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Disabled Children and Special Education, 1944-1981

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Executive Summary

- Special schools had their origins in the charitable institutions for blind, deaf and learning disabled children set up from the 1760s.
- The prevalence of disability among children was revealed by compulsory schooling and assessment from the later nineteenth century.
- By 1918 local education authorities were required to grant-aid charitable schools for disabled children or develop their own provision.
- The 1944 Education Act recognised that mainstream schools were the best place for disabled children whenever possible, but the number of pupils in special schools increased from 38, 499 in 1945 to 106,367 in 1972.
- Segregated education thrived because it enjoyed the support of the medical profession; enabled the transaction of power between doctors, psychologists and teachers; and supplied a mechanism for excluding 'disruptive' pupils from 'normal' classrooms.
- Segregation failed because it did not satisfy the aspiration of disabled children and their families, and did not offer a sympathetic environment in which to acquire interpersonal skills for the non-disabled adult world.

Introduction

My purpose in this presentation is to explore segregated special schools between two landmark Education Acts in 1944 and 1981. I shall be talking about children with learning difficulties and blind, deaf and 'crippled' children, many of whom were also deemed to have an intellectual deficit because of the learning restrictions imposed by their sensory or physical impairments. After briefly charting the origins of special schools, my agenda will fall under two main headings. First, I want to examine why special schools expanded under the 1944 Education Act and, second, I want to tease out the effects of this growth in segregation for the experiences of disabled children. In addressing these issues, I will draw on oral testimonies, primarily from disabled people, including those from a study of thalidomide that I'm currently directing. In the conclusion, I will identify some implications for contemporary policy and practice.

Origins

Special schools have their roots in the charitable institutions which sprung up from the mid-eighteenth century for blind, deaf and later learning disabled children. In 1867 the Metropolitan Poor Law Act set up a central board with common funding to build separate asylums for London. From the late nineteenth century, the introduction of compulsory schooling and pupil assessment flushed out disabled children who had previously been 'mixed together in school or remained at home.' The initial response was an increase in voluntary provision, especially for 'crippled' children who had been largely invisible. Following the Royal Commission of 1889, however, a series of Acts gradually increased the responsibility of local education authorities so that by 1918 they were required to grant-aid charitable schools or develop their own schools for blind and deaf, epileptic, and mentally and physically disabled children. This legislation consolidated local initiatives which – to a degree – reflected a reaction against residential institutions. The first special school for 'feeble-minded' pupils opened in Leicester in 1892 and by 1916 there were 179 educating over 14,000 children. The first special school for 'crippled' children opened in Manchester in 1905 and by 1918 there were 60 day schools and 35 residential schools for physically 'defective' pupils.

The 1944 Education Act

The arrival of the 1944 Education Act created a new environment for special schools. Reaching the statute book towards the end of the Second World War, the Act embraced the optimistic ethos that the conflict had fostered by pledging to all children the right to a schooling suited to their 'age, aptitude and ability'. In line with this mission, all those 'able to benefit' from education were brought under the local authority umbrella, leaving only allegedly 'ineducable' children within the National Health Service. Furthermore, it was conceded that where possible disabled children were best taught in mainstream schools. Additional facilities were accordingly made available under the Handicapped Pupils and Medical Services Regulations of 1945. Therefore, disabled children in ordinary schools were to be allowed special attention from the teacher; 'a favourable position in the classroom'; special furniture, aids and equipment; and tuition in lip-reading if they were partially deaf. In an effort to overcome past stigma, the derogatory term, 'mental deficiency', was also superseded by 'educational subnormality' – said to be less pejorative.

Despite the promise of integration implicit in these arrangements, the number of pupils in special schooling rose from 38,499 in 1945 to 106,367 in 1972. There were three main reasons for this breach of policy. First, special education was defined as a 'treatment' in which 'methods appropriate for persons suffering from disability of mind and/or body' were expertly applied. This encouraged an essentially medical system of classification in which children were placed in one of 11 categories ranging from blind and deaf to physically handicapped and educationally subnormal. It also encouraged a segregated approach which was reinforced by the role of educational institutions in implementing controversial medical interventions. During the 1950s, for example, children with partial sight were forced to wear awkward and painful contact lenses; whilst during the 1960s the Chailey Heritage Hospital in Sussex fitted cumbersome aids to thalidomide children that impeded rather than enhanced their functioning.

Second, special schools were an arena in which psychologists and teachers were able to challenge the power of the medical profession. With the advent of state education, doctors became increasingly involved in the assessment as well as the management and treatment of disabled children. Their vehicle was the local authority School Medical Service, founded in 1907 with a statutory duty to inspect children's health. The medical profession was soon joined by the emergent profession of psychology following the introduction of the IQ test as an assessment tool. Doctors continued to lead the 'ascertainment' of physically and mentally disabled children after 1944, despite an increasing reliance on the IQ test; and psychologists only achieved parity 30 years later when they were required to provide an additional report for the assessment process. However, this new-found influence was not grounded in more reliable testing.

As early as 1936, the Board of Education had recognized that to ‘apply the ordinary tests of intelligence to a child who is defective in sight or in hearing is to do him [sic] serious injustice.’ But children with learning difficulties were also disadvantaged. Rather than blurring the normal-abnormal boundary as Gillian Sutherland has suggested, testing firmed up the deviance of those with intellectual impairments. In addition, it was not immune to social status. As a teacher at Rottenrow Special School in Glasgow claimed in the 1970s:

> *It was a special needs school, girls only when I arrived and these girls were classified as mildly mentally handicapped, but in fact most of them weren’t ... Most of them came from the east end schemes and they just needed [to be] nurtured.*

Third, special schools enabled educational authorities to exclude children ‘who might obstruct or inconvenience the smooth running of normal schools’: an attractive proposition, given the desire to avoid any disruption to the new ‘co-ordinated system of compulsory mass primary and secondary education’. On occasions, educationalists did endorse inclusion; and for thalidomider, William, head teachers willing to ‘think outside the box’ were critical in supporting his father to gain him places in mainstream primary and secondary schools. However, other parents who wished to oppose special schooling faced monumental struggles. Thalidomider, Elizabeth, went to a special school from the age of four. When her mother tried to move her she

> *had a real battle to get me out of that school and into a regular primary school. I think from both ends, I think from the point of view of the school I was trying to leave not letting me escape and from the school she was trying to get me into being quite reluctant to take me and actually when I did eventually move schools to that school one teacher didn’t want me in her class, quite honestly, because there was a terrapin building and she said, “I can’t have her in this class because there are stairs up to the door.” ... as a result of that I joined the class above me where there was one of my friends, my mum’s friend’s children who was in the class who was assigned to help me if I needed help to go to the toilet or what have you.*

In short, the ability of individual personalities to thwart policy is striking.

Segregation evaluated

Today, only within the Deaf community is attending a special school promoted enthusiastically as the means to learn sign language and preserve a distinctive Deaf culture perceived to be under threat from the hearing majority. In evaluating segregation from a disabled child’s perspective – my second key theme – it is important to remember that the special school was preferable to the multi-purpose institutions to which some children were confined. In 1952, for example, Mabel Cooper, who had a learning difficulty, was moved from a children’s home to a long-stay hospital called St Lawrence’s. As she recalled:

> *I moved to St Lawrence’s when I was seven, because they only took children what went to school in this home. And I never went to school, so I had to move. ...*
>
> *There used to be children, there used to be two wards of children. One for little boys and one for girls. There was no school there, they only let you use your hands by making baskets and doing that sort of thing ...*

The case for segregation had educational and social dimensions. The educational case argued that special schools had the teaching expertise and material resources to deliver curricula geared to the particular circumstances of impairment. But budgets were squeezed and expectations were low. When thalidomider, Helen, went to her first special boarding school, the

> *education was absolutely appalling because they didn't just have kids with physical problems, they also had kids with severe learning difficulties and they seemed to educate us all to the lowest denominator which meant that I became very good at jigsaws but not a lot else ....*

Such segregated schools equally dissatisfied children with learning difficulties. A narrator in an oral history of special education in Glasgow compared his education in the 1960s with that of his brothers at the local primary school; 'they had reading and writing where we had things like plastersine'. This poor education disadvantaged disabled children in the labour market. In a study of children born during one week in 1958, 22 % of those 'ascertained' as handicapped under the 1944 Act had taken a first job that was unskilled, compared with 9% of all 15-24 year olds. Two-thirds of this 'handicapped' group had been unemployed: twice as many as the non-handicapped group.

As well as falling short on education for work, special schools were also unsuccessful in providing a sympathetic social environment where pupils could acquire the interpersonal skills necessary for adult life in the non-disabled world. Separation from family traumatized children like Valerie Lang, who was born with cerebral palsy in Cheshire in 1939 and educated at a special school in Croydon.

> *my only memory is of being taken to the school, and that awful business of parents disappearing, and I can still get upset, when I think of them, leaving me at the beginning of each term, you know. They explained to me so carefully that this was, it was important for me to go to school, and it didn't mean they didn't love me, but, you know, going to boarding school at that age is not easy, and it was in Croydon and home was in Manchester.*

In this emotional state, children were vulnerable to the kind of psychological punishment that thalidomider, Peter, experienced at his second special school.

> *Oh, you know, that kind of belittling kids that can't do things or that can't tie their shoelaces or that can't manage to do something. You know, making derogatory comments about one's parents and, of course, you're separated from them so you're kind of feeling anxious already. So it's not difficult to reduce a child to tears if someone says, "Your mum and dad obviously don't love you if that's the way you behave now" and all that kind of ... it was physical and mental abuse to be honest. You know, it was quite shocking really when I think back to it.*

Special schools also restricted participation in family and community life. By the early 1950s, the Chief Medical Officer was declaring that: 'A child should never be removed from home unless it is quite certain that there is no practicable alternative' because the family was 'the fundamental basis for the child's emotional benefit and security.' Returning as well as leaving home was traumatic 'because, although in your head you knew about mothers, grandmothers and whoever, these people were basically strangers to you.' With long distances, some children were only able to see their parents once a year, but even when families were nearby, face-to-face contact was discouraged and visits allowed infrequently.

In addition, special schools were often isolated from their local communities, and the children who attended them were acutely conscious of their difference. Hence they had difficulty forming friendships during holidays or week-ends at home. Though their loneliness may have eased when day schools became more common in the 1970s, there was still the stigma of the special school bus or transport by taxi. One Glasgow boy with a learning difficulty complained that whilst his brothers and sisters went to 'the ordinary school, I have to have a special bus and it didn't feel nice.'

Consequently, it was disabled children educated with their non-disabled peers who mixed more frequently with school friends out of school.

Of course, mainstream education was not without its problems. As Alan Counsell, with cerebral palsy, found:

> *there was a few people who were unkind and, awful, but, they don't matter: and then maybe, it's good to meet that kind of kid ... because I learned a lot from them. I learned how to cope with them: awkward, grotty adults, because of the people I met as a child.*

Whilst grappling with prejudice is an enormous burden for disabled children, their presence in the classroom, with the support of well-qualified teaching and ancillary staff, is the most effective way of challenging negative attitudes at an early stage and developing a more tolerant and open society.

Conclusion

In this presentation, I have attempted two main tasks. First, I have explained the expansion of special education with reference to its foundation in medicine, its position as a site for professional manoeuvring, and its role in the regulation of the classroom. Second, I have shown how special schools failed to equip disabled children with the educational and social skills for adult life. Of course, segregated education did not exist in a vacuum. On the contrary, it was affected by broader changes, notably the transitions to comprehensive schooling and community care. It is this context that helped to produce both the Warnock Report of 1978 and the Education Act of 1981, with their emphasis on the assessment of special *educational* needs and a range of special provisions within mainstream schools.

But does the period 1944 to 1981 hold any lessons for the reform of contemporary policy and practice? The embodied resources of the special school are a continuing influence, their legacy still affecting the configuration of specialist provision. The phenomenal effort that some parents of disabled children expend to get the right education suggests that there may be a willingness to take up individual budgets. And removing assessment from LEA suppliers may also help stop money determining the identification of needs. However, the history of professional interaction suggests that cross-boundary collaboration is likely to remain challenging, as will the longstanding correlation between the measurement of educational performance and family and social background. Unfortunately, the financial retrenchment that currently afflicts all public services may make tackling these problems more difficult.

Further Reading

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About the Author

Anne Borsay is Professor of Healthcare and Medical Humanities in the College of Human and Health Sciences at Swansea University. She is a social and cultural historian of medicine and health with specialist interests in the history of disability and the history of nursing and midwifery. Recent publications include *Disability and Social Policy in Britain since 1750: A History of Exclusion* (2005); *Nursing and Midwifery in Britain since* 1700, edited with Professor Billie Hunter ,Cardiff University (2012); and *Disabled Children: Contested Caring, 1850-1979*, edited with Dr Pamela Dale, Exeter University (2012). Anne is Principal Investigator for a Wellcome Trust Programme Award, 'Disability and Industrial Society: A Comparative Cultural History of British Coalfields, 1780-1948'. She sits on the editorial board of the journal, *Disability and Society*, and is a member of the Wellcome Trust's Expert Review Group for Medical History and Humanities. She is writing *A Cultural History of Disability: Britain, 1500-2000* for Palgrave Macmillan.