Foreman
1996/1997	Bill Taylor	Dr TM Griffin	John Brown/Gail Parsons	Mark Francis	John Cooper	Phil Foreman
1997/1998						Phil Foreman
1998/1999	Tim Griffin	Karen Nankervis	Keith McVilly	Shane O'Connor	Bill Taylor	
1999/2000	Karen Nankervis	Linda Goddard	Keith McVilly	Shane O'Connor	Bill Taylor	

* There are some gaps in the information regarding executive positions. Most of the gaps indicate an absence of office holders, a few indicate lack of data.

Appendix 7: Interview Questions asked of ASSID members in 1999/2000*

- 1 When did you first become associated with AGSSOMD/ASSID?
- 2 How did this occur?
- 3 What work were you doing at that time?
- 4 What was the role of AGSSOMD/ASSID at that time?
- 5 Did you hold any executive roles in the early years? If so, what role(s) did you have and how did they function?
- 6 Where did your colleagues in AGSSOMD work?
- 7 Who do you think were the significant people in AGSSOMD in its earliest days (the mid to late 60s)?
- 8 Was AGSSOMD mainly a professional association or did it influence policy and practice?
- 9 Were you involved in the early conferences? If so, what was your role? Do you have any memories of significant speakers?
- 10 Were you involved in any of the discussions about the establishment of the Journal?
- 11 Did you notice any changes in the Association over time?
- 12 How long were you actively involved with the Association?
- 13 Why did your link with the Association diminish?
- 14 What do you think have been the influences of the Association, over the years, on the lives of people with an intellectual disability?
- 15 Is there anything else you would like to add about the early days of AGSSOMD?

The ASSID members interviewed by Sue Parsons included those who had received Distinguished Service Awards plus those who were foundation members. They are held in the ASSID archive in tape and transcript form.

**The History of the Australian Society for the Study of Intellectual Disability (ASSID)
(formerly the Australian Group for the Scientific Study of Mental Deficiency (AASSOMD)
1964 to 1999**

1.1 Please tick what age range is applicable to you ☐ under 25 ☐ 36 - 45 ☐ 56 – 65
 ☐ 25 – 35 ☐ 46 – 55 ☐ over 65

1.2 Please tick one ☐ Male ☐ Female

1.3 What is or was your occupation or field of interest? _____

1.4 For which of the following reasons did you become involved with the Society? Please tick as many as applicable.

☐ To enhance my knowledge of the field ☐ To enhance my career prospects/professional standing

☐ For the Society’s conferences ☐ Because of my interest in research

☐ For the Society’s publications ☐ Because I was encouraged to do so by my

☐ For networks or special interest groups ☐ Employer/colleagues

☐ Non professional/personal reasons ☐ Other

Section 2: HISTORY AND DEVELOPMENT

- 2.1 Were you involved in the Society's formation? (Please tick) ☐ Yes ☐ No
- 2.2 How knowledgeable are you about the history of the Society? (Please tick)
- ☐ Have a lot of knowledge ☐ Have some knowledge ☐ Have little or no knowledge

If you ticked little or no knowledge, please go directly to Section 3

- 2.3 In your opinion, why was the Society formed? Please list as many reasons as you feel you can.

- 2.4 What do you perceive as being the main developments and achievements of the Society over the years?

Has the role and philosophy of the Society changed over time? (Please tick)

- ☐ Yes ☐ No ☐ Not sure

If yes, in what ways?

- 2.6 What have been the characteristics of the Society's membership over time?

- 2.7 Have there been any social trends or forces which have impacted on the activities and aims of the Society? (Please tick one).

- ☐ Definitely ☐ Probably ☐ Probably Not ☐ Definitely Not ☐ Not sure

- 2.8 Do you know if there have been trends or forces which have had an economic impact on the Society? (Please tick one)

- ☐ Definitely ☐ Probably ☐ Probably Not ☐ Definitely Not ☐ Not sure

- 2.9 Do you know if there have been political trends or forces that have impacted on the Society? (Please tick one)

- ☐ Definitely ☐ Probably ☐ Probably Not ☐ Definitely Not ☐ Not sure

If you have answered definitely or probably to any of the above, please provide one or more illustrations:

- 2.10 In your opinion, have there been any individual members whose contribution has significantly impacted on the Society? (Please tick one).

- ☐ Definitely ☐ Probably ☐ Probably Not ☐ Definitely Not ☐ Not sure

If you answered definitely, please provide one or two illustrations where the impact was significant:

2.11 Do you feel there were setbacks to the Society? (Please tick one).

☐ Definitely ☐ Probably ☐ Probably Not ☐ Definitely Not ☐ Not sure

If definitely, and you feel comfortable, please elaborate

Section 3: CONTRIBUTION AND PURPOSE OF THE SOCIETY

3.1 How much influence do you feel the Society has had on the following over the past ten years?: (Please circle)

1) The community at large

Very High High Some none

2) Parents of persons with an intellectual disability

Very High High Some none

3) Persons working in the field of intellectual disability

Very High High Some none

4) Persons with an intellectual disability

Very High High Some none

5) Teachers of intellectually disabled students

Very High High Some none

6) Researchers in the field of intellectual disability

Very High High Some none

3.2 Do you feel the influence is changing or will change to any extent in the future in any of the following areas?: (Please circle)

1) *The community at large*

Greater Less Same

2) *Parents of persons with an intellectual disability*

Greater Less Same

3) *Persons working in the field of intellectual disability*

Greater Less Same

4) *Persons with an intellectual disability*

Greater Less Same

5) *Teachers of intellectually disabled students*

Greater Less Same

6) *Researchers in the field of intellectual disability*

Greater Less Same

3.3 The Society provides a forum for discussion and the dissemination of research in the form of conferences, workshops and seminars for members. How important are these to you? (Please tick one).

☐ Very important ☐ Important ☐ Of Little importance ☐ Not important

In what ways? _____

3.4 Do you belong to a network group/groups? (Please tick)

☐ Yes ☐ No

If yes, please give details:

How important are these groups to the purpose of the Society? (Please tick one)

☐ Very important ☐ Important ☐ Of Little importance ☐ Not important

3.5 If you answered Very important or Important, in what ways was it important?:

How has the Society been most important or useful to you? Please give details:

Section 4: TO BE COMPLETED ONLY BY MEMBERS INVOLVED IN THE SOCIETY'S FORMATION

4.1 What role did you play in the Society's formation?

Can you think of others whose role was significant in its formation?

What were the membership criteria at the time of its formation and have they been subjected to major change?

How were the initial membership criteria decided and why?

4.5 Given documented records are so sparse, please make any comment that can help to reconstruct the Society's early history. (Please attach further sheets of paper if necessary).

THANK YOU FOR TAKING THE TIME TO ANSWER THESE QUESTIONS. ALL INFORMATION CONTAINED IN THE QUESTIONNAIRE WILL REMAIN CONFIDENTIAL. If you have any enquiries, please contact Gaye Sheather on 02 49 616823 after hours.

For the purpose of obtaining more extensive information and/or to clarify certain information, it may be important to conduct some follow-up telephone interviews. If you would be agreeable to being interviewed, would you please supply your name, address, and telephone number (please include STD code and indicate whether home or work), and email address if available in the space below.

Name _____ Telephone _____

Address _____ Email address _____

Please tick one of the following boxes:

- ☐ I agree to this questionnaire being deposited into the ASSID archive.
☐ I request that this questionnaire be destroyed at the completion of the project.