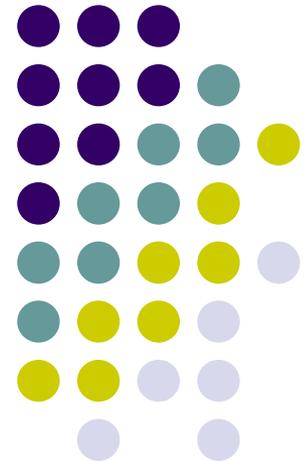
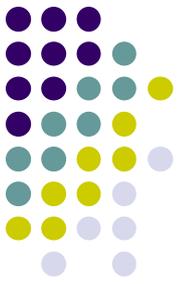


Care or control? Segregating children with disabilities in the late nineteenth and early twentieth centuries

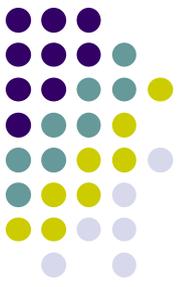
Professor Mark Jackson
Centre for Medical History
University of Exeter



Origins of special classes and schools

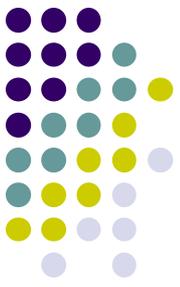


- 1862 - Revised Code
 - `payment by results`, linking central and local funding to attendance and performance in reading, writing and arithmetic, measured in standards (I-VI)
- 1870 – Elementary Education Act
 - Local School Boards
- 1876 – Elementary Education Act
 - parental duty to ensure `efficient elementary instruction`



Origins of special classes and schools

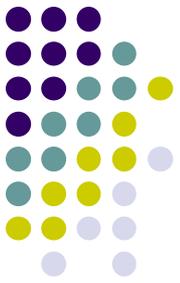
- Standard 0 - for children unable to pass graded examinations
- 1890s - special classes and special schools opened in Leicester, London, Nottingham, Birmingham, Bradford, Brighton, Bristol, Plymouth and Manchester
- 1899 – Elementary Education (Defective and Epileptic Children) Act – empowered, but did not force, local authorities to provide special educational provisions for mentally and physically defective children



Eugenics and racial degeneration

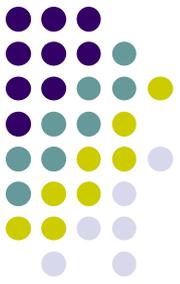
- Fears about the impact of an expanding 'social residuum' on the fitness, productivity and fighting strength of the population:
 - physical deterioration
 - criminality
 - promiscuity
 - illegitimacy
 - tuberculosis
 - alcoholism
 - insanity

Statutory provisions for segregation

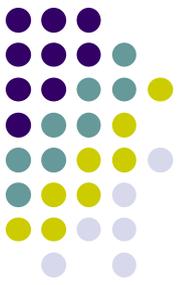


- 1913 Mental Deficiency Act
 - categories of defectives according to the degree of educational and social needs
 - local authorities obliged to provide institutional care or guardianship
- 1914 Elementary Education (Defective and Epileptic Children) Act

Parallel forms of segregation



- schools and colonies for 'crippled children'
- open-air residential and day schools for children with tuberculosis, bronchitis and asthma
- therapeutic effects of clean air, good diet, rest, exercise and appropriate education (especially manual instruction)



Care or control?

- Care
 - provision of appropriate education and health care
 - safe-guards against physical harm and exploitation
 - improvements in welfare, work opportunities and independence
- Control
 - driven by concerns about social order and imperial decline
 - long-term segregation and stigmatisation of children with special educational needs
 - creation of new categories of problematic children (maladjusted), who challenge norms of behaviour and productivity
 - stigmatisation and segregation of other types of `delicate' children, such as those with asthma