

EARLY COMMUNITY SERVICES FOR MENTALLY HANDICAPPED PEOPLE IN SHEFFIELD DURING THE 30s

The following article provides something of a baseline for comparing and assessing the rate and quality of advance in non-institutional care provisions over more than fifty years. Sheffield City, at the end of the thirties, had no large local institution for "mentally defective patients" and had to provide for their needs locally in other ways. In late 1936, Dr. Esher was appointed as Medical Superintendent of a non-existent Institution for 1,000 patients to be built under his guidance. This, however, was never built due to the outbreak of war and he had, of necessity, to develop care provisions in the community. (Ed.)

Introduction

In the thirties, Sheffield provided for its mentally handicapped people as follows: 100 male adult beds in an old truant school, 60 female adults in an old mansion, 28 male children in a large suburban house and up to 20 severely handicapped girls in the care of the nuns at St. Joseph's Walkley. Rather less than 100 men were cared for in a large ward in Middlewood Mental Hospital sleeping in a dormitory with four rows of some 15 to 20 beds. A few others lived among the "demented" in yet another ward. Some mental

defective people worked in the hospital farm, grounds or workshops. Rather over 100 women were accommodated in somewhat similar circumstances at Firvale Poor Law institution or in institutions outside Sheffield, making altogether a grand total of 458 beds.

Apart from the people in those institutions, some 1,600 were resident at their homes, where little was done for them other than to have visits from Social Workers. Some people came weekly to the Town Hall office from which the service was managed, to receive their "welfare money". The money was paid generally to the mother.

The first "Out patients-Clinics" for mentally defective people in the community

I realized from the start that many problems were reported about those living at home and so opened a consultation room where I worked on Child Guidance principles. Assessments on psychiatric and psychological lines were carried out and intelligence tests played a large part in this work. It is, perhaps, of some interest in view of the strained professional relationships between psychiatrists and psychologists in the immediate after war years that at that time I, as a

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psychiatrist, was the founding Secretary of the Northern Branch of the British Psychological Society. This may have helped to add some information on mental handicap to the expertise of the Northern Psychologists and it helped me to increase my knowledge of psychology.

The Out-patient clinic was open to anyone who called. Most problems were behavioural, originating in boredom, constant close family contacts in small houses and lack of progress especially in "highgrade feeble-minded" people with paralysis. There were discussions about the benefits of attending special schools or occupation centres and discussions aimed at giving them an understanding of their problems and how they had arisen. The number of those taking advantage of these opportunities soon proved too numerous and another clinic was opened in 1938 at, what is now, the Northern General Hospital.

The first Occupation Centre in Sheffield (late 1937)

Realising that many of the problems of the clients living at home were due to boredom I opened the first of our Occupation Centres in an old suburban house. At first some 60 men and women attended but the numbers increased to some 100 people and soon men and women were working side by side where possible. Women learned sewing, knitting and cooking and applied their skills to making toys, children's clothing and cooking meals under staff supervision. The men, having learnt to use tools, were often working for the Corporation's Works Department making curbstones and fencing posts and other utilities.

One of the aims of "Social Training" was learning how to use the public transport system in Sheffield. The wrecks of a tram and a busfront, complete with destination boards, were obtained to teach how to recognize destinations to get to work and home. Only when trainees were able to recognize the indicator boards, and had learned to board vehicles and change transport, were they permitted to use public transport. To avoid money use, they were given workmen's plastic transport tokens, each available for one journey only.

Increasing public awareness in Sheffield

To promote awareness of the problems and realization that, after training, some of the handicapped people would be able to undertake regular paid employment in the city, I gave a number of lectures in the district where I pointed out that, already, males at the small institutions were sent to work for local farmers at certain times of the year. Soon my lectures were addressed not only to medical, psychological and even theological students, but to laypeople, Rotarians etc. and I managed thus to build up, what I called, our "panel of benevolent employers" in the city. In this way we had resident clients work in local factories to prepare them for discharge and their return home. Despite my weekly session with the Ministry of Labour's Industrial Rehabilitation Unit we had never occasion to use its facilities, for our own training contacts with employers had solved our problems in finding employment.

The procedure was for the matron or me to ring up an employer giving details of what

we thought of a man's capabilities and matching these to what the employer wanted from an employee. If the application was accepted, the man would go to the factory in the company of a Social Worker who would tell the employer that, if difficulties arose, he could immediately ring our Social Department and the client would be returned to our care. Here the problem was discussed with him and we might ring the employer to give our client another chance. My constant admonition to those going to work was: "It does not matter that you can't read or write, just listen to what the boss says he wants, and do it as well as you can. If you don't understand, ask, and if in real difficulty, tell us and we will help. Don't forget to get to work on time and be where you are wanted." If, after the first month, the client's conduct was satisfactory, he was automatically given permission to spend weekends at home, so long as this was feasible. Behavioural faults were "punished" by the loss of privileges. The weekend leaves meant also that, if they wished it, they could attend football matches etc.

The first "Hostel" in Sheffield (1939)

The "de-institutionalization" of women patients posed the additional problem of possible pregnancies besides personality difficulties. A working women's hostel was formed from fusing two good working class houses to accommodate 12 women and a night staff, though at times 16 were housed there. Opened in 1939 women living there contributed to the war effort, emphasizing the value of such hostels.

The majority of the hostel residents were found employment in local shops and factories. Most cleaned workshops and offices, stacked light products on shelves, operated light repetitive machinery or carried raw materials or finished products to and from store rooms. Our over-active and difficult girls were sent to a "cutlery blank" forge. The work there was heavy, hot and dirty. They carried the steel rods that had to be heated red hot for the men to stamp into rough shapes. Still red hot the blanks were carried in metal trays to the next machine. The trays were loaded with whatever it was found the girl could just about carry. At the end of the day's work they had no energy for misbehaviour. And they liked the work and the strict foreman!

Despite our fear of pregnancies a dancehall for Saturday nights was selected for recreation. There they went at first under supervision but later without staff. I used to speak to them about pregnancy and that well behaved girls avoided "being cheap to get". "Good things were always hard to get, so don't be cheap and easy".

A review of the progress of women living at the hostel, twenty five years after opening it, showed that a third of them had been completely discharged from any supervision, another third lived at home or in lodgings but needed some social supervision from time to time, and the remainder needed constant care of some sort.

The hostel was an essential instrument of rehabilitation and this can be illustrated by the case of Rosy whom I met first when I worked in a large institution in 1932. Accompanying the Medical Officer on his visit to one of its "strong rooms" he asked me to wait outside when entering the room. Within

moments his glasses, briefcase and hat were hurled out. In alarm I went in to be greeted by Rosy with "And who the bloody hell are you?". I replied politely and asked if she greeted all medical officers like this. She looked me up and down carefully and replied "You'll do." "Why" I asked. "You've got a twinkle in your eye". This was the basis for establishing good rapport for the years after. I was often called to quieten her and then held what was called my "court" to discuss her behaviour with all concerned. I often received her apologies when she was proved wrong or had behaved inappropriately, and vice versa. She had an explosive personality set off by anything that she fancied had wronged her. By the time I arrived for my "court" session Rosie had probably already occupied a room for herself with a chair in her hand, defying anyone to approach. My first move was usually "Let me have that chair, I must sit down. Get yourself another chair. Let's sort things out and tell me, who else we need to hear. Ask them to come and bring their chairs."

After the war when I had not been in touch with her for some years I received a phone call from a Commissioner of the Board of Control (which was then supervising the work of institutions), who informed me that he had interviewed Rosy regarding her violence. She had assured him that she would be able to improve her behaviour under my care because I was the only person she had ever related to.

I accepted her for the women's hostel on the condition that she would have to keep to the rules and work in town. I saw her regularly at the hostel where she had become a model resident, being older than most of our psychopathic girls. She was discharged completely after two years.

After this, she married a foreman carpenter and became "Auntie" to the other girls in the hostel. When they got into trouble she would invite them to stay with her for three nights in her spare bedroom. There she would tell them she would talk to them like Dr. Esher used to talk to her and so she sorted out a large number of their difficulties, sending them on to me when necessary. Her peer-relationship to these girls proved to be of immense psycho-social value in readjustment.

She did this until her husband died and she moved into a one room Corporation flat. Though she is much handicapped by arthritis and can only get around in an electric tricycle she keeps her flat beautifully, despite being over eighty. She is well thought of by her neighbours but no one knows her story.

Social Services

The City's social service for "mental defectives" was provided by 16 social workers of whom one was a highly qualified "psychiatric social worker" who acted as a consultant to the others. These were spread over five radial sectors of the city. Each sector was managed by a well experienced worker whilst the others had varying degrees of experience. There were about equal numbers of men and women and they worked as a team for their sectors' problems. When problems were judged to be beyond their skills, we organised family conferences at the clients' own homes, where any member of the family could take part in what was said. We ourselves seemed to become part of the family, making cups of tea for all and creating a homely setting rather than conducting a "clinical interview". Despite grandma and other children contradicting and criticising a parent's statement these meetings proved particularly useful in

obtaining relevant information, airing grievances and reducing the severity of the problems in the homes and the consequent tensions.

The war and the post-war situation

In 1938 the Munich Crisis caused the Ministry to withdraw its planning advice and authoritative support for any other work in connection with the building of the 1,000 bed institution. Their advice was that as we had already developed quite a good community service for our clients at home we should continue to expand it further. Thus, willy-nilly, we went on to develop our community services even during the war years and immediately after. New accommodation was acquired, one to house 44 children, the other for 62 women. A hostel for 22 men was made available and a few other projects were started.

During the sixties it was obvious that the Department was interested in what we had achieved in developing community services for mentally handicapped people. They also examined those provided by the Regional Hospital Boards of Wessex and Birmingham. Sheffield, however, was the only city with a population of half a million people and the nucleus of a community scheme, and this led to "The Sheffield Development Project 1971" which created increased provisions for mentally handicapped people on non-institutional lines. The project was publicized with its observations, opinions and conclusions.

Final Thoughts

The absence of a large "inward" looking institution was a plus for Sheffield. The

various hostels, lodgings etc. made it possible from the beginning to house people in the community in close contact with the community. Relatively few people were "institutionalized" behind institution walls. The needs of people living at home led to the introduction of a "family service", an early forerunner of the present-day community teams. Hostels were used as a stage in social rehabilitation rather than as permanent accommodation. Occupation Centres were used for training and not only for occupying people and also provided some practical social education. Because of the lack of resources etc. these were modest efforts but they were there, ready for further development.

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