

The War on Disabled People: Capitalism, Welfare and The Making of a Human Catastrophe

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Prevailing attitudes towards disabled people altered relatively little after the Second World War, even as eugenics 'fell from favour'.³⁹ In Britain, disabled people were excluded from the welfare settlement. The implementation of the Beveridge Report has been credited with creating a 'model system of social citizenship', but it failed to guarantee against the poverty and financial exclusion of disabled people. William Beveridge was himself a keen eugenicist who believed in 'the whip of starvation' to force workers to labour.^[40]

By the 1980s, it was widely recognised that the 'supposedly cradle-to-grave welfare state had actually failed millions of disabled people, not least in respect and acceptance from exclusion'.^[41] While under the wartime coalition many of the personal social services that supported disabled people had become firmly embedded within local government and non-statutory organisations, the state preoccupation was with universal welfare concerns, such as the NHS.

Some commentators have concluded that the exclusion of disabled people was unintended. In their 2018 article 'From dementia tax to a solution for social care', Peter Beresford, Colin Slasberg and Luke Clements wonder if the welfare state founders may have imagined that the need for social care would dwindle as the system developed.^[42] The omission of disabled people, however, is in keeping with the relationship between capitalism and disability. The provision of universal services for family, work and health contributes towards the maintenance of a healthy workforce and, through that, to productivity. Expenditure on disabled people does not.

The only benefits aimed specifically at disabled people through the welfare settlement related to industrial or war injuries. This decision was influenced by fears that any additional payment aimed at disabled people would undermine the employment incentive and betray the contributory National Insurance principle. National Assistance Board cash payments were deliberately set at subsistence level in order to maintain the incentive to obtain employment.^[43]

Unlike the NHS, which was founded on the principle of resource following need, Aneurin Bevan established that the opposite would happen for social care, so the extent to which people would be helped 'will depend on our resources'. Thus, '[t]he die was cast from the very beginning: social care never broke free of the poor law principles that the welfare state was supposed to have abolished'.^[44]

For the most part, disabled people in Britain remained incarcerated in large 'long-stay' hospitals characterised by degradation, cruelty and neglect until the 1980s. As Maureen Oswin wrote in 1971: 'After the passing of the NHS Act there was no rapid change in hospital building and organisation ... The big old Institutions remained, and over the years they have been up-graded rather than rebuilt.'^[45]

Oswin's study of the conditions in which around 12,000 disabled children were living exposed the routine deprivation of children who never left hospital grounds, had never seen uncooked food and rarely saw their parents. On average, they experienced no more than five minutes of personal attention in every 12 hours. Conditions on different wards varied, with cockroach infestations, cold and even murder affecting the worst. The disabled campaigner Ann McFarlane, who was sent to an institution in north Norfolk after the end of the Second World War, witnessed a nine-year-old friend held under bath water by staff as a punishment, causing her to drown. Such deaths were not investigated.[46]

Lack of stimulation typified even the cleanest wards; Oswin described children '[l]ike battery hens, void lives in cot cages'.[47] Incarceration created additional impairments through lack of movement, nutrition and socialisation.[48] Children were often hungry and thirsty. Oswin witnessed 'teenage boys, who were able to drag themselves about on their knees, go into ward courtyards and suck at puddles'.⁴⁹ These conditions were normalised to many of the doctors and nurses working within them. Consequently, Oswin's work was met with defensive and aggressive reactions from colleagues and nursing trade unionists.[50] She was blacklisted by her local education authority.[51]

Disabled adults endured similar conditions. Pauline Morris's 1969 study of institutions for adults with learning difficulties found that only 1 per cent had single rooms, with the majority sleeping in large dormitories without personal possessions; only 21 per cent had their own toothbrush or hairbrush; clothing was communal and women were not supplied with bras.⁵² There was little to occupy the adults during the day and they had few social relationships. Morris described wards 'where patients are deprived of almost everything which most human beings take for granted'.[53]

A lesser value was clearly placed by the state on the lives of adults with learning difficulties. This was demonstrated by the comparative weekly expenditure on food for patients in different types of hospital: in hospitals for the 'mentally retarded', average spend in 1969 per patient per week was £1 19s. 10d., compared with £2 10s. 4d. in chronic sick hospitals and much more in general hospitals.[54]

References

40 Beveridge, W. (1942). *Social Insurance and Allied Services*. Cm 6404. London: HMSO, p. 17.

41 Hampton 2016, p. 1.

42 Beresford et al. 2018, p. 83.

43 Morris 2018, pp. 68–9.

44 Beresford et al. 2018, p. 83.

45 Oswin 1971, p. 38.

46 Quarmby 2011, pp. 73–4.

47 Oswin 1971, p. 10.

48 Ibid., p. 150.

49 Oswin 2000, p. 143.

50 Ibid., pp. 143–4.

51 Ibid., p. 139.

52 Morris 1969, p. xiv.

53 Ibid., p. 314.

54 Ibid., p. xxv.

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