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Circular 26/53.

MINISTRY OF HEALTH,
SAVILE ROW,
LONDON, W.1.
17th December, 1953.
TELEPHONE—REGENT 8444.
EXT. 70.

To:—
County Councils and
County Borough Councils
in England and Wales.

SIR,

NATIONAL ASSISTANCE ACT, 1948

**WELFARE OF HANDICAPPED PERSONS
THE SPECIAL WELFARE NEEDS OF EPILEPTICS AND OF SPASTICS**

1. I am directed by the Minister of Health to invite the Council's attention to two reports prepared by a Committee of his Advisory Council on the Welfare of Handicapped Persons on the special welfare needs of persons suffering from epilepsy and cerebral palsy. The reports are printed as an annex to this circular. The Minister has consulted the Minister of Education and the Minister of Labour and National Service, since the reports touch on certain matters falling within their spheres of responsibility and they have concurred in the publication of the reports. The Central Health Services Council and the Standing Medical Advisory Committee also have considered the reports; they concur in the recommendations and welcome their publication.

2. The Minister commends the reports to the careful study of local authorities and thinks they will find in them much of value relating to their functions under Part III of the National Assistance Act. Furthermore the two reports indicate the frequent need for the epileptic or spastic individual to be advised on methods of obtaining specialised treatment and after-care. Much of this will be in the field of the local health authority and the Medical Officer of Health is clearly closely involved in the care of these individuals. A copy of this circular and its enclosures has, therefore, been sent direct to him.

3. The Minister desires to refer particularly to the emphasis placed by both reports on the importance of co-ordinating all the services, both statutory and voluntary, from which epileptics and spastics may benefit. Proper co-ordination of all available services is, of course, of equal importance in relation to all other classes of handicapped persons and, as the local authority will know, the Minister has taken a number of opportunities to draw attention to its importance in connection with the administration of the health and welfare services. Copies of the reports are being sent to Regional Hospital Boards, Boards of Governors of Teaching Hospitals and Hospital Management Committees.

4. A copy of this circular is enclosed for the use of the Council's Welfare Officer and further copies may be purchased through any bookseller or directly from Her Majesty's Stationery Office.

5. Correspondence from Welsh Authorities regarding this circular should be addressed to the Welsh Board of Health.

I am, Sir,

Your obedient Servant,

J. W. Williams

The Clerk of the Council.
The Town Clerk.

94020/2/503.

MINISTRY OF HEALTH

ADVISORY COUNCIL FOR THE WELFARE OF HANDICAPPED PERSONS

COMMITTEE ON THE DEVELOPMENT OF WELFARE SERVICES FOR HANDICAPPED PERSONS OF THE GENERAL CLASSES

A. REPORT ON THE SPECIAL WELFARE NEEDS OF EPILEPTICS

General

1. The problem of epilepsy differs from that of most other permanent handicaps in that between seizures the epileptic's handicap is often masked ; nevertheless continuing active medical treatment or supervision is essential throughout life, and health, welfare and other appropriate services must work together in the closest co-operation. There needs to be team work with each member of the team ready to take a personal and particular interest in the person concerned. Some one member of the team—possibly a different member at different times—should always be responsible for co-ordinating and focusing on the epileptic the services provided by all. The general medical practitioner will give the continuing active medical treatment or supervision, and he should be consulted throughout and kept informed of what services are available and are in fact being provided by the other agencies. The services include—

- (i) the general medical practitioner service ;
- (ii) the hospital and specialist service of the National Health Service ;
- (iii) the maternity and child welfare, health visiting and care and after-care services of the local health authority ;
- (iv) the education service of the local education authority, including the school health service and the youth employment service ;
- (v) the welfare service of the local authority ; and
- (vi) the disablement resettlement officer service of the Ministry of Labour and National Service.

2. This report does not attempt to set out the respective responsibilities of local authority officers, but includes some references to services other than those to be provided under section 29 of the National Assistance Act, 1948, because the Committee considers that the problem of the substantially and permanently handicapped (the "hard core" of the problem) cannot be entirely dissociated from the problem of the less severely handicapped epileptic, and the need in such a case to employ all possible means to prevent deterioration leading to a substantial handicap. Examples of such means are ascertainment of the less severely handicapped epileptic children while they are still at school ; closer application of the health department's services to each individual epileptic school child when at home and later to those who as adolescents enter industry ; and greater use of diagnostic departments of hospitals. All such services properly applied to the individual might reduce the "hard core" substantially.

3. So far as concerns the great number of sufferers from minor epileptic fits there is often failure on the part of those with whom they are in daily contact to appreciate that in the majority of instances the minor fit is a

**MEMBERS OF THE COMMITTEE ON THE DEVELOPMENT OF
WELFARE SERVICES FOR HANDICAPPED PERSONS OF THE
GENERAL CLASSES**

J. Rhaiadr Jones, Esq. (*Chairman*).
Edward Evans, Esq., C.B.E., M.P. (*Chairman of the Advisory Council*)
(*ex officio*).
Professor Fraser Brockington, M.A., M.D., B.Ch., D.P.H.
Keith Buckley, Esq., O.B.E., F.C.I.S.
E. S. Evans, Esq., C.B.E., F.R.C.S.
Sir Geoffrey Peto, K.B.E.
J. D. Spillane, Esq., M.D., F.R.C.P.
Alderman Mrs. Grace Tebbutt, J.P.
Miss C. M. Wyatt, O.B.E.

The following reports are based on reports prepared by two sub-committees whose membership comprised:—

Special welfare needs of epileptics

Professor Fraser Brockington, M.A., M.D., B.Ch., D.P.H. (*Chairman*).
The late J. Tylor Fox, Esq., M.D., M.B., L.R.C.P.
Miss I. Gairdner (Secretary, British Epilepsy Association).
H. Halstead, Esq. (Vocational Psychologist, All Saints Clinic,
Birmingham).
Denis Williams, Esq., D.Sc., M.D., F.R.C.P. (The National Hospital,
Queen Square, W.C.1).

Special welfare needs of spastics

E. S. Evans, Esq., C.B.E., F.R.C.S. (*Chairman*).
N. D. Bosworth Smith, Esq., C.B.
Paul S. Cadbury, Esq., C.B.E.
L. T. Hilliard, Esq., M.A., M.B., B.Ch., D.P.M.
Professor J. M. Mackintosh, M.A., M.D., F.R.C.P., D.P.H.
Miss Jean M. Mackintosh, M.D., Ch.B., D.P.H.
Henry P. Weston, Esq., M.A.
Denis Williams, Esq., D.Sc., M.D., F.R.C.P.

The Committee desires to place on record its gratitude to the members of the sub-committees for their expert assistance and for devoting so much time and energy to these problems.

6. The figures of registered disabled persons have little relation to the number of epileptics who would be subject for assistance under section 29 of the National Assistance Act, 1948. On the one hand an unknown number of persons severely handicapped by epilepsy, but outside colonies, has not registered, and on the other, of those registered some with minor degrees of epilepsy would not be regarded as "substantially" handicapped for the purposes of section 29 of the National Assistance Act, 1948. A proportion of epileptics is ab initio mentally defective and some deteriorate mentally during their lives, and these two classes whom, on the basis of a survey in the West Riding of Yorkshire, it is estimated number 13,000 would fall statutorily within the jurisdiction of the mental health service of the local health authority or the Regional Hospital Board. The present arrangements for the use of epileptic colonies may affect the numbers registering as disabled persons; as welfare arrangements develop there may be an increasing release to the community of colonists who at present must remain in custodial care because of the absence of such arrangements, but this might be offset by a more generous interpretation of the function of a colony so as to permit less severely handicapped epileptics being admitted for treatment.

7. The precise figure of substantially and permanently handicapped epileptics must, therefore, be in some doubt. The Ministry of Education figure for children "handicapped" by epilepsy is 0.2 per 1,000 registered pupils, being children who (according to the Handicapped Pupils Regulations issued under the Education Act, 1944) must be given special education in residential schools. This figure may be a more accurate guide to the number requiring welfare services, since children in need of boarding school education on account of epilepsy must be substantially handicapped. This suggests a figure of 6,800 epileptics who might be within the scope of section 29 of the National Assistance Act, 1948, out of an adult population of 34 millions. Taking all these uncertainties into account it is reasonable to suggest that numerically the total problem in terms of section 29 of the National Assistance Act, 1948 (if the colonies are excluded) will vary between 7,000 and 12,000.

Epileptic Children

8. The Committee received evidence which indicated that of the estimated number of epileptic children needing special school facilities something over one-third were so accommodated at the present time, and it was thought that very few of these would benefit from higher education. (Information received more recently shows that at least two-thirds of the epileptic children who need a special school education are now in such schools.) It was alleged that a number of epileptic children who are unsuitable on account of low I.Q. or behaviour difficulties are admitted to these special schools, and that there is difficulty in getting local authorities to remove them as no alternative accommodation is available. The evidence indicated a certain absence of guidance from school-leaving age through adolescence into employment. This point is developed below.

9. It is desirable that local authorities should be aware of epileptic children before they are ready for school, and every step should be taken to ensure that the School Medical Officer is informed of epileptic children as soon as possible after they are two years' old. Admittedly the ascertainment of epilepsy in the first four years of life is complicated by the higher incidence of convulsions of all kinds during these years (and this also occurs at puberty), but an American survey shows that the incidence of convulsions in infancy

harmless and brief explosion without significance to anyone but the sufferer ; there is room for much propaganda in this direction aimed at the teacher who fails to explain the harmlessness of a fit to other pupils or who places difficulties in the way of an epileptic child's attendance at school, the busy family doctor who cannot always supervise the exhibition of sufficient doses of the appropriate drug to control the effects, the parent who loses interest in a seemingly interminable battle and the employer who regards the occurrence of a fit in the workshop as a major inconvenience. Persons suffering from frequent major fits are, of course, in a different category and due regard should be had to the greater severity of their handicap ; over-optimism can be as harmful to the best interests of epileptics as undue caution. Furthermore, the epileptic himself, as well as his family and friends, must be convinced that his seizures do not indicate any mental deficiency ; that only in so far as the actual seizures dislocate his life is he different from other people and that, apart from this, he is able to lead a normal life and if he has reached working age, to hold down any job within his capacity. He must be helped to overcome the emotional strain which is produced by the failure of the general community to understand his disability and to regard him as a mentally and morally responsible human being.

4. The Committee appreciates that it may be difficult to justify selecting epilepsy for special action from amongst the various categories of handicaps and illnesses which may be dealt with under section 29 of the National Assistance Act, 1948, and under section 28 of the National Health Service Act, 1946, but nevertheless urges that the question of the Minister's directing that local authorities should be under a duty to exercise their powers in relation to this disability should be examined.

The Size of the Problem

5. The Committee received no exact evidence of the incidence of epilepsy in this country. A total figure, including all grades of severity would be not less than 100,000 ; of these, over 20,000 would be children under school leaving age ; 2,000 (excluding children) would be in epileptic colonies ; 15,078 are registered under the Disabled Persons (Employment) Act, 1944, and of these 1,773 are wholly or partially unemployed (figures as at 17th April, 1950). The incidence of epilepsy in the three countries referred to below is as indicated :—

- (i) Switzerland—5.0 per thousand (Isenschmidt Sommer and Amman, Quoted by Ledeboer B.Ch. *Folia Psychiatrica, Neurol and Neurosurg, Neerlandica.* January, 1949, 1 3).
- (ii) Holland—4.7 per thousand (Ledeboer, *Folia Psychiatrica, Neurol and Neurosurg, Neerlandica.* January, 1949, 1 4).
- (iii) America—5.0 per thousand (Lennox W.G., *Science and Seizures*).

The figures given under this heading therefore are probably a conservative estimate. Some evidence was received which showed that in this Country the incidence of epilepsy is at least 2.0 per 1,000 of the population, and the Committee feels that it is better to err on the low rather than on the high side. In paragraph 7 an attempt is made to estimate the size of the problem in terms of section 29 of the Act of 1948.

Disabled Persons' Register

14. The Committee examined a special analysis of the numbers of epileptics who on 17th April, 1950, were registered under the Disabled Persons (Employment) Act, 1944, which showed—

	Other than epileptics	Percentage	Epileptics	Percentage
Number of registered disabled persons	921,118	98.4	15,078	1.6
Number of registered disabled persons in employment	857,763	93.0	13,305	88.0
Number of registered disabled persons unemployed	63,355	7.0	1,773	12.0

An analysis of the 1,773 unemployed indicated:—

(i) Age Groups	Number	Percentage
17 and under	64	3.6
18-40	1,122	63.3
41-55	430	24.3
56 and over	157	8.8
	<u>1,773</u>	<u>100.0</u>

(ii) Capacity for Categories of Work:

(a) Ordinary Employment 941 or 53.1 per cent.

Age Groups	Number	Percentage
17 and under	30	3.2
18-40	605	64.3
41-55	223	23.7
56 and over	83	8.8
	<u>941</u>	<u>100.0</u>

(b) Sheltered Employment 832 or 46.9 per cent.

Age Groups	Number	Percentage
17 and under	34	4.1
18-40	517	62.1
41-55	207	24.9
56 and over	74	8.9
	<u>832</u>	<u>100.0</u>

(iii) Regional Analysis: (England and Wales only)

(a) Highest incidence of unemployment	<i>Per cent.</i>
Northern Region	19.6
(b) Lowest incidence of unemployment	
Midland Region	6.8
(c) Average incidence of unemployment	
All Regions	11.1

is five times greater in epileptic than in unselected children and that among epileptic children those with a family history of epilepsy show eight times as many convulsions in infancy as those without such a history. On the other hand care should be taken not to "label" a child as an epileptic without first subjecting him to a period of observation.

10. The Committee considers that general practitioners should be asked to bring to the notice of the School Medical Officer all epileptic children and children suspected of having epilepsy. Where doubt exists about the diagnosis the diagnostic facilities provided at hospitals should be utilised, and these should be regarded in such cases as an additional weapon to assist those who are carrying out the statutory duty to ascertain the epileptic and handicapped child. It would probably be an advantage for each epileptic child to be seen at a diagnostic department at least once.

11. The Committee believes that it is of the utmost importance that an attempt should be made at the outset to determine the child's educability and that he should be dealt with on the following lines:—

- (i) there should be early ascertainment of all epileptic children for special educational purposes, and where it is clear that their handicap is of a permanent and substantial character, for welfare purposes; in any event the application to the case of the care and after-care services of the National Health Service should be considered;
- (ii) there should be continuous and close liaison between all officers functioning under the various services; arrangements should be made for periodical examination and, when necessary, re-classification of epileptic school children so that their transfer to the appropriate school may be achieved as early as possible;
- (iii) where an epileptic child returns home from a residential school for any length of time it is desirable that contact with the child and his parents should be made by the appropriate officer of the local authority.

12. The re-assessment of epileptic children at school leaving age, with particular regard to the severity of the disability and to employability, is most important. The School Medical Officer is responsible for securing that this is done and if necessary could be assisted in making such reassessment by the advice of the diagnostic department of a hospital. In this work, he will need to co-operate closely with the youth employment officer and it is suggested that at this point officers of the local authority welfare and health departments should be consulted. In the case of children leaving colonies the present practice whereby the medical superintendent makes an assessment of the child's capacity, is of the greatest value and should be continued; his report should be sent to the School Medical Officer of the authority; suggestions are made in paragraph 26 below, in regard to adolescents entering the employment field.

13. The Committee has made certain suggestions which will be submitted to the Minister of Education for her consideration; these include the need for continued effort to ensure that whenever possible the epileptic child is educated in the ordinary school in spite of any slight inconvenience he may cause, the possibility of creating additional places at existing special schools and the desirability of establishing one or two national special schools for epileptic children with other handicaps.

There is considerable doubt as to the reality of the surplus of 190 beds ; it may not indicate anything more than temporary vacancies between admissions and discharges. Moreover, because of the need to classify accommodation in colonies, whilst there may be vacancies for one category of resident there may be none for another. The Committee was informed that the number of applications for the admission of elderly epileptics (for whom vacancies are few) far exceeds that in respect of others.

18. The Committee thinks that the accommodation for adolescents and adults in colonies of the types already existing is sufficient—subject to what is said below—to meet the present need. It is satisfied that managements are conscious of the desirability of allowing suitable colonists to try out their ability to retain employment outside the colonies, although not necessarily by way of discharge.

19. In considering the desirability of discharging colonists as soon as possible regard must be had to the circumstances of each case ; it is not possible to generalise in this matter, but it is hoped that when under section 29 of the Act of 1948 local authorities provide and develop welfare services for the handicapped an increasing number of colonists may be discharged to the care of that service. The Committee feels that liaison between the managements of epileptic colonies administered by voluntary organisations, and bodies, both statutory and voluntary, administering non-institutional services for epileptics, is most important and should be established on a firm footing as soon as possible. The non-institutional bodies will be concerned, amongst other things, with arranging under section 26 of the National Assistance Act, 1948, for the provision by the institutional bodies of residential accommodation and care for those epileptics in need of them ; with the training and employment of suitable cases in consultation with the youth employment officer and the disablement resettlement officer ; and with the home environment of the epileptic and his social needs. Thus such liaison might well lead to a two-way traffic. The provision of special hostels as suggested in paragraphs 23 and 24 below would provide an outlet for epileptics who although ready for discharge from colonies are retained because there is no suitable place to which they can go.

20. In qualification of what has been said above, the Committee considers that further specialised accommodation in colonies is needed, and that existing colonies should be protected from the introduction of defective or difficult epileptics by the provision of more colonies for these groups of patients. Furthermore, there is a need for separate colonies to which severe epileptics can be admitted for short-term treatment. Thus there is a need for three new types of colony—(1) for the low-grade epileptic, (2) for the difficult epileptic, and (3) for the epileptic requiring short-term stabilisation.

21. The Committee urges that consideration should be given to the possibility of re-classifying the accommodation at the existing colonies (and so far as necessary the persons occupying that accommodation) with a view to seeing how far such further specialised accommodation might be obtained by changes in the use of existing accommodation.

Hostels for Epileptic Workers

22. The Committee considered a report on the working of the hostel for 20 to 30 epileptics attached to St. David's Hospital, London, N.18. The scheme was inaugurated on 9th February, 1948, and administered by the London County Council until 5th July, 1948.

As pointed out in paragraph 6 above, the Committee appreciates that these figures relate only to those epileptics who have been accepted for registration.

The Provision of Sheltered Employment

15. The Committee considered the question of the placement of epileptics in employment and has made certain suggestions which will be submitted to the Minister of Labour and National Service for his consideration.

These suggestions cover matters relating to—

- (i) open industry and sheltered employment and the question of the desirability or otherwise of segregating epileptics from other handicapped persons in the latter;
- (ii) the desirability of not recruiting epileptics who have frequent and severe fits; and
- (iii) the possibility of intensifying propaganda aimed at employers and workers, to overcome their prejudice against and superstitions of epilepsy and to secure their co-operation in admitting epileptics into industry and affording them help when this has been accomplished.

Assessment of Employability

16. The Committee regards medical assessment in relation to replacement in industry as extremely important—bad placement is fatal from the point of view of both the welfare of the epileptic and the goodwill of the employer. The Committee thinks that this assessment can best be undertaken at diagnostic departments of hospitals when the social side of the problem, which is of the greatest importance in such an assessment, will also be covered. Given the team work referred to above, officers of the local authority will be in a position to provide the diagnostic department with the necessary background report. The Committee understands that disablement resettlement officers will continue to make full use of the medical interviewing committees (of which there are about seventy in England and Wales) and other facilities having similar objects provided through the hospital and specialist service of the National Health Service.

Colonies for Epileptics

17. Details of each colony were specially obtained and have been studied and the following are points of general interest—

(i) Accommodation and Vacancies

	Males	Females	Children	Total
Accommodation specially provided	1,113	1,097	584	2,794
Accommodation in use (October, 1949)	1,017	1,010	577	2,604
Vacancies	93	90	7	190

(ii) Age grouping of the residents

	Males	Females	Children	Total	Percentage
Under 16	—	—	577	577	22
16-20	120	78	—	198	7
21-40	469	386	—	855	33
41-64	387	465	—	852	33
65 and over	41	81	—	122	5
Totals	1,017	1,010	577	2,604	100

28. Many relatives mismanage epileptics, especially where the family is small, and an important part of social welfare will be the home visit by an understanding and knowledgeable person. In many cases, if for no other reason, home visits will be necessary to supplement advice given in diagnostic departments, and to boost the morale of the epileptic who is unemployed and whose only interest may be in the weekly or more frequent visit to the Employment Exchange. The visitor will need to encourage those epileptics who have retreated from society and deal delicately with those who persist in going about as though they suffered no handicap, and who are brought home regularly after fits in public places.

29. The epileptic with no home presents a difficult problem, and local authorities should establish a list of persons who do not object to housing them. Substantial numbers of these cases live in common lodging houses where residents seem less sensitive to witnessing fits.

30. The teaching of suitable handicrafts and other skills to those epileptics who are unsuitable for open or sheltered employment, will be an important feature of a good welfare service.

31. Homeworkers' schemes, on an economic or near economic level, may be suitable for epileptics capable of the necessary effort and trained in certain skills; homework is particularly suitable for the mentally retarded and for the difficult epileptic who would be unsuitable for the workshop. Others often resent being made to associate with people and for these also homework would be a useful introduction to the outside world.

32. When considering the case of an epileptic for the purposes of welfare, the local authority should also consider his needs in relation to the care and after-care service of the National Health Service particularly in cases which do not appear to be permanently and substantially handicapped and are, therefore, outside the scope of section 29 of the National Assistance Act, 1948.

33. Finally the Committee desires to emphasise that probably the most important matter will be the co-ordination of all the services concerned, so that—as expressed in Circular 32/51—“the needs of handicapped persons are envisaged and dealt with as a whole”. Given this co-ordination, the Committee feels that if the suggestions made in this report, and summarised below, are implemented as soon as practicable, they will go a long way to reduce the social and industrial problems which at present epilepsy produces and thus enable substantial numbers of epileptics to take their rightful place in the general life of the community.

Summary of Suggestions

34. (i) For the successful care of the epileptic to be achieved there must be complete co-ordination of all relevant services and team work by all concerned. One member of the team should act as leader for co-ordinating and focussing the services provided by all. (Paragraphs 1 and 33.)
- (ii) There is need for much propaganda amongst parents, teachers, employers and employees as to the nature of epilepsy and the difficulties and capacities of epileptics, in order to overcome existing prejudices and misunderstanding. (Paragraph 3.)

23. In speaking of the placement in open industry of epileptics who are discharged from colonies, the late Dr. Tylor Fox said—"First given hostel accommodation, epileptics mostly find lodging for themselves". It was thought that there were very few epileptics, other than colonists, who would require hostel accommodation. The hostel would provide a half-way house between colony and lodgings for the discharged epileptic entering open employment, where he would receive continued supervision and assistance in adjusting himself in readiness for his entry into the total life of the community. The person in charge of such a hostel must be carefully chosen and have knowledge and understanding of epilepsy, particularly of its social aspects; this might be a lay warden or a competent nursing sister; the hostel, if necessary, could be sited away from the parent colony and near to centres of industry.

24. The provision of such hostels might do much to encourage the successful placing of colonists in open industry, not only of those who have been admitted to the colony for stabilisation, but particularly of those who have received prolonged care and are ready to be tried out in the community. Where numbers justify it, managements of colonies and local authorities should be encouraged to make this provision.

General Welfare Services and Medical Treatment

25. As already mentioned an essential feature of the general care of epileptics will be the closest possible co-ordination between the welfare services, the local health authority services, the general medical practitioner service, and the hospital and specialist service. Each epileptic should be encouraged to seek medical advice, and to take any prescribed medicines with unflinching regularity and persistence. For the most part, this will mean treatment by his own general practitioner, but it is desirable that he should at one time or another, have the opportunity of investigation at the diagnostic department of a hospital, for if the epileptic is properly medicated and managed, he will be less of a social problem. It is desirable also that the physician in that department should be consulted with regard to the patient's capacity for work and any conditions which ought to be observed or avoided, and to his social needs.

26. There is evidence of the need for special guidance of adolescent epileptics into industry and here the consultation referred to in paragraph 12 above should develop into action by the appropriate officers of the local authority, who should be prepared to assist the youth employment officer, disablement resettlement officer or placement officer as the case may be, with employment difficulties. Many of these difficulties arise from environmental causes and the officer should assist the person concerned by ensuring that he remains in close touch with his general medical practitioner, that his parents are conscious of their responsibilities and that he has outside interests.

27. The otherwise normal epileptic, in general, is able to take his place in society, and social welfare will be aimed at the more severe cases and those who are otherwise abnormal. The latter should be encouraged and assisted to take part to the greatest possible extent in the general life of the community. In diagnostic departments and social clubs epileptics will meet each other and realise that there are others like themselves; they will strike up acquaintanceships and exchange views. All these matters will give them increasing confidence. On the other hand to introduce some epileptics into normal recreation groups without initiation might cause excessive tension, and in such cases special provision should be made.

B. REPORT ON THE SPECIAL WELFARE NEEDS OF SPASTICS

Meaning of the Term "Spastic" as used in this Report

1. The Committee, in considering the social needs of spastics, was primarily concerned for those people (generally described as sufferers from cerebral palsy) who have a permanent and substantial physical handicap resulting from brain damage or defect occurring before or at birth, or during childhood. Nevertheless, the Committee had regard to the multiplicity of causes, the associated handicaps and the consequent effects upon physical and mental activity which may be present.

2. Some consideration was given to the welfare needs of persons suffering from progressive nervous disorders, e.g., Parkinson's Disease, Disseminated Sclerosis, etc. The Committee felt that such conditions were not within its terms of reference but wished to draw attention to the substantial welfare needs arising therefrom, needs which are similar in many respects to those of adult cases of cerebral palsy.

Types of Spastics

3. Cerebral palsy presents particularly difficult problems because there is often a mental as well as a physical handicap. Opinions vary as to whether these physical and mental defects bear any relation one to the other, but it is known that some persons who are very severely handicapped physically are mentally quite normal or of more than average intelligence. On the other hand serious mental defects may be present with only slight physical handicaps, or the two conditions may be of equal moderation or severity. The problem is further complicated by the different forms of paralysis caused by cerebral palsy, which may be (a) spastic (spasms caused by tension in the muscles), (b) athetotic (uncontrolled movements), or (c) ataxic (irregularity of movement). In some cases there is an imbecile appearance which may mask a normal mental capacity.

4. From a welfare point of view the significance of these differing forms of disability is the need for different types of training, whether for handicrafts or employment, and the extent to which and the form in which the various welfare services will be needed to assist the person to lead as normal a life as his capacities when fully developed will allow.

Extent of Enquiry

5. The Committee was aware that the functions of local authorities under the Education Act, 1944, and under Part III of the National Health Service Act, 1946, and those of Regional Hospital Boards, were not its concern, but came to the conclusion that the special welfare needs of spastics could not be considered in isolation and that all these functions were inseparable from the problem on which it was asked to report. To some extent therefore this report touches on most of the aspects of the special needs of spastics because it was thought the approach would be unrealistic unless the problems arising from cerebral palsy were looked at as a whole.

6. Consequently the Committee considered the position of the spastic person from birth, through school age to adolescence and on to adult status. No one will doubt the importance of such services as for example, instructing parents in the training and general management of the spastic infant (see also paragraph 61 below), the provision of special educational and treatment facilities during school age, vocational training and special guidance into employment during adolescence and the after-care of those in employment, including the continuation of any necessary treatment. The application of appropriate services to spastics at the earliest possible age will facilitate and render more

- (iii) The Minister should consider the possibility of directing that all local authorities shall be under a duty to exercise their powers under section 28 of the National Health Service Act, 1946, and section 29 of the National Assistance Act, 1948, in relation to epileptics. (Paragraph 4.)
- (iv) A child should not be "labelled" epileptic without a period of observation and in doubtful cases, the help of the diagnostic department of a hospital should be sought. All epileptic children should be brought to the notice of the School Medical Officer when they are two years of age. (Paragraphs 9 and 10.)
- (v) When considering educational facilities for an epileptic child, consideration should be given at the same time to the appropriateness of services under the National Health Service Acts, and section 29 of the National Assistance Act, 1948. (Paragraph 11.)
- (vi) When ready to leave school the epileptic child should be medically re-assessed, if necessary with the help of the diagnostic department of the hospital, and representatives of all the appropriate services should be consulted. (Paragraph 12.)
- (vii) The medical assessment of the epileptic over school leaving age, in relation to his employability would best be undertaken by the diagnostic department of the hospital. (Paragraph 16.)
- (viii) Close co-operation between managements of colonies administered by voluntary organisations and local authorities providing after-care and welfare services should be established. Such liaison might lead to a two-way traffic. (Paragraph 19.)
- (ix) Consideration should be given to the possibility of re-classifying colony accommodation and colonists to secure a better balance between the known needs. (Paragraphs 20 and 21.)
- (x) Special hostels should be established for epileptics who are ready to try out their ability in employment, but who still require some care before entering or re-entering the general community. (Paragraphs 23 and 24.)
- (xi) Suggestions made as part of the general aims and objects of a comprehensive welfare service for epileptics include the provision of occupational activities, the preparation of lists of suitable lodgings and the taking by local authority officers of a greater part in helping epileptics with their employment difficulties. (Paragraphs 25-32.)

13. The Committee feels that there is need for general medical practitioners to be informed of and encouraged to use the health and welfare services of the local authority.

14. Throughout this report reference is made to this team work which the Committee regards as of first importance.

The Size of the Problem

15. The Committee has sought for accurate information which might lead to the establishment of the incidence of cerebral palsy in England and Wales and is grateful to those bodies which have supplied data for the purpose. No reliable information was readily available and it seemed that much research would be necessary before any relevant data could be produced. The Committee therefore suggests that consideration should be given to the possibility of such medical research.

16. Much of the evidence received was, for one reason or another, regarded as incomplete and had to be rejected. In the following instances, however, special surveys of school children had been carried out with particular care as respects diagnosis:—

- (i) Survey of 400 cases in the Birmingham area, gave an incidence figure of 1.0 per 1,000 of the school population; (Patria Asher and F. Eleanor Schonell, London, British Medical Association, Reprinted from Archives of Disease in Childhood, Vol. 25, No. 124, December, 1950);
- (ii) Surveys carried out by School Medical Officers—
 - (a) Sheffield where the incidence figure was 2.5 per 1,000 of the school population; (Dr. H. M. Cohen).*
 - (b) Bristol where the incidence figure was 2.0 per 1,000 of the school population; (Dr. A. L. Smallwood).
- (iii) Survey of all children of school age ascertained to be suffering from cerebral palsy in the areas of three county councils and seven county borough councils shewed an overall incidence of 1.3 per 1,000† (“The Educability of Cerebral Palsied Children,” Table LVI: M. I. Dunsdon, M.A., F.B.Ps.S.).

17. As respects the number of spastic children of school age the Committee considers that for all practical purposes the incidence figure lies between 1.0 and 2.0 per 1,000 of the school population.

18. To arrive at a total incidence figure for the purposes of section 29 of the Act of 1948, it was necessary to consider amongst other things—

- (i) to what extent cerebral palsy is acquired in adolescent and adult life; and
- (ii) whether those who suffer from cerebral palsy enjoy the normal expectation of life.

No reliable information was available with regard to (i) above and the evidence which the Committee was able to obtain concerning (ii) indicated that some spastics who survive beyond adolescence are likely to enjoy the normal expectation of life. On the other hand the Committee was impressed by the fact that it was unable to establish the whereabouts of any substantial number of adult spastics.

19. In the absence of any reliable evidence the Committee was unable to suggest a firm incidence figure which would enable local authorities to estimate the likely number of spastics over 15 years of age within their

* Dr. Cohen has since pointed out that when sending in the returns of the Sheffield survey he did not himself give an incidence figure and has shown that a more correct figure on the basis of those returns would be 1.9 per 1000.

† As quoted. Miss Dunsdon herself expresses the view that an incidence figure of 1.0 per 1,000 is more likely to be correct.

successful the subsequent application of other services. Conversely, failure at the initial stages will lead to greater difficulty later on and at a given point, because of that failure, the application of some services may be attempted in vain.

Co-ordination of Services

7. The essence of any sound scheme to deal with sufferers from cerebral palsy will be an arrangement to secure complete co-ordination on the one hand between the local authority's own services at committee and officer level, and on the other, between the local authority, appropriate voluntary organisations, the general medical practitioner and the hospital and specialist service, so as to produce a team of workers each having a personal interest in the individual and aiming at giving the best service or treatment within their respective spheres. Some one member of the team—possibly a different member at different times—should always be responsible for co-ordinating and focussing on the spastic the services provided by all. The general medical practitioner will be providing active medical treatment or supervision, and he should be consulted throughout and kept informed of what services are available and are in fact being provided by the other agencies.

8. Following the report by the Central Health Services Council on co-operation between hospital, local authority and general practitioner services, the Minister, in April, 1952, gave advice to Regional Hospital Boards and local health authorities by way of R.H.B. (52) 42 and Circular 11/52, respectively, about the need for, and the way in which to achieve co-ordination between the hospital services, the health services of the local health authority and the general practitioner services. The Committee urges that local authorities should be asked to include their welfare functions under section 29 of the National Assistance Act, 1948, in any arrangements which are made as a result of the Minister's guidance.

9. Hospital and specialist services which will be required include:—

- (i) supervision and direction of treatment by an appropriate specialist;
- (ii) services and advice of the almoner who would probably represent the hospital in consultation with other members of the team;
- (iii) physiotherapy in the hospital, or under exceptional circumstances in the person's home;
- (iv) instruction to parents of spastic children in their management, etc.;
- (v) the provision of special equipment, e.g., "tailored" chairs.

10. The local health authority services which appear to be specially relevant include:—

- (i) maternity and child welfare (sec. 22, N.H.S. Act, 1946);
- (ii) health visiting (sec. 24, N.H.S. Act, 1946);
- (iii) home nursing (sec. 25, N.H.S. Act, 1946);
- (iv) ambulance service (sec. 27, N.H.S. Act, 1946);
- (v) prevention, care and after-care (sec. 28, N.H.S. Act, 1946);
- (vi) domestic help (sec. 29, N.H.S. Act, 1946);

11. Other relevant services provided by local authorities include:—

- (i) education (Education Act, 1944);
- (ii) welfare (sec. 29, N.A. Act, 1948);
- (iii) residential accommodation (sec. 21, N.A. Act, 1948).

12. A comprehensive scheme should include an arrangement under which at the right time, the youth employment officer joins the team and, if necessary, the disablement resettlement officer of the Ministry of Labour and National Service.

25. The Committee desires to emphasise that under whatever circumstances cerebral palsy is diagnosed in a child there should be a co-ordinated effort by the local authority, general medical practitioner and the hospital and specialist service, to provide appropriate treatment, to prevent deterioration, to educate the parents in how to manage him and in the manner in which they should supervise and encourage the child in the performance of any prescribed exercises and to provide any special equipment which will assist the child to overcome the effects of his disability.

26. The application of any psychological test to a child who is suffering from cerebral palsy in a marked degree is of exceptional importance and the Committee considers that any application to such a child over three years of age requires special experience and to one under three years is practically impossible. There is a danger that such children of any age may be certified as mentally defective when they are not, but are in fact, suffering from cerebral palsy and so prevented from being able to manage the intelligence tests. The use of apparatus designed to enlarge sound values is of the utmost importance in this matter, since deafness is often associated with cerebral palsy.

27. The Committee suggests that there is urgent need for research into the possibility of establishing standard intelligence tests for children who are severely handicapped by cerebral palsy, and for those who are at present responsible for ascertaining their educability to be informed of the most satisfactory existing practices which are employed by those in everyday touch with such children.

The Child of School Age

28. Under the Education Act, 1944, local education authorities are required to ascertain those children in their areas who require special educational treatment and to provide such treatment for them. The ordinary school health services will, of course, be available to them. The compulsory school age is 5 to 16 for children in special schools but in certain circumstances special educational treatment may be provided for a child over 2 but under 5 years of age. Thus the education department of the local authority should be aware of the spastic children of school age in their area and should have been able to make a good though not necessarily final assessment of the educational potentialities of each child. As indicated above the Committee appreciates that the assessment of educability in cases of cerebral palsy is extremely difficult, but is convinced that wherever possible doubtful cases should be given a period of special study, in e.g., a hospital school or, if practicable, a residential school. Doubtful cases should always be examined by the ascertaining officer more than once and if the special study referred to above is not practicable, it may be possible in the child's home if carried out by a visiting officer with special experience. The Committee feels, however, that to be wholly satisfactory any such study should largely be undertaken when the child is away from his parents. It is known that in at least one school for spastics some children, who in the first instance had been rejected as ineducable, subsequently proved to have a higher level of intelligence than was at first supposed.

29. Because of the wide range of physical as well as mental disabilities from which spastics suffer the necessary educational facilities will vary from the ordinary school for those with slight handicaps (physical and mental) through special schools for those with more severe handicaps (physical and mental) to the provision of Home Teachers for those who are very severely physically handicapped but not ineducable. In general the spastic child of low grade mentality is likely to be dealt with by the mental health services.

respective areas, who would fall within the scope of section 29 of the National Assistance Act, 1948. It feels, however, that the relevant figure is less than that referred to in paragraph 17 above, and may be in the region of 0.5 per 1,000 of the adult population, i.e., approximately 17,000 in England and Wales.

Existing Special Facilities

20. The known facilities provided especially for spastics are set out in Appendix I. The Committee was concerned to note the serious shortage of special facilities for the number of spastics already recorded and desires to emphasise how far short they fall of total requirements. On the other hand it noted with pleasure that a fair proportion of spastic children, especially in areas administered by the more progressive local authorities, was being adequately dealt with.

21. The Committee agrees with the view that many of the less severely handicapped spastic children do not need to go to schools exclusively for spastics, but can be adequately catered for in those day and boarding special schools for physically handicapped children where physiotherapy can be given either within the schools or at diagnostic departments of nearby hospitals. It considers, however, that there is a need in some areas to extend the arrangements for teaching at home the severely handicapped spastics who are unable to attend any school. The Committee appreciates that there are shortages in both these spheres which are present through lack of resources rather than unwillingness to meet this need.

Ascertainment and Services for those Under School Age

22. For the purpose of this report the Committee does not propose to draw any distinction between congenital and acquired cerebral palsy except to state what is obvious—that where a person acquires cerebral palsy in adult life the approach to his social rehabilitation will be different from that to a person who developed that handicap in infancy. As regards acquired cerebral palsy the age of onset will vary with each case, but of the cases examined in "A Survey of 400 Cases of Cerebral Palsy" 349 were stated to be congenital and only 51 acquired.

23. The first link in the chain of the co-ordinated services referred to in paragraphs 7 to 14 above may be forged by those concerned with the immediate ante or post natal period, in particular the general medical practitioner and the maternity and child welfare clinic. It is here that cerebral palsy may first be diagnosed, in which event the parents should receive continuous guidance from the health visitor who should encourage them to take full advantage of general medical practitioner and clinical services. The hospital and specialist service should be brought into the picture at the right point either by the general medical practitioner or the clinic. Sometimes symptoms may not be obvious during the period of the child's visits to the clinic but subnormality may be recognised at a later stage by a vigilant health visitor during a routine visit to the home and the general medical practitioner called in, or because of the failure of the child to develop normally the parent himself may call in the general medical practitioner who, in either event, should bring in the hospital and specialist service. At this stage it would be desirable for the hospital and specialist service to inform the local authority—see paragraph 28 below.

24. All cases, or suspected cases of cerebral palsy should be referred to the nearest hospital diagnostic department, maternity and child welfare or school clinic as may be appropriate, for diagnosis and advice; here may be the first contact between the child and the service which is likely to play an important part in his life.

Nevertheless every consideration should be given by local education authorities (including the youth employment service) to the question of such children's further education and vocational training. What is written below concerning the more severely handicapped groups is of course of equal importance in relation to the slightly handicapped group.

36. The Committee believes that the existing arrangements under which the capacities, aptitudes and home environments of handicapped children about to leave school are considered and assessed are generally satisfactory, although the proposed subsequent action as regards placement or occupation may, for a variety of reasons, be impossible to carry out. The School Medical Officer, headmaster, youth employment officer and parents usually consult together on these matters. If it is not already the case, representatives of the health and welfare departments of the local authority should be brought into such consultation—in short, all the bodies which will seek to assist the child throughout his life. The aim of such a conference is to assess the possibilities of helping the child to be trained for employment, or to secure employment—in both cases suitable to his capacities and in accordance with his aptitudes and wishes. The Committee does not suggest (nor does it seem desirable) that the child should be interviewed by all these people.

37. It is most important that at this point the youth employment officer should be furnished with the fullest information about the child's functional limitations in order that he may advise on the right type of training or attempt suitable placement. The possibility of suitable vocational training under the Education Act, 1944, for severely handicapped spastics should not be overlooked.

38. The Committee has the impression that a substantial number of severely handicapped spastics on attaining age sixteen are "written off" and returned to their homes where they draw assistance grants and only come again under special observation on the death of parents or in some other tragic circumstance. The Committee believes that to some extent this may be due to the lack of special facilities, but that the basic reason is the lack of knowledge about the capacities of many such cases. These capacities often emerge only after long and patient training in residential training establishments in which the whole person is catered for.

39. The Committee fully realises that the problems of training and employment of spastics are fraught with unusual difficulties but suggests that more in the way of industrial and vocational training for the less severe spastic adolescents can be achieved. Wherever possible such persons should be given an opportunity to train for some suitable industrial occupation and should not lightly be relegated to "pastime" status without a reasonable period of trial. There should be close co-operation between the hospital and specialist service and the youth employment officer and, where necessary, the disablement resettlement officer; the need should not be overlooked for a specialised placement service, consisting of officers prepared to devote much time to spastics and others with similar disabilities. Such officers could usefully canvass employers engaged in suitable industrial or professional activities with a view to securing the employment of spastics in the employer's premises or in the person's own home.

40. As a result of its study of 94 spastics reported by the Midland Spastic Association to be in employment, the Committee has come to the conclusion that there is need for a study of job analysis and job placement in regard to spastics. Such a study might well be sponsored by an appropriate voluntary organisation in consultation with the Ministry of Labour and National

30. The Committee did not give any special consideration to those children in respect of whom appropriate educational facilities are provided, because when a spastic child is admitted to an appropriate day or residential school the facilities provided should meet his physical and mental needs. Only when the child returns home for holidays will it be necessary for the local authority to renew contact with him and his parents to ensure, as far as possible, that he does not deteriorate during that time.

31. In a case where home teaching is provided by the local education authority, the Committee feels that the Home Teacher should, in addition to academic training, be capable of providing for the child some form of pre-vocational or occupational training. The Committee believes that the best interests of the child will be served if the academic and pre-vocational or occupational training is given by the same person, thus avoiding two visitors for what is fundamentally the same purpose, and the possibility of a lowering of the child's ultimate achievements in the two fields. The arrangements should, however, be sufficiently flexible to allow individual cases to be dealt with on merit, for example, in a particular case it may be clear at age 13 or 14 years that a child's chances of employment lie in a certain direction which calls for a higher standard of training in a particular activity than is within the capacity of the Home Teacher to give; in this event someone more skilled in the teaching of that activity should be brought in.

32. The power of expression is regarded as an educational matter and, where necessary, speech therapy should be provided either through the education services or the hospital and specialist service as may be most appropriate or convenient; similarly physiotherapy and other health services should be made available to such cases through one channel or another.

33. Among the children who are at home will be some whose mental level is below (perhaps much below) normal, and who are also severely physically handicapped; their admission to any existing special school is unlikely in view of the present shortage of places for children suffering from more than one disability. Such of these children as are capable of benefiting from education are within the scope of the local education authority's home teaching arrangements and appropriate education as well as medical and other facilities should be made available as suggested in paragraphs 31 and 32 above. For the others (including those who by reason of the combination of defects are to all intents and purposes ineducable) some form of occupational activity should be provided and as in these cases the education service may not be so actively concerned, the co-ordinated health and welfare services should be ever vigilant.

34. As stated in paragraph 29 those children whose mental handicap is severe are likely to be dealt with by the mental health service of the local health authority and by Regional Hospital Boards, and apart from the matters referred to at the end of paragraph 26 above and in paragraphs 59 and 60 below, their position is not dealt with in this report.

The School Leaver

35. The Committee considered the position of the spastic child who leaves school at age 15 or 16, or being at home reaches that age, especially in relation to those who are moderately, severely or very severely handicapped—with special emphasis on the last two categories. It seems likely that a proportion of the slightly handicapped children who have got through the ordinary school and of the others who have been dealt with in special schools and have successfully come through, may encounter no insuperable difficulty in taking their place in the community both socially and industrially.

they undertake offers a reasonable opportunity of employment on its completion. This will not be easy and much forethought will be needed on the part of those responsible for advising spastics in the selection of a career if frustration and despondency are to be avoided. It will be of the utmost importance in these cases for the appropriate officers of the Ministry of Labour and National Service Appointments Department to be consulted at an early stage, certainly before any training is begun, for their advice on the courses of professional training that should be followed by any of these young persons who should not be led to believe that they are going to be helped to take a particular course until the matter has been agreed with the Ministry of Labour and National Service which is responsible for authorising the provision of training grants.

The Adolescent and Adult Spastic

45. Throughout the life of a severely handicapped spastic there should be no break-up of the team work referred to in paragraphs 7 to 14 above; the health visitor, the general medical practitioner and the welfare officer should continue to watch their respective interests and call upon the hospital and specialist service as necessary for, e.g., continued physiotherapy, periodical check-up, and so on. There need be no overlap between the health visitor on the one hand and the welfare officer on the other—both being officers of the same local authority. The distinction drawn by the Ministry of Health is that section 28 of the National Health Service Act, 1946, provides for the curative and palliative treatment of the sick to facilitate recovery or to maintain partial recovery and prevent a set-back whereas section 29 of the National Assistance Act, 1948, provides for the promotion of the general welfare of persons suffering from some substantial and lasting handicap or disability, and is designed to help them to enjoy greater participation in the life of the general community.

46. The Committee appreciates that it is not possible to draw any hard and fast line between care and after-care under section 28 of the National Health Service Act, 1946, and welfare under section 29 of the National Assistance Act, 1948, but suggests that the important point is to ensure that so far as possible all the needs of the person concerned are met by one means or another, and this can be achieved successfully only when there is co-ordination between the two services and complete understanding between the officers concerned.

47. The Committee believes that the principal purpose of the services to be provided under section 29 of the National Assistance Act, 1948, will be to help spastics, both directly and by bringing in other services, to live as normal a life as possible whilst still residing in their own homes. Ideally spastics can best be cared for in their own homes and welfare can do much to ensure that home conditions are and remain satisfactory. With this in mind the Committee draws attention to paragraph 57 below.

Residential Accommodation

48. The matters referred to above mainly concern spastics ordinarily residing in their own homes, but there are those who are unable to fend for themselves, who become an increasingly heavy burden on ageing relatives and the care and attention which they need becomes no longer available, others whose relatives die leaving the sufferer alone or with friends who cannot cope, and still others so seriously handicapped that those who desire to do so, are unable to give them the necessary care and attention. For all such cases, but subject to their not being in need of hospital or nursing

Service. Some of the 94 spastics were engaged in work of a low standard which raised with the Committee the question whether there is a need to review the existing arrangements and facilities for the training and placement of spastics.

41. The after-care and supervision of spastics placed in open employment or provided with work in their own homes will be of the utmost importance, for only by proof that spastics can and do hold down jobs, will employers, in general, be persuaded to admit them; harmonious relations between employers and those responsible for placement and after-care will mean that the former can call in the latter with a view to overcoming any difficulties which may emerge. Similarly the handicapped worker should be aware that he can, if necessary, take his difficulties to those responsible for placement and after-care, and to those who have helped him in the past, viz., the teacher, the health visitor, the welfare officer, or the general medical practitioner, in the knowledge that he will receive a sympathetic and understanding hearing.

42. The Committee considered a report on the industrial rehabilitation of 65 spastics; this report was prepared by the Ministry of Labour and National Service, by whose permission a summary of it appears in Appendix II.

43. The fact that the child has successfully completed his school life implies that his mental capacity has been developed to a considerable extent, and it is, therefore, important that it should not be allowed to deteriorate through lack of mental exercise. The best stimulant is probably a sharing in the general life of the community to the greatest extent practicable and an occupation, if possible, of economic value. For many, however, (perhaps the majority who fall within the scope of section 29 of the National Assistance Act, 1948) neither will be possible to any great extent (though the possibility of training and employment should not be overlooked) and for these the welfare services set out in clauses 4, 5 and 8 of Appendix II to Ministry of Health Circular 32/51 should go a long way to meet their social and mental needs. These services should continue to be provided for those who on attaining age 16 have not been to school or have left before attaining that age and should continue to be developed to match new social needs emerging as the person becomes older; possibly one of the most important services will be to ensure that the person concerned obtains any "general, preventive or remedial medical treatment which he appears to require" and if the team work referred to above has been achieved no difficulties in this matter should arise.

44. The preceding paragraphs have been concerned, amongst other things, with the placing in employment and after-care of spastics for whom industrial work or work in sheltered industry or in their own homes is indicated. There is, however, a small group of children who have successfully followed a full secondary school course leading up to the General Certificate of Education at the ordinary or advanced level and a still more limited number who have proceeded to a University and obtained a Degree. These young persons may be eligible, if necessary, for professional training under the Disabled Persons (Employment) Act, 1944, and in many cases such training will be an essential preliminary to suitable employment, though in some cases their educational qualifications by themselves will be sufficient to enable them to take up professional work direct. The real problem in the case of these persons will be to make sure, so far as possible, that the training

necessary treatment, e.g., physiotherapy. In addition, for adolescents there should be provided some form of further education and training and for all some form of occupation. Only by such means will their mental and physical deterioration be avoided. Each case will need careful consideration and assessment and much will depend upon the person's previous educational and other attainments, but if the spastic concerned will participate in and benefit from the special activities provided, he should be allowed to do so, and age for example, should be no barrier.

54. For older spastics and those whose mental capacity is impaired there is, in the Committee's opinion, no reason why they should not be accommodated with old and infirm people in ordinary Part III accommodation. Indeed the extra staff which is necessary in former public assistance institutions would be able to cope with these difficult cases more effectively than would the staff in a small home provided for, say, 35 old people.

55. To sum up, the most urgent current need is to reclaim from isolation the younger spastics at present in ordinary Part III accommodation and at the same time to make provision for similar cases living in the community but who are in urgent need of residential accommodation. The Committee believes that in due course when all the relevant services for the handicapped are developed and functioning and are applied to them spastics will not present the very difficult problem which they do today. At some point in the future, therefore, the position regarding accommodation for such cases should be reviewed.

Future Developments

56. The present general lack of manpower and material leaves shortages in the educational, the hospital and specialist and the local health authority services. As regards the last named, some of which are permissive and not mandatory, the position is not the same throughout the country either in relation to the services provided or their administration; to the extent to which such services are provided, spastics who are ill may participate like other persons. It is understood that not all local authorities have submitted schemes for the provision of welfare services for handicapped persons other than the blind and partially-sighted and the ultimate response to Circular 32/51 is not yet known. At first the position is likely to be extremely uneven throughout the country, but the Committee desires to set a pattern for the care of spastics which takes into account all the statutory possibilities and thus to set a standard to be achieved in the ultimate. In the meantime the Committee hopes that any welfare service which may be provided will conform to the pattern and that further services will be added as circumstances permit. Where this is not the case, the Committee urges that the necessary co-ordination of existing services should be achieved at once.

57. The Committee desires to draw particular attention to one or two points in connection with the application to spastics of some of the services referred to in clauses 4 and 5 of Appendix II to Circular 32/51, which will be provided by or through the recommendation of welfare officers employed by local authorities, or voluntary organisations acting as their agents:—

- (i) *Clause 4 (2)*: "Give advice and guidance to handicapped persons on personal problems and in connection with any services . . . which appear to be available to them and of which they wish to take advantage".

Attention is drawn to the possibility of the formation of Parents' Associations of which there is already a number in existence. (See paragraph 61.)

care, the provision of suitable accommodation and of the necessary care and attention, falls to be dealt with by local authorities under section 21 of the National Assistance Act, 1948, under which they have a duty to do this in relation to persons who are in need of care and attention not otherwise available to them.

49. The Committee wishes to emphasise that in special units or any other accommodation for spastics it is particularly desirable to avoid a "hospital atmosphere". Apart from the nurse usually retained in residential establishments to deal with everyday indispositions, the lay staff should include someone of the "house mother" type imbued with kindness and willing to devote endless time and patience to helping her charges with all their difficulties.

50. For the purposes of residential accommodation the Committee considers that in general, spastics can be placed in the following three main categories:—

- (i) the less severely handicapped adolescents who are capable of training and of gainful employment;
- (ii) the more severely handicapped adolescents and adults who are capable of some form of occupation but unable to undertake work of a gainful character; and
- (iii) the aged and those whose mental capacity is impaired.

These classes are dealt with seriatim below.

51. The Committee believes that the ideal for the less severely handicapped adolescents is the establishment of special residential units in which are provided facilities for any necessary treatment and for further education. From such units the residents would daily attend establishments for training or work, returning each night. It is appreciated that a project of this character involves the drawing together of a number of statutory provisions, some of which are administered by different departments of local authorities, others by Regional Hospital Boards and different Government Departments; moreover few local authorities are likely to have within their areas sufficient numbers of spastics to warrant the provision of such a unit, which, apart from anything else, should be sited near to suitable industry. The Committee therefore suggests that an experimental unit of the kind envisaged might usefully be provided by some voluntary organisation, supported by all statutory bodies from which cases would be admitted.

52. The Committee has considered the existing arrangements under which the more severely handicapped adolescent and adult spastics in need of care and attention not otherwise available to them, are provided with residential accommodation. In the absence of special accommodation provided jointly by two or more local authorities, or by voluntary organisations, spastics are likely to be accommodated in ordinary Part III accommodation mainly provided for old people and in particular because of their severe handicap, in former public assistance institutions. Here very often an individual spastic, who is sometimes an adolescent or young adult, lives in close daily contact with old people, many of them infirm and senile. It is inevitable that in such circumstances he will deteriorate mentally and physically.

53. The Committee suggests that local authorities should consider the possibility of jointly establishing throughout the country special homes for this class of spastic, in which could be accommodated other physically disabled persons whose handicaps bear a similarity. It is not considered necessary or desirable that spastics should be segregated for this purpose, but special arrangements should be made to ensure that they continue to receive any

work and the Committee was informed that as a result of the close individual attention which was given to the children, some of them were found to be quite intelligent. It was stated that some spastic children in Mental Deficiency Institutions realise they are classified as imbecile but are unable to express themselves and suffer great distress. On the other hand there are, it was stated, a number of similar children who take great pride in doing jobs of work to help their fellow patients and who appear to be quite content.

60. The Committee hopes that further experiments of the sort described will be undertaken and where as a result, children and adolescents are found to belong to the intelligent group of severe spastic cases it will be possible to provide them with special accommodation and the necessary facilities for development which, in turn, may lead to their discharge into special schools, the life of the community or special residential accommodation such as is referred to in paragraph 51 above.

Voluntary Organisations and Associations of Parents

61. There is a number of voluntary organisations and associations of parents which have specialised in the care and welfare of spastics, whose experience would be of the greatest value to local authorities and whose efforts should be encouraged. The Committee urges that wherever possible local authorities should co-operate with such bodies in endeavouring to make comprehensive arrangements. The Committee wishes to emphasise the importance of the wise guidance which is given by hospitals and voluntary organisations to parents of spastic children both in relation to the attitude of parents to their problems, including the question of allowing their children to take advantage of the available facilities, and to the management of their children. The right attitude in such matters is fostered by Parents' Associations and when adopted can only lead to the ultimate greater happiness, independence and usefulness of spastic children; the opposite can only prevent the development of latent capacities.

Exchequer Grants Towards the Cost of Welfare Services

62. The Committee understands that local authorities' functions under section 29 of the National Assistance Act, 1948, do not attract Exchequer grant, except in so far as the Ministry of Labour and National Service may be concerned under the Disabled Persons (Employment) Act, 1944. The Committee appreciates that the present time may not be suitable to encourage additional Exchequer expenditure, nevertheless it considers that the provision by all local authorities of comprehensive welfare services is of such importance that serious consideration should be given by the Ministry of Health to the possibility of offering local authorities grants from Exchequer funds, for say the next 10 years, thus stimulating the early provision of the necessary services.*

Summary of Recommendations

63. With a view to providing for the comprehensive care, management and welfare of spastics the following recommendations are made:—

- (i) Local authorities should provide an adequate welfare service. (Paragraphs 56 and 57.)

* Ministry of Health note. No grants could be offered without legislative sanction. Publication of this report does not in any way imply that legislation for this purpose will be introduced.

- (ii) *Clause 4 (3): "Encourage handicapped persons to take part in the activities of social centres, clubs . . ."*

It is urged that every endeavour should be made to assist spastics in this way and that the unattractive appearance of some should not act as a deterrent. Attention is drawn to the existence of the Handicapped Sections of the Boy Scouts and Girl Guides Associations. A case may be quoted of a very severely physically handicapped patrol leader, in whose case meetings are held in his home.

- (iii) *Clause 4 (4): "Arrange for voluntary workers to visit . . ."*

It is hoped that amongst others, arrangements will be made for adolescent spastics to be visited by "friends" with similar interests and where, for example, a more or less homebound spastic, is interested in stamp collecting, arrangements will be made for someone who has a deep knowledge of that subject, to visit him from time to time to give him advice and encouragement.

- (iv) *Clause 5 (1): "Practical assistance in the home . . ."*

Clause 5 (6): "Facilities for taking holidays . . ."

The constant care of severely handicapped spastics is a great strain on parents, no matter how willing and patient they may be, and the two services referred to above should, the Committee feels, be aimed at not only benefiting the sufferer, but also at relieving the parent; in particular the taking of holidays by spastics away from their parents acts as a tremendous tonic to the latter, and often discloses in the former a sense of independence not previously recognised.

- (v) *Clauses 4 (1) and 5 (5): "Assist handicapped persons to overcome the effects of their disabilities . . ." and "provide facilities designed to secure the greater comfort or convenience . . ."*

Under these services local authorities should if necessary provide additional facilities for spastics in their own homes which might take the form of special "gadgets" to help them in their day to day activities. Parents should be shown methods of adapting feeding utensils, toys, etc., to the spastic's use. The Committee is advised that the specially "tailored" chairs, designed to support the patient in particular positions, when required for home use, are obtainable on medical recommendation through the hospital and specialist service of the National Health Service.*

58. The Committee thinks that certain details relating to 981 spastics who were registered with and have been visited by the Midland Spastic Association, will be of interest to local authorities as indicating the general position which may be found in many areas. These details are given in Appendix III and in Appendix IV are shown the results of a survey made by the Association of the nature and degree of handicap of 98 of these spastics who were in employment.

Cases of Cerebral Palsy in Mental Deficiency Institutions

59. The Committee heard evidence concerning an experiment carried out in a Mental Deficiency Institution with a selected group of deaf imbecile children, including some spastics; a speech therapist was engaged in this

* Details of some of the special "gadgets" of use to spastics can be obtained from The Secretary, British Council for the Welfare of Spastics, 26, Cranleigh Parade, Limsfield Road, Sanderstead, Surrey.

APPENDIX I

THE KNOWN FACILITIES PROVIDED ESPECIALLY FOR SPASTICS AND ESTABLISHMENTS MAKING SPECIAL ARRANGEMENTS FOR SUCH CASES

I. EXISTING EDUCATIONAL PROVISION

1. There were no schools specifically for spastic children before the war. Since the war six small schools have been established and are approved by the Minister of Education as special schools under section 9 (5) of the Education Act, 1944. They are:—

- St. Margaret's School for Spastic Children,
Croydon,
Surrey.
(Accommodation 33 boarders and 6 day pupils.)
(Accepts children aged 5–16 years from all parts of the country.)
- Carlson House School for Spastics,
Birmingham.
(Accommodation 40 day pupils aged 4–12 years.)
(A small extension is in preparation.)
(Chiefly for children resident in Birmingham area.)
- Dame Hannah Rogers School,
Ivybridge,
Devon.
(Accommodation 23 boarders aged 3–9 years.)
(Priority in admission is given to children from Devon and Cornwall.)
- Larchfield School,
Harrogate,
Yorkshire.
(Accommodation 20 boarders aged 4–11.)
(Admission limited to children in the Leeds area.)
- Percy Hedley School for Spastics,
Newcastle-upon-Tyne.
(Accommodation 12 boarders, 20 day pupils aged from 2–16 years.)
- Claremont School for Spastic Pupils,
Bristol.
(15 spastics aged 3–8 years.)
(Bristol Education Authority.)

2. A Hospital Special School is maintained by Surrey Local Education Authority in Queen Mary's Hospital, Carshalton, which makes special provision for spastic children.

Salford Local Education Authority run a separate class for spastics as part of the Hope Hospital Special School.

Heritage Craft Schools and Hospitals at Chailey, Sussex, provide residential education and treatment for girls aged 2–16 and boys aged 8–16 years. Voluntary.

3. A number of spastics are in special schools for physically handicapped or delicate children; there are probably a few in almost every school for physically handicapped children but details are not available. The following schools are, however, known to admit spastics:—

- Hinwick Hall School for Seriously Crippled Boys,
Wellingborough, Northants.
(Residential.)
(Shaftesbury Society.)
- The Bishop's Palace School for Seriously Crippled Girls,
Ely.
(Residential.)
(British Red Cross Society.)
- Hesley Hall School for Seriously Crippled Children,
Tickhill, Notts.
(Residential.)
(Central Council for the Care of Cripples.)

- (ii) There should be complete co-ordination between the local authority's own services at committee and officer level and between the local authority, appropriate voluntary organisations, the general medical practitioner and the hospital and specialist service. (Paragraphs 7 and 8.)
- (iii) The question of the incidence of cerebral palsy should form the subject of medical research. (Paragraph 15.)
- (iv) The utmost care should be taken in testing the intelligence of children who may be suffering from cerebral palsy. (Paragraphs 26, 28, 59 and 60.)
- (v) Wherever possible spastics should be given an opportunity to train for an industrial occupation and should not be rejected as untrainable without a reasonable period of trial. (Paragraph 39.)
- (vi) An experimental residential unit for less severely handicapped adolescents might be set up by a voluntary organisation with the support of statutory bodies. (Paragraph 51.)
- (vii) Local authorities should consider the possibility of jointly establishing homes for the more severely handicapped adolescents and adults, including those at present unsatisfactorily housed in Part III accommodation, who are capable of some form of occupation. (Paragraph 53.)
- (viii) Local authorities should seek the fullest possible co-operation with appropriate voluntary organisations and Parents' Associations generally, and in particular in connection with the education of parents. (Paragraph 61.)
- (ix) The Ministry of Health should consider the possibility of making temporary Exchequer grants to local authorities in order to stimulate the provision of the necessary services under section 29 of the National Assistance Act, 1948. (Paragraph 62.)*

Acknowledgments

64. The Committee desires to express its thanks to the following persons and bodies who have provided information and data which have been of great help in its deliberations:—

- S. J. Scurlock, Esq., O.B.E., M.C., M.D.
- Miss N. M. Taylor, B.Com.
- The British Council for the Welfare of Spastics.
- The Midland Spastic Association.
- The Birmingham Regional Hospital Board.
- The Liverpool Regional Hospital Board.
- The South Western Regional Hospital Board.
- The Metropolitan Regional Hospital Boards.

The Committee desires also to record its appreciation of the advice and guidance it has received from officers of the Ministries of Health, Education and Labour and National Service, and in particular would mention the excellent work done with unflinching courtesy and enthusiasm by Mr. T. H. Carruthers and the clerical staff assigned to it.

December, 1952.

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* See footnote on page 25.

- *Benton Open Air School,
Essex.
(Essex Education Authority.)
- Tudor Grange Special School,
Solihull.
(Warwickshire Education Authority.)
- Bruce Porter Hospital Home Special School,
Folkestone.
(Boarding, boys and girls aged 5-16.)
(Dr. Barnardos.)
- Ian Tetley Memorial Home Special School,
Hampsthwaite,
near Harrogate.
(Dr. Barnardos.)
- The Margaret Barclay Residential School for Crippled Children,
Mobberley,
Cheshire.
(Residential.)
(Manchester Education Authority.)
- St. Rose's Roman Catholic School,
Stroud.
(Residential.)
(Voluntary.)
- Victoria Home for Crippled Children,
Bournemouth.
(Residential.)
(Shaftesbury Society.)
- Valence School,
Westerham.
(Residential.)
(Kent Education Authority.)
- Coney Hill House for Crippled Children,
Margate.
(Residential.)
(Shaftesbury Society.)
- Hurst Lea School for Crippled Boys,
White Ness Manor,
Kingsgate,
near Broadstairs.
(Residential.)
(Shaftesbury Society.)
- Rob Roy Home for Crippled Girls,
Etherington Hall,
Speldhurst,
near Tunbridge Wells.
(Residential.)
(Shaftesbury Society.)
- Bradstock Lockett School of Recovery,
Southport.
(Residential.)
(Church of England Children's Society.)
- Bethesda Home for Crippled Children,
Leicester Road,
Broughton,
Salford.
(Residential.)
(Voluntary.)
- St. Michael's School,
Eastcote.
(Residential.)
(Middlesex Education Authority.)

* Schools in which Local Education Authorities have made special provision for spastics.

- *Greenbank Lane School of Recovery,
Liverpool.
(Residential.)
(Liverpool Education Authority.)
(Liverpool Children only.)
- Burton House School for Seriously Crippled Girls,
Malmesbury, Wilts.
(Residential.)
(Shaftesbury Society.)
- *Potternewton Mansion School,
Leeds.
(Day.)
(Leeds Education Authority.)
- Halliwick Cripples' School,
Winchmore Hill,
London, N.21.
(Girls aged 10-16 years. Residential.)
(Church of England Children's Society.)
- National Children's Home,
Chipping Norton,
Oxford.
(Residential. Boys and girls of school age. Boys over 12 not
admitted.)
(National Children's Home and Orphanage.)
- Sunshine House,
Alverstoake,
near Gosport.
(Residential—girls only.)
(National Children's Home and Orphanage.)
- *Horton Lodge Open Air School,
Stoke-on-Trent.
(Boarding.)
(Children from Stoke-on-Trent.)
(Stoke-on-Trent Education Authority.)
- *Moor Park Open Air School,
Preston.
(Day.)
(Preston Education Authority.)
- *Baginton Fields Physically Handicapped School,
Coventry.
(Day.)
(Coventry Education Authority.)
- *Elleray Park Physically Handicapped School,
Wallasey.
(Day.)
(Wallasey Education Authority.)
- *Kingston-on-Thames Open Air School,
(Day.)
(Surrey Education Authority.)
- Bleasdale House Special School,
Silverdale,
Lancs.
(Residential—Lancashire children.)
(Lancashire Education Authority.)
- *Exhall Grange Physically Handicapped School,
Warwickshire.
(Residential—partially-sighted and physically handicapped children
from Warwickshire and adjoining areas.)
(Warwickshire Education Authority.)

* Schools in which Local Education Authorities have made special provision for spastics.

III. EXISTING MISCELLANEOUS PROVISION

1. Training Centres

Queen Elizabeth's Training College for the Disabled, Leatherhead, Surrey, provides residential training for disabled persons, including spastics, of both sexes.

St. Loyes College, Exeter, provides residential training for disabled persons, including spastics, of both sexes.

The Searchlight Cripples Workshops, Mount Pleasant, Newhaven, Sussex, provide residential accommodation for 36 males who are too severely disabled ever to be employed in a normal manner. Spastics are accepted but vacancies are very rare.

Finchale Abbey, Durham, provides residential training for disabled males, including spastics.

Portland Training College for the Disabled, Ltd., Mansfield, Notts., provides residential training for males suffering from orthopaedic disabilities, including spastics. Applications from non-residential trainees will be considered.

The Woodlands Workshop (run in conjunction with the Woodlarks Camp q.v.) provides residential training for crippled females who are confined to wheel chairs but who have good use of their hands. Accommodation is very limited.

Limited accommodation for spastics is available at Harlow Grange, Harrogate, managed by the Yorkshire Association for the Care of Cripples. Training in simple home crafts for women and girls aged 16-45.

Training facilities are available for suitable spastic cases at the Government Training Centres administered by the Ministry of Labour and National Service.

2. Residential Accommodation for Severe Cases

The Hospital of St. John of God, Scorton, Yorkshire. A very large institution catering for all types of chronic sick and seriously disabled. Spastics are accepted but vacancies do not often occur.

A unit for the chronic sick in the Southern Hospital at Dartford is prepared to take suitable spastics for care, and training within the limits of their physical capacities.

Hamilton Lodge, Great Bromley, near Colchester, providing residential accommodation for *severely mentally retarded* boys of 12 years of age and upwards accepts suitable cases of cerebral palsy. Education and training in gardening, pig and poultry keeping, leatherwork, etc., are given according to individual ability.

3. Holiday Accommodation

The Woodlarks camp at Farnham, Surrey, for severely disabled young persons including children. Open during summer months only.

4. Research Unit

A residential unit for children under 5 years of age at Queen Mary's Hospital, Carshalton, Surrey.

5. Voluntary Organisations

There are two national bodies especially established to watch the interests of spastics and to stimulate the promotion of their well-being. They are:—

The British Council for the Welfare of Spastics,
26, Cranleigh Parade,
Limpsfield Road,
Sanderstead,
Surrey.

The National Spastics Society,
44, Stratford Road,
London,
W.8.

4. One independent residential school, Puckle Hill House, Shorne, near Gravesend, has recently been started for 25-30 boy and girl spastics between the ages of about 14 (12 in special instances) and 21; it is intended to give general education with training in Horticulture, Handicrafts, Domestic Science, Poultry Keeping, etc. It is hoped to place the children in employment after a few years and consequently admission is limited to those who are able to get about by themselves and who have at least a partial use of their hands.

Three other independent schools accept a few spastic cases. These are:—

St. Mary's School,
Wrestwood,
Bexhill, Sussex.
(Residential.)

Thornbury Park (Rudolph Steiner) School,
Thornbury,
Gloucestershire.
(Residential.)

Local Education Authorities may make arrangements for providing special educational treatment at these schools under section 6 of the Education (Miscellaneous Provisions) Act, 1953.

5. Many Local Education Authorities use their powers under section 56 of the Education Act, 1944, in order to provide education at home for children who are unable to attend school. At the beginning of 1950, 611 physically handicapped children were receiving such education, but it is not known what proportion of these children were spastics.

In addition, provision is made under this section at the Swindon Victoria Hospital Spastic Centre and at the Centre of the Swansea and District Spastic Association (National Spastic Society).

6. There are two training colleges approved by the Ministry of Education for physically handicapped persons; these provide general education as well as vocational training from the ages of about 16 to 19 and accept a proportion of spastics.

They are:—

Derwen Cripples Training College,
Oswestry,
Salop.

Lord Mayor Treloar Cripples College,
Alton,
Hants.

II. ADDITIONAL EDUCATIONAL PROVISION IN COURSE OF PREPARATION

Several Local Education Authorities are considering making special provision for spastics in the fairly near future. Proposals include:—

GLOSSOP

A special school for 20 spastics at Talbot House, Glossop.
Derbyshire Education Authority.

WEST HAM

Premises for a spastic unit are in course of erection at the Elizabeth Fry Special School.

Special provision to be made by voluntary organisations includes:—

HUDDERSFIELD

For a limited number of day and residential pupils from Huddersfield and the West Riding.

APPENDIX III
MIDLAND SPASTIC ASSOCIATION

Statistics of 981 Spastics

	Birmingham	Region	Totals
AGE: UNDER 5			
Out-patient Treatment	6	17	23
Nursery School	1	4	5
Mental Deficiency Institution	—	1	1
Mental Deficiency Institution List Schools List	4	2	6
No Provision	7	1	8
	33	24	57
	51	49	100
AGE: 5-15			
DAY SCHOOLS			
Cerebral Palsy School	23	38	61
Physically Handicapped School	49	—	49
Educationally Sub-Normal School	3	3	6
Open Air School	—	3	3
Deaf School	1	—	1
Partially Sighted School	1	—	1
Normal School	55	80	135
RESIDENTIAL SCHOOLS			
Cerebral Palsy School or Unit	3	8	11
Physically Handicapped School	1	21	22
Educationally Sub-Normal School	2	2	4
Open Air School	2	—	2
OCCUPATIONAL CENTRE	5	13	18
HOME TUITION	12	28	40
HOSPITAL	2	4	6
MENTAL DEFICIENCY INSTITUTION	16	31	47
AT HOME—On Institution List	8	3	11
On School List	3	4	7
No Provision	27	45	72
	213	283	496
AGE: 15 PLUS			
SCHOOLS			
HOME TUITION	7	21	28
OCCUPATIONAL CENTRE	1	5	6
TRAINING	14	9	23
OUTWORK	3	9	12
SHELTERED WORKSHOP	10	2	12
PART TIME WORK	7	3	10
HOUSEWIVES	2	2	4
NORMAL WORK	1	3	4
AT HOME—Capable of Work	51	51	102
Capable of Handicrafts	11	7	18
Totally Incapable	26	36	62
MENTAL DEFICIENCY INSTITUTION	18	15	33
CRIPPLES HOMES	19	22	41
HOSPITALS	1	25	26
	1	3	4
	172	213	385
	436	545	981
Not yet visited			83
GRAND TOTAL			1,064

LIVE REGISTER: 1,064.

APPENDIX II

Details of 65 persons suffering from cerebral palsy who have taken courses at Industrial Rehabilitation Units administered by the Ministry of Labour and National Service (paragraph 42).

I. Sex and age ranges

	16-20	21-25	26-30	31-35	36-40	41-45	46-50	51-55	56-60	61-65	Total
M....	24	7	8	5	1	4	3	—	1	1	54
F....	5	1	2	—	1	1	1	—	—	—	11
Total ...	29	8	10	5	2	5	4	—	1	1	65

II. Commenced employment after leaving unit	35
(a) returned to former employer	4
(b) commenced other employment in "open industry" ...	26
(c) commenced employment with Remploy	5
	—
	35

On follow-up action—

(i) remained in same employment	17
(ii) in other employment	8
(iii) commenced course of training	1
(iv) unemployed, sick, not yet due for follow-up or have failed to reply to enquiries	9
	—
	35

III. Commenced training 8

IV. Cases which for various reasons have proved impossible to place in employment 22

—

65

—

Shoe repairers	M.	32	Normal	Paraplegia	Walks badly, one hand not normal. Walks badly (usually cycles), hands normal. Walks slowly and badly, hands normal.	
	M.	15	Normal			
	M.	20	Normal			
Slipper soling	F.	18	Normal		One hand and leg slightly impaired.	
Tailoring	F.	16	Normal	Normal and Training	Walks badly, full use of hands. Mild athetoid type, can do everything. Limps badly, little use in one hand.	B
	M.	20	Normal			
	M.	20	Normal			
Lift attendants	F.	15	Normal	Paraplegia Hemiplegia Hemiathetosis	Walks fairly well, full use of hands. Walks fairly well, one hand useless. Walks well, one hand useless.	B B
	M.	22	P.H.			
	F.	16	P.H.			
Maids	F.	19	P.H.	Choco-athetosis	Able to do everything shakily. Walks well, one hand impaired.	B
	F.	17	Normal			
Gardeners	M.	16	Normal	Ataxic	Athetoid type, does everything shakily. Able to do everything shakily.	B
	M.	16	C.P. and P.H.			
Textile printer	F.	30	P.H. and Training		Walks badly, hands normal.	
Turbine operator	M.	16	Normal		Limps slightly, one hand impaired.	
Cinema operator	M.	19	Normal	Spastic palsy	Able to walk and use hands.	
Photographer's assistant	M.	40	P.H.		Walks with two sticks, hands normal.	B
Tool makers	M.	19	E.S.N.	Athetosis and Spasticity Hemiplegia	Can walk and use hands shakily. Able to walk and use hands fairly well.	B
	M.	19	P.H.			
Skilled fitter	M.	30	Normal			
Paint sprayer	M.	25	P.H.		Walks fairly well, one hand impaired.	B
Farm hand	M.	20	Home Tuition		Able to walk and use hands shakily.	
Electricity Board apprentice	M.	16	Normal	Hemiplegia	Walks fairly well, one hand impaired.	B

APPENDIX IV

MIDLAND SPASTIC ASSOCIATION

Details of work undertaken by 98 spastics and the nature and degree of their handicaps

Work	Case	School attended	Medical diagnosis (where known)	Degree of handicap	B = Birmingham resident
Apprenticed accountants	Sex	Age			
	M.	19	Normal	Hemiplegia Paraplegia	Walks well, uses one hand well, other poorly. Can walk, hands normal.
	M.	19	P.H.		
Clerks	M.	18	Normal	Hemiplegia Hemiplegia Hemiplegia Hemiplegia Hemiplegia	Can do everything normally. Can walk and uses one hand well. Walks well, uses one hand well, other poorly. Can do everything. Slight limp, one hand not normal. Bad gait, hands normal.
	F.	19	P.H.		
	F.	20	Normal		
	F.	18	Normal		
	F.	16	Normal		
	F.	19	Grammar		
Shorthand typists	F.	18	Normal	Spastic palsy	Able to walk and use hands fairly well. Can walk and use hands.
	F.	18	Normal		
	F.	21	Normal	Hemiplegia	Walk very unsteady, uses hands well. Able to do everything normally. Slight limp, uses hands well. Walks badly, full use of hands.
	F.	18	Normal		
	F.	20	Normal		
	F.	20	Normal		
Office boys	M.	17	Normal	Hemiplegia	Walks well, one hand useless. Walks fairly well, little use in one hand
	M.	16	Normal		
Shop assistants: (chemist) (chemist) (newsagent) (book) (wool)	M.	20	Normal	Athetoid	Walks fairly well, hands fairly good. Walks and uses hands, but badly. Able to walk, poor use of hands, bad speech. Walks well, one hand nearly useless. Slight limp, hands almost normal.
	M.	17	Normal		
	M.	35	P.H.		
	M.	16	Normal		
	F.	20	Normal		
Telephonists	F.	20	Normal		Able to walk and use hands. Walks badly, full use of hands.
	F.	22	P.H.		

(cardboard boxes)	M.	18	P.H.	Hemiplegia	Walks fairly well, one hand nearly useless.	B
(cardboard boxes)	F.	20	P.H.	Hemiplegia	Walks unsteadily, can use hands.	B
(cardboard boxes)	F.	20	P.H.		Limps, hands normal.	B
(cardboard boxes)	F.	18	Normal		Walks and uses hands fairly well.	B
(cardboard boxes)	F.	21	P.H.		Limps, uses hands fairly well.	B
(hair grips)	F.	16	P.H.	Paraplegia	Walks haltingly, full use of hands.	B
(bicycles)	F.	25	Normal		Limps, one hand severely impaired.	B
(safety pins)	F.	22	P.H.		Walks badly with two sticks, full use of hands.	B
(tins)	F.	21	P.H.		Walks with stick, full use of one hand.	B
(needles)	M.	20	Normal	Paraplegia	Bad dragging walk, full use of hands.	B
(Dunlops)	F.	18	P.H.		Able to walk and use hands.	B
Labourers:						
(electricity)	M.	40+	Normal		Walks well, one hand impaired.	B
(electricity)	M.	25	Normal		Slight limp, one hand impaired.	B
(paint)	M.	25	Normal	Hemiplegia	Walks well, one hand impaired.	B
(pottery)	M.	29	P.H.		Walks badly, full use of hands.	B
(tannery)	M.	22	Normal		Walks fairly well, one hand impaired.	B
(tannery)	M.	20	P.H.		Walks fairly well, hands clumsy.	B
Remploy	M.	20	P.H.		Athetoid type, does everything shakily.	B
	M.	16	Normal	Hemiplegia	Walks and uses hands fairly well.	B
Residential Workshops	M.	18	P.H.		Able to walk and use hands a little.	B
	M.	20	P.H.		Unable to walk, full use of hands.	B
Piecework at home:*						
	F.	28	P.H.		Unable to walk, full use of hands.	B
(cards hair grips)	M.	21	E.S.N.		Walks unsteadily, hands clumsy.	B
	M.	30+	No education	Diplegia	Unable to walk, little use in hands.	B
	F.	17	E.S.N.		Walks badly, hands shaky.	B
(breaks seals on rubber labels)	M.	50	P.H.	Hemiplegia	Unable to walk, full use of hands.	B
(places rubber seals in rollers)	F.	17	P.H.	Hemiplegia	Walks fairly well, full use of hands.	B
(cards hair grips and safety pins)	M.	25	P.H.	Hemiplegia	Walks and uses hands clumsily.	B
(cards hair grips)	M.	26	P.H.	Athetoid	Staggering walk, little use in hands.	B
(assembles metal pieces)	M.	29	P.H.		Can walk a little with sticks, hands normal.	B
(makes raffia bags)	F.	21	No education		Walks a little with support, hands shaky.	B
(cards grips and safety pins)	M.	30	P.H.		Walks unsteadily, uses hands fairly well.	B

* All stated to be earning less than £1 per week and to be in receipt of National Assistance grants.

Work	Case	School attended	Medical diagnosis (where known)	Degree of handicap	B = Birmingham resident
Laundress	Sex F. Age 24	P.H.		Does everything shakily and slowly.	B
Window cleaner	M. 29	P.H.		Able to do everything, but slowly.	B
Bus conductress	F. 21	P.H.		Walks well, one hand impaired.	B
Kennelmaid	F. 16	Normal		Limps slightly, one hand impaired.	B
Packer	M. 22	Normal		Can scarcely walk, cycles, hands normal.	B
Garage hand	M. 32	P.H.		Walks with severe dragging gait, hands normal.	B
Rag sorter	M. 15	Normal		Walks well, one hand useless.	
26 Factory sweepers	M. 30	Normal		Mild athetoid, "blurred" movements.	B
	M. 22	Normal		Walks and uses hands fairly well.	
Errand boy... ..	M. 17	P.H.	Hemiplegia	Walks and uses hands very badly.	B
Machine cleaners	F. 21	P.H.	Hemiplegia	Walks and uses hands fairly well.	B
	F. 24	P.H.		Walks fairly well, little use in one hand.	B
Factory odd job man	M. 22	Normal		Awkward stumbling walk, shaky hands.	
Bakery assistant	F. 18	Normal		Slight limp, hands normal.	
Factory apprentice	M. 18	Normal	Paraplegia	Walks badly, hands normal.	
Hammer handler	M. 18	Normal		Limps a little, one hand impaired.	
Jewellery maker	M. 19	P.H.	Paraplegia	Very bad walk, hands normal.	B
Light factory assembly: (cardboard boxes)	F. 16	P.H.	Paraplegia	Can hardly walk, hands normal.	B
	F. 15	Normal		Handicap scarcely noticeable.	

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(ult.)

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1953: *Reprinted 1954*

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PRINTED IN GREAT BRITAIN

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38 pages