

**The Impact of World War Two on the 'Handicapped' Schoolchildren of
England**

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by

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Abstract

The experiences of children during World War Two have attracted considerable attention, both scholarly and popular. Not all children however, have received equal attention. ‘Handicapped’ children are conspicuous by their absence from all types of literature, both on evacuation and on children’s experiences of World War Two. This thesis restores these children to the story of wartime England and assesses their experiences. It examines the plans that were made for their evacuation and how they were carried out, and compares their lives, both individually and institutionally (i.e. in the various types of ‘special’ schools) with those who, for various reasons, were not evacuated. It also compares their experiences, to a lesser degree, with those of their ‘non-handicapped’ counterparts. The thesis argues that for many ‘handicapped’ children it was a positive experience but one which depended on specific aspects, such as the attitudes of the authorities and of the general public, and perhaps more importantly, the attitudes and quality of the teaching and nursing staff, who were responsible for the children on a daily basis. Finally, the thesis assesses the impact of the war, and the children’s wartime experiences, on post-war social policy.

Contemporary, rather than present-day, language (i.e. ‘handicapped’ instead of ‘disabled’) is used throughout the thesis. This is purely in order to avoid confusion and in no way reflects the personal views of the author.

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Any errors in this work are entirely my own responsibility.

This thesis is dedicated to Vicky Eller

Declaration

I certify that this is my own original work and that all sources used in producing it have been duly acknowledged and cited in the text.

Sue Wheatcroft

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LIST OF ABBREVIATIONS

ARP	Air Raid Precautions
CAMW	Central Association for Mental Welfare
CGC	Child Guidance Clinic
COS	Charity Organisation Society
CP	Cerebral Palsy
EHS	Emergency Hospital Service
ERA	Evacuee Reunion Association
ES	Eugenic Society
ESN	Educationally Subnormal
FWA	Family Welfare Association
HMI	His Majesty's Inspector
ICAA	Invalid Children's Aid Association
LCC	London County Council
LEA	Local Education Authority
LMA	London Metropolitan Archive
MD	Mentally Defective
MHEC	Mental Health Emergency Committee
MO	Medical Officer
NCC	National Camps Corporation
NCMH	National Council for Mental Hygiene
NCSS	National Council of Social Services
NHS	National Health Service

NIB	National Institute for the Blind
NUT	National Union of Teachers
OA	Open-Air (School)
PD	Physically Defective
PH	Physically Handicapped
PS	Partially Sighted
PSW	Psychiatric Social Worker
RSU	Ragged Schools Union
SEN	Special Educational Needs
SMS	School Medical Service
TB	Tuberculosis
TES	Times Educational Supplement
TNA	The National Archive
WVS	Women's Voluntary Service

INTRODUCTION

The existing literature on children during World War Two is extensive and focuses particularly on the evacuation of children from vulnerable areas of Britain. The short-term effects of saving lives have been debated alongside the possible long-term effects on the children's mental and physical health. However, one group of children is conspicuous by its absence from these narratives. Very little has been published on the subject of handicapped children during this time and certainly, their personal experiences have not been examined in any great detail. In the absence of this, a significant part of children's experiences of World War Two is missing. This thesis has four key aims. Firstly, it aims to bring attention to this group of children and to highlight their experiences during the war, thereby correcting the current imbalance in the historical record. Secondly, it aims to assess the extent to which the children's wartime experiences helped to bring about change. The third is to identify the provisions that were introduced after the war which specifically affected handicapped children, and to determine why these changes were brought about. This includes an assessment of pre-war activity as well as that which took place during the war. Finally, the thesis aims to supplement existing literature on children and disability during World War Two and to contribute to debates about the impact of war on social policy.

In doing this, the thesis discusses the policies and procedures that shaped the children's wartime experiences, and the personnel and institutions that were responsible for their welfare. The main government departments were the Ministry of Health, the Board of Education, and the Board of Control. Voluntary societies also played a part: the Invalid Children's Aid Association, the Shaftesbury Society and the Central Council for the Care of Cripples, as well as a number of smaller charitable organisations. The

main religious bodies discussed are the Catholic Church and various Jewish societies.

The thesis examines how the children coped on a day to day basis: the conditions in which the handicapped evacuees lived, and how those who were not evacuated, for whatever reason, were cared for and educated. In short, the thesis addresses the following questions: to what extent were the ‘decision-makers’ aware of the problems faced by handicapped children during the war; how did they attempt to deal with the problems; and to what extent were they successful?

The comparative absence of scholarly literature on handicapped children during World War Two means that there are very few scholarly references upon which to draw. Similarly, it is rare to find any personal accounts of their lives during the war. Unlike their non-handicapped counterparts, who have published copious amounts of memoirs, the voices of handicapped children have rarely been heard. Traditionally, histories of health, education and the handicapped have tended to be descriptive rather than analytical, and have been written from the perspective of service providers rather than those who used the services, with the result that it has been almost impossible to gain any real insight into their lives. This thesis seeks to move away from this narrow approach, drawing on the insights of those historians who have, since the 1980s, started to reassess how the handicapped have been studied, resulting in the emergence of what Paul Longmore has termed the ‘new disability history’.¹

* It is important here, to explain some of the language used in this thesis. Legislation prior to 1944 distinguished between different types of disability and assigned specific terms to particular conditions that were used to classify children and that appeared in official documents. Terms such as ‘defective’, ‘cripple’, ‘idiot’ and ‘imbecile’ were all

¹ *The New Disability History: American Perspectives*, ed. by Paul K. Longmore and Lauri Umansky (New York: New York University Press, 2001).

commonplace. Usage of these labels in this thesis in no way reflects the present day position but is in keeping with the historical period. The thesis includes many direct quotations from official documents and to use both present-day and contemporary terminology would have been confusing to the reader. An explanation of the language used to describe the five official ‘categories’ of disability prior to 1944 begins on page 29.

The ‘New Disability History’

Until recently the disabled have ‘subsisted on the fringes of all societies, with evidence of their lives being generally absent’.² According to Tom Compton, this has been because historically, the disabled have lacked the health, education and leisure to record their own plights; and negative stigmas and stereotypes have rendered them unlikely subjects for historians of those earlier eras. Robert Davidoff believes that this negativity is what differentiates disability studies from those of race, gender, sexuality, class and other commonly addressed forms of human difference. Anyone can become disabled, and a longer life expectancy extends the risk and increases the odds, perhaps making it a more frightening subject.³

Paul Longmore suggests that disability studies emerged as the academic counterpart to disability rights advocacy in the 1980s⁴, and that the agenda of today’s disability studies is ‘to demonstrate the importance of disability issues in virtually every sphere of society, and the consequent necessity of serious scholarly inquiry into them’.⁵ Previously, studies had concentrated on rehabilitation and special education. Philip

² Tom Compton, *The Brief History of Disability (or, The World Has Always Had Cripples)* (Privately Published, 1992).

³ Paul Longmore, *Why I Burned My Book, and Other Essays on Disability*, (Philadelphia: Temple University Press, 2003), p.viii.

⁴ *Ibid.*, p.2.

⁵ *Ibid.*, p.6.

Stafford points out that the literature in special education, as in so many other fields of disability, tends to be narrow and specialized; what is needed is to see a particular field or interest in a broad, historical framework.⁶

The historical examination of disability is based on medical pathology and so typically presents people with disabilities as passive.⁷ As a result, historians have tended to concentrate on the professionals, philanthropists and policy-makers involved with disability issues but who were hardly ever disabled themselves (Longmore is disabled). Apart from a few notable exceptions, Helen Keller for example, the blind, deaf and other disabled individuals were virtually invisible in historical accounts. From the 1980s however, a more analytical research base was introduced with political science, policy studies and sociology being used with the aim of reforming public policies and professional practices. The ultimate aim was and is to reconstruct society into a more 'disabled friendly' community.

Although positive change with regards to disability studies began, to all intents and purpose, in the 1980s, it was the following decade that saw the end of many of the taboos surrounding disabled people. Until then, the sexual identification and experiences of the disabled was virtually a forbidden subject. One of the first books to look at this and other such sensitive issues is *Out Of Sight: The Experience of Disability 1900-1950*.⁸ The authors provide an insight into the harsh and patronizing attitudes towards disabled people between 1900-1950, covering experiences in the home, at school and at work, and in hospitals and institutions. In order to carry out their study, advertisements were placed in local newspapers and voluntary organizations, resulting in over one thousand replies, the majority of who said that this was the first time they

⁶ Philip L. Stafford, *A History of Childhood and Disability* (London and New York: Teachers College Press, 1996), p.V.

⁷ Longmore, *The New Disability History*, p.8.

⁸ Steve Humphries and Pamela Gordon, *Out Of Sight: The Experience of Disability 1900-1950* (Plymouth: Northcote, 1992).

had ever been asked about their disabilities in this way. This is not surprising; oral history claims to give a voice to the marginalised but it would seem that the disabled are perhaps more marginalised than some other groups. Fifty interviewees were included in the book, aged between 50 and 80 but, as the text covers such a wide time-frame, there is very little on a personal level during the war. Where it helps most is in its discussion of the general 'climate' during World War Two, providing valuable information on attitudes towards disabled children.

Out of Sight is one of the few texts to allow disabled people to explain, in their own words, how they lived in the first half of the twentieth century. Existing studies may have written critically about institutions for the disabled but individuals were not generally asked about their hopes and fears; ambitions; loves; disappointments; and struggles.⁹ Neither is much generally known about those who refused to be passive victims. Indeed, some disabled people attended sit-ins, strikes, and demonstrations in order to demand the basic human rights that were so often denied to them.¹⁰

Another text that gives a voice to the handicapped is *Forgotten Lives: Exploring the History of Learning Disability*.¹¹ Dorothy Atkinson et al present a series of essays from different authors, providing information on how to gather information on the mentally disabled, including oral testimonies and various archives. Although focusing primarily on the mentally disabled, much of the information given is equally useful for historians of all types of disability, and the text discusses the difficulties encountered in researching history of such sensitive matter. Very often the only documents available are official records from institutions or government inspectors. This places greater emphasis on the importance of oral histories/archives, which are usually limited, and

⁹ Ibid., p.9.

¹⁰ Ibid., p.10.

¹¹ *Forgotten Lives: Exploring the History of Learning Disability*, ed. by Dorothy Atkinson, Mark Jackson and Jan Walmsley (Kidderminster: British Institute of Learning Disability, 1997).

which can be subject to distorted memories.¹² Also, when an archive contains personal histories, there is often a 75, or even 100, year closure. The greatest problem however, has been the lack of historical interest in the subject, which perhaps explains why the material is largely absent from oral history collections.

Forgotten Lives came about through the concern of the authors, over the lack of documented evidence being kept when mental institutions were being closed: ‘Charred scraps of paper, containing clues to the reality of the lives of thousands, were dancing over the bonfires of closing institutions’.¹³ Some records did survive however, and have been used to re-create life, for both adults and children, at some of England’s oldest (but now closed) institutions. One example is Joyce Goodman’s article, ‘Reflections on Researching an Archive of Disability: Sandlebridge, 1902-1935’.¹⁴

Here, Goodman discusses the emotional effects of dealing with sensitive subjects and explains that the difficulty she faced when examining the records of mentally ill children was ‘how to deal with the “voices” of the children and adults that seemed to spill over and out of the Sandlebridge records’.¹⁵ In order to examine the lives of the first 284 children to arrive at Sandlebridge she delved extensively into the institution’s records and describes her article as being ‘a reflection on my angry, emotional interaction as researcher with this archive and my attempts to work with and beyond the anger it engendered’.¹⁶ Both ‘children’ and ‘disability’ are potential emotive subjects and, although dealing with a time frame prior to the outbreak of World War Two, Goodman highlights the emotional difficulties in producing scholarly work in

¹² Literature on this subject and time-period containing oral history is extremely limited. As well as those texts already mentioned, see Maggie Potts and Rebecca Fido, *A Fit Person to be Removed: Personal Accounts of Life in a Mental Deficiency Institution* (Plymouth: Northcote, 1991). A small amount of information is given on the period of the war, when as well as housing the mentally ill, the institution provided hospital facilities for both the British war wounded and wounded German prisoners of war.

¹³ Atkinson, Jackson and Walmsley, *Forgotten Lives*, p.IX.

¹⁴ Joyce Goodman, ‘Reflections on Researching an Archive of Disability: Sandlebridge, 1902-1935’, *Educational Review*, vol. 55, no. 1, 2003, pp.47-54.

¹⁵ *Ibid*, p.48.

¹⁶ *Ibid*.

any time period which includes the histories of individual cases.

This ‘new’ approach to writing disability history has profound implications for many areas of academic inquiry, influencing education, medicine, policy studies, and social services.¹⁷ Historians now tend to be more aware of the personal issues surrounding their subject. David A. Gerber though, warns against the burden of positive stereotyping, which can be as harmful as the traditional negative stereotypes. For example, with regards to disability, portraying the blind as ‘being capable of deeper wisdom than the Sighted by virtue of their liberation from the distraction of the visible’ is as narrow as seeing them as ‘helpless, or doomed to live in existential and cognitive darkness’.¹⁸ This is why a balance of personal testimonies and narrative is essential. One text which succeeds in this is Ann Borsay’s *Disability and Social Policy in Britain since 1750*.¹⁹

Borsay identifies three main approaches to the history of impairment: the ‘biographical’, which talks positively about male reformers and institutions; the ‘empirical’, which discusses care strategies from the point of view of the professional services; and the ‘material’.²⁰ She defines the latter as approaches to history that ‘engage with the social model and locate past experiences of disability with the economic and political, social and cultural organization of society’.²¹ Illustrating the history of disability and social policy with numerous personal accounts, the author’s style is very much the ‘material’. The text is divided between ‘institutional living’ (workhouses; hospitals; asylums and schools) and ‘community living’ (topics include financial relief; housing; and, medical and support services), and focuses on the various

¹⁷ Longmore, *The New Disability History*, p.13.

¹⁸ David A. Gerber, ‘Blind and Enlightened: The contested origins of the egalitarian politics of the Blinded Veteran’s Association’, in *The New Disability History*, pp.313-334.

¹⁹ Ann Borsay, *Disability and Social Policy in Britain since 1750: A History of Exclusion* (Basingstoke and New York: Palgrave, 2005).

²⁰ *Ibid.*, p.10.

²¹ *Ibid.*

environmental hurdles encountered by the handicapped: economic, political and cultural.

The breadth of topics covered in *Disability and Social Policy*, however, and the time span in excess of 200 years, ensures that the level of detail is limited, and this has been an on-going problem in researching this thesis. Like the other texts discussed above *Disability and Social Policy* provides a methodical and analytical insight into disability history, but offers few insights into the specific aspects of that history examined in this thesis. This lack of scholarly detail on handicapped children's wartime experiences has meant that a greater emphasis has been placed on primary sources. However, existing literature has provided a thorough background on many of the subjects covered in this study, most of which relate to health and education.

Health, Education and the Handicapped: Specific Historiographies

The early years of the twenty-first century have experienced a growth in literature dealing with specific aspects of education and disability during World War Two. Pamela Dale for example, highlighted the fact that historians of mental institutions have tended to focus on medical care and the social control of patients, and seeks to redress the balance by concentrating on the educational aspect of just one institution, the Royal Western Counties Institution at Starcross, near Exeter in Devon.²² In keeping with the contemporary approach to disability history, Dale considers the human aspect of the patients, by including many examples of individual cases. The institution remained largely unaffected by the war but the article is of particular use for its details regarding the running of such an establishment and for its background information on provision and policies. It also draws attention to a particular aspect of the wartime experience,

²² Pamela Dale, 'Special Education at Starcross before 1948', *History of Education*, vol. 36, January 2007, pp. 17-44.

that of continuity.²³

As Pamela Dale's work is prominent in the field of mental health before 1948, so is that of Julie Anderson in the field of rehabilitation. Although Dale focuses on children's mental health and Anderson on the physical rehabilitation of adults, their work does overlap. Both authors discuss the ways and means that members of the handicapped community strived to become included in society by education/training and as a result of changing attitudes.

By concentrating on one particular specialist centre (Stoke Mandeville's Spinal Unit in Aylesbury), Anderson discusses the growth of rehabilitation during the war and argues that the inevitable rise in people classed as handicapped led to a new perception of all handicapped people. Advances in physiotherapy and other rehabilitation techniques, combined with adequate (re)training meant that many of the wounded were able to resume some kind of employment, and sometimes (as with Douglas Bader) return to active service. The effect of such a positive outcome was to challenge 'the commonly-held pre-Second World War notion of a disabled person as a passive unemployable burden'.²⁴

As Anderson points out, for the majority of handicapped civilian adults the benefits were not felt until after the war. During the war, there was a hierarchy of those who qualified for rehabilitation, with servicemen and women taking priority: 'Civilians who had been injured as a result of the bombing were "given precedence" over others whose disablement was the result of other mishaps not directly attributable to the war'.²⁵ Handicapped children, on the other hand, 'were provided with physical therapy

²³ The author's PhD dissertation is useful for its analysis of the effects of the Mental Deficiency Act 1913 and for its discussion on the prominence of eugenic ideals before and during the war. See: Pamela L. Dale, 'The Mental Deficiency Acts 1913-48: Medical Care, Control and Eugenics.' PhD diss., University of Exeter, 2001.

²⁴ Julie Anderson, "'Turned into Taxpayers": Paraplegia, Rehabilitation and Sport at Stoke Mandeville, 1944-1956', *Journal of Contemporary History*, vol. 38, no. 3, pp.461-475.

²⁵ Ibid.

of varying quality, which was deemed to assist them in both their physical and moral development'.²⁶

Anderson's literature on the effects of rehabilitation techniques, and on general employment opportunities for handicapped civilians, draws attention to issues faced by the handicapped on leaving education. A part of this study is dedicated to the possibilities, both academic and vocational, that were available for handicapped children on reaching the age of sixteen, and therefore outside the realms of special education, shedding further light on the issues highlighted by Anderson.

Although historical accounts that include individual memoirs are vital to presenting a balanced view of the experiences of handicapped children during the war, older texts, many of which are predominantly descriptive and focus on administration, are also important. Without the 'burden' of presenting the personal perspective, authors were able to present, and analyse, a sequence of events, thereby providing a useful chronological and administrative framework for the more 'sensitive' kind of study. This is more than adequate for giving a general history of health and education provision for handicapped children before, during, and immediately after World War Two.

Health, Education and the Handicapped: General Historiographies

In 1907 it became the duty of the local education authorities (LEAs) to provide medical examination of schoolchildren, and school medical inspectors were instrumental in identifying many handicapped children whose illness or deformity had gone previously undetected. Thus, the history of handicapped children is inextricably linked with the

²⁶ Julie Anderson, *The Soul of a Nation: A Social History of Disabled People, Physical Therapy, Rehabilitation and Sport in Britain 1918-1970* (unpublished PhD thesis, De Montfort University, 2002), Abstract.

history of the School Medical Service (SMS).²⁷ For the history of legislation for educating such children, there are a number of texts, the most extensive being Pritchard's *Education and the Handicapped*, a predominantly narrative text, which discusses the official categories of handicap as well as the changes brought about by the Education Act, 1944.²⁸

The subject of whether handicapped children should be educated institutionally (i.e. in a special school) or within the community (i.e. in a mainstream school) has long been debated, as reflected by the amount of scholarly works discussing the issue of integration.²⁹ According to JS Hurt, 'pioneers of education "outside the mainstream" were motivated by a desire for a more orderly society and a genuine concern for the socially, physically, and mentally disadvantaged'. However, 'at the same time this humanitarian conviction has been intertwined with consideration of social control....'³⁰

The 'control' of the handicapped in the first half of the twentieth century went far deeper than the educational separation of handicapped children from the non-handicapped. Eugenic ideals promoted the belief that certain handicaps were hereditary and that sufferers should be prevented from procreating. The more extreme methods of control were sterilization, and even euthanasia. A general history of the theory behind eugenics can be found in David Rubenstein's *Education and Equality*, although perhaps more 'telling' is Robert A. Pell's *Essays in the History of Eugenics: Proceedings of a Conference Organised by the Galton Institute*, bearing in mind that the latter was

²⁷ For an insight into the workings of the School Medical Service see, London County Council, *The Special Services of Education in London* (London: Hodder & Stoughton, 1929). See also, Department of Education and Science (DES), *The School Health Service, 1908-1974* (HMSO, 1975) and Bernard Harris, *The Health of the Schoolchild: A History of the School Medical Service in England and Wales* (Buckingham: Open University Press, 1995).

²⁸ D.G. Pritchard, *Education and the Handicapped, 1760-1960* (London and New York: Routledge & Kegan Paul, 1963).

²⁹ Richard Stakes & Garry Hornby examine the factors that have influenced the debate historically, in *Change in Special Education: What Brings it About?* (London: Cassell, 1997). See also, W.W. Taylor and I.W. Taylor, *Special Education of Physically Handicapped Children in Western Europe* (New York: International Society for the Welfare of Cripples, 1960) and Will Swann, *The Practice of Special Education* (Oxford: Blackwell, 1981).

³⁰ J.S. Hurt, *Outside the Mainstream: A History of Special Education* (London: Batsford, 1988), p189.

published by advocates of eugenic ideals.³¹

In England, control tended to be exercised through the segregation of the sexes. That is not to say, however, that belief in the more extreme measures was not apparent. In 1992, C. Ponting discussed Winston Churchill's views on the subject, whilst M. Jackson addressed the scientific morality of permanent care (1996).³² The issue of control was a dominant factor in the care of the handicapped in the years leading up to World War Two and eugenic ideals in particular, helped to shape the ways in which handicapped children continued to be provided for.

Literature on the health and/or education of handicapped children includes very little on the children during the war. Similarly, most historical writings on education in general include little or no details on handicapped children. The exceptions are from those historians writing on behalf of, or in some other way connected to, the government's education and/or health departments. In 1945, Dr. Sophia Weitzman, a lecturer in History Teaching, was appointed by the government to write the official history of education. A number of chapters were written, including a significant amount on handicapped children during World War Two, but the volume remained unpublished at the time of her death in 1965. In 1976, a colleague of Dr. Weitzman, Nigel Middleton, incorporated some of her work in his book, *A Place for Everyone*.³³ Disappointingly, the book makes only brief mention of handicapped children, perhaps serving to illustrate the lack of interest in the subject in the 1970s (although Dr.

³¹ David Rubenstein, ed., *Education and Equality* (London: Harper & Row, 1980) and Robert A. Pell, ed., *Essays in the History of Eugenics: Proceedings of a Conference Organised by the Galton Institute, London 1997* (Galton Institute, 1998). For more up-to-date literature on the subject of segregation, including a history, see Christopher Kliewer and Stephen Drake, Disability, Eugenics and the Current Ideology of Segregation: a modern moral tale, *Disability and Society*, vol. 13, no. 1, 1998, pp. 95-111.

³² C. Ponting, Churchill's plan for racial purity, *Guardian*, 20 June 1992; and M. Jackson, 'Institutional provision for the feeble-minded in Edwardian England: Sandlebridge and the scientific morality of permanent care', in A. Digby and D. Wright (eds.), *From Idiocy to Mental Deficiency* (London: Routledge, 1996), pp.161-183.

³³ Nigel Middleton and Sophia Weitzmann, *A Place for Everyone: A History of State Education from the Eighteenth Century to the 1970s* (London: Gollancz, 1976).

Weitzman and the government had shown an interest 30 years earlier).³⁴

In 1950, social scientist Richard Titmuss, having been commissioned by the government, published *History of the Second World War: Problems of Social Policy*.³⁵ The book contains an extensive step-by-step account of the effect that the war had on British civilians, with the subject of the evacuation being the main theme. According to Davidson, the Board of Education's Accountant General and official war diarist, Titmuss should not have dealt with the evacuation because he wrote mainly from the Ministry of Health's point of view and schoolchildren should be dealt with by the Board of Education.³⁶ However, perhaps because of this association with the Ministry of Health, Titmuss makes a relatively large amount of references to handicapped children, certainly more than any other historian dealing with such a wide range of issues. By putting his references to handicapped children in the context of a wider discussion on social policy, Titmuss shows that they are a legitimate concern.

One author who wrote extensively on education was G.A.N. Lowndes. *The English Educational System*, published in 1960 (first published in 1955 as *The British Educational System*) is a comprehensive study of the general history of English education. Lowndes' awareness of government education policies and health regulations is not surprising as he was a government employee himself.³⁷ Until 1938 he worked as an assistant education officer but after the Munich crisis he was 'loaned' to the Ministry of Health and played a major role in the national planning of the evacuation. In the book, Lowndes includes a chapter entitled 'The Welfare Services of English Education and Schools for the Handicapped', which provides general

³⁴ Fortunately, Dr. Weitzman's original papers are available for researchers at The National Archives.

³⁵ Richard Titmuss, *History of the Second World War: Problems of Social Policy* (London: HMSO, 1950).

³⁶ The National Archives (TNA), ED 138/58 Letter from Davidson to Bosworth-Smith, 12 February, 1944.

³⁷ G.A.N. Lowndes, *The English Educational System* (London: Hutchinson, 1960).

information relating to handicapped children before and immediately after the war, as well as an insight into the new provisions for these children that were introduced in the 1944 Education Act.³⁸ The extent to which Lowndes was involved in handicapped children's wartime experiences, including their safety as well as education, shall become apparent in the chapters of this thesis that detail their daily lives, and which rely heavily on primary sources.

There are then, ample secondary sources available from which it is possible to begin to produce a history of provision for handicapped schoolchildren. These studies give a good account of institutional arrangements, both of special education and of the evacuation. They also provide an indication of how handicapped children were regarded by those responsible for their education, safety and general welfare. What they lack however, is a clear insight into the daily lives of the children during the war. Therefore, whilst these histories and the insights of the new disability history provide an important foundation on which to build a study of handicapped children's wartime experiences, it is also necessary to consider the major body of work on children during the war: that which looks at the evacuation.

The Evacuation: On-Going Debates

The subject of the wartime evacuation continues to interest both scholars and the public. The evacuation of children from dangerous areas of Britain was deemed a success in the short-term as it undoubtedly saved many lives. However, the long-term effects on the children, especially on their mental health, continue to be debated. In *Evacuation*, Ross

³⁸ Other texts that deal with the act, including new provisions for the handicapped, include Gary McCulloch's *Educational Reconstruction: The 1944 Education Act and the Twenty-first Century* (Essex and Oregon: Woburn, 1994) and Michael Barber's *The Making of the 1944 Education Act* (London and New York: Cassel, 1994). The former explains how the ideas that had been developed in the 1920s and 30s, together with the cycle of reform that took place during the war, eventually led to the new act. In a slightly different vein, Barber discusses the personnel involved in the making of the act, and examines the contributions of campaigners, administrators at the Board of Education, and politicians.

Stewart includes a section called 'Was it all worth it?' in which he analyses the advantages and disadvantages of the evacuation. For example, he weighs up the psychological damage done to some children, which in many cases have marred their adult lives, against the probability of their lives having been saved by moving to safer parts of the country.³⁹ As shall become clear, the evacuation highlighted types of mental handicap associated with emotional difficulties that, although were recognized before the war, were not legislated for until the Education Act, 1944.

The question of how well people interacted during the evacuation also continues to be discussed.⁴⁰ The evacuation, it is argued, drew attention to many aspects of English life that had previously gone undetected, or were ignored. According to Titmuss, large numbers of evacuated children (5 per cent in some areas; up to 50 per cent in some others) suffered from lice infestation. Accompanying problems of bad behaviour, and poor clothing attire and eating habits, led to public opinion being in a type of shock which 'rivalled the outcry after the Boer War with its disclosure of sickness and low physical standards'.⁴¹

Travis L. Crosby highlights the growth of anti-Semitism in the English countryside during the 1920s and 30s, when Jews were regarded as 'exotic, foreign, un-English, and not to be tolerated'.⁴² This type of information 'sets the scene' for 1939, when hundreds of villages experienced an influx of evacuees, some of them Jewish (some of them handicapped) from the cities. Tensions with regards to class and geography (i.e. town v country) were also highlighted.

Titmuss believed that the new awareness of how children in towns and cities

³⁹ Ross Stewart, *Evacuation* (London: Evans, 2002).

⁴⁰ Both scholarly works and personal memoirs are published on a regular basis and are too numerous to list here, but again, studies on/memoirs by handicapped children are virtually non-existent.

⁴¹ Titmuss, *The Problems of Social Policy*, p.133.

⁴² Travis L. Crosby, *The Impact of Civilian Evacuation in the Second World War* (London: Croom Helm, 1986), p.5.

lived led to a consensus of opinion that radical social reform was needed. From the 1980s however, this consensus has been challenged by revisionists such as J. Macnicol⁴³ and Rodney Lowe.⁴⁴ Both authors questioned the degree of consensus that existed when analyzing the causes of the conditions in which some families lived. Lowe found that, although some upper and middle classes were sympathetic to the invasion of their homes by evacuees, others found that the children's (and sometimes their mother's) behaviour and condition confirmed their negative preconceptions of the working classes and that ultimately 'increased contact between the classes often intensified rather than alleviated prejudice'.⁴⁵

In 1998, this questioning of the long-standing belief in Titmuss' theory led to a reassessment of the relationship between the evacuation and social policy, by John Welshman.⁴⁶ The agency primarily responsible for the health of the schoolchild since its inception in 1907 was the SMS and in his article, Welshman discusses what the evacuation revealed about its achievements and failures. He finds that many civil servants did not accept that the evacuation had revealed inadequacies in the SMS and that, problems such as head lice continued to be blamed by some on individual families and home conditions.⁴⁷ On this evidence, there was not unanimity on the need for reform. On the other hand, Welshman says, 'reports on evacuees by doctors, civil servants, politicians and ordinary people embodied an approach to social welfare that was distinctively different from that of the 1930s'.⁴⁸ Overall, Welshman concludes that Titmuss was 'undoubtedly correct in arguing that the evacuation profoundly altered

⁴³ J. Macnicol, 'The Evacuation of Schoolchildren', in *War and Social Change: British Society in the Second World War*, ed. by H.L. Smith (Manchester, 1996), pp.3-31.

⁴⁴ Rodney Lowe, 'The Second World War, Consensus, and the Foundation of the Welfare State', *Twentieth Century British History*, vol. 1, no. 2 (1990), pp.152-182.

⁴⁵ *Ibid.*, p.176.

⁴⁶ John Welshman, 'Evacuation and Social Policy during the Second World War: Myth and Reality', *Twentieth Century British History*, vol. 9, no. 1 (1998), pp.28-53.

⁴⁷ *Ibid.*, p.52.

⁴⁸ *Ibid.*

attitudes to state welfare and led to significant policy changes'.⁴⁹

On the whole, the experiences of handicapped children during the war were not the same as those of their non-handicapped counterparts. However, none of the literature on the evacuation deals specifically with the handicapped, which means that there has been a serious gap in the historical record. This thesis will plug this gap and in doing so, will enrich the argument addressed by Macnicol, Lowe, Welshman et al by including a group of children who have previously been ignored.

Summary

The evacuation of World War Two provided a unique opportunity to study children, including the handicapped. During the war the state became more involved in their welfare than ever before and so they became more visible in the historical record. In the decade following World War Two these children were included in a limited number of official histories of the war (including Weitzman and Titmuss) but since then they have only appeared in studies of health and/or education, all of which give little or no information on their wartime experiences.

Atkins et al, and Goodman, have emphasized the difficulties involved in studying this subject. As shown, texts on the history of disability which allow disabled people a voice are limited, but increasingly common. Humphries and Gordon have helped to pave the way in this new approach by giving a voice to the disabled people of the first half of the twentieth century. Although certain personal accounts feature in this thesis the issue of disability is only one aspect and it is not intended to produce a history of events solely from the point of view of the disabled. It is only by seeing the whole picture that we can learn how the experiences and perceptions of disability have evolved.

⁴⁹ Ibid., p.53.

A limited number of texts which help to shape the study of handicapped children are available. Stakes and Hornby, Pritchard, and Hurt have all concentrated on education, whilst more recently Anderson and Dale have dealt with aspects of disability that encompass both children and adults. The most extensive study however comes from Borsay who divides her subject between institutional living and community living.⁵⁰ A large part of Borsay's study is given to the development of social policy in regards to the handicapped and this is where the two subjects, of handicapped children and the effects of the evacuation, overlap in this thesis.

World War Two is often regarded as a turning point in social policy and the question of whether the war years saw continuity in the awareness of a need for welfare reform, or whether the period brought a new realization of that need, continues to be debated. Welshman and others have assessed the evacuation with regards to poverty and, by including the role of the SMS, have highlighted the issue of child health. This thesis is the first time that the subjects of 'disability' and 'children and World War Two' have been brought together in a scholarly study. It examines the experiences of handicapped children and the extent to which awareness of their needs was highlighted. In addition, by examining provision both before and after the war, the thesis is able to contribute to the debate over 'change or continuity' with regards to the effects of war on social policy.

Structure of the Thesis

This thesis draws on extensive research in a range of archives, including those of charitable and religious organizations, school logbooks and journal/newspaper reports.

The majority of sources though, are official documents: the reports of government

⁵⁰ This division of the subject, along with Medicine and Health Care, was also a theme of the 2007 'Children, Disability and Community Care from 1850 to the Present Day' conference which took place in Swansea.

inspectors, the correspondence of government officials, and various government publications. To balance these, interviews and written correspondence with a small number of handicapped former evacuees, complemented by a few select biographies including that of a prominent head teacher, have been used. A more extensive use of such sources would have been desirable, but they have proved far harder to obtain than was originally envisaged. Those that are available serve to counter the institutional bias, making it possible to present a more rounded account.

The thesis is divided into five main chapters, beginning with a brief history of the policies and personnel that shaped the lives of handicapped children at the outbreak of World War Two. The core of the thesis, incorporating three chapters, examines the day-to-day lives of the children during the war and addresses the issues of accommodation, safety and education. This includes the provision made by the State as well as charitable, religious and private organizations. Prevailing attitudes towards the children are discussed in relation to the reasons behind the actions taken by the main ‘decision-makers’ in the children’s lives, such as government officials, teachers and nurses.

In order to contextualize the experiences of handicapped children, their experiences will be compared with those of non-handicapped children. Chapter one provides an outline of the educational provision made for handicapped children prior to 1939 and the organizations and individuals that were responsible for these provisions. It considers the influence of the prevailing ideological climate, including eugenic beliefs, on the development of policy and attitudes towards the treatment of handicapped children and how this helped to shape the plans that were made to deal with the specific requirements of handicapped children during the late 1930s as the threat of war loomed ever larger.

Chapter two examines the experiences of handicapped children evacuated to residential special schools in areas deemed to be safer. It looks at the lessons learnt from a smaller evacuation the previous year during the 'Munich crisis' as well as the issues surrounding the shortage of accommodation for both handicapped and non-handicapped children.

Chapter three discusses those children not included in the government evacuation scheme as well as those who returned home early. In particular, the chapter looks at the safety and educational aspects of children in special day schools and hospital schools, as well as those deemed too seriously handicapped to be evacuated. The role of charities and after-care associations are also discussed.

In chapter four some of the issues surrounding mentally handicapped children are examined. As a continuation of the historical aspects of their provision discussed in chapter one, this chapter looks at measures taken towards change in legislation both before and during the war. The chapter discusses two particular groups in some detail: the severely mentally handicapped, who were deemed 'ineducable', and those with emotional difficulties.

The fifth chapter begins with a brief examination of the end of the evacuation and issues of adequate accommodation in which to return the handicapped evacuees. The chapter then examines post-war change in relation to health, education and potential employment opportunities. The various pieces of legislation relating to these issues are discussed in some detail.

The thesis concludes with an assessment of the core issues addressed throughout each chapter. In particular, this includes education, safety and the role of primary carers, government officials and members of the general public. The impact of World War Two on all handicapped children is summarised, although special emphasis is

placed on the mentally handicapped and the emotionally disturbed. The significance of the war, and the children's wartime experiences, for post-war social policy is also assessed. Finally, there is a short discussion of the areas for further research that arise from this thesis.

A Note on Interpretation

Although certain aspects of post-war legislation relating to handicapped children are described as 'improvements', this thesis is by no means a Whig interpretation of the subject. Whilst acknowledging that such terms are subjective, it is impossible to escape the fact that some of the changes introduced after the war did increase the opportunities and choices available to handicapped children in ways that improved the quality of life available to them when compared with their predecessors.

Pre-War Developments

Introduction

One aim of this study is to assess the post-war changes that were made in relation to the health and education of handicapped children, and the extent to which they were brought about by the conditions of war. In order to do this it is necessary to establish the provisions that were in place before the start of the war, and the prevailing attitudes towards the children in respect to government officials and members of the general public. As the main text of the thesis examines the children's 'wartime' experiences this chapter also serves as an introduction to the evacuation scheme.

The chapter will begin with a discussion of how provision for each category evolved from the earliest form of education up to what was available immediately before World War Two. As shall become evident, the role of charities was extremely important in the education and welfare of these children. This section of the chapter ends with a brief examination of teachers of the handicapped. The attitudes of the teachers towards special education and the teaching courses provided give an indication of the importance placed in the education of the handicapped.

The next section considers the prevailing attitudes, and this is vital to any discussion of all handicapped people in the 1930s. Eugenic belief was growing at home and abroad and such thinking had a profound effect on attitudes towards the mentally handicapped children in particular. A brief outline of the eugenics movement is given (and subsequently discussed in more depth in a later chapter) as well as an examination of the most prominent individuals and institutions who opposed it. This is followed by a look at social attitudes towards the children, such as other children's treatment of them, and the variation in experiences according to class and wealth.

Finally, this chapter examines the development of evacuation policies and the personnel involved in the formation of these policies: the preparation of the scheme, which began several years before the outbreak of war; and the people who were responsible for its operation and monitoring. The chapter begins though, with a look at the educational provisions that were in place for handicapped children at the outbreak of war.

A brief history of provision for handicapped children

By 1939, handicapped children had been divided into five categories:

- Blind
- Deaf
- Physically Defective (PD)
- Epileptic
- Mentally Defective (MD)⁵¹

THE BLIND AND THE DEAF

Out of these strictly defined groups, it is the blind and the deaf whose history, as far as specific provision is concerned, goes back the furthest. Sources suggest that the first school in Britain to accept a handicapped pupil was Thomas Bradwood's school in Edinburgh, who admitted a deaf boy in 1760.⁵² In England, the first school for the deaf opened later in the 1760s and the first blind school, 'The School of Instruction for the Indigent Blind', was established in Liverpool in 1791.⁵³ Like other early institutions for the handicapped, these schools were at first merely custodial in nature; they gradually

⁵¹ Education Act 1921.

⁵² D.E.S., *The School Health Service*, p.5.

⁵³ Jonathan Solity, *Special Education* (London: Cassell, 1992), p.2.

incorporated vocational training and eventually academic education. Vocational training included crafts such as brush making, basket making and chair-caning and, as such provisions were made for the blind and the deaf before other handicapped children, these occupations have become associated with them.⁵⁴

In 1885, after extreme pressure from those working primarily with the blind and the deaf and dumb, the Egerton Committee was set up.⁵⁵ This was the first formal attempt by national government to investigate the best way of educating handicapped children and was influential in the passing, in 1893, of the Elementary Education (blind and deaf children) Act. The act made it the duty of school boards (established under the Elementary Education Act, 1870) to provide education for blind and deaf children between the ages of seven and sixteen. They were to be accommodated in schools certified as suitable by the education department and, as a result, day schools and institutions were established and existing ones improved.

Early education, as with health, was provided primarily by a mixture of private and charity organisations, including religious institutions. In 1921, the National Institute for the Blind (NIB), opened a college for private fee-paying blind girls. Initially intended as an institution of secondary education the Chorleywood College accepted a wide range of ages; in 1923 there were eighteen girls between the ages of six and twenty. The NIB had also been supporting a college for blind boys, Worcester College, since 1917. However, neither college was provided for by the state. Higher education was not available for most handicapped children until after World War Two. Before then, most voluntary organisations, and the state, were concerned only with elementary level education.

One aspect of education that was continually debated for both blind and deaf

⁵⁴ Taylor and Taylor, *Special Education*, p.55.

⁵⁵ Board of Education, *Report of the Royal Commission on the Blind, the Deaf and Dumb and Others of the United Kingdom* (HMSO, 1889).

children was whether those who were not totally blind or deaf should be segregated from those who were. In 1907, the first separate provision was made for partially sighted (PS) children, in London, and the next year saw the first special class for the partially deaf, which opened in Bristol.⁵⁶ The majority of such children however, were still being educated either in special schools for the blind/deaf or in ordinary elementary schools. It was not until the 1930s that the government set up two separate committees to investigate the problem.⁵⁷ The subsequent reports of both committees recommended that the partially blind/deaf should be educated separately and separate schools were eventually set up. At the outbreak of World War Two, several schools for PS children had been established, but the partially deaf children had to wait until after the war.

By the end of March 1939, there were 45 certified schools for the deaf in England and Wales, accommodating 4,517 pupils; 26 of the schools were day schools (1,848 pupils) and the rest were residential (2,669 pupils).⁵⁸ With regards to the blind and PS, there were 28 schools in January 1939 including 20 residential (although seven of these admitted both residential and day school children) and eight for day only. All schools combined, contained places for 2,250 children.⁵⁹ The exact number of children requiring such places is unknown but there was a waiting list in each category.

THE PHYSICALLY DEFECTIVE (PD)

In comparison to children with sensory difficulties, provision for the physically handicapped came relatively late. Again, voluntary organisations had been providing

⁵⁶ Pritchard, *Education and the Handicapped*, pp. 202&203.

⁵⁷ Board of Education, *Report of the Committee of Inquiry into Problems Relating to Partially Sighted Children* (HMSO, 1934) and *Report of the Committee of Inquiry into Problems relating to Children with Defective Hearing* (HMSO, 1938).

⁵⁸ TNA, ED 50/284, Reorganisation of schools for the deaf.

⁵⁹ TNA, ED 50/262, Reorganisation of schools for the blind.

for some types of physical handicap long before the state. The first school to be opened for the orthopedically handicapped was at Marylebone in 1851.⁶⁰ The 'Cripples Home and Industrial School for Girls' began as an industrial school and opened with just three girls, one of whom was a cripple. The committee of ladies who had founded the school decided to extend it in order to incorporate more crippled girls and by 1870, the institution catered for 100 girls, 75 of whom were cripples. In 1865, the same committee opened the National Industrial Home for Crippled Boys, in Kensington.

The first school to be officially recognised by the Board of Education was a day school for cripples at the Passmore Edwards Settlement in London, which opened in 1899.⁶¹ In the same year, the first statutory provision for the physically handicapped was made, under the Elementary Education (defective and epileptic children) Act. Under the act, LEAs were empowered (but not required) to provide training for PD children.

The term 'physically defective' covered a wide range of handicaps. In 1899, children attending schools for cripples suffered primarily from TB of the joints and bones, heart disease, congenital physical defects, rickets, severe anaemia, and malnutrition.⁶² Due to the severe nature of some physical handicaps however, it was often impossible for a child to attend any kind of school, or even to attend hospital for treatment. In 1888, the Invalid Children's Aid Association (ICAA) was founded, whose primary aim was to provide visitors to help and advise the seriously handicapped children who were confined to the home. At first, this help came in the form of voluntary home visitors who took food, bedding and medicine to children and their families, and helped to arrange admission into hospitals and convalescence homes. They also organised holidays, apprenticeships, and the loan of spinal carriages and

⁶⁰ Taylor and Taylor, *Special education*, p.40.

⁶¹ D.E.S, *The School Health Service*, p.21.

⁶² Ibid.

wheelchairs. Eventually, the volunteers were replaced by professional social workers, and ‘homes of recovery’ were set up for the treatment of children with TB and Rheumatic Heart Disease. During World War Two, the association played a vital part in the welfare of handicapped children.⁶³

In 1919, members of the ICAA and the British Red Cross Society, along with a few notable philanthropists, formed the Central Council for the Care of Cripples, whose aim was to promote a national scheme for the complete provision of treatment and education for PD children throughout the country.⁶⁴ One of the Council members, the surgeon Sir Robert Jones, had previously been influential in the establishment of the first hospital school for PD children. This was in the West Kirby Convalescent Home for Children and was subsequently certified as a special school in 1901. By 1935, it was acknowledged by the Council that provision for cripples was still seriously inadequate and, with the serious lack of funds, the Council’s future looked uncertain. Then in December of the same year, Lord Nuffield donated the sum of £125,000.⁶⁵ The money was held in trust and was used to help handicapped children for years to come, including the war years.

Another organisation that was prominent in the early schooling and welfare of handicapped children was the Ragged School’s Union (RSU). Primarily set up to help destitute children, the RSU opened special schools for the physically handicapped as early as 1917. They pioneered treatment for Spina Bifida and Muscular Dystrophy and were influential in the schooling of the more seriously handicapped children, taking them out of hospital and into their own residential schools. Throughout the war, the organization, by now called the Shaftesbury Society after the 7th Earl of Shaftesbury who

⁶³ TNA, CAB 102/786, Notes on the ICAA during WW2.

⁶⁴ Pritchard, *Education and the handicapped*, p.159.

⁶⁵ London Metropolitan Archive (LMA), AST 7/283, Documents relating to the Assistance Board and the Central Council for the care of Cripples.

was so influential in the RSU's formation, kept open a number of residential special schools.

In 1907, the School Health Service (initially called the School Medical Service) began and the medical inspection of all children became compulsory. By now, rickets, severe anaemia and malnutrition had abated somewhat, although paralysis from poliomyelitis was of major concern. The new health inspectors soon came to realise that some children were suffering through neglect, anxiety, lack of proper nourishment, defective teeth or eyesight, or by other less apparent handicaps. Sometimes, these children would be sent to an 'open-air' school for a few weeks until they had recovered or, if they were unable to attend ordinary elementary school regularly, they might become long-term residents.

Originally known as 'bandstand schools', the early versions of open-air schools were taken, literally, in the open air and the only protection they had against rain were shutters. The idea was that these 'delicate' children would be less troubled if a certain temperature was maintained, and that the spread of disease was less likely in the open air. These classes also differed from others in that they accommodated a smaller number of pupils, they remained open during ordinary school holidays, they had a midday rest period, up to three meals per day, and regular medical and nursing supervision.⁶⁶ The first was opened in 1907 at Bostall Wood, Plumstead and by 1939, there were more than 150 open-air schools in Britain, catering for almost 20,000 children.⁶⁷

After World War One, with many soldiers returning with handicaps there was a renewed interest in physical disabilities, which had a knock-on effect to the plight of all handicapped children. Despite the weak national economy between the wars, there was

⁶⁶ Hilary M. Devereux, *Housecraft in the Education of Handicapped Children* (London: Hodder & Stoughton, 1985) p.81.

⁶⁷ Humphries and Gordon, *Out of Sight*, p.61.

an expansion in the scale of school medical provision and in the development and refinements of new medical techniques. In his annual report for 1930, Chief Medical Officer, George Newman reported that between 67 and 90 per cent of crippled children in Leeds, Bath, Staffordshire and Shropshire had been able to return to school or work as a result of orthopaedic treatment provided by the education authorities.⁶⁸ Between 1925 and 1938 the number of LEAs providing orthopaedic treatment for crippled children rose from 85 to 270, and the number of school clinics offering specialist orthopaedic services rose from 70 to 382.⁶⁹ By the end of the 1930s, all but one of the LEAs provided school clinics and the average number of clinics in each area had risen to 7.38.

By the time World War Two began, practically every LEA provided treatment for minor ailments, dental defects and defective vision.⁷⁰ Most of the physically handicapped children were now being provided with some kind of education, the exception being the more severely handicapped who were bedridden or incontinent.⁷¹ Home teaching, although provided sporadically before and during World War Two, did not become widespread until after the war. Another area where services improved during the inter-war years was speech therapy. Manchester LEA had started classes for stammerers as early as 1906 but this duty was not imposed upon LEAs until 1944. As a result of the pressure to add this to the list of statutory responsibilities during the 1930s many LEAs appointed speech therapists and by 1939, ninety LEAs offered this service.

The category of 'physically defective' is undoubtedly one of the broadest. Unlike those with sensory difficulties, PD children included several 'types'. It was recognized at this time that the crippled, delicate and those with speech defects should

⁶⁸ Harris, *The Health of the Schoolchild*, pp.109 & 110.

⁶⁹ *Ibid.*, p.110.

⁷⁰ *Ibid.*, p.109.

⁷¹ Pritchard, *Education and the Handicapped*, p.166.

be educated separately from each other and to some extent, such provision was already in place. Legal requirement however, had to wait until after the war.

EPILEPTICS

Arguably one of the most misunderstood handicaps of the 19th century was epilepsy. Although not always mentally ill, epileptic children were often confined in asylums where, with recurring attacks and a lack of education, many experienced serious mental decline. In 1888, the first epileptic colony in England opened, at Maghull near Liverpool. Some class teaching was undertaken there but it was not until 1903 that the Board of Education approved a school especially for epileptic children: the St. Elizabeth's Roman Catholic Epileptic Colony at Much Hadham, Hertfordshire.

The belief that the mental health of epileptic children would inevitably deteriorate as they grew older ensured that the establishment of more residential schools solely for epileptics remained low priority. Thus, the six residential schools which had been certified by the Board of Education by 1910 were not augmented until the LCC opened a seventh in 1935.⁷² The lack of adequate accommodation for epileptic children had been raised at the Conference of Representatives of Schools for Epileptic Children, on 28 October 1932 and had recommended that more special schools solely for epileptics should be provided.⁷³

With improving techniques making it easier to distinguish epilepsy from other neurological disorders, along with better treatment, their long-term prognosis improved and in a survey taken shortly before the outbreak of World War Two, which included 585 cases in 26 LEAs, 261 were eligible for special schools, 26 were assessed as MD (it had been agreed at the conference not to admit MDs into schools for epileptics), and the

⁷² Hurt, *Outside the Mainstream*, p.166.

⁷³ TNA, ED 50/271, Provision of special schools for epileptics.

rest were considered suitable for elementary schools.

THE MENTALLY DEFECTIVE (MD)

Until the mid nineteenth century, children with varying degrees of mental handicap were often confined to ‘the madhouse’ without any constructive training and no hope for the future. However, reform began with the Lunatic’s Act, 1845, which improved standards in the asylums and two years later the first asylum for idiots opened (Park House Asylum, Highgate) bringing the first attempt at making separate provision for differing degrees of mental handicap. At this stage however, the mentally handicapped were still officially categorised into just two groups: those who suffered from mental incapacity at birth and those who had once been sane.⁷⁴ By 1870, there were five such asylums in England, admitting both children and adults, although only three had (limited) arrangements for education.⁷⁵

By this stage, the health and education of all handicapped children were being seriously debated by voluntary groups, prominent individuals and politicians. The Charity Organisation Society, founded in 1869 in order to raise the standard of administering charity relief, established a special sub-committee to examine the best way of providing education and care for the mentally handicapped.⁷⁶ The Secretary of the sub-committee, Sir Charles Trevelyan, is credited with being the first to record the term ‘feeble-minded’. After visiting the main asylums he noted that there were many patients whose incapacity was not serious enough to warrant incarceration with ‘lunatics’.⁷⁷ Although the committee failed to bring swift change, the committee members (which included two Earls and several medical specialists) managed to bring

⁷⁴ Pritchard, *Education and the Handicapped*, p.61.

⁷⁵ *Ibid.*, p.57.

⁷⁶ Charity Organisation Society, *Committee for Considering the Best Means of Making a Satisfactory Provision for Idiots, Imbeciles and Harmless Lunatics*, 1875 (reported 1877).

⁷⁷ Pritchard, *Education and the Handicapped*, p.61.

the plight of the mentally handicapped to the fore. Amid a climate of pressure groups and campaigns the National Association for Promoting the Welfare of the Feeble-Minded was established (1896). This was to have a profound impact on the future care of all mentally handicapped children.⁷⁸

The Elementary Education Act, 1870, which had brought 'education for all' (the handicapped were neither specifically included nor excluded; the true meaning of education for all would not become reality for another hundred years), resulted in many children of low intelligence attending ordinary elementary schools. Not thought severe enough to be incarcerated as lunatics, these children were deemed feeble-minded and were thought to require special provision outside mainstream education. In 1892 an inspector employed by the Leicester school board opened a special class for them within an elementary school, and later the same year the first school for the feeble-minded, a special day school, opened in London.⁷⁹ These were the first special day schools to be opened in England, by the State, for mentally handicapped children.

For some however, day schools were not the answer. There was much confusion in the public mind with regards to the mentally ill, and many prejudices. For example, popular opinion was that the women in particular were immoral; that they were carriers of venereal disease; and that their children would be twice as defective.⁸⁰ Many believed that all mentally ill adults, and their children, should be incarcerated. This belief was often reflected in the actions of those who were actively involved in the establishment of schools after the Elementary Education (Defective and Epileptic) Act, 1899, which had empowered local authorities to provide for their education. One such person was Mary Dendy, a member of the Manchester school board. In 1902 Dendy set

⁷⁸ The relevance of this particular association shall be discussed in a subsequent chapter dealing solely with the mentally handicapped.

⁷⁹ Gillian Sutherland, *Ability, Merit & Measurement: Mental Testing and English Education, 1880-1940* (Oxford: Clarendon, 1984), p.19.

⁸⁰ Potts and Fido, *A Fit Person to be Removed*, p.10.

up the first residential school for the feeble-minded: the Sandlebridge School for Manchester children in Cheshire.

Another major landmark for the mentally handicapped, although not necessarily a positive one, was the Mental Deficiency Act, 1913, which defined the categories of 'mental defectives' as follows:

Idiots - persons so deeply defective in mind from birth or from an early age as to be unable to guard themselves against common physical dangers.

Imbeciles - persons in whose case there exists from birth or from an early age mental defectiveness not amounting to idiocy, yet so pronounced that they are incapable of managing themselves or their affairs, or, in the case of children, of being taught to do so.

Feeble-Minded – persons in whose case there exists from birth or from an early age mental defectiveness not amounting to imbecility, yet so pronounced that they require care, supervision, and control for their protection or for the protection of others, or, in the case of children, that they by reason of such defectiveness appear to be permanently incapable of receiving proper benefit from the instruction in ordinary schools.

Moral Imbeciles – persons who from an early age display some permanent mental defect coupled with strong vicious or criminal propensities on which punishment has had little or no deterrent effect.⁸¹

The wording of 'from birth or from an early age' presented a problem as it did not cater

⁸¹ Mental Deficiency Act 1913, ch.28, Part 1, s.1 (a, b, c, d).

for those who might become defective due to illness or accident, or, who might be only temporarily affected. In 1925-26, a serious outbreak of *encephalitis lethargica* left many children brain damaged.⁸² In order to bring those children, and any others who had suffered similar damage through other illnesses or accident, within the mental health framework, the Mental Deficiency (Amendment) Act, 1927, reworded the definition of mental defect as a ‘condition of arrested or incomplete development of mind existing before the age of eighteen years, whether arising from inherent causes or induced by disease or injury’.⁸³

The moral imbecile (renamed moral defective under the 1927 act) was regarded more as a social menace and was not necessarily thought to be ineducable, but was deemed not wholly responsible due to weakness of mind. Replacing ‘from an early age’ with ‘before the age of eighteen’ was particularly significant in the cases regarding morality as previously, someone (usually the parent) would have to testify as to the child’s early behaviour. This new definition allowed for the possible abuse of children who could be taken away for the slightest infringement. Dorothy Atkinson et al have examples of such cases in *Forgotten Lives*.

Another outcome of the 1913 act was the establishment of large specialist ‘colonies’, where patients could be trained and cared for away from the influence of the other inmates. The first colony to be sanctioned was the Park Colony, which was delayed by World War One and eventually opened in 1920. Structured into six ‘villas’ and a school, the colony was designed to prevent the children (and adults) from losing their identity and to give a community spirit (and to segregate the sexes). Colonies, as opposed to the more austere workhouses, were seen as ‘homely and simple in character

⁸² Sutherland, *Ability, Merit & Measurement*, p.64.

⁸³ Mental Deficiency (Amendment) Act 1927, V, ch.33, s.1 (2).

and free from unnecessary repressive and restraining methods'.⁸⁴ However, despite the rhetoric, incarceration of their children in any kind of mental institution was abhorrent to many parents and those that could, fought to keep them in a special school.

After the Mental Deficiency Act, 1913, those deemed imbeciles or idiots would be the responsibility of the health authorities (including the Board of Control) as they were seen as ineducable, whilst the feeble-minded and moral imbeciles (later defectives) were to stay within the scope of the education authorities. When these authorities were given the duty to provide special education for MDs the following year, only these two groups were included.⁸⁵ The biggest problem here however was how to ascertain which group a child should belong to, how the child should be assessed or 'tested'.

In 1913, the London education authorities appointed the first educational psychologist, Sir Cyril Burt, to advise on the selection of children for special schools and classes. Burt was influenced by the work of Alfred Binet, a French schools' inspector who had devised a scale of ability against which all school children should be measured.⁸⁶ Burt adapted Binet's testing methods and his own way of testing continued to be used until the Education Act, 1944. The following is an example of how a ten year old child would be tested for intelligence at the time of World War Two:

I.Q of 85 and above = mental age of 8.5 = normal

I.Q of 70-85 = mental age of 7-8.5 = dull or backward

I.Q of 50-70 = mental age of 5-7 = feeble-minded, or educable mentally retarded

⁸⁴ Potts and Fido, *A Fit Person to be Removed*, p.11.

⁸⁵ Education Act 1914.

⁸⁶ S.S. Segal, *No Child is Ineducable: Special Education – Provision and Trends*, 2nd edition. (Oxford: Pergamon, 1974) (1st edition, 1967), p.37.

I.Q. of below 50 = mental age of below 5 = ineducable⁸⁷

The Education Act, 1921, reiterated that the bottom rung of the intelligence ladder, the idiots and imbeciles, should remain outside the school service.⁸⁸ The dull and backwards were generally regarded as being educable in the mainstream school. The defectives however, (those with an I.Q. between 50 and 70) were to be educated in a special school or in a special class in a mainstream school. In order to be given a place, they would need to be certified by the school's medical officer.

The certification of the mentally ill, introduced by the Mental Deficiency Act, 1913, was extremely unpopular with both pupils and parents, who resented the social and educational implications. For example, to be certified as idiot or imbecile, whilst no longer necessarily meaning incarceration (the act allowed for them to be provided for in the community), certainly brought an end to any state education. In 1929, the Wood Report⁸⁹ attempted to address this and other concerns regarding handicapped children but in the prevailing economic climate extra funding for special education was low on the list of government priorities. As such, there would be no major changes for the mentally ill until 1944. However, there was one area of mental health that did expand during the inter-war years, that of child psychiatry and the emergence of Child Guidance Clinics (CGCs).

The Child Guidance Council was set up in 1927 with the aim of establishing CGCs, as well as training courses for their staff. The type of child who would attend the clinics would be those were believed to suffer from some kind of emotional instability. In his report for 1920 George Newman, Chief Medical Officer, described

⁸⁷ Segal, *No Child is Ineducable*, p.42.

⁸⁸ Education Act 1921, c.51, s.52, 2(a).

⁸⁹ Board of Education and Board of Control, *Report of the Joint Departmental Committee on Mental Deficiency* (HMSO, 1929).

their behaviour as being marked by certain characteristics: a tendency to quarrel; to make violent friendships; to engender bitter dislikes; to attend unduly to his bodily functions; to night terrors; to unreasonable fears, grief, abnormal introspection and self-examination; and to separation from family and friends. This may be accompanied by physical characteristics such as loss of sleep, constipation, diarrhoea, sickness, stammering, fainting, and resentment of change of diet and scene.⁹⁰

The terms ‘maladjusted’ and ‘child guidance’ were first mentioned in Newman’s report for 1927⁹¹, by which time school medical officers (SMOs) were becoming increasingly interested in children who were unstable and difficult. In the same year, the first CGC was opened, by the Jewish Health Organisation in East London. Five years later, in 1932, the first LEA run CGC was opened, in Birmingham. In the same year, an experimental school for maladjusted children was opened by the LEA in Leicester, although this example was not followed by other education authorities and not until 1935 did CGCs become an official part of the medical service. By 1939, 22 CGCs were wholly or partly maintained by LEAs.⁹²

Two other mental health organizations that were prominent at the outbreak of World War Two were the National Council for Mental Hygiene (NCMH) and the Central Association for Mental Welfare (CAMW). The former had been established in 1922 and had a strong educational bias, stressing the social causes of mental illness. The CAMW was more ‘hands-on’, working through local groups of volunteers to help all mentally handicapped people. Established in 1913 and led by the pioneering Dame Evelyn Fox, this organization played a major part in the lives of mentally handicapped children throughout the war.⁹³

⁹⁰ D.E.S, *The School Health Service*, p.24.

⁹¹ Ibid.

⁹² Pritchard, *Education and the Handicapped*, p.194.

⁹³ The amalgamation of these three organisations was recommended by the Feversham Committee on

A SUMMARY OF PROVISION

Prior to the educational legislation of the 1890s special provision for handicapped children was made possible mainly through the efforts of philanthropists and religious organisations. As a result, special educational arrangements for each category of handicap developed largely in isolation. Almost one hundred years passed between the first schools for the blind and the deaf (1760s and 1790s respectively) and the first school for the physically handicapped (1851). The first school for feeble-minded children came later, in 1892 and for epileptics, often regarded as ineducable, the first school was not established until 1903.

Although legislation led to some form of uniform provision, and the introduction of the school medical service in 1907 meant that all children were entitled to medical inspection, the efforts of non-governmental bodies continued to provide essential services for handicapped children and for the physically handicapped in particular. In the early decades of the twentieth century the ICAA, the Central Council for the Care of Cripples and the Shaftesbury Society were all heavily involved in providing both health and education to the children. The services of these charitable bodies were especially vital to those who were too severely handicapped to attend school.

In the 1930s there was a steady growth in state activity regarding handicapped children. The Wood Report led to a renewed interest in the mentally handicapped; state committees investigated the problems of the partially sighted and the partially deaf; the first residential school for twenty-five years was opened for epileptics; and the Child Guidance Council became an official part of the school medical service.

Voluntary Health Associations, which reported in 1939. The war delayed the formal merger until 1946. As such, this shall be discussed in a subsequent chapter.

It is evident that many organizations were in existence for all categories of handicapped children at the outbreak of war and many of these were instrumental in providing health services to the children during the war, whether evacuated or not. For those children who were evacuated into residential schools the teaching staff became their primary carers. Therefore, it is necessary for this thesis, to understand the level of skills that were required in order to teach handicapped children.

TEACHERS

The importance of the professional development of teachers in special schools was recognised in 1893 when the Charity Organisation Society advocated the need to improve teachers' skills.⁹⁴ In order to attract qualified teachers into London's special schools, extra money was offered. In return, the teachers were expected to possess 'temperamental and personal qualities which predispose the staff to undertake this work in what may be called a missionary spirit'.⁹⁵

Practical skills in the teaching of handicapped children were acquired by attending a programme of lectures and classes organised by the LCC. In addition, relevant examinations must have been taken. In schools for the blind and the deaf for example, both the head teachers and the assistant teachers must have held the Board of Education certificate for elementary school teaching as well as passing a separate examination, approved by the Board, in the methods of teaching such children. These examinations could have been arranged by the Board or by the National College of Teaching of the Deaf and the corresponding College for the Teaching of the Blind, both of who had established their own diplomas which were accepted by the Board.

In contrast to teachers of the blind and the deaf, teachers of PD and MD children

⁹⁴ Stakes and Hornby, *Change in Special Education*, p.114.

⁹⁵ London County Council, *The Special Services of Education in London* (London: Hodder & Stoughton, 1929), p.115.

were not required to pass an examination in the methods of teaching such children; the certificate for elementary school teaching was deemed sufficient. However, for prospective teachers of MD children, in addition to the courses arranged by the LCC short training courses were organised by CAMW in centres where the teachers could visit such schools as observers, as part of the course.

The probationary period for newly qualified teachers of handicapped children was three months (or twelve months if moving from another school outside the London area) and their on-going development was aided by the continuing information from the National Special Schools Union, who held biennial conferences and other meetings.⁹⁶ Teachers of trade subjects such as tailoring, boot-making or dressmaking were not required to hold the elementary school teachers' certificate. However, they did need the appropriate technical qualifications and, in most cases, were required to have some practical experience in their trade.⁹⁷

Despite the extra pay given to teachers of handicapped children, getting enough teachers into special schools was an on-going problem. In the early years of the twentieth century, it was common to employ blind teachers in schools for the blind and in some cases this was successful. However, many teachers were too seriously handicapped and the work fell unfairly on the sighted teachers. In 1906, it was decided that blind teachers could no longer work as head teachers and there was to be more sighted than blind teachers (although there was always to be at least one blind teacher). Also, the 'experiment' of teaching blind people to become elementary school teachers (of the non-blind) was brought to an end.⁹⁸

By 1930, the lack of teachers of the blind was still a problem; only five students took the two-year course at the Royal Normal College for the Blind. However, it was

⁹⁶ Ibid., pp.113-115.

⁹⁷ Ibid., p.113.

⁹⁸ LMA, LCC/EO/TRA/1/11.

no longer seen as quite as urgent as there had been a decrease in the number of blind children being born and so employment opportunities for future teachers of the blind were not good.⁹⁹ The problem of filling teaching vacancies in special schools was even worse outside London, and getting London elementary school teachers to fill the vacancies proved difficult. In 1935, Colonel Eton of the LCC's Education Officers' Department blamed it partly on 'the ignorance on the part of a very large proportion of London teachers in the work and conditions within these schools'.¹⁰⁰ Lower pay outside London; a reluctance to leave the metropolis; the 'institutional atmosphere' of residential schools; and the special qualifications needed in blind and deaf schools were also blamed.

The shortage of teachers for handicapped children meant that in elementary schools, where they were formed into special classes, common practice was to put them in charge of young teachers fresh from (elementary school) training college. Without the special skills needed, this was detrimental to both teacher and child. In 1936, Goldsmith's College of Teaching at the University of London, proposed a special third-year course of training on the problems and methods of teaching backward, dull and difficult children. The course would be deferred so that the teacher could gain some experience of elementary school teaching first. It would be open to both male and female teachers and applications would be made by nomination from their LEA. The course was due to commence in September 1936 but by May, after sending out nearly 3,000 copies of the prospectus to LEAs and individual enquiries, only two teachers had been nominated. The course was subsequently scrapped.¹⁰¹

It is evident that handicapped children were very much the 'poor relation' when it came to education in the years leading up to World War Two. In order to understand

⁹⁹ Ibid.

¹⁰⁰ LMA, LCC/EO/STA/2/36, The fluidity of movement of staff between authorities, 1931-38.

¹⁰¹ LMA, LCC/EO/TRA/3/20, The teaching of backward children, 1936.

more about how the children were perceived by the government, and the general public, it is necessary to discuss some aspects of the political and social climate. In the 1930s, the belief that certain handicaps were hereditary prevailed among many members of the government. The following section discusses some of the ways in which those responsible for handicapped children addressed this belief.

The Political and Social Climate

Perhaps the greatest challenge to handicapped children (and adults) in the first half of the twentieth century came from the Eugenics Movement, which came to prominence in 1907. The word ‘eugenics’ was coined by an English scientist, Francis Galton, who defined it as ‘the study of agencies under social control that may improve or impair the racial qualities of future generations, whether physically or mentally’.¹⁰² It was not, he believed, sufficient for it to remain merely a study however; in 1905 he had written that it must eventually be introduced into the national consciousness as a new religion.¹⁰³

The object of eugenics can be summed up in a statement by WR Thomson, FRS, who said that it is ‘to ensure that the right people are born’.¹⁰⁴ In 1869, Galton had concluded that there was a hereditary base for intelligence and for criminal tendencies, and later scientific research appeared to reinforce this belief.¹⁰⁵ One such study was Henry Herbert Goddard’s *The Kallikak Family* (a real family but a fictitious name).¹⁰⁶ The object of the study was a family in America (of English middle class origin). Goddard’s research into the family began with a ‘normal’ man who had children with two women, one normal and the other feeble-minded. With the latter there were defects

¹⁰² John Cavanaugh-O’Keefe, *The Roots Of Racism and Abortion: An Exploration of Eugenics* (New Jersey: Princeton, 2000).

¹⁰³ Ibid.

¹⁰⁴ *Catholic Herald*, 5 June 1936.

¹⁰⁵ Francis Galton, *Hereditary Genius* (London: MacMillan, 1869).

¹⁰⁶ Henry Herbert Goddard, *The Kallikak Family: A Study in the Heredity of Feeble Mindedness* (New York: Macmillan, 1912).

in every generation, whereas the normal woman had normal descendents with almost no exceptions.¹⁰⁷ Goddard concluded that sterilisation would be only a makeshift and temporary solution and that segregation through colonization was the ideal and satisfactory method of preventing further hereditary defectives, until more was known on the subject.¹⁰⁸ The less radical eugenicists agreed, believing that it would be sufficient to house the relevant groups in institutions where they could be controlled in order to prevent regeneration.¹⁰⁹ This was more in line with the idea of ‘negative eugenics’, which sought to ensure that the weak and unfit have fewer children (and often ran alongside the concept of ‘positive eugenics’, in which the strong and fit have more children). However, many more believed that a policy of sterilization was the only way forward.

The sterilization of certain handicapped groups was prevalent in many countries in the 1920s and 30s. America had sanctioned compulsory sterilization of the inmates of mental institutions, and by the mid-1930s twenty thousand operations had been legally performed. By 1934, there were ten western nations which either had or were in the process of introducing sterilization laws, including the countries of Scandinavia.¹¹⁰ Swedish welfare reform in particular was widely admired and its sterilization laws were viewed as an integral and widely proclaimed part of the welfare programme. In Germany, racial hygienicists studied American policies and in 1933 established their own programme of eugenics. In 1934 alone, twenty thousand women were sterilized.¹¹¹

The consequences of German racist ideology do not need to be elaborated on here, the results are well known, but in the 1930s German genetic studies were

¹⁰⁷ Ibid., P.114.

¹⁰⁸ Ibid., p.117.

¹⁰⁹ Stakes and Hornby, *Change in Special Education*, p.60.

¹¹⁰ Charles Webster, ‘Eugenic Sterilization: Europe’s shame’, *Health Matters*, Autumn 1997.

¹¹¹ Daniel J. Kevles, *In the Name of Eugenics: Genetics and the Uses of Human Heredity* (London: Penguin, 1986), p.167.

renowned. Dr. Fischer, the founder director of the Kaiser Wilhelm Institute of Anthropology in Berlin, was admired throughout many countries and his racial doctrine was respected worldwide.¹¹² From 1933, after Hitler came to power, the medical profession was at the forefront in implementing Nazi racial policies and forced sterilization on the mentally ill began almost immediately, with two hundred ‘hereditary health courts’ being established in order to determine the mentally handicapped.¹¹³

Although eugenic sterilization laws were never introduced in England, there were many prominent individuals who were in favour of preventing the mentally ill reproducing, either through sterilization or the less radical method of segregation. Indeed, many politicians in positions of power in the years leading up to World War Two were members of the Eugenics Society (ES). For example, Lord Beveridge, whose report played such an important part in the creation of the welfare state and had such an impact on all social service departments after the war, was a member. Beveridge was director of the London School of Economics and Political Science until 1937 and so was in a position of influence over future economists, politicians, and others. Another notable ES member was John Maynard Keynes, arguably the most influential economist of the twentieth century. A full list of members would be too large to reproduce here but it is worth noting that several influential journals of the time, including the *British Journal of Psychology* and the *British Journal of Psychiatry*, were edited by ES members.¹¹⁴

Despite the growth of the Eugenics Movement in England there were many who spoke against it. One of the most prominent was the Chief Medical Officer of Health,

¹¹² Doctors in the Third Reich (TV Documentary, 2005, Producer: Dr. Ulrich Knodler), Programme 1. For a discussion of racial hygiene policies under the Nazi regime, see Susan Bacharach, ‘In the Name of Public Health: Nazi Racial Hygiene’, *New England Journal of Medicine*, July 29 2004, pp.417-420; and D. Rosner, ‘Racial Hygiene: Medicine under the Nazis’, *Politics, Policy and Law*, 1991 (16), pp.419-422.

¹¹³ Doctors in the Third Reich, Programme 2.

¹¹⁴ Eugenics-Watch web-site: www.eugenics-watch.com, viewed 23 February 2006.

Sir Arthur Newsholme, who, in giving evidence to the Royal Commission in 1908, argued that many of the children so maligned by the eugenicists were educable, and that the craze for scientific officialdom and social experimentation was acting as a trap for them.¹¹⁵ Indeed, as with all experiments the conclusion is a matter of interpretation, and governments are able to manipulate the findings in order to achieve their own ends. For example, in Germany's hereditary health courts, questions such as 'When is the Fuhrer's birthday?' meant that there was no distinction between lack of knowledge and genuine mental illness.¹¹⁶ Another example comes from Sweden, and is evidence that the criteria for determining mental incapacity were sometimes only a minor physical or social disability. In 1997, a 72 year old woman brought the subject of Sweden's history of sterilization policy to world attention when she told her story of being forcibly sterilized as a girl for being 'short-sighted and slow at school'.¹¹⁷

In England, perhaps the most vehement opposition to sterilization came from the Catholic Church. In 1933, Monsignor Newsome, Superintendent of an institution for mentally defective boys, declared that no Catholic member of an institution's staff could continue in office if sterilization was to become compulsory because 'Catholic's regard sterilization as a crime'.¹¹⁸ Many doctors also disagreed with policies of sterilization, although there is evidence of illegal sterilization taking place at Gateshead Poor Law Institution, which also accommodated for MD children and adults. In 1930, three males aged 22, 15 and 9 who had been sent there for sexual misbehaviour were castrated by the institutions medical officer after a request had been made by the boys' parents. The two younger boys had not been certified MD and so, according to a Ministry of Health

¹¹⁵ Stakes and Hornby, *Change in Special Education*, p.61.

¹¹⁶ Doctors in the Third Reich (TV Documentary, Programme 2).

¹¹⁷ Webster, *Health Matters*, Autumn 1997.

¹¹⁸ Birmingham Archdiocesan Archives, BCS/M4, Sterilization and mental defect evidence of Monsignor Newcome, 1933.

official, the doctor was guilty of unlawful wounding.¹¹⁹ No further action was taken however, as Chief Medical Officer George Newman agreed to let the matter rest after the doctor agreed not to carry out any more operations.¹²⁰

The extent to which doctors continued to sterilize children in England is difficult to assess. In 1937 there was sufficient concern about the matter for the Ministry of Health to issue a clarification of the law, stating that only for therapeutic reasons (performed in the interests of the patient's health) would it be legal, and that eugenic sterilization (performed for racial and social reasons) was illegal. The authorities were confident that doubt as to the legality of the operation would be almost as effective in deterring doctors from performing the operation as any legal prohibition would be.¹²¹ However, Charles Webster, official historian of the National Health Service, believes that some medical practitioners were 'willing to defy the law and carry out sterilization in the interests of what they perceived as the public good'.¹²² It is certainly a topic which requires further research.

Eugenic sterilization may have been impossible to enforce in England, but the supporters of segregation and permanent care for the mentally handicapped faced much less opposition. In theory, children who were capable of benefiting from some type of education should not have been sent to a mental institution; the Education Act, 1921, had stated that those with an I.Q. between 50 and 70 should be educated in special schools or classes. In reality, all classes of mentally handicapped, and especially the feeble-minded and moral defective, were blamed for the ills of society, such as crime and immorality, and the prevailing attitude was generally unsympathetic (in contrast to attitudes towards the physically handicapped which was, on the whole, compassionate).

¹¹⁹ TNA, MH 79/291, 12 August 1930, Letter from Hugh Macewen at Ministry of Health to Sir George Newman .

¹²⁰ TNA, MH 79/291, 7 October 1930.

¹²¹ TNA, MH 79/291, Letter of clarification by AS Molinsky 20 February 1937.

¹²² Webster, *Health Matters*, Autumn 1997.

As such, all four classes of defectives were at risk of being incarcerated.

To some extent, the negative attitudes towards handicapped children that existed among certain members of the government and medical profession, was echoed by members of the general public, including the children's non-handicapped counterparts. In the streets where many working class children played anyone with a handicap tended to be excluded or even worse, became the target of physical abuse, because they were 'different'. Consequently, they became isolated and lonely. Handicapped children of the middle classes on the other hand, tended to be kept away from the streets and played in the home. Again, they became isolated and lonely. Not all handicapped children were excluded however; siblings would often protect them and they would be included in street games, perhaps being carried or getting around by using home-made go-carts.¹²³

With regards to education, most middle class handicapped children attended small, isolated private schools, whereas those of the working classes were either in state run special schools or in special classes within elementary schools. Some however, received no schooling at all, either because they were too seriously handicapped or because, especially in rural areas, the schools were too far away. Also, depending on the severity of the handicap, they often missed classes because of hospital/clinic appointments.

Expectations for all handicapped children were low and, regardless of academic ability, priority was invariably given to vocational skills such as needlework or leatherwork. This was so that they would be able to earn some kind of living instead of being totally reliant on government aid or on their families or, as there was no welfare system to fall back on, keeping them out of the workhouse. The various training colleges established for handicapped children shall be discussed in depth in the main text of this

¹²³ Humphries and Gordon, *Out of Sight*, pp. 36-41.

thesis.

SUMMARY OF THE SITUATION IN 1939

The 1930s had seen a growth in health and educational provision. For example, there had been an expansion in school medical services and of school clinics offering specialist orthopaedic services in particular. The number of LEAs providing services for speech defects had also increased. One of the most significant changes in the years leading to the outbreak of war was in regards to epileptics. Due to advances in diagnostic techniques and treatment their mental health was no longer assumed to be in decline and many children were found to be capable of ordinary elementary school education. Another change in educational treatment that took place in the 1930s was the separation of the blind from the partially sighted. Although it had also been decided to separate the deaf from the partially deaf, this had not taken place by the outbreak of war.

One group of children who did not benefit from an increase in provision during the pre-war years was the seriously physically handicapped. These children, more than any other, relied heavily on charitable organizations, some of which were able to accommodate the children in their own convalescent hospitals. Many though, were forced to remain at home.

From the 1930s there was a growing awareness of a condition that became known as 'maladjustment'. Children with this complaint, and those who were regarded as 'difficult' due to behavioural problems were treated by the Child Guidance Service, whose clinics grew in number in the 1930s. The feeble-minded and moral defective children were regarded differently to those children seen merely as difficult, and they continued to be the subject of debate with regards to their segregation from the rest of

society. At this time there was a high degree of stigma attached to mental illness and to some extent, to those with physical handicaps. This was a major factor in the difficulties experienced in attracting teachers into special education. This stigma was also mirrored in the attitudes of some of the general public.

Developments with health and education arrangements during the war will be examined in subsequent chapters; despite the immense upheaval caused by the conditions of war, and especially the evacuation, these provisions did not remain static. Although not all children were evacuated during the war, the majority was and the event played a major part in their lives. The chapter now turns to the policies and personnel that prepared the country for evacuation in September 1939.

Evacuation: Policies and Personnel

Plans for the evacuation of perceived areas of danger within England began several years before the outbreak of World War Two. The damage caused by air raids at the end of World War One suggested that in any future war, civilian society would be particularly vulnerable to attacks from the air. In 1924, the Air Raid Precautions Committee was set up and 1931 saw the appointment of the first evacuation committee, the Evacuation Sub-Committee of the Committee of Imperial Defence, which reported in 1934. At this stage, it was thought that the police should be responsible for the evacuation in order to prevent the 'inevitable' panic and also, that only London would need to be evacuated. However, by 1937, after various reports on all matters of civil defence, it became clear that other areas of high population density might also be vulnerable and that the task might be too large for the police. The matter was addressed in a Home Office circular in March 1938.¹²⁴ Due to the complexity of such a massive undertaking, it was recognised that no single or comprehensive plan for evacuation was

¹²⁴ TNA, Home Office Circular 701262/8 (para. 16), 28 March 1938.

practicable and, if such as event did become necessary, it would be carried out in co-operation between the government and the local authorities.

On 10 May 1938, the London County Council (LCC) passed a resolution approving the principle of evacuating children and subsequently, the government appointed a committee led by Sir John Anderson, to examine the relevant aspects of a large- scale evacuation.¹²⁵ The recommendations of the committee would provide the basis for the government evacuation scheme, should it become necessary, and in May 1939 an administrative memorandum, prepared on the recommendations of the Anderson Report and outlining the main aspects of the scheme, was published by the Ministry of Health.¹²⁶

For the purpose of the evacuation, there would be three types of geographical area: evacuating, receiving, and neutral, the latter neither sending out nor receiving evacuees. It was estimated that evacuation areas contained a total population of around eleven million; neutral areas 13 million; and receiving areas 16 million.¹²⁷ After taking into account size, density and vulnerability, evacuation areas totalled 81 and reception areas, which were mainly small towns or rural areas, 1,100. Some great centres such as London were wholly evacuable whilst others such as Manchester were ‘zoned’ into evacuating and neutral areas.¹²⁸

Two separate events of the 1930s in which several thousand children had been moved by public transport under the control of their teachers served as useful ‘rehearsals’ for assessing the practicalities of gathering together children en masse. In 1935, 70,000 schoolchildren had assembled on Constitution Hill and in The Mall to

¹²⁵ The report was completed on 26 July, although not published until 27 October, after the Munich Crisis.

¹²⁶ Ministry of Health, *Memorandum EV.4: Government Evacuation Scheme*, 1939.

¹²⁷ *Ibid.*, p.4.

¹²⁸ TNA, ED 138/56, Board of Education , Report of the Chief Medical Officer, 1939, pp.32 & 33.

greet the King and Queen on one of their Jubilee drives. Then in 1937, 37,000 schoolchildren had gathered at the Embankment to celebrate Coronation Day.¹²⁹ The mass movement of children for both these events had been organised by Mr. GAN Lowndes, who also assisted Rich (education officer at the LCC) in planning for the mass evacuation of London's schoolchildren during the Munich crisis. After the signing of the Munich Pact, Lowndes was transferred, on loan, from the LCC (where he had been assistant education officer) to the Ministry of Health. There, he played a prominent role in national planning for the evacuation of schools and, throughout the war, continued to be a major decision-maker with regards to both special and elementary schools.¹³⁰

Another prominent individual who affected the lives of children in special schools during the war, although this time more directly, was His Majesty's Inspector (HMI) James Lumsden. It had been compulsory since 1920 for all special schools to be inspected and reported on by the Board of Education's medical officers. Having the schools inspected by the medical branch was not universally popular because teachers within these schools were ordinary non-medical teachers and some resented being inspected by those of a different profession. After continual protests, the Board made a compromise by appointing, in 1931, the first non-medical inspector to be responsible for all special schools. James Lumsden was an educational psychologist and his reports during World War Two have been the source of much information for this thesis.

¹²⁹ Stuart Maclure, *A History of Education in London, 1870-1990* (London: Penguin, 1990), p.134.

¹³⁰ After the war, Lowndes wrote the following historical texts: *The English Educational System* (London: Hutchinson, 1955) (re-titled *The British Educational System* in 1960); *Margaret McMillan: The Children's Champion*, 1960; and *The Silent Social Revolution* (Oxford University Press, 1937).

Conclusion

One of the aims of this thesis is to assess whether the period of World War Two was a time of change in the welfare of handicapped children, or a continuity of trends that had been set previously. The history of provision for handicapped children included in this first chapter provides an important foundation for this assessment. In particular, it highlights the immense role of the voluntary sector from the first provision up to the outbreak of war and demonstrates the gradual way in which state provision came about. When war broke out in 1939, legislation existed for the education of handicapped children that applied across the country but there was no unified system of provision and much depended on the actions of local authorities. Therefore, the supply of education for these children was uneven.

A significant part of this chapter has dealt with attitudes towards handicapped children, of both government officials and the general public. As shown, perceptions of the mentally handicapped in particular, were largely negative although there was a growing awareness of children with emotional problems. At the time war broke out, the Child Guidance Council Service was relatively new and 'difficult' children were beginning to be separated from the lower grade mentally handicapped in relation to their treatment. At the same time, the latter group of children were among those being singled out by eugenicists for segregation. Subsequent chapters will continue this discussion and examine the ways in which negative attitudes towards some handicapped children affected the decisions made for their safety and general welfare during the war.

Although children with physical and/or sensory handicaps were not regarded as harshly as those with mental problems, their education was still considered to be less important than that of their non-handicapped counterparts. This has been highlighted in the discussion of teachers of the handicapped. The lack of training and poor status had

a significant impact on handicapped children during the war, as shall become evident in subsequent chapters.

This first chapter has also examined the arrangements made for the evacuation of children, both handicapped and non-handicapped, from vulnerable areas. It has highlighted some of the personnel involved and in particular, it has introduced James Lumsden, who played a major part in the running of the special schools during the war and, therefore, in the children's safety. With some exceptions, the Ministry of Health and the Board of Education went to great lengths to keep handicapped children safe during World War Two. The following chapter discusses those children evacuated into residential special schools.

CHAPTER TWO

Residential Special Schools

Introduction

The majority of handicapped children in England spent their war years in residential special schools, most of which had been set up specifically to accommodate the many special day schools evacuated from areas deemed vulnerable to air attack. This chapter examines the day-to-day lives of evacuated handicapped children and their primary carers, most of who were ordinary teachers who found themselves in extraordinary circumstances. Also discussed are the attitudes of those indirectly responsible for the children's welfare, the vast majority of who, such as government officials, were invisible to the children. In short, the chapter brings attention, for the first time, to the wartime experiences of evacuated handicapped children and addresses three key issues: to what extent were the 'decision-makers' aware of the problems faced by these children; how did they attempt to deal with the problems; and to what extent were they successful?

The chapter begins with the 'practice' evacuation of handicapped children in September 1938 before turning to the 'main' evacuation one year later. It is argued that whilst the lessons learnt from the first, much smaller, event served as a useful 'practice run' in the short-term, many unforeseen problems occurred in the longer-term. Some members of society questioned the very existence of handicapped children and this is emphasized when discussing the difficulties of finding suitable accommodation for the children. Under the heading 'Issues of Location', the question of safety is examined; firstly, in relation to the availability of safe premises; and secondly, with regards to a certain 'type' of child unwanted by some members of the public. Here, the chapter

contends that although certain government officials, property owners and other influential individuals saw handicapped children as inferior to the non-handicapped, those responsible for the government evacuation scheme did their best, under the circumstances, to find safe accommodation for the majority of children.

The final section of the chapter, 'Wartime Conditions', deals with the issues surrounding the children's daily lives in the residential special schools to which they were evacuated. This includes conditions within the schools, such as air raid precautions (ARP) and the provision (or otherwise) of equipment; how the schools were managed, and by whom; and the level of disruption to education. A brief case study of the Besford Court School is given, which highlights the limitations of government officials when faced with an acute shortage of accommodation. The section also examines life from the children's point of view and includes the personal testimony of several former (handicapped) evacuees. Overall, it is argued that whilst the 'unseen' decision-makers could affect where a child was accommodated and, to some extent the material conditions within those premises, it was the primary carers such as teachers, along with members of the local population, who determined the day to day welfare of the children and consequently, their emotional well-being.

In all sections, the lives of non-handicapped evacuees are also examined, highlighting the immense differences experienced by the two groups of children.

The 'Practice Run'

The evacuation of handicapped children in the first few days of September 1939 was, on the whole, a smooth, efficient and successful operation. One reason for its success was the lessons learnt from a similar, although smaller, evacuation a year earlier during the Munich crisis. On 16 September 1938, shortly after Prime Minister Neville

Chamberlain's visit to meet Hitler at Berchtesgarden, the London County Council (LCC) approached the Board of Education regarding plans to transfer London's most vulnerable children to a safer destination outside the city, and by the 23rd, the council had negotiated accommodation for 2,100 physically defective (PD) children at St. Mary's Bay Holiday Camp, Dymchurch, Kent. On the 27th, administration, inspectorial and organising staff travelled to the camp and the next day the children were evacuated, along with their teachers and as much equipment as they could manage. Further medical and domestic staff arrived in the following two days.¹³¹

Accommodation at Dymchurch was basic, with children sleeping on camp beds in barrack-style huts (the camp was an old army barracks), some of which had holes in the roof where the rain would leak through.¹³² Another problem was the lack of adequate staff. None of the schools' nurses had gone to Dymchurch; instead there was a team of Red Cross nurses. One of the teachers, Jessie Thomas, who accompanied the children, remembered in her autobiography the problems of having to cope with inexperienced nurses, none of whom had any knowledge of dealing with handicapped children at night, 'who when the child's leg irons were removed could not stand alone'.¹³³

The problems at Dymchurch were mainly due to the fact that the event was unprecedented and, to some extent, an experiment. Despite the efforts of the authorities, the camp was unsuitable for the purpose of housing PD children long-term. Those evacuated children who suffered other handicaps fared better, certainly in respect to accommodation. As well as making arrangements for the PD children, the London authorities arranged for deaf children in day and residential schools, along with the

¹³¹ LMA, LCC/EO/WAR/1/1, Housing Committee Papers.

¹³² Kenneth A.J. Giles, *Small World: My Memories of World War II* (private memoirs, 2001), p.2.

¹³³ Jessie E. Thomas, *Hope for the Handicapped: A Teacher's Testament* (London: Bodley Head, 1967), p.118.

blind and the mentally defective (MD) children in residential schools (approximately 1,000 in total) to be evacuated outside London, in similar establishments to their regular schools, and this took place on 29 September.¹³⁴ In most schools, a number of supplementary places were found to house the extra children but a number of short-stay residential open-air (O-A) schools (at Bushey Park, Margate and St. Leonards-on-Sea) were completely taken over; the resident children returning to their homes and elementary schools in London.¹³⁵

Not all handicapped children were eligible for evacuation under the governments 'special parties' scheme in 1938 (which incidentally, included around 1,200 nursery schoolchildren evacuated to ordinary billets along with their mothers and certain other adults). The MD and partially sighted (PS) children attending day special schools, and those in O-A day schools, were deemed fit enough to be evacuated in ordinary billets along with elementary schoolchildren.¹³⁶

Plans had also been made for the evacuation of the non-handicapped. The LCC estimated that approximately 500,000 adults and children (other than those in special parties) would need to be evacuated from London if and when a state of emergency was announced and exhaustive preparations were made. The arrangements were announced as complete on 27 September.¹³⁷ However, after Chamberlain's meeting with Hitler in Berchtesgarden three days later, and the signing of the Munich Pact, further evacuation plans were put on hold. By the 6th October, the evacuated handicapped children had been returned home to London.

Although non-handicapped children were not evacuated under the government

¹³⁴ LMA, LCC/EO/WAR/4/14, press cuttings from the *Manchester Evening Chronicle*, 29 September 1938.

¹³⁵ Open-Air schools catered for the less serious cases of malnutrition, anaemia, heart disease, TB, pulmonary disease and nervous disorders. As the name suggests, classes and sometimes sleeping arrangements, were taken outside so that the children could benefit from the fresh air.

¹³⁶ TNA, ED 138/57, 'Handicapped and Nursery Children', from Sophia Weitzman's papers.

¹³⁷ 'Arrangements Complete', *Daily Telegraph*, 27 September 1938.

scheme in 1938, some children attending private schools were evacuated, and in a similar way to the handicapped children. For example, the girls of Channing School, Highgate, London, were sent to hotels in Ross-on-Wye.¹³⁸ Similarly, the junior boys of the nearby Highgate School were evacuated to Brixham, and the seniors to Ilfracombe and Westwood Ho.¹³⁹ As with the special schools and nursery schools, the private schools also preferred large-scale premises and, whilst the lack of such accommodation was not an issue in 1938, it was a sign of the competition that special schools would face the following year.

Despite the optimism surrounding the Munich Pact, the government continued to develop large-scale evacuation plans, this time including vulnerable areas outside London. The scheme devised by the LCC for September 1938 for a possible evacuation of 500,000 was judged satisfactory enough that it was to be adopted in other cities.¹⁴⁰ In November 1938, responsibility for the government evacuation scheme was transferred to the Ministry of Health.¹⁴¹

In June 1939, a rehearsal of evacuation was held in the London borough of Chelsea, when five thousand (non-handicapped) children walked or were taken by buses to railway stations where, if it had been the real thing, they would have boarded the trains taking them to their reception areas. The whole operation, which was to be given one a half days when the evacuation took place the following September, was condensed into three hours.¹⁴² Although a relatively small-scale event, the rehearsal was useful for assessing the practicalities of gathering together several thousand children.

Evacuation itself was voluntary and it was hoped that, should it be necessary,

¹³⁸ Gillian Avery, *The Best Type of Girl: A History of Girls' Independent Schools* (Deutsch, 1991), p.344.

¹³⁹ A.J.F. Doulton, *Highgate School, 1938-1944: The Story of a Wartime Evacuation* (privately printed, 1975), pp.1&2.

¹⁴⁰ 'Evacuation on the London Model', *Teacher's World*, 5 October 1938.

¹⁴¹ Titmuss, *Problems of Social Policy*, p.31.

¹⁴² *We Think You ought to Go*, ed. by Richard Samways (LMA, formerly Greater London Record Office), p.9.

householders in reception areas would volunteer to provide accommodation for the evacuees.¹⁴³ If householders without a legitimate reason were to refuse, and if there was a shortage of accommodation, the Billeting Officer had the power to insist.¹⁴⁴ However, it was recognized that handicapped children would need to be treated separately:

Amongst the children to be evacuated will be a number who are blind or deaf or handicapped in some other particular, and yet others who are mentally defective. It would not be proper to attempt to arrange accommodation of the ordinary kind for any of these groups, as the handicapped children could not be suitably accommodated in small households and also because the householders would find such children an undue burden.¹⁴⁵

For those physically handicapped children who could not be evacuated in regular billets, seaside or country camps were to be used, along with the large private houses belonging to individuals who were willing to place them, wholly or partly, at the disposal of the authorities.¹⁴⁶

After the handicapped children had returned home in October 1938, a small committee of head teachers from the different schools that had been at Dymchurch was formed to discuss what lessons could be learned from the experience.¹⁴⁷ It was decided that in any future evacuation each school must be under its own head, with an overall leader acting as ‘commandant’. Also, the school nurses should replace the ones from the Red Cross who were unfamiliar with the requirements of vulnerable children. Jessie Thomas provided a graphic example of why this latter provision was important in her autobiography:

¹⁴³ Children could be compulsorily evacuated if they were ‘certified to be suffering or likely to suffer in mind or body as a result of enemy attacks’. LMA, LCC/EO/WAR/1/1, Housing Committee papers.

¹⁴⁴ Ministry of Health, *Memorandum EV.4: Government Evacuation Scheme* (London, 1939), pp.10 & 22.

¹⁴⁵ *Ibid.*, p.22.

¹⁴⁶ *Ibid.*

¹⁴⁷ Thomas, *Hope for the Handicapped*, pp.118 & 119.

Among my girls was one diabetic child for whom it was imperative to have her special injection before breakfast. I sent her in good time to the medical hut with a note to the nurse there containing written instructions. The nurse put the note in her pocket and told her to run along, she would see her later, the letter unopened. The first I heard of this was when the child was in a near coma, and was sent by ambulance to hospital. She remained there slowly recovering, but was still there when we returned to London a week later.¹⁴⁸

Accommodation for the handicapped was decided in advance so that the proper adjustments could be made to cater for their specific needs. Panels of visitors, including heads of various schools, inspectors, and administration staff, combed the reception areas to find suitable accommodation.¹⁴⁹ The immediate concern in most premises was with regards to heating. The holiday camps especially, were designed only for summer use and would need to be made adequate for the oncoming winter. In fact, in February 1939, the Education Officer for London had reported that camps such as Dymchurch were not practicable for PDs. He favoured requisitioning already established residential establishments, stating that these children (along with those of nursery school age) were 'the least fitted to withstand the sort of emergency conditions we have to fear if war should come. I think it is due to them that they should have the best accommodation'.¹⁵⁰

Once the accommodation had been determined, the evacuating authorities were to provide the receiving authorities with details of the children who would be arriving, such as the number of children, the nature of their handicap, the equipment that would be brought with them, and how many adults would be accompanying them. The evacuating authorities would also be responsible for supplying nurses and any managerial staff, including one person who would be responsible for the whole party. These people would normally already be attached to the school. The receiving

¹⁴⁸ Ibid, p.118.

¹⁴⁹ LMA, LCC/EO/WAR/1/1, Housing Committee Papers.

¹⁵⁰ LMA, LCC/EO/WAR/2/21, LCC Report of Education Officer, 9 February 1939.

authorities were to be responsible for recruiting domestic workers and cooks, and for supplying items that the evacuating day special schools did not have already, such as bedding and kitchen equipment.¹⁵¹

In August 1939, a detailed document was published, focusing solely on the special parties.¹⁵² This was circulated to all concerned, including party leaders, clerks of local authorities, directors of LEAs, owners of the large houses and managers of the camps, the Board of Transport, Ministry of Health, and the Police Department. The details included in the document focused on catering, transport, finance, heating, and voluntary help. For example, there was advice on diets and menus, and the owner/manager could choose whether to arrange the catering himself and accept the government billeting allowance, or to put the responsibility on the leader of the party. The fee for the board and lodging of each child would be paid by the evacuating authorities at a rate of 8s 6d per child. 5s 0d would be paid for each adult's lodging but they were to pay their own board. The authors of the document had been thorough in supplying as much advice as possible at that stage.

It is evident then, that the evacuation authorities went to a great deal of trouble to ensure that the evacuation of handicapped children would run smoothly. Their specific requirements had been noted and adaptations made to make their new premises as accessible as possible. Plans had also been made for non-handicapped children. As most were accommodated in individual households, the level of planning was not as great but the authorities had made extensive enquiries as to the number of places required. Despite the extensive planning, however, the scale and nature of the evacuation was unprecedented and many problems, for both handicapped and non-handicapped, only came to light after the children had arrived.

¹⁵¹ *Memorandum EV 4: Special parties*, p.22

¹⁵² Ministry of Health, *Government Evacuation Scheme - Special Parties*, 1939.

Evacuation!

In the first three days of September 1939 nearly one and a half million official evacuees and approximately two million private evacuees were moved.¹⁵³ Unlike the evacuation of the previous September, priority was not limited to the handicapped and nursery children. The official priority classes were as follows:

1. school children in organized units in charge of their teachers.¹⁵⁴
2. children of pre-school age accompanied by their mothers or other persons responsible for looking after them.
3. expectant mothers.
4. the adult blind and cripple population so far as removal may be feasible.¹⁵⁵

The majority of official evacuees were non-handicapped schoolchildren who, accompanied by their teachers, were transported to reception areas mainly by train. The evacuation ‘rehearsal’ of June 1939 had been useful for the entrainment of the evacuees but arrival in the reception areas did not always run as smoothly.

At the beginning of 1939, the Ministry of Health had conducted an ‘accommodation census’ in order to assess how many billets would be available.¹⁵⁶ In some areas, fewer evacuees than were expected arrived and in other areas there were more than had been expected. In Berkshire for example, billets had been provided for 23,915 evacuees but 46,722 arrived.¹⁵⁷ Consequently, as in many other areas, billeting

¹⁵³ Titmuss, *Problems of Social Policy*, p.102.

¹⁵⁴ The blind, deaf, PD and MD children, whether in day or residential schools, were included in this category.

¹⁵⁵ *Memorandum Ev.4: Special parties*, p.4.

¹⁵⁶ Martin Parsons, *Britain at War: Evacuation* (Hodder Wayland, 1999), p.14.

¹⁵⁷ *Ibid.*

officers were forced to take those children not ‘chosen’ from house to house in search of extra beds. The story of the thousands of non-handicapped children bearing luggage labels and (many, but not all) going through the distressing ‘selection’ process in order to find a billet, is well documented.¹⁵⁸

The official evacuation of handicapped children took place in one day, 2 September 1939. Not all handicapped children were registered to be evacuated however; some were too seriously crippled to go with the special parties and remained at home or in hospital. Others remained at home because their parents refused to let them go. In London, of the 8,000 handicapped children attending day special schools, and eligible for evacuation in the special parties, only 3,200 registered. A further 2,200 attending O-A schools were deemed healthy enough to be billeted the same as elementary schoolchildren. The remaining 2,600 were either evacuated privately or stayed at home and (initially at least) were unable to attend school.¹⁵⁹ For those who were registered, hundreds of buses and ambulances were made available to transport the children to camps, mansions, hotels and any other type of premises deemed suitable.

Stanley Cole, aged 14 at the time, remembers the day he was evacuated from his special day school in Manchester to Cloverley Hall, a large country house in Shropshire:

I was picked up outside my own front door and helped into a single-decker bus. Neighbours were out because there had never been a bus in our road before.¹⁶⁰

On the whole, the handicapped children were spared many of the distresses suffered by

¹⁵⁸ See notes 39 & 41. See also, Roy C. Boud, *The Great Exodus: The Evacuation of Leeds Schoolchildren 1939-45* (Leeds: Thoresby Society, 2000) and Juliet Gardiner, *The Children's War Through the Eyes of the Children of Britain* (London: Ebury, 2004).

¹⁵⁹ TNA, ED 138/49, from Sophia Weitzman's unpublished papers.

¹⁶⁰ Stanley Cole, 'We Slept on Trestle Beds on a Concrete Floor', in *Farewell to Manchester: The Story of the 1939 Evacuation*, ed. by Audrey Jones (Didsbury: Didsbury Press, 1989), pp.85-86.

the other children. They were kept together with their friends and teachers rather than having to settle with a new family, and their accommodation and other essentials had been dealt with before their arrival. For example, parents were not told where their child would be going and so the children often arrived with unsuitable clothing. Extra blankets and gum boots had been ordered for the handicapped children by the authorities, and were awaiting the children in their new homes.¹⁶¹ For the non-handicapped children however, whose accommodation was to be arranged on arrival and who were often waiting around for long periods, such items were only requested and were often missing.

Not everything ran smoothly for the handicapped children however. When 34 boys, 4 girls and 3 teachers (origin unknown) arrived in their designated reception area, seemingly as part of the general elementary school evacuation, a local couple agreed to take the 4 girls only to subsequently learn that one needed massaging, one couldn't walk up the stairs, another needed specialist treatment, and the other was full of aches and pains. The couple, who had been unaware that the girls needed treatment, kept them for the night and told the headmaster the next morning. Later that day the matron came looking for her lost 'patients'.¹⁶²

Some of the premises to which handicapped children had been evacuated the previous year had now been requisitioned by the government for the convalescence of wounded soldiers or for other military purposes. In addition, there were many more children to be evacuated; it was no longer a London only affair and there was competition for large-scale accommodation from private schools and nursery schools. Another reason for the growing numbers was that it had been decided to include the MD children in day special schools, who the previous year had been grouped together with

¹⁶¹ LMA, LCC/EO/WAR/2/21, as recommended in the Report of Education Officer's Advisory Committee on Evacuation, 22 February 1939.

¹⁶² Ben Wicks, *No Time to Wave Goodbye* (London: Bloombury, 1988), p.82.

elementary schoolchildren. This added around 2,500 to the London figure alone.¹⁶³

The lack of large-scale accommodation in which to house the handicapped children presented problems for the evacuation authorities from the outset. From May 1940 however, after the occupation of Denmark and Norway, and then the Low Countries and Northern France, the situation worsened. In the initial evacuation of September 1939, many children from London were evacuated to areas within the south and south-east of England but these areas were now deemed to be susceptible to possible bombing raids or to invasion. Consequently, the government arranged for the non-handicapped evacuees to be re-evacuated and soon after, the local children were also evacuated.¹⁶⁴

For the children being accommodated in residential special schools, it was not so straightforward. Although some had returned home during the ‘phony war’ between September 1939 and May 1940, there were still around 1,500 handicapped children being accommodated in residential special schools, in holiday camps, on the line of coast stretching from the Wash to Newhaven.¹⁶⁵ Due to the lack of alternative accommodation, the possibility of a school’s relocation depended on its position, and the degree of danger in which the government perceived it to be.

Issues of Location

In the south of England preference with regards to accommodation was given to those situated to the east of Newhaven in areas thought to be most susceptible to invasion, whilst those to the west were given low priority.¹⁶⁶ However, although the invasion never materialised, the bombers did, and the areas of danger proved more difficult to

¹⁶³ Ibid.

¹⁶⁴ For an approximation of the figures involved, see: Titmuss, *Problems of Social Policy*, pp.242-245.

¹⁶⁵ TNA, ED 138/49. ‘Evacuation of handicapped and very young children and their maintenance in the reception areas in special parties, nursery schools and nurseries’, p.3, from Sophia Weitzman’s papers.

¹⁶⁶ Ibid.

predict.

Jessie Thomas was now 'commandant' of the four schools evacuated to Broadreeds Holiday Camp in Selsey, West Sussex. As recommended, each school retained its own head but one was chosen to be the overall leader. Jessie Thomas was in charge of around 400 junior mixed, and senior girls, and was aided by 38 assistant teachers (plus the other three head teachers), 34 attendants (from LCC residential homes, mothers of some of the evacuated children, and a few voluntary ladies), and 4 nurses.¹⁶⁷ The camp was a vast improvement on Dymchurch, being brick built chalets with tiled roofs. However, heating was still a problem and despite having boilers installed, some of the children slept two per bed to keep warm.¹⁶⁸

In June 1940, both Jessie Thomas and officials at the Board of Education expressed concern about the proximity to the Broadreeds camp of guns and searchlights, which could be a target for German bombers. The Board outlined its concerns to the Ministry of Health, who replied that Commands had been asked to avoid the camps unless it was absolutely necessary. The letter concluded 'While I hope that this action will have a steadying influence on the military, I am afraid that we must be prepared to lose a certain number of parties'.¹⁶⁹ After objecting to the War Office, to no avail, arrangements were made to move the camp, on 27 August. However, on the night of 19/20 August, a bomb was dropped nearby and a 13 year old boy in the camp was killed, along with a female teacher and a helper. The Ministry of Health accepted full responsibility for the incident and it was decided to move the camp straight away.¹⁷⁰

To the east of Newhaven, a little further inland but still on the bombers flight path, was Tenterden camp where, on the night of 27 August 1940, some bombs had

¹⁶⁷ TNA, ED 50/188, HMI Report, 1 November, 1939.

¹⁶⁸ Ken Giles, 'Small World', p.4.

¹⁶⁹ TNA, ED 50/258, 8 July 1940.

¹⁷⁰ *Ibid.*, 24 August 1940 and 30 August 1940.

been dropped close by, killing a boy and a girl on a nearby farm.¹⁷¹ On 30 August, the Education Officer's department at the LCC complained to the Board of Education, 'For many weeks now we have been trying to get the Ministry of Health to consider this whole question of security and have failed'.¹⁷² Two days later Mr. Savage from the Board of Education visited some of the special schools that were thought to be in the area where air fighter squadrons would attempt to intercept German bombers:

On 1st September I had the advantage of being within a few miles of 4 special parties whilst a fairly severe battle was being waged above. An enemy fighter aeroplane power dived a few hundred yards from me and the car in which I had been travelling. When I arrived at one part between Wrotham and Tonbridge another fighter had just crashed in the grounds of the house. The commandant told me that machine gun bullets (probably spent) had been dropping all around the premises.¹⁷³

Despite Mr. Savage's observations, many handicapped children were kept in potentially dangerous areas. The following year, after his visit to the Riviera Hotel near Weymouth, HMI Mr. Burrows reported that:

The building is reached by the gates, which are strongly barbed wired and guarded by sentries. Passes have to be shown to enter. A network of barbed wire practically encloses the building. The military are permanently on guard within a few yards, and other military precautions, some within 40 yards, are actually at the very end of the school building. It would seem to me to make this building definitely a military objective. I can only feel very disquieted with regard to the future safety of these children.¹⁷⁴

Soon after Burrows' report, the Board of Education requested that the Ministry of Health remove the school. However, despite heavy bombing raids on nearby

¹⁷¹ Ibid., 28 August 1940.

¹⁷² Ibid., 30 August 1940.

¹⁷³ Ibid., Report of visit, 1 September 1940.

¹⁷⁴ TNA, ED 32/646, 8 July 1941.

Weymouth, the reply was that it would not be possible. Instead, regional transport officers were approached about moving the children if an invasion attempt warning was received in time.¹⁷⁵ Fortunately, this was not necessary and, despite many air raid warnings (thirty-four in April 1942 alone), the children remained safe.

The difficulty in finding accommodation for all evacuees was an on-going problem throughout the war and, on the whole, it would appear that the authorities did as much as they could for the handicapped children, under the circumstances. Indeed, as has already been mentioned, London's Education Officer had declared that in his opinion, 'they should have the best accommodation'. Not all government officials felt this way however. In May 1940, there were still 450 handicapped children awaiting evacuation from London and it was proving difficult to find suitable premises. In a letter to the Minister of Health, Cecil Maudslay, one of five principal assistant secretaries at the Board of Education, wrote:

Although it might be argued in cold blood that perhaps these handicapped children are not so much worth saving as the able-bodied, yet there is a good deal of sentiment for them on the part of the population, and the Ministry and the Council might be in a very difficult position vis-à-vis the people of London if the evacuation plan were operated and these 450 blind, deaf, crippled or otherwise defective children were left behind in London.¹⁷⁶

The contents of this letter are significant because they are the sentiments of a man in a position of authority. More heartening is the knowledge that 'the population' or, 'the people of London' did not share Maudslay's lack of concern for the handicapped. By 5 June, the number of handicapped children awaiting evacuation from London had risen to 600. Fortunately, by 21 June, a total of eight new premises had been found to house

¹⁷⁵ Ibid., 15 September 1941.

¹⁷⁶ LMA, LCC/EO/WAR/2/63, Accommodation for special parties.

these children, as well as some of those still waiting re-evacuation from the south and south-east coasts.¹⁷⁷

Three months later, the minutes of a meeting of the Education Officers' department noted Maudslay's words on the subject of a further 1,300 handicapped children needing to be evacuated. Again, he made reference to the people who would raise an outcry if these children were left behind, ending with 'We could not answer that we were bending our energies to saving the children most worth saving for that was discussed long ago and rightly or wrongly the government decided that the weak were as much entitled to evacuating as the strong'.¹⁷⁸ Again, the author's sentiments did not reflect those of the main decision-makers who, it would seem, attached as much importance to 'the weak' as 'the strong'.

As the war progressed and the shortage of large-scale accommodation became acute, more and more property owners agreed to relinquish their premises for the purpose of housing evacuated children. One such person was Colonel ffennell, the owner of Hill End Camp at Farmoor, Berkshire. Before the war, the camp had been used as a school journey centre and camp school for (non-handicapped) children. After the evacuation of children from the east and south east coasts in May 1940, the owner Colonel ffennell, agreed that the premises could be taken over to accommodate evacuated children, and the LEA spent £300 on making the building suitable for winter use. In June 1940, much to the Colonel's horror, 100 MD children were sent there, marking the beginning of a lengthy correspondence between the Colonel and the various government departments dealing with the evacuation. Colonel ffennell wanted 'normal children' to replace the MDs because 'they would benefit more from the natural

¹⁷⁷ Ibid.

¹⁷⁸ Ibid.

amenities of the camp'.¹⁷⁹ GAN Lowndes, at the Ministry of Health, said:

I can well understand Colonel ffennell's preference for normal children in whom he feels that he can take a personal interest but it would, in our view, be a real waste of this accommodation to use it as an ordinary hostel.¹⁸⁰

Despite being given several explanations as to why the premises should be used for the MD children, in that they could not be billeted in individual households, ffennell pressed his appeal, leading to the following statement to the Ministry of Health:

You yourself will admit, I think, that the lives of lunatics should be protected if it is possible to do so, but if you had to choose between the two, the lunatics and normal children, which would you save? What would be your choice? It evidently suits the LCC better at the moment to keep the MD children at Hill End, but I think that I am right in saying that, if it does so, it is probably sacrificing and certainly risking the lives of an equivalent number of normal English children who may perish.¹⁸¹

The following year, in May 1942, the authorities conceded and the MD children were sent elsewhere. The Colonel got his wish and Hill End Camp was used for weekend visits by local, non-handicapped children.

Another person of note who had a negative view of MD children was Sir Edward Howarth of the National Camp's Corporation (NCC).¹⁸² In November 1942, the Sheephatch NCC camp at Tilford, Surrey became available and the Board of Education decided to send a group of 245 MD boys there. The boys had originally been

¹⁷⁹ TNA, ED 32/642, Mr. Eton at the Education Officer's Department of the LCC, repeating ffennell's words in a letter to the Secretary of the Board of Education (Medical Department), 10 February 1941.

¹⁸⁰ TNA, ED 32/642, Letter from Lowndes to Strong at the Board of Education, 19 February 1941.

¹⁸¹ Ibid, Letter from RW ffennell to Savage, 5 June 1941.

¹⁸² The NCC had been set up under the Camps Act 1939 for the purpose of providing a number of camps for short-term use by school parties and holiday makers. In the event of war, they were to be used for refugees made homeless by bombing raids. However, after the outbreak of WW2, accommodation for bombed out refugees was not needed and it was decided to use the camps for the purposes of the government's evacuation scheme.

evacuated to the Grand Atlantic Hotel in Weston-Super-Mare, where they had experienced no trouble with the locals when at weekends they had made visits into town. They had worked on local farms harvesting vegetables and had done gardening work for the local authority. Their time at the Grand Atlantic was seen as a great success.¹⁸³

The reason for the Board's wish to move the boys was because of the high charges demanded by the hotel. A month after the decision was made a raid on Weston-super-Mare convinced some of the boys' mothers that they would be safer at home. As a consequence, the number decreased from 245 to 120. However, in a letter to the Board of Education Howarth relayed the information that the NCC had decided that, in their three years experience of housing evacuees, camp schools would be better used by normal children. Although another of the camps, at Horsley Green, had been successfully adapted to accommodate PD children, the Corporation had determined that any such adaptations at Sheephatch could not be undertaken at the present time. The Board decided to visit the camp to see for themselves and, in January 1943, it was found that only minor adaptations and no building work, were required. Consequently, four months later the boys from the Grand Atlantic, along with boys from three other residential special schools and a few from a Derbyshire Youth Hostel, totaling 200, moved to the camp.

For fourteen months, all went well at the camp. Reports show that there was some destruction caused by the boys, such as broken toilet seats and doors, taps and windows, but similar damage had been done by the non-handicapped boys who had occupied the premises previously. All in all, the boys had settled down well and were happy and contented. However, in July 1944, the local council, the Hambledon Rural District Council, complained to the NCC about fires that had been started near the camp

¹⁸³ TNA, ED 32/666, Report by Dr. Bywaters, 15 October 1942.

and letters belonging to the boys being found there. The Council enquired as to whether it was possible to ‘replace these children with normal ones’. Howarth passed on the request to the Board of Education, who answered with a resounding ‘No’. Meanwhile, the local press had joined in the debate over the boys, blaming them for the fires.¹⁸⁴ They also mentioned that the Council’s SMO had informed them that the camp was unsuitable for MD boys.

After hearing of the furore over the boys, fuelled by the SMO and the local press, an Inspector of Special and Approved Schools, Mr. A Waites, wrote to Hambledon Council. He questioned the evidence, stating that the fires were at a salvage dump to which discarded paper from the camp was sent. Local boys had already been prosecuted for other damage, whereas no-one at Sheephatch had any such convictions. Furthermore, some of them had been working for local residents in gardens and households, and had received excellent reports. He also informed the Council that the Board of Education may take advice on the SMO’s reporting, which may have far reaching consequences. Waites concluded:

For a large number of people who have little knowledge of the character and disposition of the average educable MD, the term ‘mental defective’ has a somewhat sinister connotation, amounting in some cases to hostile aversion.¹⁸⁵

Waites invited anyone with concerns about the boys to visit the camp themselves. The matter appeared to have been resolved but a few months later the NCC gave notice to end the tenancy on the grounds of damage done by the boys. HMI Lumsden made an unannounced visit and found some damage to the ablution blocks, which he was not surprised at as they were of light construction and easy to damage. In Lumsden’s view,

¹⁸⁴ *Herald (for Farnham, Haslemere and Hindhead) and Alton Mail*, 8 July, 1944.

¹⁸⁵ TNA, ED 32/666, 21 August, 1944.

the NCC had never liked having the MDs in the camp and matters were made worse by the camp manager's antagonism. Three months later Dr. Bywaters of the Board of Education found that the boys were under good discipline and there was little to complain of. However, the tenure was due to end in August and, despite the LCC's request for an extension (although the war was over, many of the boys were unable to return to their homes either because their parents were dead or their homes had been destroyed), the residual children were dispersed on 26 July 1945 and the premises officially vacated on 4 August.

Although not all camp managers and property owners held such extreme views as Sir Edward Howarth and Colonel ffennell, it is fair to say that many preferred to have healthy evacuees from private schools than the alternative. As Gillian Avery points out, 'Property owners only endured school invasion because of economic circumstances, or to avoid getting something worse'.¹⁸⁶ The government was aware of this preference and in April 1939, when the Minister of Health was warning of a possible requisition of large houses if a war should break out, the LCC asked him not to say that a private school might be sent because they wouldn't be able to go back on this if the accommodation was needed for handicapped children.¹⁸⁷

These examples illustrate the kind of problems faced by the evacuating authorities in locating, and retaining, large-scale accommodation suitable for handicapped children. Fortunately, the majority of owners/managers did not object to the 'type' of child to be accommodated in their properties and such problems were quite rare. In addition, although some children were forced to remain in areas of danger and their degree of safety was more a matter of luck than of design, there is no evidence to suggest that the decision to leave them there was due to anything but a lack of

¹⁸⁶ Avery, *The Best Type of Girl*, p.345.

¹⁸⁷ LMA, LCC/EO/WAR/2/21, Conference for Officers of the Special Services Branch of LCC's Education Department, 22 September 1939.

alternative accommodation.

It is evident that the issues of safety and the location of residential special schools were given much attention and the same can be said for conditions within the schools. Whilst the ultimate responsibility lay with the Ministry of Health it was the HMIs from the Board of Education who were charged with monitoring the schools. During the war years, HMI James Lumsden and his colleagues inspected many of the camps, houses and hotels used as residential special schools providing an insight into the day to day problems faced by the children and the staff. It was the duty of the HMIs to report on the attitudes and abilities of the staff and to ensure that both teachers and children were provided with essentials such as food, clothing and equipment. In doing this they dealt with difficult and uncompromising teachers but also met many who were hard-working and compassionate. This had also been the case in peacetime but the conditions of war led to heightened levels of inflexibility in some whilst others met the challenges with tolerance and cooperation.

Wartime Conditions

Despite the thorough preparations made for the handicapped children by both the evacuating and the receiving authorities, it was not surprising that more problems would come to light after the children had moved in to their new premises. Whilst the evacuation of September 1938 had prepared the authorities for the initial transportation and arrival of the evacuees, the previous experience had not been long enough to assess any potential long-term problems. On 22 September 1939, the LCC held a special conference to discuss the camps and concluded that although peacetime standards may have to be sacrificed, certain improvements must be made. These included blacking out procedures, heating, water services, sanitation, air raid precautions, fire protection, and

sick bays.¹⁸⁸

Conditions in the newly-acquired residential premises varied enormously and some had to be relinquished soon after occupation as, even with improvements they were deemed unsuitable for long-term use. Such was the case at the Birkdale Refuge Holiday Camp in Southport, Lancashire. Previously run by a voluntary society in Manchester, the camp was taken over by the Liverpool LEA at the beginning of the war, for evacuated MD boys. On inspection in December 1939, the accommodation was found to consist of detached wooden huts, in a bad state of repair and not connected by paths, and the lighting (by paraffin lamps) was inadequate. The kitchen had a leaking roof and was likely to be flooded by surface water from the playground, which was inadequately drained. The classroom was neither heated nor lit and many mice were present. Consequently, it was recommended that other accommodation be found.¹⁸⁹

Some premises were more than adequate and needed no alterations. At the Eastcourt House Residential School at Crudwell, Wiltshire, which from 1942-44 accommodated evacuated MD children from Bristol, there was central heating, electricity, well water and a telephone. The house, which was the former home of nineteenth century shorthand pioneer Sir Isaac Pitman, was described by the visiting HMI as 'a delightful mansion in a modern, excellent condition'.¹⁹⁰ The children were able to use all the grounds except the large kitchen garden, which had been retained by the current owner for cultivation under the Ministry of Agriculture.

On 22 August 1940 just two days after the fatal bombing at St. Mary's Holiday Camp at Broadreeds, around 200 girls and 50 staff, including Jessie Thomas as commandant, moved to Peckforton Castle in Cheshire. The castle, which was owned by Lord Tollemache, was well equipped with an adequate water supply, electric light, and

¹⁸⁸ Ibid.

¹⁸⁹ TNA, ED 50/188, 8 December 1939.

¹⁹⁰ TNA, ED 32/347, 2 March, 1943.

lavatory basins and baths in or near most bedrooms. However, unlike the holiday camp, which was one level, the castle had stairs, making the living conditions more difficult. Also, there was poor ventilation because few windows were able to be opened, and the rooms were draughty. However, as with most premises accommodating PD children, some adaptations were made and the children made the best of it.¹⁹¹

Obviously, Peckforton Castle had not been built for the purpose of housing handicapped children and so certain difficulties were to be expected, and many mansions and hotels had similar difficulties. In the Riviera Hotel for example, only the open-air children could go out freely because the area surrounding the building was rough and very steep. Consequently, the PD children got none of the advantages of life in the country, and not even much fresh-air.¹⁹²

Holiday camps, usually low level buildings, were the preferred choice of premises for the handicapped, especially PD children. Even so, physical accessibility was only one aspect of a successful residential school; adequate equipment was also important. Sand Bay Holiday Camp was less than one year old when 172 MD children were evacuated there from London at the beginning of the war. After visiting the school on November 28 1939, Lumsden remarked that, although there was good plumbing and the building was weather proof, it was the barest he had ever seen. There was no furniture such as drawers and cupboards and some of the rooms which could be used as a hospital, or for extra accommodation, was being utilised as mere storage rooms.¹⁹³

As the war progressed, it became more difficult for the commandants to obtain new or even replacement, equipment. At the All Saints Convent PD camp in Hertfordshire, the staff had great difficulty with the storage of food, especially meat,

¹⁹¹ TNA, ED 50/188, Report by HMI Lumsden, 7 January 1941.

¹⁹² TNA, ED 50/188, Report by Inspector Lumsden, 29 and 30 November 1939.

¹⁹³ *Ibid.*, 28 November 1939.

and requested a refrigerator. The commandant was told to obtain an estimate, which he did, but was then told that, rather than buy a refrigerator, he should buy a safe and position it in the corridor.¹⁹⁴ Needless to say, this was an unsuitable solution, as the sun glared down on the roof in that particular area. Even so, there is no evidence of a refrigerator ever being purchased.

Another example comes from Hopwell Hall special residential school in Ockbrook, near Derby. On this occasion, the school was granted a refrigerator but denied an electric potato-peeler, on the grounds that the school, which accommodated 50 MD children, was too small. However, a hand-operated potato-peeling machine was duly delivered.¹⁹⁵ Inspection of the documents relating to the previous two examples have yielded a substantial amount of correspondence; a surprising find given the shortage of paper at the time. They also show the lengths to which officials were forced to go (giving them the benefit of the doubt) in order to make the best use of the limited supplies.

As well as equipment, clothing was also in limited supply throughout the war. At Golden Sands Holiday Camp, Hopton, East Sussex, the LCC was criticised by Lumsden for not providing enough: ‘not even enough cloth to patch trousers’. The children were doing their own boot repairs (this was taught as a trade to some of the boys) and clothing was being begged from friends.¹⁹⁶ In addition, the lack of Wellingtons was a constant problem throughout the winter months. In many of Lumsden’s reports however, clothing was thought to be adequate, although the following example highlights the standards by which he measured certain conditions during wartime. At the Riviera Hotel, he reported that the clothing situation was fairly

¹⁹⁴ LMA, LCC/EO/WAR/2/28, Special Services Branch of the Education Officer’s Department, St. Mary’s, Walthamstow, 21 May, 1941.

¹⁹⁵ TNA, ED 32/719, Report of Inspector Lumsden, 1 January 1945.

¹⁹⁶ TNA, ED 50/188, 14 November, 1939.

good, although 'The children's clothes are washed on the premises as they are so frail that a laundry would destroy them'.¹⁹⁷ This situation may not have been caused by the conditions of war. The report was only two months into the evacuation and it is likely that the children arrived from home with already well-worn clothing. Lumsden found that for those children who had been evacuated from residential homes where, as with orphanages, approved schools and public assistance institutions the government supplied footwear and clothing, provisions were satisfactory. For those who had previously lived at home, however, and relied on the help of their parents, it was only adequate.¹⁹⁸

The question of who should be responsible for clothing handicapped children who had been evacuated from day schools into residential schools came to the fore in October 1940. The previous year, the Board of Education had refused to certify evacuation parties as temporary residential schools, thereby taking responsibility for their clothing, because it would not have been fair to the parents of evacuated non-handicapped children. However, as many parents of both handicapped and non-handicapped children were not in a position to provide for their evacuated children during the war (many became destitute and/or homeless) the LCC's Education Officer devised a scheme for the supply of boots and clothing in cases of hardship.¹⁹⁹

Under the scheme, a weekly inspection was held by the teachers and, if anything was urgently required, the teacher informed the parents, in the form of a letter, which was to be taken to the evacuation office. The child would then be provided either with a new pair of boots/ item of clothing, or their old one(s) that had been repaired. Help with suitable clothing and footwear also came from charitable donations and from schemes

¹⁹⁷ Ibid., 29/30 November, 1939.

¹⁹⁸ TNA, ED 50/188, 7 December, 1939.

¹⁹⁹ LMA, LCC/EO/WAR/2/68, LCC Memorandum, December 1940.

run by voluntary societies.²⁰⁰

The lack of equipment and clothing, while being a source of great inconvenience and discomfort, did not directly affect the children's safety. One of the major concerns with regards to the safety of the residential schools of course, was Air Raid Precautions (ARP). At Horsley Green Camp Council Residential School in Stokenchurch, Buckinghamshire, which housed 210 evacuated PD and delicate children, there were no shelters and so for air raid practice the children remained in the dormitories at night and went to the trees during the day. On inspection, Dr. Bywaters reported that 'Each child had been given a special tree to go to'.²⁰¹ As was so often the case, the children's safety was largely reliant on the ingenuity of the staff but again, the lack of fatalities was more a matter of luck than of design.

A further example comes from the Chalfont St. Peter Colony for Epileptic Children, also in Buckinghamshire. As there were no shelters and no sirens nearby the children and teachers were constantly listening either for the London siren or for nearby bombs and gunfire. Apart from the disruption this caused during lessons, there were considerable physical difficulties in evacuating the children. Most were of low intelligence; some were PD, and if a child was to have an epileptic seizure he/she would have to be physically carried out. In September 1940, one of the teachers complained about the situation to the National Union of Teachers (NUT), who in turn informed the Board of Education.²⁰² However, construction work on the shelters did not begin for another twelve months.²⁰³

In many cases the delay in constructing air raid shelters was due to a shortage of materials and labour. However, at the Royal West of England Residential School for

²⁰⁰ See chapter 3, The Role of Charities.

²⁰¹ TNA, ED 32/1189, 14 June, 1940.

²⁰² TNA, ED 32/235, Letter from NUT to Board of Education, 27 September, 1940.

²⁰³ Ibid, 23 September 1941.

the Deaf in Exeter, the managers, who were retired generals, refused to have shelters built. Instead, they decided to dig trenches. Hasty digging and inadequate cover with corrugated iron and earth led to them collapsing in the wet, resulting in a waste of expenditure and a continued lack of ARP. In Lumsden's final report on the school in 1943, there were still no shelters.²⁰⁴

The amount of time children spent in air raid shelters, of course, depended on the number of air raid attacks. However, at the Banstead Residential School for Evacuated Deaf and Partially-Deaf Children in Surrey this 'shelter existence' was blamed for an outbreak of diphtheria, which occurred from August to November 1940. This was during the Battle of Britain when there was intense air raid activity, resulting in the children and their teachers sleeping in the shelters constantly from June to the end of October. Although a programme of immunization was in progress not everyone had yet been protected. As a result of the intense overcrowding in the shelters an epidemic occurred; four children and one teacher died and 102 were admitted to hospital.²⁰⁵

The schools that have been mentioned thus far have mainly been state-run schools and as such, were the responsibility of the local council in the receiving and/or evacuating areas. However, Lumsden and his colleagues also monitored many schools that were privately run, including certain religious schools. On the whole, the reports of these schools show that conditions were more than satisfactory. For example, the reports of St. Dominic's RC open-air school in Hambledon, Surrey, where most visits were made unannounced, revealed the school to be 'probably one of the best equipped and well managed institutions'. The premises were clean and in good repair and the children were well fed and looked after.²⁰⁶ At the Delamere Fresh Air Home and School for Jewish Children the air raid shelters were 'astonishingly elaborate

²⁰⁴ TNA, ED 32/264, 21 September 1943.

²⁰⁵ TNA, ED 32/663, Report of Dr. Underwood, 30 October 1941.

²⁰⁶ TNA, ED 50/11, 3 July, 1940; 18 June, 1942; 23 June, 1943; 22 May, 1944; 30 July, 1945.

considering the relative safety of the school's position'.²⁰⁷ Also, the school premises were centrally heated, the sanitary conditions were exceptionally good, and new cooking ranges had been installed. Having said that, only two children were paid for by the LEA; the funds came mainly from charities, parents and direct grants.²⁰⁸ In the majority of private schools Lumsden and his colleagues found adequate, if not elaborate, equipment and safety arrangements and did not report any problems with regards to the staff. One exception to this, and a most extreme case, was the Besford Court RC special school for MD children, in Worcester.

BESFORD COURT

Besford Court was an established residential school (i.e. it did not house evacuees from day special schools) housing approximately 250 boys aged 12 and over (the associated school at nearby Sambourne housed the under 12s). When Lumsden visited on September 23, 1941, conditions were so bad that he decided to make a return visit two days later with Miss Elliott and Mr. Bosworth-Smith, also from the Board of Education. On inspection they found that, whilst Sambourne was clean and reasonably attractive, at Besford Court the lavatories were dirty and repellent; the open-air dormitories were dirty and rickety; and there was a general air of neglect. The boys were not in class because of the holidays so they wandered about aimlessly whilst the attendants sat in the staff room. The resident manager, the Reverend Father PFM McSwiney, said that it was difficult to get attendant and domestic staff, yet the school was kept full 'to keep up fee income'.²⁰⁹ The inspectors regarded the dinners as sloppy and questioned why the local butcher had got the medical officer to sign a certificate saying that the children needed more mince. Lumsden arranged another visit with Dr. Gale in three months.

²⁰⁷ TNA, ED 32/909, Report by Lumsden and Dr. Henderson, 27 November, 1941.

²⁰⁸ TNA, ED 32/909, 26 January, 1940 and 27 November, 1941.

²⁰⁹ TNA, ED 32/827, Report by Inspector Lumsden, 23 September 1941.

Due to illness, Dr. Gale was unable to accompany Lumsden to the school until March 1942. Dr. EO Lewis from the Board of Control was also present because there were a number of boys over the age of 16. Lumsden found that of the 178 boys under 16, who were legally entitled to an education, 50 were excluded from anything academic and spent the day in the craft workshop. Lumsden told Father McSwiney that they should have at least one day each week in school, which was still not satisfactory but, partly due to military service, there was a shortage of staff. The school employed just five teachers, out of which, according to Lumsden, were ‘three poor specimens of teachers’.²¹⁰

Whilst Lumsden concentrated on the boys’ education, Dr. Gale was more concerned with their medical welfare. He found that, although the boys looked well and cheerful, there was low personal cleanliness and ‘the ground around the dormitories is often soaked with urine because there is no proper sanitary conveniences for night use’. He recommended that the school should not admit boys under the age of 13 unless they were robust and well developed.²¹¹ It was also noted that the fee at Besford Court was, at £90p.a., higher than for any other residential MD school, and must not be increased.

Later in the year Reverend McSwiney, along with the Right Reverend Bishop Griffin and the Very Reverend Canon HD Yeo were interviewed at the Board of Education by Bosworth-Smith, and Dr. Rees Thomas from the Board of Control. Dr. Rees said that the sanitary conditions at Besford Court were the worst he had ever seen. Canon Yeo said that they would have been improved but for the war.

In December, 1942, Lumsden received a complaint about Besford Court from the Director of Education at Preston, who had sent boys to the school the previous year. One boy’s father had employed a solicitor to investigate the conduct of the school after

²¹⁰ TNA, ED 32/827, Report by Inspector Lumsden, 10 March 1942.

²¹¹ Ibid.

it emerged that the boy had worn the same vest from July to September, and was not allowed to change it. The sanitary arrangements were also questioned, as boys had been urinating in the dormitory.

By this time, the school was being monitored on a regular basis. In January 1943, Lumsden reported that the number of boys had been reduced, and maintenance work on the premises would soon begin. More importantly perhaps, a new headmaster, Mr. Kelly, had been appointed with whom Lumsden was very impressed. Although Father McSwiney had agreed to give the new headmaster full authority over everything connected with the boys' lives, Lumsden remarked:

I have no fear that, out of pique at having a headmaster forced on him, he will try to undermine Mr. Kelly's authority: he is more likely to give him enough rope to hang himself if he should prove unequal to the task, which I do not anticipate.²¹²

In August 1943, Lumsden reported that conditions were getting better, but in February 1944, a Miss Darwin visited the school and found that:

The beds had no counterpanes, mattresses were old and lumpy, pillows and sheets dirty under the bedclothes. We found coal dust, cinders, peas, straw, bits of clothing and books. The top blankets and sheets had been made simply to cover the mess. The boys probably walk barefoot or in their socks about the dirty floors and to the closets along an earth path made up with cinders, and then get straight back into bed.²¹³

One month later Lumsden made an unannounced visit and found that the floors were dirty and the midday meal was inadequate. The supervisors had unhelpful attitudes and

²¹² TNA, ED 32/827, Report by Inspector Lumsden, 27 January 1943.

²¹³ TNA, ED 32/827, Report by Miss Darwin from the Board of Control, 8 February 1944.

allowed the boys to behave with a lack of manners. Other than that, he said that the overall conditions had improved.

From the many HMI documents examined in regards to wartime special schools, Besford Court is by far the worst case of neglect and mistreatment. On the whole, Catholic schools, the majority of which were run by nuns, were well-managed and the children adequately cared for. Besford Court had staffing problems but so did many such schools and most managed to maintain a certain level of cleanliness and care. Indeed, the associated school at Sambourne was, according to Lumsden, clean and reasonably attractive. Although some improvements were made at Besford Court, the boys who were accommodated there during the war were failed by both the Board of Education and the Ministry of Health.²¹⁴ Perhaps those in charge of the school made just enough effort after each visit to satisfy the inspectors or maybe it was due to a lack of alternative accommodation. The LEAs made payments towards the maintenance of the children which could have been withdrawn but this would have meant that the evacuation authorities would have to find somewhere else for the boys, which would have been extremely difficult. On the other hand, Lumsden and his colleagues did recommend the closure of certain state-run special schools as well as the removal of teaching staff. Also, the fact that the school remained open for several years after the war may be an indication of how little power the state authorities had over the Catholic Church. Besford Court was an extreme example of the neglect of handicapped children during the war. Although there were other staff who were less than ideal, in the majority of situations the HMIs and other officials were able to ensure that the children were adequately cared for.

²¹⁴ See chapter five, 'Post-War Changes' for how Besford Court fared after the war.

MANAGEMENT

On the whole, those in charge of the special parties appeared to be hard-working, responsible individuals who the HMIs deemed committed and competent. In stark contrast to Besford Court was the One Oak Parish residential school in Ilkley, Yorkshire. The premises had been requisitioned by the Ministry of Health in 1939 in order to house evacuated MD boys from Leeds. Lumsden reported that the staff was excellent and the premises were remarkably clean and tidy. Although the boys were ‘the difficult type of MD’, they were given an amount of freedom much greater than usual. They had many hobbies, were taken on various outings, and had a scout troop which had won several trophies. The boys were found to be well-mannered, free-spoken, responsive, and responsible. Lumsden gave credit to the man in charge, Mr. Barker, who was ‘an excellent old man, over 65, with a most wholesome influence on his boys, to whom he devotes all his energies, hardly taking any holiday leave’.²¹⁵

Another head teacher who was highly respected by Lumsden and the Board of Education was Jessie Thomas, who Lumsden regarded as ‘London’s best commandant as regards the physical and human welfare of the children’.²¹⁶ The following statement by one of Mrs. Thomas’ ex-pupils during the war years backs this up. It also tells us something of her achievements after the war:

She trained as a teacher in the 1890s, and devoted her life to the education of the Physically Handicapped. She became Headmistress of Meeting House Lane School, Peckham 1930. After her retirement in 1945, she became the first visiting teacher of pupils too handicapped to go out. She was Editor of Special School’s Journal for many years and visited many colleges etc. to teach her methods, experience etc., and when she was not able to do this, grown ups from Dulwich area would go to her house for literacy lessons. She lived to be 106, still able to write letters at 101. I loved her very much, and thank God for

²¹⁵ TNA, ED 32/871, Lumsden’s reports, 1941-44.

²¹⁶ TNA, ED 50/188, 7 January 1941.

her life.²¹⁷

There were, doubtless, many more commandants worthy of credit. At the same time, there were some who were not so committed to the welfare of the children, or who, perhaps, had not been lucky in the choice of staff with whom they had to work. The teachers and children at the Riviera Hotel, for example, were inconvenienced because of the commandants' inability, or refusal, to reprimand the kitchen staff. Lessons were taken in the same hall as the meals and, during lesson time, the kitchen staff consistently walked through the hall, sometimes smoking, and laying the tables too early.²¹⁸

In several of Lumsden's reports, the laziness of the staff was a problem that threatened the harmony of camp life. Perhaps because of resentment of the commandant, who had been singled out to be 'leader', or because alternative employment was easy to find, some of the staff lacked enthusiasm and commitment. At Rustingdon Lido Holiday Club, Littlehampton, West Sussex, the commandant hardly left the premises because he feared for the school if left in the hands of the other staff. Lumsden found that there was a general air of slackness, and that the teachers' wives did housekeeping duties because the staff was mainly male and 'does not care for these things'. Despite being sufficient accommodation, up to three children were sharing a bed so that the staff did not have to make up the other beds. Perhaps more damning, two enuretics occupied one bed in order to save washing.²¹⁹

Lumsden was particularly critical of the staff at Corton Beach Holiday Camp in East Sussex. A total of 243 children had been evacuated there from London, along with 26 teachers and 23 attendants. The commandant appeared nervous, overworked and willing, but was not firm enough with the staff and so they took advantage. There were

²¹⁷ Letter from Jessica Axford (nee Young) to author, December, 2005.

²¹⁸ TNA, ED 50/188, Report by Inspector Lumsden, 29 & 30 November 1939.

²¹⁹ *Ibid.*, 3 November 1939.

no evening activities at the camp because she could not depend on voluntary help.

Lumsden criticised the staff for grumbling unnecessarily, as they complained about the lack of baths, staff lounge, and staff sick room accommodation. Also, 'the chalets were too cold', 'it was a dull life', 'other camps have more', and 'its on the east coast'.

Never one to mince his words, Lumsden concluded that 'Their small mindedness, disguised under the pretence of acting in the children's interests, is almost unbelievable'.²²⁰

At the Yorkshire Residential School for the Blind in York, Lumsden had a few scathing words for both the staff and the managers. In March 1939, before the start of the war, he reported on the toilets which were a row of seats consisting of holes in a wooden plank over a trough, flushed every half hour from a tank. Lumsden reported:

It may have been assumed that the blind do not require the privacy of separate compartments but it has been forgotten that their sense of smell and touch are unimpaired.²²¹

In the same report he called the Principal an 'all-powerful dictator'. In his next visit in 1941 he was pleased to see that seven new WCs and a urinal had been installed but was unimpressed with the music teacher who he said, 'is so blind that he does not see that the children are not opening their mouths or standing up'.²²²

In April 1942 an air raid on York resulted in one wing of the school being destroyed. The following year Lumsden reported in damning fashion:

Any proposal by the managers to rebuild the wing destroyed in wartime will have to be carefully examined, as they are fonder of their antique buildings than of education.²²³

²²⁰ TNA, ED 50/188, Report by Inspector Lumsden, 9 & 10 November 1939.

²²¹ TNA, ED 50/1020, 16 March 1939.

²²² Ibid.,

²²³ Ibid., 1 December 1943.

The Yorkshire School for the Blind was different to many of the residential special schools in this chapter because it was already established when war broke out and the staff was able to continue rather than be uprooted and mixed with other schools. Not all head teachers were able to cope well with the changes brought about by running a residential school. One such teacher was Miss Virgo, who had successfully run a day special school for the deaf in Bristol. In January 1942, her school was evacuated to Ledbury Park in Herefordshire. Several weeks later, the Board of Education received a request for an inspection of the premises from Bristol's Chief Education Officer, who had been concerned at the disquieting reports he had received about the arrangements made for the children. In March 1942, HMI Mrs. Heap inspected the premises, which were found to be one of the most unsuitable she had seen. There were problems with ventilation, out-door space, kitchen equipment, the sick bay, and a lack of urinals. Furthermore, the owners of the premises, Lord and Lady Biddulph, continued to live in the house and so the school occupied only the domestic quarters. HMI Heap concluded that the owners were only interested in the business angle of letting the premises, and were without any sense of philanthropy. Their only contribution appeared to be to criticize.

Miss Virgo had only recently returned to the school after six weeks sick leave due to a nervous breakdown. Two assistant teachers had also been ill and a third had recently been admitted to hospital; all illnesses had been attributed to the stress and strain of the altered conditions. Later the same month, Miss Virgo walked out of the school with a suitcase, giving no indication of her intentions. The following day HMI Lumsden visited the premises along with officers from the Birmingham region of the Ministry of Health. They found that the staff were seriously overworked and in low spirits. Meanwhile, Miss Virgo had returned to Bristol and had tendered her

resignation. In his report, Lumsden noted: 'she is 55, and was highly regarded as a head mistress both by the LEA and by myself'. Records show that improvements were subsequently made at the school.²²⁴

This is perhaps, another case (along with Besford Court) of the evacuation authorities failing to implement changes, this time at a school where the difficulties were seriously affecting the teaching staff. Miss Virgo, a highly regarded head-teacher, had been badly let down by the evacuation authorities who did not intervene until it was too late, and by the property owners whose only aim, it was reported, was financial gain.

In most cases where the staff were employed by the Board of Education Lumsden's recommendations were carried out and improvements were made. However, in some cases the schools were run, either partly or wholly, by organizations which were not used to being answerable to others. In November 1939, Lumsden paid a visit to Gileston school camp at St. Athan, Glamorgan, where 299 deaf children had been evacuated from six different schools in London. As the camp belonged to the National Council of Social Service (NCSS), one of the council's own staff was in charge overall as camp manager, with the result that there was friction between him and the school staff, including the commandant. The main complaint from the staff was that the NCSS treated them as mere summer visitors and did not agree that they should have a say in the running of the camp. In addition, although the teachers' meals were adequate, those for the children were not, either in quantity or in quality, and the kitchen was dirty. Lumsden reported that the staff were (quite rightly, he noted) indignant and in danger of losing morale, and that some of the parents would remove their children if the complaints were not dealt with.²²⁵

²²⁴ TNA, ED 32/334, Reports dated 4 March 1942 and 12 March 1942.

²²⁵ TNA, ED 50/188, Report by Inspector Lumsden, 16 November 1939.

At Sand Bay Holiday Camp in Axbridge, Somerset, which also had a camp manager working alongside a commandant, Lumsden found that all the work was being done by the commandant and her staff. The camp manager and the assistant teachers refused to work weekends and only did the minimum required, doing nothing voluntarily. They blamed the commandant if they did not get whatever they requested, even though she had already acquired electric heaters, rugs, extra blankets, a wireless, and a lounge, many of which were luxuries in wartime. These items were probably easier to get because it was early in the war, as opposed to the refrigerator and potato peeler discussed earlier, which were requested towards the end, when equipment was scarcer. The nurse also created problems by being unpleasant to the commandant (the local GP was afraid of the nurse!) and complaining of being overworked, even though, Lumsden reported, she had lots of help. Lumsden requested in his report that the assistants should be relieved as soon as possible as ‘they are not suited to camp life and responsibility’.²²⁶

The teachers and their assistants within the residential special schools were, effectively, the children’s primary carers. As shown, the attitudes and behaviour of the staff within these establishments varied enormously. Some head teachers, such as Mr. Barker and Jessie Thomas, were hard-working, conscientious and authoritative. Others complained consistently, were lazy and, unsuited to being in charge of several schools, lacked authority and allowed the teaching staff to take advantage. The example of Miss Virgo is testament to the difficulties some teachers experienced as a result of the enormous changes brought by the war. The friction between NCSS managers and the teaching staff is another.

The various problems experienced by the staff of residential special schools as a direct consequence of the war, and the abilities and shortcomings of certain individuals,

²²⁶ Ibid., 29 November 1939.

have become known largely through the examination of official documents. However, although these documents make mention of some of the problems of the children it is done through the eyes of government officials. As discussed in the introduction to this thesis, the inclusion of personal accounts by the children themselves are vital to the overall picture. Unfortunately, although the number of personal reminiscences by disabled people is growing there is a serious shortage of accounts by people who experienced life as a handicapped evacuee. However, it has been possible to include in this thesis, a limited amount of personal accounts.

THE CHILDREN'S EXPERIENCES

As a result of an advertisement placed in a newsletter for former evacuees²²⁷ this thesis has been able to include the personal testimony of a small number of individuals who were classed as physically handicapped during the war. This particular section discusses the testimony of two contributors who between them provide an insight into life in a residential special school as well as how they were treated by the local population. As will become evident, the experiences and concerns highlighted by these children, whilst not necessarily conflicting with the evidence of government documents, were certainly more personal.

When Jessica Young first saw Peckforton Castle she thought it was like a fairy tale palace, all glistening pink stone.²²⁸ Jessica remembers life there with fondness but acknowledges that it was not such a positive experience for all the children. After a group of ten year old runaways had been brought back to the castle, they complained that it was more like a prison. As a punishment and in order to show them what a real prison might be like, they were confined to their beds for two days with only bread and

²²⁷ *The Evacuee: The Newsletter of the Evacuation Reunion Association*, edited by James Roffey. See www.evacuees.org.co.uk.

²²⁸ Jessica Young, *I Lived in a Castle* (Privately printed), p.45.

water.

In the beginning, punishment could also have been in the form of smacking, but after a child with brittle bones was smacked and suffered a broken arm, other forms of punishment had to be used instead. Swearing for example, was punished by biting on carbolic soap. The slipper was also used. Jessica also remembers that not enough allowance was made for 'spastics' being clumsy; jerky movements meant that they could not write properly with a pen. Despite these negative memories however, she has many positive ones of life at the castle. On arrival, all the girls were given a pretty flower mug that had been made by a local potter. There were many festivals and Christmas parties, and visits from American and Polish forces stationed nearby. Jessica still has the china doll she received from them at Christmas 1943. On Sundays, the Americans arrived in jeeps bringing chocolate flavoured ice cream in tall round tins kept in cold boxes. They also brought chewing gum but the girls were not allowed to keep it because it was not 'ladylike'. Other visitors to the castle were entertainers from the radio. Nellie and Violet Carson visited once and both sang to the girls; Nellie with her big bass and Violet on the grand piano. Also, Uncles Bill, Arthur and Mac from the Happy Hour radio programme came to visit.

Some mothers were allowed to live at the castle, but could only see their daughters at weekends, like any other mother (although, in reality most mothers could not afford to visit every weekend). Commandants enjoyed more autonomy during the war though and in 1941, Jessie Thomas was able to use her discretion in allowing a seven year old girl and her mother to live at the castle. The mother had answered an advertisement for a House Mother Assistant and when Jessie Thomas found out that she had a daughter who had not been accepted by any other school before because of the two braces on her legs, she agreed to accept her at the castle.

The girls at Peckforton Castle suffered from a variety of handicaps, including those caused by polio, and some that were congenital, such as deformed backs. Some were spastics, others had limbs missing. Jessica remembers several girls whose health had improved through being at the castle. One in particular had suffered from hip problems from birth and couldn't walk far without pain. The hospital at Oswestry, which was mainly treating wounded soldiers at the time, agreed to operate on the girl and she was cured (and went on to become a nurse). Another hospital, at Roehampton, had an artificial limb centre and on more than one occasion, supplied limbs to the girls.

Jessica suffered through having Rheumatic Fever, although she didn't know that when she was first evacuated (to Broadreeds). She says, 'When I arrived, the other children asked if I was a heart case or a cripple. I didn't know but discovered that, through having Rheumatic Heart Fever, I was a heart case.'²²⁹

Life at the castle was often adapted in line with each particular handicap. For example, the girls with heart problems were told to walk upstairs backwards so that they would not get out of breath. Sports day was also adapted; those with braces on their legs did the three-legged race, whilst those with heart complaints balanced bean bags on their heads. Not all residential special schools went to so much trouble for the children however; as has already been said, Jessie Thomas was regarded as one of the most thoughtful and conscientious commandants.

In many areas, the locals made up for the lack of entertainment at the schools. At Sand Bay Holiday Camp in Axbridge, Somerset, due to the bad feeling between some of the staff the children's leisure activities were limited to knitting, dancing and singing. However, the local vicar was very helpful and invited them to special services and talks (many of the children had not been to church before). The children were provided with free tickets by the local cinema, and the locals had promised them special

²²⁹ Young, *I Lived in a Castle*, p.38.

treats at Christmas.²³⁰

On the whole, those local to the residential special schools regarded the handicapped evacuees with compassion and treated them with generosity. Former evacuee Ken Giles who suffered from hemiplegia (paralysis or weakness on one side of the body) explains why he thinks that the handicapped evacuees were treated well by the local population:

When we left the camp we tended to do so in groups. I cannot recall any adverse reaction to us as evacuees, nor as cripples. You must bear in mind that because we were housed at the holiday camp we were not forced into people's private homes; and the locals were used to the camp being occupied by outsiders because that is its function. So there were no tensions arising from invading other people's territories, and our being at the camp might perhaps have assisted the local economy.²³¹

Ken Giles' view that the handicapped were regarded favourably is supported by correspondence in the local newspaper in Whitchurch, to where both handicapped and non-handicapped children were evacuated at the beginning of the war. On 29 September 1939, the arrival of the children from the Lancasterian special school in Manchester to Cloverly Hall, Whitchurch, was recorded and just over two months later the same newspaper highlighted the fact that the Whitchurch Rotary Club had arranged entertainment at the Hall 'for the benefit of the little folks who are housed therein'.²³²

In contrast, the non-handicapped who had been, as Ken Giles says, 'forced into people's private homes' drew much adverse comment. The following letter to the editor of *The Whitchurch Herald* illustrates how strongly some people felt about the arrival of (non-handicapped) children, placed in individual households :

²³⁰ TNA, ED 50/188, Report by Inspector Lumsden, 29 November 1939.

²³¹ Letter from Ken Giles to author, 18 August 2005, regarding the holiday camp at Broadreeds.

²³² 'Entertainments at Adderley and Cloverley', *The Whitchurch Herald*, 1 December 1939, p.3.

Poverty is one thing, and filthy vermin and squalor are another. And we say without fear or favour, that it was an insulting and disgusting thing to transplant poor little helpless children, in some cases in rags and tatters, and in others alive with parasites, into the decent, respectable homes in a district like this and expect them to be re clothed (as many of them had to be), without warning and without recompense, and without any regard whatsoever for the fitness of things, from any point of view.²³³

Close examination of all copies of *The Whitchurch Herald* during 1939-1945 has shown that, although there was only occasional reference made to the children at the Hall, there was never anything of a negative context. On the contrary, several acts of kindness by the locals towards the children at Cloverley Hall were reported. For example, for at least two years the local coach company treated the children to a visit to the cinema, bearing the cost of both the transport and the cinema tickets.²³⁴ On 21 January 1944, the same newspaper reported that a Christmas party had been held for (non-handicapped) evacuees in Whitchurch.²³⁵ However, this was funded by the Lord Mayor of London's Air Raid Distress Fund, which obtained donations from Canada on a scheme to provide Christmas parties for children who had either been evacuated, or who continued to live in a dangerous area. There were no reports of any such activities arranged by the local population.

The reaction to the arrival of non-handicapped children in Whitchurch noted above accords with existing accounts, which suggest that the evacuation in particular, drew attention to many aspects of English life that had previously gone undetected, or were ignored. For example, according to Richard Titmuss, large numbers of evacuated children (five per cent in some areas; up to fifty per cent in some others) suffered from

²³³ The Editor, 'How are we Shaping?', *The Whitchurch Herald*, 8 September 1939, p.2.

²³⁴ 'Crippled Children's Outing', *The Whitchurch Herald*, 7 January 1944, p.4; and 'Cloverley', *The Whitchurch Herald*, 5 January 1945, p.3.

²³⁵ 'Evacuees Entertained at Whitchurch', *The Whitchurch Herald*, 21 January 1944, p.2.

lice infestation.²³⁶ Accompanying problems of bad behaviour, and poor clothing attire and eating habits, led to public opinion being in a type of shock which ‘rivalled the outcry after the Boer War with its disclosure of sickness and low physical standards’.²³⁷

The example of Whitchurch has been chosen because it was a town to which both handicapped and non-handicapped children were evacuated. Evidence shows that the reactions of the Whitchurch locals were, on the whole, typical. The reasons were largely two-fold. Firstly, the condition in which non-handicapped children arrived, which was often dirty and unkempt, gave a bad impression to their new hosts. This was largely unfair because many of the children had travelled long distances or had been kept waiting whilst accommodation was arranged. As a consequence they had become dirty and tired. However, reports of consistent bad behaviour among some of the children only served to re-enforce the negative impression of them.

Secondly, although organizations existed to provide treats and entertainment for both handicapped and non-handicapped evacuees, local residents tended to favour the former group of children. Due to their accommodation arrangements these children were less ‘intrusive’. Also, the evacuation led to handicapped children becoming more visible to the general public. They appear to have been regarded more sympathetically and local residents, and businesses, tried to compensate in some way for the immense upheaval the children had been forced to suffer. Despite the good intentions and hard work of many organizations and individuals on behalf of handicapped children during the war, as with non-handicapped children it was inevitable that many aspects of their lives would be disrupted, and education was high on the list.

²³⁶ Titmuss, *Problems of Social Policy*, p.135.

²³⁷ *Ibid.*, p.133.

EDUCATION AND AFTER-CARE

The degree of disruption to the education of handicapped evacuees depended on many factors. Inevitably, time was lost at the outset when the schools were being transferred, but this was only a matter of a few days and most of the schools settled down fairly quickly. Time spent in air raid shelters, rather than in the classroom, depended on where the school was situated. Those on the south and south-east coasts probably suffered more in this respect, unless or until they were re-evacuated to safer areas. Residential schools tended to be located outside the cities and so, unless they were on a direct flight path, they were able to lead a relatively quiet life. Those schools that were located in cities, such as the Royal School for the Deaf in Derby, experienced periodic disruption due to air raids. However, according to the school's annual report for the year ending 31 March 1944, there had been a complete absence of air raids or warnings during the previous year, which had enabled the school work to be carried on without interruption.²³⁸

The private residential schools for non-handicapped evacuees also suffered disruption due to air raids. At Chatsworth House in Derbyshire, which housed 250 girls from Penrhos College in North Wales, the beer cellars acted as air raid shelters and were used several times during the war.²³⁹ On one occasion though, two German bombers strayed off course and 'vented their disappointment by peppering the north side of the house with a few machine gun bullets'.²⁴⁰ Luckily, the girls were in the hall saying prayers at the time. On another occasion, the east side of the house was machine gunned but this time it was by nearby American soldiers taking target practice on the moor behind the house. Apparently, Chatsworth House was not on their map.

²³⁸ TNA, ED 32/187.

²³⁹ Nancie Park, *Schooldays at Chatsworth: A Personal Memoir of the War Years* (Quick & Co., 1986), p.35.

²⁴⁰ *Ibid.*, p.37.

Fortunately, on both occasions there were no casualties.²⁴¹

With regards to the actual content of school work, the evacuated schools carried on as before the war although as always, some schools were more successful than others. At the Delamere Fresh Air Home and School for Jewish Children, which has already been mentioned for its excellent air raid shelters and school premises, Lumsden called the school work ‘dull, unreal, sedentary, and slipshod’.²⁴² A maximum of two hours per day was given in secular instruction and this contained unprogressive exercises in arithmetic and English. Individuals received no one-to-one teaching unless they were experiencing difficulties. The following year, perhaps as a result of Lumsden’s report, he found that although there was still an emphasis on manners rather than academic work, more elementary school curriculum study had been introduced.²⁴³

The lack of academic subjects was not such a problem at the Springhill Private School for Deaf Boys in Northampton. The school was noted for its examination success, which was unique for a special school in Britain. Classes were not rigid and pupils often attended different classes for different subjects, thereby giving an opportunity for individual classification and attention. However, there was no vocational training and few of the pupils entered paid employment. Those who came from wealthy families (some ‘special deserving cases’ were allowed to attend at a reduced rate) usually went into occupations related to their father, as unpaid workers, and received payment if and when they had proved their worth.²⁴⁴ One of the pupils had become the country’s first ever deaf person to obtain a PhD, in Geology, although at the time of the reports he was still unemployed.²⁴⁵

In contrast, at schools run by the LEAs, handicapped children received training

²⁴¹ Ibid.

²⁴² TNA, ED 32/909, 26 January, 1940.

²⁴³ Ibid., 27 November, 1941.

²⁴⁴ TNA, ED 33/157.

²⁴⁵ Ibid.

primarily in vocational skills, such as leatherwork, tailoring, and needlework. Placing children in employment at the age of 16 was often at the forefront of 'educational' learning, as evidenced by the number of vocational instructors employed in all types of special schools. At the Royal School for the Deaf in Derby for example, children were trained in a variety of occupations and of the 16 children who left in the 12 month period up to 31 March 1944, the girls were placed: in factories (3), domestic service (2) and dress-making (1); the boys: farm-work (3), engineering (1), pattern shops (2), joinery (2), boot-repairing (1) and labouring (1).²⁴⁶ The war had created opportunities for handicapped children because of the high demand for labour, but there was concern over whether the placements would last after the war had ended. In order to secure suitable jobs, the schools often relied on the help of the After Care Association. This organisation dealt with children from all types of special schools, including day and hospital schools, and shall be discussed in the following chapter.

Conclusion

As shown, the safety of handicapped evacuees depended largely on the availability of premises in which to accommodate them. In this respect, they were at a disadvantage compared to the non-handicapped children, for whom individual billets were easier to find. Another disadvantage the handicapped children had was the way in which they were perceived by some of those who had a say in where the children were to be accommodated. Cecil Maudslay, Colonel ffennell and Sir Edward Howarth were not alone in their reluctance to regard all children as equal. At a time when eugenicist ideals were widespread amongst the upper echelons of society, the mentally handicapped in particular, were sometimes subjected to prejudicial treatment.²⁴⁷

²⁴⁶ TNA, ED 32/187.

²⁴⁷ For an explanation of eugenicist ideals see: Kevles, *In the Name of Eugenics*.

However, due to the efforts of others within the government and the opinions (whether real or perceived) of the general public, fatalities were minimal and the vast majority of handicapped evacuees remained safe.

Once the children had been installed in their new residential schools, whether in large houses, camps or hotels, their personal welfare was the responsibility of the commandant and the degree of success that was achieved depended largely on that individual's personality, competence, and managerial skills. As highlighted in this chapter, there was an enormous amount of stress on some teachers. Their lives had been subject to much upheaval and not everyone could cope with the pressure. Having said that, there were many unsung heroes among the teaching staff, whose compassion and abilities ensured that the children remained happy and safe. The work of the majority of these teachers went unrecognized, although after the war Jessie Thomas received an M.B.E. for her services to handicapped children.

Despite the efforts of the teachers, it was inevitable that previous standards of education could not be maintained throughout the war. In this respect, the physically handicapped were at a disadvantage. The majority of hotels and houses were not practicable for housing children with mobility problems and lessons usually had to be taken where access allowed. Also, due to the nature of their handicaps, getting to and from the air raid shelters (or the equivalent) took longer and so caused more disruption.

Conditions within all types of schools varied. In the long-term, the 'practice run' of 1938 had not been as useful as was expected. However, many of the problems that occurred were relatively minor and could be solved by one of the visiting inspectors. Unfortunately, the HMIs were not always successful in improving conditions for the children, as evidenced by the example of Besford Court.

The reports of the HMIs, and of James Lumsden in particular, have yielded

much information for this chapter. For many schools, there are no personal reminiscences from which to gain a balanced view and official reports are the only available documentation. However, as a result of the testimony of Jessie Thomas, Jessica Young and Ken Giles, it has been possible to gain a deeper insight into a number of residential special schools at different stages of the war.

This chapter includes many examples, most of which contain exceptional opinions and/or circumstances. It should be noted that, although such extremes did exist, many residential special schools, and the equivalent schools for the non-handicapped, managed to operate, if not efficiently, then at least adequately.

CHAPTER THREE

Day and Hospital Schools, and the Role of Charities

Introduction

Not all handicapped children were evacuated during the war and not all evacuees remained in the reception areas. The first section of this chapter discusses those children who returned to the special day schools, once they had been re-opened, in the evacuating areas. A selection of individual schools are examined in order to assess the level of disruption to the children's education due to air raids and the shortage of staff, equipment, and buildings in which to hold classes.

The next section deals with hospital schools and how the children were affected by the requisitioning of beds by the emergency medical services. As an illustration of life in hospital during the war, an extensive account of Lord Mayor Treloar's Hospital in Alton is given. The inclusion of the personal testimonies of two former patients from different hospitals (one being Lord Mayor Treloar's) shows how experiences differed depending on the attitude of the nursing staff.

The final section concentrates on the role of charities. The most prominent charity caring for handicapped children during the war was the Invalid Children's Aid Association (ICAA) and this is discussed in some detail. The section also examines the provisions made for the more seriously handicapped and discusses the experimental residential school for seriously crippled boys, Hinwick Hall. The chapter ends with the subject of after-care and employment. The various training schemes are examined, as are employment opportunities provided by the After-Care Association and by individual employers.

Day Special Schools

Day special schools in neutral and reception areas managed, on the whole, to carry on as normal during the war years, while in evacuating areas they were re-established as residential schools in safer areas, as has been discussed. For some children however, as was the case with some non-handicapped children, parents were unwilling to allow their child to be evacuated, leaving the problem of where they could be educated. All schools were closed in the evacuating areas initially, so the children remained at home. In some places, home teaching schemes were quickly and effectively organised but for most, there was no schooling until December 1939, when many evacuees returned, forcing the authorities to re-open some of the schools.²⁴⁸ The expected bombing raids had failed to materialise and, whilst parents whose children had previously attended residential special schools tended to leave them in the reception areas, some parents whose children had previously attended day special schools decided to bring them home and return them to their regular schools. However, when the air-raids began the day schools closed again. With the abatement of the raids, the position was reversed yet again. For many schools, this went on throughout the war, with the plight of the schools being dependent upon the particular phase of the war.

EDUCATION AND THE LEVEL OF DISRUPTION

Unlike the children who had been evacuated the circumstances of handicapped children left in/returned to evacuating areas in the early stages of the war were similar to those of the non-handicapped. From the beginning, the authorities expressed concern about the ‘educational and social deterioration’ of all children if they were left to their own devices.²⁴⁹ In Manchester, in October 1939, there were 55,700 children still in the

²⁴⁸ TNA, ED 138/55, Sophia Weitzman’s papers.

²⁴⁹ LMA, LCC/EO/WAR/1/238, Education office reports.

evacuation areas of the city. An emergency schooling scheme was established incorporating 129 buildings still available and 15,000 children enrolled.²⁵⁰

In London, the scheme began at the end of September 1939 when some of the 300 teachers still in London began walking the streets, wearing official armlets, looking for children to volunteer for the scheme. Occasionally, a school would be available but if not, a room lent by parents would be used. At the beginning, these groups would contain as few as six children but the number grew as other places were found, in churches, clubs and empty rooms on housing estates.²⁵¹

At the end of December 1940, compulsory school attendance was resumed. Many children had not been to school since the outbreak of war and some had found jobs which they now had to give up in order to return to school. Disciplinary problems were noted straight away. It was reported that several children had formed street gangs looking for adventure; some had slept for months in air-raid shelters and had deteriorated in habits, manners and speech. Powers of concentration was seriously impaired; they were easily distracted, restless and noisy.²⁵² With the intensive air attacks during the winter of 1940/41 school attendance fell again and many school buildings were damaged or demolished.

The special day schools in evacuating areas largely followed the same pattern of intermittent provision as the ordinary elementary schools. Where schools had suffered bomb damage or been requisitioned for other purposes attempts were made to adapt less suitable premises but this was hampered by the shortage of building materials and labour. Consequently, classes were held in any school which had free accommodation or, if transport was a problem, local children gathered in small groups under one or two

²⁵⁰ Ibid.

²⁵¹ Ibid.

²⁵² LMA, LCC/EO/WAR/1/238, Report by Chief Inspector of Education Committee, LCC, 31 December 1941.

teachers.

Sometimes, a whole school had to be moved because the premises had been destroyed in the bombing. This was the case at Wheatley Street MD School in Coventry, in November 1940. The children were temporarily housed at a nearby school, in the senior girl's department, but this proved inadequate because of problems with midday meals. The following May, they were transferred to a newly reconditioned block at a school nearby and normal school hours resumed.²⁵³

Regular school hours were 9.30am until noon, and 1.30pm until 3.30pm. The level of disruption in these schools, which were usually situated in, or just outside, cities, varied enormously. For example, at the Nottingham Road Special School in Bestwood, just a few miles north of the city of Nottingham, children missed many days of schooling, for a variety of reasons. At the outbreak of war the schools were closed and the teachers began searching for suitable centres in different districts, where the children could attend for lessons. This was on a voluntary basis at the time; again, the official line on compulsory education tended to change with the particular phase of the war. These centres were set up quite quickly and groups of children attended either a morning or an afternoon session. In all, there were 14 such groups in Nottingham and district.

In February 1940, it was decided to build air raid shelters at the Nottingham Road School and to subsequently re-open the school full time. This happened two months later, although only those children who were physically able to go to the shelters could return to school; the remainder stayed in the centres. The school tried to carry on as normal, with disruption depending on the level of air raid alerts. For example, on 7 March, 1941, the first alert was between 11.45am and 1.10pm, so the children had their dinners in the shelters. Just as they had settled back into their classrooms there was

²⁵³ TNA, ED 32/1268, Wheatley St. MD School, Coventry, 1929-45.

another alert, at 1.35pm, which went on until 2pm. The last alert was between 2.23pm and 2.55 pm. On that day the children could do only oral work, although some physical training was taken in the shelters in order to keep the children warm. The events of 7 March were by no means typical. Indeed, for a whole week in the same month there were no air raids whatsoever and so lessons were uninterrupted. The level of disruption usually fell somewhere between these two extremes.²⁵⁴

The Tottenham School for the Deaf in Phillip Lane, North London, was evacuated initially but in April, 1940, it re-opened at the nearby West Green School, which was better protected from possible bombing raids. Between April 1940 and March 1941, the school suffered 101 air raid warnings, after which they occurred only spasmodically. During the summer of 1943, the children moved back to their own premises (although some had remained in their evacuated residential special school, where they had been sent at the beginning of the war). One year later, the number of air raid warnings grew in earnest, with 74 in just seven weeks.

Despite the disruption, the school became a kind of ‘show school’ during the war and played host to a range of visitors, including students from teacher-training colleges, nurses, and health visitors. In November 1944, Pathe Pictorial filmed the school at work and after the war, in October 1946, Helen Keller paid a visit. The school continued to help with teaching methods, receiving visitors from as far away as Canada, as well as aiding researchers from the Medical Research Council in England. Pupils assisted in demonstrations of hearing tests, speech therapy, and lip-reading.²⁵⁵ In essence, the pupils at this school were used as ‘exhibits’. During the war they were used to prove to the nation that it was possible to carry on in relative normality despite the disruption caused by air raids. It is also a distinct possibility that the film would

²⁵⁴ Nottinghamshire Archives (NA), SL159/2/1, Nottingham Road School Logbook.

²⁵⁵ Sheila Smith, *Still Unique after all These Years: A History of Blanche Neville School, formerly Tottenham School for the Deaf 1895-1995* (London: Cassell, 1992), pp. 25-27.

have been used to attract charitable donations for the deaf or for the handicapped in general. After the war, the children 'assisted in demonstrations'. Whilst perhaps benefiting from being at a school advanced in teaching methods it is difficult to assess, without further evidence, the degree of choice the children were able to exercise in demonstrating these methods.

The level of attendance at the day special schools in these areas also differed. Poor attendance, said to be around one-third of pupils at the Nottingham Road School, occurred usually after an air raid. Another reason was bad weather conditions, and another was that children were kept at home to mind their younger siblings. If no reasonable explanation was forthcoming, the parents were liable to be fined. Sometimes though, it was the school who insisted that the child stay at home. This was usually for health reasons, such as on 11 September 1941, when four children were excluded from the Nottingham Road School for having scabies. The bath attendant had caught it on her hands and was off work for one week whilst receiving treatment.²⁵⁶

The shortage of teaching staff created even more disruption to lessons. At the Reginald Street PS Day School in Derby, lessons were suspended for two weeks, from 2 August 1940, so that the head teacher could have a holiday (provision was made for the pupils to attend nearby schools, but the decision lay with the parents). A few days after it re-opened, the school was closed again due to the havoc caused by a bomb falling in the road outside the building. It re-opened two days later but only 3 children attended. Four months later, the school closed suddenly, at 1.15pm, owing to the discovery of an unexploded bomb near the school building.²⁵⁷

It is evident that during the war the children in day special schools fared differently to those in residential special schools. Specialist equipment had been taken

²⁵⁶ NA, SL 159/2/1, Logbook, 11 September 1941.

²⁵⁷ Derbyshire Archives (DA), D384/2, Logbook, 22 January 1941.

to the residential schools and so day schools had to 'make do'. In day schools the children were often moved between premises, sometimes separated from their friends and their own teachers, whilst those in residential schools tended to be kept with their regular friends and teachers, often sharing the same premises throughout the war years. Although academic education was not usually a priority in special schools, disruption due to the war led to even fewer hours being available in day schools, resulting in children falling further behind academically.

Some factors were common to both residential and day special schools, especially in regards to academic education. Ken Giles, who suffered from hemiplegia, was evacuated to holiday camps at Dymchurch and Broadreeds, as well as having spells in hospital, day special schools and ordinary schools. He admits that his spelling is quite bad and when asked if he thought this was due to the lack of continuous education during the war, he replied:

It is true that, because of the war, my school life was badly disrupted! But I also think that my poor spelling was an indication of my general lack of education owing to attending special schools. The education in special schools in those days was very poor; it was believed that children in our situation would not climb to the top of the ladder (and with my weak leg I suppose that was a reasonable assumption!). Nevertheless, in all seriousness, being able to experience a normal life after life in special schools was an eye-opener!²⁵⁸

The following is a comparison of lessons taught in ordinary and special schools, prepared by Ken Giles:²⁵⁹

²⁵⁸ Letter to author, 18 August , 2005.

²⁵⁹ Sent to author, 13 September, 2005.

Subject	Taught to me in Ordinary School	Taught to me in Special School
Mathematics / arithmetic	Yes	Yes
Sciences	Not taught	Not taught
English (i.e. all one subject - no distinction made between Language and Literature)	Yes	Yes
Other Languages	French; when the grammar and secondary modern system was introduced.	Not taught
History	Yes	Yes
Geography	Yes	Yes
Religious Education	Yes	Yes
Needlework - General	Not taught	Yes
Tailoring	Not taught	Yes
Boot-making	Not taught	Yes
Woodwork	Not taught	Yes
Art (i.e. painting / drawing)	Yes	Yes
Music	Yes; when the grammar and secondary modern system was introduced.	Yes, but only singing etc.
Sports & P E	Yes	No, although they had plans to teach us to swim - war disrupted those plans.

From the chart, children in special schools do not seem to have been at a great disadvantage. However, as Ken says:

We were not put under any pressure to achieve scholastic results and we all had to abide by the mandatory afternoon rest period. This meant that a part of each school day was wasted for those of us who had no physical need to rest. The upheaval of the war affected all schools, but those pupils who received the least education must surely have been at the greatest disadvantage because they had less of a base of knowledge to build upon later. I most definitely found myself behind in my work compared to other pupils when I switched from special school to my first ordinary school²⁶⁰

Ken left school (a mainstream secondary school) in 1947 with no qualifications. Fortunately, he found a job in the food industry and, after several career moves, eventually became Bacteriological Laboratory Manager for Brooke Bond Foods.

In many of HMI Lumsden's wartime reports, he expressed concern over the

²⁶⁰ Letter to author, 13 September, 2005.

inadequate provision of even the most basic academic education, but any corrective measures were constrained by the lack of alternative teachers and/or special schools. At Dudley Day School for the Deaf in Worcestershire he found, in February 1940, that although the children were well cared for and lived within a good family spirit, they were receiving little education. He reported that under normal circumstances (in peacetime) he would have recommended that the school be closed but at the present time it was inadvisable to close any school in a neutral area such as Dudley.²⁶¹

On his next visit, Lumsden made special mention of a particular teacher at the school, Miss Simpson, who had previously disguised her own handicap so well that he had never known that she was becoming seriously deaf. However, after ten years at the school, it was now evident that she was failing to notice errors in the children's speech. After enquiring about her general demeanor, Lumsden was told that she was quiet and enigmatic, but also that she could be rude, uncooperative and lazy. He recommended that a warning letter be sent to her 'so that it might stimulate her in fear of losing her job'.²⁶²

Another teacher who was described as inadequate was Mrs. Hasham, head teacher of Embden Street MD Day School in Manchester. The visiting HMI, Miss Withers, reported in April 1943 'I should think her IQ is little higher than the children's'.²⁶³ The following year, Lumsden called her 'a plodding conscientious teacher, acting up to her rather dim lights'.²⁶⁴ Miss Withers had found the children to be dirty and unkempt, with not enough attention given to hygiene and social training. The premises were described as dull and drab and Lumsden described the school as

²⁶¹ TNA, ED 32/829, Report by Inspector Lumsden, 27 February, 1940.

²⁶² Ibid., 17 March, 1943.

²⁶³ TNA, ED 32/1121, Report by HMI Miss Withers, 7 April, 1943.

²⁶⁴ Ibid., Report by Inspector Lumsden, 24 February, 1944.

unworkable.²⁶⁵ The school was closed the same year and the children were sent elsewhere.

It is difficult to determine how the HMIs managed to close down certain schools and not others. For example, it was thought unwise to close the Dudley Day School for the Deaf but closing Embden Street MD School was not a problem. It may have been because the decision on the former school was early in the war when such premises were scarce. The decision to close the Embden Street School, on the other hand, was taken towards the latter stage of the war when the evacuation and education authorities were more organized.

The problem of 'inadequate' teaching is perhaps easier to fathom. As discussed in chapter one, special certificates were needed only for teachers of the blind and the deaf; other teachers required only the basic elementary school teaching certificate. Without specialist knowledge and under the extra strain of war it was inevitable that some teachers would not be able to cope and the problem was compounded by the lack of teachers in special schools. The stigma attached to special education deterred many and the extra pay that was designed to attract more teachers may have led to teachers entering the profession for the wrong reasons.

Regardless of the inadequacy of some of the teachers, not much was expected of handicapped children, and certainly, MD children were at the bottom of the ladder when it came to educational expectations. With mental handicaps being less obvious than physical handicaps, uncertified MD children sometimes spent years in ordinary schools, where their specific educational needs went unrecognized, or were ignored. Once they were certified as educable MD and admitted to a special school, it was often too late to start training them in anything other than the most basic of tasks. One twelve year old boy that was transferred from a senior school to Hollingdean Day School for MDs, in

²⁶⁵ Ibid.

Brighton, could not recognize two-letter words and could not add 5 to 16. When asked what he had been doing at senior school, he replied that he 'cleaned the sinks'.²⁶⁶

One area in which MD children benefited during the war was the Home Tuition Scheme. According to HMI reports, in large classes shy and diffident children were often held back by the lack of individual attention but in smaller groups they often gained in self-confidence and benefited from the individual help and encouragement of the teacher. As early as March 1940 it was reported that the backward children were making major progress, if not academically then certainly in a social context.²⁶⁷ They were not pushed out of the picture by the brighter children but took their place as one of a small group, which often had the effect of restoring self-confidence.

The closer contact between teacher and pupil, and the informality of the lessons, were said to be the biggest advantages of the scheme. Also, as many of the lessons took place in the children's own homes, the teachers were able to learn more about their home circumstances. Other advantages were said to be the more intensive concentration on the 3-Rs which, because of time constraints, were the only subjects taught. Despite the apparent success of the scheme, there were many disadvantages to not being educated in the ordinary classroom. There was a shortage of space, suitable furniture, equipment and books. Being limited to the 3-Rs was monotonous for the children and repetitive for the teachers. The scheme also suffered through being voluntary.

As is usually the case when confronted with a lack of individual testimony, these are one-sided views and are merely the interpretations of the HMIs. It is worth remembering that given their limited power to change things it may have been in their interests to report positively on arrangements and thereby causing little disruption.

²⁶⁶ TNA, ED 32/1006, Hollingdean Temporary MD School, Brighton, 1932-44.

²⁶⁷ TNA, ED 10/252: Report on the Working of the Home Tuition Scheme in Hendon from October 1939, by HMI Cox, 8 March 1940.

Only by studying copious amounts of his/her reports is it possible to judge the individual HMIs standards and degree of compassion. This is why the reports of HMI Lumsden, certainly in relation to this thesis, have been given more weight than those of his colleagues.

SUMMARY OF DAY SPECIAL SCHOOLS

It is evident that the education of all children in evacuating areas suffered more than that of children who had been evacuated. The greater amount of air-raid warnings of course, led to more disruption. The lack of available premises and teachers, and the voluntary nature of emergency schooling schemes for most of the war led to education being intermittent at best, and with no chance of continuity.

As far as was possible, given the extra duties and fewer inspectors, the HMIs managed to keep up their visits to day special schools and their reports were mostly of the same standard as before the war. These reports show that some schools that before the war would have been closed were forced to remain open due to the lack of alternative accommodation. Inadequate teachers were also retained. Having said that, some teachers suffered from over-work and perhaps from the added dangers of the war or, in one case at least, from a particularly severe handicap of their own. In this respect, there appears to have been a lack of compassion among the HMIs, including Lumsden.

Reports from MD schools, particularly by Dr. Underwood, show the negativity in attitudes towards MD children as opposed to PD children and those with sensory handicaps. Ken Giles has shown that all handicapped children were thought incapable of great achievements but, as HMI Wingate reports, it was felt by some that adequate teachers, and even books, were not needed for MD children. Not everyone felt this way of course, and the Home Tuition Scheme proved that improvements among MD

children could be achieved merely by showing individual care and attention. Some HMIs complained about the lack of academic opportunities for handicapped children, including MDs, but their recommendations were constrained by what was available, and deemed necessary or appropriate, at the time. Improvements in this respect would not come until the Education Act, 1944.

Arguably, the group of handicapped children who suffered the most through remaining in evacuating areas was the PD children. As well as a lack of specialist equipment, it was often difficult to physically enter the air-raid shelters; at best, it was a slower process than for others. Some children with relatively minor physical handicaps were educated under the Home Tuition Scheme. However, there was a third group of handicapped children, whose wartime experiences differed yet again. These children were too ill to be evacuated or to attend day school, and so were being educated in hospital schools.

Hospital Schools

In 1939, there were 88 special schools in hospitals, with 7,414 pupils.²⁶⁸ Education in hospital schools was, even before the war, spasmodic. With hospitals, and sometimes wards, containing children of all ages and abilities teachers often found themselves in charge of a group of children at completely different levels of education. Admissions, discharges and absence because of treatment added to the disruption.

On the outbreak of war, many hospitals came under the Emergency Hospital Scheme (EHS) but the immediate mobilization of the hospitals and their staffs to look after the expected war casualties prevented the civilian sick in London and other cities from getting the care they needed.²⁶⁹ Furthermore, as the expected casualties did not

²⁶⁸ Ministry of Education, *Education of the Handicapped Pupil 1945-55* (HMSO, 1956), p.22.

²⁶⁹ *Ibid.*, p.183.

materialize for some months beds remained empty, doctors and nurses had little to do and out-patient departments and clinics closed down. However, by the spring of 1940 when approximately 32,000 casualties and sick servicemen were evacuated from the Continent (Dunkirk) the scheme was better organized, for both civilians and servicemen. On 1 May 1940, there were 1,207 hospitals in England and Wales taking part in the EHS. These contained 406,000 beds, of which 263,000 were allotted for war casualties.²⁷⁰ More was being done for sick civilians, including the many children requiring treatment and convalescence.

Despite the increase in the number of beds for civilians many children's beds were lost, although not always permanently. Under the EHS a number of children had to be evacuated in order to provide extra beds for war casualties. Those children who were unfit for evacuation were either sent home or, if beds were available, kept in hospital. As hospitals in evacuating areas closed, the more severely handicapped children were transferred to hospitals in other areas, placing an even greater demand on beds which themselves, were becoming fewer. As with day schools, the number of available places fluctuated with the status of the war. As the expected bombing raids failed to materialise in the early days of the war, extra beds were made available for 'ordinary' purposes, only to be taken away again a few months later to be used by bomb-victims and returning wounded soldiers.

An example of how this impacted on children comes from the Royal Cornwall Infirmary in Truro. By July 1940, the number of handicapped children at the hospital had been reduced by fifty per-cent.²⁷¹ Out of the initial 37 children, one was found a place in a convalescent home; five were sent to a sanatorium; and the other six were sent home and were being visited by the 'Orthopaedic sisters' attached to the county

²⁷⁰ Ibid.

²⁷¹ TNA, ED 32/1054, Letter from the Secretary of the Hospital School to the Secretary of the Board of Education, 13 July 1940.

clinic. For those remaining in the hospital, as in similar hospitals, education provision carried on almost as in peace-time, with average hours of schooling of two hours in the morning and two hours in the afternoon. Very often, only one of these periods would be used for academic study whilst the other two hours were taken up by hobbies and handicrafts. It was also usual for treatment sessions or blanket bathing to interrupt these sessions and so reducing the actual hours of schooling even further.

Academic progress was not a priority at many of these hospital schools and was often limited to the '3 Rs'. According to Lumsden, the Children's Orthopaedic Hospital School at Marple in Cheshire, was one where a good average standard was achieved, perhaps due in no small measure to the relationship between the hospital staff and school staff.²⁷² It would appear that relations between the two professions were often strained in hospital schools. Another exception to this however, was the Liverpool Open-Air Hospital School for Children in Leasowe, Wallasey, Cheshire. Lumsden gave the school a glowing report, ending with:

The real strength of the school lies in the happy atmosphere of independent effort which the staff, by their own harmonious collaboration (too often lacking in hospital schools) have created among the little patients.²⁷³

Despite his comment regarding the lack of 'harmonious collaboration', Lumsden and his colleagues only rarely reported on problems with regards to the teaching staff in hospital schools, and then it was usually through no fault of their own. For example, at the Heatherwood Hospital Special School in Ascot, Berkshire, the staff had been transferred from London, where they had enjoyed a higher salary. Coupled with the high accommodation costs in Ascot, the teachers were forced to live outside the area

²⁷² TNA, ED 32/245, Report by Inspector Lumsden, 15 September 1941.

²⁷³ TNA, ED 32/1052, Report by Inspector Lumsden, 16 October 1943.

and so had further to travel. For this reason, it was difficult to get the teaching staff to stay.²⁷⁴ In most hospitals however, the wartime nursing and teaching staff were the same as before the war and so housing was not such an issue.

A problem that was common to all wartime hospitals was the safety of those children too ill to be moved to an air raid shelter. Dennis Ford suffered from TB of the left hip and was a patient at the Bath and Wessex Children's Orthopaedic Hospital in Coombe Park, Bath. In 1996 he recalled his experiences during the bombing raids of 1941:

I was always laid flat on my back. In Bath hospital there was only one floor and our ward of 20 or 30 boys had a corrugated iron roof. During the bombing the beds were brought to the centre of the ward and patients were placed underneath. All but me and one other because we were too ill to move. Because of the frame my only movement was in my arms and head. When the bombs fell my bed bounced up and down. Bullets fell on the roof. The nurses were wonderful, they held our hands. Eiderdowns protected us from splinters. We had washing bowls for tin helmets. The boys sang. It lasted 2 nights.²⁷⁵

Due to the nature of the children's handicaps, particularly the more severe cripples, most of their days were spent either in bed or in wheelchairs, and this was the same whether peacetime or during the war. Depending on the availability of staff, those in wheelchairs were sometimes taken to the local shops and gardens. Mostly though, the children were kept within the self-contained environment of the hospital. Mrs. Balister, who as a child had lived in a convalescent home in Compton Bishop, Somerset, was able to experience the situation as an outsider. She had moved there with her mother, a nurse, in order to escape the flying bombs in London. She says:

²⁷⁴ TNA, ED 32/1188, Report by Dr. Bywaters, 28 February 1940.

²⁷⁵ Imperial War Museum (IWM), 96/55/1, 'World War II and Me', Personal Memoirs of Dennis Ford, 26 June 1996.

We didn't know many people in the village. Not because of unfriendliness, merely a respect for privacy. Beautiful place and peaceful community. Simple village life.²⁷⁶

At the Liverpool Open-Air Hospital School, the more ambulant children were set chores around the hospital, to relieve boredom and to prevent them from feeling that everything was being done for them. According to Lumsden, many boys and girls who had spent a considerable time in hospital subsequently complained that the 'taint of hospitalisation' held them back in life, as they had not been adequately prepared for life in the outside world.²⁷⁷ With physical hardships already putting them at a disadvantage, it was important that they acquire some kind of training so that they would not always be dependent on others.

The problem of future employment was common to handicapped children reaching the age of sixteen, whether leaving residential, day, or hospital school. Finding employment was not an easy task at that time, as many potential employers looked upon the handicapped with suspicion or at best, condescension. The more severely physically handicapped were sometimes treated as if they were mentally handicapped, unable to contribute to society or even to their own welfare. The less severely handicapped were regarded, by some, as being objects of pity, rather than individuals who could contribute in ways not hampered by their specific handicap. Not everyone thought like this of course, and some institutions did provide more training than the basic handicrafts. Perhaps the best example of such an institution is the Lord Mayor Treloar Cripple's Hospital School, and its associated College School, in Alton, Hampshire.

²⁷⁶ IWM 92/9/1, Personal Memoirs of Mrs. R. Balister, 1986.

²⁷⁷ TNA, ED 32/1052, Report by Inspector Lumsden, 16 October 1943.

LORD MAYOR TRELOAR'S

The idea of opening a hospital and school for the treatment, education and training of crippled children and adolescents began in 1906. Sir William Purdie Treloar had been Lord Mayor of London in 1906-07. During that time, he had instigated an appeal for funds 'to train and educate boys and girls to face the battle of life with confidence and courage'. The resultant funds were used by Sir Harry Twyford (who is celebrated each year on Founder's Day) to set up the hospital in 1908. Initially, treatment was solely for children crippled by TB but in 1937 a new treatment centre was opened, by the Duke of Kent, and all forms of orthopaedic cases were treated.²⁷⁸ In 1940, Lumsden called it 'one of the finest and best equipped orthopaedic hospitals in the country', with facilities including a treatment pool, massage, and remedial exercises.²⁷⁹ Research and Development was carried out at the hospital and students from teaching schools were able to carry out their research and postgraduate work. Patients were received from all parts of the British Isles and, according to the hospital's own literature in 1938, 'for 30 years it has eased the burden of general and children's hospitals'.²⁸⁰ A separate branch, at Hayling Island, was used in conjunction with the main hospital in Alton where, in the summer, sea bathing was used as a therapeutic measure, sometimes alongside heliotherapy (treatment by exposure to light). The branch was also used for post-operative cases; children immobilised in plaster after an operation were often transferred there for healing and convalescence.²⁸¹

By the time war broke out in 1939, the hospital's special school status was long established and the children's training and education was aimed primarily, at preparing them for adulthood. On admission to the hospital, the children were put in an isolation

²⁷⁸ TNA, ED 32/352, Hospital Report for the y/e 31 March, 1938.

²⁷⁹ TNA, ED 32/1092, Report by Inspector Lumsden, 5 March, 1940.

²⁸⁰ TNA, ED 32/352, Report for the y/e 31 March, 1938.

²⁸¹ This information, along with that relating to Lord Mayor Treloars on pages 126-128, comes from the hospital's own reports for 1940: TNA, ED 32/352.

ward for two weeks while educational abilities were tested, and the results determined to which ward they would be sent. As such, each ward would include a range of ages, although some limits were imposed, such as keeping seniors separate from juniors, and girls separate from boys.

On the wards, subjects taught were mainly vocational, as in other hospital schools, but group lessons were also taught in Geography, English, and History, with the latter being taught in the form of dramatisation. Wireless lessons were widely used, while talks on current events were designed to keep patients in touch with the outside world. There was a library for out of school hours, a school band, and plays designed to encourage self-expression. Regardless of the level of ability, all children were taught skills so that they could become useful members of society after leaving hospital. These included leather-work; embroidery; rug-making; stool-seating; weaving; paper craft; and modelling in cardboard. Girls were also taught needlework.

Between the ages of fourteen and sixteen, boys could be transferred to the Lord Mayor Treloar's Cripple's College School, which was on the same premises as the hospital but was, to all intents and purposes, a separate institution. To be eligible, the boys must have required only medical supervision and systematic care, and not actual hospital treatment. Rather than being taught basic handicraft skills, they could now be enrolled on courses with recognised qualifications, albeit only vocational. In the Leather department, trunks, attaché-cases, bags and other forms of leather-work were manufactured. In the Boot - Making department, boots were repaired and made (including surgical boots). Finally, in the Tailoring department, among other things, the boys made costumes for the college Dramatic Society.

Much of the boys' academic education was inadequate due to the amount of time spent in hospital. Therefore, part of each day (although still only one and a half

hours) was devoted to academic subjects designed on suitable lines for their career. Exams were taken in arithmetic, book-keeping, and English, and in the drama department, performances included not only Christmas shows, but also plays by Shakespeare. In their leisure time, the boys played cricket and football and the college had its own scout troop (which, in 1937, had won the Efficiency Shield for the smartest and best troop). The boys also had their own plot of garden, to encourage them to be productive. There was billiards, table-tennis and chess, and special outings to the zoo, Bertram Mills Circus, the Aldershot Tattoo, and to charity football matches.

When war broke out, most of the boys were at home, enjoying the last days of the summer holidays. The only exceptions were those who had no homes and had spent the summer there. The college re-opened late, on 26 September. The hospital had carried on as usual and for the first few months of the war there were not many changes in either the hospital or the college. Dark blinds were installed for the blackout; sandbags were placed along the verandas; and some side wards in the hospital were gas-proofed for the small children who could not wear gas masks. In the college, the more severely crippled slept on the verandas outside the dormitories, with a 'pusher' sleeping in the next bed, and with a wheelchair nearby. On inspection in March 1940, Inspector Lumsden found the ARP arrangements were adequate.

In the same report, Lumsden noted that he was impressed with the quality of trade instruction, and commended the interest shown by the staff in placing the children in employment after leaving the hospital/college. However, he also noted that the children of low intelligence, whilst being taught sufficiently in craftwork, were not receiving an adequate general education. The hospital's report for the year ended 31 March 1938, had stated that these types of children were encouraged in special aptitude, as they 'are often clever with their hands'. Lumsden however, requested that their

general education be more carefully planned and better executed. He also requested that all the boys in their final year at the college be taught trade conditions such as insurance, wage-rates, and social and industrial problems. This would help in their transition to the workplace. In subsequent correspondence, the hospital secretary confirmed that all recommendations were being carried out.

After visiting the hospital in May and June 1940, Dr. Bywaters of the Board of Education reported that there were now forty-five EMS beds for children from bombed areas, and overcrowding had become a problem. Also, wireless lessons had ceased and, because of the extra children, some were not receiving any instruction at all, and so another teacher was needed. As the war progressed, the lack of available materials brought an end to some of the trade classes, and others were replaced due to a change in needs during wartime. For example, fancy leather and case making were regarded as a luxury trade and so were replaced with leather splint-making. Despite the problems, most children who reached the age of sixteen at the hospital/college were satisfactorily placed in jobs, because of the training they had received in the workshops.²⁸²

On 27 September 1944, Dr. Bywaters visited the hospital and college again and found the latter only half full. The reason given was that finding employment had become easier, even without a trade. Therefore, some of the children were leaving at the age of fourteen. Also, it was thought that the courses offered, in boot-making and tailoring (the leather department was now closed) were no longer interesting to the boys, and so the doctor recommended introducing new skills, such as watch/clock making and repairing. In the hospital, it was found that the children had progressed academically because more hours had been given to reading as a result of the difficulties in obtaining handicraft materials. As with the college, the numbers had

²⁸² Ibid., Report by Dr. Bywaters included in the hospital's own papers, 25 June, 1942.

reduced, from 390 in 1942 to 326, probably due to the evacuees returning home.²⁸³ The final wartime visit, in May 1945, saw the hospital almost back to pre-war conditions, at 276 patients, one teacher for each ward, one in the college, and one for convalescents in the classroom.²⁸⁴

Overall, the war appears to have had a bigger impact on boys at Lord Mayor Treloars and on those aged fourteen and over. Although all children were affected by air raid precautions and overcrowding, and those in hospital schools were forced to forego their wireless lessons, it was the college boys who were affected most. It can also be said that those boys had an impact on the war as instead of learning how to make luxury items they were now making and repairing items needed for the war effort. As jobs became easier to acquire, however, some of the boys left the hospital before learning a trade which after the war when jobs became scarce again, would have had a detrimental effect on their future employment prospects.

Although Lord Mayor Treloar's led the way in preparing handicapped children for adulthood, many other hospitals also had adequate facilities for teaching them a trade. At the St. Vincent's Orthopaedic hospital in Pinner, Middlesex, the children were being taught engineering as well as the usual boot-making and tailoring.²⁸⁵ At the Liverpool Open-Air Hospital School, workshop staff included a joiner, a blacksmith, a (woman) leather worker, a splint-maker, and two cobblers. In fact, all surgical appliances needed at the hospital were made on the premises.²⁸⁶ At the Alexandra Hospital School in Stockwood Park, Bedfordshire (evacuated from Swanley in Kent on 21 June 1940), both boys and girls were taught knitting and embroidery. There was also cane and leather work. The craftwork was said to be excellent, although limited in

²⁸³ *Ibid.*, 27 September, 1944.

²⁸⁴ TNA, ED 32/1092, Report by Dr. Bywaters, 29, 1945.

²⁸⁵ LMA, SC/PPS/093, Hospital's own report for 1944.

²⁸⁶ TNA, ED 32/1052, Report by Inspector Lumsden, 16 October, 1943.

scope, and academic work was said to be adequate. Drawing was found to be of a remarkably high standard, with the children excelling at map-making. Children could also join the Guides and the Brownies, and in the summer of 1944, the hospital was visited by Chief Guide, Lady Baden Powell.²⁸⁷

From the available records it appears that as much as was reasonably possible was done for the children in hospitals. Although provision for their academic education was questionable, their medical care and vocational training seem to have been more than adequate given the difficult times through which they were living. It must be remembered however, that the vast majority of these records are official documents so may present a positive picture to avoid having to do anything about it or with the knowledge that little else could practically be done at the time. They say nothing about the emotional state of the children involved. Dennis Ford remembers the kindness of the nurses when the bombs were falling. Ann Rattue, on the other hand, has different memories of her time in a wartime hospital.

Ann was a 'normal' five year old when the war started, and was evacuated along with her classmates, and her brother, from London to Maidenhead. Ann's foster-parents in the billet did not treat her well. When the teachers noticed that her brother was carrying her to school on his back because she had a problem walking, they summoned her mother, who took her home. Ann was diagnosed with TB of the hip and spent several months in Great Ormond Street and Tadworth hospitals, before being evacuated back to Maidenhead, this time to more caring foster-parents. However, complications due to the TB resulted in another spell in Great Ormond Street, and from there Ann was sent to convalesce at Lord Mayor Treloar's Hospital at Alton. She was there for just under two years, before being sent home in 1944. Between the ages of ten and eleven she attended a special day school in Maida Vale before being 'signed off' from special

²⁸⁷ TNA, ED 32/1041, Alexandra Hospital School, Luton (formerly Swanley), 1939-45.

education in 1945 to attend a 'normal' grammar school.

As discussed earlier in this chapter, Lord Mayor Treloar's Hospital received many positive reports from visiting officials. Ann knew nothing of the hospital's excellent facilities and reputation however. More than anything, she remembers the attitude of the nurses who she says, were over-strict and lacked compassion; in front of the matron 'the children literally laid to attention'. She soon began to wet the bed on a regular basis so was sent to the babies' ward as punishment, whilst the other children had handicrafts, listened to stories and sang. Her left leg was plastered from waist to toe, and her right leg from waist to knee. This was called a 'double-hipped spiker' and, because she was still growing, it had to be changed every so often. Once, the nurse clipped her skin when removing the spiker so Ann screamed. She was told off for making a fuss. She was also reprimanded for crying when being wheeled (in her bed) into the babies' ward, and says that she was treated as a leper for being in pain after spraining her ankle once she had started to walk again.

Ann doesn't remember much about her time in Great Ormond Street or Tadworth hospitals, so believes that her experiences there could not have been as bad as those at Lord Mayor Treloars. She likens her stay there to being in an orphanage; a world of isolation, yet not lonely because of the other children. Parents could only visit once each month, although not during January, February or March because of the fear of bringing in infection (this was before the use of antibiotics). Children were not allowed their own clothes or toys and when parents brought toys in, they were confiscated after the visit and placed in a communal cupboard. She still has vivid memories of wearing hospital clothes which, she says, were clean but rough and itchy. Three months after leaving the hospital, Ann's bed-wetting stopped but she couldn't bear to see or hear the name of Alton for years. Even now, at the age of 72, she says it

was by far the worst experience of her life.²⁸⁸ With regards to her physical well-being Ann may have benefited from her stay at Lord Mayor Treloars. After all, the hospital had excellent facilities and the treatment she received was successful. However, as Anne herself testifies, the emotional scars have never healed.

SUMMARY OF HOSPITAL SCHOOLS

The welfare of children in hospital schools, as with those in residential and day special schools, depended largely on the attitude of the staff, both in their relationship with each other and with the children. Indeed, the primary carer-child relationship was more intense in hospitals where the child was often bedridden and unable to interact with others. This discussion on hospital schools has recorded the testimonies of Ann Rattue and Dennis Ford, who had vastly different experiences during their hospital stays. Lord Mayor Treloar's, with its up-to-date equipment and facilities and its excellent reputation, conjures up nightmarish memories for Ann. On the other hand, Dennis' overriding memory of his time in Bath hospital, rather than being one of fear of the air-raids, is of the kindness of the nurses. As expected, the more seriously handicapped children were in a more precarious position than most because of their need to stay in bed. However, as Dennis Ford and the various government reports show, the nursing staff improvised quite well in order to keep the children safe.

As with other groups of handicapped children there is a serious lack of personal testimonies, although the personal accounts that are included show the contrast between experience and official reports very clearly. However, the limited amount of personal testimonies place greater reliance on other sources, such as government reports. The most revealing information in the reports of hospital schools is with regards to 'training'. As was usual at the time, academic education did not feature prominently on

²⁸⁸ As told to the author, 21 March 2006.

the curriculum for handicapped children. Instead, most children learnt craftwork (a form of occupational therapy), with the older ones being trained for a vocational career. Some academic education was given but apart from the very basics, subjects such as book-keeping and English were designed to help the children in their vocational career, rather than an academic one. As the war went on, some trade classes suffered through a lack of materials. There was also a change in the type of goods needed. Consequently, many hospital workshops were producing and repairing items such as surgical boots, thereby becoming almost self-sufficient and helping towards the war effort.

As with other groups of handicapped children, conditions for those in hospital improved once the authorities had had time to become better organized. Many beds were taken away from 'ordinary' patients (i.e. those not injured by war) initially but within several months the management of hospital beds became better structured and many children were able to return to hospital. The one group who were not catered for by the State, however, and who in effect were 'left behind' was the severely physically handicapped. For these children, as well as the many children who only needed convalescence, or therapeutic treatment, or even merely advice, the help given by the various charitable organisations was invaluable.

The Role of Charities

This section will examine a selection of voluntary organizations including the most prominent. In particular, this includes the Birmingham Catholic Cripples Care Society, Lord Mayor Treloars, the Invalid Children's Aid association, the Central Council for the Care of Cripples, and the Shaftesbury Society. Some of these organizations ran their own convalescent hospitals and this will be discussed in relation to the acute shortage of beds that developed when many were requisitioned for war casualties. The section also

examines the sources of the many gifts and donations that were received on behalf of the handicapped children as well as the lack of provision for the more seriously physically handicapped children. The section ends with a look at some of the schemes in existence for the after-care and potential employment opportunities for handicapped children. Unlike before the war, the handicapped were able to find work relatively easy, especially in factories and on the land. This encouraged many fourteen and fifteen year olds to leave training college early; those who remained learnt how to make/repair war related items. The section argues that despite their contribution to the war effort, and new legislation put in place giving them employment rights, the handicapped reverted largely to their pre-war position in the race for jobs once the war ended.

There were numerous charities, of all sizes, set up for the welfare of handicapped children before World War Two. Some were concerned solely with the provision of hospital treatment and/or education. Others were also involved in other aspects of the children's lives, such as leisure and religion, and the problems they may encounter on a day to day basis, especially if they were permanently at home. One such organisation, a relatively small charity, was the Birmingham Catholic Cripples Care Society. Founded in 1906, the Society's aims were: to supply each child with a visitor who would watch over their health, and ensure that they received proper religious instruction; to provide nourishment, clothing, fares, surgical instruments (other than those which should be provided by an institution); to give parties and country holidays; and to co-operate with other agencies engaged in work for Catholic crippled children.²⁸⁹

The Society's home visitors saw religious education as being of primary importance and frequently arranged for children to be sent to a Catholic school, as well as persuading the parents to return to their religious duties. In 1938, with 119 cases on the books, the Society sent two children to Lourdes, had a summer outing to Southam,

²⁸⁹ St. Chad's Cathedral Archive, Birmingham, BCCCS2 – Miscellaneous papers 1930-1989.

and arranged a Christmas party at a local boy's school. In 1939, with 117 cases on the books, and with a decrease in income, the Society still managed to send three boys to a farm for two weeks, sent a 'helpless little girl' to the country with her mother, and provided a summer party for 46 boys (but no Christmas party). During 1940, the activities of the Society were curtailed due to the war conditions. Regular visiting became impossible, not only due to transport difficulties but also because the Society's members/visitors had other important work to do. For the rest of the war, Sister Agatha of St. Chad's Cathedral in Birmingham continued to visit the children, mostly giving only practical advice. When the Society eventually resumed its regular activities in 1947, there were only 50 children on the books.²⁹⁰

The Birmingham Catholic Cripples Care Society was a relatively small organization. Lord Mayor Treloar's, on the other hand, was large with more staff and was more 'visible'. As with most charitable organisations, funds for the maintenance of Lord Mayor Treloar's came mainly from subscriptions and donations, which appear to have been relatively stable throughout the war years. During the war, the various charities for handicapped children received many gifts from overseas although of course, donations had to be shared among other groups such as the poor and the homeless. Between June 1940 and January 1941, American charities sent to Great Britain: over one and a half million garments, a quarter of a million pairs of shoes, and a quarter of a million blankets.²⁹¹ In July 1940, the Women's Voluntary Service (WVS) in England had been appointed by the American Red Cross, as their distributing agents for all civilian relief gifts. They also dealt with the many food ships bringing cocoa, rice, flour and tinned foods. Sugar was also accepted, on condition that it would not

²⁹⁰ Ibid.

²⁹¹ TNA, HO 186/2239, Women's Voluntary Services for Civil Defence: Bulletin No. 15, January 1941, p.5.

interfere with rationing.²⁹² In January 1941 however, the WVS released a bulletin stating that ‘further supplies of food will not be available because it is not the policy of this country to accept gifts of food from overseas while carrying on a blockade of other European countries’.²⁹³ Clothes and children’s toys continued to be received from America until July 1942, when Winston Churchill wrote to President Roosevelt asking that material gifts be stopped because shipping was needed for war materials. Churchill made it clear though, gifts of money would still be gratefully accepted.²⁹⁴

In wartime, when human and financial resources were scarce, it is perhaps inevitable that charitable organisations struggled or even folded altogether. One organisation however, experienced the reverse; rather than diminishing, the work of the Invalid Children’s Aid Association (ICAA) grew during the war. That said, the association was already one of the most prominent handicapped charities before the war, as shall become evident.

THE INVALID CHILDREN’S AID ASSOCIATION

The ICAA was founded in 1888, by clergyman Allen Dowdeswell Graham, in order to help poor children who were either seriously ill or handicapped.²⁹⁵ Graham organised a group of home visit volunteers who took food, bedding and medicine to children and their families, and helped arrange admissions into hospitals and convalescence homes, holidays, apprenticeships, and the loan of spinal carriages, wheelchairs and perambulators. Royal patronage was established in 1891. As the association grew, volunteers were gradually replaced by professional social workers, and ‘homes of recovery’ were set up. When war broke out, the ICAA had eight homes under its own

²⁹² Ibid., p.6.

²⁹³ Ibid., p.5.

²⁹⁴ TNA, PREM 4/26/4, Letter from Churchill to Roosevelt, 15 July 1942.

²⁹⁵ LMA, 4248/D/01/006, Annual Report of ICAA for 1943, p.6.

management, as well as several beds in other homes on their 'approved list', all of which they used solely for children from London.

During the Munich crisis in 1938, when the LCC was evacuating handicapped children to residential special schools in safer areas, the ICAA was asked to provide for those who were unfit to join the school parties. This included children in general hospitals recovering from recent accidents but who had been discharged owing to the pressure on bed space (Category A); children suffering from chronic asthma and similar illnesses, who also could not be accommodated in individual billets (Category B); and those already in convalescence homes but whose parents preferred them to join their evacuated school parties (Category C). Again, as with the LCC's evacuation, lessons were learnt from this 'practice run' and the ICAA were prepared when their services were called upon again the following year.

When the order came to evacuate in September 1939, children in categories 'A' and 'B' were gathered in a centre in London, pre-arranged and manned by ICAA staff, from where they were taken by cars to a home in East Grinstead. From there they were taken, again by cars (all the cars had been lent by the Women's Voluntary Service) to various convalescent homes further a-field. In all, around 200 children were evacuated in this way. Those same cars that had been used to transport the evacuated children were now used to return some of those in category 'C' to their parents, so that they could be sent either to the residential special schools, or to friends or relatives, in safer areas. At the beginning of the war there were around 1700 children in convalescent homes placed there by the ICAA. Five of the association's own homes were told straight away that they would be taken over by the EMS and so the children were moved elsewhere.²⁹⁶ However, two months later there was a change of mind and so

²⁹⁶ LMA, 4248, Notes on the Wartime History of the ICAA.

children were moved in once again.²⁹⁷ Despite this, many convalescent beds were taken over by the EMS which led to a serious shortage.

As the war progressed, the duties of the ICAA workers grew. According to their own annual report for 1940, the association's wartime aims were: to look after delicate children still in and around London; to provide periods of convalescence and surgical appliances to those in London and in reception areas; to ensure that the children don't have to return to a danger area after their convalescence; and to keep in touch with the parents of evacuated children (usually already known to the ICAA).²⁹⁸ After the capitulation of France in June 1940, the ICAA lost a further 800 beds in convalescent homes on the South and South-East coasts. Independently of the Ministry of Health and the local authorities, and therefore relieving them of the responsibility, the ICAA and managers of other voluntary homes on the association's approved list, took action to find alternative homes in other areas. Two new units were opened in houses lent for the purpose, and furniture and equipment were transferred from the abandoned homes.²⁹⁹ The relative ease in which these charities were able to find alternative accommodation when the evacuation authorities were struggling indicates that there was a private agreement, perhaps pre-arranged, with the property owners. It is also likely that the new accommodation was already in use as convalescence homes.

Some voluntary societies who managed convalescent homes for children before the war were unable to keep them open due to wartime conditions; safety and staff shortages were just two of the problems they encountered. The ICAA however, was extending the reach of its operations. Rather than being concentrated in London and south-east England, the war led to branches or affiliated societies all over the country. Unlike the evacuation of 1938, children in need were now situated throughout the

²⁹⁷ TNA, CAB 102/786, Notes on the ICAA.

²⁹⁸ LMA, 4248/D/01/006, Report for 1940.

²⁹⁹ TNA, CAB 102/786, Notes on the ICAA.

country. Rather than dealing solely with children in general hospitals and convalescent homes, the workers now also dealt with those in ordinary billets who fell ill or who, for various reasons, failed to make progress in them.³⁰⁰

The ICAA provided a link between parents, countryside and seaside hosts, billeting officers and others concerned with the children's welfare. They intervened in cases where children in billets were suffering because of an overdue operation, and they provided children with special shoes that were easy to acquire in London, but not in the provinces. In 1943, when the staff problem became acute because more and more workers were being called up, the ICAA still managed to help over 10,000 children. Over 4,000 went to convalescent homes for an average stay of ten weeks; 750 were provided with surgical boots and appliances; and 2,800 were visited in their own homes, where the workers' duties ranged from advice to changing bandages. The ICAA also provided escorts for children needing to be transferred to/from hospital or convalescent homes. In this, they were helped by railway companies as well as voluntary car pools.

In 1943, the shortage of convalescent beds became so serious that, in the spring of that year, the Ministry of Health released six British Red Cross auxiliary hospitals. The following year, with the intense flying bomb and rocket attacks on the south of England, the situation worsened. Again, the British Red Cross stepped in and provided emergency vacancies. Also, some of the provincial societies federated to the ICAA offered vacancies in their convalescent homes in the north of England.³⁰¹

The success of the ICAA, and indeed the many other charitable organisations that managed to operate throughout the war, was largely due to the hard work of the staff, many of them volunteers. There were many instances of collective and individual bravery among these workers, especially the ones who remained in dangerous areas to

³⁰⁰ LMA, 4248/D/01/006, Report for 1940.

³⁰¹ *Ibid.*, Report for 1943.

help the children who, for whatever reason (many were too severely handicapped to be moved, even into the air raid shelters) remained there. The work of the vast majority of these workers went unrecognised, although in 1940 King George VI awarded the George Medal to a Miss Ratenbury (former secretary of the Bermondsey ICAA) for driving women and children to safety through dangerous conditions during an air raid attack. Miss Ratenbury was subsequently seconded to the Ministry of Health.³⁰²

Another reason for the success of the ICAA was the financial and material help given by a wide range of individuals and organisations. As one of England's most prominent charities, the ICAA was a recipient of the many gifts and donations from both at home and abroad. The American Red Cross and the British War Relief Society (of America) gave generously to handicapped children, with the latter donating over £3,500 to the ICAA in 1941 alone. In the same year, gifts of food and clothing came from the Anzac Fellowship of Women, Canadian Red Cross, Personal Service League, and the Royal Empire Society.³⁰³ The following year, Queen Mary accepted, on behalf of the ICAA, £1,000 from 'Americans on behalf of the English Speaking Union'. Also, Princess Elizabeth received a shipment of dried bananas from South America and sent a crate of them to the two convalescent nurseries run by the ICAA.³⁰⁴

The British public was also generous to those less fortunate. In 1940, there was a BBC appeal for a million pennies; the London ICAA received £3,462 and the ICAA in the provinces, £1,400.³⁰⁵ In 1942, the Duchess of Portland made a personal appeal on behalf of the ICAA which raised £450, and later the same year the association was allowed a share in a BBC appeal made by 'Uncle Mac' on the 'Children's Hour'.³⁰⁶ In a slightly different vein, which was more to do with kindness than with finance (but was

³⁰² TNA, CAB 102/786, Notes on the ICAA.

³⁰³ LMA, 4248/D/01/006, Report for 1941.

³⁰⁴ *Ibid.*, Report for 1942.

³⁰⁵ *Ibid.*, Report for 1940.

³⁰⁶ TNA, CAB 102/786, Notes on the ICAA.

probably equally, if not more, important to the children involved), at Christmas 1944 Queen Mary sent an autographed Christmas card to boys at one of the ICAA's own homes, in return for the card they had sent her, and which they had designed and painted themselves.³⁰⁷

Many of the achievements of the ICAA during the war were made possible by the co-operation of other organizations: the WVS, Red Cross, and the railway companies. Without their help and without the donations they received the ICAA workers would not have been able to help as many children, and parents, as they did. Their achievements also show the extent to which the government was reliant on the expertise and voluntary personnel of charities to look after some of its most vulnerable citizens. One group who were particularly vulnerable was the severely physically handicapped. These children were usually in their own homes as provision for them in hospitals or residential accommodation was scarce. However, this problem had long been recognized and during the war a school was opened especially for them.

HINWICK HALL AND THE SERIOUSLY HANDICAPPED

One of the most prominent organisations at the time in relation to the welfare of cripples was the Central Council for the Care of Cripples (hereafter referred to as 'the Council'). The Council was formed in 1919 (by Sir Robert Jones – Surgeon) in order to organize a national scheme to deal with 'cripple problems' in both children and adults, throughout the UK.³⁰⁸ Specific aims included investigating causes and promoting measures for their elimination, and encouraging the formation of local associations, which could become involved in the treatment, employment and other aspects of the cripples' lives. In 1935, the Council acknowledged that provision was still inadequate and that serious

³⁰⁷ LMA, 4248/D/01/006, Report for 1944.

³⁰⁸ LMA, AST7/283, Assistance Board: Co-operation with the Central Council for the Care of Cripples, 1936-42.

financial difficulties were threatening any further progress. However, a donation of £125,000 from Lord Nuffield in the same year secured the Council's immediate future.

No records of their early wartime activities have been found but in late 1941/early 1942, the Council arranged a conference of representatives of societies interested in cripples. It was emphasized at the conference that LEAs were consistently asking the Council for advice on how to accommodate bedridden cripples and chronic incontinent, as their present arrangements were 'pitifully inadequate'.³⁰⁹ One of the societies at the conference was the Shaftesbury Society, who ran their own convalescence homes. The Society subsequently informed the Board of Education that, if the Council could raise the necessary capital, approximated at £10,000 (of which £3,000 had already been promised), it would open and maintain a residential school in order to meet this urgent need. The proposal was approved and, in May 1942, HM The Queen sent a donation for the project, of £1,000, which had been placed at her disposal by the Bundles for Britain charity in America.³¹⁰

In January 1943, the school, called the Hinwick Hall Residential School for Seriously Crippled Boys, opened in Wellingborough, Northamptonshire. There was accommodation for 50 boys but a strict criterion was adhered to. No MDs or borderline cases were admitted and patients were required to be seriously crippled and unable to benefit from further treatment. Some were incontinent but none were entirely bedridden, and they were all to be clothed each day.³¹¹

The school was quickly established and after the first inspection, in June 1943, Dr. Bywaters reported that the village and neighbourhood were taking a great interest. Local cadets visited at weekends to help and to entertain the boys, and the nearby

³⁰⁹ TNA, ED 32/1039, Letter from the Secretary of the Shaftesbury Society to the Secretary of the Board of Education, 27 February 1942.

³¹⁰ Ibid., Press Communique from the Central Council for the Care of Cripples, 9 May 1942.

³¹¹ Ibid., Report by Dr. Bywaters, 8 June 1943.

American camp gave surplus food and provided entertainment. Dr. Bywaters deduced that the villagers considered the children as belonging to them and they always made a point of including them in their fetes, parties and other events. The boys were taken out as much as possible, either in wheelchairs, cars, or ambulance (the latter of which belonged to the school and was also used to take the boys to the nearby clinic or hospital). In suitable weather they were carried outdoors for lessons. Nature study was popular but handwork was difficult due to the severity of handicaps. Academic subjects were taught and the doctor was told that arithmetic and geometry were to be given more space in the timetable.³¹²

Dr. Bywaters' next visit was not until March 1945, when she found vast improvements in accommodation and facilities. At the time of the previous visit, improvements to the buildings could only be carried out when the builders were not needed for emergency work. Since then however, an extra classroom had been built (for existing pupils, not to increase numbers), a new central heating system had been installed, and an electric lift, which had been gifted to the school, was about to be fitted. Films, concerts and other forms of entertainment were still being arranged by the locals, and a handicapped scout troop had been organised by an outside leader. At the time of the visit, the staff was considering how the new full-size billiard table (another gift) could be used by those in wheelchairs.³¹³

In October 1945, HMI Mrs. Loch visited the school and found it 'a delightfully run school'. A pleasant feature of the school she noted was that every boy had his own locker in his dormitory and no member of staff was allowed to disturb the contents without the boy's permission. She concluded that the success of the school was due to the wise, pleasant and understanding leadership of Mr. Riding (Superintendent) and his

³¹²Ibid.

³¹³Ibid., Report by Dr. Bywaters, 8 March 1945.

wife (SRN Matron).³¹⁴

Hinwick Hall was an experiment which both the Ministry of Health and the Board of Education deemed successful. The school provided a programme of physical, educational, recreational and spiritual welfare. The children received adequate food, they appeared happy and relatively healthy (Dr. Bywaters recommended a letter of commendation for keeping the incontinent children clean and free from the smell of urine), and they had remained safe (in December 1944 bomb blasts had broken several windows but there were no casualties).

Despite the good work carried out at Hinwick Hall, there was always the problem of where to send the children after reaching the age of 16. Only those who would benefit educationally or domestically were admitted to the school and so, in theory at least, all were capable of contributing to society in some way in adulthood (although, some did prove to be ineducable and were sent home or to a mental institution). The frustration felt by Dr. Bywaters and Mrs. Loch in this matter is evident from their reports. As Dr. Bywaters pointed out in March 1945, there was nothing for the boys after reaching 16 except to be sent back to where they came from, to stagnate. At Hinwick Hall, they had a few short years of care and happiness; they were taught to appreciate cleanliness, good habits, organised leisure, and companionship, but then they were thrown back to a bed on a senile ward in a public assistance institution. Sheltered workshops and a Home were needed. 'I was told that it is under consideration but I was also told that on my last visit'. Mrs. Loch said that the school was known as 'the medical museum' because no-one would ever go out into the world; all the boys would require institutional care forever.

Given the right opportunities, all the children at Hinwick Hall were capable of some kind of employment. Not all children were ready for employment when they

³¹⁴ Ibid., Report by HMI Mrs. Lock, 30 October 1945.

reached the age of 16 however; many needed further months, or even years, of hospital treatment. At the Heatherwood Hospital Special School in Ascot, there was a comparatively large number of over-16s. Before the war, they would have been transferred to other hospitals but the lack of available beds in wartime created a problem of where to send them. The hospital staff were concerned that, since they could no longer attend classes, they were becoming bored and disruptive. In February 1940, the hospital's medical superintendent suggested some form of further education, perhaps in English and, for the boys, woodwork and metalwork.³¹⁵ This was approved by Colonel Eton at the LCC but the children's names were removed from the school register and the hospital was not paid for these extra services. Despite the teachers' efforts, the problem persisted because the boys resented being treated as schoolchildren.

According to Colonel Eton, the problem of keeping the over-16s occupied whilst in hospital was not specific to the war years.³¹⁶ Indeed, in October 1937, the Derbyshire Education Committee had asked permission of the Board of Education to retain 7 children aged 16+ on the school register, as most of them were likely to remain at the hospital for between 6 months and 2 years. However, as all the children were LEA cases, as opposed to being paid for privately or by a charitable fund, the request was denied.³¹⁷

It is evident that employment prospects for the more seriously handicapped were virtually non-existent. On the other hand, those attending special schools were often trained in some type of vocational work. Training and subsequent employment was procured through either the school itself or through the After-Care Association.

³¹⁵ TNA, ED 32/1188, Report by Dr. Bywaters, 28 February 1940.

³¹⁶ *Ibid.*, Letter from Colonel Eton at the LCC to Maudslay at the Board of Education, 17 April, 1940.

³¹⁷ TNA, ED 32/1056, Bretby Hall Orthopaedic Hospital School, 1928-45.

AFTER-CARE AND EMPLOYMENT

In 1900, Mrs. Humphrey Ward, who had been involved in setting up the Tavistock Place School, the first public day school for PDs, formed a small committee to supervise the after-care and training for industrial life, of those leaving the school. This was the parent of the After-Care Association, which played such an important part in the lives of handicapped school-leavers during the war. By 1936, nearly 2,000 handicapped school-leavers were under supervision, with between 600-800 new cases being processed each year. By early 1944, the association held records of over 2,000 firms covering 80 different occupations where they had placed cases. Evacuation made keeping in touch with the children difficult and enemy action meant that the majority of interviews with the children took place in shelters. Despite this, there were over 1,500 visits to children and parents in the twelve months up to 31 March 1944, with very few left unemployed.³¹⁸

The object of any after-care programme was to ensure that handicapped children who were able to work, were given the opportunity to gain wage-earning employment after leaving school, in order that they become self-supporting. Many schemes, as with the After-Care Association, started through the efforts of one, or perhaps a small committee of, philanthropist(s). In 1925, Miss Sweet, who was skilled in needlework, began the School of Stitchery and Lace for Crippled Girls.³¹⁹ Initially, she taught in her own home in Leicester and her first two students were handicapped ex-army nurses who were unable to earn a living and were struggling to survive on their small army pensions. Three years later, after having trained 60 handicapped girls and women, all of who had been kept in employment, she moved to a mansion in seven acres of land in Great Bookham, Surrey. Miss Sweet had managed to secure a loan of £5,000 in order

³¹⁸ TNA, CH/M/8/5, Bi-Annual Report for y/e 31 March 1944.

³¹⁹ TNA, ED 62/140 and 140B.

to purchase the property, probably helped by the fact that the Royal Family were among those to whom she sold her finished goods. As for the girls, there were many orthopaedic hospitals more than willing to employ them to teach handicapped girls in their charge.

After World War Two broke out, it became difficult to purchase raw materials and those that were available were too costly. Fortunately, the school was able to survive by using up the large amount of materials in stock at the beginning of the war. In November 1942, after a short illness, Miss Sweet passed away. Although a new principal was soon found, the school began to experience severe difficulties. Miss Sweet had never taken a salary but of course, the new principal did. Also, the stock of materials was running out. In June 1943, when the financial problems became critical, the relevant authorities (the school had been recognized as a vocational training centre for crippled girls since 1938) agreed to increase the fees and the school was able to operate throughout the rest of the war.

Much of the work done by the girls during the war was repair work to military equipment such as tents, respirators and haversacks. The outbuildings at the school were taken over by Southern Command for use as a Chief Repair Depot and in 1941, Dr. Bywaters learnt that the girls worked more quickly than the men, and that they were all paid the same rates.³²⁰ When the girls finished their training, they were able to stay on at the school, providing they paid board and lodging. However, this meant blocking the school, thereby making it impossible to accept new cases. In some cases, the girls would be sent to a PA Institution where their training would be wasted. For those girls who were bed-ridden but were able to return to their own homes, work would be sent to them. In 1942, there were between 20-25 'home-workers'.³²¹

³²⁰ TNA, ED 62/140, Report by Dr. Bywaters, 15 August 1941.

³²¹ Ibid, Report by Dr. Bywaters, 27 June 1942.

Another organization that was formed especially for the after-care and employment of cripples was the John Groom Crippleage (incorporating the Flower Girl's Mission), which was established c.1866 for the homeless 'flower girls' of London.³²² In 1939, around 250 girls and women were living and working at the Crippleage in Edgware. The work, as artificial flower makers, was carried out in Groom's factory, and cottages were provided as living quarters. The money earned by the girls helped to pay for their keep and extra money came from donations and subscriptions, legacies, fetes, and from the interest and dividends earned on investments.³²³

During the war the flower-making was maintained, although on a smaller basis due to the shortage of materials. Some of the workers did other jobs, contributing to the war effort, and charitable income appears to have remained consistent throughout these years. The factory itself was in a particularly dangerous area and the workers spent a lot of time in the air raid shelters. According to their own report in 1941, they narrowly escaped the bombing on several occasions, but on one particularly precarious night, four cripples were killed and 4 others injured by a bomb which wrecked a house outside the Crippleage grounds, where the girls were living.³²⁴ Unfortunately, records of the Crippleage after 1943 have not survived.

The role of the Central Council for the Care of Cripples, the 'Council', was mentioned briefly in a previous section. The Council was heavily involved in bringing awareness to the plight of crippled children but it also exercised a hands-on approach, and training colleges were set up in order to prepare the children for life after special school. One such college was the St. Lyses Training College for Cripples in Exeter. Before the war the college ran three courses, each with an average of 12 months

³²² LMA, 4305/3/31, Records of John Groom's Crippleage.

³²³ Ibid., Organisations own report for 1940.

³²⁴ Ibid, Report for 1941.

training. These were in Horology, Handyman Duties (usually houseboys for schools) and Gardening.³²⁵ However, during the war the college came under the Essential Services Division of the Ministry of Supply on account of its production of supplies of national importance.³²⁶ In 1940, in order for the college to meet wartime requirements, a grant of £10,666 was made by the trustees of the Lord Nuffield Fund for Cripples.³²⁷ Consequently, in the following year the college opened departments in Production Making (hairsprings and collars) and Electrical Instrument Making. In the Horology department, between seven and eight thousand hairsprings were being produced each week.³²⁸ In 1942, a women's section opened and production expanded to include parachute-making; the girls also trained as canteen store-keepers, control clerks, and in needlework and cooking.³²⁹

Another college run by the Council, and therefore along the same lines, was the Queen Elizabeth Training College for the Disabled, in Leatherhead, Surrey.³³⁰ As with other colleges of this type, the Queen Elizabeth College relied heavily on voluntary contributions. Prior to the outbreak of war, the college received annual donations from charitable events, such as the Fitness Festival at the Royal Albert Hall which in 1939 was to be in the presence of the Queen. However, as with many other such events, this was cancelled, which was an enormous financial loss to the college (although the Queen did make a private donation of £25).³³¹ Some charitable occasions prevailed however, and the occasional large windfall managed to keep the college in operation. In 1940, the same Trust that had given a grant to St. Loyes, granted £12,000 to the Queen

³²⁵ TNA, ED 62/100, Report by Dr. Bywaters, 18 August, 1938.

³²⁶ *Ibid.*, Report of a meeting between Dame Georgina Buller (Chairman), Maudslay, Marshall and Dr. Bywaters, c. 1940.

³²⁷ *Ibid.*, Training of Cripples, *The Times*, 11 October 1940.

³²⁸ *Ibid.*, Report by Dr. Bywaters, 13 May 1941.

³²⁹ *Ibid.*, Letter from college, 14 July 1942.

³³⁰ Prior to 1941, this was known as the Cripples Training College but after her visit in that year, the Queen asked that the name be changed from 'Cripple' to 'Disabled'.

³³¹ TNA, ED 32/764, Old Members Annual Report for the y/e 31 December 1939.

Elizabeth. Then in 1942, 'Uncle Mac' (Derek McCulloch, a well-known radio personality) made a BBC appeal on behalf of the Queen Elizabeth College and the St. Loyes College, which raised £1,230 between the two.³³² Also, as both colleges admitted children under 16 (but a minimum age of 14) a contribution to their training was paid by LEAs. For those aged 16 or over, the fees came from the PAC, or more commonly, from the Ministry of Labour under the Cripple's Training Scheme.

As with St. Loyes, the trainees from the Queen Elizabeth's college made a valuable contribution to the war effort and, in its report for 1941, the College declared that since the outbreak of war, nearly 350 trainees had gone into munitions work. As early as December 1939, the Ministry of Labour acknowledged that 'It is satisfactory to note that so far handicapped young people have been well able to hold their own under war conditions'.³³³ Yet, in 1941, the same department expressed doubts as to whether men who had become disabled due to the war should mix with those at colleges such as St. Loyes and the Queen Elizabeth. According to a report by the Ministry's Mr. Rouse, trainees at the colleges were, for the most part, difficult and sub-normal in many respects. He went on 'Furthermore, it is apparently true that the handicap which cripples from birth have a tendency to make them embittered and difficult to live with and, in addition, creates a sub-normal moral attitude'.³³⁴ In his view, there may have been an adverse effect on the war disabled and, if the colleges were to be used, the two types of trainees must be segregated. According to one official at the Ministry of Labour and National Service Training Department, this negative view of the 'ordinary cripple' was shared by Dame Georgina Buller, one of the founders of the colleges, who reportedly said that 'permanent cripples are difficult to deal with due to their sub-

³³² Ibid., Report for the y/e 31 December 1941.

³³³ TNA, LAB 19/59, Ministry of Labour, Notes for the Inspector by Secretary Miss Winder, December 1939.

³³⁴ TNA, LAB 18/460, Report by Mr. Rouse, 15 August 1941.

normal aspect on life'.³³⁵

In July 1940, a new Superintendent was appointed at St. Loyes. Captain Williams, MC, DFC, was a former airman who was now severely disabled and in a wheelchair. He was described as 'sympathetic and capable, especially with crippled men'.³³⁶ Nevertheless, even with an increasing shortage of accommodation, the Ministry of Labour was reluctant to send the war disabled to fill the small amount of vacancies at St. Loyes.³³⁷ It is evident that during the war the State was more involved in the employment of handicapped adults and in the training of handicapped adolescents. This was not as a result of a new awareness of handicapped people's desire to feel useful but rather a need for labour. Again, when dealing with handicapped children and adolescents, the State relied heavily on the co-operation and initiatives of charities.

SUMMARY OF CHARITIES

The role of charities during the war depended on a variety of factors. The activities of smaller organizations tended to be seriously curtailed due to staff shortages, lack of funds, transport difficulties and aspects of safety. Some organizations were forced to cease operations altogether whereas the larger, more well-known charities were more likely to benefit from the many charitable appeals, both at home and abroad. Inevitably, their roles changed in order to accommodate the conditions of war and some, such as the ICAA, expanded both in duties and in areas served. The level of success achieved by charities during the war depended largely on their collaboration with other organizations, including other charities. The evacuation of handicapped children from London in 1938, and again in 1939, is testament to this. The relationship between

³³⁵ Ibid., Letter to Mr. Gomme from Mr. Watson-Smythe, 21 August 1941.

³³⁶ TNA, ED 32/262, Report by Dr. Bywaters, 13 May 1941.

³³⁷ TNA, LAB 18/460, Letter to Mr. Gomme from Mr. Watson-Smythe, 21 August, 1941.

charities and the State was also important. In many ways this was a continuance of the pre-war situation when the various voluntary bodies both complimented and supplemented State efforts.

Arguably the most significant role of charities during the war concerned the more seriously physically handicapped who were unable to attend special school and who were unable to be evacuated as part of the special parties. For these children, who were in effect 'abandoned' by the evacuation authorities, the staff of the various charities provided a vital link with the outside world. Yet, even they regretted that more could not be done.

Despite their lack of action with regards to the bedridden and chronic incontinent, the LEAs acknowledged that their arrangements were 'pitifully inadequate' and sought help from charities. As a result, and perhaps also because of such children suddenly becoming more 'visible' during the war, a school was opened especially for them (although only for boys). The example of Hinwick Hall is yet another example of expertise residing with charities rather than with the State. It also illustrates the lack of employment opportunities for those children and adolescents with serious physical handicaps. Again, this is a continuation of the pre-war situation when both the State and to some extent the charities, were unable (and perhaps unwilling) to offer the children a future other than institutional care.

Conclusion

As with the residential schools, the reports of HMIs have made it possible to gain an insight into the wartime lives of children in day special schools and hospital schools. Again, the attitudes of the staff were the main determinant of how the children have looked back on their experiences. Ann Rattue and Dennis Ford testify to this.

The biggest problem for the education of those remaining in/ returning to evacuating areas was the lack of facilities and equipment. In this respect the PD children were more seriously affected than the MDs. The Home Tuition Scheme went some way in addressing this but it must be said that, with regards to structure and continuity, evacuated children fared much better. For certain MD children though, the Home Tuition Scheme was advantageous, if not educationally then certainly from a social aspect. The scheme highlighted the fact that these children benefited from smaller classes and the consequent increase in individual attention. However, the reports also show that MD children were regarded more unfavourably by certain government officials.

Inevitably, the more seriously physically handicapped children were unable to be evacuated along with other PD children, or to attend re-opened day special schools. Disappointingly, neither the Ministry of Health nor the Board of Education devised a scheme to provide for these children's welfare. Instead, they were reliant on the services of voluntary organisations such as the ICAA and the Central Council for the Care of Cripples. Indeed, it was Council who opened the first school for the seriously handicapped as well as being instrumental in the establishment of training colleges in order to prepare the children for a life of employment once they left the educational system.

On a more negative note, the discussion on training colleges revealed more unfavourable attitudes towards the handicapped by the main decision-makers. An emerging theme of this thesis is the tendency by officials at the Ministry of Health and the Board of Education to do all they could for the children in practical terms while holding more negative opinions on the capabilities, demeanour and even worth, of the children. This is perhaps, why their physical needs seem to have been better cared for

than their intellectual ones and why the worst cases were abandoned and left to the endeavours of already overstretched charities. Although merely a continuation of the pre-war approach the attitudes of these officials were highlighted by the evacuation and other consequences of war.

It was evident in chapter one when discussing pre-war attitudes, that negative feelings, of both government officials and others, towards handicapped children were stronger when it came to the mentally handicapped. This chapter and the previous one have shown that this negativity continued to a certain extent throughout the war. However, thus far only those children officially recognised as MD and who qualified for attendance at a special school have been discussed. The following chapter examines the experiences of two groups who could be described as being at opposite ends of the mentally handicapped scale. The first is the children who were defined as idiot or imbecile. These children were deemed ineducable and so were not catered for under the Education Act 1921. Consequently, they were denied a place in the evacuation scheme's special parties. The other group is the emotionally handicapped. Although not officially recognised as a mental illness some pre-war provision was made and it is perhaps this illness more than any other that grew in awareness during the war.

CHAPTER FOUR

Specific Problems of the Mentally Handicapped

Introduction

Whilst physically handicapped children also fell into several different categories, children with a mental illness were regarded as much more difficult to define. Consequently, they were often inappropriately classified and received inadequate treatment (or no treatment at all). It is the aim of this chapter to show the extent to which the relevant authorities at the time were aware of these and other problems relating to children's mental health, how they attempted to deal with the problems, and the extent to which they were successful. The chapter shows how the problems that had already been acknowledged before the war, but had not been adequately addressed, became even more evident during the war. The consequences of this are also discussed.

The chapter examines the experiences of mentally handicapped children who were not officially included in the special parties evacuated under the Government Evacuation Scheme. At one end of the scale were the most severely handicapped who were totally dependent on others and who had no prospect of gaining true independence. These were labelled imbeciles and idiots, were deemed ineducable and spent the war years either in a mental institution or in the care of parents or guardians. At the other end of the scale were the emotionally handicapped, who often needed only limited help before rejoining society to lead full active lives. In 1939 there was no legal definition for these children but they shall be referred to as 'maladjusted' (as subsequently defined in the Education Act, 1944). Many of these children were evacuated into one of the special hostels for 'difficult' children that were established at the beginning of the war under the Government Evacuation Scheme. The hostels,

which were administered by the local authorities in the reception areas, catered both for children with long-standing psychiatric problems and those whose difficulties only came to light after being evacuated into ordinary billets.

Somewhere in between these two groups, of ineducable and maladjusted, were the feeble-minded. These children were classed as either feeble-minded educable (high grade MD) or feeble-minded ineducable (low grade MD). Some of the former group were included in the special parties for MDs and therefore, not included in this chapter. Others were sent to mental institutions, or colonies, where they came under the LEAs. The low grade feeble-minded children however, were treated in a similar way to the idiots and imbeciles. Historically, the feeble-minded have received the most attention, with prominent individuals and organisations often in disagreement about their possible threat to society, about the degree to which they could be helped, and consequently, how and where they should be treated.

The underlying theme of this chapter is how change was brought about for the various categories of mentally handicapped children and the extent to which the war contributed to these changes. One of the most significant developments during World War Two was in the application of psychology and in provision for the maladjusted child, and this will be the focus of a detailed case study. However, all wartime developments need to be seen in the context of earlier developments and the recognition of inadequacies that, due in part to the lack of funding, remained unsolved.

A Call for Change

Although some prior concern over the treatment of children suffering mental illness had been raised by private individuals and charities, the first official recognition of the issue was not instigated until the late 1890s. In 1898, the report of the Sharpe Committee,

which had been set up by the government after pressure from concerned organisations, teachers and members of the medical profession, indicated a particular concern for children who were being teased and harassed by their more able peers.³³⁸ The committee recommended that more special schools be established in place of some of the special classes in ordinary schools, and that the term feeble-minded be dropped. Although none of these recommendations were incorporated into the subsequent education act (Elementary Education (Defective and Epileptic) Act, 1899), the Sharpe committee had heard evidence from teachers, doctors, educational inspectors, administrators and representatives from the welfare services placing the care and education of handicapped children on the public agenda for the first time.

After further pressure a Royal Commission was set up, reporting in 1908.³³⁹ Again, evidence came from concerned professionals but this time the subsequent act (Education Act, 1913) made positive changes by developing a uniform national system of provision for handicapped children (except for the lowest grade of feeble-minded).³⁴⁰ However, the act was not implemented due to World War One. This, and a lack of adequate funds were important factors but the prevailing attitudes towards the mentally ill and the idea that mental illness was hereditary was also to blame. In line with eugenic thinking the Royal Commission recommended the continuance of separate provision for children whose disabilities were described as genetic. In 1924 the Board of Education and the Board of Control set up a joint departmental committee to report on aspects of mental deficiency, with parts one and two of the report dealing specifically with the mentally defective child. Known as the Wood Committee, their report was published in 1929.³⁴¹

³³⁸ Stakes and Hornby, *Change in Special Education*, p.19.

³³⁹ *The Royal Commission on the Care and Control of the Feeble Minded* (London: HMSO, 1908).

³⁴⁰ *Ibid.*, p.21.

³⁴¹ Joint Committee; Board of Education and Board of Control; *Mental Deficiency: Parts I and II*; general;

One of the duties of the committee was to report on the number of mentally defective children at the time, and to assess how many would need to be dealt with under the Mental Deficiency Act, 1913. The committee reported that the total number of MD children was 105,000, which was three times the number estimated by the LEAs. This included 30,000 idiots and imbeciles, which amounted to two and a half times the number estimated by the LEAs. It was also noted that no less than seventy-seven per cent of the educable MD children were attending ordinary public elementary schools. The conclusion of the committee was that the inadequacy of special provision for the children meant that the system had broken down.³⁴²

Included in the Wood Report was the recommendation that all educable MD children, and the dull and backward children (who were not deficient) should be treated as a single educational group of 'retarded' children, and that the school system should be modified to provide for them. The committee further advised that all-age special classes should be abolished and that separate classes should be provided for children under and over eleven years of age. Also, children who had not made substantial progress by the age of eleven, and needed care and supervision, should be the responsibility of the local MD authority, although the LEAs should make special provision for them. Significantly, the committee recommended that education provision should also be made for the imbeciles and idiots, who would continue to be under the care of the MD authorities. The committee members also felt that the educational criteria for ascertaining the status of children were inadequate and that the real test should be 'the need of care and control'. They were concerned that all children who needed the services of the MD authorities should be found, and made special mention of those children in poor law institutions and home office schools who may at the present

child, 1929.

³⁴² Ibid.

time be denied adequate provision.

Despite the changes called for by the Wood Report there were substantial obstacles to its implementation. The committee acknowledged that there was an inadequate number of special schools but was also aware that the funds needed to extend the system would not be available. By recommending that the elementary schools be reorganised in order to provide for MD children, confusion ensued and led some to believe that special schools were no longer needed. In 1933, George Newman was forced to clarify the continuing need for such schools in his annual report and reiterated that it was the duty of the LEAs to provide them.³⁴³

Perhaps one of the most significant recommendations of the Wood Committee was the abolishment of certification. A number of teachers in special schools opposed this, perhaps because they might lose some pupils and so face unemployment.³⁴⁴ However, the stigma surrounding children receiving special education made certification unpopular with both parents and teachers alike and sometimes prevented them from notifying the relevant authorities. Under s.55 of the Education Act, 1921, it was the duty of each LEA to ascertain which children in the area were defective and capable of receiving benefit from instruction in special classes or schools, and to make provision for such education. By definition, this did not include those children who were idiot or imbecile. These children were provided for under the Mental Deficiency Acts, 1913-1927 and it was the duty of each local authority to constitute a committee for the care of ineducable MD children in their area, and to provide suitable supervision. This might be in the form of supervision at home with parent or guardian, in an institution, or in some other place under guardianship.

Another possible reason for the decline in notification was the controversy

³⁴³ *Times Educational Supplement*, 5 August 1939.

³⁴⁴ Stakes and Hornby, *Change in Special Education*, p.64.

surrounding certifying officers and the method of certification. In April 1939, the *Daily Telegraph* and *Morning Post* reported that a Mr. Keasley had been successful in his efforts to have his eleven year old son's certificate quashed. The next day *The Times* also reported the case in its 'Law Report'. The boy had been at a council school for some years but in 1937 the father was told that his son was to be examined with a view to sending him to a special school. The father's doctor said that the child was fit for an ordinary council school and this was later confirmed by a specialist. However, in 1938 he was certified imbecile and it was suggested that he go to a colony. The father's contention was two-fold. Firstly, the second doctor (two doctors had to sign the certificate) had never examined the boy and secondly, as it was a borderline case, it should have been decided by the Board of Education (under s.31 of the Mental Deficiency Act, 1913).³⁴⁵ In May 1939, the *Education Journal* contained a full explanation of why the father had won his case. The fact that one of the doctors had signed the certificate without seeing the boy, whilst seeming unsatisfactory, was not illegal. What decided the verdict was the fact that the case had not been put before the Board of Education.³⁴⁶ Consequently, the certificate was quashed.

Misdiagnosis or the failure to place a child in the correct environment was relatively common before the war. There were cases of children wrongly admitted to mental hospitals or colonies, and cases of children who, under current legislation, should have been admitted to such institutions but remained in either special school or even elementary school. During the war the problems continued and were compounded by the effects of the war and the disruption of the evacuation. That said, MD children, as with other handicapped groups, became more visible during the war forcing the authorities, often belatedly and not always adequately, to provide for them.

³⁴⁵ TNA, ED50/268, Law Report in *The Times*, 27th April 1939

³⁴⁶ 'Education in the Law Courts: Mental State of Child - Doctors Certificate Quashed', *Education Journal*, 5 May 1939.

The ‘Wrong Institution’

Despite the seemingly straightforward definitions of the mentally handicapped, the categories often overlapped. For example, a child may have been certified as feeble-minded but educable, or feeble-minded ineducable. It sometimes happened that a child was sent to a special school but was subsequently deemed ineducable and so had to leave the education system altogether, as the following example highlights. RC, who was aged 12 in 1942, was bullied at his regular council school. He could sound and name some letters and could copy from the blackboard, but could not read.

Consequently, he was spat on by his classmates and told that he belonged in a lunatic asylum. He was examined by the LEA and was found to have normal speech, hearing and sight, was affectionate and clean and his behaviour was excellent. However, he was backward for his age. He was ascertained feeble-minded educable and sent to a residential special school. One year later, when he had still not learnt to read, he was certified ineducable and was forced to leave the school.³⁴⁷

In cases such as this, unless the child had committed an offence, it was usually the decision of the parent whether to care for the child at home or to have him/her committed to a mental institution. Sometimes though, the parents refused to accept the diagnosis and disputed the classification of their child, as the following example demonstrates. P.A.B., aged 12, was certified feeble-minded ineducable in 1944 whilst at a special MD school and at first, the mother agreed to send her to an institution. However, the father disagreed and they entered into a lengthy correspondence with the authorities to try and keep the girl in school. Their request for re-examination was agreed but the diagnosis did not change and the girl was sent home. Several months later the girl ‘slipped through the net’ and was evacuated to a residential special school. Once there, she was certified imbecile and sent home. The staff at the school

³⁴⁷ LMA, LCC/EO/SS/8/7 (no. 432), Children reported on under MD Acts 1913-1927: individual cases.

complained that she had dirty habits and refused to speak. The mother replied that she must have been neglected. The local county council tried to reassure both parents that the girl would be better off, and safer, in an institution in the country, but to no avail. In June 1945, their parliamentary candidate wrote to the education committee asking for the family to be helped in some way. However, in March 1946 the girl was examined yet again and was found to be a ‘Mongol’ with a mental age of three. The parents finally had to concede and the girl left the education system.³⁴⁸

As in the pre-war period, many low-grade children during the war were kept in special schools instead of being certified ineducable and thereby being forced to leave the special education system. Some teachers may not have realised the seriousness of a child’s problem; others, as already discussed, were reluctant to involve the MD authorities. Undoubtedly, the circumstances of a school and its pupils relied to a considerable degree on the reports and recommendations of the visiting HMIs. HMI Miss Moodie for example, reported in 1940 that most children at the Hollingdean MD School in Brighton were of a relatively low-grade but did not recommend their removal. In 1943 she noted that not much had changed. The children were interested in current affairs and most were capable of doing jobs in school, shopping, gardening and boot-repairing but education had not really been affected because they were low grade children who were ‘not capable of doing much’.³⁴⁹ Lumsden, on the other hand, almost without fail recommended that low grade MDs should be removed from special schools. After visiting the Chaucer Street MD School in Oldham in 1932 he had reported that ‘The headmistress has a soft heart and although some are undoubted imbeciles, unless a child is a nuisance, she keeps it’.³⁵⁰ Lumsden requested that assessments be carried out so that those of a low IQ could be notified to the MD authorities and those with an IQ of

³⁴⁸ Ibid. (no. 98).

³⁴⁹ Ibid., 1 April 1943.

³⁵⁰ TNA, ED32/1124, 13 December 1932.

70 or above could be decertified. There were no further inspections of the school until 1941, when it was reported that only educable MDs were admitted.³⁵¹

On this occasion Lumsden had been successful. However, with an overstretched inspectorate, and with not all inspectors being as ‘conscientious’ as Lumsden, it was inevitable that some low grade MD children would remain in the special school system throughout the war. One such case was that of P.W., a boy who was sent to Pontville RC MD School in Ormskirk, Lancashire. He entered the school in 1938. In 1949 the Board of Control visited the school to inquire into the number of ineducable children still there. This is a particularly poignant case and is best explained in the words of the inspector:

This is a low-grade Mongolian imbecile, who is unable to speak but says odd, badly pronounced words and utters animal noises. Physically, he is very immature. He comes from a good home and has been at Pontville since the age of 3 years. His parents pay for him and he sleeps in the convent – used to sleep in a dormitory. He does not attend school and plays by himself all day long in a corner of the garden or in the convent. The Sisters “love” him and expend much of their maternal affection on him – and he is a repulsive looking lad. Since he is in the convent by a private arrangement between the Mother Superior and his parents and is not at school and no longer occupies a dormitory bed, I suggest no action be taken. When he gets older the Sisters will have to discharge him, but they hope before that happens that ‘the good Lord will take him to Heaven’.³⁵²

For some reason, there was only one inspection at this school during the war. This was done by Lumsden in 1943 when as usual he recommended that all ineducables be removed.³⁵³ Obviously, PW was not removed but his case may have been helped by the fact that his family could afford to pay for his care. Indeed, the financial aspect, rather

³⁵¹ Ibid., 24 September 1941.

³⁵² TNA, ED32/1602, 30 August 1949.

³⁵³ TNA, ED32/958, 21 January 1943.

than legislation, could determine the type of child that was sent to an institution, as the following case highlights.

The Mary Dendy Home and Council School for MD children at Great Warford, Sandlebridge, was initially owned by the Incorporated Lancashire and Cheshire Society for the Permanent Care of the Feeble-Minded. When Lumsden made his first visit, in September 1941, he found that despite Mary Dendy's policy of limiting admissions to the feeble-minded a large number of imbeciles had been admitted. Lumsden concluded that this had occurred because the LEAs had sent them there under the 1921 Education Act for the purpose of obtaining a grant instead of notifying them to the MD authorities. Also, that the Committee had accepted Board of Education cases without much scrutiny. Lumsden recommended that the feeble-minded should not continue to mix with the imbeciles and that the Medical Superintendent should re-examine the children.³⁵⁴ In his next report nine months later, 60 children had been re-examined and it was found that almost all had been graded too high. Despite this, the Committee decided that the children would stay where they were:

Classification is difficult because low and high grades had been together for some years before the council took over, and the high grade looked after the low grade. So the low grades are attached to where they live.³⁵⁵

It must be remembered that HMI Lumsden was an employee of the Board of Education and part of his responsibility would have been to ensure that the Board were not paying grants for children who were ineducable. In the majority of cases he recommended that such children be removed from a special school. However, as alternative accommodation became increasingly difficult to find it became acceptable to the Board

³⁵⁴ TNA, ED 32/244, 17 September 1941.

³⁵⁵ *Ibid.*, 23 June 1942 and 7 October 1942.

for the children to remain in the school as long as the mental health authorities, and not the Board of Education, paid for their care. This was the case at Mary Dendy's and also at the Allerton Priory RC residential school in Liverpool where approximately twenty-five per-cent of the children proved to be ineducable. Ironically, in this case it was the head teacher and not Lumsden, who insisted on discharging the children.³⁵⁶

Arguably, the most difficult category of handicapped child to accommodate appropriately was the epileptic. As discussed in chapter one the epileptic child was often thought to be suffering from a mental illness. In 1932, the problem was raised at a conference of representatives of schools for epileptic children where it was agreed that there should be no epileptics in special schools if they were of a low mental grade.³⁵⁷ Although the accommodation situation improved slightly after 1932 there were still waiting lists in special schools when war broke out, leading eventually to the Liverpool conference of 1943 in which representatives of colonies for epileptics brought the problem to the attention of the Board of Control and the Board of Education.³⁵⁸

The four main epileptic colonies during World War Two were Chalfont St. Peter, David Lewis, Lingfield, and Maghull. The largest of these was the Chalfont St. Peter Epileptic Colony in Buckinghamshire which in 1939 contained five hundred men, women, boys and girls in houses of approximately forty each. The children's quarters were arranged in houses providing a dormitory, feeding and play rooms for thirty-seven children and each with a classroom opposite.³⁵⁹ No MDs were officially accepted at Chalfont but a limited number of blind epileptics were. When Lumsden inspected in 1944 he found that one of the blind epileptics was also an imbecile. However, on this

³⁵⁶ TNA, ED 32/950, 27 May 1943.

³⁵⁷ TNA, ED 50/271, Provision of special schools for epileptics.

³⁵⁸ *Ibid.*

³⁵⁹ TNA, ED 32/235, 19 January 1939.

occasion there is no evidence that he recommended the child's removal.³⁶⁰ Another relatively large colony for epileptics was the Maghull Home in Liverpool. Opened in 1935, the colony was made up of several houses, of which children used two. Despite the rules regarding MDs, Lumsden found that at least twenty per-cent of the children could be classed as such and ten were ineducable. Again, there was no recommendation to remove anyone.³⁶¹

An obvious difference between Lumsden's reports on special schools and those in epileptic colonies is his attitude towards the MD children. It is likely that his failure to recommend the removal of MD epileptics was due to the lack of alternative accommodation for them. Although there was a shortage of accommodation for all groups of handicapped children, places for epileptics who were also MD were virtually non-existent outside the epileptic colonies.

One way of solving the problem of where to re-house ineducable children without having to find additional accommodation was to 'exchange' them with educable children wrongly placed in mental institutions. It is not known how frequently this occurred but at some point during the war an exchange was arranged between two institutions in Birmingham. When Monyhull Colony opened shortly after the end of World War One, the only other institution for mentally handicapped children in Birmingham was Erdington House, an institution for idiots. As only a small number of places were available for children at Erdington House a large number of ineducable children were admitted to Monyhull. When the Board of Education began inspecting the school in 1940 there was a large range of intelligence among the children. Out of the 360 children in the colony 240 attended the special school and these were organized into two streams: low grade and high grade. The visiting HMI (Lumsden) found that

³⁶⁰ TNA, ED 62/99, 2 January 1944.

³⁶¹ TNA, ED 32/954, 20 January 1943.

the work of some of the high grade children was of the same standard as children in ordinary MD schools. On the other hand, the low grades, whilst seeming busy and happy, were capable only of occupational work. It was found that some of these children were of a lower grade than those at the nearby Marston Green mental institution. Although Lumsden inspected Monyhull each year, it is unclear exactly when the ineducable from Monyhull were exchanged with the educables from Marston Green but by January 1944, when the Superintendent of Monyhull reported to the school sub-committee, he said that due to the exchange '...there are only a few unsuitable children who remain and the HMI is more satisfied'.³⁶²

The problems associated with children being wrongly placed, and this was true both before and during the war, were both financial and practical. For example, the Board of Education did not want to pay for ineducable children, and it was difficult to teach/train a group of children made up of different levels of ability. Whilst it was the duty of the HMIs to ensure that these children did not remain in the special education system, they were not always successful. Although not all children who were denied a place in a special school spent their war years in a mental institution (some remained at home with parents/guardians), many did. The following section examines the level of disruption suffered by these children and how the authorities reacted to the problems of safety and the shortage of bed space.

Children in Mental Institutions

According to the Board of Control, there were ample places in MD colonies in the pre-war period but they were getting increasingly difficult to fill and the Board queried the fact that imbeciles were still being educated in schools. By 1939, despite the efforts of the HMIs and certifying officers there was a real concern within the Board of Control

³⁶² TNA, ED 32/1015, 25 January 1944.

regarding the fall in numbers notified.³⁶³ In sharp contrast, during World War Two all mental institution, including the MD colonies, experienced severe overcrowding. In all, more than 25,000 of their beds in England and Wales were taken over by the Emergency medical Services.³⁶⁴ Bomb damage and the necessity of re-locating patients on the south and south-east coasts served to worsen the problem. That said, unlike the special schools that had been evacuated into established residential premises the majority of mental institutions were able to carry on in their original premises during the war. However, life didn't always carry on as normal and the children were very often affected by war conditions, as highlighted by the following examples.

The Park Colony was opened in 1920 and in 1932 was re-organised into the 'villas system', which was designed to prevent people losing their identification and to give a community spirit.³⁶⁵ Along with the six villas, the colony also contained a school. During the war, part of the colony was commandeered by the EMS, where both British soldiers and German prisoners of war were accommodated; their segregation was made easier because the premises were already designed to segregate the sexes. Although the colony and its air-raid shelters suffered overcrowding no damage was affected by the war. Indeed, it has been found that, although officially forbidden, patients and British soldiers did mix and the newcomers brought variety, interest, opportunities and supplies.³⁶⁶

At the Meanwood Park Institution and Colony in Leeds, the Board of Control reported that war conditions had imposed a considerable burden. Although no serious harm had been done to the patients, medical and admission work was made complicated by the detailed attention which had to be given to the EMS, who had requisitioned 270

³⁶³TNA, ED50/266, Special educational treatment of the feeble-minded, 11 March 1939.

³⁶⁴ Titmuss, *The Problems of Social Policy*, p.497.

³⁶⁵ Potts and Fido, *A Fit Person to be Removed*, p. 26.

³⁶⁶ *Ibid.*, p.98.

out of the 481 beds.³⁶⁷ Life in the Monyhull Colony in Birmingham went on more or less as normal, although the risk of air raids had forced the use of dining rooms as dormitories. This had caused overcrowding but no serious epidemics and Lumsden found that the children's health was generally good.³⁶⁸

By March 1941, the Board of Control had surrendered approximately twenty-five per-cent of its mental institutions to the EMS and fighting services. At this time, with a serious threat of a German invasion the Civil Defence and the Ministry of Home Security were discussing what to do with the three asylums in and around Colchester. All were within a mile or two of the 'defended line' (Colchester formed an important defence centre in the event of invasion) and the authorities were worried about the patients being used as a screen by the Germans.³⁶⁹ Another concern was for the local population in the event of the patients being released. In a letter to the Ministry of Health, an official at the Board of Control wrote:

I know of no way of rendering dangerous mental patients harmless, unless you regard a machine gun or strychnine as permissible methods.³⁷⁰

It was agreed to move the more dangerous patients if the need arose.

In comparison with handicapped children evacuated from day schools then, those in mental institutions suffered relatively little disruption, although some of the problems, such as overcrowding, paralleled each other. A particular problem faced by the mental health authorities during the war, and at the Meanwood Park Institution in particular, was the high number of absconders. This was blamed on the abnormally

³⁶⁷ TNA, MH 95/39, 7 and 8 April 1943.

³⁶⁸ TNA, ED 32/1015, 13 and 14 May 1941.

³⁶⁹ TNA, MH 79/485, Letter from Civil Defence to Ministry Of Home Security, 6 March 1941.

³⁷⁰ *Ibid.*, Letter from LG Brock to Mr. Hickinbotham, 6 February 1941. It is not known if the official included children in this 'solution' to the problem.

high proportion of delinquents being admitted and while it was accepted that a mental institution was unsuitable for them, it was seen as unavoidable because of the lack of alternative accommodation.³⁷¹

Whilst mental institutions generally housed low grade MD children (idiots, imbeciles and the feeble-minded) the authorities faced different problems when dealing with those deemed to be delinquent. These children were generally more intelligent and were not as amenable to methods of control. The issue of delinquency was the subject of many debates during World War Two. Some children, rightly or wrongly, were sent to approved schools. Others were labelled merely as 'difficult' and sent to hostels from where, after a period of 'treatment' they were (re)billeted in ordinary households. A number of children suffered from some form of emotional disturbance and were labelled 'maladjusted'. The following section discusses the possible causes of the illness, the various ways in which it manifested itself, and the ways it was treated. The section argues that the treatment of emotional disturbance was an area in which there was considerable innovation during the war. As children became more visible their mental health problems became more recognised and it soon became apparent that the hostel system, introduced at the beginning of the war for children deemed too difficult to billet normally, as well as the Child Guidance Service, would need to be expanded.

Emotional Disturbance

Although there was no official recognition of 'emotional disturbance' as a category of handicap in any of the legislation passed prior to 1944, during the late 1920s the needs of such children were recognised by the establishment of the Child Guidance Council.³⁷² The Council had been formed in 1928 'to encourage the provision of skilled

³⁷¹ TNA, MH 95/39, Board of Control Report, 15 February 1944.

³⁷² For a history of the Child Guidance Service in Britain, see Olive C. Sampson, *Child Guidance: Its*

treatment for children showing behavioural disturbances and early symptoms of nervous disorder'.³⁷³ It was thought that by methods of play therapy, careful observation, and attention to the child's physical and mental weaknesses and to its home conditions, the child can be helped to develop those qualities necessary for life in society which he previously lacked.³⁷⁴

During the 1930s there was a steady growth in clinics; from just two in 1930, by September 1939 there were fifty-four, twenty-two of which were provided, wholly or in part, by LEAs.³⁷⁵ Fully-staffed clinics were composed of psychiatrists, educational psychologists and psychiatric social workers (PSWs), and referrals were usually made by care committees, hospitals, parents, teachers or probation officers attached to juvenile courts.³⁷⁶ Under s.35 (2) of the Children and Young Person's Act 1933, it was the duty of each LEA to furnish the court with a report of the child's home surroundings, school record, health and character.³⁷⁷ The clinics were frequently used by juvenile courts as an alternative to detention, whereby a probation order would be issued with the condition that the child attends a CGC for treatment.³⁷⁸

The importance of CGCs and the high esteem in which they were held at the outbreak of World War Two is perhaps best summed up by an article, entitled 'Cured by Kindness', which appeared in the Times Educational Supplement (TES) in July 1939:

Child Guidance Clinics, with their insistence on psychological study of children, are in a great measure responsible for the changed attitude towards delinquency that is to be found among a

History, Provenance and Future (London: British Psychological Society, 1980).

³⁷³ TNA, ED 50/273, Report of the Child Guidance Council, 1935.

³⁷⁴ Henry A. Mess, *Voluntary Social Services Since 1918* (London: Paul, Trencher & Trubner, 1947), p.125.

³⁷⁵ Swann, *The Practice of Special Education*, p.99.

³⁷⁶ TES, 22 July 1939.

³⁷⁷ TNA, ED 50/273, Special educational treatment for maladjusted children, 1936-39.

³⁷⁸ Mess, *Voluntary Social Services since 1918*, p.125.

large part of the population. London child guidance clinics have treated and often cured children and have helped to educate public opinion in the theories that lie behind the treatment. The difficult child is not merely naughty but suffering from unconscious disturbance causing asocial or neurotic behaviour.³⁷⁹

Early in 1939, the Mental Health Emergency Committee (MHEC) was formed by national organizations for mental health (including the Child Guidance Council) in order to formulate and carry out a co-ordinated policy of action with regards to mental health problems in time of war. The duties of the committee were to assist government departments, local authorities, community, and individual cases of mental and nervous disturbance. This included children who had previously attended CGCs or who needed their help after evacuation, through becoming difficult or unbalanced.³⁸⁰

The psychological effects on evacuated children have long been a subject of debate and experts at the time disagreed on the level of impact. Shortly before the outbreak of war Dr. John Bowlby of the North London CGC wrote that ‘there is no evidence that normal children over 5 are likely to suffer serious psychological harm from being sent away, although already unstable children may get worse and the normal children may be unhappy and homesick’.³⁸¹ Some mental health workers, however, advised that there would be severe emotional disturbances among nervous children, unstable defectives, and unstable and unbalanced adolescents, if war were to break out.³⁸² Child psychologist Susan Isaacs (editor of *The Cambridge Evacuation Survey*) agreed and in the first week of the war wrote to the President of the Board of Education expressing concern for the mental health of young evacuees, as already symptoms such as sleeplessness, night terrors, ill-health and difficult behaviour were showing and could

³⁷⁹ ‘Cured by Kindness’, *TES* 22 July 1939.

³⁸⁰ TNA, ED 50/273, Letter from MHEC to Board of Education, 19 April 1939.

³⁸¹ John Bowlby, in *Evacuation survey: A Report to the Fabian Society*, edited by Richard Padley and Margaret Cole (London: Routledge, 1940), pp.186-196.

³⁸² Billeting Misfits, *TES*, 28 October 1939.

later develop into inability to learn and delinquency.³⁸³ The Board were themselves concerned, warning that ‘if we neglect the mental health of childhood we cannot escape its results in many kinds of mental ailment - dull, backward, neurotic, “difficult” or delinquent children’.³⁸⁴

Despite the concerns raised, in the early stages of the war, of the 43 clinics recognised by the Child Guidance Council, 18 clinics, all of which were situated either in London or Southampton, were requisitioned or closed.³⁸⁵ However, the evacuation soon highlighted the large number of children who were un-billetable due to their disturbing behaviour and were in need of psychiatric and psychological services. As a result, by August 1940 old CGCs had re-opened (but not in London), five new ones established (including one at a London hospital), and four temporary ones opened.³⁸⁶ In addition, the MHEC offered the services of its educational psychologists to LEAs with the hope that much could be learned about the causes of bad behaviour.³⁸⁷

One particular group who were concerned that the evacuation was having an adverse effect on the mental health of vulnerable children, who believed strongly in the work of the CGCs, and who appear to have had some considerable influence, was the Joint Committee of Working Women’s Organisations. At the end of 1941 they wrote to RA Butler MP to relay their concerns about the lack of CGCs. Members who had experience of social work in their localities, and especially in the children’s courts, felt that wartime conditions made the provision of child guidance more urgent than ever before.³⁸⁸ Several months later the same committee was interviewed by the President of

³⁸³ P.H.J.H. Gosden, *Education in the Second World War: A Study in Policy and Administration* (London: Methuen, 1976), p.175.

³⁸⁴ Board of Education, *Suggestions on Health Education: for the consideration of teachers and others concerned in the health and education of school children* (London: HMSO, 1939), p.38.

³⁸⁵ Modern Record Centre (MRC), MSS.378.APSW/P/20/5/7, Report of the Association of Psychiatric Social Workers, 26 October 1939.

³⁸⁶ MRC, MSS.378/APSW/P/20/5/19, Child Guidance Council: Notes on present activities, August 1940.

³⁸⁷ ‘Billeting Misfits’, *TES*, 28 October 1939.

³⁸⁸ TNA, ED 50/274, 2 December 1941.

the Board of Education and the Parliamentary Secretary. The committee members were still concerned at the lack of CGCs. At the meeting it was agreed that there should be more done to increase the number, although it was also said that LEAs differed widely in their attitude towards child guidance: ‘Some regard it with the suspicion which psych-analysis arouses in many of us; others attach the highest value to it’.³⁸⁹

Despite the reservations of some education officials, the Board of Education agreed to help finance additional CGCs for the treatment of emotionally disturbed children and by the end of 1942 there were sixty-two CGCs in reception areas. The following year the Provisional National Council for Mental Health (provisional NCMH) was established. This was a new central voluntary body whose aim was to co-ordinate the activities of the voluntary mental health organisations, including the Child Guidance Council and the work of the MHEC. One of the first undertakings of the new body was to form the Child Guidance Committee and one of the aims of the committee was to establish new CGCs. In the first year, another six clinics were opened, bringing the total number to 68 by March 1944.³⁹⁰ By the end of the war there were 79 clinics, seventy-five per-cent of which were supported entirely by LEAs.³⁹¹

The type of emotional disturbance dealt with in CGCs during the war was broader than in the early days of the service. In the beginning, ‘the existence of problem children, as distinct from children with problems’, was appreciated by few.³⁹² Consequently, it was children whose behaviour presented problems for others who were likely to be referred. Indeed, the modern child guidance clinic began with the study of delinquents.³⁹³ Gradually, the teaching and medical professions, and parents, came to

³⁸⁹ TNA, ED 50/274, Report of Interview, 7 May 1942.

³⁹⁰ MRC, MSS.378/APSW/P/20/5/28, First report of the provisional NCMH, 1 April 1943 to 31 March 1944.

³⁹¹ Leff and Leff, *The School Health Service*, p.201.

³⁹² TNA, ED 50/273, Report of the Child Guidance Council, 1935.

³⁹³ MRC, MSS.16C/5/0/60, William Healy, Institute for Juvenile Research, 1934.

recognise that the unnaturally quiet, withdrawn, child also required psychiatric help. The extent of the problem, however, was not realised until the evacuation.

One symptom of emotional disturbance, or ‘maladjustment’, was bed-wetting and whilst for some this was regarded as merely the poor hygiene habits of the urban working class, for others it was evidence of emotional trauma and should be treated as such. An article sympathetic to this view appeared in the *Medical Officer* shortly after the outbreak of war, asserting that it wasn’t surprising that children wet the bed in the excitement of the evacuation, and that most had been cured by patience and understanding.³⁹⁴ Evidence was to show, however, that enuresis was one of the most frequent problems amongst ‘disturbed’ evacuees. One example comes from a CGC in Cambridge where, in a study of 155 evacuated children referred to the clinic, it was found that over sixty per-cent suffered from some kind of incontinence, mainly of the bladder. Troublesome behaviour and quarrelling were the next most frequent symptom about which complaints were made (seven and eight per-cent respectively). Other ‘bad’ behavioural habits included disobedience and temper-tantrums. The more ‘nervous’ children tended to experience homesickness, sleep-disturbance, crying, anxiety, speech difficulties, babyishness, worrying and fearfulness.³⁹⁵

Attitudes towards the disturbed child were ambiguous in the early days of the war. The fact that urban children did not necessarily act the same as their rural counterparts was reason enough for some to be labelled delinquent. In April 1940, a Mr. David Wills addressed the Howard League for Penal Reform on the difficulties faced by evacuees. It was his belief that in many cases, the evacuation had exposed the children as delinquents because, for example, it was more difficult to escape detection

³⁹⁴ *The Medical Officer*, 62 (1939), p.144, quoted in John Welshman, ‘Evacuation and Social Policy during the Second World War: Myth and Reality’, *Twentieth Century British History*, Vol.9 (1), 1998, p.51.

³⁹⁵ Susan Isaacs (ed.), *Cambridge Evacuation Survey: A Wartime Study in Social Welfare and Education* (S1: Methuen, 1941), p.119.

when stealing from the village shop than from a stall in the street. Also, Wills went on, conversation allowed at home was suddenly frowned upon by foster parents, as indecent and wicked. He believed that this change in attitude in adults, by suddenly reacting differently to actions which the child had regarded as normal, caused emotional disturbances.³⁹⁶

It was recognized early on that treatment on an out patient basis would not be sufficient to meet the needs of all emotionally disturbed children. Less than a month after the outbreak of World War Two the Board of Education held a meeting with members of two of London's CGCs to discuss behaviour problems amongst evacuated children.³⁹⁷ Two types of difficulty had emerged in the reception areas for children who, it was agreed, would need some kind of residential accommodation.

1. Children with emotional problems due to separation from home, aggravated by 'mal-billeting'.
2. Children whose behaviour problems probably already existed in their own homes. Some of these children perhaps already attended a CGC.

In 1939, the use of residential accommodation for the emotionally disturbed child was uncommon but not unknown. In 1931 the Northamptonshire Home for Girls in Dallington (later known as the Dallington Home for Maladjusted Girls), formerly a female orphanage, became a home for difficult girls. As no such category of handicap was recognized under Part V of the Education Act 1921, those sent by the LEAs (the home was run by a charitable trust) were paid for under s.80 of the same act. The girls attended the local elementary school but the home provided social and occupational

³⁹⁶ 'The Delinquents Abroad', *TES*, 13 April 1940. Mr. Wills was superintendent of a hostel for difficult children.

³⁹⁷ TNA, ED 50/273, Memorandum, 30 September 1939.

interests, and psychiatric treatment was provided. The Dallington Home was not regarded as a great success. In February/March 1939, it was reported that the Home was doing more harm than good. The girls were said to run riot, they were institutionalised and aggressive towards the staff.³⁹⁸ By February 1940 only a handful of girls remained at the home; because of the closure of CGCs there had been a lack of referrals. Soon after, the home closed and the lease, owned by the LEA, went to the Church of England's Waifs and Strays Society.³⁹⁹

Another establishment that catered for the disturbed child at the beginning of the war was the Red Hill School in West Chislehurst, Kent: a private boarding school. Unlike the one at Dallington, however, this school had not been approved by the Board of education and so did not qualify for government funding under s.80. In 1935, the school had been denied approval mainly because of the visiting inspector's uneasiness due to the headmaster's attitude and his lack of precaution in keeping the sexes apart in lavatories and bedrooms.⁴⁰⁰ In July 1938, the school was visited again, this time after an application had been made to the 'Joint Register of Foster-Homes and Schools for Nervous, Difficult and Retarded Children', which had been set up by the Child Guidance Council and the CAMW to help place disturbed children. Again, the headmaster, Mr. Shaw, gave a bad impression and the application was rejected.

Neither the headmaster of the Red Hill School, or any of his staff, had any academic qualifications in psychology or training at CGCs. Before the war, Mr. Shaw was described as evasive, unpleasant and defensive, giving no proper answers on his methods. However, when war broke out the Ministry of Health sent evacuees there and the Board of Education's inspectors suddenly gained a more favourable impression of

³⁹⁸ TNA, ED 32/696, Board of Education Interview Memorandum, 25 February 1939 and Report of the Superintendent, 1 March 1939.

³⁹⁹ TNA, ED 32/696, Prospectus.

⁴⁰⁰ TNA: ED 32/384, Visit by a Kent inspector of elementary schools and a psychologist, September 1935.

him. In June 1941, the school was approved under s.80 and a girl was sent there by the education authorities. The following year, after a visiting inspector was denied access to the girl, she was moved to another school. The inspector reported 'we feel there are grounds for an inquiry and will not be sending any more children there'.⁴⁰¹ Five weeks later Dr. Bywaters and Inspector Lumsden, both from the Board of Education, made an unannounced visit but everyone, including Mr. Shaw, was on a picnic. The teacher who greeted the two officials answered questions on school work but was evasive on other things, especially admissions policy and methods of treatment. Despite this, there was no further inspection until seven months later when, after a visit with notice, the same two officials reported the school as satisfactory. By this time there were 49 children at the school, including 19 sent there by LEAs. The following month the total number had risen to 60, most of who were said to suffer sexual difficulties. In all reports, both before and during the war, visiting officers mentioned Mr. Shaw's 'preoccupation with sexual matters'. The last report was made in 1944 when 61 children resided at the school, including 46 sent from LEAs, and the school was said to be satisfactory.

From the available evidence it would seem that the school was only used by the education authorities because of the lack of alternative accommodation. The headmaster's evasive attitude and his pre-occupation with sexual matters were noted both before and during the war but it was only before the need for places became urgent that the school was seen as unsuitable. Even after being forced to remove a girl in 1942, it was not long before others were sent there. This case has many similarities with Besford Court (see chapter two) and is perhaps another example of the conditions of war having a detrimental effect on handicapped children.

The examples of Dallington and Red Hill show that the number of residential places for emotionally disturbed children was extremely small in the pre-war period.

⁴⁰¹ Ibid., 11 March 1942.

That said, it was recognised by the health and education authorities that such places were needed. The Dallington Home's prospectus described the type of child who would benefit as being: 'The child who creates social difficulties by repeated abnormal behaviour as a result, in most cases, of failure of adjustment in reaction to home environment'.⁴⁰² In September 1939 a similar kind of system was required for the child evacuees who were of the same type, and then also for the many whose problems only came to light after they had been evacuated to individual billets. As a direct response to this need, the Ministry of Health set up a number of 'hostels'. At first they were established under the Government Evacuation Scheme but in 1941 they were taken over by local county councils and became a separate category.⁴⁰³

HOSTELS FOR 'DIFFICULT' CHILDREN

The primary purpose of the hostel system was to fit children suffering behavioural problems with life in an ordinary community. Initially, it was thought that children merely needed a period of special care or supervision but it was soon realized that many children would need a steady rebuilding of their stability and confidence. In order to do this it would be necessary to foster an environment of community rather than institution, and to provide individual affection, understanding and opportunities for growth.⁴⁰⁴

Although the Ministry of Health had foreseen the need for hostel accommodation, the number of places required was underestimated at the initial evacuation planning stage.⁴⁰⁵ Consequently, as places were limited it was necessary to make their stay short term. In 1940, the Ministry of Health published a review of the evacuation scheme to date advising that more hostel accommodation should be provided

⁴⁰² Ibid.

⁴⁰³ Ministry of Health, *A Survey of Experience under the Evacuation Scheme: Hostels for Difficult Children*, 1944, p.2.

⁴⁰⁴ Ibid., p.9.

⁴⁰⁵ Gosden, *Education in the Second World War*, p.176.

and that disturbed children should remain in hostels only until they were judged to be fit for ordinary billeting.⁴⁰⁶ It had come to light that some hostels had retained children even after successful treatment in order to avoid the difficulties of re-billeting, with the result that other cases could not be admitted.

Although the concept of residential accommodation for disturbed children was not entirely new the type and scale of the hostel system during World War Two was unprecedented. As such, mistakes were made; some children received the wrong treatment, others received no treatment at all, and many became institutionalized. Many hostels accepted children of all school ages, all types of difficulty, and both sexes. With time, however, the hostel scheme improved; its value to the disturbed child was realized, and wardens and psychiatrists began to understand more about the causes of abnormal behaviour.

In 1944 the Ministry of Health published the results of a survey of hostel experience under the evacuation scheme, which had been carried out in July 1943.⁴⁰⁷ The aim of the survey was to examine how the hostel system had evolved between September 1939 and July 1943 and to assess the ways in which children had been affected. It was hoped that the results would be of benefit to both voluntary and official bodies, during the war and in normal times, which may need to provide groups of children with a similar type of care. Out of the 215 hostels in England and Wales, 48 were selected for the survey.

The hostels surveyed accommodated children with an age range of 5-16. A broad mix was included with some hostels catering only for girls, some for boys, and some for both. The children's behaviour was also mixed. For example, according to the survey 'in general hostels do not specialize in one type of problem, and it has been

⁴⁰⁶ Ministry of Health, *Memorandum EV8: Government Evacuation Scheme* (London, HMSO, 1940).

⁴⁰⁷ Ministry of Health, *Hostels for 'Difficult' Children*.

found unsatisfactory to have too many children who, say, pilfer or behave aggressively'.⁴⁰⁸ The survey, taken after four years of evacuation, highlighted the degree of improvement that had been made in assessing the child's need for this kind of care. In the early days, there was little or no investigation into a child's background. By 1943 however, the child's particular difficulties would determine to which hostel he/she would be sent. Some children responded best in a small hostel where the matron could give individual attention and 'mothering', whereas others might be more suited to a larger hostel where there were many interests and activities, and perhaps a male warden acting as a father figure. The main purpose of the hostels was to help the child reach the stage where he/she could be billeted out with a family, and the hostel staff aimed to provide a sense of community where the child could develop a sense of self-respect and responsibility. The children were encouraged to mix with local children and to join organisations such as the guides, brownies, scouts and cubs.

One of the most important considerations for a successful hostel was the choice of staff. As this type of hostel was in its infant, or experimental, stage there were no clearly defined or recognised qualifications that applicants should possess. Fortunately though, it was found that the most important skills needed were sympathy and understanding. Having said that, most of the staff did hold practical qualifications of some kind, such as catering or household management, and some were qualified nurses, teachers or social workers. Also, the Ministry of Health organised courses and conferences for the staff. Here the emphasis was on the causes of children's difficulties, advice on occupational activities and forms of play, and other relevant subjects. It was also advised that, although the children suffered from some form of behavioural problem, the hostel should be run on a relaxed basis, giving the children as much freedom as possible. In one hostel accommodating 26 boys aged 9-14, the regime

⁴⁰⁸ Ibid., p.4.

was restricted and there was a policy of segregation. This had a bad effect on the boys' discipline and consequently, on their reputation in the village. However, a new warden was found, the boys responded to their new-found freedom, and their standing in the community was reinstated.⁴⁰⁹

An example of just how demanding it could be caring for 'difficult' children is given in a report by the matron of the Regional Psychiatric Hostel for Difficult Children in Burley-in-Wharfedale, Bradford. The matron joined the school in July 1941, one month after it opened. On arrival she found six extremely difficult children in an unsuitable house in the middle of the village and too close to the river, and with no adequate garden. The children were very hostile; they frequently threw stones at the staff and would sit on the dinner table with one foot in the food. One day they tried to run away. The matron said she would join them and escorted them in hot sun and thunderstorms. After two hours the children had had enough and went back to the house. The matron said it was a turning point in their relationship, although some problems remained. The children were unpopular with the locals, who suggested physical violence but the matron said that it was not her way and she preferred activities to keep the children occupied, even though that often led to destruction.⁴¹⁰ The views of the local community were important for the success of the hostels and, according to the survey, most were supportive of the scheme and their children were often invited to the hostels to play with the children. In one area, a local lady invited 8-10 boys to tea at her house every week. In some areas locals became involved in the hostel, helping out with mending, bathing the children, or staying overnight when a resident staff member was on leave.

It was usual for the children to attend a local school with other evacuees, either

⁴⁰⁹ Ibid., p.10.

⁴¹⁰ TNA, ED 50/274, Matron's report for 1942-43.

together with the local children or as a separate group. Sometimes though (as in 8 out of the 48 hostels surveyed) hostel children were educated separately. This was due to local conditions and had mixed results. On the positive side, being a smaller group, they received more attention and enjoyed a freer curriculum. On the negative, they were more isolated, adding to their sense of being different.

Of the 48 hostels surveyed, which were deliberately selected in order to provide a balanced view of the system, differing degrees of psychiatric treatment and/or advice was available in all but 8 of the hostels and, if any child needed psychiatric help in those hostels, they could be transferred to one where such help was available. By the time of the survey, most children were being sent to hostels from ordinary billets rather than straight from home. Sometimes, it was thought to be unnecessary to remove the child from the billet but the decision whether to send an evacuee to a hostel depended largely on if the foster-parents could cope with the child's 'abnormal' behaviour. For example, although enuresis was one of the most common symptoms of emotional disturbance it did not automatically result in being sent to a hostel. According to the Ministry of Health, 'a boy who wets the bed should not be moved for this reason alone as it gives no clue to the real nature of the problem, and moving him might make more problems for the hostel and for the child'.⁴¹¹ In these cases, if the foster-parents were agreeable, the child could remain in the billet and attend a CGC.

By July 1943 there were more than 3,400 children in 225 hostels in which psychiatric services were, in varying degrees, available.⁴¹² These hostels were run by the local authorities; others were run by private or charitable organizations. For example, in November 1941 the Friends Relief Society opened the Chaigley Manor Hostel for maladjusted children from Liverpool. Unusually for hostels, this

⁴¹¹ Ibid, p.6.

⁴¹² Gosden, *Education in the Second World War*, p.176.

establishment also provided education, although members of staff were unpaid except for fifteen shillings per week pocket money. At first, the children were the nervous and delicate type who had proved unsuitable for ordinary billets. However, after twelve months children were admitted with differing degrees of maladjustment. Many of these came from homes 'which are unfavourable to normal development'.⁴¹³ As some of the children were paid for by the Board of Education, the hostel was subject to inspection. In June 1944 HMI Lumsden inspected the premises and found that the atmosphere was conducive to healthy child development but there was overcrowding in the dormitories and there was a tendency to accept children with no maladjustment but who merely needed care and protection. As was usual when he found that the wrong type of child was being accommodated in an establishment, Lumsden noted that there was a 'need to make adjustments'.⁴¹⁴ On the whole though, the Chaigley Manor hostel was deemed a success.

In addition to the hostels run by the State and by private organisations a number of schools for difficult or maladjusted children opened up during the war. However, as was the case before the war, those schools were not always successful, as highlighted by the following example. The Little Beckett's Farm school for Maladjusted Children at Saffron Waldon, Essex, was approved by the Board of Education and the Home Office in June 1942. In January and February 1943, officials from these departments visited the school after complaints had been made by the Essex Education Office. The visitors found the whole situation 'disquieting' but had to decide whether to continue to approve the school. Conditions had greatly deteriorated since the school's initial approval and there had been an unauthorised increase in numbers. The report read: 'we would normally advise against approval by the Board but with the lack of alternative

⁴¹³ TNA, ED 32/247, Letter from Secretary of Friends Education Council to Bosworth-Smith, 9 May 1935.

⁴¹⁴ TNA, ED 32/247, 5 July 1944.

accommodation, should be approved under certain conditions'.⁴¹⁵

One week later the Board of Education received the report of a hospital doctor who had been acting as the school's MO for two years and had recently visited the children:

I have only paid occasional visits but I feel I want a bath when I go there. I cannot think the boys will improve. One of the boys was in my hospital for a few weeks. Supposed to be a hopeless enuretic and also incontinent of faeces. When in hospital he never wetted the bed and was the brightest boy in the ward. As soon as he returned to the school all the abnormalities returned and he was as bad as ever.⁴¹⁶

The doctor concluded by describing the situation at the school as 'unreal and phoney'. In the same month as the doctor's visit, an officer of the Children's Branch of the Home Office reported a conversation he had had with a probation officer (PO), who had taken a boy to the school but had been so depressed by the conditions that he almost took the boy home.⁴¹⁷ Parents also complained: 'filthy clothes, torn; no washing and cooking facilities; dirty beds, only one blanket each; lack of discipline; lessons not compulsory, no books'.⁴¹⁸ The PO questioned how the Home Office could have approved such a school. In contrast to the Besford Court and Red Hill establishments, the Little Beckett's Farm School had its Board of Education and Home Office approval withdrawn (March 1943) and all children referred by them were removed by the end of the following month. Rather disturbingly, however, Mr. Casteel, who ran the school and, incidentally, had previously worked with Mr. Shaw at the Red Hill hostel, was allowed to continue taking in private pupils.⁴¹⁹

⁴¹⁵ TNA, ED 122/21, Report of visits, 22 January 1943 and 5 February 1943.

⁴¹⁶ Ibid., From AG Salaman to the Board of Education, 12 February 1943.

⁴¹⁷ Ibid., From Children's Branch of the Home Office to Dr. Glover, 16 February 1943.

⁴¹⁸ Ibid., From parent to Bedfordshire County MO, who passed it on to the Board of Education, February 1943.

⁴¹⁹ Mr. Casteel subsequently changed his name to Kasteel and the last available record on his activities showed him to be running a school for maladjusted children at Skenfrith, Monmouthshire in December

A more successful private organization that accommodated difficult children during the war was the Caldecott Community. Although not officially part of the Government Evacuation Scheme, the Community received help with its evacuation arrangements from the Home Office in July 1941. In return, the Honorary Director Miss LM Rendel agreed to accept a group of ‘toughs’. Home Office cases seemed to fall into three types: toughs, neurotics and delinquents and Miss Rendel usually preferred to treat the latter two groups only. The Caldecott Community hostel did not offer any special psychiatric treatment, preferring instead to manage on ‘commonsense lines’ and with apparent success.⁴²⁰ Apart from Home Office cases, the Community accepted the Board of Education’s difficult or maladjusted children and all the children appeared to mix well together. Dr. Bywaters from the Board of Education found that although some children (mainly the Home Office children) were difficult to manage, all were well dressed, in good health and seemingly happy.⁴²¹

Regardless of the successes and failures of individual hostels, much was learnt during the war about the emotional needs of children. Awareness was raised of the objective reality of children’s losses and traumas, and how their behaviour reflected the sense of loss and rejection they experienced when parents failed to write or to visit.⁴²² According to Clare Winnicott, a social worker who supervised five Oxfordshire hostels during the war, many believed that adjustment to hostel life would be easier if the child’s contact with the past was severed. Many parents rarely communicated with their child and social workers were often their only link. The children’s expectant, almost desperate, reaction to any kind of contact with their parents made social workers realise the need to respect the child’s attachment to the parents, no matter how distant or

1946, and under investigation by the Monmouthshire County Council Child Life Protection Service. TNA, ED 122/21.

⁴²⁰ TNA: ED 31/391, Inspection by Dr. Bywaters, 15 July 1941.

⁴²¹ Ibid.

⁴²² Gosden, *Education in the Second World War*, p.176.

problematic.⁴²³

Winnicott also had a retort for those who believed that all a child needed in order to be good is a good home: ‘...the answer is not so simple. They cannot enter into a good home and become part of it until the idea of a good home has first been created or revived in them’.⁴²⁴ Often, the children, especially those from the worst backgrounds, tended to create the ideal home in their mind, a fantasy that they would never be able to find. Children who were sent to hostels from billets rather than straight from home suffered a second rejection and Winnicott noted that those children often brought with them a deep sense of failure and guilt. She regarded an important function of the hostel as helping the child to reconstruct the past, however good or bad it had been.

The work done in hostels during the war by Clare Winnicott (nee Britton) and her husband, renowned psychiatrist Donald Winnicott, along with that of Susan Issacs, was part of several initiatives into emotional disturbance stimulated by the crisis of war and the evacuation. Anna Freud, for example, studied the behaviour of nursery children; and John Bowlby analysed the behaviour of delinquents.⁴²⁵ After the war, Bowlby, Issacs, Donald Winnicott and Clare Britton (as yet unmarried) were interviewed about their work by the ‘Care of Children Committee’ as part of the Home Office’s inquiry which reported in 1946 (known as the Curtis Report) and led to the Children Act 1948.

The hostel system was largely experimental and occurred as a direct consequence of the war. The concept of residential care for the emotionally disturbed

⁴²³ Joel Kanter, ‘Residential Care with Evacuated Children: Lessons from Clare Winnicott’, Cyc-online, Issue 80, September 2005, www.cyc-net.org/cyc-online/cyc01-0905-kanter.html. Viewed 1 November 2008.

⁴²⁴ Ibid.

⁴²⁵ See: Dorothy Burlingham and Anna Freud, *Children in War-Time* (London: Methuen, 1940); and John Bowlby, ‘Forty-four juvenile thieves: their characters and home life’, *International Journal of Psycho-Analysis*, 25 (1944), pp.207-228.

(as with a number of other handicaps) was seen as beneficial and, as will be seen in the following chapter, was adapted and extended after the war. Another wartime experiment that involved the treatment of emotional disturbance, although not arising as a result of wartime conditions, was Brambling House, a special day school in Chesterfield, Derbyshire. Initiated by the Board of Education in 1936 and opened in July 1939, the school was the first to accommodate the physically defective, the delicate, and the emotionally disturbed.

BRAMBLING HOUSE

Brambling House was set in 14.457 acres and was designed to accommodate both an open-air (O-A) school and a children's centre (essentially a CGC). The house and grounds were bought by Chesterfield education authority for the sum of £3,000 but over £10,000 was subsequently spent on renovations. In the grounds, school buildings were erected with provision for 125 children and once finished, the accommodation comprised 5 detached classrooms of the open-air type, a large combined rest and recreation room, dining room, shower baths, medical inspection room, cloak rooms, and accommodation for the staff.⁴²⁶ The following extract from a 1939 Board of Education publication describes the principles of an O-A school:

Principles of an open-air school - open air schools have these important functions. They receive the PD or delicate child who, for the time being, is unfit for education side by side with healthy school fellows; they cure or ameliorate the child's ill health, at the same time providing education suitable to his individual capacity; in the majority of cases they restore the child to normal health and enable him to be transferred back to the public elementary school, there to continue his

⁴²⁶ Board of Education, *Report on a Five Year Experiment in the Combination of Open Air Medical and Psycho-Therapeutic Treatment in a Midland Town*, 24 March 1945.

education.⁴²⁷

For the children's centre, the house was adapted to provide rooms for consultation, diagnosis and treatment, with waiting rooms, and facilities for the staff.

Accommodation was also made for a residential caretaker, cook and gardener. From the start, the centre and school worked in close co-operation and some of the children referred to the centre also attended the school.

The experiment was not supported by all officials at the Board of Education. Principal Assistant Cecil Maudslay, for example, tried to discourage the Director of Education from going ahead because Chesterfield was a small town and the modern practice was to accommodate 'higher grade MDs and the dull and backwards' in public elementary schools.⁴²⁸ It is possible that at the time (1937) Maudslay was unsure as to the type of child to be treated at the children's centre. This was clarified by HMI Lumsden before the opening in 1939 when he stated that the school and centre was not for the dull or MD who does not respond to treatment. Only the physical and mentally handicapped who were capable of recovery would be admitted.⁴²⁹ The aims of the experiment were laid out, quite succinctly, in a report by the Education Department:

Brambling House Open Air School and Children's Centre was designed as an experimental attempt to combine the physical, intellectual and psychological approaches to children's problems. This arrangement makes it possible to do away with the usual distinction between the delinquent, the nervous, the retarded and the ill child, and to regard all sorts of varied conditions such as nervousness, chronic headaches, stealing, rheumatic pains, temper tantrums, bed-wetting, shyness, asthma, lassitude, school failure etc. merely as symptoms that something is wrong with THE CHILD; and to pursue investigations along three lines simultaneously to discover whether that

⁴²⁷ Board of Education, *Suggestions on Health Education*, p.46.

⁴²⁸ TNA, ED 133/8, CW Maudslay to the Unemployment Assistance Board, 25 October 1937.

⁴²⁹ TNA, ED 32/254, Note by Lumsden, 1939.

something is physical, intellectual, emotional or, as is so often the case, a combination of all three. When the condition has been diagnosed, this arrangement makes it possible for treatment to be carried out simultaneously along any or all of the three lines.⁴³⁰

In line with the progressive nature of the experiment, the members of staff were employed as much for their forward thinking as for their individual skills. The headmaster of the school, Mr. Frank Merrifield (after whom the school and centre would later be named) was said to have ‘a progressive outlook and is keen on experimental work’. The six young assistant teachers had made ‘certain investigations and done experimental work in the borough’ and the senior woman assistant ‘has made a close study of modern methods and is fully capable of supervising the work of the girls’.⁴³¹ The children’s centre employed a fully qualified play therapist, a psychiatric social worker, a psychologist who could be consulted as required, and a psychiatrist for two sessions per week (later reduced to one session). The latter was a Dr. HS Bryan, who was also employed as Assistant School Medical Officer for Derbyshire County Council. Dr. Bryan was a pioneer of child guidance in Derbyshire. In the early days, before child guidance was officially recognised, he persuaded the Medical Officer, who had recently established a Minor Ailments Clinic, to provide him with the space and money to supply the bare necessities of equipment. Thus, Dr. Bryan started child guidance in Derbyshire as an activity of the Minor Ailments Clinic.⁴³²

A great advantage of Brambling House was that, by having the school and children’s centre side by side, no time was lost by children travelling elsewhere for psychiatric treatment. This was a particular problem in special schools specifically for PD or delicate children who attended outside CGCs during school hours. Perhaps more

⁴³⁰ Board of Education, *Report on a Five Year Experiment*, p.2.

⁴³¹ TNA, ED 32/254, Report of the Chesterfield Education Committee, 29th December 1938.

⁴³² Sampson, *Child Guidance*, p.17.

importantly, as all children in the school suffered some form of emotional difficulty, there was no obvious stigma attached to the attendance of the children's centre.

In March 1941, Brambling House was taken over by the EMS. A local factory owner, Alderman PM Robinson, offered his private house, Rye Flatt House, for both the school and centre. The LEA agreed to pay half the rates, half the upkeep of the gardens, and the cost of alternative accommodation for his family. The house had the usual disadvantages of any private house, such as small rooms which were difficult to arrange for resting and dining, but it was modern, well ventilated, had well lit rooms, and grounds of one and a half acres. The tennis courts were used as a playground, the garage as a rest room; there was a swimming pool, and small rooms for the CGC. The Ministry of Health paid £1,600 for reconstructions and alterations, and the transfer took place on 21 March 1941.⁴³³ Although conditions were more cramped, the work of both the school and the CGC was able to continue throughout the war.

In 1943 Brambling House was extended to incorporate a hostel for maladjusted children. Holly House hostel opened in March 1943 and worked in conjunction with the CGC at Rye Flatt. The house and grounds, which incorporated approximately two acres, were purchased by the LEA for £3,000 and when adapted, comprised residential accommodation and playrooms for 18 children (boys up to 11 and girls up to 15). Resident staff included a warden and house mother (husband and wife) and a general assistant. A psychotherapist made weekly visits.⁴³⁴

The degree of success which Brambling House achieved is difficult to ascertain. Any successes in the school were said to be largely as a result of accommodating children with a range of emotional handicaps. In addition to being either PD or delicate, some were over-shy and did not disrupt the class. Others were noisy and/or unco-

⁴³³ TNA, ED 32/1057, Brambling House, 1940-45.

⁴³⁴ Board of Education, *Report on a Five Year Experiment*, p.8.

operative and it was found that the class could only be conducted successfully if these children were kept to a maximum of three in a class of 25. Only then could the teacher maintain the conditions in which she could deal with the varying needs of individuals. The degree of success achieved in the children's centre is best illustrated by a sample of cases. The following children were treated at the centre (and the school) during April 1939 to March 1944:

EJ, Boy aged 9, IQ 95

Suffered from eczema; and from asthma attacks when taking subjects he disliked. He had been tied to his bed or pram for the first three years of his life. Parents were co-operative but would not admit to a psychological cause. EJ was secretive, negative, and inattentive in class and without friends. He was treated at the children's centre for two years, in which time both the eczema and asthma attacks became less frequent. He became 'normal' and a hard worker.

VE, Girl aged 5, IQ 113.

Suffered from enuresis and asthma and was in poor general health. She was 'dull-looking' with no life and no initiative; anxious over school work and would not join in. Her mother was nervous and very proper. After two years treatment at the children's centre, during which time the mother herself had interviews with the psychiatrist, VE became lively, confident and healthy, was clear of enuresis and asthma, and was good at her school work. However, she became unpleasant, domineering and selfish. Therefore, treatment continued.

TW, Boy aged 7, IQ 126.

TW suffered from poor health arising from no apparent grounds. He could develop severe bronchitis with a high temperature within an hour. His sister had attended the centre some years previously for enuresis, nervousness and timidity. The mother was very delicate, with a neurotic attitude to illness. TW was treated at the children's centre for 18 months, during which time he became robust and healthy, with a creative mind. However, he became unpleasant and domineering and so treatment was continued.

Although these cases demonstrate rather ambiguous results, especially the ones where the children's personality changed from one extreme to the other, they were not seen as failures. This is not surprising, given that the vast majority of information comes from government records. The only negative comments about the centre come from HMI Lumsden. After visiting Rye Flatt House in March 1945, he reported his suspicion that children were being kept at the centre for unnecessarily long periods.⁴³⁵ Certainly, the sample cases highlight the lengthy periods in which children who were initially admitted for only a limited time, were treated. However, no irregularities could be proven and nothing came of Lumsden's suspicions.

What is evident from the sample cases is the link between the physical, intellectual and emotional health of the child. This alone is a vindication of the decision to open the school and centre. The particulars of psychiatry and psychology are beyond the scope of this thesis. What is important here is the fact that such an establishment was allowed to continue throughout the war, giving an indication of the extent of interest in the emotional difficulties of children at such a difficult time.

⁴³⁵ TNA, ED 137/23, Visit by HMI Lumsden, 15 March 1945.

Conclusion

This chapter has focused on the wartime developments in provision for two groups of children: the low-grade mentally defective and the emotionally disturbed. The pre-war activities of those seeking to make changes for these children have been examined and some examples have been given in order to highlight the reasons behind the calls for change. With regards to the low-grade MDs and feeble-minded, pre-war debates focused mainly on the issue of segregation. In line with the beliefs of eugenicists the various bodies involved in the care of these children followed the recommendations of the Royal Commission of 1908 in that they should be separated both from society and from the opposite sex. In the midst of this thinking however, the Wood Report was published. Although some of its information was used to further the cause of eugenicists, the report was notable for its concept of community care and other progressive ideas. The timing of the Wood Report, during an era of financial stringency, was unfortunate and its many recommendations were not enacted until after World War Two. It did, however, exert an influence over wartime thinking. Various government reports were published during the war and these shall be discussed in the following chapter.

Before the outbreak of war, individual events were already bringing awareness of the problems faced by mentally handicapped children. The Keasley case, for example, brought the issue of certification to public attention. However, the need to evacuate certain children during the war led to all children becoming even more 'visible', both to the government and to the general public. Problems relating to misdiagnosis were highlighted as was the role of the parent. The case of PAB, for example, shows the lengths to which the authorities went to help when pushed by the parents.

For most handicapped children, their new-found visibility and the raised awareness of their problems, did not lead to change until after the war. The inevitable difficulties caused by wartime conditions, such as the lack of accommodation and of finance, prevented any radical change. That said, visiting HMIs were obliged, as far as was possible, to ensure that children deemed ineducable did not occupy a place in a special school, whether evacuated or not. In this respect, as with many aspects of the children's care, HMI Lumsden featured heavily. His professionalism in insisting that each child should be treated and accommodated according to current legislation is evident. Other government officials do not appear to have been as concerned. This may be seen as a lack of professionalism, an acceptance of the situation in difficult circumstances, or in some cases, a display of sympathy for children who were happy staying where they were. As shown, however, even Lumsden did not, or could not, find alternative accommodation for epileptic MDs. Residential places for these children in particular, were scarce both before and during the war and, despite the 1943 conference which raised awareness of the problem, the situation did not improve.

The hostel system for difficult children was a direct consequence of the war, and of the evacuation. Along with the CGCs, these establishments led to a better understanding of child psychology and were, on the whole, seen by the government as a huge success. The experiment at Brambling House, which provided the focus for the case study in this chapter, was also deemed a success. Of course, without a comprehensive study of the individuals who attended the schools and hostels it is difficult to assess the degree of real success.

We now know that many children did suffer emotional trauma through being separated from their parents. Dr. Bowlby foresaw this for nursery school children and warned that it would cause delinquency. Others said that the consequences would affect

children of all ages. Were they right? That is, perhaps, for a separate study. Certainly, there are many different personalities among children and much depended on how they coped with the separation, and how they were treated by their 'foster-parent'. For this study, unlike the handicapped children who were evacuated to residential special schools, most of who were already used to being separated from their parents, those in hostels for difficult children appear to have experienced similar problems to the non-handicapped children. Unlike the latter group however, those children presenting with emotional difficulties had access to mental health professionals, which may have reduced the degree of trauma suffered later in life.

A large part of this chapter has been devoted to maladjusted children. Although the illness was recognised to a certain extent before the war it was perhaps the aspect of mental illness that gained the most attention during the war, and after the war it became an official category of handicap for the first time. In a climate of eugenic thinking, it is probable that the emotionally disturbed were regarded more kindly than the low-grade MDs because they were more likely to recover and to become 'normal' citizens.

This chapter, along with the previous two chapters, has examined in some detail, the lives of handicapped children during World War Two. Some analysis has also been made of those responsible for the children, and the reasons behind the decisions that directly influenced the children's safety, education and general welfare. The thesis now turns to the final chapter, which will discuss the various legislative measures put in place for the health, education and employment opportunities for all handicapped children after the war and to what extent their lives changed.

CHAPTER FIVE

Post-War Change

Introduction

The impact of World War Two on post-war policy for children in general continues to be an area of lively scholarly debate. Policy changes that impacted specifically on handicapped children have not been examined in any great detail. The main aim of this chapter is to outline and assess the changes that affected handicapped children in the years immediately following the end of the war. This analysis reveals that while some of these changes were the implementation of ideas and reports from the inter-war years, others were derived specifically from wartime experiences. This chapter thus contributes a new dimension to the existing debates about war and social policy.

Perceptions of the handicapped, and of the mentally handicapped in particular, are ambiguous at any time but at times of heightened insecurity such as war, attitudes towards those 'in need' often become more extreme. This has been highlighted to some extent in previous chapters. This chapter examines the degree of post-war changes in attitudes towards handicapped children and, to some extent, towards handicapped adults. It also discusses the reasons behind those changes.

The discussion then moves on to changes in social policy. The re-organisation of the education system was, arguably, the most significant of all post-war policy changes for handicapped children. Consequently, this shall be examined in some detail. A discussion on the implementation of these policies, with particular reference to the expansion of special schools, will follow. Other post-war policies that affected handicapped children, as well as young adults, will also be examined. This includes that relating specifically to employment opportunities and to health provision. The

chapter will also analyse the post-war role of charities. Certain voluntary organizations made a considerable impact on the safety and welfare of handicapped children during the war, especially those that ran their own hospitals. However, the National Health Service (NHS) Act 1946 had a significant impact on these organizations, and this shall be discussed in some depth. The chapter begins though, with the end of the war and the return of the evacuees.

The End of Evacuation

Children's experiences of the evacuation varied enormously, both at the initial evacuation stage and throughout the war. Individual experiences depended on a number of factors: the child's personality, the attitude of the foster-parent/teacher/nurse, and many other variants. For many, it was merely a matter of luck as to whether they were happy and safe in their new home and, for the most part, they had to rely on the decisions of the government as to where they lived. The children could, however, be forgiven for expecting that the end of the war would mean an immediate, or at least within a short space of time, return to their own homes or if that was not possible, then to alternative accommodation near home. For some, this was the case but for others, mainly those who were kept in groups, the return took several years.

By the end of the war, in May 1945, many evacuated children, both handicapped and non-handicapped had already returned to their homes. As the evacuation was voluntary, parents had been free to take their children home at any time, and some returned before the official arrangements had been made. The majority of those remaining in reception areas in May were able to go home soon after. Some however, were unable to return because their parents had been killed, or because their home had been destroyed and their parents were unable to care for them at this time.

For the handicapped children who were still in residential special schools when the war ended, who had previously lived at home and attended a day special school, their return was effected as soon as was practical. In London for example, the government arranged a scheme whereby the return would be staggered over several months. Arrangements made for the closure of the schools began in September 1944 and by the end of the war, two lists had been produced. The first contained those schools which would be vacated between 11 August 1945 and 22 December 1945; the second list, between 24 November 1945 and 19 January 1946.⁴³⁶ Other local authorities made their own plans for their schools' closure.

Some children needed continued residential care because their particular handicap prevented them from living at home, but in the immediate aftermath of the war there was a serious shortage of premises in which to accommodate them. This was mainly due to the war damage caused to premises which otherwise could have been used, but also, some of those buildings which had been used previously had been requisitioned by the Military or by other essential services, and had not yet been vacated. When they eventually became available, the premises often needed extensive repairs and alterations.

This is illustrated by the experience of the Bethesda Home for Crippled Children in Cheetham Hill, Manchester, whose residents had been evacuated to the Tanllwyfan Convalescent Home in Colwyn Bay, Wales. When the war ended, the RAF had been in residence at Bethesda for some time and did not move out until October 1946. Some decoration and alterations were needed before the children could move back and, in 1947, it was decided that an extension should be built on to the property. The whole project would cost £15,000 and would take many months to complete. In the meantime, the children remained at Tanllwyfan. It was not until October 1949 that they returned

⁴³⁶ LMA, LCC/EO/SS/1/68, Closure of Residential Special Schools in Evacuated (Reception) Areas.

home to Manchester.⁴³⁷

Fortunately, the homes in both Manchester and Wales were run by the same charity organisation (The Boys' and Girls' Refuges) and so there was no undue pressure to vacate the premises in Wales. However, this was rare; usually the lack of suitable premises created many problems, not just for the authorities and the children but for others, who suffered the knock-on effects. This is highlighted by the example of the White Heather Home in Old Colwyn, Wales, which was run by a charitable organisation as a holiday home for the blind.

During the war, the Institute that used the Home the most was itself evacuated and White Heather was used for evacuated MD girls from Liverpool. At the end of the war there were 35-40 children still at the Home; about half were due to return home soon but the rest needed continued residential care. The Liverpool LEA informed the White Heather Fund that there was nowhere else to send the girls at the moment but there were plans to purchase a building in which to accommodate them. In the meantime, the girls would have to stay where they were.

The building in question was 'Oakfield', the private home of a Lieutenant General, who planned to put the house up for sale at an auction in July 1945. The Liverpool LEA prevented the auction and subsequently made a Compulsory Purchase Order on the property. An amount of £5,000 plus costs was agreed but the sale was delayed, resulting in serious financial difficulties for the owner. The owners of White Heather were also unhappy; they were told that the necessary adaptations were soon to begin on Oakfields, but they had still not begun by April 1946. By this time, some of their subscribers were drifting away. Despite the intervention of RA Butler, MP, and Colonel Sir Joseph Nall, MP (for Liverpool), the matter was not resolved until August 1946, when the girls eventually moved out and White Heather reverted back to its

⁴³⁷ TNA, ED 32/955 (1938-39) and ED 32/1378 (1945-51).

original use.⁴³⁸

The main reason for the delay in making repairs and/or adaptations to school buildings was the shortage of labour and raw materials. This problem affected all building projects in the post-war reconstruction phase and the subject will be re-visited later in the chapter when discussing the expansion of special schools. The problem of limited resources was not the only obstacle that the education authorities had to contend with; they also had to deal with the reorganisation of the whole education system, due to the implementation of the new Education Act, 1944. The evacuation may not have affected all handicapped children but the 1944 act did, and considerable changes were made on their behalf. Before discussing these changes, however, an examination should be made of how handicapped children were perceived in the post-war period and of how any changes in perceptions were brought about.

Changing Perceptions

The change in attitude with regards to the handicapped began, to a large degree, after the outbreak of World War Two, for two reasons. Firstly, as Julie Anderson points out ‘men who were disabled or disfigured tended to be seen as romantic heroes, fighting for their country....’⁴³⁹ Douglas Bader, who suffered a double amputation but still managed to fly his Spitfire against the Germans, is perhaps the best illustration of this. Secondly, with a shortage of labour, handicapped people were recognized as being able to contribute to the war effort and were no longer seen as an inevitable drain on resources. Government-produced ‘information films’ were shown to promote a positive image of disability. For example, one film entitled *Blind Farmer Carries On* showed ‘Blind

⁴³⁸ TNA, ED 32/2271, RA Butler to Colonel Sir Joseph Nall, MP, 5 May 1945; and ED 32/2299, Oakfield Special ESN School, Liverpool, 1945-51.

⁴³⁹ Julie Anderson, British Women, Disability and the Second World War, *Contemporary British History*, Vol. 20 (1), 2006, pp.37-53.

John' carrying on with his farm-work and delivering milk to his local community.⁴⁴⁰

One incident that occurred during the war stands out for the way in which the gradual change in the use of labels became visible in a public way, perhaps reflecting existing change as well as encouraging it. In 1941, Queen Elizabeth visited the Cripples Training College at Leatherhead, Surrey which was going to be re-named in her honour. The Queen requested that 'Disabled' should be incorporated into the name of the college instead of 'Cripple' and the college was renamed The Queen Elizabeth Training College for the Disabled.⁴⁴¹

The terminology used to describe a certain group of individuals is vital when attempting to alter people's attitudes towards them. The Education Act 1944 made a significant change in this respect. However, the incident at the Queen Elizabeth Training College took place some years prior to the act and suggests how changes were already taking place. With its royal connection the event would have been well publicized and a useful vehicle for influencing the general public.

Changing how society regards a certain group of people can be a slow process and is made more difficult if the attitudes of the group itself is slow to change. Prior to World War Two, society had generally seen the handicapped and the physically handicapped in particular, as unfortunates. Some individuals, perhaps because they had been 'conditioned', saw themselves in this way. It must be remembered here that it is very difficult to get access to the views of the handicapped people themselves at that time. That said, in 1941, the editor of the National Cripple's Journal (Leicester) who, in the title of the journal described himself as a 'lifelong cripple' wrote the following editorial:

⁴⁴⁰ Humphries and Gordon, *Out of Sight*, pp. 134-135, includes images.

⁴⁴¹ TNA, ED 32/764, Queen Elizabeth's Training College for the Disabled, Leatherhead, 1938-44.

All over the country there are folk who will always be sick. Amongst these men and women are cripples and incurables – brave courageous souls who are condemned to a life of pain and inconvenience. Its wonderful to see how cheerful these people are. Pain seems to give them a joy denied to those who are fit and well. They seem to see beauty where others see nothing; they obtain an outlook on life which gives them contentment and peace.⁴⁴²

This is one example of David A. Gerber’s ‘positive stereotyping’ (see Introduction), although he was speaking about scholarly interpretations of the handicapped rather than comments by the handicapped themselves. Perhaps the author thought this was the best way of getting people to buy his journal or perhaps he really did view disability in this way; at the time, the handicapped were seen largely as objects of pity. Also, there was the perception amongst certain people that there was a divide between the deserving and the undeserving handicapped. For example, during World War One the Ministry of Pensions was established and one of its duties was to assess who was eligible for a free wheelchair. From then on, only the paraplegic veterans and double amputees (with at least one leg amputated above the knee) would qualify. Those who did not receive a free wheelchair from the state had to either pay privately or rely on charitable gifts and donations.⁴⁴³

Whether ‘deserving’ or not, some people continued to regard the handicapped as a burden and questioned their rights as members of society. In November 1946, Edie Rutherford wrote, in a diary that became part of the Mass Observation Archive:⁴⁴⁴

I don’t think Gordon Richard Long should be hanged for ending the life of his imbecile daughter. Poor wretch. Even if spared, his life is not worth much to himself, yet I’m sure he felt he was doing right. It

⁴⁴² *National Cripple’s Journal (Leicester)*, edited by L. Inskip, No.51, 1941.

⁴⁴³ Brian Woods and Nick Watson, In Pursuit of Standardization: The Ministry of Health’s Model 8F Wheelchair, 1948-1962, in *Technology and Culture*, Volume 45, Number 3, July 2004, pp.540-568.

⁴⁴⁴ This continued throughout the war and into the 1950s. The Mass Observation Archive is housed at Sussex University: www.massobs.org.uk

must be awful to live with a child of the kind his daughter was, day after day, week after week, month after month, for seven years. How dare we judge the man and condemn him?⁴⁴⁵

Without knowing the facts of the case it is, indeed, difficult to judge the man. What interests us here is the extent to which Edie Rutherford's sympathies lay, not with the daughter, but with the 'poor wretch' of a father. She obviously believed that the girl was a burden and made no mention of the possibility that she could have been taught in some way in order to lead a productive life, and was willing to commit these views to paper for posterity. Of course, only snippets of Edie's life are given in her letters/diaries and a further entry 5 October 1945 suggests that her attitude was perhaps more ambiguous than her earliest entry suggests, or simply that she viewed different types of handicap very differently, she wrote:

In library porch yesterday I was interested to read that those industries who can employ cripples will be obliged to employ a percentage. Husband objects, says its against nature. As I pointed out, we go agin nature at every point of civilization – that it is obvious that crippled folk are better off themselves and for the community as a whole if they learn a trade and follow it.⁴⁴⁶

Another way of assessing contemporary attitudes is through film and television. In 1952, Ealing Studios in London made *Mandy*, a film about a deaf-mute child whose middle class parents found themselves unable to cope and so placed her in a special school. The film portrayed all three characters sympathetically and highlighted the difficulties faced in raising a handicapped child. The teacher, played by Jack Hawkins, was seen as a dedicated professional, struggling with the obstacles caused by inadequate funding. Two years later, the British Information Services produced a 20 minute

⁴⁴⁵ Simon Garfield, *Our Hidden Lives: The Remarkable Diaries of Post-War Britain* (London: Ebury, 2004), p.313.

⁴⁴⁶ Garfield, *Our Hidden Lives*, 5 October 1945, p.107.

documentary entitled *Thursday's Children* (from the old nursery rhyme in which 'Thursdays children have far to go'). The film was made without sound except for a limited amount of narration by Richard Burton, and featured the Royal School for the Deaf in Margate. The main feature of the film was the determination of the children and the joy they showed when able to communicate. The film was extremely successful, winning an Oscar for Best Documentary-Short Subject and a BAFTA for Best Documentary Film (both in 1955).

Both productions were critically acclaimed and were popular with audiences. They were also intentionally moving and, the documentary especially, were designed to provide an insight into the children's lives. Walter Goodman of the *New York Times* said of the children in the documentary: 'we share the joy of their successes without being able to forget their lifetime apartness'.⁴⁴⁷

Whilst it is true that many handicapped children remained 'apart' it is also true that legislation had been introduced with the aim of integrating handicapped children, particularly within the education system. This was the Education Act, 1944. The degree to which the act was a continuation of pre-war thinking as opposed to the result of wartime developments continues to be debated. It is most likely that it was a combination of the two.

The New Education Act

In some ways the Education Act 1944 was the result of 'unfinished business' from the inter-war years. SJ Curtis describes the act as representing the 'logical outcome of the lines of thought which had been expressed in the Hadow and the Spens Reports'.⁴⁴⁸

Stakes and Hornby agree that these reports contained the philosophy and direction

⁴⁴⁷ Walter Goodman, 'Review of "Thursday's Children"', *New York Times*, 7 October 1955.

⁴⁴⁸ SJ Curtis, *History of Education in Great Britain* (London: University Tutorial Press, 7th edition, 1968), p.383.

behind the 1944 act but suggest that changing attitudes towards the education of handicapped children did not appear until 1943, in the White Paper and the Green Paper.⁴⁴⁹

The Hadow Report⁴⁵⁰ had advocated the end of all-age schools and the introduction of a post-primary stage of education where all children would be able to follow a variety of types of secondary education suited to their abilities. It was also suggested that it should become compulsory for children to remain at school until the age of fifteen.⁴⁵¹ In 1938 the Spens Report⁴⁵² emphasized the need for a treble-track system of secondary education⁴⁵³, but its recommendations were set aside as children were evacuated, schools closed and school buildings requisitioned.⁴⁵⁴ Although handicapped children were not mentioned specifically in these reports, when the recommendations on secondary education were eventually put into practice in the 1944 act, handicapped children were included.

Despite the inevitable upheaval in educational provision due to the conditions of war, a reorganisation of the system continued to be discussed. In 1941 the Board of Education's *Education after the War*, also known as the Green Book, was published.⁴⁵⁵ Apart from two pages in the 'summary of main suggestions', the seventy-six page booklet contained a mere five pages on the subject of handicapped children. However, the stipulations within these pages were to make a considerable difference to handicapped children's lives after 1945.

The memorandum was prepared by a number of officers of the Board of

⁴⁴⁹ Stakes and Hornby, *Change in Special Education*, p.25.

⁴⁵⁰ Board of Education, *Report of the Consultative Committee on the Education of the Adolescent* (Hadow Report) HMSO: London, 1926.

⁴⁵¹ GAN Lowndes, *The Silent Social Revolution*, (London: Oxford University Press, 1969), p.114.

⁴⁵² Board of Education, *Report of the Consultative Committee on Secondary Education with Special Reference to Grammar Schools and Technical High Schools* (Spens Report) HMSO: London, 1938.

⁴⁵³ Roy Lowe, *Education in the Post-War Years: A Social History* (London and New York: Routledge, 1988), p.6.

⁴⁵⁴ Gosden, *Education in the Second World War*, p.237.

⁴⁵⁵ Board of Education Pamphlet: *Education after the War*.

Education who were presenting their personal views on the ways in which educational reforms might be affected.⁴⁵⁶ Although there is no evidence of consultation between the authors of the Green Book and experts in special education it is possible, given his position at the Board of Education, that HMI Lumsden had some kind of input. In line with the recommendations of the Wood Report, the authors of the Green Book suggested that the requirement of certification should be reconsidered for children requiring special education. Also, it was reiterated that a new category of maladjustment should be provided for, along with a small number of residential special schools. Acknowledgement was made of the fact that with regards to MD children little had so far been done to carry out the recommendations of the Wood Report and that residential provision for these children was ‘gravely inadequate’.⁴⁵⁷ However, it was suggested that for the majority of such children, along with the delicate, provision should be made within the public elementary system. The memorandum stimulated wide-ranging debate on post-war education and, in July 1943, the Board’s White Paper: *Educational Reconstruction* was published.⁴⁵⁸ In December the same year, an Education Bill was introduced, based on the White Paper and, on 3 August 1944, the new Education Act became law. Many of the changes put in place by the act came from the recommendations from 1941 and 1943. The act came into force on 1 April 1945.

In essence, the act was intended to extend the opportunities for, and improve the quality of, education. In place of all-age schools the education system was divided into primary and secondary, with the latter being further divided into the ‘tripartite’ system of grammar, technical and modern. The abolition of fees in the grammar schools meant that children could gain access to quality education based on their educational ability

⁴⁵⁶ Ibid., Foreword.

⁴⁵⁷ Ibid., p.36.

⁴⁵⁸ Gosden gives an extensive account of both documents in *Education in the Second World War*, chapters 11-13.

rather than their parents' ability to pay.⁴⁵⁹

The 1944 Act was the first educational legislation that did not treat handicapped children as a separate group. In the 1921 Act, they had been excluded from the general provisions of education and treated as a distinct category.⁴⁶⁰ Under the new provisions it was recognised that physical and mental handicap exists in all degrees, from the slight to the serious, and that special educational treatment (SET), as it was now called, should be suited to the needs of the individual child. The 1944 Act changed, and extended, the official categories of children's handicap. However, it did not define the new categories; it merely empowered the Ministry of Education (the Act changed the Board of Education to the Ministry of Education, and its President became the Minister) to do so, and this was done in *The Handicapped Pupils and School Health Service Regulations*, 1945. The eleven categories of handicap, with their full definitions, were:

a) Blind Pupils, that is to say pupils who have no sight or whose sight is or is likely to become so defective that they require education by methods not involving the use of sight.

b) Partially Sighted Pupils, that is to say pupils who by reason of defective vision cannot follow the ordinary curriculum without detriment to their sight or to their educational development, but can be educated by special methods involving the use of sight.

c) Deaf Pupils, that is to say pupils who have no hearing or whose hearing is so

⁴⁵⁹ This brief summary of changes brought about by the act is sufficient for this thesis. For an in-depth examination of the act and its perceived failures/successes see Lowndes, *The Silent Social Revolution*; McCulloch, *Educational Reconstruction*; and Lowe, *Education in the Post-War Years*.

⁴⁶⁰ Education Act, 1921, Part V: Blind, Deaf, Defective and Epileptic Children.

defective that they require education by methods used for deaf pupils without naturally acquired speech of language.

d) Partially Deaf Pupils, that is to say pupils whose hearing is so defective that they require for their education special arrangements or facilities but not all the educational methods used for deaf pupils.

e) Delicate Pupils, that is to say pupils who by reason of impaired physical condition cannot, without risk to their health, be educated under the normal regime of an ordinary school.

f) Diabetic Pupils, that is to say pupils suffering from diabetes who cannot obtain the treatment they need while living at home and require residential care.

g) Educationally Sub-Normal Pupils, that is to say pupils who, by reason of limited ability or other conditions resulting in educational retardation, require some specialised form of education wholly or partly in substitution for the education normally given in ordinary schools.

h) Epileptic Pupils, that is to say pupils who by reason of epilepsy cannot be educated in an ordinary school without detriment to the interests of themselves or other pupils and require education in a Special School.

i) Maladjusted Pupils, that is to say pupils who show evidence of emotional instability or psychological disturbance and require special educational treatment in order to effect

their personal, social, or educational readjustment.

j) Physically Handicapped Pupils, that is to say pupils, not being pupils suffering solely from a defect of sight or hearing, who by reason of disease or crippling defect cannot be satisfactorily educated in an ordinary school or cannot be educated in such a school without detriment to their health or educational development.

k) Pupils suffering from Speech Defect, that is to say pupils who on account of stammering, aphasia, or defect of voice or articulation not due to deafness, require special educational treatment.⁴⁶¹

The 1944 Education Act disregarded the term ‘defective’, preferring instead to use the more sympathetic ‘handicapped’. Neither was the terms ‘imbecile’ and ‘idiot’ used to describe the section of mentally handicapped children thought to be ineducable.

Instead, children of less than average IQ were deemed educationally sub-normal (ESN). In 1944 this term was seen as a step forward in lessening the stigma attached to mental handicap but eventually even this fell out of use.

The new provisions for handicapped children were due, in part, to the recommendations of the Wood Committee and the reports of the committees of inquiry on the partially blind and the partially deaf.⁴⁶² All three committees had stressed the importance of bringing the special schools within the general education framework and had been concerned with the stigma attached to special schools. As a result, certification was abolished; in future a certificate would only be given where the parents demanded it or where the LEA required it for the purpose of enforcing attendance at a

⁴⁶¹ Ministry of Education, *The Handicapped Pupils and School Health Service Regulations, 1945*, part II, s.3.

⁴⁶² In 1929, 1934 and 1938 respectively.

special school.⁴⁶³ Medical officers would no longer decide who was to attend special school but would merely advise the LEA, who would make the final decision. Also, from then on, teachers and others who were in a position to judge the ability and aptitude of the child would also have a say in his/her future.

In 1945 the Ministry of Education published a document suggesting how the LEAs should go about their duties under the new Act. It was their responsibility to find and provide education for children who were being impeded in their educational progress. The seriousness of carrying this out successfully was emphasised:

The uneducated and untrained, blind or deaf person is practically unemployable; the educated one can support himself and a family. The uneducated mentally retarded child grows up into an unemployable or unstable casual worker; the educated one into a more dependable and useful citizen. The uneducated cripple is a burden to his family; the educated one may become a useful worker. This applies to every category of the handicapped. It is a matter of common prudence as well as humanity to do everything possible to equip these children to take their places as self-reliant and responsible members of the community'.⁴⁶⁴

As already stated, the new legislation advocated educational inclusion wherever possible and stipulated that for certain children requiring SET, education could be provided in a school other than a special school.

‘IN ANY SCHOOL’

When the new Education Bill was being passed through Parliament it was made clear by the Secretary of the Board of Education that the issues surrounding the education of handicapped children should be carefully worded. Where possible, a more inclusive

⁴⁶³ Ministry of Education, *The Handicapped Pupils and School Health Service Regulations*, 1945, S.34 (5).

⁴⁶⁴ Ministry of Education, *Pamphlet No. 5: Special Educational Treatment*, 1945.

approach would be implemented and it was important that separate provision in a special school would not be the 'usual' provision.⁴⁶⁵ Consequently, the wording was as follows:

The arrangements made by a local education authority for the special educational treatment of pupils of any such category shall, so far as is practicable, provide for the education of pupils in whose case the disability is serious in special schools appropriate for that category, but where that is impracticable, or where the disability is not serious, the arrangements may provide for the giving of such education in any school maintained or assisted by the local education authority.⁴⁶⁶

However, not all categories of handicapped children would be allowed to attend ordinary school:

Unless the Minister otherwise determines in the case of any particular handicapped pupil, every pupil who is blind, deaf, physically handicapped, epileptic or aphasic, whether or not he also falls within some other category of handicapped pupils, shall be educated in a Special School, and if the pupil is blind or epileptic the school shall be a boarding school.⁴⁶⁷

The only recommendation for teachers of handicapped children in ordinary schools was that they should provide 'special attention'.⁴⁶⁸ However, certain conditions within the classrooms were to be met. For example, where needed: a favourable position in the classroom; the provision of special furniture, apparatus and equipment; and adequate tuition and supervision.⁴⁶⁹ A maximum class size was also stipulated:

⁴⁶⁵ Hansard 14 ii 44, Chuter Ede: Column 1139 (1944), as stated in Stakes and Hornby, *Change in Special Education*, p.25.

⁴⁶⁶ Ministry of Education, *The Handicapped Pupils and School Health Service Regulations*, 1945, S.33 (2).

⁴⁶⁷ *Ibid.*, s.4 (1).

⁴⁶⁸ *Ibid.*, S.5.

⁴⁶⁹ *Ibid.*

- (a) deaf; partially deaf; speech defect: 10
- (b) blind; PS; maladjusted: 15
- (c) ESN; epileptic; PH: 20
- (d) delicate; diabetic: 30⁴⁷⁰

The Regulations allowed for these numbers to be exceeded in certain conditions, such as a lack of teaching staff or of school accommodation due to difficulties arising out of war conditions or out of conditions occasioned by the coming into operation of the Act.

Apart from the blind and epileptic, all handicapped children requiring SET in a special school could, depending on location and personal circumstances, be educated in either a day or a boarding school. After 1945 the number of special schools increased. Before discussing the numbers involved, it is necessary to give a brief summary of the main changes that occurred for each category of handicapped children.

THE BLIND AND PARTIALLY SIGHTED (PS)

Under the 1921 act, the blind and the partially sighted were treated the same but the 1944 Education Act created two distinct categories. The policy of separating the blind from the PS, and of educating PS children in ordinary schools wherever possible, both of which had been advised as long ago as 1934⁴⁷¹, was finally put in place after the war. The new act also stipulated that blind children should be educated in boarding schools. With more PS children attending ordinary schools after the war, the number of special school places decreased, especially in day special schools. For the children who still needed special education, such as those whose visual defects meant that they were not suited to education in an ordinary school, and who lived too far from a special day

⁴⁷⁰ Ibid., S.27. Under the 1944 act, a maximum class size was prescribed for ordinary schools, this being 40 for junior and infant classes and 30 for seniors.

⁴⁷¹ Board of Education, *Report of the Board of Education on Partially Sighted Children*, 1934.

school, boarding accommodation was needed. Although some boarding schools existed for the PS after the war, most were still being run by voluntary bodies.

In January 1946, there were 16 schools for the blind and 14 which accepted pupils who were either blind or PS (this is in addition to the PS schools). In 1949, there was still only one such school maintained by a LEA: the Blenheim School in Leeds.⁴⁷² However, in 1951 an LEA maintained boarding school especially for PS children was opened, at Exhall Grange near Coventry. With accommodation for 240 PS pupils, about half the LEAs in England sent their pupils there. By 1955, there were 22 blind schools, all boarding, and 3 that accepted both blind and PS.⁴⁷³ Of the latter, one was in the process of being reorganized and the other two had special dispensation to remain mixed (one was the only blind/PS school in Wales and the other, the only Catholic blind/PS school in England and Wales).⁴⁷⁴

THE DEAF AND PARTIALLY DEAF

During the immediate post-war years there was an increase in deaf children needing SET. This was partly due to the German Measles epidemic in 1940, and the subsequent rise in babies being born deaf, and partly because of the realization that they should be educated from as young as possible. The 1944 Education Act made it possible for deaf children to be educated from the age of two and lowered the compulsory school age from seven to five. The ruling that deaf children should not attend ordinary schools meant that more special school places were required. As with the PS, schools for the deaf and partially deaf could be either day or boarding schools but for those children

⁴⁷² Ministry of Education, *List 42: Recognised Special Schools*, (HMSO, 1949).

⁴⁷³ In the mid to late 1950s there would be an increase in the need for blind schools because of the increase in blind babies being born with retrolental fibroplasias at the beginning of the decade. This was as a result of an excessive use of oxygen on premature babies. Once the cause was discovered, the level of blind babies being born dropped again.

⁴⁷⁴ Pritchard, *Education and the Handicapped*, p.212.

who did not live near a day school, the only option was to attend a boarding school. By 1949 there were eight such schools run by LEAs and twelve by voluntary bodies.⁴⁷⁵

The ruling that all deaf and partially deaf children should be educated separately became impossible to enforce for many years after the war. In Bolton, Lancashire for example, the Thomasson Memorial School continued to be used for both deaf and partially deaf children until the early 1950s, when the latter group was transferred elsewhere.⁴⁷⁶

As some categories of handicap incidence were too low for a single authority to provide for its children only, it was a common and well established practice for an authority to provide a special school which also served other areas. Unlike the building programme for primary and secondary schools which allocated resources individually for each authority, the special schools programme made allocations on a regional basis.

In the West Midlands, as at 14 January 1950, there were 75 partially deaf children waiting for a special school place and 42 others being educated in a deaf school. In 1947, approval had been given for the purchase of Rangemoor Hall in Staffordshire. In excellent condition, with 70 bedrooms, 15 bathrooms and 40 WCs, the property could accommodate 150-200 partially deaf children, catering for the whole West Midlands. The building (which was subsequently named Needwood Boarding School because it was near Needwood Forest, and because 'Rangemoor Hall' was reserved to the vendor, Baroness Burton) was bought for £41,710 with another £31,000 estimated for adaptations. The project was included in the 1951/52 Building Programme but was put on hold when it was discovered that the stable block had been omitted from the estimate, raising the total for adaptations to £60,000.⁴⁷⁷ The premises

⁴⁷⁵ Ministry of Education, *List 42: Recognised Special Schools*, 1949.

⁴⁷⁶ TNA, ED 32/2129, Report by Inspector Lumsden, 12 July 1946.

⁴⁷⁷ TNA, ED 32/1927, Needwood Boarding School for Partially Deaf Children, Burton on Trent, Staffordshire., 1952-55.

eventually opened on 25 January, 1954, at a total cost of £116,705.⁴⁷⁸

THE DELICATE AND THE DIABETICS

The 1921 act had grouped the delicate children and the diabetics together with the physically defective children but the 1945 Regulations separated them into three distinct groups (the physically defective, or PD, now becoming the physically handicapped, or PH). The delicate children of course had previously been accommodated in open-air schools and for some, nothing changed; in the short-term, those who could not attend ordinary school continued to attend open-air schools. However, from the beginning of the 1950s, questions were asked about the continuing need for such schools; since the end of the war there had been fewer children suffering from malnutrition and other conditions caused by poor home conditions. The Report of the Chief Medical Officer of the Ministry of Education for 1950/51 declared that there was still a need for some schools of this type, especially in industrial areas, where respiratory problems were more common, but that there was no real need to expand the number of schools.

The diabetic children, on the other hand, had been grouped during the war with the children classed as ‘difficult to billet’ and where possible, had been evacuated to special hostels, and attended ordinary schools. This arrangement was deemed successful and allowed to continue for those who needed boarding accommodation. These were the diabetic children who needed a modified diet, supervised injections of insulin and training in the ‘diabetic way of life’. They were taught how to become self-reliant, by giving themselves injections, carrying out the necessary urine tests and learning how to detect problems related to abnormal blood sugar levels.⁴⁷⁹

Since the discovery of insulin treatment in 1922, diabetes was no longer a death

⁴⁷⁸ Ibid.

⁴⁷⁹ Ministry of Education, *Pamphlet 30: Education of the Handicapped Pupil 1945-55* (1956), p.21.

sentence and the majority of diabetic children were able to live at home and attend ordinary school. So much so that from 1953 they were no longer classified separately, but included in the general category of delicate pupils.⁴⁸⁰

EDUCATIONALLY SUB-NORMAL (ESN)

Despite the emphasis on 'inclusion' one group of children remained outside the education system after the 1944 act. Children deemed ineducable were the responsibility of the local health or hospital authorities and as such, are not discussed here.⁴⁸¹ It is evident from the previous chapters that the category of mental handicap was the most diverse and complex of all handicaps and on the whole, it was this group of children who were most affected by the new education legislation. Apart from abolishing certification (with exceptions, as previously noted) a child would no longer have to be considered feeble-minded before being allowed a place in a special school. The new definition, of ESN, was deliberately broad in order to incorporate all children who were markedly failing in their school work; this did not have to be due to low intelligence but also incorporated those who had suffered educationally through physical ill health. The 1945 Regulations did not mention the degree of educational retardation that should be present in order to qualify for SET, but the following year the Ministry of Education suggested a guideline of 20 per cent or more below the average.⁴⁸²

In the post-war years special school places for ESN children were seriously lacking. In the five years from the end of 1949 to the end of 1954 for example, the number of children requiring a place increased from 15,483 to 22,895 but the number of

⁴⁸⁰ Ministry of Education, *School Health Service and Handicapped Pupils Regulations*, 1953.

⁴⁸¹ Jane Read and Jan Walmsley discuss the post-war development of occupation centres for the ineducable (including unofficial schooling) in 'Historical perspectives on special education, 1890-1970, *Disability and Society*, vol.21, no.5, August 2006, pp.455-469.

⁴⁸² Ministry of Education, *Pamphlet 5: Special Educational Treatment*, 1946, p.20.

extra places rose by a mere 89, from 12,489 to 12,578.⁴⁸³ The reason given by the Ministry of Education was that many authorities and their medical officers were reluctant to put a child on the waiting list unless there was a reasonable hope of placing them. Therefore, as demand for places appeared to be relatively constant, so was the supply. In reality, the majority of those awaiting a place in a special school remained in ordinary schools.

Another reason for the large amount of children needing a place in a special ESN school was that, even if they had another more serious handicap, schools for the PH, deaf, etc., were often reluctant to take them. This was not a problem specific to the war years; the mixing of children with physical handicaps with those of low intelligence had long been a subject of debate and post-war legislation did not address the problem. In 1953, at the Needwood Boarding School for partially deaf children, although there was sufficient accommodation, 24 children had been rejected for having other handicaps, including low intelligence.⁴⁸⁴

The problems associated with post-war provision for ESN children were, to some extent, a result of the new emphasis on national uniformity. For example, in her study of educational provision for mentally handicapped children in Leicester during the inter-war period, Emma Cliffe found that there was an intense interest in caring for the children and that the individual development of a number of schools had benefited from the absence of a national policy. Leicester has been described as a pioneering authority in the care and treatment of mentally handicapped children prior to the 1944 act but in the immediate post-war years its experimental work was sacrificed in order to conform to the national policy of placing children in special schools only if they could not

⁴⁸³ Ministry of Education, *Pamphlet 30: Education of the Handicapped Pupil*, p.13.

⁴⁸⁴ TNA, ED 32/1928, Notes of a meeting between the Ministry of Education and the Staffordshire LEA, 30 November 1953.

possibly be educated in ordinary schools.⁴⁸⁵

EPILEPTICS

Epileptic children had been seen as a distinct category in the 1921 act and continued to be so after 1945. The number of special schools for epileptics, usually known as ‘colonies’, had remained static during the war; five were run by voluntary bodies and two by LEAs. The number of places was approximately 600 but waiting lists were always long. However, with advances in the diagnosis and medical treatment of epilepsy, and an increasing awareness that the less severe cases were suitable for attendance in ordinary schools, demand for special education places declined.

MALADJUSTED

The issue of maladjustment is perhaps the most relevant to the subject of the effects of war on children. Unlike most other categories of handicap, for which provision had been evolving from the eighteenth and nineteenth centuries, the concept of the maladjusted child was relatively new. The conditions of war, and the evacuation in particular, presented psychologists and other professionals with an unprecedented opportunity to study the behaviour of children.

The category of ‘maladjusted’ was made official for the first time by the 1945 Regulations. The value of residential schools for certain maladjusted children was realized during the war when many of them were accommodated in special hostels. In October 1944 Bosworth-Smith, head of the medical branch of the Ministry of Education, wrote

⁴⁸⁵ Emma Cliffe, ‘A Study of the Educational Provision for Mentally Handicapped Children in Leicester during the Inter-War Period’, unpublished BA dissertation, University of Leicester, 2008. See also, Leff and Leff, *The School Health Service*, p.262.

The problem of maladjusted children has been brought prominently to public attention as a result of the evacuation and other conditions arising out of the War. We at the Ministry of Education are very anxious to secure an increase in accommodation for these children at boarding schools since we feel that this is the best possible way to deal with a small minority of the children for whom nothing more than attendance and psychiatric treatment at a CGC is needed.⁴⁸⁶

Some hostels were taken over as residential special schools by the LEAs after the war, whilst others continued to function as hostels, with the children attending local schools.⁴⁸⁷ For most, attendance and psychiatric treatment at a CGC was sufficient but a small minority was thought to benefit away from their home environment.

It was widely believed, certainly at the Board of Education, that the largest single factor in the causation of delicate and social maladjustment in children was the unsatisfactory home.⁴⁸⁸ In September 1944 ‘a correspondent’ to the TES spoke of the condition of some children at the beginning of the war, warning that hostels would continue to be needed once the war was over. He believed that they would be particularly useful for first-offenders when residential care was first advised for what he termed ‘pre-delinquents’.⁴⁸⁹

After the War maladjusted children whose home life was unsatisfactory could either be boarded with foster-parents and attend ordinary day school or be sent to a special boarding home similar to the wartime hostels for difficult children. The latter was usually preferred for children whose habits and conduct made them unsuitable for fostering. The success of hostels in meeting the needs of maladjusted evacuees during the war led to similar facilities being available for local (i.e. those already in reception areas) maladjusted children.

⁴⁸⁶ TNA, ED 32/247, Letter from Bosworth-Smith to Sir Robert Myer, 10 October 1944.

⁴⁸⁷ Pritchard, *Education and the Handicapped*, p.213.

⁴⁸⁸ TNA, ED 10/216, Notes of an informal discussion between several officers of the Board of Education, 17 June 1943.

⁴⁸⁹ TES, 2 September 1944.

At the end of the War there were 79 CGCs; by the end of 1955 there were around 300. The LEAs provided around 200 of these as well as maintaining 1,062 maladjusted children in 158 independent boarding schools; providing for seriously disturbed children in six children's departments in mental hospitals or other children's units; 45 approved 'boarding homes' (the new names for hostels for difficult children) with 1,100 places; and three day special schools with 168 places.⁴⁹⁰

During the post-war period a wider range of emotional problems came under the scrutiny of the CGCs. As well as the delinquent and ESN, the CGCs began to see maladjusted children who were quiet and passive. The clinics sought to help the child at this early stage before maladjustment became more pronounced.⁴⁹¹

In the first ten years at Brambling House (1939-49) the maladjusted formed between 25 per cent and 35 per cent of the total roll. However, in subsequent years they were by far the majority. When asked about this increase, which occurred over the county as a whole (and indeed, was a nationwide phenomenon), Dr. Simpson of the Borough Education Committee replied:

No reason has been found – but as physical illness decreases there appears to be an increase in mental disturbance. It seems to be part of the changing pattern of life, particularly of family life. Much of the disturbance can be traced to unsatisfactory home environment.⁴⁹²

With the broader definitions of ESN children, and the introduction of the category of maladjusted, many more special schools were needed. In January 1946, this urgent need was addressed in Circular 79, which requested that LEAs made extra provision in

⁴⁹⁰ Ministry of Education, *Pamphlet 30: Education of the Handicapped Pupil*, p.15.

⁴⁹¹ *Ibid.*

⁴⁹² TNA, ED 195/196, 1963. Records show that this increase continued into the 1960s. At Brambling House there were 47 maladjusted and 91 delicate children in 1952. In 1963, the figures were 84 and 45 respectively. In 1964 the school was renamed the Frank Merifield school, after the first headmaster, recently deceased. In 1967 it was formerly listed as being for maladjusted children with some places for delicate and PH children. The school closed in 1989.

boarding schools.⁴⁹³ In keeping with the policy of acquiring country homes for use as special boarding schools, and as a direct consequence of Circular 79, the Liverpool County Borough Council decided to use the recently acquired Aymestry Court in Liverpool, as a school for maladjusted boys. This was the first school to be maintained by an LEA for such children in the north-west.⁴⁹⁴

Although there was a growing interest in maladjustment before the war it is evident that much was learned about the condition as a result of the evacuation. Perhaps surprisingly, the main causes of 'new' cases did not necessarily stem from the conditions of war but from an inadequate home life. For these children, residential care was advocated but this begs the question of how they coped when returned home. Again, this is outside the scope of this thesis and indeed, the long-term effects on the children would not be known for many years after the end of the war.

PHYSICALLY HANDICAPPED (PH)

At the end of World War Two it was not known how many PH children would need special education in the near future. London and most large boroughs had already established one or more day schools. Twelve boarding schools existed for those who could not attend day school but these were provided by voluntary bodies and there was a long waiting list. It was not until 1950 that an inquiry was made into the number of places needed. This was instigated by a review of schools for handicapped children made by the Ministry of Education Special Services Branch, in January 1949.

The department found that almost twenty five per-cent of 'heart cases' could have been educated in ordinary schools. Staff shortages were partly blamed for the failure to detect this sooner and it was advised that regular examinations of the children

⁴⁹³ Ministry of Education, *Circular 79: Handicapped and Maladjusted Children*, 1946.

⁴⁹⁴ TNA, ED 32/2290, Aymestry Court Boarding Special School for Maladjusted Boys, Woolton, Liverpool, 1945-55.

must be carried out. Also, many 'orthopaedic cases' were kept unnecessarily in special schools. These were the slightly handicapped who would go to work straight from leaving school and it was thought that subjecting them to a greater change of environment after leaving the relatively sheltered conditions of the special school would only serve to widen the gap between themselves and ordinary children.⁴⁹⁵

Special mention was made in the report of Buckshaw House which during the war had accommodated physically handicapped evacuees from London, and had been retained as a special school after the war. Of the 33 children in residence at the time of the report, 30 required treatment because of home circumstances and even the other three were not more seriously crippled than some day school pupils. The department proposed the provision of hostels for those with adverse home conditions, whilst attending day schools. This would reduce the cost, as residential education was much more expensive. However, it was recognized that practical difficulties would probably delay the proposal for some years.⁴⁹⁶

The results of the 1950 inquiry into the number of PH places suggested that day provision in England and Wales was reasonably adequate in all but a few areas but that 600-700 additional boarding school places were needed. However, a detailed survey taken four years later showed that a shortfall of 203 day school places as well as approximately 525 (the figure includes some children who were recommended for special school but whose parents refused to let them go) boarding school places.⁴⁹⁷

Some children required a boarding school place because there was no day special school within reach. The majority however, were the more seriously handicapped, who were unable to walk or who needed special nursing care. The lack of provision for the severely physically handicapped child was recognised both before and during the war.

⁴⁹⁵ LMA, LCC/EO/SS/1/118, 13 January 1949.

⁴⁹⁶ Ibid.

⁴⁹⁷ Ministry of Education, *Pamphlet 30: Education of the Handicapped Pupil*, pp.16&17.

In July 1944, when reporting on the Potternewton School for PD Children in Leeds, HMI Lumsden noted the particular problems experienced in the north of England:

The problem of the severe cripple who is not in need of hospital treatment has no solution in the north. A residential school for cripples unable to attend day special school, even though they could reach one, is needed. Some children need much attention but cannot come here because of the physical difficulties in dealing with them.⁴⁹⁸

With the decline in cases of TB of the joints and Rheumatic Fever, Cerebral Palsy (CP) became the most common physical handicap suffered by children in special schools after the war (children with this handicap were commonly known as ‘spastics’). After the war, the British Council for the Welfare of Spastics was formed, as was the National Spastics Society. Both were responsible for the foundation of a number of schools solely for children suffering from CP, the first of which was St. Margaret’s School in Croydon, a boarding school which opened in 1947. Although the schools were established by voluntary bodies they were all assisted financially by the Ministry of Education.⁴⁹⁹

The education of children with CP is one example of how, especially in these early years of the new act, the LEAs still relied very much on the co-operation and resources of voluntary societies. In the case of children with ‘unusual’ handicaps and/or combinations of handicaps, it was not unusual for LEAs to pay those voluntary societies to provide forms of special education it did not provide itself.⁵⁰⁰

It had long been believed that children with CP were practically ineducable. However, in the 1940s practitioners in the USA had shown that in a high proportion of

⁴⁹⁸ TNA, ED 32/1302. The school was evacuated at the outbreak of war but re-opened the following year and remained open throughout the rest of the war.

⁴⁹⁹ Pritchard, *Education and the Handicapped*, p.219.

⁵⁰⁰ James Lumsden, ‘Special Education for the Handicapped’, *The Teacher of the Blind*, 1968.

cases a considerable improvement in the mental and physical condition could be effected. Among these specialists was Dr. Phelps of Baltimore and in June 1945 the Ministry of Health in London agreed that treatment and training, on the lines advocated by Dr. Phelps, should be undertaken at the CP unit at Queen Mary's Hospital, Carshalton.⁵⁰¹ In the same year the Minister's Advisory Committee on Handicapped Children had recommended the setting up of 'a small but definite scheme for research into the medical and educational aspects of the problem of children suffering from cerebral palsy'.⁵⁰² The result of this was the publication in 1951 of *The Educability of Cerebral Palsied Children*.⁵⁰³

By the time of the report more schools had been provided specifically for children with cerebral palsy, by both voluntary bodies and by LEAs. With extra places available, children who before and during the war might have been regarded as unsuitable for any school, began to be admitted. However, when the specialised schools first opened, only those children whose intelligence appeared to be roughly within the normal range were admitted.⁵⁰⁴ Included in the 1944 act, and the subsequent 1945 Regulations, was an attempt to address the problem of the severely physically handicapped child; the duty of all LEAs to provide education applied to all children regardless of whether or not they were able to attend school premises.

It is perhaps, in the education of physically handicapped children that the continuing but changing role of voluntary bodies is most apparent. Although this has been touched upon in this section and will be again later, it is a subject that is too broad and too complex to form a significant part of the thesis as a whole. It is however, an issue that warrants further research.

⁵⁰¹ TNA, ED 32/2179, St. Margaret's School for Spastic Children, Croydon, 1945-48.

⁵⁰² Ministry of Education, *Pamphlet 30: Education of the Handicapped Pupil*, p.18.

⁵⁰³ Report of a survey by Miss M.I. Dunsdon, for The National Foundation for Educational Research in England and Wales.

⁵⁰⁴ Ministry of Education, *Pamphlet 30: Education of the Handicapped Pupil*, p.22.

SPEECH DEFECTS

The official category of Speech Defect was new, although some provision was already in place by the beginning of the war. In 1943 a committee from the West End Hospital for Nervous Diseases approached the Board of Education with a proposal to set up a school specifically for children with speech defects. The initial response was to ask the LCC and other LEAs to establish small boarding schools but this proved unsuccessful, mainly because of staffing difficulties. In the same year, at a conference at the Ministry of Health, the well-known plastic surgeon Sir Harold Gillies, made a plea for a system of intensive treatment for children who had been operated on for a cleft palate or hare lip. Again, nothing could be done at the time but in 1945, one month before the end of the war, plans to open the first special school specifically for children with speech defects were approved.⁵⁰⁵ In the same year, the two separate bodies responsible for existing provision amalgamated and founded the College of Speech Therapists.

In 1947, the Moor House Residential Special School for Speech Defects was opened, for children who required more highly specialized and concentrated treatment than the school speech therapists could provide.⁵⁰⁶ The school was established in association with the West End Hospital for Nervous Diseases and incorporated the Speech Therapy Training School of that hospital.⁵⁰⁷ Dealing with severely aphasic children and those with severe speech defects, including those with cleft palate or hare lip, the school had access to a team of professionals, including a neurologist; plastic surgeons; an ear, nose and throat surgeon; psychiatrist; psychologist; dental surgeon; speech therapist, and teachers.⁵⁰⁸

Speech therapy was regarded primarily as an educational service to be

⁵⁰⁵ TNA, ED 32/1948, Moor House Residential Special School for Speech Defects, Oxted, Surrey, 1945-47.

⁵⁰⁶ Pritchard, *Education and the Handicapped*, p.213.

⁵⁰⁷ TNA, ED 32/1948, Moor House Residential School for Children with Speech Defects, 1945-47.

⁵⁰⁸ Ministry of Education, *Pamphlet No.30: Education of the Handicapped Pupil 1945-55*, pp.19&20.

conducted in close association with the school authorities.⁵⁰⁹ Therefore, after the introduction of the NHS in 1948 children requiring treatment continued to be provided for by the LEAs. The detection of speech defects was a major part of school inspection. With the improving standard of child health in the post-war period there was a reduction in the proportion of children requiring treatment for physical defects and this enabled the SMOs to devote an increasing amount of time to the development of speech therapy.⁵¹⁰ The amount of children receiving such treatment through the School Health Service rose from 16,000 in 1947 to 49,817 in 1957.⁵¹¹

There were then, enormous changes brought by the 1944 Education Act, not least the increase in the number of categories. Another significant development concerned those children who could not, for a variety of reasons, attend school. Before the new act many of these remained at home with little or no schooling. However, from 1944 these children, as with all 'educable' children, were entitled to an education regardless of where this was to take place.

'OTHERWISE THAN AT SCHOOL'

Of all the changes brought by the 1944 Education Act, with regards to physically handicapped children it is perhaps the provision of education 'otherwise than at school' that had the most dramatic effect. For many of those in hospital prior to and during the war, the education authorities provided some form of education but schooling for the more seriously physically handicapped, many of whom remained at home, had been largely determined by the actions of voluntary organisations. The new education act legislated for the education of all (educable) handicapped children:

⁵⁰⁹ Harris, *The Health of the Schoolchild*, p.178.

⁵¹⁰ *Ibid.*, p.176.

⁵¹¹ *Ibid.*, p.189.

If a local education authority are satisfied that by reason of any extraordinary circumstances a child or young person is unable to attend a suitable school for the purpose of receiving primary or secondary education they shall have power with the approval of the Minister to make special arrangements for him to receive education otherwise than at school being primary or secondary education, as the case may require, or, if the authority are satisfied that it is impracticable for him to receive full-time education and the Minister approves, education similar in other respects but less than full-time.⁵¹²

The ‘extraordinary circumstances’ are not specified in the act but with regards to handicapped children, it was taken to include reasons of delicate health or a child awaiting a vacancy in a special school.⁵¹³ In such cases, there were two possibilities by which the LEA could provide SET: home tuition or in a hospital school.

In 1939 there had been 88 special schools in hospitals, accommodating 7,414 children. In 1955, the number of schools had increased to 120 but the number of children needing such provision had decreased to 6,476.⁵¹⁴ The fall in number was mainly due to fewer children requiring long-term hospital care. Medical advances, especially with regards to TB, meant that by 1955, there was a greater mix of short, medium and long stay cases.

For children too seriously disabled to attend a special school, and who did not require a hospital stay, or were awaiting a vacancy in a convalescent hospital, their LEA had the power to provide tuition at home. In April 1947, former head teacher and Commandant Jessie Thomas, who had retired only a few months earlier, became one of the first home teachers provided by the LCC. Jessie described the children who needed home tuition as including ‘cases of severe incontinence, children with facial or bodily disfigurements which would be shocking to others, children who even with the help of

⁵¹² Education Act 1944, S.56.

⁵¹³ Education Act 1944, S.56 (b).

⁵¹⁴ Ministry of Education, *Pamphlet 30: Education of the Handicapped Pupil*, p. 22.

transport could not leave wheelchair or bed'.⁵¹⁵

Unfortunately, official figures for this category of SET are unavailable before 1949 but between 1949-1954 there was an increase from 780 children receiving either home tuition, or individual tuition in hospital (separate to those attending special schools in hospital) to 3,708, of whom 1,425 were in hospital (but again, not attending special school) and 2,283 at home or in small groups elsewhere.⁵¹⁶ 'Elsewhere' could mean the home of one child where others gathered so that it was more convenient (and cost effective) for the teacher, and so that the children could interact. If such a home was unavailable or unsuitable, a neighbour's sitting room might have been offered, or, premises may have been hired nearby. Regardless of how the scheme worked, it expanded considerably in the post-war years.

SUMMARY OF CHANGE IN EDUCATION

The decade following the publication of the Wood Report was a time of unprecedented activity in the investigation into the problems faced by handicapped children, and in provision for their education. However, despite the rhetoric and the various committees of inquiry, many handicapped children were without adequate education and some were receiving no education at all. Government reports advocated an overhaul of the education system in general but without any details on the handicapped. There were no definite plans for a reorganisation of special education until 1941.

The key to the inclusion of handicapped children in the 'Green Book' was two-fold. Firstly, the evacuation and other conditions of war led to an increased visibility of these children and to more understanding of their problems. Secondly, it is likely that the particular officials that were involved in the Green Book's formation would have

⁵¹⁵ Thomas, *Hope for the Handicapped*, p.165.

⁵¹⁶ Ministry of Education, *Pamphlet 30: Education of the Handicapped Pupil*, p.24.

been briefed by school inspectors, including HMI Lumsden who, since his appointment in 1931, had become a prominent official within the Board of Education and somewhat of a 'champion' of handicapped children.

As shown, many changes that had been advocated before the war became official policy in the 1944 act. The end of certification; a more 'inclusive' approach, thereby reducing stigma (and cost!); and an increase in the number of categories, are just some of the changes that occurred. Other changes were a direct result of the new understanding brought by the conditions of war. Most notable were the benefits of residential accommodation, especially for the emotionally disturbed, or 'maladjusted'. More schools for the seriously physically handicapped also formed part of the act (although some were educated at home or in hospital). Inevitably, this led to an increase in the number of required special school places, both on a day basis and residential. However, in the immediate post-war period there were severe financial and practical constraints. With approximately 222,000 homes being destroyed in England and Wales by wartime bombing, the building/repairing of all types of schools was subject to limited resources and strict regulations were imposed on all types of building.⁵¹⁷ After the war a National Building Programme was established but in the first two years at least 60 per cent of new buildings had to have been in the form of housing; the remaining 40 per cent being shared between all other projects.⁵¹⁸ There was stiff competition for the limited amount of funding and materials (which could only be bought with the relevant purchase license) that was available for all other types of building, which included hospitals, factories, and schools.

⁵¹⁷ GAN Lowndes, *Margaret McMillan: The Children's Champion* (London: Museum Press, 1960), p.93.

⁵¹⁸ For an in-depth view of post-war building see Nicholas Bullock, *Building the Post-War World: Modern Architecture and Reconstruction in Britain* (London and New York: Routledge, 2002).

THE EXPANSION OF SPECIAL SCHOOLS

Within the education services, special schools, which came under a separate Special Services Educational Building List, had to compete with the expansion of further education institutions as well as the vast amount of new primary and secondary schools that also needed building. As a result, temporary premises often had to be used, which were sometimes a little more long-term than was intended. In May 1945, the Ministry of Education issued Circular 48, which virtually confined all educational building to the erection of pre-fabricated huts, which could be put up quickly, using little skilled labour.⁵¹⁹

An illustration of the extent to which these difficulties impacted on the building of special schools comes from Wythenshawe, to the south of Manchester. The district had a school population of 7,300 out of which 68 were classed as ESN. In January 1946, it was proposed to open a special day school for 100 such children, which would eventually serve a total school population of 15,000, including Wythenshawe and the surrounding area. In the meantime, a local scout hut was approved. The ‘hut’ was 70 feet by 25 feet, timber-built, with a corrugated iron roof. It contained one large room with a platform, a kitchen, lavatory accommodation, electric heating and lighting. In the meantime, the LEA submitted plans for a new school to the Ministry of Education. By 1950, the LEA had still not been given a date on which building could begin and in June of that year the Ministry offered the following explanation:

We are going faster in special school provision than at any time before the war. We have been expanding at the rate of something like 30 new schools a year – but owing to the tremendous pressure on the building programme for ordinary schools this progress has only been possible by using existing buildings with adaptations of moderate extent. In turn, this has meant in practice a programme of boarding rather

⁵¹⁹ Middleton, *When Family Failed*, p.317.

than day schools, a priority which accords broadly with the advice of the Minister's Advisory Committee on Handicapped Children, for it is in the case which can only be dealt with at a boarding school that the gravest problems lay.

The letter concluded:

Through a long history of neglect, the general shortage of special school accommodation is so great that we have a very thankless task in deciding which proposals can be put in hand under the present economic conditions.⁵²⁰

The letter reveals the change in attitude towards the importance of special school provision. The official acknowledged the 'long history of neglect' and perhaps saw his department's role as remedying long standing inadequacies. However, he was obviously frustrated at the financial and other constraints imposed by the economic climate, a problem faced by many of those working towards post-war reconstruction.

Due to the success of the residential schools that had been used to accommodate, and to educate, handicapped evacuees during the war the boarding school system was to be expanded. The 'Minister's Advisory Committee' alluded to in the letter was Circular No. 79, dated 1 January 1946, which called attention to the serious shortage of boarding school provision for ESN and maladjusted children. One possible solution that should be considered, advised the Minister, was the buying and adapting of large houses, a suggestion that was readily adopted. Despite the competition for such buildings (a number of enterprises were in need of such premises; for example, industrial research laboratories), this method of provision played a large part in the post-war expansion of

⁵²⁰ TNA, ED 32/2331, To Fisher at Manchester Education Office from Morris at the Ministry of Education, 14 June 1950.

special schools.⁵²¹

Between the end of the war and 31 December 1955, the number of special schools increased by 255 (182 boarding and 73 day). The extra schools (excluding hospital schools) were made up of the following:

Table One: Increase in number of special schools, 1945-1955.⁵²²

	Boarding	Day	Total
Blind and Partially Sighted	8	-	8
Deaf and Partially Deaf	12	-	12
ESN	83	59	142
Epileptic	2	-	2
PH and Delicate	46	11	57
Maladjusted	30	3	33
Speech Defects	1	-	1
Totals	182	73	255

However, during the same period 33 schools (21 day and 12 boarding) were closed, giving a net gain of 222 schools (52 day and 170 boarding). Of the new schools, 36 (boarding) were provided by voluntary bodies, the rest by LEAs.

The number of places in special schools had increased by 16,159 (excluding those in hospital schools). Of these, 10,221 were in boarding schools and 5,938 in day schools. These were made up as follows:

⁵²¹ Ministry of Education, *Pamphlet 30: Education of the Handicapped Pupil*, p.5.

⁵²² *Ibid.*, p. 3.

**Table Two: Increase in number of special school places,
1945-1955.⁵²³**

	Boarding	Day	Total
Blind and Partially Sighted	419	-200	219
Deaf and Partially Deaf	992	221	1,213
ESN	5,393	5,593	10,986
Epileptic	216	-	216
PH and Delicate	2,146	156	2,302
Maladjusted	1,005	168	1,173
Speech Defects	50	-	50
Totals	10,221	5,938	16,159

In addition to the day and boarding special schools, 68 new boarding homes were provided, from which the 1,410 children attended ordinary schools in the neighbourhood. The particulars were as follows:

**Table Three: Number of new boarding homes and places,
1945-1955.⁵²⁴**

	Homes	Places
Deaf and Partially Deaf	1	70
ESN	8	231
Maladjusted	53	955
Diabetic	6	154
Totals	68	1,410

⁵²³ Ibid., p.4.

⁵²⁴ Ibid., p.4.

As discussed, the vast majority of the boarding schools that opened after the war were in specially adapted houses which had been sold to the education authorities, sometimes for a considerable profit. One such case was 'Seacroft', a large house in Skegness, which had originally been used as a prep school for boys. Bought during the war as a speculation, it was then sold to the LEA after the war for use as an ESN school.⁵²⁵ As with many similar cases there was a significant delay between the beginning of negotiations and subsequent purchase, and eventual use as a special school. In the case of Seacroft, the period of delay was five years and was due to agreeing costs and plans for adaptations. The school was eventually approved under the Education Act 1944 in January 1950, for senior girls aged 11-16.

Most delays to the use of these houses were due to the shortage of labour and materials; disagreements between LEAs and the owners of properties were usually solved by compulsory purchase orders and/or subsequent agreements between valuer and owner. Sometimes though, a project was subjected to many different hurdles. One such case is 'Woodville' in Preston, which eventually became a boarding school for ESN children. In September 1945, the owner of Woodville was asking for £6,000 for the property; the district valuer said it was worth £3,300. Six months later, a compulsory purchase order was made by Blackburn Town Council and the valuer and owner agreed on the price of £4,250, which was paid by Blackburn LEA.⁵²⁶

Adaptations to the property were to begin, under the Special Services Building Programme, in 1951, by which time the house had been unoccupied for six years and was in a serious state of disrepair, suffering from wood rot, dry rot, wet rot and furniture beetle. The cost of removing the rot and adapting the premises was £34,160, and a

⁵²⁵ TNA, ED 32/1642, Seacroft Boarding School for ESN Children, Skegness, 1945-52.

⁵²⁶ TNA, ED 32/1620, Woodville Boarding Special ESN School, Longridge, Preston, 1945-51.

further £11,500 was spent on furniture.⁵²⁷

The policy of expanding the boarding school system was, to some extent, to the detriment of the day special schools (as can be seen in Table One: 182 new boarding schools as opposed to 73 day schools). This discrepancy was noted by Bootle LEA in 1952, at a time when the supply of suitable houses for use as boarding schools was becoming exhausted, and when a new day school for ESN children was being proposed:

At present the Authority have to rely on boarding schools for these handicapped pupils and is anxious to provide facilities for day pupils in the area. Although a start has been made in a very limited way in providing special classes in ordinary schools the limit of space and the pressure of numbers on existing accommodation will render progress in this direction very slow.⁵²⁸

Three months later, the Ministry of Education gave the go-ahead for the new school to be included in the Special Services Educational Building List for 1953/54. However, the project was not included in this or the following year's list. Bootle's Director of Education said:

As far as the building programme is concerned for the year 1954/55, we must concentrate, in the first instance, in the provision of primary and secondary schools in the area of the extended borough.⁵²⁹

This decision was in direct contrast to what was said by the Ministry of Education in 1950 (see note 520) when special education was seen as an important part of educational expansion. In Bootle at least, the disabled were seen as a lower priority, suggesting that although attitudes had changed somewhat, there were still some who

⁵²⁷ TNA, ED 32/1620, 'Blackburn Children's School at £1,500 a Place: House with a Fearsome List of Defects', *Manchester Guardian*, 24 November 1951.

⁵²⁸ TNA, ED 32/2130, Orrell Lodge Proposed Day Special ESN School, Bootle, Lancashire, Memorandum of Bootle LEA, 24 and 30 June 1952.

⁵²⁹ *Ibid.*, September 1952.

saw disabled children as being of lesser worth. However, the building of the school, called Orrell Lodge, was eventually approved in May 1955, at a cost of £46,441.

It was inevitable, perhaps, that the post-war reconstruction and expansion of special education would be a slow process. Competition from other educational projects, housing and the many other building initiatives at a time of severe shortages of labour, materials and finance meant that many of the objectives laid out in the 1944 Education Act could not be met, at least not for several years. The new Administration, of course, blamed the old order for its 'history of neglect'. Yet, in some areas (only Bootle is mentioned here but it is likely that the same situation could be found in many other areas) special education was still not seen as important as, say, primary or secondary education. Despite these problems, however, partly as a result of the purchase of large houses by LEAs, there was a considerable increase in special schools and boarding homes, as shown in tables 1-3.

With the increase in children being ascertained as requiring SET and the consequent expansion of special schools it was inevitable that more teachers would be needed. Yet, of the many changes that occurred within education in the immediate post-war years, the training of teachers of the handicapped was perhaps the area that failed the most.

TEACHING

As discussed in chapter one, the only situation in which a special qualification was needed for pre-war teachers of the handicapped, apart from the general teaching certificate, was when teaching the blind and the deaf. The situation after the war changed only in that special qualifications were required for 'the blind, the deaf, and the

partially deaf'.⁵³⁰ The requirement was not extended to teachers of other handicaps and the qualification gained for these three categories was still in-service, as opposed to full-time training courses. The exception to this was the one year training course run by the Department of the Deaf at the University of Manchester. The course was established in 1919 and by 1956 could admit around 65 students per year.⁵³¹ In addition, following the establishment of the College of Speech Therapists in April 1945, a three-year course of training in speech therapy was created, although speech therapists were not classified as teachers but came under the category of auxiliary medical personnel.⁵³² On the whole, there was a serious lack of post-war training courses for teachers of the handicapped. Special education was still regarded as being outside the mainstream and not many teachers wanted to restrict themselves to such a specialised area. Therefore, the cost of full-time training would have been regarded as a waste of funds if the teachers subsequently returned to teaching in an ordinary school.

The lack of adequate preparation for teachers of the handicapped may, or may not have contributed to the shortage of teachers entering into special education after the war. What is more likely is that potential applicants were deterred by the conditions within special schools. Many of the teaching posts were in residential schools, which meant that a certain amount of out-of-school hours had to be worked, which was not paid as salary but was set against board and lodging. Also, whereas in a day school the teacher's role was mostly academic, in a residential school he/she was required to arrange and supervise a much wider range of activities. Regardless of the reasons for the inadequacies in training, the result was that many children did not get the education they were intended to receive. Provision was patchy and, as in wartime, it was a matter

⁵³⁰ Ministry of Education, *The Handicapped Pupils and School Health Service Regulations, 1945*, S.30(2).

⁵³¹ Ministry of Education, *Pamphlet 30: Education of the Handicapped Pupil 1945-55* (1956).

⁵³² Taylor & Taylor, *Special Education of Physically Handicapped Children in Western Europe*, p.168.

of luck as to whether a child had a committed and motivated teacher.

The position of women teachers in the immediate post-war years was ambiguous. During the war the severe shortage of teachers meant that women were able to attain higher positions, including headships, but once the war was over, many of these positions reverted back to being male oriented. At the Lord Mayor Treloar Cripple's College School for example, a woman was in charge of the hospital school for PD boys. However, in April 1946 the management declared that 'we are hoping to appoint a man to take sole charge, similar to pre-war days'.⁵³³ In general though, the teaching of children requiring SET appears to have been regarded as a career particularly suited to women, especially with regards to ESN children. In 1946, headmaster and author PA Barons, wrote:

It is by virtue of those innate characteristics and acquired accomplishments of their sex that women, undoubtedly, are gifted to make outstanding contributions to the needs of the subnormal.⁵³⁴

From 1950, some non-compulsory one-year training courses were established for teachers who felt that they should equip themselves more fully. By 1955, there were two courses in London, one in Birmingham and one in Leeds, all of which were for teachers of ESN or Maladjusted children. As was the case before and during the war, a number of short courses for teachers of all categories of handicap were still being held by the Ministry of Education, LEAs and voluntary bodies.⁵³⁵

Despite the growing number of specialised courses, there was still a serious lack of teachers being drawn into the profession. One reason may have been the low status

⁵³³ TNA, ED 32/1091, Lord Mayor Treloar Cripples College School, 1944-46.

⁵³⁴ 'Teaching Mentally Defective, Dull and Backward Children', in *Careers and Vocational Training: A Complete Guide to Women's Professions* (The Women's Employment Publishing Company, 1946), p.505. The text also includes sections on teaching the blind, and the deaf and dumb.

⁵³⁵ Ministry of Education, *Pamphlet 30: Education of the Handicapped Pupil*, p.8.

attributed to the profession; special education was seen as being quite low in the hierarchy of the education profession. There was also the issue of the stigma that still surrounded handicapped children. As late as 1955, GAN Lowndes found it necessary to explain the situation in special schools:

It is fatally easy for anyone who has never been into close association with the nation's *schools for handicapped children* to imagine that they must form a depressing no man's land peopled by unhappy children who feel themselves to be in some way different from their fellows in other schools, physically or socially outcasts, or pushed on to the side-lines where they are at best objects of compassion. Nothing in reality could be further from the truth. Compassion there is, of course, but it is a practical compassion sublimated into a determination, which has become second nature to the very fine and devoted body of teachers attracted to this service, that never by word or action, by loss of patience or by letting any child suspect the difficulty of their task, shall they allow a child to lose heart, still less hope.⁵³⁶

In reality, as highlighted several times throughout this thesis, not all special education teachers could live up to Lowndes' description of them. That said, there were several who did possess these qualities and saw their work with handicapped children as a vocation. Jessie Thomas (see chapter two) was, arguably, the epitome of the dedicated special school teacher.

On the whole, even ten years after the end of the war teachers still tended to see special education as the 'poor relation'. The lack of specialised courses available to them highlights a continuation of the poor esteem in which the profession had so long been held. Apart from the associated stigma, the lack of opportunities was also a deterrent. Special education was still seen largely as a female profession and, despite women's advancements during the war, once it was over headships tended to revert

⁵³⁶ Lowndes, *The English Educational System*, p.117 . It should be remembered that Lowndes was a government official.

back to the pre-war days and the preserve of male teachers.

Evidently, attitudes towards the handicapped (and women) were extremely slow to change significantly and special education was not regarded with the degree of importance that wartime reports, and the Education Act 1944, had led people to believe. This is also apparent in the area of academic education. Despite the increased visibility of handicapped children in the late 1940s and 50s, and the expansion of educational provision, their future careers were still seen to be vocational and were aimed, wherever possible, at them leading independent lives. With certain exceptions, academic achievement remained a low priority.

ACADEMIC OPPORTUNITIES

As a result of the Education Act 1944, the handicapped, as with all (educable) children, could attend either secondary modern or grammar school. However, one aspect of handicapped children's lives that is apparent from this thesis is that, historically, the vast majority were perceived, by both the government and society as a whole, to be largely incapable of academic achievement. Consequently, as a result of the lack of academic encouragement and opportunities prior to the act, the vast majority were too far behind to qualify for grammar school and so attended secondary moderns.

One of the exceptions to this concerns a deaf girl who spent her war years at the Royal School for Deaf and Dumb Children in Margate, Kent. Towards the latter stages of the war, the Board of Education expressed concern over the girl's educational prospects as she was 'above average intelligence'. The official explained to the school that it was difficult to organise secondary education on grammar school lines because there was only a small number who may profit. However, there were plans to open

grammar school for the deaf.⁵³⁷ Indeed, it is evident from the history of deaf children that they have long been at the forefront of educational provision for handicapped children and this was still the case in the immediate post-war period. In January 1946, the Mary Hare School for the Deaf in Sussex, previously a private school, was certified by the Ministry of Health and became the country's first national grammar school for the deaf.

Similar schools were slow to materialize; by 1958 there were only six special schools maintained by LEAs designed to meet the needs of 'bright or intellectually gifted youngsters' who were unable to attend regular grammar schools. These were three schools for blind boys and girls, two for deaf boys and girls, and one for crippled boys. In addition, LEAs could meet the costs for sending such children to suitable private schools.⁵³⁸ Not all handicapped children who passed the entry requirements for grammar school education attended a 'special' grammar school, however. Ann Rattue (see chapter two) attended a 'normal' grammar school after several years attending hospital school and a day special school. Ann attributes her academic abilities, not to the special education system, but to the efforts and encouragement of family members.⁵³⁹

Due to the lack of academic opportunities, for the vast majority of handicapped school-leavers the only employment they would acquire was domestic or factory work. During the war obtaining such a position was relatively easy but when the men returned to reclaim their jobs there was a danger that the handicapped would once again become unemployable. In order to prevent this, and to provide employment for disabled war veterans, the other important legislation from 1944 relating to disability was introduced.

⁵³⁷ TNA, ED 32/1558, Letter to the school from Bosworth-Smith at the Board of Education. The date of the letter is unknown but is likely to be c.1944.

⁵³⁸ Taylor & Taylor, *Special Education of Physically Handicapped Children in Western Europe*, p.158.

⁵³⁹ As told to the author, 21 March 2006.

Disabled Persons (Employment) Act, 1944

The key to this legislation was ‘rehabilitation’, a word that in 1941, according to Titmuss, became the most fashionable word in medicine.⁵⁴⁰ Although there had been some interest in rehabilitating World War One veterans, it was not until 1941 that existing orthopaedic centres were supplemented by several hundred fracture departments and specialised clinics. The severe shortage of manpower had led to the need to (re)train the disabled for war work. In October 1941, the Ministry of Labour established an ‘Interim Scheme for the Training and Settlement of Disabled Persons in Industry’. At the same time, the Tomlinson Committee (for the Ministry of Labour and National Service) was reviewing the whole field of rehabilitation and published its findings in November 1942.⁵⁴¹ The report recommended extending rehabilitation centres to all parts of the country, and to people with various types of disabilities and illnesses. A return to work for disabled people was emphasized and in March 1944, the Disabled Person’s (Employment) Act was passed.

This act was the first legislation to encompass all disabled people of working age regardless of their status as war veteran or civilian. In order to give an optimistic view of the future for disabled people, the government produced the film *Back to Normal*. In the film, an engineer who had lost an arm in the war was seen carrying on his work using specially adapted tools.⁵⁴² As a consequence of the act, a disabled person’s register was set up and rehabilitation officers were appointed at employment exchanges. The act also introduced a quota system whereby employers with 20 or more employees had to ensure that at least three per-cent of their workforce were registered disabled persons. In practice, this rule was hardly ever enforced and during 1944-1974

⁵⁴⁰ Titmuss, *Problems of Social Policy*, p.478.

⁵⁴¹ Ministry of Labour and National Service, *Report on the Inter-Departmental Committee on the Rehabilitation and Resettlement of Disabled Persons*, 1941.

⁵⁴² Humphries and Gordon, *Out of Sight*, pp. 134 & 136, includes image.

there were only three prosecutions for failure to comply.

Perhaps the most significant outcome of the act was the establishment of 'Remploy', a network of factories which employed disabled people. Founded in 1945 and originally called the Disabled Person's Employment Corporation, the name Remploy, derived from 're-employ', was adopted in 1946. The organization undoubtedly provided opportunities to many who would otherwise have struggled to find employment. On the negative side, the disabled were segregated once more, thereby creating a stigma similar to that of the special schools.

Under the act, the Ministry of Education and the Ministry of Labour were obliged to work together to provide disabled school-leavers with jobs. In order to do this, all schools were to provide details of disabled school-leavers to the Ministry of Education. If immediate work was unavailable or unsuitable, he/she could be sent for instruction at one of the vocational training centres run by the Ministry of Labour. Training for school-leavers was in technical colleges, where they and the less severely disabled adults who required re-training, could be trained for different occupations.⁵⁴³ In order to secure a place on a vocational or industrial programme, the disabled person had to be registered. Therefore, in order to ensure that the child wasn't overlooked, parents were advised to register their children when leaving special school. The choice of career was then made at a meeting with the child, parent(s), head-teacher, juvenile employment officer, school MO, and social worker.⁵⁴⁴ The more severely disabled school leavers tended to be sent to one of the rehabilitation centres still being run by the voluntary sector. The three main centres were Queen Elizabeth College, Leatherhead; St. Loyes, Exeter; and the Sir John Priestman Hospital in Finchdale Abbey, Durham.

⁵⁴³ Other disabled adults could attend residential rehabilitation units or receive industrial training on work premises.

⁵⁴⁴ Julie Anderson, 'The Soul of a Nation: a Social History of Disabled People, Physical Therapy, Rehabilitation and Sport in Britain 1918-1970' (De Montfort: unpublished PhD Thesis, 2002).

The scarcity of manpower during the war years led to the employment of those who at any other time would have been almost unemployable. However, the abatement of the labour shortage when the war ended meant that many disabled workers experienced the prejudices and discrimination of the pre-war years. The increased ‘visibility’ of the disabled during the war led to a heightened awareness of their abilities and potential contribution to society. Yet, in an era of full employment those ‘less able’ were once again at the back of the queue. The various initiatives introduced by the 1944 act undoubtedly aided the disabled in their search for work but the focus on segregated workshops and manual labour (the designated employment scheme was restricted to lift operators and car park attendants) was retained.

Other Legislation

The years between 1946 and 1948 saw a burst of legislation marking what has been described as the final abolition of the Poor Law and the achievement of social security.⁵⁴⁵ The National Insurance (Industrial Injuries) Act of 1946 provided benefits and pensions for those injured or contracting prescribed kinds of diseases at work.⁵⁴⁶ The National Assistance Act 1948 provided for the welfare of persons substantially and permanently handicapped by illness, injury or congenital deformity.⁵⁴⁷ This welfare included residential accommodation for those who, by reason of age, illness, disability or any other circumstances, were in need of care and attention which was not otherwise available to them.⁵⁴⁸ It was stipulated that all homes must be registered by the local authorities and be liable to inspection by both them and the Ministry of Health. Furthermore, the local authorities were empowered, and to some extent required, either

⁵⁴⁵ Rosalind Chambers, The National Assistance Act 1948, in *The Modern Law Review*, Vol. 12, No.1, January 1949, pp. 69-72.

⁵⁴⁶ Taylor and Taylor, *Special Education of Physically Handicapped Children in Western Europe*, p.169.

⁵⁴⁷ *Ibid.*

⁵⁴⁸ History of mental health at www.mind.org.uk

by their own action or through voluntary organizations, to make schemes for promoting the welfare of the various categories of handicapped persons. It was hoped that a more uniform standard would result and that the interests of such groups as the deaf and the crippled (the blind were already provided for under the Blind Person's Act, 1920) would be more adequately catered for than at present.⁵⁴⁹

Two other pieces of legislation also affected the handicapped. Firstly, the Employment and Training Act 1948, which made special provisions for aid in training and obtaining employment for various groups of individuals including the handicapped.⁵⁵⁰ Secondly, the Children's Act 1948 made it the duty of the Children's Committee to receive into care any child under seventeen if it appeared 'that the intervention of the authority under this section is necessary in the interests of the welfare of the child'.⁵⁵¹ In particular, this act would help those children who were likely to become emotionally disturbed due to an unsatisfactory home life.

Undoubtedly, the legislation that affected the health of children the most after the war was the National Health Service (NHS) Act 1946. From its implementation in 1948 citizens were entitled to the provision of medicine and hospital treatment, after-care, and the supply of surgical and other appliances, as a right not a privilege.⁵⁵² The aim of the NHS Act, as explained by its architect Aneurin Bevan to Parliament in 1946, was to 'universalise the best, that we shall promise every citizen in this country the same standard of service'.⁵⁵³ It was assumed that distributing a 'national' service could only be achieved by means of central direction and planning. However, as Rudolf Klein points out, central control did not lead to the hoped-for measure of distributional

⁵⁴⁹ Rosalind Chambers, 'The National Assistance Act', pp. 70 & 71.

⁵⁵⁰ Taylor and Taylor, *Special Education of Physically Handicapped Children in Western Europe*, p.169.

⁵⁵¹ Children's Act 1948, s.1 (1).

⁵⁵² Taylor and Taylor, *Special Education of Physically Handicapped Children in Western Europe*, p.169.

⁵⁵³ Hansard 1946a.

equity.⁵⁵⁴ A deeper discussion of this point is beyond the scope of this thesis except for the issue of the distribution of hospital resources, by far the most expensive part of the NHS.⁵⁵⁵ This subject is best discussed in relation to the role of charities which, at least until the NHS Act, had been prominent in the supply of hospital services to handicapped children.

The Post-War Role of Charities

The implementation of the NHS act was the single most pivotal event to affect voluntary organizations in the immediate post-war period. The Ministry of Health took over the control of most of the hospitals and some of the convalescence homes, and Regional Hospital Boards, each convening a wide area, were made responsible.⁵⁵⁶ The state took over financial responsibility for hospitals and other established areas of social care, and took on many responsibilities previously met by the various voluntary societies. Therefore, the role of charities changed, but in many ways they remained just as essential. Rather than concentrating on the basic care of handicapped children as before, they expanded their services by working on new initiatives. Most importantly, perhaps, they were able to provide essential supplementary services and advice to the fledgling NHS.

Prominent charities and the COS in particular, were influential in advising the government on the establishment of the new welfare state. In 1948, the social casework built up by COS, now renamed the Family Welfare Association (FWA), was transferred to the state's new children's departments and, as with most voluntary organizations,

⁵⁵⁴ Rudolf Klein, 'Control, Participation, and the British National Health Service', *Health and Society*, Vol. 57, No.1 (Winter 1979), pp.70-94.

⁵⁵⁵ An extensive examination of voluntary organisations during this period can be found in Frank Prochaska, *Philanthropy and the Hospitals of London* (Oxford: University Press, 1992); and Madeline Roof, *Voluntary Societies and Social Policy* (London: Routledge & Kegan Paul, 1957).

⁵⁵⁶ Roof, *Voluntary Societies and Social Policy*, pp.69-70.

their focus shifted to more specialized areas of care.⁵⁵⁷ This left the FWA free to establish new territory. Partly funded by the state, they began to provide family therapy as well as training for student social workers.

The ICAA also had to revise its post-war function. In 1948, with medical care now being catered for by the statutory health services, the association was appointed as agent for the LCC for the placement of physically handicapped children needing holidays. Eventually, the scheme, named the Recuperative Holiday Scheme, developed into a major undertaking acting as agent and inspectorate for counties all over England.⁵⁵⁸ Having many years experience in dealing with severely handicapped children who had spent long periods in hospital, the ICAA were able to advise the government on issues such as the importance of sending a child not too far from home so that the parents could visit, as well as stressing the benefits of small establishments which produced a more family atmosphere.⁵⁵⁹

As well as advice, the voluntary sector also provided 'extras' to handicapped children in hospitals and other institutions. For example, amusements, toys and supplementary equipment were given to blind and PS children at St. Vincent's school (formerly the Catholic Blind Asylum and School) in Liverpool. In the school's annual report for 1949-50, acknowledgment was made of the 'comprehensive legislation for the welfare of the blind and the grants provided by the state', but added that 'it is becoming increasingly apparent that without voluntary assistance the work of maintaining and caring for the blind and PS cannot proceed satisfactorily'.⁵⁶⁰

The post-war period provided the opportunity to make changes that had been decided before or during the war but had been put on hold. In 1946, the National

⁵⁵⁷ Family Welfare Association at: www.fwa.org.uk

⁵⁵⁸ ICAA, now renamed ICAN: www.ican.org.uk/home/about

⁵⁵⁹ LMA, 4248/D/01/006, ICAA Annual report for 1945.

⁵⁶⁰ TNA, ED 32/2291, St. Vincent's School for the Blind and Partially Sighted, Liverpool, 1945-55.

Association for Mental Health (NAMH) was established by the merging of three major mental health organisations. These were the Central Association for Mental Welfare (established 1913), the national Council for Mental Hygiene (established 1922) and the Child Guidance Council (established 1927). The amalgamation had been recommended by the Feversham Committee on voluntary mental health associations, which had reported in 1939. Although the formal merger did not take place until after the war, the three organisations worked together during the war, through the Provisional Council for Mental Health. The government asked the Council to take on the task of providing a national after-care service for war veterans discharged on psychiatric grounds and the service then extended to civilians.⁵⁶¹

The immediate post-war period also saw new initiatives regarding the physically handicapped. The British Council for the Welfare of Spastics and the National Spastics Society, both established after the war, were responsible for the foundation of a number of schools solely for children suffering from CP. The first one, as already discussed, opened in 1947. The following year the first school for children with multiple handicaps was opened.⁵⁶²

Throughout World War Two, voluntary organisations worked alongside government departments. After the war, responsibilities shifted but the voluntary sector retained a strong position in the care of handicapped children. They continued to provide hospital beds, schools and equipment. They provided home tuition and teaching courses. Perhaps more importantly, they maintained their work as pioneers; endeavours that they had been undertaking since the nineteenth century and have continued into the twenty-first century. In the report of one blind school it was stated

⁵⁶¹ Further information can be found at: www.mind.org.uk

⁵⁶² Roof, *Voluntary Societies and Social Policy*, p.247.

that their work could not continue without the assistance of voluntary organisations.⁵⁶³

It is likely that this was true in all areas of caring for handicapped children.

Conclusion

It is inevitable that any discussion on children during the immediate post-war period will focus largely on the legislation that came into force during 1944-1948. This chapter has discussed those acts that directly concerned handicapped children with regards to their health, education and prospective employment opportunities. Much of the discussion has concentrated on the reforms of the Education Act 1944 and the subsequent Regulations for Handicapped Children 1945, and the difficulties in implementing the changes due to the conditions of war.

Much of the reorganisation concerning handicapped children stemmed from the recommendations of pre-war reports. For example, the abolition of certification and an extension in the number of categories of handicap had been proposed long before the outbreak of war. The separating, for educational purposes, of the blind from the partially sighted, and the deaf from the partially deaf, had also been on the agenda before the war but as with any expansion of the school system after the war, this was slow to emerge due to the lack of accommodation.

Although there was an overall increase in the number of children qualifying for special school places there was a decline in some categories of handicap, for various reasons. Some PS and epileptic children for example, were provided for in ordinary schools. The latter group in particular benefited from advances in diagnosis techniques and treatment and, from the 1950s there was a general decline in the number of delicate children due to an improvement in their general health. All children benefited from the

⁵⁶³ TNA, ED 32/2291, St. Vincent's School for the Blind, Liverpool, Annual Report 1949-50.

establishment of the NHS and in particular, by the increased availability of general practitioners which meant that handicaps were often diagnosed at an earlier age.

For the maladjusted, whose condition was often caused by inadequate home conditions, the war had highlighted the benefits of residential accommodation and the post-war years saw a significant rise in boarding schools. Some of these were attached to CGCs, where mental health specialists were able to expand their knowledge of the condition. The need for residential places for seriously physically handicapped children was also highlighted during the war but, although the government did extend the home tuition scheme, the expansion of special schools in this area was very slow, and new schools were usually provided by voluntary organisations.

The continuing importance of the voluntary sector after the war is evident; the various charitable organisations continued to provide all types of services. They also continued to provide establishments which offered vocational training. Post-war government legislation served to enhance the possibilities for handicapped children, helping them to gain employment and to become self-supporting adults. Initially aimed at war veterans, the 'civilian' handicapped also benefited.

Although focusing on post-war events this chapter has highlighted the ways in which change came about for handicapped children, not only in practical matters but also in regards to people's attitudes towards them. Wartime conditions brought a new awareness of the capabilities of the handicapped and in some ways their lives improved. However, real positive change was extremely slow and it was many more years before handicapped children, and adults, would begin to gain true acceptance.

CONCLUSION

This thesis began by asking the following questions: to what extent were the ‘decision-makers’ aware of the problems faced by handicapped children during World War Two; how did they attempt to deal with the problems; and to what extent were they successful? These issues have formed the core of the thesis and the information for this (chapters two, three and four) has come mainly from primary sources.⁵⁶⁴ Key aspects of these chapters are the children’s education, safety and general welfare. One of the aims of the thesis is to assess the extent to which the children’s experiences helped bring about change, particularly in relation to education, health and employment. In order to do this it has been necessary to also examine the provisions in place at the outbreak of the war as well as the changes that took place in the immediate post-war years (chapters one and five respectively). For this, a mixture of primary and secondary sources has been used. Existing debates in relation to children and post-war social policy tend to focus on issues such as education, poverty, housing and the School Medical Service (SMS). Whilst this is also relevant to handicapped children, a more specific study has been necessary for these children, as provisions and conditions for them were often different to those for non-handicapped children. This conclusion will assess the contribution that this thesis will make to studies of disability, the evacuation, and post-war social policy.

Handicapped Children, World War Two, and Social Policy

Debates on the effects of World War Two on social policy have been largely concerned

⁵⁶⁴ It is important to note here, that this project has been concerned primarily with the effects of the war; it is not an examination of special education or health provision *per-se*.

with issues of education, poverty, and the general health of schoolchildren.⁵⁶⁵ The introduction of handicapped children to these discussions will provide a whole new perspective for future debates; it will no longer be possible to produce a comprehensive study of the experiences of and the consequences for, children, without including the handicapped. As this thesis has shown, their circumstances often differed significantly from those of other children and these new insights will make the subject of children, World War Two and social policy broader and more complex. This thesis has highlighted three key areas that will need to be included in future debates: the persistence of voluntarism; the role of eugenic beliefs in making social policy; and the extent to which the war changed the lives of handicapped children. As shown, the areas in which post-war social policy affected the children most were health, employment and education.

This thesis has shown that post-war developments in the education of handicapped children would have been highly unlikely without the change in attitudes towards education as a whole. It has also highlighted the importance of the experiences forced on to the children by the conditions of war, in the creation of certain provisions within the 1944 act. That is not to say, however, that pre-war activity and beliefs did not have an impact on the framing of post-war educational policy. Some of the most significant aspects of new provisions for the handicapped came from recommendations made long before the outbreak of World War Two and in particular, from the Wood

⁵⁶⁵ In particular, see: John Welshman, 'Evacuation and Social Policy during the Second World War: Myth and Reality', *Twentieth Century British History*, vol. 9, no. 1 (1998), pp.28-53; Rodney Lowe, 'The Second World War, Consensus, and the Foundation of the Welfare State', *Twentieth Century British History*, vol. 1, no. 2 (1990), pp.152-182; Roy Lowe, (ed.), *Education and the Second World War: Studies in Schooling and Social Change* (London and Washington: Falmer, 1992); H.L. Smith, (ed.), *War and Social Change: British Society and the Second World War* (Manchester, 1996) ; and Richard, M. Titmuss, *Problems of Social Policy* (London: Longman, Green & Co., 1950).

Report of 1929. As shown in chapter one, the absence of a co-ordinated statutory educational system incorporating all (educable) handicapped children meant that pre-war provision was haphazard and largely inadequate. In time though, and with adequate funding, it is possible that, in the absence of war, many of the recommendations made in the pre-war years may have been realised. Indeed, there were considerable advances in the 1930s.

Paradoxically, the conclusions of the Wood Report may have been responsible for the failure to enact one of its most significant recommendations: the provision of education for the lowest grade of mentally handicapped. John Macnicol asserts that the failure of the voluntary sterilization campaign illustrates the fact that pressure by eugenicists produced very little in the way of tangible policy outcomes between the wars.⁵⁶⁶ Whilst this thesis does nothing to dispute Macnicol's claim with regards to actual policy, existing eugenic beliefs were enhanced by the report, the results of which were used as 'scare tactics' against the handicapped. The belief that the lives of handicapped children during the war were 'not so much worth saving as the able-bodied' has been made apparent in this thesis. Going beyond the basic eugenic ideal of the prevention of procreation, Maudslay and Colonel ffennell in particular were willing to put the children's lives at risk and, although the main decision-makers did not allow this, some were sympathetic to their view.

From the evidence presented in this thesis, it would seem that a fear of a 'public outcry' was partly responsible for the government's 'sympathetic' approach to the evacuation of handicapped children. Whilst this fear may have been justified with regards to the majority of handicapped children (with certain exceptions, such as the more seriously physically handicapped), the situation regarding low-grade MD children

⁵⁶⁶ John Macnicol, 'Eugenics and the Campaign for Voluntary Sterilization in Britain between the Wars', *Social History of Medicine*, Summary.

was more ambiguous. Children ascertained imbecile or idiot, whether in a mental institution or remaining at home, were virtually untouched by the evacuation and so remained largely invisible; a case of 'out of sight, out of mind'. As such, there is no evidence that the negative attitudes towards ineducable children which existed prior to the war, abated during the war itself. Thus, it is likely that their wartime experiences had no effect on, and they were therefore omitted from, official post-war educational policy.

The underlying theme of this thesis has been the changing perceptions of handicapped children in the years leading up to the formation of the new legislation. The 1930s were, broadly, a period of negative and condescending attitudes towards the capabilities of the children. During the war those perceptions began to change, albeit slowly, and post-war legislation presented new opportunities, both academically and in employment. Julie Anderson has examined the development of rehabilitation techniques which occurred largely as a result of the war and which benefited all handicapped people.⁵⁶⁷ This thesis compliments Anderson's work by adding the experiences of those children who would benefit from these new techniques as well as those who contributed to the war effort whilst in hospital training colleges, or in factories as school-leavers. The war created employment opportunities for the handicapped as never before and, as with the Education Act 1944, it is highly unlikely that the Disabled Persons (Employment) Act of the same year would have been devised in the absence of World War Two. The circumstances of the war led to a new awareness of the abilities of the handicapped and, although in many ways the new act did not live up to its expectations, its formation was recognition of those abilities.

A reflection of changing attitudes can also be seen through the use of language.

⁵⁶⁷ Julie Anderson, 'Turned into Taxpayers: Paraplegia, Rehabilitation and Sport at Stoke Mandeville, 1944-56', *Journal of Contemporary History*, vol.38, no.3, 2003, pp. 461-475.

Although the word 'disabled' was used during the war (i.e. in the 1941 'Interim Scheme for the Training and Settlement of Disabled Persons in Industry') it was more common to see 'imbecile', 'idiot' or 'defective' in the names of establishments or governments schemes and legislation. From 1944, however, these terms were no longer in official use and were replaced with terms such as 'disabled' and 'educationally subnormal'. Certain terms continued to be used though (such as 'cripple' and 'handicapped') and for some members of the general public it would be many more years before attitudes and terminology would change.

The final piece of post-war legislation that related directly to the experiences of handicapped children during the war is the National Health Service (NHS) Act 1946. Whilst not devised solely for the handicapped (in that the term 'handicapped' has been used in this thesis to mean the long-term handicapped) the act was to have a considerable effect on those who had previously relied on the actions of voluntary societies. This thesis has extended our understanding of the way in which voluntary organisations were able to redefine their role in the face of the emerging welfare state. It confirms the view expressed by Finlayson that voluntary organisations had to accommodate their activities to a new welfare mix and find a new role in the years after 1945.⁵⁶⁸ In common with many other voluntary bodies, those organisations that concentrated on the welfare of handicapped children were successfully able to adapt themselves to the provision of specialised services as the state took over the basic services previously provided, almost exclusively, by voluntary bodies. This study highlights the importance of these organisations not only as providers of services, but as repositories of expertise that did not yet exist within the welfare state.

⁵⁶⁸ See: Geoffrey Finlayson, 'A Moving Frontier: Voluntarism and the State in British Social Welfare 1911-1949', *Twentieth Century British History*, vol.1, no.2, 1990, pp.183-206.

Handicapped Children, World War Two and Studies of the Evacuation

The subject of the evacuation is one which crosses the boundaries of popular and scholarly interest and this thesis contributes to both mediums. The telling of how and where handicapped evacuated children lived during the war adds another dimension to the story of the evacuation and it is likely that people's pre-conceived notions of how the children fared will be dispelled. Existing literature concentrates almost exclusively on the experiences of non-handicapped children. This thesis provides an opportunity to extend our knowledge of the evacuation by employing a more inclusive approach.

Scholarly debates on the evacuation tend to concentrate on the ways in which it highlighted the levels of poverty in which many children were living; the (in)adequacies of the School Medical Service; and the concept of the 'problem family'.⁵⁶⁹ Whilst these issues are relevant to all children, the area in which handicapped children are discussed most, and which has been examined in this thesis, is child psychology. This thesis supports the claim made by Welshman⁵⁷⁰, and others, that the experiences of wartime helped to encourage child guidance. In particular, it adds to our understanding of 'emotional disturbance' and draws attention to the significance of hostels for 'difficult' children.

By comparing the experiences of handicapped children with their non-handicapped counterparts this thesis has provided a more rounded narrative, and analysis, of the evacuation experience. Similarly, by including an in-depth discussion on the government evacuation scheme as it applied to handicapped children, the thesis introduces a new dimension to the overall debates on its successes and failures. The

⁵⁶⁹ For example, Pat Starkey, 'The Medical Officer of Health, the Social Worker, and the Problem Family, 1943 to 1968: The Case of Family Service Units', *Social History of Medicine*, 1998, pp.421-441; and John Welshman, 'In Search of the "Problem Family": Public Health and Social Work in England and Wales 1940-70', *Social History of Medicine*, vol.9, no.3, 1996, pp.447-465.

⁵⁷⁰ John Welshman, 'Evacuation and Social Policy during the Second World War: Myth and Reality', *Twentieth Century British History*, Vol.9, No.1, 1998, p.51.

thesis highlights the attitudes of the primary carers, government officials, property owners and others responsible for the children's welfare, as well as the responses of the general public. In particular, it brings attention to, arguably, one of the scheme's worst failures: the exclusion of seriously physically handicapped children. Along with the low-grade mentally defective, these children were denied a place in the evacuated special parties. Although not part of the government evacuation scheme, these children deserve a place in the history of the evacuation.

Handicapped Children, World War Two and Studies of Disability

Harry Hendrick wrote, 'Unlike women, black people, and the working class, children are not in a position either to write their own history or to ask awkward questions of those who exercise power over them'.⁵⁷¹ Perhaps 'disabled' should be listed alongside 'children'. Tom Compton maintains that the disabled have lacked the health, education and leisure to record their own plights. If this is the case, then to assert ones-self and to relate one's own story as a disabled child will have proven doubly difficult. The study of disability is a relatively new discipline and there is still a tendency to discuss the subject as a whole or by concentrating on a particular handicap. This thesis, by adhering to a relatively small, but significant, time period contributes to existing debates by highlighting one of the most legislatively productive 'turning points' in the history of disability.

In recent years, there has been a significant increase in the use of oral testimonies in scholarly texts. This is particularly useful for those who are unable, or unwilling, to put their accounts in writing. This thesis includes the testimonies, both written and oral, of a small number of people who have chosen to tell of their wartime experiences. However, it is not meant to be a study along the lines of *Out of Sight* or

⁵⁷¹ Harry Hendrick, 'Children and Childhood', *ReFresh*, Autumn, 1992.

Forgotten Lives, both of which rely heavily on oral testimony. The thesis relies mostly on the evidence of government officials and others in positions of influence; some have been complemented by personal testimonies but most have proved to be the only window onto the experience of handicapped children.

Much of this information comes through the examination of HMI Lumsden's many reports and his correspondence with other government officials. From these documents, it has been possible to ascertain where and how the children lived and the reasons behind some of the decisions taken by the Board of Education and the Ministry of Health with regards to the children. The documents also yield a glimpse into Lumsden's own attitudes towards the children, giving an indication of how much reliance can be put on his words and the degree of importance he placed on the children's welfare. He appears to have been a conscientious employee who adhered almost rigidly to the policies of the Board of Education. However, he was also fair-minded and treated all children equally regardless of their particular handicap. This was by no means common; as shown, due to the complex nature of their handicap, and sometimes through blatant prejudice, the mentally handicapped often experienced problems additional to those of the other children.

As this thesis has been concerned mainly with the disruption to handicapped children caused by the war, those within mental institutions and colonies have not been discussed in any great detail. Therefore, the contribution to existing knowledge with regards to these children is perhaps less than that of other groups of handicapped children. The subject of the institutionalization of MD children though, and in particular, the question of 'segregation v inclusion', has been examined by several scholars. However, there is still a tendency to overlook the period 1939-45.⁵⁷² It is

⁵⁷² For example, Jane Read and Jan Walmsley's study of MD children in Bedfordshire 1913-1970 jumps from the inter-war period to the development of services 1946-1970, totally disregarding the period of the

difficult, therefore, to ascertain from other studies exactly how the MD authorities viewed the safety of MD children in relation to others. This thesis has delved narrowly into the problems of overcrowding in institutions but it is obviously a subject that warrants further attention.

Colin Barnes argues that disability research is about researching oppression and that for an academic to profess independence without qualification is misleading. He believes that university based researchers are far more likely to write for their peers than they are for their research subjects.⁵⁷³ This doctoral thesis, by definition, is guilty of Barnes' claim; it does not profess to be of equal benefit to academics and to non-academic disabled people or groups. It may also be guilty, to a certain extent, of Barnes' other contention: 'There is no independent haven or middle ground when researching oppression: academics and researchers can only be with the oppressors or with the oppressed'.⁵⁷⁴ It is human nature to 'side' with the oppressed but this does not mean that an article, book or thesis is any less worthy. Joyce Goodman highlighted the problems she faced, and that many of us face, when she researched the archive of the Sandlebridge Boarding School and Colony for the Feeble-Minded, 1902-35:

Research methodology warns against emotional involvement that risks skewing research findings. But I came to realise that to deny, negate and neutralise my emotion in the face of this archive was to remain trapped within the rational ordering of an archive that denies emotion and that denying my emotion repeated the condition of the young women when viewed by certifying doctors who posited emotion as unreason and unreasonableness. Rather than researcherly unreason, here, to be angry was to disrupt the

war: Jane Read and Jan Walmsley, 'Historical perspectives on special education, 1890-1970', *Disability and Society*, vol.21, no.5, 2006, pp.455-469. Similarly, Pamela Dale, in her study of the Starcross institution before 1948, mentions briefly some children who were admitted or discharged during the war but does not indicate whether any were discharged to provide for other groups who may have been regarded as 'more important': Pamela Dale, 'Special Education at Starcross before 1948', *History of Education*, vol. 36, no.1, 2007, pp. 17-44.

⁵⁷³ Colin Barnes, 'Disability and the Myth of the Independent Researcher', in Len Barton and Mike Oliver (eds.), *Disability Studies: Past, Present and Future* (Leeds: The Disability Press, 1997), pp.239-243.

⁵⁷⁴ *Ibid.*

archive's rationalist frame on its own terms. Nonetheless, as researcher I needed to work with and beyond this anger.⁵⁷⁵

On a smaller scale, this thesis has dealt with the prejudice of men such as Maudslay and Colonel ffennell. As Goodman says, it is possible to 'work with and beyond' one's own personal feelings and to be, as Barnes says, 'independent with qualification'. It is not necessary, however, for a disability researcher to take a radical stance and to prioritize the adoption of 'an overt political commitment to the development of the disabled people's movement' and 'a commitment to research which is widely disseminated to use against oppression'.⁵⁷⁶ Stone and Priestley assert that the disability researcher's obligation and contract must ultimately be to satisfy the rigorous demands of academe, whilst furthering the political campaign for emancipation and equality.⁵⁷⁷ The aim of this thesis is not to further the cause of disability rights (although that would be a proud achievement) but to bring to attention a certain group of disabled people from a particular period in time, so that they can, at last, be included in all debates relating to children, World War Two and disability.

⁵⁷⁵ Joyce Goodman, 'Reflections on Researching an Archive of Disability: Sandlebridge, 1902-1935', *Educational Review*, vol.55, no.1, 2003, pp.47-54.

⁵⁷⁶ Emma Stone and Mark Priestley, 'Parasites, Pawns and Partners: Disability Research and the Role of Non-Disabled Researchers', *The British Journal of Sociology*, vol.47, no.4, December 1996, pp.699-716.

⁵⁷⁷ *Ibid.*

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