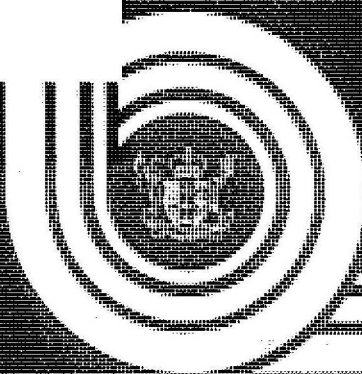


Services for the Mentally Handicapped

Third Report of
The Royal Commission of Inquiry
into
Hospital and Related Services



Wellington
March 1973

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THE ROYAL COMMISSION OF INQUIRY INTO HOSPITAL
AND RELATED SERVICES

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*Royal Commission to Inquire Into and Report Upon Hospital and
Related Services*

ELIZABETH THE SECOND, by the Grace of God of the United Kingdom,
New Zealand, and Her Other Realms and Territories Queen,
Head of the Commonwealth, Defender of the Faith:

To our Trusty and Well-beloved CHARLES PIERREPONT HUTCHIN-
SON, Esquire, M.B.E., of Auckland, Queen's Counsel, JAMES
RICHARD CROPPER, Esquire, of Auckland, company director,
WILTON ERNEST HENLEY, Esquire, C.B.E., of Auckland, medical
superintendent-in-chief, JOHN TURNBULL, Esquire, O.B.E., of
Wellington, retired secretary, and IONA WILLIAMS, of Dunedin,
married woman.

GREETING:

KNOW ye that We, reposing trust and confidence in your integrity,
knowledge, and ability, hereby nominate, constitute, and appoint you,
the said

CHARLES PIERREPONT HUTCHINSON, M.B.E.;
JAMES RICHARD CROPPER;
WILTON ERNEST HENLEY, C.B.E.;
JOHN TURNBULL, O.B.E.; and
IONA WILLIAMS

to be a Commission to receive representations upon, inquire into,
investigate, and report upon the existing facilities and the future
requirements for hospital and related services for New Zealand
and the resources to provide such services, and to recommend such
measures as you believe will ensure adequate provision of such
services, and, in particular, but without restricting the generality of
the foregoing, to receive representations upon, inquire into, investigate,
and report upon the following matters:

1. The plans, policies, and programmes of the Department of
Health, Hospital Boards, and other hospital and related agencies for
dealing with the treatment, care, and rehabilitation of hospital
patients, including the provision of specialist, out-patient, day-hospital,
and domiciliary services, and the need, if any, for changes in such
plans, policies, or programmes.

2. The functions, powers, responsibilities, and inter-relationships of
the Department of Health, Hospital Boards, and other hospital and
related agencies, and the need, if any, for changes in geographical
areas of responsibility, or in the functions, constitutions, or powers of
such bodies in relation to the said services.

3. The organisation and scope of the hospital services in relation to medical care work carried out by non-hospital agencies, including medical practitioners, and the need, if any, for changes in relationships, particularly in the light of developments such as the emergence of health centres and group medical practice, and particularly also in respect of the provision of hospital treatment for maternity patients.

4. The relationship of hospital services with the preventive aspects of medicine including the public health services, and the need, if any, for closer integration of these services.

5. The financing of hospital and related services, including those provided by private hospitals and welfare agencies, and the need, if any, for changes in the system of finance or methods of control over expenditure, including the sources from which and the means by which any such services should be financed.

6. The provision of buildings and other physical facilities for the housing or treatment of patients in all classes of hospitals, including the inter-relationship of such facilities and also their relationship with other medical care facilities, and the need, if any, for changes in policies or programmes in relation thereto.

7. The existing medical, nursing, para-medical, and other staffing provision for hospitals and the adequacy of such provisions, and the need, if any, for changes in any of these matters.

8. The administration of hospital services, and, in particular, the organisation of hospital work, the management and training of staff (otherwise than for the purpose of obtaining registrable qualifications), the provision of staff accommodation and amenities, the use of modern methods and techniques and aids to management, and the need, if any, for changes in respect of any of those matters.

9. In respect of nursing, the justification, if any, for a differential pay scale in favour of—

- (a) Psychiatric and psychopaedic nurses as such over other kinds of nurses; or
- (b) All nurses employed in psychiatric or psychopaedic hospitals over nurses employed elsewhere,—

on the grounds of job content or responsibility, conditions of work, or for any other reasons.

10. Any amendments that should be made to existing legislation to promote improvements in any of the aforesaid matters.

11. Any associated matters that may be thought by you to be relevant to the general objects of the inquiry.

And We hereby appoint you the said

CHARLES PIERREPONT HUTCHINSON, M.B.E.,

to be Chairman of the said Commission :

And for the better enabling you to carry these presents into effect you are hereby authorised and empowered to make and conduct any inquiry or investigation under these presents in such manner and at such time and place as you think expedient, with power to adjourn from time to time and place to place as you think fit, and so that these presents shall continue in force and any such inquiry may at any time and place be resumed although not regularly adjourned from time to time or from place to place :

And you are hereby strictly charged and directed that you shall not at any time publish or otherwise disclose, save to His Excellency the Governor-General, in pursuance of these presents or by His Excellency's direction, the contents of any report so made or to be made by you, or any evidence or information obtained by you in the exercise of the powers hereby conferred on you, except such evidence or information as is received in the course of a sitting open to the public :

And it is hereby declared that the powers hereby conferred shall be exercisable notwithstanding the absence at any time of any one or any two of the members hereby appointed so long as the Chairman or a member deputed by the Chairman to act in his stead, and two other members are present and concur in the exercise of the powers :

And We do further ordain that you have liberty to report your proceedings and findings under this Our Commission from time to time if you shall judge it expedient to do so :

And, using all due diligence, you are required to report to His Excellency the Governor-General in writing under your hands,—

- (1) Not later than the 31st day of December 1972 your findings and opinions on the matters in clause 9 of the aforesaid terms of reference;
- (2) Not later than the 30th day of June 1973 your findings and opinions on the matters aforesaid so far as they relate to psychiatric services;
- (3) Not later than the 30th day of June 1974 your findings and opinions on the other matters aforesaid,—

together, in each case, with such recommendations as you think fit to make in respect thereof :

And, lastly, it is hereby declared that these presents are issued under the authority of the letters patent of His Late Majesty King George

the Fifth, dated the 11th day of May 1917, and under the authority of and subject to the provisions of the Commissions of Inquiry Act 1908, and with the advice and consent of the Executive Council of New Zealand.

In witness whereof We have caused this Our Commission to be issued and the Seal of New Zealand to be hereunto affixed at Wellington this 28th day of February 1972.

Witness Our Right Trusty and Well-beloved Cousin, Sir Arthur Espie Porritt, Baronet, Knight Grand Cross of Our Most Distinguished Order of Saint Michael and Saint George, Knight Commander of Our Royal Victorian Order, Commander of Our Most Excellent Order of the British Empire, Governor-General and Commander-in-Chief in and over New Zealand.

ARTHUR PORRITT, Governor-General.

By His Excellency's Command—

J. R. MARSHALL, Prime Minister.

Approved in Council—

P. J. BROOKS, Clerk of the Executive Council.

*Dissolution of Royal Commission to Inquire Into and Report Upon
Hospital and Related Services*

ELIZABETH THE SECOND, by the Grace of God of the United Kingdom,
New Zealand, and Her Other Realms and Territories, Queen,
Head of the Commonwealth, Defender of the Faith:

To Our Trusty and Well-beloved CHARLES PIERREPONT
HUTCHINSON, Esquire, M.B.E., of Auckland, Queen's Counsel,
JAMES RICHARD CROPPER, Esquire, of Auckland, company
director, WILTON ERNEST HENLEY, Esquire, C.B.E., of Auck-
land, retired medical superintendent-in-chief, JOHN TURNBULL,
Esquire, O.B.E., of Wellington, retired secretary, and IONA
WILLIAMS, of Dunedin, married woman:

GREETING:

WHEREAS by Our Warrant dated the 28th day of February 1972*
We nominated, constituted, and appointed you, the said

CHARLES PIERREPONT HUTCHINSON, M.B.E.,
JAMES RICHARD CROPPER,
WILTON ERNEST HENLEY, C.B.E.,
JOHN TURNBULL, O.B.E., and
IONA WILLIAMS,

to be a Commission to receive representations upon, inquire into,
investigate, and report upon hospital and related services in New
Zealand:

And whereas by reason of certain events which have happened
since the date of Our said Warrant We deem it expedient that the
said Commission should be dissolved and the members thereof should
be discharged from the further performance of any duty imposed on
them by the terms of the said Warrant:

Now, therefore, it is Our Pleasure that, with effect on and from
the 9th day of March 1973, each and every one of you be hereby
discharged from the said Commission and that the said Commission
be hereby dissolved on the said date.

And it is hereby declared that these presents are issued under the
authority of the Letters Patent of His Late Majesty King George the
Fifth, dated the 11th day of May 1917, and under all other authorities
thereunto enabling, and with the advice and consent of the Executive
Council of New Zealand.

In witness whereof We have caused these presents to be issued and
the Seal of New Zealand to be hereunto affixed at Wellington this
19th day of February 1973.

**Gazette*, 2 March 1972, p. 440.

Witness Our Right Trusty and Well-beloved Cousin, Sir Edward Denis Blundell, Knight Grand Cross of Our Most Distinguished Order of Saint Michael and Saint George, Knight Commander of Our Most Excellent Order of the British Empire, Governor-General and Commander-in-Chief in and over New Zealand; acting by and with the advice and consent of the Executive Council of New Zealand.

DENIS BLUNDELL, Governor-General.

By His Excellency's Command—

NORMAN KIRK, Prime Minister.

Approved in Council—

P. G. MILLEN, Clerk of the Executive Council.

Letter of Transmittal

To His Excellency Sir Edward Denis Blundell, Knight Grand Cross of the Most Distinguished Order of Saint Michael and Saint George, Knight Commander of the Most Excellent Order of the British Empire, Governor-General and Commander-in-Chief in and over New Zealand.

MAY IT PLEASE YOUR EXCELLENCY

By Warrant dated 28 February 1972 we the undersigned CHARLES PIERREPONT HUTCHINSON, JAMES RICHARD CROPPER, WILTON ERNEST HENLEY, JOHN TURNBULL, and IONA WILLIAMS were appointed to report not later than 30 June 1973 our findings and opinions on the matters relating to psychiatric services under the terms of reference stated in that Warrant and were empowered to report from time to time if we judge it expedient to do so.

Since that time by Order-in-Council dated 19 February 1973 the Royal Commission has been dissolved on and from 9 March 1973.

We now humbly submit for your Excellency's consideration a report which in the time available to us we judged it desirable to make on the subject of services for the mentally handicapped.

We have the honour to be

Your Excellency's most obedient servants,

C. P. HUTCHINSON, Chairman.

J. R. CROPPER, Member.

W. E. HENLEY, Member.

J. TURNBULL, Member.

I. WILLIAMS, Member.

Dated at Wellington this 8th day of March 1973.

SERVICES FOR THE MENTALLY HANDICAPPED

INTRODUCTION

1. By the terms of our original Warrant we were required to report before 30 June 1973 on "psychiatric services". As the Commission will be dissolved as from 9 March 1973, we will be unable to make any comprehensive report on this subject.

2. However, in respect of psychopaedic services, which were included in the submissions of the Department of Health under "psychiatric services", the Commission has acquired a sufficient body of knowledge to feel able to make a positive statement about past, present, and future policy.

3. This knowledge has been obtained from evidence submitted to us, either presented in public hearings or read but not heard. It has been amplified by study of reports from New Zealand and overseas. It has been increased by visits to all of the psychopaedic hospitals and all but one (Seaview) of the psychiatric hospitals.

4. A report on psychopaedic services was already in its preliminary stages when it was announced that the Commission was to be dissolved. Since Members of the Commission are unanimous about what such a report should contain and as we have already submitted to His Excellency the Governor-General, one interim report on another matter, we make this final report, of a brevity determined by the time available, in the hope that it will help those who follow us in consideration of this subject.

THE MENTALLY HANDICAPPED

5. We use the term "mentally handicapped" in preference to "intellectually handicapped", "mentally retarded", or "mentally subnormal" because it is more accurate than the first two, and as a 1971 United Kingdom white paper says in adopting the same term, "it helps to emphasise that our attitude should be the same as to other types of handicap, i.e., to prevent it whenever possible, to assess it adequately when it occurs, and to do everything possible to alleviate its severity and compensate for its effects".

6. We would also prefer to avoid the locally concocted term, psychopaedic. It appears to relate to children and thus obscures the fact that the majority of mentally handicapped people are adults, and they need services as much as do the children. The word should be dropped and the realities faced.

7. The people with whom we are mainly concerned in this report are those who are so severely handicapped as to require some care or supervision throughout life. It is commonly accepted that in our sort of community 3-4 per 1000 of population will be so handicapped, so that we are considering the services required in New Zealand by perhaps 10 000 people, some of whom will require a great deal of help and some much less.

PRESENT POLICY

8. The policy of the Department of Health for the past 20 years appears to have been basically determined by the report of the "Aitken Committee" on *Intellectually Handicapped Children* in 1952.

9. The recommendations of this consultative committee (set up by the Minister of Education) were:

"(1) That the Government adopt the policy of providing good residential institutions, under the Medical Hygiene Division of the Department of Health but independent of mental hospitals, for the majority of intellectually handicapped children and adults in the community.

(2) That each institution accommodate 400 to 500 mental defectives, in separate residential units taking about 30 each.

(3) That each institution provide for the intellectually handicapped (a) the essential requirements of physical health, (b) opportunity for physical and mental activity up to the limits of his powers, (c) social life among his equals in a friendly and sympathetic atmosphere, and (d) medical and nursing care.

(4) That parents be encouraged to place intellectually handicapped children in these institutions at about the age of 5.

(5) That the Education Department continue to provide Occupation Centres and to subsidize Occupation Groups for intellectually handicapped children whose parents prefer to keep them at home and for those for whom institutional provision is not yet available.

(6) That the work of the Correspondence School, for intellectually handicapped children who remain at home in isolated places, be continued and developed.

(7) That voluntary bodies be encouraged to provide cottage homes (with Government subsidy equivalent to family allowance or invalidity benefit), Senior Occupation Centres, Occupation Groups, voluntary assistance at Occupation Centres, and assistance in interesting parents and public in the humane handling of intellectually handicapped children.

(8) That more accurate diagnosis and assessment of lower grade mental defect be attempted by means of specialist clinics in the main centres, comprising each a paediatrician, a neurologist, a psychiatrist, an educational psychologist, and a social worker.

(9) That more accurate ascertainment of the number of intellectually handicapped children and adults in the country be attempted through the Social Security Department and the Medical Officers of Health.

(10) That research be directed in the first place to the establishment of full clinical and personal records, and to the improvement of methods of handling and training intellectually handicapped children in institutions and Occupational Centres."

10. The "Aitken Committee" contained equal representation of the medical and teaching professions. It is not known to what extent administrative convenience, educational influence, or medical opinion shaped these decisions. What is known is that the main conclusions were the opposite to those even then being followed as a basis for policy elsewhere in the world.

11. Concerned at this, the New Zealand Branch of the British Medical Association set up a Mental Deficiency Subcommittee under the chairmanship of Sir Charles Burns. This subcommittee, in its 1958 report, rejected most of the views of the "Aitken Committee" and, in conformity with current practice and recognised authorities overseas, recommended a community service for mentally handicapped persons, small neighbourhood hostels and extra-mural care.

12. In the intervening years both policies have been followed but much greater emphasis has been placed on accommodation in large institutions. It is true that the Intellectually Handicapped Children's Society and other voluntary organisations have greatly expanded their community services. By voluntary effort and with Government support they now provide over 600 places in hostels (we prefer the term "homes") in the community. But from 1952 to 1972 occupied beds in psychopaedic hospitals alone increased from 549 to 2017 and in addition facilities for mentally handicapped persons were built in psychiatric hospitals.

13. We accept the view of the Director, Division of Mental Health, that there is room for both institutional and community services but we utterly reject the view of the "Aitken Committee" that the majority of mentally handicapped persons should be in large institutions and that parents should be encouraged to place them there at

the age of 5. We do not accept the view expressed in the 1956 annual report of the (then) Mental Hygiene Division of the Department of Health—

“By and large, it can be said that the intellectually handicapped are happier amongst their own. They enjoy a community life in which the competition and the striving is not too great for their intellectual capacity. This can be achieved by residence in colonies much larger in size than is often contended. After years of experience, this Division still holds the view that the colony of 750 gives a much wider scope for these ‘children’ and a much happier environment than the restrictions imposed by a smaller one.”

14. To make matters worse, even the few valuable recommendations of the “Aitken Report” have not been followed. There has, for instance, been no accurate ascertainment of the number affected, nor comprehensive assessment of the individual.

15. Perhaps more importantly, “psychopaedic” hospitals have not been kept independent of “mental” hospitals, as recommended. The distinction between the mentally handicapped and the mentally ill has been blurred—and often forgotten. Indeed the Mental Health Act, 1969 defines “Mentally Disordered” as *including*:

- (a) mentally ill . . .
- (b) mentally infirm . . .
- (c) mentally subnormal . . .

16. Under the policy actually operated “psychopaedic” wings or blocks have been built in psychiatric hospitals, and in 1971 there were more mentally handicapped people (2272) in psychiatric hospitals than there were in psychopaedic hospitals (2057). More especially we regard the “pilot project” of small units in the “psychopaedic complex” of Tokanui Psychiatric Hospital as a grave error of judgment.

17. From the evidence submitted to us, we believe that the disproportionate emphasis put on care in large psychopaedic and psychiatric hospitals in the past 20 years is wrong. The emphasis should be on the provision of facilities in the community to keep persons *out* of hospital and to provide the care they need in the community.

18. It is clear from the “Aitken Report” and from *A Review of Hospital and Related Services* which sets out the policy of the Department of Health that economy—of money and staff—has been a factor determining the policy to be followed.

19. While accepting the need for careful use of available resources we maintain that the best care of the mentally handicapped person

should be the objective. We also strongly support the principle that no person should be in hospital if the care needed can be given elsewhere. The Intellectually Handicapped Children's Society maintains that there is "considerable saving in State Expenditure as a result of the services operated by the society". The cost of operation of the society's homes is stated to be 30 dollars per week per person, compared with 60 dollars a week per person in psychopaedic hospitals.

20. In rejecting the present policy, with its confusion of mental illness and mental handicap, and its emphasis on and preference for large institutions, we yet must pay sincere tribute to the devoted services which in so many cases have been given in the care, treatment, and training of the mentally handicapped. Some exceptional work has been done but we believe that more can be done and with better effect, under a more enlightened policy.

THE NEED FOR A RESHAPED POLICY

21. Hospitals are places where the sick can be received as inpatients when for social or medical reasons it is impossible to provide what they require in any other way. The Intellectually Handicapped Children's Society held, we believe rightly, that the majority of the mentally handicapped are not "sick". The majority require care, but not medical treatment.

22. Some, however, will require medical or nursing care on a long-term basis, and should be treated in hospital—preferably in long-stay beds associated with the appropriate unit of a general hospital where physiotherapy and other needed facilities will be more readily available. Others may have behavioural problems, severe neurotic illness, or psychosis and should be cared for in a general or psychiatric hospital.

23. The majority who have no gross physical or mental sickness should be cared for in the community if circumstances allow. They are not "patients", they are persons in need of care. They should not, in our opinion, be the responsibility of hospitals boards as at present constituted. The emphasis of policy should be on the provision of facilities in the local community reducing to the minimum the need to send people to distant institutions.

24. We are convinced that this is, in the main, a problem of welfare and should be managed overall by the Department of Social Welfare, with the health and education authorities playing their parts as required, as they do in respect of all of us. The

Department of Social Welfare should take over the psychopaedic hospitals and operate them as homes as soon as those needing hospital care have been transferred.

25. As was recommended by the "Aitken Committee" in 1952 and by the "Burns Committee" in 1958, assessment teams will have to be set up to assess not only the individual and his needs but also his background and resources. In view of the shortage of required personnel, this task of assessment cannot be expected to be completed quickly.

26. But other action need not wait for this.

27. We believe that some mentally handicapped persons now in institutions could be cared for in their own homes if their relatives were given full support—laundry services, home aids, day care, transport, counselling, etc. Financial aid to the family would be important to cover the extra expenditure involved in caring for a handicapped person. This was recommended also by the Royal Commission of Inquiry into Social Security 1972.

28. The establishment of this sort of support would not only enable some "patients" to return from hospitals to their homes; it would enable families to keep at home many who are now on waiting lists for hospital accommodation.

29. Those who are transferred to general hospitals or who can beneficially be returned to their own homes will constitute only the minority of those in psychopaedic or psychiatric hospitals. Real progress will be made only when more appropriate accommodation is made available for the majority.

30. Some things can be quickly done. The first is to enable the Intellectually Handicapped Children's Society and other voluntary organisations, to expand their hostel or home accommodation. The president of the society indicated that, given the necessary finance, doubling could be accomplished in 2 years, providing a further 500 places. Not all of these would relieve the present hospitals, as some of the places would be filled by people at present living in the community. However this merely underlines the urgent need for such action.

31. Second the State could, as recommended by the "Burns Committee" in 1958, buy suitable premises spread throughout the country to convert into "homes" in which groups of these people could live in fairly small communities and from which they could attend special schools or training or working establishments. We would suggest that the more educable of the present patients be in

the first instance so accommodated, and that the emphasis should be first on care, as individual as possible, and second on so developing their abilities that they can become more independent and enabled to live at home, or in a hostel with minimal assistance.

32. The third action urgently required is to re-examine the plans to build psychopaedic hospitals at Whangarei, Tauranga, and Invercargill. Hospitals are needed only for the sick and hospital boards, as at present constituted, are not suited to control what needs to be built—small homes, and groups of homes designed for different categories and different requirements of those who are mentally handicapped.

VOLUNTARY ORGANISATIONS

33. We have referred to the part played in the care of the mentally handicapped by the Intellectually Handicapped Children's Society. We consider that the society should be encouraged and enabled to extend its work, and that the same encouragement should be given to other organisations who are already working or are willing to work in this field. We see little risk of harmful fragmentation or duplication in this field and indeed we see it as offering opportunities for much needed diversification and even experimentation.

PSYCHIATRIC HOSPITALS AND SERVICES

34. We have stated that hospital boards as at present constituted are not suited to control the proposed facilities for the mentally handicapped. But we agree that they should control psychiatric hospitals. Having said this we are bound to add that control by hospital boards will not of itself bring about the improvements which are necessary in psychiatric services generally. There is considerable danger that this will not be appreciated.

RECOMMENDATIONS

35. We are unanimous in making the following recommendations:
- (a) That a comprehensive review be made of the extent of the problem of mental handicap in New Zealand.
 - (b) That an assessment be made of mentally handicapped persons at present in psychopaedic or psychiatric hospitals to determine how many could be cared for elsewhere if appropriate facilities were available.

- (c) That a review be made of mentally handicapped persons in psychopaedic and psychiatric hospitals to determine how many require medical, nursing, or psychiatric care.
- (d) That those multiply handicapped patients in psychopaedic and psychiatric hospitals who require long-term medical or nursing care be progressively moved to general hospitals.
- (e) That mentally handicapped persons with behaviour problems or psychiatric illness be cared for in general or psychiatric hospitals as appropriate.
- (f) That the care of each mentally handicapped person be that appropriate to his needs as determined by professional assessment and with due regard for the feelings and interests of the family that care be provided in the following order of preference:
 - (i) In the mentally handicapped person's own home.
 - (ii) In a foster home.
 - (iii) In a "home" with not more than 25 places in the mentally handicapped person's own community.
 - (iv) In a larger institution, not based on a "medical" model, and as near the individual's own community as possible. Any new such institutions should certainly not provide more than 200 places and most would be much smaller.
 - (v) In a hospital.
- (g) That mentally handicapped persons without psychiatric illness be not placed in a psychiatric hospital unless they have proved impossible to manage in psychopaedic institutions.
- (h) That services to the mentally handicapped who are not psychiatrically sick be totally divorced from "psychiatric services" and from the Division of Mental Health.
- (i) That mentally handicapped persons who are not patients requiring hospital care be the responsibility of the Department of Social Welfare which should take over the "psychopaedic hospitals" as homes when those requiring hospital care have been transferred.

(We reject the suggestion made to us that they should be the responsibility of the Department of Education because the care required is lifelong and not time limited.)
- (j) That the Department of Social Welfare in administering the care of the mentally handicapped should maintain an appropriate liaison with the Departments of Education, Labour, and Health.

- (k) That there be no expansion of existing psychopaedic institutions.
- (l) That there be no enlargement of "psychopaedic complexes" in psychiatric hospitals.
- (m) That psychopaedic institutions from which "patients" have been removed be not called hospitals.
- (n) That measures for the prevention of mental handicap be actively promoted. This should not be restricted to medical measures. Environmental and sociological factors may be found to be important.
- (o) That medical students be taught modern views of the proper management of the mentally handicapped.
- (p) That hospital boards be informed of these recommendations.
- (q) That urgency be given to:
 - (i) The provision, by State departments, hospital board extra mural services, and voluntary agencies of support for those families which are willing and able to keep mentally handicapped members at home.
 - (ii) The expansion by the Intellectually Handicapped Children's Society and other voluntary agencies of accommodation and other facilities for the mentally handicapped.
 - (iii) The additional provision by the State by purchase and by building of small homes or hostels to which some of those now in psychopaedic hospitals may be transferred.
 - (iv) The recommittal of all present plans to build or extend psychopaedic hospitals.
 - (v) The planning, with firm target dates, of all the steps required to provide the facilities necessary to care for the mentally handicapped so far as is possible within their own communities.

BY AUTHORITY:

A. R. SHEARER, GOVERNMENT PRINTER, WELLINGTON, NEW ZEALAND—1973