**The History of Learning Disability, 1900 to the present day-Notes for teachers.**

**Short version from UK Disability History Month drawing on the chapter on Institutions by Professor Jan Walmsley.**

The eugenicist agitation and moral panic towards the ‘feeble minded’ (people with mild to moderate learning difficulties) who were living in the community and were viewed as sapping the national strength and power, leading to immorality and crime led to some of the worst crimes against humanity of the Twentieth Century. With as many as 70,000 incarcerated for life in the UK under the 1913 Mental Deficiency Act, forced sterilisation and racist immigration control in the USA and extermination of over 1 million disabled people in the empire of the Nazi 3rd Reich. Orchestrated in the UK by a few dozen influential scientists and social reformers Francis Galton, Ida Darwin, Mary Dendy, Dr. Alfred Tredgold, Cyril Burt and Reverend Harold Burden. They got a Royal Commission in 1908 and the Mental Deficiency Act through Parliament in 1913 with only 2 MPs opposing. Many people with learning disabilities had their lives shaped by these events right up to the 1970’s and 1980’s when ‘Care in the Community’ became the vogue. The UK White Paper Valuing People (2001) with its principles of choice, independence, rights and inclusion could not be further removed from its early twentieth century equivalent, the 1913 Mental Deficiency Act which is characterised by segregation, labelling and coercion. However recently real gains in supported and independent living have been challenged by austerity measures. Again there is a rise in hate crime and bullying to disabled people, especially those with learning difficulties.

The campaign for legislation to deal with the ‘problem’ of the feeble minded in Britain reached its apogee in the first decade of the twentieth century. There is consensus amongst historians that people labelled as feeble minded were seen as responsible for a range of social ills. The fashionable pseudo-science of eugenics led to a concern at the proliferation of the working class, particularly its less respectable members, at the expense of ‘better stocks’. The poor physical and mental capacity of recruits for the Boer War against South African settlers (1899-1902), and perceptions of a decline in imperial supremacy was a prompt for action. The ‘feeble minded’ were to blame, described as ‘the most serious threat to society’ partly because, it was argued, they looked like ordinary people, unlike ‘idiots’ and ‘imbeciles’. Tredgold, a contemporary commentator who went on to write the definitive British text book on ‘mental deficiency’ (a term in use until well into the 1970s), listed the ills as: abnormally fertile women who gave birth to defective children like themselves; illegitimacy; the spread of venereal disease; criminality; pauperism; and drunkenness. For Tredgold the feeble-minded and their relatives had much to do with social failures of the nation. Campaigns by the National Association for the Care of the Feeble Minded (founded in 1896) and the Eugenics Education Society (founded 1907) pressed for solutions to the problem of the feeble minded based on either segregation or sterilisation.

They were successful in provoking a Royal Commission which pronounced in 1908. Its conclusions were that there was indeed a case for legislation. It argued that there were numbers of mentally defective persons whose training was neglected, over whom no sufficient control was exercised, and whose wayward and irresponsible lives were productive of crime and misery, of much injury to themselves and others, and of much continuous expenditure wasteful to the community and to individual families. The campaigns for legislation were built on fear, and the predominant arguments were couched in terms of the need to protect society from the menace of the feeble minded. And yet there was always a sub text of ‘care’ running through these campaigns. The quote above refers to neglected training.

The National Association for the Care of the Feeble Minded included ‘care’ in its title. Was this mere rhetoric, or was there, amongst the scare mongering, a desire to protect individuals as well as society? Mary Dendy, one of the most formidable campaigners for permanent segregation, outlined five main motives, the fifth of which was to protect the feeble minded from society. She, and others, produced numerous examples of children who were exploited and neglected by their parents in support of the Mental Deficiency Bill.

Moreover, although recent historians emphasise the coercive nature of the Act, earlier commentators saw more humane impulses at work. Kathleen Jones, for example, writing in 1960, claimed that the Radnor Commission insisted that the main criterion in certification should be the protection and happiness of the defective rather than ‘the purification of the race’, and they stressed the possibilities of guardianship as an alternative to permanent segregation.

The Act which set up a process to ascertain mental defectives, and to manage them, in part through segregation in institutions, was passed in 1913. This Act is notorious in British history as one which was coercive and cruel, condemning many to lives inside institutions, though as we shall see below, it was patchy in its application, and slow to be implemented. It is worth pausing here to consider who was subject to the Act. The Act defined four grades of mental deficiency – idiots, imbeciles, feeble minded persons and moral defectives. Whereas the first three represented different degrees of intelligence – we might nowadays call them severely, moderately and mildly disabled – ‘moral defectives’ were different in kind, being people who from an early age displayed some permanent mental defect coupled with strong vicious or criminal propensities on which punishment had little or no effect. The moral defective category made the Act, and the institutions set up under its auspices, a catch all. The Act could be used to deal with all manner of people, some of whom were unable to function unsupported in society – others of whom were deemed a danger, either because of criminality (boys and men) or because of failure to obey current sexual codes (girls and women). Being deemed a defective, however, was not enough to make him or her ‘subject to be dealt with’ under the Act. The categories for whom institutional (or other) provision should be made were, at least in principle, tightly defined.

A ‘defective’ might be sent to an institution or be placed in guardianship if his or her parents petitioned for it; if s/he was neglected, abandoned, cruelly treated and without visible means of support, guilty of a criminal offence, in prison, reformatory, industrial school, lunatic asylum or inebriate reformatory; an habitual drunkard; if incapable of receiving benefit from attendance at a special school; or a woman pregnant with or bearing an illegitimate child whilst in receipt of poor relief. Given this list, there was no ‘carte blanche’ for people, even if certified ‘defective’ to be detained in institutions with certain notable exceptions, particularly people convicted of a criminal offence, or poor women bearing illegitimate children. The role of families was critical, with soe families, at least in the early days of mental deficiency asylums, contributing to drawing up the criteria for defining admission to asylum. The extent to which institutions as envisaged under this Act were seen as protective and rehabilitatory, as opposed to coercive, and designed to restrain people’s liberty, is debatable.

Because of the ‘moral defective’ category, there can be no doubt that prevention of reproduction and criminality were always paramount considerations. However, institutions also housed people who were genuinely unable to function autonomously. There was always a rhetoric of protection. A text book for people charged with implementation of the Act tried to define ‘neglect’ one of the most commonly cited reasons for institutionalisation.

The vision of the Wood Committee which reported in 1929, was of the institution not as a ‘stagnant pool, but …. a flowing lake, always taking in and always sending out’ (HMSO 1929 p. 71). Later historians have also defended the Act, regarding institutionalisation as motivated by a desire to help and protect, as well as curb and control. But what of the reality?

**Institutional Practice:** what do we know? We have seen that the legislation had within it some reformist zeal, alongside the ever present social control motive. In principle people could move into and out of the institution, having been rescued from moral danger, neglect or ill treatment. Did this actually happen? There is certainly evidence that some people were institutionalised to protect them, though often this was couched in obscure language. ‘Dora’, for example, was examined for mental deficiency in 1915. She had been ‘without visible means of support’ after being discharged from domestic service for ‘behaving immorally with farm hands’. Her stepfather, when questioned, said he would not receive her back as she had accused him of ‘attempting immoral conduct with her’ (Beds County Record Office Mental Deficiency Papers vol. 3 1915). Dora was subsequently institutionalised. As Atkinson and Walmsley comment ‘today she might well be categorised as an abused woman, that is her biography would be recast to present her as a ‘victim’ rather than as feeble minded’ (1999 p. 207). However, there are clear indications that sexual control was paramount, particularly early on in the period of the Mental Deficiency Act, when institutional places were at a premium. Walmsley’s study of case records in the Bedford Record Office 1916-1918 (2000) shows that of the 35 people before the County’s Mental Deficiency Committee in those years, 19 were sent to institutions. Of these four were male, 3 of whom were under 18. All were detained after falling into petty crime. 15 women were institutionalised, 11 of whom were described as displaying inappropriate sexual behaviour – the four others were clearly victims of neglect due to inability or unwillingness of family to care for them. Walmsley, drawing on work by Cox (1996) and Thomson (1998) as well as her own documentary research, concluded that poverty, moral worth, respectability, or otherwise, of the family and employability were all factors influencing decisions to institutionalise young women.

People who were seriously mentally impaired, on the other hand, were unlikely to acquire an institutional place unless their families were completely unable to care for them. Women who could be placed in domestic service were far more likely to be subsequently released from institutional care on licence. As historian Sheena Rolph has observed, such employment could supply the surveillance over people’s lives that was deemed necessary. Thomson’s analysis of London’s records also suggests that men were likely to spend far less time in institutional care than women, and to be institutionalised at an earlier age. We have very little direct knowledge from inmates themselves. One rare example is a letter to the Clerk to the Mental Deficiency Committee in Bedfordshire from a woman called Ruth Gammon dating from 1943. It is the first example found of self advocacy, even using the term ‘sticking up for yourself’!

Dear Madame or Sir, I wonder if you would in any way do me a great favour. All I want to ask you is could you by any means help me to get discharge from the care and control. As this is my 21 years I done under your care and control. I am 36 years old. I done 15 years and six months at Stoke Park and 12 months at Bromham House. But I am at Springfield House in service for four years and four months. This is the first time I have written to you. Nothing like sticking up for yourself. But I must thank you for putting me under your care and control in the first place. I don’t know where I would have been. But now I am able to look after myself.

(Beds County Record Office Joint Board Papers 1943)

The Committee agreed to release her from the terms of the Act, after a positive report from the hospital – ‘good moral character’ - and a favourable reference to a mother and sister living locally. What do we make of the final sentences? She thanks the Committee for putting her under ‘care and control’. Is this merely a rhetorical flourish, to please the powerful men who held her fate in their hand? Or did she mean it?

**Conclusion** Institutional care for people with learning disabilities has rightly had a bad press. Nevertheless, it remains the case that there are people in every society for whom life unsupported by others is impossible. For much of the twentieth century this support was provided either by their families, or by institutional care. There is some justification for pondering why the institutional solution gained and held sway for so much of the twentieth century. To dismiss two or three generations out of hand as purely evil and coercive is an oversimplification. There is no defending what institutions became with poor funding and low aspirations.

The false science of eugenics shaped marriage, immigration and sterilisation policy in the United States of America and was imported by Adolf Hitler and the Nazis during the German Third Reich to first sterilise and then exterminate as many as 1 million disabled people throughout the Greater German Empire.

The reaction to the Holocaust and this inhumanity emerged as the United Nations Convention on Human Rights (1946). But to highlight the deep rooted prejudice in the world towards people with disabilities we must remember it took 62 years to get a legally binding human rights treaty for persons with disabilities. In 2006 the UN Convention on the Rights of Persons with Disabilities was adopted and came into force in the UK in July 2009 and covers all people with a mental or physical impairment. <http://www.un.org/disabilities/convention/conventionfull.shtml>

## It is important that at the end of engaging with these materials that students appreciate that people with learning difficulties have rights over their life and have a right to be supported in making their decisions and choices and to be self advocates.

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## *What is Self Advocacy?*

## Self advocacy is about people with learning difficulties or learning disabled people:

* Speaking up for themselves
* Making their own decisions

***What do self advocates do?***

* They speak up for themselves
* They speak up for others
* They ask for support when they need it
* They make sure they have a say in decisions that affect them
* They ask questions and learn new skills

### *How can people support self advocates?*

### People can support self advocates by:

* Using information that makes sense to the self advocate
* Making sure that self advocates get to have a say
* Involve them in decisions and listen to what they have to say
* Give self advocates time to make decisions
* Understand that it’s okay for self advocates to make mistakes and support them to learn from them (Inclusion International[www.inclusion-international.org](http://www.inclusion-international.org)).

**People First** is an organisation run by and for people with learning difficulties. The organisation aims to speak up and campaign for the rights of people with learning difficulties. We also aim to support self-advocacy groups across the country in their work. <http://peoplefirstltd.com/>

“Since 1984 we have been making change happen by campaigning in a way that uses the social model of disability. Through our campaigns we aim to make the lives of people with learning difficulties better and we make sure that they are at the heart of our campaigns.

We make change happen by giving people with learning difficulties, self-advocacy groups and other organisations the power, information, advice and support to campaign for the rights of people with learning difficulties.

As long as People with learning difficulties are discriminated against, People First (Self Advocacy) will campaign against discrimination”

Andrew Lee, Director of Policy and Campaigns

***UK Disability History Month***

[***http://ukdhm.org/***](http://ukdhm.org/)