

# Exploring the Influence of Institutionalisation on Beginning Teachers Thoughts about Inclusive Practices

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**Carol Hamilton**  
*University of Waikato*

## Abstract

This article explores the possible influence of past practices of institutionalization on the attitudes and beliefs of groups of beginning teachers who are considering their professional responsibilities in relation to the inclusion of all children with a disability in regular classes in New Zealand. During principal lectures in 2015 and 2016 about social norms, educational inclusion and disability rights, beginning teachers were asked to provide responses to three questions about their knowledge of Tokanui Hospital, a large institution that served the Waikato Region between 1912 and 1997. Two thirds of those who responded, many under the age of 25, indicated no knowledge of the institution. However, one third responded that they knew at least something of Tokanui and how the institution operated. Some included comments about what they knew. These suggest that the legacy of past practices of institutional committal of people with a disability in this country may influence at least some beginning teachers' beliefs about inclusive practices in ways that may need more consideration within initial teacher training programmers. While more information about this aspect of our history is now available, concerted efforts to find and disseminate a wider range of stories about these experiences are needed.

**Keywords:** rights, beliefs, institutionalisation, inclusion, beginning teachers

The New Zealand Disability Strategy [NZDS] has guided implementation of a rights-based approach to the inclusion of people with a disability in key areas of community life in this country since 2001<sup>1</sup>. The Strategy affirms the value of people with a disability and the contribution their presence brings to community life, as indicated below.

*People with a disability will be integrated into community life on their own terms, their abilities will be valued, their diversity and interdependence will be recognised, and their human rights will be protected (NZDS, 2001, p.1).*

**Corresponding author:** Carol Hamilton (hamiltca@waikato.ac.nz)

Rights-based approaches to inclusion derive from the contention that the inequalities experienced by people with a disability come from a failure of other members of society to “do justice” to people in this group (Young & Quibel, 2000, p. 747). In common with other nations, utilizing the concept of rights has had a powerful effect on changes in legislation and policy in the disability field in New Zealand. Over time a significant number of injustices have been overcome through rights-based challenges to state and community practices. Commitment to this approach has been

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<sup>1</sup> An updated version of the Disability Strategy (2016-2026) was launched in November 2016. The United Nations Convention on the Rights of People with Disabilities (2006) is one of the three principles, which confirms a continuation of rights-based orientation to implementation of the new Strategy document.

furthered by New Zealand's ratification, in 2010, of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD, 2007). Yet while some people with a disability have gained much through recourse to rights, a majority still live on the margins of community life (WHO, 2011). Individuals with significant intellectual/learning disabilities face particular difficulties being fully included in their local community (Nota, Ferrari, Soresi & Wehmeyer, 2007).

This paper details the outcome of a small investigation into whether the responses of groups of beginning teachers engaged in inclusive education programmes in the Faculty of Education at the University of Waikato (UOW) could be affected by a legacy of past practices of institutionalization of people with a disability in the Waikato Region. All groups complete a course in Developing Inclusive Practices (DIP) as part of their qualification. The course is run as a stand-alone requirement of their degree programme<sup>2</sup>. In this way beginning teacher cohorts can take time to gain the knowledge necessary to acquire "the desirable dispositions and values that are needed to make them effective teachers" (Ministry of Education, 2005, p. 2) of young people with a disability. In 2011 DIP curriculum material was influenced by a government-initiated evaluation of how well New Zealand schools were including students with high needs (Education Review Office (ERO), 2010). While this review found that 50% of the 299 schools evaluated "demonstrated mostly inclusive practice" (ERO, 2010, p. 1) related to including children with a disability in the life of their school, a variety of undesirable 'dispositions and values' inherent in teaching approaches and staff attitudes were found in the lack of inclusive practices of the remaining 50%. Students could experience significant degrees of marginalisation and exclusion in these settings, in part because of assumptions held by teaching staff about the rights of children with a disability to be fully included, and perceptions of their role as professionals in relation to the learning needs of members of this group (see also Kearney, 2008). These findings are exemplified in a query noted as made by one school principal:

*"Is school really the best place to be at for these students at the age of five? Their individual programmes, independence skills and socialising are at a three-year-old level. Would children with this level of learning be better to come to school at seven years of age?" (ERO, 2012, p. 27).*

How to engage DIP beginning teachers in ways that would enable them to reflect deeply on their attitudes towards inclusion and, where necessary, to re-evaluate their role and responsibilities as professionals in this area, became a question for the teaching staff involved in the DIP aspect of the teaching programme.

## Background

As O'Neill, Bourke & Kearney (2009) have pointed out, the practice of inclusive education "involves itself in identifying and minimising the interactive sociocultural factors that influence the idea of disability and difficulty" (p. 589). Factors found to influence attitudes towards people with a disability in New Zealand are similar to those of other western nations. These include negative perceptions held by society, the influence of stereotypes and the lack of direct contact with people with a disability (Kearney, 2008). When inclusive practices are discussed identification of the factors involved requires unpacking a complexity of cultural issues. However, isolating the different points of view about what 'best practice' might be in this potentially sensitive

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<sup>2</sup> In 2019 this course will be discontinued and the material absorbed into the professional practice components of the degree programme.

teaching/learning area can create tension. Tensions surfaced within DIP courses as groups of beginning teachers engaged with changes made to curriculum material. As individuals recounted both positive and negative personal experiences of practices of inclusion and exclusion, and responded to the stories of others, emotions could run high. At these times reiterating the right of all children with a disability to be fully included in their local school as a minimizing factor did little to reduce the tension in the room (see Hamilton & Kecskemeti, 2015 for an analysis of responses to tensions surfacing in a DIP course in 2014).

The aim of the study outlined was to explore a possible “lived history” (Atkinson & Walmsley, 2010, p. 273) effect of past institutional practices on UOW beginning teachers responses when discussing the issue of inclusion/exclusion of children and young people with a disability. The study was undertaken because the influence of past institutional practices on teachers’ attitudes, although implicit in the factors outlined by Kearney (2008), has not been a direct focus of research attention in this country. The question: “How might past practices of institutionalization influence the responses beginning teachers bring to the course material explored?” formed the rationale for the initiative. Initiating a direct investigation was also considered possible because the cohort to be involved in the study represented an unusual demographic of those enrolled in teacher education programmes. Many are locally born, coming from rural families who are *tangata whenua* or European settlers who came to the area in earlier or later colonial times. A significant number are the first in their family to attend university<sup>3</sup>. As Whittman (2012) points out, students bring their history to the classroom and the Waikato Region has an extensive history of institutionalization of people with a disability<sup>4</sup>.

### *Foucault and the Problem with Rights*

The investigation into the question posed above was further inspired by the Foucaultian idea that contextualizing and historicizing aspects of a lived experience can reveal how the effects of past structures of thought might be influential in contemporary material outcomes (Foucault, 1977). This idea provides a counterpoint to more liberal humanist/modernist views of inclusion - as a set of ideas and practices fixed in a temporal timeline of developmental progression, with earlier ideas about exclusion easily discarded as more socially desirable ideas about how to include people with a disability in educational and community life are offered and taken up. Foucault’s insight proposes that ideas about inclusion held the past and those introduced in the present remain bound up in each other in ways that may be difficult to pinpoint and harder to reconcile. In this view, using rights-based approaches to addressing the social tensions that inclusive practices can create may not be enough to challenge the underlying social conditions that have produced the reason why a rights-based approach to sorting the problem has become necessary (Young & Quibel, 2000). These tensions will remain inherent in right-based efforts to change ways of thinking and behaving. For Merydyth (1997), such difficulties derive from how the notion of rights itself has evolved. Rather than being developed through interpersonal processes of consideration and resolution by community members, rights are “established by common law precedents” (Merydyth, 1997, p. 810) and implemented through community adherence to legal and/or policy mandates. When close scrutiny of “the role of norms and social meanings in giving content to rights” (Pildes, 1998, p. 726) in the process is not prioritised, lasting changes in prevailing

<sup>3</sup> Anecdotally, approximately 25% of beginning teachers in the cohort group are the first in their family to attend university.

<sup>4</sup> See [https://en.wikipedia.org/wiki/Tokanui\\_Psychiatric\\_Hospital](https://en.wikipedia.org/wiki/Tokanui_Psychiatric_Hospital). This history is slowly becoming more accessible.

social customs cannot be secured. In the case of inclusion of people with a disability, using rights as a vehicle to effect desired changes does not challenge the significant social meaning and emotional value that, over time, has been placed on able bodied norms, central to the concept of inclusion itself. While some individuals with a disability may benefit from rights-based adjudications, they are only granted admittance to community life as an 'exceptional other', while exclusionary practices faced by others continue unimpeded (Meeshoka & Soldatic, 2011). Working with the idea of inclusion 'as of right' as a dominant force for social change, without factoring in the necessity for ensuring social consensus at times when rights-based interventions are sought, can make it harder to uncover and reconcile the powerful and complex thoughts and feelings through which damaging social practices are proposed and re-enacted (Van Houten & Jacobs, 2005). This point was exemplified in the strong feelings emerging during some tutorial discussions in the DIP course. At these times were "residual existences in the field of a memory" (Foucault, 1972, p. 28) about past institutional practices of people with a disability influential?

The second part of the paper provides some brief details about institutionalisation of people with a disability in the past. It also outlines the history of Tokanui, an institution that admitted patients with psychiatric, physical and cognitive disabilities.

## **Institutionalisation**

Early attempts to care for people with a disability in public institutions were founded on the idea that structured environments that embodied "a positive humanitarian approach to individual development and training" (Potts & Fido, 1991, p. 9) would benefit those placed in them. However oral history accounts reveal that humanitarian aspirations were soon compromised by practices of confinement, containment and control of those admitted to institutional settings (Atkinson, Jackson, & Walmsley, 1997). Prejudicial social norms of the times held about people with a disability (Livneh, 1982), coupled with eugenics-related ideas about racial and reproductive fitness (in New Zealand, Chapple, 1903), were influential in moves to contain and confine rather than to rehabilitate and release. Over time more people were admitted to institutions than left them. Overcrowding became a pressing problem (Ryan, 1999, Colebourne, 2012). Within institutions themselves those who could learn certain skills and who were physically strong were retained to work in them (Hunt, 2000). People considered 'lower grade' - those who had more severe psychiatric and learning (intellectual) disabilities - were also retained, judged too disabled to be rehabilitated. Institutional care for members of this group came to mean being "dressed, washed and fed by overworked often untrained orderlies and overworked, untrained and sometimes resentful inmates" (Potts & Fido, 1991, p. 130) in side-wards on institutional grounds. Here, humanitarian initiatives were compromised by institutional staff's lack of skills, knowledge or aptitude for the job (The Donald Beasley Institute, 2008). With State oversight of life in institutions haphazard, the adverse and abusive conditions these factors created carried on largely unchecked (Atkinson et al., 1997; Mirfin-Veitch & Conder, 2017). Scrutiny of the lives of their family members by parents and relatives, a possible mediating factor, was patchy. Stigma and prejudice kept some family members away. Visits by family members were not always welcome, with institutional regulations about when meetings could take place varying from place to place (Potts & Fido, 1991; Ryan, 1999; McRae, 2014). In some cases, individuals could be shifted from one institution to another without prior notice given to family members (Lemon, 2001). At these times contact with family members could be completely lost.

### *The New Zealand context*

The history of institutionalization of people with a disability in New Zealand parallels practices in other euro-western countries. However, it is hard to separate institutionalisation from the difficulties of colonialism in this country. Migration, most usually from the United Kingdom, resulted in individuals becoming separated from wider kinship groups. Separation made it hard for families to care for disabled members at home (Coleborne, 2010). Institutions were a workable solution to the problem of fractured kinship systems. While accurate records of institutional life in New Zealand are still hard to find, early attitudes of families to institutional care in this country are said to be largely supportive (Coleborne, 2010). Some sources record a lack of involvement of families in the lives of those admitted to institutions (e.g. Department of Internal Affairs (DIA), n.d.). However, others suggest that families had been able to maintain involvement. The publication of a report by the then Department of Health in 1969 signaled the start of the closure of long-stay institutions. In it major concerns about the use of seclusion, restraint and abuse in what were described as Dickensian environments were noted (Department of Health, 1969; Mirfin-Veitch & Conder, 2017). The last long-stay institution for people with intellectual disabilities, Kimberley, closed in 2006.

### *Tokanui*

Tokanui, the fifth largest long-stay institution in New Zealand, opened in 1912 and closed in 1997. In contrast to the three larger long-stay hospitals built near the major cities of Auckland, Wellington and Dunedin, Tokanui was situated in a rural setting, in the middle of the Waikato Region. Designed to be self-sufficient, amenities including a farm, bakery, laundry, shop, dispensary, nurses and doctor's quarters and later on a church and swimming pool. It was major employer in the surrounding area, with generations of local families working in the institution over time.

Tokanui was known as a mental asylum because it was built primarily for people with psychiatric conditions. However, it was also one of the largest psychopaedic hospitals, admitting large numbers of people with intellectual disabilities<sup>5</sup>. How many members of this group lived long-term in this institution is unknown. However, references to sizeable waiting lists for admission to psychopaedic hospitals with "particularly heavy demand for the admission of children in the 5-15 age range" (DOH, 1969, p. 100) indicates that there was a demand for admissions that could not easily be met. In such cases children could be admitted when families were no longer unable to manage the individual at home. Factors could include: changes in family circumstances, ill health or the death of a parent (Hoult, 2012, p. 54). It is also not known how many people passed through Tokanui, but up to 1200 were said to be living there in the 1960's (Thorley, 2006). Anecdotal accounts indicate that progressive therapeutic techniques were used, including holistic therapies based on Maori cultural practices. However, use of ECT and the abuse and neglect of more vulnerable people in particular was said to be widespread (Thorley, 2006). The site was closed in 1997 and has not been used in the two decades since. An area including the grounds themselves is currently subject to a land claim by local Iwi [Ngāti Paretekawa] through the New Zealand Office for Treaty Settlements. In 2016 a three-meter granite wall commemorating former patients, some of whom were veterans of the Boer and first World Wars, was unveiled (Thomas, 2016).

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<sup>5</sup> Psychopaedic is a name unique to New Zealand and was used for institutions in which people with intellectual disabilities were placed.

The third part of the paper outlines how data about knowledge were gained and a brief analysis of comments offered by 32% [n=23] of participants who handed in feedback sheets about their recollections of Tokanui.

## **Method**

In 2015 the author handed out feedback sheets to groups of beginning teachers as an engagement activity to be completed during a principle lecture about institutionalization, educational inclusion and disability rights. Lecture attendees were asked if they would provide feedback in relation to three questions.

1. To your knowledge, did any member of your family spend time in Tokanui?
2. Did any family member (or yourself) work in Tokanui?
3. Have you any memory /recollection about Tokanui that you are willing to share?

Participants were also asked to include information about gender affiliation and age. In 2016 the exercise was repeated. This time ethical permission was obtained to report on the information. Participants were asked to hand in their responses if they chose to take part in the project.

## **Analysis**

In 2016 seventy-four of the 210 (35%) beginning teachers attending the principle lecture handed in a completed feedback sheet. Responses, divided by gender, were found to include information from 60 women and 14 men. This split is usual in groups of beginning teachers learning to work with children between the ages of 5 and 13 years.

Of the sixty women participating, 68% (n=41) recorded having no information or memory/recollection to offer, while 32% (n=19) shared some knowledge or recollection. Of the fourteen men participating, 72% (n=10) recorded no information or memory while 28% (n=4) shared some knowledge or recollection. Dividing the two groups by age – those identifying as under 25 and those as age 25 and over – revealed a further dimension to the knowledge/no-knowledge indicator. Of the 13 women aged 25 or over, 38% (n=5) reported no information or recollection to share while 62% (n=8) included comments about the institution on the response sheet. Of men age 25 or over, 83% (n=5) recorded no response to the areas while 17% (n=1) recorded some details.

Of the 41 women under 25 years of age participating 73% (n=30) recorded no knowledge or recollection, while the remaining 27% (n=11) included some details. Of the 8 men under 25, 62% (n=5) recorded no response to the areas while 38% (n=3) had some information to share.

**Table 1: Percentage: Women**

	<b>No Information</b>	<b>Information</b>
Women – all participating	68%	32%
Over 25 years	38%	62%
25 years and under	73%	21%

**Table 2: Percentage: Men**

	No Information	Information
Men – all participating	72%	28%
Over 25 years	83%	17%
25 years and under	62%	38%

Breaking down the information in this way reveals that approximately two thirds of beginning teachers completing the questions indicated nothing to share about the three areas considered, while one third indicated some knowledge or memory. Women age 25 or over had the most information/recollections to offer, while men under 25 had more information to share than their age-related female counterparts. Although the figures noted above cannot be said to be statistically significant the younger people, and younger women in particular, recorded knowing nothing of the history of this institution.

### *Participant Recollections*

Comments included on the question sheet reveal that factors involved in the lack of knowledge included no information about this institution because the participant came from other regions of New Zealand, as below:

*“I have no knowledge, I’m from Wellington “(W, 26 yrs)*

However, in these cases institutions operating in areas adjacent to the Waikato Region could be mentioned.

*“No but my sister spent time in an institution in Auckland ... our family originally worked at Carrington in Auckland so we have talked about that ... “(W, 30 yrs) ... “N/A but I do however know a little bit about Kingseat [Auckland]...” (W, 28 yrs)*

Their lack of knowledge was frustrating for some who were from the Waikato region, as evident in the following remark.

*“Before today I was unaware disabled people were institutionalized like they were in the 1970’s. I feel disturbed that this was never brought to my attention and I have been part of this region all my life” (W, 22 yrs)*

One participant recorded searching for more information during the lecture itself.

*... no memories or recollection of Tokanui. Using Google to research the institution (W, 21 yrs).*

Yet while a majority recorded having no knowledge this comment, included by an older participant, suggests that certain ideas about Tokanui had been available to greater Waikato community members.

*... the Tokanui Hospital was known to people in the Hamilton area (W, 35 yrs)*

Some knowledge of happened in the institution also seemed to have been known of, as the statement below attests.

*... I heard some stories about how some of the patients there were treated and they were awful, such as electric shocks treatments etc" (M, 38 yrs)*

Further comments suggest that this knowledge may have been suppressed or altered as time passed.

*"there could be hidden stories. I know my Mum was sent to a 'Health Camp' in the 70's, near Fielding (W, 27 yrs)*

However, some had only fragments of memories to include.

*"I know it exists, nothing more (F, 30 yrs) ... I do recall knowing that Tokanui was a 'mental institution' (F 28yrs) ... I do remember there being significant stigma around Tokanui (F, 32 yrs) ... I do have a vague recollection of our family knowing someone who spent some time in Tokanui but I can't remember any details (F 27 yrs).*

Some remembered pathologising remarks heard in childhood about individuals in Tokanui, as noted below.

*... as a child, I thought that's where you went if you were 'crazy' (very un p.c.) (F, 31 yrs). [It was] spoken of being the place for 'criminals' and 'stupid' people who are not treated nicely and violence was used (F 27 yrs)*

Evoking Tokanui as a threat could be used to regulate social interactions with peers, as can be seen in these two brief statements.

*We used to accuse kids of being from there. I can remember playing with friends and the way to make fun of someone's mistakes was to say they should go to Tokanui (F, 34 yrs) ... X - ended up down at Tok [Tokaui], careful- you'll end up in Tokanui!" (F, 27 yrs).*

Direct memories about family members being admitted to Tokanui were also offered in feedback remarks. Here too, recollections could be more or less clear.

*My mother was in Tokanui, She has schizophrenia [F, 34 years]... Not 100% [clear, but] pretty sure an uncle on my mother's side and his two children [F, 28 yrs]*

An extended memory of a history of family engagement with both disability issues and Tokanui over time was detailed by one participant in the following narrative.

*"both grandmothers lived there for over 15 years each (bipolar). They were both admitted by doctors after dangerous behavior to their children. My grandfather started [disability organization] after his wife was admitted. She had an autistic daughter and used up all her efforts and energy raising R [family member]. After she grew up nana melted down. My parents hated the place, Mum used to have to drive nana back after her visits with mum and dad. Nana would lose it on the drive back, ripping her nylons and hair" [W, 31 yrs]*

However, memories of admittance to Tokanui as a positive process for family members were also recorded.

*Something happened, uncle was unwell – Tokanui – came out when medicated. I believe bi-polar. Brilliant mind, misunderstood individual, functioned fairly normally on meds" [M, 31 yrs].*



Beneficial placement accounts also included comments about people who were known to families and other local community members.

*Various people in the community. My maths teacher and a couple of my mother's friends were admitted ... just that this helped people when they were in need and they actually admitted themselves – both of these individuals had severe depression and this was seen as a beacon of light and a link to help them get better [W, 34 yrs].*

Comments also revealed stories of family members who worked in Tokanui. Again, some memories were vague while others were much more complete.

*... my mother worked for ihc and may have been there? Not sure though (W, 22 yrs)  
... Yes one family member – nurse ... both the late 1950's ... my grandparents (grandmother a psychiatric nurse, grandfather an orderly) used to have secret meetings, which weren't allowed which resulted in my grandfather hiding in a laundry trolley [W, 35 yrs]*

Family members could be both residents and staff, as seen in his example included by a participant who recalled having two cousins admitted to Tokanui, and one family member who had worked there.

*"I've heard that they used shock treatment on the patients. I have heard that staff were bad to the patients and that the patients were locked away. I have also heard that after it closed the place was tapu (cursed) and a ceremony had to be performed to lift the tapu. Whenever I think about Tokanui I feel very sad for the people, victims." [W, 34 yrs]*

Another, also noting a family connection, reveals the emotional impact of these memories on him.

*"older brother was in Tokanui for 12 years ... I don't have fond memories of Tokanui that I would like to put in writing. I also worked for 8 years as a support worker for an ex-Tokanui client' [M, 29 yrs]*

The comments offered also included evidence of a continuing link to Tokanui after the institution closed - a factor that was not anticipated. These reveal that the buildings themselves continued to exert an emotional influence on some younger beginning teachers who lived in the surrounding rural community, as below:

*... driving past 'Toke' – a kind of superstitious place (M, 23 yrs) ... I have seen the location myself and view it as a 'prison' (M, 24yrs) ... "I know a few people that have gone there after it closed and have seen some supernatural stuff (M, 21 yrs] ... visited this once when it had closed down and am interested in it, but I do not have any memories from when it was open and running [F, 23 yrs] ...*

Some had entered the buildings that remained.

*I managed to find an old diary of a nurse who worked there (left behind in an old building). What is written in the book is very sad and unsettling [M, 21 yrs]*

What happened to the diary subsequently was not recorded. Finally, contemporary memories included comments about the granite wall erected on the site in 2016.

*I heard about the cemetery and what they are doing about it in the local paper ... [F, 24 yrs]... I was sent out to Tokanui to place a headstone for a number of mass*

*graves out there. Names were never recorded, along with numbers of people or reasons for death [M, 34 yrs]*

Here it is noted that the wall was initially mooted to commemorate returning soldiers who had died in Tokanui and who were buried at the site (Thomas, 2016). The names of many with intellectual disabilities who are buried in the site remain unknown.

## Discussion

The comments gathered show that lived history effects of practices of institutionalisation in Tokanui Hospital can be found in at least of the some beginning teacher's recollections. In a few cases this impact has been considerable. Regarding the statement of the family member who worked as a support person for someone who had lived in Tokanui, would he have chosen this occupation if his own family member had not been placed in the institution? However, how the lack of '*fond memories*' this person had of his brother being in Tokanui might affect how he sees his professional responsibilities as an inclusive educator when he becomes a teaching practitioner is impossible to gauge. It may well be likely but the recollections gathered only provide a small insight into the possible extent of these influences and the power they may hold on the development of inclusive practices, and this is the key limitation of this research exercise. Yet opening up awareness of possible influences of past practices, or lack of them, does make it easier to consider how their legacy might remain caught up in contemporary debates. Returning to the comment included in the ERO report - "*Is school really the best place to be at for these students at the age of five? Their individual programmes, independence skills and socialising are at a three-year-old level...*" (ERO, 2012, p. 27, see p4), without the sensitising process a legacy of past practice can offer, this comment may sound like nothing more than a very sensible educational suggestion made in good faith by a competent professional. To beginning teachers who are '*unaware disabled people were institutionalized*' it may be difficult to think otherwise. It is also easier to consider how this comment might be interpreted as a damaging judgement about a child's lack of 'fitness to be included' that could significantly alter their subsequent life-chances and life-choices. To beginning teachers who view the idea through a lived history memory of institutionalization and the '*significant stigma*' that comes with it, this may be a compelling analysis.

What this process uncovered is that a significant number of younger participants knew nothing about an institution that was one of the biggest employers in the region. This finding points to the need for a more in-depth exploration of different aspects of the 'interactive sociocultural factors' that continues to make what happened in Tokanui an influential aspect of the social fabric of the Waikato region. However, access to accurate information and informed commentary about the topic is required. In 2005 a Confidential Forum was convened so individuals could tell their stories about the conditions they had experienced in psychiatric and psychopaedic institutions. A report was published in 2007. This initiative opened up a space for some lived histories to be heard. Yet the report is hard to obtain, and is not an easily accessible read. '*Googling Tokanui*' will also reveal some information but many stories, particularly of what happened to people with intellectual disabilities remain hidden. More concerted efforts to uncover, record and disseminate the stories of those who lived and work in the institution, and of those who lived and worked alongside it are needed.

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## **Biographical Notes**

Carol is a senior lecturer in *Te Oranga, Te Kura Toi Tangata*, at the University of Waikato. She works with under and postgraduate students in the area of disability, diversity and inclusion. She is interested in how teachers and community members in New Zealand can maintain and enhance inclusive principles and practices in times of rapid educational and social change.