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THE WELFARE OF THE VISUALLY HANDICAPPED
IN THE UNITED KINGDOM

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Abstract

The care of the blind is a long standing British tradition. Until the early years of the 20th century there was a strong dependence on voluntary enterprise. However, under the 1920 Blind Persons Act local authorities assumed responsibility for the welfare of the blind in their areas, and after this a triple partnership between voluntary organisations, central government and local authorities became firmly established. By the mid-20th century, through a combination of voluntary and statutory endeavour, services for the welfare of the blind had reached a standard above that for any other handicapped group. The cornerstone of the service was the home teacher. However, following the Seebohm Report, in 1971 the blind welfare system virtually lost its specialist service, and technical and mobility officers, along with generic social workers, became responsible for blind welfare. Services declined in many areas. More and better trained specialist workers are required. Social rehabilitation services could also be improved. However, the Royal National Institute for the Blind's new development programme will help to improve the many services for which it is responsible. The blind could be helped in several other ways. The majority of blind people are elderly and doctors and others should use an outreach approach to help these people. Often simple modifications in home lighting can dramatically improve visual performance. The majority of the partially sighted with acuity in the range 3/60 - 6/60 should be redesignated registered blind. In this way more of them could be helped by the specialist

organisations. Currently the blind do not receive a pension and a blindness allowance should be introduced to compensate them for the extra costs of blindness. The Thatcher Government's social security reforms will not help the blind substantially. It is essential that the blind are integrated into society, and a comprehensive programme of integrated education and a strengthened employment quota would help to achieve this. These are important components of a progressive social policy for the blind.

CHAPTER ONE

INTRODUCTION: THE HISTORY OF THE WELFARE OF THE VISUALLY HANDICAPPED IN THE UNITED KINGDOM

In this long, introductory chapter I intend to examine in some detail the history of the welfare of the visually handicapped in the United Kingdom from the earliest times until the present day. This exercise will provide a useful introduction to subsequent chapters and will also help to set them in context. In blind welfare the main development has taken place in the 20th century, although the influences which determined its origin and growth can be traced much further back and in this history I will concentrate on six main areas: first, I intend to examine voluntary action in what can be called the pioneer phase of blind welfare; second, I intend to consider social policy in the pioneer phase; third, I intend to examine the expansion of social policy for the visually handicapped between the two world wars; fourth, I intend to look at voluntary organisations and their relations with statutory authorities between the wars; then, in the rest of the chapter I want to look at developments during the Second World War and, finally, developments since the war. Throughout I will attempt to show how services have developed and how the response to need has changed.

I will now consider voluntary action in the pioneer phase under six broad headings: first, I will make some general observations; second, I will describe the contribution of the blind pioneers and the foundation of national voluntary organisations; third, I will consider voluntary activity in the area of education and the co-operation with

statutory bodies; fourth, I will consider the problem of co-ordination and the extension of community care; fifth, I will look at voluntary developments during the First World War and, finally, I will sum up the achievements and failures of private enterprise in the pioneer phase.

Some general observations concerning voluntary action in the pioneer phase of blind welfare

Even though the Elizabethan Poor Law Act of 1601 had established relief for the necessitous blind as a statutory duty, no comprehensive legislation for their welfare was passed until more than three centuries later.¹ However, in that period voluntary effort was active: in the 18th century, philanthropists were particularly concerned with helping the old and infirm by establishing pension schemes and almshouses for the blind. Much of the voluntary action in blind welfare was the result of local charitable effort to meet the personal needs of the destitute or the friendless. In the 19th century many of the local societies which sprang up had a religious basis, and people set out with a missionary zeal to read the Bible in every home in their area where a blind person could be traced. The volunteers soon discovered that spiritual aid was not the only call upon their devotion, and voluntary societies were constantly adding to their commitments as they found new needs.

The objects of one of the first Indigent Blind Visiting Societies in London, which was established in 1834 by Lord Shaftsbury and Lord Ebury, gives some idea of the nature of their service:

'to assist and ameliorate the condition of the aged and destitute blind poor in London and its vicinity, by providing them with daily reading of the Scriptures at their habitations, with conductors to Church, and with temporal relief in necessitous cases.'²

Later, when embossed literature became available, the visitors, many themselves blind, added the teaching of braille or moon type to their ever widening activities, and by the 1880's there were nearly eighty Home Teaching Societies, some employing paid teachers.³ Many of the local voluntary societies provided pastime occupations and other amenities for the unemployable blind, and offered facilities for friendly social contacts. Most of the voluntary societies were dependent upon unpaid, sometimes irregular help and sometimes a society was kept going only by the vitality and enterprise of its secretary. This had serious consequences if a successor could not be found, occasionally leading to the foundering of the voluntary association. This happened in the case of The Society for the Prevention of Blindness and the Improvement of the Physique of the Blind when Dr Roth died.⁴ But fortunately Gardner's Trust took over some of its work, such as the issue of advisory leaflets. Many of the voluntary organisations had interested and active executive committees and these worked closely with other charities for the visually handicapped. The members of such committees could select and recommend from their personal knowledge any who needed to be cared for in a home for the blind, or whose small savings could be supplemented by a pension from a charity.

Not all the effort of philanthropists was conducted on the assumption that the blind were 'poor and unable to work', which was the official description of those entitled to statutory assistance under the Poor Law since 1601. At the close of the 18th century the Liverpool School for

the Indigent Blind had set up a training institution where trades such as the making of rugs, baskets and mats were taught, so that blind people might carry on such saleable work in their own homes. This experiment proved to be a success, and by the mid 19th century several societies were experimenting in the provision of workshops in which those who had already learnt a trade could work under sheltered conditions. It was found that it was necessary, in most cases, to supplement the weekly earnings, to bring them up to an adequate level. Few of the blind could compete with the sighted, under workshop conditions. Throughout the 19th century various experiments were conducted to improve facilities for training and to widen the range of employment. Piano tuning gave opportunity to some printing centres to others, and so gradually an increasing number of blind persons were to be found among the skilled workers, the black-coated workers and in the professions.

Undoubtedly the interest in the welfare of the blind had been stimulated in the 19th century, although the claim by Wilson in 1899 that there was 'a network of voluntary societies and institutions over the country'⁵ was a little optimistic.

An appreciation of the progress of voluntary effort in the 19th century may be gained from an article in the Annual Register of the Charity Organisation Society (C. O. S.) for 1899. The writer claimed that whereas there had been only four known institutions for the blind in the United Kingdom at the end of the 18th century, there were in the records of the Charity Organisation Society 154 societies and

institutions, a century later. They were classified by the secretary of Gardner's Trust under four headings: those administering pensions, generally to the aged who were past work; homes receiving adult and aged blind people, and industrial and convalescent homes; those concerned with education, maintenance and employment, largely in schools and so on; and those concerned with the education and employment of non-residents, including workshops and printing centres, and home teaching societies and classes. By this time, he added, in addition to preparation for trades, there was an opportunity for education for the professions such as music, or entrance to the university to read for Holy Orders or the legal profession.

Blind pioneers and the foundation of national organisations for the blind

A description of the development of blind welfare would not be complete without special reference to the part played by blind men and women themselves. The foundation of the Liverpool School for the Indigent Blind was inspired by two blind men, Rushton and Christie, who were much indebted to the suggestions and active help of a local curate named Dannett. Blind people also made an important contribution in several other fields. For example, among the many experimenters in the 19th century working upon a raised type, were Louis Braille, a blind Frenchman who perfected a type invented in 1829, and Dr Moon, one of several experimenters in England, whose first book in embossed type was printed in 1847. Moon type was found to be specially suitable for those blinded in adult life since it

was based on the alphabet already familiar to the sighted, and it did not need such sensitive touch as braille. Elizabeth Gilbert was a blind woman who in 1853 contributed to the new spirit of independence by demonstrating the value of giving employment to blind persons in their own homes. The society which was formed to carry on her work later became The Incorporated Association for Promoting the General Welfare of the Blind. Francis Campbell was the first blind principal of the Royal Normal College. Campbell was another of the pioneers who founded a tradition of self-reliance and participation in normal activities, of which the school has been proud. It was a group of blind men, led by Dr Thomas Rhodes Armitage, who, in 1868, founded the British and Foreign Blind Association, which was later to achieve fame as the National Institute for the Blind under its well known and energetic blind president, Sir Arthur Pearson.

Following the First World War Sir Ian Fraser of St Dunstan's became well known for his work on behalf of blinded ex-servicemen. Meanwhile, a blind woman, Miss Martha Arnold, had begun the formation of the first National Library for the Blind, in 1882. Both she, and the principal of the Royal Normal College, in evidence before the Departmental Committee of 1914-17 concerning the welfare of the blind, pleaded for a greater degree of public responsibility for the education of the blind. The latter strongly deprecated having to make constant appeals to charity to make good the deficit (the college was not endowed) in work which should properly be maintained, he urged, as an obligation upon the local authority. (At that time it was

only permissive). Finally, it is important to note the organisation of some of the blind industrial workers under the National League of the Blind, whose slogan, 'We desire work rather than beggary', was emphasised in their journal, The Blind Advocate, in 1898. In 1945 J. F. Wilson commented on the work of these pioneers and observed that:

'No other service owes so much to its consumers The invaluable contribution of the blind lies in suggesting remedies which are psychologically adequate to meet the problems with which they themselves are faced.'⁶

The establishment of the British and Foreign Blind Association, the Royal Normal College, St Dunstan's and other national organisations helped gradually to change the prevailing attitude which had for so long accepted the dependence of the blind. An indiscriminating public had seen only the blind beggars in the streets and philanthropists had generally sought out the indigent for their work. Clearly there were some exceptionally talented blind individuals, but it was only by slow degrees that the community recognised that the blind were as diverse as the sighted, with aptitudes and interests which required a variety of opportunities for expression.

Above all else, two developments deserve closer attention since they did much to meet such needs and to influence public opinion. The first was the work of the British and Foreign Blind Association,⁷ and the second the experiments in higher education.

The British and Foreign Blind Association, which later became the National Institute for the Blind, unlike many other national

organisations, did not set out to establish local associations or branches, nor did it intend to act as a federating body. The N. I. B. found local associations and other institutions already in existence, and attempted to offer them specific services which could more effectively and economically be carried out on a national level. Some of the Association's first 'objects' are worthy of notice, especially its intention

'to diffuse knowledge of those means of education which appeared to be best suited to the wants of the blind.'

The Association set itself a high standard by maintaining that careful investigation must always precede any advisory service: 'the general diffusion of information after preliminary investigation' was to remain as one of its central objectives. As a centre to which inventions were reported, the Association was of special value in the pioneer stage of blind welfare when new methods of learning and of teaching were constantly being sought. It was also widely regarded as the headquarters for the production of magazines, books, music and various appliances for the blind. The early recognition of the diversity of aims and the spirit of independence within the blind welfare movement was expressed in the Association's further object:

'to produce harmony among institutions for the blind . . . , by persuading them to accept those methods of education and modes of employment which experience has proved to be the best.'

However, in later years this object was to be one of the hardest to achieve. With such a comprehensive programme it is surprising to discover that the total income of the British and Foreign Blind

Association in 1880 amounted to no more than four hundred and fifty three pounds thirteen shillings and one penny.⁸ In 1880 the management of the Association was still in the hands of the blind, and management by an Executive Council consisted of

'gentlemen either blind, or so nearly blind that they have to use the fingers instead of the eyes for the purpose of reading.'⁹

Voluntary activity in the area of education and the co-operation with statutory bodies

In the pioneer phase of blind welfare, it was in the provision of educational opportunities that some of the most constructive voluntary work was achieved and a good working relationship with statutory bodies established. I have already referred to one of the first ventures at the end of the 18th century, when two blind men, Rushton and Christie, together with Dannett who was a local curate, established an institution in Liverpool to offer training to the young and able bodied. In the last decade of the 18th century four such institutions were founded: in addition to the one in Liverpool, in 1791, there was one in Bristol and Edinburgh respectively in 1793 and in London in 1799.¹⁰ In the 19th century another step was taken forward by the establishment of residential special schools for blind children. Amongst the most famous of these were Worcester College for boys, founded in 1866,¹¹ and the Royal Normal College and Academy of Music for boys and girls, opened in 1871. Thomas Rhodes Armitage and Francis Campbell, the pioneer educationists, set out to equip blind boys and girls to take their place as independent and responsible members of the

community, a revolutionary step in the history of blind welfare. It was many years before this became the underlying principle of 'rehabilitation' in the 20th century, when it became enshrined in the rehabilitation programme of St Dunstan's and in the Tomlinson Report of the 1940's.

The main objects of the Royal Normal College are worth quoting as an illustration of this new spirit:

'The moral, physical, social, mental and musical training of the blind with a view of sending them into the world active, useful and self-supporting men and women.'¹²

The college only accepted boys and girls 'of suitable ability', and, furthermore, to ensure that standards were high, pupils were first received as probationers. By 1880 the income of the college was £6,393, of which fees accounted for £3,462. Scholarships were also provided for poor children.

London and several other authorities eagerly used their powers to maintain blind children at this residential school. There was also competition from the authorities' day schools for the Queen's scholarships. (The Queen's Scholarship, later the King's Scholarship, examination was first held at the Royal Normal College in 1897-98).¹³ London was glad, too, to be able to use the services of the Headmaster of the College who acted as an expert adviser on the work of the London School Board's centres.¹⁴ In addition, an important development in the activities of the Royal Normal College aroused the interest of the central statutory authority: a training department for blind teachers had been started in 1895 under the title The Smith

Training College, and it secured recognition by the Board of Education in 1896.

An interesting experiment in the transfer of responsibility took place shortly after. In 1897, the London School Board decided to take over the Royal Normal College, with the exception of one or two departments, but after two years they decided to re-transfer the college. In 1899, it was again under full voluntary management, with its own council and voluntary management committee.

From the late 19th century there was a gradual increase in the number of special schools for blind children. By 1907 the London County Council had several day schools and three residential schools. Nine other local education authorities had day schools, while Leeds and Stoke-on-Trent each had a residential school. The majority of the special schools were still provided by voluntary agencies and were used by local education authorities. As early as 1884 a directory of institutions for the blind by Turner and Harris listed some twenty six voluntary residential schools for boys and girls.¹⁵ This increase in the number of special schools drew attention to the need for more trained teachers. By 1907 the time was thought to be ripe for the establishment of a specialised organisation concerned with the training of teachers of the blind: the College of Teachers of the Blind was established under voluntary auspices

'to promote the education of the blind, to encourage the training of teachers of the blind and to raise their status, to hold examinations and grant diplomas, to foster comradeship, and to facilitate united action in matters affecting their professional welfare.'¹⁶

The College held its first examination in 1908 and worked very closely with the British and Foreign Blind Association, the secretary of the Association acting as the registrar of the College. In 1909 it was recognised by the Board of Education, when some 26 teachers received a diploma. The College also began to produce its own journal, which was entitled The Teacher of the Blind.

There was a good working relationship between voluntary organisations and statutory authorities in the provision of higher education for the blind, but relations had not always been as happy in the provision of elementary education. The promise of the Elementary Education (Blind and Deaf Children) Act of 1893¹⁷ had not been fulfilled, and the statutory contribution was very small. Over the whole country there were by the end of the 19th century 23 certified residential schools with accommodation for 1,702 blind children. The managers of the voluntary schools were complaining that inadequate use was made of powers to aid special schools, or that local authorities were acting without consultation with the managers. The managers disapproved of the impersonal attitude of those authorities who determined the capacity of schools

'solely in terms of size of rooms without reference to staffing and other relevant matters.'

In spite of these problems, however, some progress was made in the quality of education for blind children. By 1900 the syllabus had expanded: for example, many schools started to provide gymnastic lessons; by the end of the 19th century, most schools had added typewriting to the curriculum. The Royal Normal College started

to teach it in 1887 and shorthand was added in 1898. Where institutions for the blind included both a school and a training department, in the next few years shorthand was added to the vocational training, and the use of a knitting machine became general; training in music in all its branches, and in piano tuning gave new opportunities for employment. The range of trades that were taught increased year by year. In 1906 massage, which had first been taught to the blind in Manchester in 1895, was added to the professional training. Telephony was just beginning to prepare blind students to take their place in an expanding market, and a firm in Birmingham employed the first blind telephone operator in 1906.

However, the whole issue of vocational training and entry to employment was fraught with difficulty. It had been one of the major unresolved problems of the 19th century. The voluntary organisations had found no support from the government for the recommendation of the Royal Commission into the condition of the blind for the provision of after-care on the lines of the Saxon system. This system, which was strongly advocated by Dr Armitage in 1883 after he had seen its successful working abroad, would have been particularly valuable in helping blind trainees to sell work done at home. Elizabeth Gilbert had advocated such a system in 1853. However, more than a generation was to pass before a satisfactory home workers' scheme was evolved, in which voluntary and statutory agencies could combine.¹⁸

After the 1902 Education Act was passed a number of enterprising local authorities attempted to tackle this vexed question and to

use the experience of the voluntary organisations. A vital issue on technical training was being raised by some of the voluntary educational establishments, notably in Nottingham and Birmingham, where some doubt had been expressed by the Board of Education as to whether certain instruction of a technical character to older blind pupils could qualify for a grant. The practical results of the activities of the voluntary organisations in securing a generous interpretation of the 1902 Education Act are evident from the successful negotiations on the issue, for recognition was finally given

'in view of the representations contained in your letters and the favourable report of H. M. Inspectors.'

The enterprising superintendent and secretary of the Midland Institution for the Blind at Nottingham received a grant for the previous session, as well as an assurance to cover his future venture. The institution in Nottingham provided workshops, a thorough course of technical training and music, piano tuning, singing, shorthand and typing, and so on.¹⁹

With technical education in mind, a campaign was now undertaken by the local and national voluntary societies, to urge local education authorities to make full use of their powers for higher education. Local voluntary societies reported some success with this campaign, as when the Staffordshire education authority offered two scholarships for further training, in response, it was claimed, to representations made to the committee by the chairman of the North Staffordshire Workshops for the Blind. At this time a determined effort was also being made to interest local education authorities in

the general work of the voluntary associations, and several societies were inviting members of the authority to their meetings, (for example, the Yorkshire School for the Blind did this in 1904).

In some parts of the country the initiative to develop the education of the blind was taken by local authorities. The London County Council, for example, did much in the educational field and took an active part in the progress of technical education. In 1903 the council established a special committee, the London Blind and Deaf Children's Scholarship and Apprenticeship Committee, on which it invited voluntary bodies to serve. This committee is a good example of combined statutory and voluntary representation. It included five members from the London School Board, one from the London County Council Technical Education Board, one from the Metropolitan Asylums Board, one from the Charity Organisation Society, one from Gardner's Trust for the Blind, one from the Royal Association for the Deaf and Dumb and three representatives of the special schools.²⁰ Also in 1903 the London County Council granted two scholarships to blind boys and girls which were tenable at schools provided by voluntary organisations at Leatherhead as well as at the Royal Normal College.

Gardner's Trust also made an important voluntary contribution to vocational training. This charity, founded in 1882, upon the bequest of £300,000, was an educational trust for 'the instruction of poor blind persons in suitable trades, handicrafts and professions, and for instruction especially in music'. One clause gave the power to

the trustees to administer the fund 'generally in such other manner as the committee shall from time to time think best'. Over the coming decades Gardner's Trust was to be a powerful influence in the development of blind welfare, especially in the area of education, while the publication of its magazine, The Blind, was an event of importance to the movement. Like the National Institute for the Blind's journal The New Beacon, which began in 1917, The Blind helped to inform and stimulate the varied workers for the blind who were spread throughout the country.

The establishment of Gardner's Trust marked an important new phase in charitable giving. Until then, bequests had been made for specific institutions, or for use in particular areas of the country. Gardner's Trust was established for the benefit of the blind in any part of England and Wales, while the flexibility of its general purpose of furthering education and training made advance possible in many fields of blind welfare, to keep pace with changing social and economic circumstances. Above all, Gardner's Trust helped to foster cooperation between voluntary and statutory agencies and, through its journal, The Blind, to publicise educational developments in both public and private spheres; its imposing list of local education authorities who submitted proposals, under the 1902 Education Act, for higher education was intended to be an encouragement to other authorities to do likewise.

The statutory and voluntary bodies continued to enjoy close and friendly relations in several areas, but there were many problems and

setbacks before full cooperation was achieved. The blame lay sometimes with the voluntary organisation which preferred to play a lone hand and sometimes with the local authority which was parsimonious. As late as 1899 Gardner's Trust complained that the Board of Guardians shirked their duty, making the child of secondary consideration to that of chargeability.²¹ In 1898 the Guardians' motives had been questioned when certain Boards subscribed to a home teaching society which provided books and teachers for the inmates of workhouses:

'mainly because the poor blind people under their charge are much less irritable and discontented if they can amuse themselves with books.'

Above all, it is arguable that the failure of the Poor Law authority to support the initial efforts towards blind welfare presented one of the greatest stumbling blocks to progress in the 19th century.

In the late 19th and the early 20th centuries voluntary organisations were still thought to be the proper agencies to provide and maintain workshops for the blind. Indeed, although the Royal Commission concerning the welfare of the blind had recommended in the 1880's that central workshops should be set up in all large towns, it also made it clear that no public funds should be used. The workshops that were in existence in 1900 were giving employment to several hundred blind people. This was a valuable example of what might be done for those who had failed to find work in competition with the sighted, but it must have been a lamentably small proportion, no one knew quite how small, of the total number of adult blind who

might have profited from such employment. It was estimated that approximately 800 blind people were employed in workshops in 1874, compared with some 2,000 in 1914.²²

In the early years of the 20th century several attempts were made to improve employment opportunities for the blind in the workshops. In 1904 the voluntary organisations noted with approval that the London County Council was approaching the London School Board about the possibility of establishing municipal workshops for the blind. Over the next few years a national voluntary committee considered the problems associated with the better and more general employment of the blind. A deputation of voluntary organisations went to the government departments concerned in 1906, hoping, in particular, to persuade central government to give part of the contract work of the departments to blind workers.

Also in the Edwardian period opportunities for cooperation between voluntary and statutory bodies were offered when several municipal free libraries, and a few local authorities, used their powers to subscribe to voluntary agencies who were ready to assist their blind readers. For example, amongst the subscribers to the British and Foreign Blind Association in 1901, and for several years after, is to be found the Nottingham Corporation Free Library. Nottingham, Leeds, Bradford and Brighton had a cordial and informal relationship with the Braille Book Society,²³ which supplied books to the municipal libraries. A similar scheme was also operated by the British and Foreign Blind Association. Although the Association's

usual method became that of selling, at less than cost price, the books it produced, it was always ready to consider an application for free grants of books, either to lending libraries or to necessitous blind people.²⁴ In 1911 approximately 1,200 free volumes were distributed by the Association to the lending libraries. The Post-master General reduced the postal rates on embossed literature which encouraged this work, and the opportunities for the blind to exchange letters, books and parcels, and to receive special apparatus at reduced postage rates were improved.

In the Edwardian period the voluntary organisations consolidated their services, but there were also several extensions worth noting. By 1904 twelve magazines were being printed in raised type and a quarterly magazine on the blind was available in ordinary type. Also in 1904 a committee which had been concerned with blind children who were also mentally defective published its report, and the voluntary organisations then considered what action could be taken. In fact, a school for these children was not opened until the early 1930's. A new venture was also announced: the foundation stone of the first kindergarten school for blind children was laid in 1904 in Birmingham, and the school was opened in 1905. A Home of Rest was also set up in 1905.²⁵

In the period between 1905 and 1907 there was much preparation for the first effective attempt to coordinate the work of the voluntary bodies embracing a variety of institutions, societies and agencies for the blind, and it is to this which I now turn.

The problem of coordination among voluntary organisations for the blind and the extension of community care

In the 19th century a central weakness of voluntary bodies had been their failure to coordinate their work. Since it was established in 1868 the British and Foreign Blind Association had concentrated mainly on the unification of effort in the area of the production of embossed literature. The 'promotion of harmony between institutions', which had been one of the Association's early avowed objectives, was scarcely attempted, except in so far as the Association was able to persuade existing organisations to adopt and use proved methods of education and employment. The wider issue of co-operation in community care was not at first a welcome subject for serious discussion, and attempts to establish machinery for this purpose were resisted, both by national and local societies.²⁶ Therefore, it was widely regarded as an achievement when the North of England Union of Institutions and Societies and Agencies for the Blind was established in 1907, with the following object:

'to promote such intercourse among existing agencies and individuals in the six northern counties interested in the welfare of the outdoor blind as may lead to the organisation, unification and extension of work, and the formation of societies and districts where there are none existing.'²⁷

In 1909 an attempt was made to cover the whole of England and Wales by the establishment of seven Unions (the Union included the Metropolis and Adjacent Counties Union, North of England, Midland Counties, Eastern Counties, North West Union, South Wales and Monmouthshire and Western Counties), which combined to found a Union of Unions.

In 1919 this became better known as the Union of Counties Associations for the Blind. The objects of the organisation show that it had in mind the promotion of cooperation not only amongst the voluntary associations but also between statutory and voluntary organisations. Research was to be one of its objectives, and in later years it made a valuable contribution to this field, particularly on the causes and the prevention of blindness. The circulation of information of national importance, another of its objects, helped to give breadth of vision to its constituent members, and did much to facilitate the smooth working of the 1920 and 1938 Blind Persons Acts.²⁸ However, the Union mainly provided advice and it had neither the workers or the administrative machinery to secure effective coordinating machinery in all the varied branches of blind welfare. Indeed, the Union had no paid secretary and no central office until 1929. However, despite its entire dependence on voluntary helpers, the Union was very active.

This attempt to break down the parochialism which had been characteristic of blind welfare in the 19th century was watched with great sympathy by the government. It is worth noting that the first conference of the North of England Union, held in York in 1907, was attended by representatives of the local education authorities and the statutory health authorities. The interest of the government was shown in the address given by Dr Eichholz, an inspector of the Board of Education, where he welcomed the contribution made by the voluntary organisations and encouraged them to work for a closer relationship between statutory and voluntary organisations. The

Secretary of Gardner's Trust, H. J. Wilson, writing in 1911, looked upon the establishment of the seven unions not only as an opportunity to form new societies in areas of the country where none so far existed, but to carry on the important work of compiling a register of all the blind. He believed that: 'In this way only could the wants of each individual be known and attended to.'²⁹

In 1910 another small advance in coordination in blind welfare was made when the seven workshops for the blind decided to form a federation with a representative board. In the 19th century, the workshops had been among the most sturdily independent of the voluntary organisations, and the later history of the attempts at a closer relationship with other organisations for blind welfare reflected the difficulties of coordination in this area. The workshops were not the only organisations which resisted any attempts at federation. The regional associations were not successful in bringing all local voluntary societies within their fold. Neither were relations between national and regional organisations entirely happy, and in the early 20th century there was not yet a single federating national society sufficiently representative to speak for voluntary organisations as a whole. At that time there was still a tendency for the national organisations to concentrate on particular projects, while in the local areas independent action in specific spheres of blind welfare was commonplace. In the first phase of the development of voluntary organisations up until the early 20th century, coordination was mainly sectional and regional. The impetus for more effective and sustained

cooperation was to come from the experience gained in the First World War. However, several of the voluntary organisations were discovering the value of wider contacts, and many of them were in a position better to understand the difficulties facing local and central statutory authorities, who could not advance beyond the powers given by legislation, nor go far ahead of public opinion.

In the early years of the 20th century, the voluntary agencies had begun to extend their interests not only beyond their own locality, but also beyond the United Kingdom as well. In 1905 the first of several international conferences was held in Edinburgh. After this, international conferences were held every two or three years. In 1909 the conference in Manchester was organised for action: its three committees are significant; to consider the prevention of blindness, employment and pensions for the blind respectively. The problem of the prevention of blindness was of concern to the government as well as to the voluntary organisations, and Gardner's Trust³⁰ and other interested parties were watching with sympathy the work of the local health authorities to use what powers they possessed to make ophthalmia neonatorum compulsorily notifiable in their area. This disease was responsible for a large proportion of the visual handicap in the lower age groups. The voluntary organisations noted with approval the announcement by John Burns at the International Medical Congress of his intention to introduce compulsory notification of ophthalmia neonatorum throughout Britain. This was done in 1914.

The developments in voluntary organisations in the First World War

The First World War was a period of rapid expansion for voluntary organisations concerned with the welfare of the blind, and even the Local Government Board was stimulated to action by the awakening of public interest. The British and Foreign Blind Association, which had been renamed the National Institute for the Blind in March 1914, found its new president, Arthur Pearson, bringing remarkable vitality and organising ability to its service.³¹ Not only was the production of braille literature and general apparatus vastly expanded (the output of braille and apparatus was trebled, that of braille music quadrupled),³² but the National Institute also launched many new projects. Technical improvements had led to a new process of printing embossed books so that new demands could be met by a much accelerated service.³³ Many more magazines were also available in braille, and even by 1916 the number had reached twenty.³⁴ Above all else, the intention of the Institute's founders was achieved in 1916 by the establishment of an After-Care system.³⁵

At the same time, the work of the other national organisations, and of many local societies, also expanded considerably.³⁶ The National Library for the Blind is a good example of this. The library had been established in 1882 by Miss Martha Arnold, when it consisted of fifty books in a spare room.³⁷ Over the next few years the library expanded rapidly and when the Departmental Committee concerning the welfare of the blind reported in 1917, the library had just made a loan of books, some 21,000, free of cost. There were also about 4,000 pieces of music in the library, and, since postal concessions were

increasingly generous, the circulation reached a high level. The library's five hundred voluntary braille writers received special training. By 1938, it not only had some 600 voluntary writers but employed 115 blind copyists. It had its headquarters in London with a branch in Manchester to serve the north, and its circulation in 1937-38 was 345,868 volumes. The library had been helped considerably in the First World War by the Carnegie United Kingdom Trust which housed it in fine new buildings.

St Dunstan's for the war blinded had begun as a hostel set up by a committee of the National Institute for the Blind, the Blinded Soldiers and Sailors Care Committee, which had been formed in September 1914. By February 1915 St Dunstan's began work in the hostel and some adjoining houses in Regent's Park in London for a small number of officers and men recently blinded in the war. During and after the war the work of St Dunstan's steadily developed and they decided, in 1923, to establish a separate organisation and hold their own funds, although they continued to work closely with the National Institute for the Blind, for example in the production of talking books.³⁸

In the First World War, the work of the National Institute for the Blind had expanded so rapidly that new funds had to be found on a large scale. The public appeals of the Institute were organised with the same thoroughness as had marked all the Institute's recent work, and collecting branches were established to cover not only large areas in Britain, but in the British Empire as well. (In fact the Empire collections were not very lucrative, and were soon dropped). In

1913 the annual income of the Institute was under £15,000. By 1918, it had reached over £250,000.³⁹ This vast expansion in the income of the Institute had its reverse side in the loss of some support for some of the smaller, local charities. The National Institute for the Blind in its post-war efforts to achieve a representative character as an effective coordinating body was to meet some suspicion and resentment on the part of the local and regional organisations for the blind who feared that their traditional standing and achievements were threatened by this large national agency. However, in the face of criticism the National Institute maintained that the interests of the blind as a whole demanded that certain services should be provided on a national level, and that if local loyalties prevented efficiency, then they must give way. Since the National Institute for the Blind had been established in 1868 it had proved conclusively the advantage of working nationally in securing uniform embossed literature and in providing special schools, and after the First World War the National Institute was ready for further national ventures.

In the First World War, in spite of some friction, the local societies were beginning to show an inclination to look to the powerful National Institute for support and the Institute was, in turn, becoming more conscious of its place to act as a representative national society in any relations with central government. This outlook was greatly strengthened in 1917 when the government established its first Advisory Committee on the Welfare of the Blind, and asked several of the chief officers of the National Institute to become members.

By the end of the First World War the opportunities for cooperation between statutory and voluntary bodies at a national level was assured. However, it soon became clear that the extent to which the representatives of the voluntary organisations made use of this opportunity depended largely upon their ability to coordinate their own scattered resources and staff, and particularly upon their success in gaining the confidence of the many local societies and of the independent national and regional organisations. A large number of the local associations for the blind had also to learn to work with the local authorities, but this was a later venture for the great majority and belongs especially to the years following the 1929 Local Government Act.

In summary: The achievements and the failures of the voluntary organisations in the pioneer phase of blind welfare

The contribution of voluntary organisations to the welfare of the blind should be considered in relation to the political traditions and attitudes of the time and in relation to the extent of the need, so far as it was known. In fact, in the 19th century few statistics were available of the incidence of blindness, neither was there adequate knowledge of the causes of blindness. The Census scheduled some statistics on the blind: from 1851 the proportion of blind to sighted persons was estimated to be 1/1,979 in 1851, 1/1,037 in 1861, 1/1,052 in 1871, and 1/1,138 in 1881. However, as the Departmental Committee concerning the welfare of the blind pointed out in 1917, the census returns were not reliable, partly because there was no agreed definition of blindness.

Furthermore, despite the vigour of many voluntary societies and local associations, and of several enterprising local authorities, there were areas of the country where little was done for the blind. Moreover, only a small number of people organised charitable aid and the public as a whole were largely indifferent to, or ignorant of, the genuine needs of the blind.

In the late 19th and the early 20th centuries there was still a strong dislike of statutory 'interference', while the fear of encouraging improvidence played a large part in the resistance to Collectivism. Little approval was found for the properganda of the National League of the Blind for greater state aid for the blind,⁴⁰ nor for the suggestion of the Royal Commission on the blind, that to deal liberally with this handicapped group, the majority of whom were not impoverished by their own fault, could hardly offer a reward to folly: the latter had pointed out, in vain, that even if state aid were given there would still be plenty of room for private benevolence. Indeed, so highly regarded was the voluntary principle that anything which appeared to endanger it in the introduction of measures for public welfare were immediately suspect. The signatories of the majority report of the Royal Commission on the Poor Laws agreed with this stance, and recommended a dominant role for the voluntary organisations in the administration of public assistance. The Charity Organisation Society under its able secretary, C. S. Loch, was one of the main advocates of this point of view. The society also took an active part in many pioneer social services and in the area of blind welfare there is little doubt that the society's enquiry into the needs of the blind in 1874, and

the publicity given to its findings, helped to stimulate the government to establish a Royal Commission into the condition of the blind in 1885, to be followed in 1893 by the first Education Act which was concerned specifically with blind and deaf children.

Between 1910 and 1920 other stronger influences were to play an important part in altering public opinion: first, the new political attitudes which helped to focus public attention on the needs of blind workers, and, second, the First World War, which paved the way for an entirely new outlook on social questions, and gave special prominence to the demand for a comprehensive scheme of blind welfare. Ironically it was the experience gained through the long years of voluntary action which showed how social policy could effectively be carried out and improved.

It is now an appropriate point to consider the legislative framework within which blind welfare developed. I will consider social policy in the pioneer phase under five broad headings: first, I will make some general observations; second, I will consider the Royal Commission on the blind of the 1880's and the new Education Act of 1893 which was an important result of the commission's recommendations; third, I will review social policy in other varied areas of blind welfare; fourth, I will examine an important Parliamentary resolution of 11 March 1914 and the Departmental Committee which resulted from it and, finally, I will briefly consider the effects of the recommendations of the Departmental Committee.

Some general observations concerning social policy in the pioneer phase of blind welfare

Under the Poor Law the community had accepted for over three hundred years some responsibility for the necessitous blind.⁴¹ However, in that period, few constructive measures had been introduced for their welfare, and those who were destitute found themselves in a miserable plight. In the 19th century many blind paupers lived in the mixed workhouses, or eked out a living on a meagre pittance of out-door relief supplemented, in many cases, by begging in the street, and at the time E. C. Johnson and several other commentators described the poor conditions in which many blind people lived.⁴²

However, by the mid 19th century some inroads into the procedure of the Poor Law had been made on behalf of the blind, for example, a small concession to provide for the needs of a limited number of blind people was made in 1878 through the Customs and Inland Revenue Act, and blind people were therefore permitted to have a guide dog without a licence. In addition, some groups among the blind were excluded from the treatment which was normally given to paupers. For example, the parents of a blind child who was educated and maintained in a school acceptable to the Guardians was not subject to the usual disqualifications for citizenship; neither was the husband of a blind woman who was granted relief.⁴³ If the Guardians decided to use their powers then they could send a poor blind child to any school that was fitted for its reception, even although uncertified by the Local Government Board. This was important at a time when fees were charged for elementary education. If the child was sent, as it could be, to a voluntary

certified school that was supported partly or wholly by voluntary contributions then the payment made by the Guardians was limited to the same amount as the cost of maintenance in a workhouse.

The Guardians also had the power to provide for the maintenance and instruction of any blind adult pauper, in any hospital or institution established for their reception. Therefore, the Guardians were empowered to pay contributions both towards the schooling and maintenance of blind children, whether living at home or in a residential school, and towards the maintenance and instruction of blind adults. However, these were permissive powers and so there was a failure to provide adequately for the blind. In 1898 and 1899 Gardener's Trust declared that many Guardians thought it their first duty to avoid chargeability.⁴⁴ However, despite this, the principle of differential treatment for the blind in need of assistance was established.

After the passing of the 1870 and 1876 Education Acts, School Boards had a duty to see that all children had the opportunity to attend school, although these acts included no separate measures for blind children.⁴⁵ However, in some of the largest towns some attempt was made to meet the special needs of blind children. In London, for example, centres were set up to give instruction to blind children who attended part-time from the ordinary day schools. That the child was expected to share the education provided for sighted children is indicated by the provision that he could learn moon type, in addition to braille,

'as enabling the child to be sooner prepared to read with the class of sighted children to which it belongs.'

By 1882 the London School Board had established 29 centres at which 103 blind children attended on certain mornings or afternoons. These children came from 49 schools, boarding schools and others, and they were charged no extra fee. The school fee varied from one penny to six pence.

The problems under which teachers worked, and the limited education available for blind children is demonstrated by a quotation from the report of Dr Campbell, Principal of the Royal Normal College for the Blind, who visited the schools in London in 1883-84. After noting that work was elementary but good, and making special reference to the inspiration and affection shown by certain teachers who concentrated on teaching blind children, Campbell drew attention to the fact that their efforts were necessarily limited by the other demands that were made upon them: for example, most of the classes had not taken up geography

'owing to the necessity of the teachers devoting their energy to preparing the pupils for passing the standards.' He added that 'if the seeing teachers can be induced to take a little interest in the blind children when the ordinary classes are having gymnastics, great benefit will be conferred on the blind children.'⁴⁶

In view of the circumstances, it is not surprising that parents were not always willing to send their blind children to school, even if there were special centres for their occasional attendance. Wherever possible the parents were persuaded to send the child to school, but it was difficult to compel. In 1882 the first Annual Charities Register and Digest pointed out that

'when a blind child is found by a visitor the parents are desired to send it to the nearest Board School.'

If there were reluctance or objection 'no pains are spared to meet and remove it.'⁴⁷ Voluntary organisations did their best to cooperate with the statutory authorities, and a comment in the Annual Charities Register and Digest of 1882 sums up the position of the voluntary organisations:

'Every opportunity should be taken for turning to account the permissive powers of the Guardians and the machinery of the School Boards. In this way by degrees, a distribution of work between these bodies and the charities may be effected.'⁴⁸

The Royal Commission on the blind of the 1880's, the new Education Act and the growth of cooperation between statutory and voluntary bodies

By the early 1880's there was some public interest in the problems of the blind and so the government established a Royal Commission on the blind, which sat from 1885 until 1889. Several prominent individuals, including Thomas Rhodes Armitage of the British and Foreign Blind Association, were invited to become members of the commission. One of the most valuable results of the recommendations of the Royal Commission was the Elementary Education (Blind and Deaf Children) Act of 1893. The act came into force in 1894 and introduced three important changes. First, the duty of providing for the education of blind children of poor parents was transferred from the poor law authority to the education authority, that is the School Boards, except where the children were in workhouses: up until then the Guardians had been the only authority with statutory powers to pay for the maintenance of a blind child in school, whether the parents were in receipt of relief or not. It should be remembered that fees

for children at board schools were not abolished until 1891, and voluntary schools still normally charged a fee. Residential schools were largely dependent on fees as well as on charitable contributions. The second important change effected by this act was that parents now had a duty to see that their blind children received education between the ages of five and sixteen. Thirdly, and finally, special schools for the blind were eligible for grants.

The making of efficient and suitable provision under the Act of 1893 included sending blind children to boarding schools, all of which were in fact provided by voluntary organisations, or making arrangements for the boarding out of a blind child near a special school. By this time, the Education Department had taken a keen interest in the reports of H. M. Inspectors on the education of the blind. H. M. Inspectors were making special reports to the Education Department.⁴⁹ The new powers of grant-aiding gave opportunities for a closer relationship between the statutory and voluntary agencies, since grants might be made to a voluntary school to the extent of two-thirds of the cost of maintenance (in 1907 this was amended so that voluntary schools no longer had to find at least one-third of the expenses before they were eligible for grant-aid), and the Department of Education might require the governing body of the school to be representative of both statutory and voluntary interests. This meant that a meaningful and constructive partnership was now possible in the field of elementary education.

By 1898 most blind children were still spending half of their time at school at the special centres, the other half of their education being

shared with sighted children in ordinary schools. In 1898, 139 children were attending day schools and going to the centres for part-time special instruction, 73 were sent to certified board schools, and 8 were boarded out in private families.⁵⁰ By 1900 the figures were 195 on roll, 47 in boarding schools. A small number of blind children were sent to special residential schools that were run by voluntary organisations in London, Southsea, Brighton and Liverpool, the latter providing an education for Roman Catholic children.

There was not a large increase in the number of special schools for the blind provided by the local authorities. Most of the residential schools remained in the hands of the voluntary agencies, who were very ready to receive children from council schools on payment of the appropriate fee. However, several large towns were at this time starting to provide not only full-time day special schools but residential schools as well, and by 1907 London had three residential schools, Stoke-on-Trent and Leeds both had one, and nine day council schools were established in various parts of England. However, the total accommodated in these schools was still far short of the need. Over the next few years little further advance in the elementary school education for the blind took place, except that London was now starting to classify special schools: by 1914 two of the eight day special schools were reserved for partially sighted children, and in 1915 that number was increased to seven. By 1915 Gorleston-on-Sea and Bolton had residential schools, and Leeds added a second school in 1915. Between 1907 and 1915 there was a four-fold increase in the number of day

special schools. By 1915 only thirteen such schools were established outside London.

It was not until the passing of the Education Act of 1902 that there was the full development of cooperation in higher education. In the meantime, the more enlightened and progressive school boards had welcomed the offer of vacancies in the Royal Normal College. The London school board was especially interested because its teachers in the centres for the elementary education of blind children had been trained at the college.

In this century, the general development in higher education for the blind went hand in hand with that for sighted children. The 1902 Education Act was the responsibility of the new and active Board of Education, and of the newly constituted local education authorities which replaced the ad hoc school boards. One of the most valuable provisions of the act was the power to supply or aid the supply of education other than elementary, and it gave a renewed opportunity for a partnership of voluntary and statutory effort.

The new Board of Education took a broad view of its responsibilities in various fields of social service, and this was a fortunate development. In 1907 Dr Eichholz, an Inspector for the Board of Education, addressed the first Conference of the North of England Union of Institutions for the blind and he said that the board was prepared to help in any way it could those educationists who were working closely with the blind. He went on to say that the board recognised the role of voluntary organisations

'to leaven public opinion by stimulating local authorities to exercise their powers for higher education.' 51

However, the board also made it clear that it expected high standards of work and stipulated that grants would only be given for 'progressive' teaching and would be withheld if the pupils were engaged on merely routine employments. The board kept under close review the schemes for technical training and

'they hoped that in addition to making things, the cultural activities, including literature and music would be thought of.'

Furthermore, the Board of Education displayed increasing interest in the efforts to give technical training to blind young people and after consultation with voluntary organisations the board announced that it would do all in its power to support authorities and institutions, that is, statutory and voluntary bodies, who were training blind persons over the age of sixteen. Indeed, the board was even prepared to offer a large grant for workshop classes.

The development of social policy in other areas of blind welfare

The wider distribution of books in braille and several other less important developments helped the blind to benefit from the new opportunities for education. In 1906 after several attempts to secure legislation for the reduction of the heavy postage involved in distributing embossed literature, a concession was secured. Over the next few years this concession was gradually followed by several others until in 1915 reduced rates of postage were extended to include the British Empire and the United States. However, progress on this issue was slow and however sympathetic the Post-master General was personally to the needs of the blind, he could not move ahead of public

opinion and he could not infringe on areas of policy which were decided by the Local Government Board. For example, the Post-master General had refused to accept the suggestion of the Royal Commission that the Post Office should distribute free leaflets on the after effects of infant ophthalmia, since he argued that this was a health matter and the responsibility of the Local Government Board.

Meanwhile, in the areas of assistance and preventive health measures, the Local Government Board had a poor record. As the responsible authority in central government, the board did little to encourage the Board of Guardians to use their powers or perform their duty to help the poor. There was some reason for this stance because public policy was still uncertain on this particular issue. Two worries had for long dominated those who were concerned with helping the poor. The first was that recipients of help could be made improvident, and the second was that any increase in state assistance could have an adverse effect upon philanthropic effort. The Royal Commission on the Blind had given convincing responses to this. The commission maintained that it could not be said that the great majority of the blind were in poverty through any fault of their own. Therefore to deal with them liberally could not be viewed as 'offering any reward to vice, folly or improvidence.'⁵² Furthermore, they argued that

'when it is remembered how much remains to be done for them, it is obvious that, even if such aid (i. e. State aid) be given, there will still be room for the action of private benevolence, which experience shows to be often stimulated rather than discouraged by State aid.'

They were careful to add 'when judiciously given'.

The Royal Commission of the 1880's also drew attention to the need for action for the prevention of blindness. Despite the powers under the Public Health Act of 1875 little had so far been done towards the prevention of blindness in newborn infants. However, it was known that elementary methods of cleansing the eyes at birth had proved effective, and that much preventable blindness, occurred through the lack of proper precautions. But for several years to come the Local Government Board remained indifferent to the efforts of local authorities and of voluntary agencies to secure the notification of ophthalmia neonatorum as a first important step towards prevention. It was the local authorities in the Potteries who took the historic decision to make this disease notifiable: several other local authorities followed their lead, but it was not extended to the whole of Britain until, in 1915, notification was made compulsory.

By the turn of the century there are several indications of a shifting attitude towards assistance for the blind, when both the voluntary organisations and the statutory agencies were beginning to consider the possibility of more state aid as beneficial to the blind without harming the highly regarded principles that were still held to be applicable to the poor as a whole. By 1900 several local authorities were actively pioneering in the field of health and education, and the new movement for infant welfare was closely linked with the welfare of blind children. The 'after-care' of blind girls and boys was also an important addition. The general improvement because of advances in ophthalmic surgery did much to reduce the incidence of

blindness in the population as a whole. However, the Local Government Board still remained indifferent, and the public did not show much interest in the work of the National League of the Blind which had been campaigning for more state aid for the blind since 1893.⁵³ The League later forced the attention of the public on the need for further statutory action when, in April 1920, it organised a march of approximately two hundred blind workers who demonstrated in Trafalgar Square in London.⁵⁴ The campaign of the League was conducted with some bitterness towards philanthropy, and this, together with its known left-wing political bias, accounted to some extent for its failure to secure sufficient support in the House of Commons. In the early years of the 20th century several Parliamentary Bills were prepared, but with no effect, and when in 1912 a deputation saw the Home Secretary it was advised to return after an understanding had been reached between the League and the voluntary organisations.

The Parliamentary resolution of March 1914 and the work of the Departmental Committee of 1914-1917

However, at length, on 11 March 1914, George J. Wardle, the Member of Parliament for Stockport, backed by the League and supported by the Labour Party, was able to get a sympathetic hearing for the resolution that

'the present system of voluntary effort in aid of the blind people of this country does not adequately meet their necessities, and that the State should make provision whereby capable blind people might be made industrially self-supporting, and the incapable and infirm maintained in a proper and humane manner.'⁵⁵

Both the voluntary organisations and the government were now prepared to accept some statutory intervention in blind welfare. The Parliamentary debate revealed that the condition of voluntary finance and the unsatisfactory nature of some charities for the blind had persuaded most of the voluntary organisations that the time to seek aid from public funds had arrived. The representatives of the Labour Party and the trade unions stressed three things in the debate: first, the failure of voluntary effort to meet the total needs of the blind, second, the unsatisfactory wages and employment conditions of many blind people and, finally, the duty of the state to see that the employable blind were self-supporting.

However, in spite of an attentive House, the government was still not prepared to admit the need for special legislation. In a typical Parliamentary reply setting out the benefits already enjoyed by the blind under the existing policies, such as Poor Law assistance, old age pensions and education schemes 'which were increasingly generous', the parliamentary secretary to the Local Government Board, Sir Herbert Lewis, wound up the debate by promising a Departmental Committee of enquiry if the resolution before the House of Commons was carried. There was general support for the resolution, and the committee was established later in the same year. The committee, under the chairmanship of Lord Fisher, was made up of Members of Parliament, representatives of government departments, the National League of the Blind and charitable organisations. Arthur Pearson, the new President of the National Institute for the Blind, was asked to assist the committee.⁵⁶ Between 1914 and 1917 the committee

collected evidence on the condition of the blind, the means available for their industrial and professional training, and the provision made for assistance.

The work of the Departmental Committee⁵⁷ was hindered by the start of the First World War, but it was able to obtain some comparative material, since an International Conference on the Blind was in London during the early part of its investigations. The committee took evidence from people from the United States, Sweden and Australia, and the committee made several proposals that were based on the foreign experience: for example, that institutions producing books should be helped by grants, as was the practice in Sweden. This practice was urgently required in Britain because of the poor equipment in schools for the blind, where apparatus and books were in short supply. In addition, the committee criticised the fact that several important proposals of the Royal Commission of 1889 had not been implemented. After-care was still one of the weakest aspects of blind welfare, and only a small number of organisations and local education authorities attempted any form of care in helping to place their trainees, or in keeping in contact with blind children who had passed through the special schools. However, the committee mentioned that the London County Council, Leeds and the North Stafford Joint Authority did provide these facilities. The committee noted too, that a child could not be dealt with directly under the Elementary Education (Blind and Deaf Children) Act of 1893, if it was in a workhouse or boarded out: in those circumstances it was the concern of the Poor Law authority. Although the committee made some favourable

references to the Saxon system of after-care, which had already been strongly recommended to organisations for the blind by Dr Armitage in the 1880's, the committee was not in favour of state aid for such a system: they believed such work to be the proper concern of the voluntary organisations. In the same spirit, the members of the committee hoped that workshops would be started in every large centre, 'but not to be directly subsidised by the State.' The committee maintained that in order to achieve these aims

'there should be greater solidarity among the institutions so that they would work harmoniously together.'

The committee suggested that 'the State might be fairly called upon to assist a secondary school', and that 'school authorities should have the duty of assisting able pupils to maintain themselves while learning a trade'. The committee maintained that there was a case, too, for similar help for those aged between twenty-one and fifty. The committee commented that charitable funds would thereby be released to be applied to the enlargement of workshops or the assistance of old pupils.

The committee warmly commended voluntary work in several areas, and the developments reported by Gardner's Trust were quoted: in 1915 there were provided under the auspice of voluntary organisations, 56 workshops for the blind, many of which also provided industrial training for those over sixteen years of age; there were 23 homes, 71 pension societies, 62 home teaching societies, and a large number of libraries and other varied societies. The income of the main organisations totalled over £100,000 in subscriptions and donations, and another £100,000 was derived from investments and stocks.

However, the committee pointed out that voluntary action was not adequate to the need. For example, the effort of voluntary organisations was no longer enough to keep up the registers, nor could there always be effective 'follow up'. There was a need for more paid workers, for example, in London. An even more difficult problem was finding work for those who were trained (it was estimated that at that time more than half could not get employment in workshops), and for increasing the number of workshops for approximately 3,000 blind people who, it was estimated, were capable of training and employment but who were unemployed. The institutions were not financially in a position to extend so as to meet the deficiencies of accommodation. The existing workshops were facing special problems: the first problem was the market value of the goods produced, and the second problem was the need to supplement the wages of blind workers to bring them up to trade union rates in operation in an area. The committee found that there was an 'almost unanimous opinion' that

'goods made by the blind can rarely, if ever, be put on the market at such a price as will secure a profitable sale under ordinary conditions of business competition.'

Although the goods might be of the same quality, production costs were higher. The Departmental Committee made the suggestion that possibly government contracts might give a preference to some articles, such as brooms. Regarding the issue of wages, the committee quoted from the evidence of the National Committee for the Employment of the Blind, giving examples of wages in fact paid,

as distinct from those actually earned, and pointed to the practice of Sweden and several other countries where state aid was given for augmentation of wages.

It appeared to the committee that the suitability of certain occupations for the blind was well established, for example, basket, brush, mat and mattress making, boot repairing, chair caning, upholstering and cork fender making, carpentry and cabinet making for blind men; for blind women the range was small and consisted of sewing, knitting, chair caning and light basket work. The point had been made that some of the blind who were employed in industry were frustrated, and would have found one of the professions more congenial and challenging. Those blind people who sought a commercial opening were often unsuccessful, because employers were reluctant to employ a blind typist: by the second decade of the 20th century, insurance travelling, tea agencies, poultry farming and market gardening, and more recently massage, had been made possible by the training given by the voluntary organisations, but it was considered important that selection should be efficient for a successful career in these trades. For those who had gone to the Royal Normal College teaching and piano tuning were the most usual avenues of employment, and several also became church organists. In general, it was agreed at that time that it was not so much the finding of new opportunities that was required, but more careful placement, and the improved marketing of products. It was appreciated that this was especially important for the home workers, many of whom worked alone. The responsibility

was given to the voluntary agencies to set up a coordinated scheme. The committee believed that in so far as government intervention was admitted it should be directed 'mainly to the securing of administrative efficiency': this the committee felt 'would not affect prejudicially the flow of charitable funds for the blind'.

The committee was concerned about the 9,000 incapable blind people who were receiving relief under the Poor Law. The attitude of the committee towards 'pauperisation', and their concern with worthiness, are brought out in the following quotations from their report:

'We have had under consideration the question whether the incapable blind, who are generally so afflicted through no fault whatever of their own, should be allowed to become paupers . . . In our opinion every incapable blind person who is worthy should be secured an adequate pension; and it will be necessary for the State to provide additional funds for this purpose, which should be distributed with due regard to the pensions already paid from charitable sources.'

Another point of particular interest in the comprehensive report is the reference to the fact that ophthalmia neonatorum had only recently become compulsorily notifiable in 1914 (with no statistics being available until 1917), in spite of the strong recommendations of the Royal Commission in the 1880's. As a result there had been no appreciable reduction of blindness due to this cause in the last quarter of a century. The proportion of cases of blindness due to ophthalmia neonatorum to the total number of blind persons was calculated to be more than ten per cent. In addition, there was a large amount of preventable occupational blindness. The Depart-

mental Committee took the view that other societies needed to have more paid visitors if they were effectively to keep up registration, and make frequent and regular visits to the blind in their areas.

A new statutory advisory committee, the registration of the blind and cooperation between statutory and voluntary bodies

The Departmental Committee submitted its report in 1917, and there was considerable interest in its recommendations. The First World War had made the general public conscious of the needs and problems of blind ex-servicemen, and blindness ranked high in the disabilities for which a pension might be claimed. The support for further efforts in blind welfare was now assured. The Departmental Committee's recommendation to establish a statutory advisory committee concerning blind welfare was implemented immediately, and a special department of the Local Government Board was set up to deal with blind welfare. The membership of the Advisory Committee was taken mostly from those who were already experienced in the sphere of voluntary effort, so that cooperation between statutory and voluntary bodies was the accepted procedure within central government. In later years the Advisory Committee was a vigorous and an energetic body, and so 1917 marked the start of a partnership which was to have considerable influence on the future development of blind welfare.

A prominent issue of practical importance was the compilation of a register. It was vital to know the incidence of blindness. Therefore, central government required not only an approved register

of societies, agencies and institutions to which voluntary organisations were invited to apply, but also a register of all blind people, to be compiled from information collected by the local authorities and voluntary organisations. It took many years to perfect this national scheme for the registration of the blind, and for many years registration suffered from a serious weakness: medical evidence of blindness might be given by any doctor, and his knowledge in this sphere might well be limited. The scheme roused such widespread interest that it is worth describing the methods adopted when it was introduced: the information required was detailed and comprehensive, including particulars of age, sex, name and address, family and marital condition, the cause and degree of blindness, the date of onset of blindness, the place of training, the ability to read braille or moon, the occupation before and after blindness and the ability to live on income and earnings. In this large effort to achieve a reliable and comprehensive register, all the help that was available was needed, and the new department urged voluntary and statutory officers, whether they were health visitors, members of district nursing associations, or other personnel who had entry to a home, to cooperate in the vital work of assessment. Therefore, not only in the composition of the Advisory Committee within central government, but also in the daily work in local government areas, the pattern of cooperative effort had official approval from the government.

Information on the ages of those registered as blind was available from 1923 onwards, and it resulted in the compiling of some useful

records. One of the most striking trends in the 20th century has been the fall in the proportion of infants and children in the blind population and the sharp rise in the proportion of the elderly, particularly those over seventy years of age. This general trend was recently confirmed by Jennifer Moss in a demographic study of the visually handicapped published in 1985. Moss found that the visually handicapped population is an ageing one - in 1981, 1,200 out of every 100,000 of those between the ages of 75 and 79, and 5,200 out of every 100,000 aged 85 and over, were registered blind. Indeed, with adjustments made for under-registration the figures are thought to be approximately 1,600 between the ages of 75 and 79 and 7,000 aged 85 and over. Moss also found that approximately twenty three per cent will have an additional handicap.⁵⁸

In summary, in the pioneer phase of blind welfare although no special Act of Parliament for the welfare of the blind was passed, a new vitality was infused into the existing services, and effective administrative machinery was introduced. The stage was now set for a forward move in the post-war period in which both the statutory and voluntary bodies could effectively participate.

I will now consider the expansion of social policy for the blind between the two world wars under four broad headings: first, I will make some general observations; second, I will consider the 1920 Blind Persons Act and the relationship the act established between statutory and voluntary bodies; third, I will look at the effect of the 1929 Local Government Act and then, finally, I will consider the 1938

Blind Persons Act and statutory action in several other fields of blind welfare.

Some general observations concerning the expansion of social policy for the blind between the two world wars

The years following the end of the First World War marked an important new phase in statutory responsibility for the welfare of the blind. The Local Government Board had been replaced by the Ministry of Health, and in 1919 it received the first report of its Advisory Committee on the Welfare of the Blind. An important circular was then issued,⁵⁹ which announced that an estimate had been laid before Parliament for grant-aid for a number of services for the benefit of the blind. Also in 1919 there was in preparation a draft bill which would cover other services not, so far, possible under the existing legislation.

The new grants were available for both statutory and voluntary bodies, and made a closer relationship possible. At the time the Minister pointed out that the regulations

'were drawn up with as much elasticity as is consistent with the efficiency of the services for which grants will be payable, and it will be observed that room is left for local initiative.'

The schemes that could be submitted to the Minister could include applications for grants towards workshops for the blind; the provision of assistance to home workers; homes and hostels for the blind; home teaching; book production; the work of the counties associations and certain miscellaneous projects. A notable and valuable advance in blind welfare was the statement of the Minister that under the last

heading he would particularly welcome any considered schemes for research into new industries for the blind, or for work in connection with the prevention of blindness.

The Minister was determined to ensure high standards in blind welfare,⁶⁰ and his circular included a series of detailed and practical suggestions for the guidance of local authorities and voluntary agencies for the submission of schemes. Some examples can be given of these suggestions. In extending the home teaching service

'the Minister would be glad to see one teacher for every 50 blind persons in an urban area and for every 30 in a rural area.'

It is interesting to note the low case load then considered desirable. Subsequent recommendations were 100 and 80, respectively. The Minister also suggested that the employment of more educated blind people should be considered for the Home Teaching Service. In the construction of policies for home workers,

'while the Minister is of the opinion that, wherever practicable, employment in workshops is preferable to provision of assistance to workers in their own homes', ...

where home work was necessary the needs might be met as follows:

(a) the supply and maintenance of a full range of tools and equipment necessary for executing the work satisfactorily; (b) the supply and the delivery of materials at the lowest market prices; (c) assistance in making and finishing articles, and their inspection; (d) advice on current prices; (e) marketing the finished article, including advertising; and (f) arrangements for periodic returns as to output. In each case of grant-aid the Minister would require that the organ-

isation had a committee that was properly constituted, and duly appointed officials.

The Minister also made several suggestions concerning the workshops for the blind. The influence of the National League of the Blind, the trade union for the employees in the workshops, was traceable in the requirement that the recognised standards of the trade should be observed in workshop employment, the Ministry of Labour to determine the issue in any question that arose. The circular went on to declare that

'the Minister would be glad, in the interest of the blind themselves, to see more co-operation between the several agencies, more particularly in regard to workshops, and it will be observed that one of the general conditions of the grant is that services to be aided must be co-ordinated so far as is practicable.'

However, some organisations preferred to forfeit a grant rather than comply with these conditions: for example, this happened in South Wales where coordination in blind welfare was very difficult to achieve.

Finally in the circular the Minister referred to the

'large amount of valuable work done on behalf of the blind by the voluntary agencies interested in their welfare ... among the larger problems in this field of work is that of arriving at satisfactory arrangements for relieving the lot of the unemployable blind living in their own homes. For this there is no pecuniary provision in these regulations for the reason that none such is possible until suitable legislation has been passed.'

The Minister then made a promise to put proposals for new legislation before Parliament as soon as possible. In the meantime, now that grants were available in many other spheres of blind welfare, it was therefore possible to exert influence not only through official

regulations, but also by personal contact with a special staff of inspectors. Many of these inspectors were well known for their long experience in the field of voluntary blind welfare, and indeed some of the officers were drawn from amongst the first members of the Advisory Committee.

The 1920 Blind Persons Act and the relationship between statutory and voluntary organisations that the new act established

These and other regulations which followed marked a new phase in the acceptance of statutory responsibility for the encouragement of local initiative in blind welfare, whether by local authorities or by voluntary organisations. Important duties were laid upon the local authorities, if they were to qualify for grant-aid, not least that of compiling a register of blind people in their area. This was strengthened when, in 1920, the first Blind Persons Act was passed.⁶¹ Under this act any scheme submitted to the Minister had to include arrangements for keeping an accurate register. In addition, local authorities now had a duty to make arrangements, which were satisfactory to the Minister of Health, for providing for the welfare of blind people who were ordinarily resident in their area. The use of the test 'ordinarily resident', instead of the hated 'settlement and removal' provisions of the Poor Law, was a welcome administrative simplification, which was later incorporated into the 1948 National Assistance Act. Under the act not only were public funds, distinct from the Poor Law, available for blind welfare, but the necessitous blind were also to be eligible for an old age pension⁶² at the age of

fifty. The registration of charities for the blind was another important provision under the act, following the useful experience gained from the operation of the War Charities Act of 1916. Mary G. Thomas has observed that:

'With the passing of the Act, not only was the pension granted, but - more important - Local Authorities assumed responsibility for the welfare of the blind in their areas. The Act, simple and short as it was, is like a watershed, dividing blind welfare of the pre-1920 era from all that comes after, and it had very far-reaching results. '63

W. M. Eagar has written that:

'From 1791, when the first institution for the blind in Great Britain was established by Edward Rushton in Liverpool, to the passing of the Blind Persons Act in 1920, the system of welfare, though widely extended, was necessarily partial and incomplete. With the passing of the Blind Persons Act 1920 the system became for the first time comprehensive, in the sense that a purposeful attempt was made to provide for all the needs of the blind. '64

In September 1920 the Minister sent a new circular to local authorities,⁶⁵ and it contained his policy on the question of the relationship between statutory and voluntary agencies. The Minister declared that he felt sure that they would 'cordially co-operate with him and with the voluntary agencies in the development of assistance to the blind'. The Advisory Committee on the Welfare of the Blind emphasised this point still further and called for:

'the fostering of the voluntary side of the work', whereby the local authorities would 'aid and supplement the effort of the efficient voluntary agencies which, prior to the passing of the Act, had borne practically the whole charge of caring for the blind in this country. '66

Therefore, the 1920 Blind Persons Act was firmly based on the

principle of the partnership between statutory and voluntary bodies which had been foreshadowed in the regulations of 1919, but the implication was that statutory schemes were to be minimal and, wherever possible, voluntary effort was to take first place.

A large amount of discretion was given to the local authorities in formulating their schemes for the welfare of the blind. Only a small number of local authorities choose to make direct provision, and the majority preferred to take advantage of the opportunity to work through the existing voluntary bodies, especially the home teaching societies, which were already in the field. In some areas of the country the voluntary organisations acted as the agents for certain services while the local authorities made direct provision in other areas. A small number of local authorities administered their own municipal workshops; several others provided their own home teaching service and relied on voluntary organisations for certain welfare services, such as holiday homes or convalescence. There was a considerable variation in the pattern of blind welfare from area to area. In some of the large towns and cities the local authority was active in promoting a more effective service. In London, for example, the London County Council saw the need for coordination if a comprehensive partnership between public and private agencies was to be properly established. In 1921 and 1922 the London County Council took the initiative by establishing a Central Council for the London Blind, which brought together representatives of nineteen national and local societies, to serve with the representatives of

the London County Council. Also in 1922 the Minister of Health invited the National Institute for the Blind to be responsible for a home workers' scheme for an area covering the metropolitan district south of the Thames and the counties of Kent, Surrey, Hampshire and Sussex.⁶⁷ The National Institute for the Blind, in turn, immediately consulted the county and county borough councils within the area. By 1923 the scheme was in operation and about ninety workers had been brought within its scope. In the mid 1980's the Royal National Institute for the Blind is still responsible for the administration of the home workers' scheme in the south east of England.

Some idea of the variation in the administrative pattern from area to area can be gained from the account given by the Advisory Committee in its Sixth Annual Report for 1924-1926, some five years after the passing of the 1920 Blind Persons Act, on the provision made for the unemployable blind in four areas of Britain.⁶⁸

In one area, the town council took full responsibility, but authorised the voluntary organisation to make the initial enquiries, and to arrange for the augmentation of the incomes of single blind people up to sixteen shillings and six pence and of married couples up to twenty five shillings a week. The council then reimbursed the voluntary body. The council also paid for the cost of blind people in Poor Law institutions.

In the second area, the Board of Guardians were asked by the town council, with the agreement of the voluntary organisations, to

relieve all 'difficult and destitute cases', while the voluntary organisation undertook to help all others. The first group received relief at the rate of up to a maximum of fifteen shillings a week for a single person, the second assistance up to a maximum of twenty shillings.

In the third area of the country a different arrangement had developed: the local authority delegated to the voluntary organisation its work of administering relief, but made no direct grants for this specific service; it gave a general grant, however, that was sufficient in size to cover the agency. The policy of the voluntary body included the administration of relief on a scale covering a range of needs (for example, whether an applicant was single, married or widowed and whether he or she was living alone or with relatives), and while the average range was from fifteen shillings to twenty five shillings the maximum could be higher if a blind person was in exceptional need.

In the fourth and final area, chosen for illustration by the Advisory Committee the county council made a specific grant of £500 a year to the voluntary organisation to cover assistance to any in the unemployable group who were not permanently destitute. The latter were to be left to the boards of guardians. The voluntary agency usually tried to supplement incomes to reach a maximum of nineteen shillings a week in urban areas, and fifteen shillings a week in rural areas.

When a sub-committee on the unemployable blind, set up by the Advisory Committee, issued its report in 1935, they still found wide differences in the scales of financial assistance, varying from fifteen

shillings for a single adult to twenty seven shillings and sixpence weekly. Writing in 1945, J. F Wilson observed that in 1939 the amount spent per head on the blind by county councils varied from £6 to £33, and by county borough councils from £12 to £50.⁶⁹

Wilson noted that:

'This unevenness is due not only to differences in rateable values, but mainly to the fact that it is within the discretion of the local authority either to provide a generous service or to rest content with the minimum demanded by the Act.'⁷⁰

In its annual reports the Advisory Committee observed with satisfaction that as a general rule the schemes that were provided by the local authorities allowed for the fullest use of the voluntary organisations. At the same time the Advisory Committee found it encouraging that there was an increasing tendency for the local authorities to take a more active part in the actual work and management of the voluntary organisations.⁷¹ The economic problems experienced after the First World War had strengthened the practice in many areas of depending mostly upon the work of voluntary organisations. Indeed, so much depended upon the presence or absence of a vigorous and enterprising voluntary organisation that the Advisory Committee was able to report in 1928-1929 that

'it is generally true to say that in those areas where progress is not yet satisfactory (i. e. under the Blind Persons Act, 1920) the voluntary organisation is weak and ineffective.'

The Advisory Committee took special interest in any experiments to help a blind worker to lead a more normal and integrated life within the community, and the Advisory Committee announced that the Ministry

of Health would consider extending grants to hostels primarily intended for sighted persons, but with some blind residents. In its seventh annual report the Advisory Committee declared that 'This would help the blind to take part in normal social life.'⁷²

The effect of the 1929 Local Government Act on blind welfare

The Local Government Act of 1929 marked an important new development in the statutory schemes for blind welfare. The act gave the power to local authorities to declare that domiciliary assistance to the blind should no longer be given under the Poor Law but under the 1920 Blind Persons Act.⁷³ More than fifty per cent of the local authorities made declarations, but even if local authorities did not elect to make such a declaration, it was clear that the blind would benefit from the transference of the administration of the Poor Law from the Boards of Guardians to the local authorities. The same statutory authority was now responsible for assistance, health and blind welfare.

A third important change which affected the blind was the new method of funding the social services. The major local authorities (that is, the county councils and the county borough councils), were to receive general exchequer contributions out of which a range of social services were to be assisted. The supervision of the voluntary organisations and the payment of contributions towards their work were to be the responsibility of the local authorities, and not directly, as before, of the Minister of Health. Once again, the Minister of Health safeguarded the position of the voluntary agencies.

Contributions to voluntary organisations were calculated, so that they should be no worse off than when the Ministry of Health made direct grants. Provision was also made for variation and expansion. The result was a considerable transfer of responsibility to the local authorities, with the Minister of Health keeping a close watch on the schemes, which had to be submitted for scrutiny.

The 1929 Local Government Act had two important results: on the one hand, it led to a closer relationship between the local authorities and the voluntary agencies who already carried out services on their behalf; on the other hand, there was an increasing tendency for statutory bodies to provide their own schemes after 1929. In the larger towns and cities, where substantial sums of public money were involved, it was expected that direct control should be assumed. Many bodies were discovering that the machinery was cumbersome when a voluntary organisation did the work under the supervision of the council. In areas of the country where political opinion in favour of statutory intervention was strong, this tendency was most pronounced. For example, the London County Council took over direct control of many of its services after the change in the political complexion of the council, and the new scheme operated from 1 April 1935. However, in spite of the change of policy by the London County Council, the workshops in London remained as a voluntary enterprise,⁷⁴ and the services of the Metropolitan Society for the Blind were retained for special cases. In the north of England, several labour councils preferred direct management of such activities as home teaching and employment in the

workshops for the blind. However, in some parts of the country, the local authorities could scarcely fulfil their obligations, and many of them were prepared to accept the help of the voluntary agencies which, so recently released from some of their financial commitments, willingly turned their efforts to the provision of schemes of welfare in some of the poorly served districts.

Guidelines were suggested by the Minister of Health for the preparation of statutory schemes⁷⁵ and full scope was given for both discretion by the local authorities and for participation by the voluntary organisations. The Advisory Committee pointed out that such a scheme might include provision for registration; children under school age; the education and training of children and young persons and adults; employment in workshops and through home workers' schemes; augmentation; hostels for blind workers; homes; home teaching and the necessitous blind. In general, a scheme included cooperation with voluntary organisations in the provision of workshops, home workers, home teaching and registration.⁷⁶

Work on the causes and the prevention of blindness, the 1938 Blind Persons Act and other important legislation of the inter-war years

Meanwhile, the state had taken action in several other fields. In 1920 a Departmental Committee was established to consider the causes and the prevention of blindness, and in its report in 1922 it emphasised, as others had done before it, the importance of early action.⁷⁷ It also reported on industrial diseases and accidents which affected the eyes. In 1925 advance was made possible with the passing

of the Public Health Act.⁷⁸ With the approval of the Ministry of Health, the major local authorities were now given powers 'to make arrangements as seem desirable', to assist in the prevention of blindness, and to provide facilities for treatment. These powers of prevention, together with powers under the Maternity and Child Welfare Act of 1918, were consolidated in the Public Health Act of 1936.

Throughout the 1930's the general pattern of cooperation between the statutory and the voluntary bodies was maintained, and local authorities continued to have a large amount of discretion and the variation in provision continued to be a major feature of blind welfare.

The government now believed that the time was ripe for a more comprehensive scheme, and so the second Blind Persons Act was passed in 1938.⁷⁹ Under this act the permissive 'declarations' of the 1929 Local Government Act were superseded by an obligation that was placed on all major local authorities to provide domiciliary assistance under the Blind Persons Act. Moreover, there was a duty to consider the needs of dependents when a blind individual needed assistance. Another important provision in the act was the reduction of the age of eligibility for an old-age non-contributory pension from fifty to forty. There was now a complete separation from the Poor Law for those blind people who required assistance, other than medical assistance, in their own homes. The methods of calculating need were also based on the more generous provisions familiar under the Unemployment Act of 1934, where certain assets were disregarded in

considering means. Therefore, the Blind Persons Acts of 1920 and 1938 gave local authorities full financial responsibility for the domiciliary assistance of blind people and their dependents, and placed upon them a general duty and certain specific powers to provide for the welfare of the blind in their area. Financial aid to the blind was not almost entirely statutory, although a relatively small amount in cash payments continued to be paid by voluntary societies administering charitable pension schemes. The Minister of Health no longer required local authorities to submit schemes for his approval, but if they did not fulfil their obligations then he had the ultimate sanction of a reduction of the block grant. The Ministry of Health maintained its general advisory function, and was responsible for the revision of the payments to be made by local authorities to voluntary organisations for each fixed-grant period. The Ministry was also the Court of Appeal for any dispute which might arise between a voluntary organisation and a local authority.

In order to complete the review of the legislative framework of the inter-war years it remains to mention the provisions of the Education Acts of 1918 and 1921, which re-enacted and expanded the earlier Acts of 1893 and 1902 relating to the education and training of the blind.⁸⁰ The Board of Education continued to support, by grant-aid, the many residential schools that were provided by the voluntary organisations, and to encourage local authorities who were concerned with education and training. Another step forward had been taken under the 1918 Education Act, when local authorities were empowered

to give maintenance grants to adults who were undertaking training, thereby fulfilling a valuable recommendation of the Royal Commission on the blind of the 1880's.

Also in the inter-war period, various Acts of Parliament were passed to help the blind to enjoy the amenities of modern life. The Wireless and Telegraphy (Blind Persons Facilities) Act of 1926 gave the blind the right to own a wireless set without paying for a licence. The Blind Voters Act of 1933 extended the Ballot Act of 1872 by giving a blind voter the alternative of using the services of a companion of his choice to mark the ballot paper, instead of having to rely on the Returning Officer to do so. Lord Fraser of Lonsdale, who was the Chairman of St Dunstan's for the war blinded until his death in 1974, pointed out in his history of St Dunstan's that while he was a Member of Parliament he was responsible for these two Acts of Parliament.⁸¹ As was mentioned earlier, the permission to have a guide dog without a licence had been given as early as 1878. The provision of the dogs and the wireless sets continued to give ample opportunities for charitable effort, and the British Wireless for the Blind Fund⁸² and the Guide Dogs for the Blind Association⁸³ were very active in this area. Many local associations for the blind also helped towards the cost of the maintenance of the wireless sets.

By 1939 England could claim to have one of the most comprehensive systems of blind welfare in the world. Its system of registration was certainly the envy of many countries. The blind welfare service recognised the value of encouraging self-help and independence while

securing assistance and certain amenities for those blind people who needed them. The achievements of the service had resulted from a combination of public and private effort which, though far from perfect, was constantly reaching out towards a closer statutory and voluntary partnership.

The voluntary organisations had played a vigorous part in the pioneer phase of blind welfare, and they continued to take a large share after the state had accepted responsibility for the welfare of the blind. What their special contribution was in the second phase of development should now be considered in more detail. I will consider the voluntary organisations for the blind and their relations with the statutory authorities between the two world wars under five broad headings: first, I will make some general observations; second, I will consider the cooperation between statutory and voluntary bodies concerning the prevention of blindness; third, I will examine the voluntary-statutory partnership in this period in more detail; fourth, I will discuss the difficulties of coordination in blind welfare and then, finally, I will sum up the work of the voluntary organisations and the local authorities in the inter-war years.

Some general observations concerning the voluntary organisations for the blind between the two world wars

The immediate expansion of the voluntary organisations for the blind after the passing of the first Blind Persons Act in 1920 was remarkable, considering that the country was experiencing a period of economic stringency. The Fourth Report of the Advisory Committee

on the Welfare of the Blind for 1922-1923 pointed out that in three years three new workshops were established, and there was considerable extensions to six other workshops, while three new residential homes were opened, and one new hostel established and one extended. In the same period the Board of Education had recognised eight new centres and four new hostels for training purposes. The general quality of the blind welfare service had also improved, and the Fifth Report of the Advisory Committee noted with satisfaction that the service was now more a social welfare service than a 'commiserating and comforting undertaking'.

Meanwhile, in the years following the end of the First World War the National Institute for the Blind expanded its services for the provision of embossed literature, music and magazines, and it was constantly on the lookout for new ideas for the production of special apparatus. The National Institute's research and appointments department was active, and the Institute was succeeding in demonstrating the value of placements in ordinary factories and workshops.⁸⁴ The NIB also helped to raise the status of blind professional workers by establishing a school of massage where the students were trained to the standards required for the examination of the Chartered Society of Massage and Medical Gymnastics. This school was originally set up in 1915 and was later expanded until, in 1931, the Eichholz Clinic of Massage and Physiotherapy was opened.⁸⁵ After the war the NIB also attempted to develop the rehabilitation services for the blind, and welcomed the opportunity to cooperate with local

education authorities in the rehabilitation of blind men and women who had lost their sight in later life, and who were now eligible for maintenance grants. This was part and parcel of a developing after-care service in line with the suggestions of Dr Armitage in the pioneer years.

The National Library for the Blind had a fine record of service. The loan of books was free of cost to blind readers and postal concessions were increasingly generous, and therefore the circulation reached a high level; by 1937-38 the circulation was 345,868 volumes. By 1937-38 the library not only employed 115 blind copyists, but also had the services of 600 voluntary writers, all of whom were specially trained.⁸⁶

There were a wide variety of national, regional and local organisations which were alert to the new needs of the blind and showed fresh vitality as the social services expanded and improved. Some of them, like the Jewish Blind Society and the Birmingham Royal Institution for the Blind, were of long standing.⁸⁷ One development is worth special notice: the inter-war period saw the extension of organisations of blind workers. The long-established National League of the Blind, having gained its central objective of statutory responsibility for the welfare of the blind, now confined its main interests to the blind worker in industry. No longer in open conflict with other organisations serving the blind, the League took its place as one of the many groups serving the varied interests of the blind, although it still remained affiliated to the Trade Union Congress and

retained its political links with the Labour Party. In contrast, the National Federation of the Blind, whose purpose was similar, that is, to protect the interests of blind workers and to improve their status, claimed to be an independent and non-political body. In its early years the National Federation was especially concerned with campaigning for opportunities for qualified blind workers in local government service.⁸⁸ Also in the inter-war period another well established society, the College of Teachers of the Blind, expanded its activities. The College had great success in improving the standards of teaching and raising the professional status of teachers of the blind. In its annual report for 1928-29 the Advisory Committee on the Welfare of the Blind noted that the College had started a correspondence college on the lines of one in the United States. Also in the inter-war period, in 1929, blind welfare was enriched by the foundation, after much discussion and tribulation, of the Association of Workshops for the Blind.

A valuable service which the voluntary organisations performed at this time was to see that the statutory authorities made full use of their powers and responsibilities. This was most productive in the area of the prevention of blindness, and it was here that the regional associations for the blind were very active.

The cooperation between statutory and voluntary bodies concerning the prevention of blindness

The opportunity for constructive action for the prevention of blindness came after the 1925 Public Health Act was passed, when

a valuable partnership between the voluntary and statutory bodies was built up with the active encouragement of the Ministry of Health. That so little was so far known about the causes of blindness was largely the result of the failure to obtain accurate information about those who were registered. There was no requirement for medical evidence of blindness, and registration was still carried out in a rather amateurish way.

However, a Departmental Committee on the Causes and Prevention of Blindness, under the Chairmanship of G.H. Roberts, had reported in 1922, but there was still a need for a more thorough enquiry. In 1929 the Union of Counties Associations for the Blind established a standing committee to examine the whole issue. The standing committee was supported by contributions from the National Institute for the Blind and from the Clothworkers' Company. It issued a series of reports on the Certification of Blindness and the Ascertainment of Causes in 1931, on Hereditary Blindness in 1933, the main report on causes of blindness in 1936, on cataract in 1937, and an analysis of a Preliminary Classification of Causes in 1938. The standing committee found itself

'faced with the lack of any scientific data of two essential kinds; first as to the prevalence of the actual defects of the eye determining blindness, and secondly, as to the various causes of these defects.'⁸⁹

Their contention that the first step in prevention was the requirement that certification should be undertaken by doctors qualified⁹⁰ by special experience in ophthalmology was accepted by the Minister of Health.⁹¹ The Union of Counties Associations then produced a

form for use in the certification of blindness which received official support, and its standing committee continued its analysis of the causes and prevention of blindness until its work was finally taken over by the Ministry of Health in 1938. In that year the Minister of Health established an Advisory Committee which carried on the work on the prevention of blindness. In an important Circular of 6 August 1937 the Minister had called the attention of the local authorities to the valuable recommendations of the Prevention of Blindness Committee of the Union of Counties Associations for the Blind.⁹² Some account of the main recommendations of the committee is called for since it gives an idea of how much remained to be done for the prevention of blindness, even as late as 1936. The findings of the committee were summarised by the secretary of Gardner's Trust in the 1938 edition of the Annual Charities Register and Digest. He reported that the committee had made six main recommendations. These recommendations were, first, that there should be an investigation of the part played by faulty nutrition in producing dangerous forms of myopia; second, that there should be more regular ascertainment of precise ocular complications occurring in cases of measles; third, that there should be more exact details of cases of congenital cataracts; fourth, that it was desirable that there should be some modification of the present form of the report and certification of blindness, (the committee also drew attention to the need to refer this matter to an expert committee); fifth, that there should be an examination of the arrangements made by the local authorities for

the prevention of blindness under Section 176 of the 1936 Public Health Act, (the committee also felt there was a case for the dissemination of knowledge); and, finally, the committee felt that an authoritative standing committee should be set up. 'A number of local authorities approve and are endeavouring to carry out these recommendations', was an encouraging comment in the report.

The Report of the Standing Committee of 1938 made an analysis of the causes of blindness, amongst 67,521 blind people registered in England and Wales. They examined 5,290 cases and found the following:

<u>Percentage of sample</u>	<u>Causes of blindness</u>
24.97	Primary cataract
11.09	Glaucoma
10.96	Congenital, hereditary and developmental
10.24	Myopia
5.97	Local infections of coats of eye
5.12	Syphilis, congenital
2.83	Syphilis, acquired
4.91	Ophthalmia neonatorum
1.39	Individual trauma and disease
<u>22.52</u>	Other categories
<u>100.00</u>	

It is an appropriate point to mention here a scientific enquiry⁹³ carried out under the auspices of the Ministry of Health some ten years later. By that time the incidence of causes of blindness operative in the elderly, that is, cataract, glaucoma and senile macular lesions, showed a proportionate increase, reflecting the

drastic redistribution of ages within the visually handicapped population. There was a corresponding decrease in the causes operating earlier in life. By the late 1940's one of the most notable changes was the fact that ophthalmia neonatorum and congenital syphilis were responsible for less than one per cent of the cases of blindness. However, in his reports, Professor Arnold Sorsby made it clear that more effective means of early diagnosis and more intensive investigation into congenital and hereditary factors were necessary if the incidence of blindness was to be further reduced.

In 1938 the Minister of Health first established his Advisory Committee on Blindness, and also in that year the National Institute for the Blind set up its own committee to work closely with the local authorities on the prevention of blindness. The Ministry of Health also encouraged local authorities to grant-aid the National Institute for its provision of Sunshine Homes for blind young children, which was another link in the search for the causes of blindness, as well as a constructive step in the progressive education of the blind from an early age to adult life.⁹⁴

The statutory and the voluntary agencies now worked so closely together that it is difficult to consider them apart in an analysis of the development of blind welfare in the inter-war period.

The voluntary-statutory partnership

The relationship between the central and the local statutory agencies and the voluntary organisations played so prominent a part in the development of blind welfare in the inter-war years that it deserves a more detailed study.

In the first place, it is clear that in the inter-war period the Minister of Health was glad to avail himself of the experience of the voluntary organisations, and the composition of his Advisory Committee reflected this fact. The Minister also did much by his circulars, and through the work of his inspectors, to urge local authorities to cooperate with the voluntary agencies. In 1922, soon after the first Blind Persons Act was passed, the Minister suggested in a circular to local authorities that they might with advantage let the work of compilation and maintenance of a register, for which they were ultimately responsible, be carried out by the voluntary organisations, 'who had considerable experience'. The Advisory Committee on the Welfare of the Blind also encouraged local authorities to cooperate with the voluntary agencies in their work for the unemployable blind. In order to encourage action, the Advisory Committee compared the work between the various areas of the country. In addition, in its annual report for 1928-1929, the Advisory Committee urged local authorities to cooperate whenever augmentation of wages, under suitable safeguards, was called for. When in 1931 the National Association of Workshops for the Blind reported on the methods of payment of wages, it was suggested that there should be joint consultation with the National League of the Blind.⁹⁵

However, the triple partnership between the local and the national statutory bodies and the voluntary organisations was not welcomed everywhere, and so the government sometimes found opposition to cooperation. In its eighth annual report in 1928-1929,

the Advisory Committee reported with regret that

'in some quarters, so much attention is concentrated on the financial assistance of the blind and the elimination of voluntary effort, to the neglect of other considerations which must be borne in mind if the blind are really to be assisted in overcoming their handicap. '96

The Advisory Committee was, in this instance, advising the Minister that they were opposed to clauses in the Blind Persons Bill, which would, in their opinion, 'rob the blind of incentive and undermine their morale'. There had been uneasiness over the method of augmentation of wages and great dislike of granting old age non-contributory pensions at fifty, now under the Blind Persons Act of 1938 to be reduced to forty years of age. The Advisory Committee also pointed out that the suggestion for a greatly increased local authority responsibility, to include not only monetary assistance to blind people but also the provision of workshops, hostels, homes and similar places, would be very expensive.

Some unease had been felt about the effect of the Local Government Bill on the finance of the voluntary organisations, but far from recommending the elimination of voluntary activity the Advisory Committee did its best, when the Bill was presented to Parliament, to urge the Minister to do all he could to avoid imperilling the position of the voluntary organisations. In its eighth annual report for 1928-1929, the Advisory Committee expressed the hope that

'the Act as finally passed will considerably strengthen the position of voluntary agencies. '97

When the Act was passed, the voluntary organisations discovered that they were to receive generous treatment. A surprising and unexpected opportunity for voluntary-statutory cooperation was also provided by the withdrawal of H. M. Inspectors, who, under the 1929 Local Government Act, were available only upon application when any problems arose. Several of the newly responsible local authorities turned to the experienced voluntary organisations for assistance. For example, this was the case in the north of England, when 'a considerable number of local authorities' asked the North Counties Association for the Blind to appoint a well informed and experienced inspector to act for them in the inspection of voluntary organisations.

A second important feature of the partnership between the statutory and the voluntary agencies in the inter-war period was the influence exerted by central government in keeping up standards and in encouraging greater efficiency. There were several important instances of this practice in the area of education and training. The Ministry of Health made the decision that the examination for home teachers should be made obligatory and the College of Teachers for the Blind drew up a special syllabus and regulations at the request of the Minister of Health.⁹⁸

The need for higher standards of training was emphasised when in 1929 the Minister of Health called upon the College of Teachers of the Blind to introduce a national qualifying examination for blind piano tuners. It had been reported that there were too many mediocre

workers in this area which was so well suited to selected blind persons of proved efficiency.⁹⁹

The relationship between education, vocational training and the entry to employment was a more difficult and complex problem. There was some difference of opinion on this issue between the relevant Ministries and the voluntary organisations. The workshops for the blind, for example, felt that they could provide the best craft training under conditions similar to those in which the trainees would later be employed, while the Minister of Education insisted that pupils at the age of sixteen should attend special training institutions, preferably attached to schools, so that continued education could be combined with vocational training. The Minister of Health supported the Minister of Education in the efforts to achieve greater coordination between training and employment. The strained situation was eased as good preventive work reduced the number of blind adolescents, and as open industry offered further opportunities for the blind. At a later stage, in 1956, the voluntary organisations and the Ministry of Education were to combine more readily in a new experiment at Hethersett, near Reigate, to bridge the gap between education, further training and employment.

In the third place central government sometimes acted as an intermediary between the voluntary and statutory agencies. The Advisory Committee on the Welfare of the Blind attempted to maintain an objective and judicial stance, and on occasions corrected the over-enthusiasm of partisan bodies. For example, in its fourth annual report

for 1922-1923, the Advisory Committee reminded the National League of the Blind, which was campaigning for the preferential appointment of blind people as home teachers, that the needs of each area must be judged separately and the best person appointed, whether he or she was blind or sighted.¹⁰⁰ A generation later, in the 1940's, the Ministry of Health was still emphasising the need for home teachers with a personal qualification of a high order and urging appointing bodies to throw open their vacancies to both blind and sighted applicants.¹⁰¹ The voluntary workshops had urged the exemption of their employees from payment of contributions to the Unemployment Insurance scheme, but in their fifth annual report for 1923-1924 the Advisory Committee disagreed with their claim that there was little risk of unemployment in the workshops for the blind, or that the workshops should be in a privileged position as charitable organisations. At the same time the Advisory Committee was willing to reverse its own decision if good reasons could be given, as it did in 1932 in the case of an appeal for the amendment of the Act concerning blind voters.¹⁰²

The Ministry of Health also attempted to act as a coordinator in a field where independent action was still strong. The part played by the Inspectorate in helping the three partners in blind welfare to work together amicably can be gathered from the last report before the Minister's Inspectors handed over their duties to the local authorities as from 1 April 1930, under the 1929 Local Government Act. Their claim that they had done much to encourage

and advise the voluntary organisations for the blind was certainly true, and they were justified in adding that: 'In this way the Department was a real unifying and developing force.'¹⁰³ Indeed, the Advisory Committee, many of the voluntary organisations and some of the local authorities expressed some regret that the Ministry's inspectors would be available only upon application, to advise either voluntary organisations or local authorities in matters of special difficulty. The Minister of Health, and his Advisory Committee, continued to observe with great interest, and to encourage to the limit of their power, any attempt that was made to coordinate the work for the welfare of the blind. Until the mid 1930's this had proved to be a difficult task. Indeed, so much effort went into it, and so much resistance was shown, that it deserves to be examined in more detail.

The problems of coordination, administration and representation in the inter-war period

There were two conditions before a successful and a durable blind welfare service could be established: the first was effective cooperation between statutory and voluntary bodies, and the second was effective cooperation between the voluntary agencies themselves. The principle of national cooperation between statutory and voluntary agencies was accepted in 1917 and then made explicit in the first Blind Persons Act which was passed in 1920, but the form the combined effort was to take was not made clear; nor were local authorities always convinced of the merits of voluntaryism. Cooperation

between the statutory and voluntary bodies did not exist in some areas and was informal in many others, even though the Advisory Committee claimed in its Sixth Annual Report in 1924-1926 that the 'public evidently approve the triple partnerships of State, local authority and voluntary agency.'¹⁰⁴ Not all the local authorities and voluntary societies had fully accepted the advice of the Minister of Health, who in a circular in 1920 had declared that:

'It may be desirable that the Council should be represented on the governing body of the agency, and such representation will, it is believed, be cordially offered and welcomed.'

'Cordiality' was the last word to apply to the distant relationship that existed in some parts of the country. The Advisory Committee on the Welfare of the Blind had also suggested that local authorities might with advantage offer representation to the local voluntary agencies.

The full effect of the goodwill of central government towards the voluntary organisations¹⁰⁵ could not, however, be felt until the voluntary organisations themselves had achieved a greater degree of cooperation. One of the greatest problems was the strong spirit of independence shown by certain organisations, particularly by the workshops for the blind. As was pointed out earlier, the workshops had achieved a measure of federation amongst themselves but they were still suspicious of any efforts to induce them to cooperate outside their own sphere of collective bargaining and marketing. The formation of an association in the late 1920's provides an important and an interesting example of a joint effort between the statutory and voluntary bodies to overcome the barriers to effective coordination.

In 1929 a conference was called, convened by the National Institute for the Blind, at the instigation of the Advisory Committee, with the strong support of the Minister of Health. In the first place the representatives of the workshops for the blind were asked to consider the technicalities of management. However, after much effort and hard work by the Advisory Committee, an Association of Workshops for the Blind was established

'to foster co-operation among workshops, to promote research in problems connected with the employment of the blind, to facilitate united action, and to raise the standard of efficiency in workshops by the interchange of information and the encouragement of new methods and ideas. '106

However, other obstacles to effective cooperation had still to be overcome. In the 1920's it had been hoped that cooperation in various areas of blind welfare would be improved by the 1920 Blind Persons Act, and especially by the requirement for registration of charities and in the regulation of appeals. Under Section 3 (3) of the Act, no public appeals might be made by an unregistered charity, and the local authorities had the power to refuse registration if they were satisfied that its objects were adequately attained by a charity that was already registered under the Act. The issue of appeals for public support was a notoriously difficult problem since the local organisations for the blind felt aggrieved that the national organisations were appealing over their heads, and collecting, in their view, a disproportionate amount of money. In spite of the fact that the Vice-Chairman of the Advisory Committee, who was also the Chairman of the Union of Counties Association, used his personal influence

to establish an independent committee to formulate a scheme, (which was known as the decentralisation scheme),¹⁰⁷ there were still several years of frustration before a satisfactory solution was arrived at. The National Institute for the Blind reported its satisfaction that, in 1924, a scheme, which was approved by the Minister of Health, for the notification of collections and the limitation of appeals had been prepared,¹⁰⁸ but in 1926 we still find the Minister sending a covering letter to all voluntary organisations for the blind, enclosing the scheme for the unification of voluntary collections¹⁰⁹ while the Advisory Committee, in its annual report for 1928-29, reveals itself as the mediator in the settlement of difficulties standing in the way of such unification. The National Institute for the Blind was anxious to overcome the suspicion of the local societies for the blind, and with this goal in mind it invited them to enter into agreements for the unification of collections. Many of them did so, and the National Institute offered either to organise the collections and give an acceptable amount to the local society (seventy five per cent was paid over and twenty five per cent kept for national expenses), or to leave the area free for local effort and to receive a percentage of the proceeds for its own funds and for the National Library for the Blind. Collecting agreements still operate throughout the country.

Coordination was more easy to achieve when it came from below upwards. The various counties associations which had earlier on combined to form unions, and then a union of unions, were to achieve an even greater degree of success as regional associations,

although their closer amalgamation and growth in status, belongs to the third phase of development in blind welfare, during and after the Second World War.

There were several other developments which improved coordination at a national level. In 1926 the National Institute for the Blind reorganised its Executive Council and offered nearly half the membership to the Ministry of Health, (17 out of the 36 places were offered to the nominees of the Ministry). The 1929 Local Government Act helped to strengthen the partnership with local authorities (the act made local authorities responsible for grant-aiding the voluntary organisations out of the new block grant which had replaced the old percentage grant system), and the local authorities in turn attempted to have a common policy by establishing a Joint Blind Welfare Committee. This new committee represented the County Councils Association and the Association of Municipal Corporations. As a result of this committee being established, there was a request to the Minister of Health to use his influence to secure

'a greater combination of effort, preferably under the aegis of the National Institute for the Blind.'

The National Institute was willing to accept its place as a coordinator in blind welfare, and a scheme was formulated by the Joint Committee and the NIB. The scheme was published in April 1936. This scheme was acceptable to the Union of Counties Associations and resulted in a general reorganisation at a regional and national level.¹¹⁰ Commenting on the scheme in 1945, J. F. Wilson argued that:

'the scheme of 1936 is the furthest point Blind Welfare has yet reached in solving the difficult problem of co-ordination by consent through representation.'¹¹¹

However, the situation was not entirely satisfactory, for complete coordination was not yet achieved. St Dunstan's and several other national organisations preferred to make their own appeals, although they were also ready to work closely with the National Institute for the Blind and to accept representation on its Executive Council. Not all the local authorities were prepared to fully cooperate and the London County Council, which had a fine record of work for the welfare of the blind, refused to be represented on the National Institute's Executive Council. Cooperation with a regional association, depending as it must on consent, was not always acceptable to some individual local agencies for the blind. There was a tendency for several large organisations to remain aloof. J. F. Wilson also suggested in 1945 that questions of prestige, with the representatives regarding themselves as delegates for sectional interests, sometimes tended to emphasise 'municipalisation versus voluntaryism' instead of fostering the partnership of voluntary and statutory agencies in the general interest of the blind. He argued that:

'the structure is imperfectly integrated at its various levels. There is a certain ambiguity as to the point at which regional issues become national problems. In some instances, indeed, the regions have combined to pursue a policy, on purely national problems; contrary to that of the national body. Sectional planning of this type undermines the effectiveness of the national plan, and confuses the real unity of aim throughout the service. Questions of prestige tend to assume exaggerated importance. Blind Welfare has not yet fully absorbed the implications of representation, and appointing bodies not infrequently use their representatives as delegates pledged to serve sectional as opposed to general interests. This practice tends to play off municipalization against voluntaryism and to foster a peculiar form of 'Blind Politics'.¹¹²

A closer examination of the changing composition of two national committees, the Advisory Committee on the Welfare of the Blind and the Executive Council of the National Institute for the Blind, will reveal the steps by which a more democratic basis of representation was achieved, at the same time reflecting the changing attitudes towards statutory responsibility in the development of welfare for the blind.

The changing composition of the statutory Advisory Committee is of particular interest because it resulted from the legislative changes which gave wider powers and duties to the local authorities. In the beginning central government appointed members of the Advisory Committee as private individuals, and not as representatives of specific interest groups, although most of them were in fact closely associated with prominent and well known voluntary organisations. The committee was reorganised in 1921, just after the first Blind Persons Act had been passed, and representation was given to the councils of counties and county boroughs and Boards of Guardians, as well as to voluntary organisations for the blind. After the reorganisation the proportion of voluntary to statutory membership was 5 : 12, excluding the Chairman who was a Member of Parliament, the Vice-Chairman who was a Doctor of Law and the Secretary. The Ministry of Health and the Board of Education both sent inspectors as assessors. Dr Alfred Eichholz represented the Board of Education for many years, and was appointed as a member for 'his experience' after his retirement.¹¹³ The acceptance by the

local authorities of their responsibilities in relating health and blind welfare is reflected in the appointment in some instances of the Medical Officer of Health as their representative (for example, in 1923 the Medical Officer of Health for Hampshire was appointed to the committee). In 1924 the committee was enlarged to include a representative of the National League of the Blind and of the National Union of the Professional and Industrial Blind, which was a reflection of the changed and more enlightened political temper of the time. In 1930 a second change in the composition of the committee took place when the statutory authorities were given the responsibility for nominating representatives. The Association of Poor Law Unions was now excluded because it ceased to exist with the transfer of the work of the board of guardians to the counties and county borough councils. Also in 1930 the Minister of Health doubled the number of people appointed by himself as having special experience of work amongst the blind. This followed upon the 1929 Local Government Act, when much of the responsibility was passed on to the local authorities, especially for inspection. In addition to the core of people with a long association with voluntary social services, the Minister also appointed councillors and aldermen, who were in close touch with the recent developments in statutory services for the blind. However, these bureaucratic changes do not appear to have affected the policy of the Advisory Committee which continued to exert its influence towards the cooperation of statutory and voluntary organisations. The Advisory Committee retained its position as a

representative body which took a lively interest in every development in blind welfare.

The second example is provided by the changing composition of the Executive Council of the National Institute for the Blind. The National Institute for the Blind was established by a small group of blind men in 1868 and was, in its early years, governed solely by blind or partially sighted men. About twenty five per cent of the Executive Council were blind in the later history of the Institute. In its rapid growth in the First World War, the Institute tended to concentrate on issues of national concern and to overlook the claims of the well-established local counties associations for the blind. The NIB usually had direct contact with other blind welfare organisations, and it was sometimes accused of overriding local opinions, especially in the matter of appeals for support from the public. It was on the issue of appeals that negotiations were begun with local and regional groups, and in 1926 a degree of agreement achieved. Also in 1926 the National Institute for the Blind offered 17 of the 36 seats on its Executive Council to nominees of the Ministry of Health. Then in 1931 it broadened its Council still further to include representatives of the Association of Municipal Corporations and the County Councils Association. By 1938 its basis was broadened to include regional bodies, 31 seats; the associations of local authorities, 20; voluntary agencies, 12; organisations of the blind, 12 and national members (who were the nucleus of the original national voluntary group), 21. This meant that the regional and local organisations and the local

authorities were now well represented at the centre. By 1929 the National Institute for the Blind had fully appreciated the benefit to the whole blind welfare movement arising from 'this intimate connection between the Minister of Health, local authorities and voluntary agencies', ¹¹⁴ and by 1938 the National Institute's Executive Council was representative of the major agencies for the blind. Since 1938 the Executive Council has been further broadened. In 1963 the Council's membership was widened to include nominees of the Scottish bodies for the blind, thus making the Royal National Institute for the Blind fully representative of all parties concerned with blind welfare in England, Scotland, Wales and Northern Ireland. ¹¹⁵

However, throughout the 1960's and the early 1970's there were 110 seats on the Executive Council and only 12 of these were occupied by representatives of organisations of the blind. Therefore, in 1971 the National Federation of the Blind launched a major campaign for more seats on the Council for representatives of organisations of the blind. ¹¹⁶

After a vigorous campaign certain concessions were made, and in 1974 the Executive Council was enlarged from 110 seats to 120 seats and the number of seats occupied by representatives of organisations of the blind jumped from 12 to 30. Since then there have been further developments, and the reduction in July 1984 of the Executive Council from 120 to 96 seats without reducing the number of seats held by representatives of organisations of the blind has proportionately increased the number of representatives of organisations of the blind, so that now the RNIB is very much an organisation of blind people.

It is by these important steps in the 20th century that a more democratic basis of representation within the RNIB has been achieved. ¹¹⁷

New opportunities for overcoming any barriers of resentment which existed between voluntaryism and officialdom, or between local independence and pressure from the centre might have followed from the new Blind Persons Act of 1938. By September 1939, however, when the outbreak of the Second World War made great demands on all the social services, the new administrative machinery for blind welfare was only just beginning to be used.

A summary of the work of the voluntary organisations and the local authorities in the inter-war period

A summary of the practical work of the local authorities and voluntary organisations will complete the picture of the development of blind welfare in the inter-war period. The main cost of financial help to the blind devolved upon the statutory authorities either through the Treasury, by payment of old age pensions and war disability pensions, or through the local authorities, by payment of domiciliary assistance, or payments for special education and training. A small amount of financial assistance was given by voluntary organisations who administered blind pension schemes. In the early 1940's the estimated expenditure by statutory authorities was £1,604,000 by the Treasury and £2,185,000 by the local authorities, who brought the total to approximately £3,789,000. Voluntary pension schemes accounted for £75,000, which was part of an estimated total expenditure by the voluntary organisations of £809,000.

The cost borne by the local authorities included payments to voluntary organisations either as fees, or as grants for various purposes, since many of the services under schemes of blind welfare were provided by voluntary agencies by arrangement with the statutory authorities. The contribution of the voluntary organisations included provision of most of the elementary schools, and of all schools for higher education. Education for blind children with other disabilities was a special service in which the voluntary organisations did some notable and excellent work. This was so far accepted as a proper sphere of voluntary influence that in the Second World War the government held it as a matter of reproach that voluntary organisations were not doing more for 'the misfits', such as the delinquent blind. The voluntary organisations had already made special provision for mentally retarded and defective blind children, for blind epileptic children and for the deaf-blind, (work for the deaf-blind is especially worthy of notice because it included ascertainment as well as the establishment of special residential homes). Residential nursery schools in the form of Sunshine Homes for blind babies, and schools for children up to the normal school entering age, were also under voluntary auspices. The National Institute for the Blind ran the Sunshine Homes. With several exceptions, sheltered workshops for the blind had traditionally been under voluntary control, although several local authorities ran their own municipal workshops, the number employed was a small proportion of the total. 'Tangible and continuing service' to home workers¹¹⁸ was given almost entirely by the voluntary

organisations, even in areas where there was a municipal workshop. The local authorities usually accepted the responsibility for the home teaching service, which was staffed by paid workers who had the certificate of the College of Teachers of the Blind, which was a voluntary organisation. Many local authorities left the general welfare service to a voluntary organisation. The London County Council was one of the exceptions, having its own staff for this purpose. However, it did use the services of the Metropolitan Society for the Blind for the distribution of a range of services, including white sticks, wireless sets, clothing and fireguards. The provision of hostels and homes was also mainly a voluntary effort, (about three out of a total of forty two were directly managed by local authorities in the early years of the Second World War), but there was a good deal of reciprocity - the local authority paying capitation fees and sometimes maintenance grants for approved boarders (or 'inmates', as they were normally still called in official language). An example of the close relationship which existed in some parts of the country was provided by Portsmouth which built and equipped a home, and then asked the voluntary agency to accept and run it.

In a lot of their work the voluntary agencies acted as agents for the local authorities and received payment in return. In the area of training and employment sometimes there was a scheme of grant-aid to the organisation and augmentation of wages to their employees. In sheltered workshops and home worker schemes some of the local

authorities went so far as to meet all the trading losses. As the years passed, an increasing amount of the income of voluntary organisations came under the heading of 'payment for services', and a large share of such payments came from the local authorities.

In the inter-war period at a national level, and under voluntary auspices, schemes were worked out for the provision of embossed literature,¹¹⁹ talking books, and special apparatus available to any blind individual. A small number of these services attracted small grants from the Ministry of Health, but in this period the National Institute for the Blind depended largely upon voluntary subscriptions for its experiments and research. By 1939 one of the areas in which the national voluntary effort had achieved most was in the establishment of an important principle: its particular contribution was its insistence that the blind were not a class apart and that, given suitable help and opportunities, they could take their place in the community in much the same way as the sighted. The work of the National Institute for the Blind to open normal employment to the blind and the increasing opportunities afforded for training in trades and professions was to bore rich fruit in the emergency of the Second World War.

Of course, there was a complicated relationship in the statutory-voluntary partnership, and a social worker, whether employed by a voluntary organisation or local authority, would be in constant touch with whatever private or public body could meet the needs of the individual blind person, with whom he or she was concerned. By the

mid 1930's the majority of the blind were elderly and beyond working age,¹²⁰ and therefore it was widely felt that much of the friendly visiting and general welfare service could appropriately be given by voluntary organisations, once any financial needs had been met by the statutory agencies. However, up until then most of the constructive work of the voluntary organisations had been with the young and the employable, and it was in this area that they were to offer their special experience to meet the demands of the Second World War and the post-war years.

In the rest of this chapter I intend to consider the important developments in blind welfare during the Second World War and since the war under six broad headings: first, I will examine the Tomlinson Report and the Disabled Persons (Employment) Act of 1944; second, I will look at the work of a working party on the employment of blind persons and the response to their report; third, I will consider how the statutory and the voluntary agencies continued to cooperate in general blind welfare after the war; fourth, I will examine the work of the regional associations, which have made a valuable contribution to the welfare of the blind since the Second World War; fifth, I will examine some examples of voluntary action in the field of blind welfare; sixth, I will examine the significant changes in blind welfare since 1971, when the blind welfare system virtually lost its specialist service, and then finally I will summarise the history of blind welfare and make some concluding comments.

Some important developments in the rehabilitation of the blind: The Tomlinson Report and the Disabled Persons (Employment) Act of 1944

The Second World War focused attention on the use of man power, and more interest was shown in the question of the placement of disabled persons in industry. In 1941 the Ministry of Labour and National Service announced an interim scheme for the training and resettlement of disabled individuals¹²¹ whether they were members of the Fighting Services, the Civil Defence Services, civilians injured through raids, or through accidents in factories. The Ministry argued that:

'It is in the interest of the country as well as of the disabled citizen that he should get back to suitable employment as soon as possible - not to any employment, but to the most skilled work of which he is capable.'

It was widely felt that not only were these measures a contribution to the winning of the war, but also that the whole issue of rehabilitation was an important matter of concern for the future. Therefore, in December 1941 an Inter-departmental Committee on the Rehabilitation and Resettlement of Disabled Persons, the Tomlinson Committee, was established to (a) make proposals for the introduction at the earliest possible date of a scheme for the rehabilitation and training for the employment of disabled persons not provided by the interim scheme, and (b) to consider and make recommendations for the introduction as soon as possible after the war of a comprehensive scheme for (i) the rehabilitation and training of, and (ii) securing satisfactory employment for, disabled persons of all categories; and (c) to consider and make

recommendations as to the manner in which the scheme proposed for introduction after the war should be financed.

The Tomlinson Committee issued its report in 1943,¹²² and an examination of the Committee's broad conclusions shows how strongly they reflect the experience gained by the National Institute for the Blind and St Dunstan's and others who had been working on behalf of the blind,¹²³ who were the only group of handicapped persons for whom there were, as yet, comprehensive voluntary and statutory services. The Committee came to four broad conclusions: first, that rehabilitation in its widest sense is a continuous process, partly in the medical sphere and partly in the social or the industrial sphere; second, that close cooperation between the health and the industrial services is necessary throughout the whole process; third, that ordinary employment is the object and is practicable for the majority of the disabled and, finally, that a minority of the disabled will require employment under sheltered conditions.

The Tomlinson Committee did draw attention to the one important factor in which the blind differed: there existed a relatively large number of blind people who were unemployable. Leaving aside those under sixteen and over sixty-five years of age (42,000 out of a total register of some 83,000), only about 9,000 of the remainder were in employment. The Tomlinson Committee reported that:

'Of the remaining 32,000 in the sixteen to sixty-five age group, a considerable number have mental and physical defects which make them practically unemployable.'¹²⁴

The National Institute for the Blind established a special committee to examine the Tomlinson Report, together with the Beveridge Report, in relation to blind welfare and gave a general welcome to the main recommendations.¹²⁵ The NIB endorsed the principle which they themselves had for many years accepted, that the blind could be helped to take a larger part in ordinary industry to the enrichment of themselves and the sighted community, but that many others required sheltered working conditions. The NIB's special committee especially shared the view that there should be assurance not only of financial support but of 'occupation under conditions which approximate as nearly as possible to the normal'. However, the committee believed that there was a tendency in the Tomlinson Report to think of the blind as

'a race apart from other men, whereas the true interests of the blind are best served by bringing them as fully as possible into the main stream of national life.'¹²⁶

In any preferential treatment in the area of employment, for example in the provision of sheltered workshops, the National Institute for the Blind welcomed the suggestion that it should be coordinated with the general proposals for such employment for the handicapped. It was in line with the principle long accepted by the National Institute for the Blind that they 'recognised their privileged position since the passing of the Blind Persons Act, 1920', but privileged 'only in the sense that certain things have been done for them that might well have been done for others'.¹²⁷ However, this principle did not prevent the National Institute for the Blind from seeking certain

concessions on behalf of the blind; for example, in 1940-41 they tried, unsuccessfully, to get exemption from purchase tax for apparatus and appliances for the blind.

In 1944 the Disabled Persons (Employment) Act was passed, and this did much by its wide definition of disablement to make provision for the employment needs of all those who were 'substantially handicapped'. The newly appointed Disablement Resettlement Officers often availed themselves of the help offered by experienced workers in blind welfare, and they were encouraged by the Ministry of Labour and National Service to do so. In August 1948 the Minister outlined the machinery for consultation 'for purposes of assuring the closest co-operation between the interested parties'.²²⁸ After 1944 the Ministry of Labour and National Service was made responsible for the training of blind persons over the age of twenty-one, and cooperation in this field was also welcomed.

The continuity of the work on rehabilitation was assured by the establishment by the Ministry of Labour and National Service of a 'Standing Committee on the Rehabilitation and Resettlement of Disabled Persons'. The Committee produced a series of reports. It had an inter-departmental composition, and included representatives of the Ministry of Health, Ministry of Education, Ministry of Labour and National Service, Department of Health for Scotland, Government of Northern Ireland, Ministry of National Insurance, Scottish Education Department and the Ministry of Pensions.

The working party on the employment of blind persons and the attempts to introduce the blind to open employment

The Ministry of Labour and National Service maintained its interest in the employment of the blind, and in 1948 this resulted in the appointment of a representative working party

'to investigate the facilities existing for the employment of blind persons in industry and in public and other services and to make recommendations for their development.'

Apart from the chairman and the secretary who were from the Ministry of Labour, of the seven members one was an Inspector of Blind Welfare Services in the Ministry of Health, one a personnel manager of a large industry, and the others were closely connected with blind welfare organisations.¹²⁹ The Working Party considered evidence from a wide variety of organisations and local authorities, and produced a valuable report in 1951. They looked at what had been achieved, and made several recommendations for developing what had proved to be useful methods of training, employment and after-care. The working party paid particularly close attention to the development of placing services for the blind. In their report the Working Party showed an appreciation of the extent to which both voluntary organisations and local authorities had contributed: the National Institute for the Blind had had a long experience of research into employment in open industry, and St Dunstan's had investigated such possibilities on behalf of those blinded in the war, while the London County Council had established a special placing service for the blind in 1944 and Essex County Council had followed in 1947.

In addition, the National Institute for the Blind had worked closely with the Ministry of Labour and National Service, and with local authorities, in several measures in the Second World War to help the blind to play their full part in the community's economic efforts.¹³⁰ For example, in Greater London the National Institute for the Blind investigated the possibilities of employment for blind civilians, and reported on the jobs that were suitable in several industries. In turn, the Ministry of Labour and National Service passed on to local authorities and voluntary organisations any applications from employers for these particular jobs and invited them to recommend any suitable blind people. Although during the war more employers realised that visually handicapped workers could give a good service, and the idea of employment in open industry for the blind was gaining ground, the methods of training and placing were not always acceptable. The National Institute for the Blind realised that many employers had neither the time nor the facilities to give the individual attention required by the blind employee entering a new process, and he was not always able to settle down. In this the blind were similar to many sighted employees who were faced with the problem of work that was unfamiliar. The National Institute for the Blind, in looking forward to the requirements of peace time, decided to increase the number of special placing officers who would each be responsible for one area of the country and have more time to give to selection and guidance. In its report, the Working Party on the Employment of Blind Persons reports that by 1951 the National Institute for the Blind was spending approximately £10,000 on

this service alone.¹³¹ The National Institute for the Blind worked closely with the Ministry of Labour and National Service, and many of the local authorities and some of the regional voluntary bodies asked the Institute to carry out their placement service. With the exception of the London County Council, the counties covered by the Birmingham Royal Institution for the Blind, and Essex County Council, the National Institute for the Blind were responsible for appointing the placing officers; and in most areas for operating the service.¹³²

Some effective regional schemes were formulated. For example, an interesting scheme of cooperative effort was worked out in the north of England where the North of England Industrial Employment Service for the Blind was responsible. The North Regional Association for the Blind and the National Institute for the Blind were represented on this body and the NIB also appointed all the placing officers. The special placing officers had the time to give more individual attention to each blind person, discovering his potential, finding suitable employment, training him, often in the factory itself, and keeping in touch with him and his employer to see that all was proceeding well.

The placing officers were experienced in finding work that was suitable for the blind and therefore necessarily undertook a large amount of direct enquiry, but they were also ready to avail themselves of the specialised knowledge of local industries which was held by the Disablement Resettlement Officers. The intention was that there should be a close relationship at both the local and national level with the Ministry of Labour and National Service. In its report in 1951,

the Working Party on the Employment of Blind Persons recommended that the placing officer should be called in to advise the blind adolescent about his future employment, at the appropriate stage of his training. The Working Party also suggested that he should also be available when the local authority interviewed a newly registered blind person to advise on questions of rehabilitation and training. The Working Party felt that he should certainly be consulted before a blind individual was classified as unable to work. The Working Party also recommended that the system of 'follow-up visits', which were already known to the voluntary organisations as after-care, should be extended. They recognised the use of having someone ready to discuss problems, should they arise, with both employee and employer, and someone, who, from experience in a wide field, would be ready to make suggestions for a more efficient and effective service. The Working Party referred to examples of suggested improvements, which were designed originally for the blind, which also proved to be of value to sighted workers.

In their report, the Working Party pointed out that several local authorities needed to be reminded of their responsibilities, and they recommended that:

'Where the NIB or other voluntary agency provides this service for local authorities, we consider that some firm arrangement should be made to ensure that the whole cost of the service does not fall on voluntary funds.'

The Working Party's report strongly recommended to local authorities to review their arrangements for providing employment for the blind in their areas, because there was considerable room for development and expansion. The Working Party argued that:

'where they are not already providing a placing service of the comprehensive character we have described, they should consider doing so either themselves or by arrangement with the NIB or other competent voluntary agency.'

It was in connection with this point that the Working Party called attention to the heavy expenditure of the National Institute for the Blind, namely £10,000, in its placing service.¹³³

The Ministry of Labour and National Service and the Ministry of Health, fully supported the report of the Working Party, and they followed it up on 15 April 1952 by issuing a joint circular which called attention to the recommendations of the Working Party.¹³⁴

The circular urged every local authority to examine its own provision to see how far its services for the welfare of the blind were effective, and they suggested that regional conferences might be called for this particular purpose.

Two examples, one from Wales and one from the West of England, can be given of the response to these developments in areas of the country where there were different backgrounds of welfare policy.

In Wales, a conference of representatives of local authorities and voluntary organisations was called to discuss the Joint Circular of the Ministry of Health and the Ministry of Labour, and they examined the arrangements for the rehabilitation, training and employment of registered blind people in the area.¹³⁵ At the conference a spokesman of the Welsh Board of Health made the point that, so far, very little had been done by the local authorities in Wales to carry out their duty to find employment, although certain voluntary organisations had

accomplished something. A representative of the National Institute for the Blind described the value of rehabilitation, and after this it was agreed to recommend county and county borough councils in Wales to avail themselves of the specialised service provided by the National Institute for the Blind and to make such contribution as might be agreed upon towards the costs.

The second example comes from the West of England, where there had already been useful cooperation and where industrial placements had produced some worthwhile results. A conference of the representatives of the statutory and the voluntary agencies in the area met to discuss the Joint Circular of the Ministry of Health and the Ministry of Labour.¹³⁶ The triple partnership in blind welfare, namely central government, local authorities and the voluntary organisations, gave strong support to the conference. After a comprehensive debate, the conference recommended that the placement service that was operated by the National Institute for the Blind should continue to operate in the West Region, that the number of placement officers should be increased, and that further research should be undertaken by these officers. The conference also recommended that financial arrangements to be made between local authorities and the National Institute for the Blind should be negotiated between the County Council's Association, the Association of Municipal Corporations and the National Institute for the Blind, and this helped to put the service on a firm business footing.

It is important to point out that while the Ministry of Health and Ministry of Labour and National Service called special attention in

their joint circular to the placing service in open industry as the spearhead of advance for the employment of the blind, they also drew attention to the importance of considering the needs of all blind workers capable of employment, whether in open industry or in sheltered workshops, in the public services or as home workers. By the early 1950's the government was in full agreement with the principles that were accepted by the National Institute for the Blind: that is, if opportunities were given they must be of such a kind that the blind individual is able to give efficient service; he must have the appropriate support both from his own family and from the public services: for example, it was recognised that it would be useless to send out blind piano tuners unless they had an effective repair service to back them up, or to provide materials for home workers unless their goods were marketable. The statutory authorities recognised, as St Dunstan's had done in the First World War, that occupations such as poultry farming could be excellent for selected blind people, so long as members of their family or friends were willing to assist them. The statutory authorities pointed out that there might be an extension of the shop and kiosk programmes, which had been successfully pioneered by the National Institute for the Blind and St Dunstan's, on the condition that there was adequate supervision in the early stages, and appropriate assistance with the blind person's accounts.

The continued cooperation between the statutory agencies and the voluntary organisations in the general welfare of the blind

The issue of the social welfare of those who were either too old

or too handicapped to earn a living, whether in open employment or in a sheltered workshop, was under close consideration in view of the power and duties of local authorities under the 1948 National Assistance Act.¹³⁷ The 1920 Blind Persons Act was the forerunner of more general legislation concerning the handicapped and it was, in fact, the 1948 National Assistance Act which extended the powers of local authorities to provide services for all types of handicapped people.

Section 29 of this Act begins with the statement that:

'A Local Authority shall have power to make arrangements for promoting the welfare of persons to whom this Section applies, that is to say, persons who are blind, deaf or dumb or other persons who are substantially or permanently handicapped by illness, injury or congenital deformity or such other disabilities as may be prescribed by the Minister.'

The Section then specifies the type of services which local authorities should provide for their handicapped citizens. These services included, first, providing help and instruction to handicapped people in their own homes or elsewhere, to enable them to cope more easily with their disability - which could involve the provision of aids or adaptations to property; second, providing some form of work for handicapped people either in their own homes or elsewhere, and helping to market any goods which might be made; third, providing workshops or hostels; fourth, providing recreational facilities, which would include clubs and holiday schemes and finally, the keeping of classified registers of handicapped people. These provisions were valuable in encouraging experimental schemes in which the statutory and voluntary bodies could combine. Although these provisions under Section 29 of the National Assistance Act related to all forms of

handicap, the implementation of the services specified were initially only made mandatory upon services for the blind, and it was not until 1960, following the issuing of the Ministry Circular 15/60, that the provision of these services became mandatory for all.

After the Second World War, home teachers continued to play an important part in carrying out social policy on general blind welfare, and the Minister of Health was concerned, with interested voluntary organisations, in improving the standards in this field. For many years there had been a requirement that uncertificated home teachers should pass a qualifying examination within two years of appointment. After the war it was agreed that they had to pass a selection board of one of the recognised regional associations before they could be admitted to a course. This principle had emerged from a coordinated effort by the College of Teachers of the Blind and the regional associations for the blind. The Minister of Health now went further than this and suggested that:

'Welfare Authorities may wish to consult the appropriate Regional Association as to the possibility of the Selection Board being able to express an opinion on the suitability of a particular applicant for the post of uncertificated home teacher before he or she is appointed.'

Central government also approved of the recommendation that had been made by the Working Party on the Employment of Blind Persons that, to get the best results, both sighted and blind home teachers should be appointed to work in cooperation. In the early 1950's the concern over the recruitment of home teachers was growing, in view of the shortage of supply, and in 1952 central government, the regional

associations for the blind, the College of Teachers of the Blind and the National Institute for the Blind took steps to attract suitable applicants. The administrative work of many of the home teachers was eased when the National Assistance Board took over the responsibility for the actual payment of financial assistance to eligible blind people and their families. Up until then, assessments and payments had been undertaken in many areas by the home teachers. After the administrative change they were released to undertake their proper work of teaching and advising, and so it was anticipated at that time that as a result many more blind people would be able to enjoy handicrafts, or to read braille or moon.

After the war, as an extension of home teaching as a medium of rehabilitation, it was suggested by the Minister of Health that welfare authorities might wish to cooperate with the National Institute for the Blind by sending the newly-registered blind, or any others in need of rehabilitation, to one of the voluntary homes, which included the Queen Elizabeth Home of Recovery at Torquay in Devon. The authorities would be well advised, it was suggested, to consider this as part of their duty 'to make arrangements to promote the welfare of blind persons'.¹³⁸

After the war, new developments in blind welfare were possible under the 1944 Education Act and the 1946 National Health Service Act. Under the 1944 Education Act wide powers on behalf of handicapped children, and facilities for further education and training of handicapped people gave new opportunities to local authorities and voluntary agencies

to take part in experimental schemes which held promise for the future. An example of this practice is Part VII of the School Health Service and Handicapped Pupils Regulations of 1953, under which Hethersett, a pilot centre for blind adolescents, was approved and opened in 1956. Hethersett was provided and managed by the Royal National Institute for the Blind in collaboration with the statutory authorities. The 1946 National Health Service Act also improved the opportunities for treatment and research. Although voluntary hospitals and certain homes were taken over by the Regional Hospital Boards, there was still opportunities for cooperation with the voluntary organisations in the development of special schemes.

After the war, plenty of provision was made for the active participation of the three partners in blind welfare, that is to say, the voluntary organisations, the local authorities and the central authorities. The central authorities who were concerned with the welfare of the blind included the Minister of Health, under the National Assistance Act and the National Health Service Act; the National Assistance Board; the Ministry of Labour and National Service, under the Disabled Persons (Employment) Act; and the Minister of Education was responsible for most of the education of the blind, although some technical education was the responsibility of the Minister of Labour. Undoubtedly at the national level, general agreement was reached on the principles of blind welfare and on the desirability of close cooperation between the interested parties.

At the local level, there was still considerable variation in blind welfare after the war. Some local authorities decided to retain

the responsibility for blind welfare in their own hands, although this policy did not rule out the possibility of contact with the voluntary agencies for special projects. The reasons which led a local authority to take over the direct provision of blind welfare, when there was a tradition of service by voluntary organisations, were varied, and only a study in each area would reveal the factors which led to the Council's decision. It is probable that changes in administrative procedure affected the situation. It was, perhaps, an expected reaction for some Poor Law Officers, who were reinstated in 1948 as Chief Welfare Officers, to seize the opportunity to justify their position. Blind welfare gave these officers the opportunity to formulate a new scheme, and they were not always concerned with reviewing the work of voluntary organisations in this process. In some areas, the difficulties of adjustment between the medical officers of health and the welfare officers influenced the pattern of development of blind welfare services in that area. In some areas the medical officer of health discovered that the resources of the voluntary organisation gave him so much greater freedom of action, that he was willing to offer every opportunity for cooperation, and in some cases the medical officer of health acted as the honorary secretary of the local voluntary organisation.

In many areas of the country the development from voluntary to statutory responsibility was a continuation of a wider process that was already discernible in other areas of local government. The material contained in the Directories of Agencies of the Blind reveals some important changes. A comparison between the situation in 1938 and

1948 shows that while, in 1938, 33 statutory authorities were making direct provision of 'general blind welfare', voluntary agencies were carrying out the work in 109 areas of the country; by 1948 the numbers were 56 and 86 respectively. The figures in the Directory for 1954 showed that this trend continued: in 1954, 82 statutory authorities were making direct provision for the blind, and those served by voluntary agencies fell to 60. In some areas, a close partnership was welcomed, but, whatever the local situation, nearly all the schemes submitted to the Minister of Health made some provision for cooperation. For example, in the 1950's most of the local authorities relied on voluntary organisations to provide social activities, whether in a specially equipped social centre or otherwise. Some local authorities organised their own home teacher service and looked to voluntary organisations to supervise the home worker. Throughout the country the voluntary agencies continued to provide most of the workshops, training departments, nurseries, schools, residential homes and hostels. However, figures from the Directories of Agencies for the Blind cannot provide the whole picture and may even, in some instances, be misleading. For example, in the 1950's, Middlesex operated a scheme of blind welfare by direct provision, although they appointed as their chief administrative officers social workers who were experienced in voluntary organisation. In some parts of the country, cooperation between the statutory authorities and the voluntary organisations was so close and relations so cordial that it became almost irrelevant to consider whether a service that was needed for a blind client was provided by a statutory or a voluntary body.

In the mid 1980's the local voluntary organisations for the blind still have a valuable part to play in administering blind welfare at a local level.¹³⁹ A good example of this is the work of the Hampshire Association for the Care of the Blind, which has been in existence since the early 1920's and which provides a range of services for visually handicapped people who live in Hampshire. In 1984 the Association conducted a survey of blind and partially sighted people who live in Hampshire. This was carried out with the cooperation of the Social Services Department and was financed by the Manpower Services Commission through a Community Programme. The Association engaged a supervisor, clerical assistant and fifteen part-time interviewers, all long-term unemployed people, for a period of fifty-two weeks. Blind and partially sighted people were interviewed in their own homes, and the questionnaires were later processed and statistics analysed by the Social Services Research Department. The Association's annual report for 1984-5 points out that the survey has provided a great deal of information and insight into people's attitudes to services and their handicaps. It has pinpointed some weak spots in the service and has confirmed much that was suspected. An enormous number of immediate needs were identified, recognised and dealt with by referral to the appropriate agency - including the social services, occupational therapy, the health service, housing and education departments, other voluntary agencies and the Association itself. The Association's annual report for 1984-5 goes on to say that:

'We have identified a significant number of people who are not registered blind or partially sighted, particularly in the residential care sector, and also many who have a substantial hearing loss in addition to their visual handicap. Another category with special needs are the many who live alone, often having additional handicaps including old age, or who live with a partner who is also very disabled. Here there is an obvious need for a friendly visitor to support by keeping in touch and alerting the statutory services as and when required. A better structured, comprehensive visiting service using trained volunteers must be one of our priorities for the future.'

Since the Association's annual report for 1984-5 was published, it has introduced an improved visiting service for visually handicapped people in Hampshire. The work of the Hampshire Association for the Care of the Blind is a good illustration of how a voluntary organisation can support the services which are provided by the statutory authorities.

The work of the regional associations for the blind since the Second World War

In the development of a smooth working relationship between the local authorities and the voluntary organisations, the regional associations for the blind have made an important contribution. From the pioneer days of the unions, their committees have been representative: voluntary and statutory agencies were constituent members of the regional associations. The outbreak of the Second World War emphasised the need for still closer cooperation. The amalgamation of three large associations to form a Southern Regional Group¹⁴⁰ was followed afterwards by an Inter-Regional Committee covering all four regions of Britain. The immediate occasion of this final effort to take a comprehensive view of questions affecting

blind welfare had been the discussions held in common to prepare a joint memorandum for the Beveridge Committee. The committee was now able to go on to consider further proposals for comprehensive changes in the social services. Joint deputations with the National Institute for the Blind to the Ministries concerned were organised to discuss matters of special concern to the blind, including the consideration of National Insurance benefits, and National Assistance allowances. In their new coordinating role, the regional associations were more able to combine with the National Institute for the Blind and other national societies, including the British Council for Rehabilitation. Furthermore, the several Ministries that were concerned with the welfare of the blind recognised that their practical knowledge of local conditions, and their close contact with a wide variety of agencies made the regional associations a unique source of information. The associations were in an excellent position to suggest experienced workers to man the many national, regional and local advisory committees that were established as a result of the welfare state reforms of the 1940's. Above all else, the Minister of Health welcomed the detailed and accurate work that had been done by the regional associations in constructing a classified register of the blind and the partially sighted. These statistical returns, which was based on information sent in on prescribed forms by the constituent bodies, not only gave knowledge of the incidence of blindness, but also supplied essential data for further research into the causes of blindness. Research of this nature has always been a cherished project; the

South Regional Association for the Blind, and later the other regional associations, welcomed the opportunity to cooperate with Professor Arnold Sorsby, of the Royal Eye Hospital, in his investigations into the causes of blindness. His work was later published under the auspices of the Medical Research Council. There was much goodwill between the hospital and the Southern Regional Association for the Blind, and home teachers and welfare officers were indebted to the staff of the hospital for the weekend course that was held there every year. The regional associations found their prestige growing and their opportunities increasing with the development of the statutory social services, and a summary of some of the activities of the Southern Regional Association for the Blind (or the SRAB) will illustrate the renewed vitality of these voluntary organisations in the post-war years.

Efficient examination for the proper certification of blindness was a service which ranked high in the objectives of the South Regional Association for the Blind. For several years in the 1940's the Association had operated an ophthalmic referee service, and they had been prepared to pay the fee for the additional examination. In 1945 the Association established a special certification committee in consultation with the Faculty of Ophthalmology¹⁴¹ to press for a ruling that certification should only be undertaken by qualified ophthalmic surgeons. This campaign was finally rewarded in 1955, when the Minister of Health issued an important circular to all local authorities recommending that they should amend their scheme to

provide that only ophthalmologists of consultant status should examine and certify applications for admission to the registers.¹⁴²

In 1939 the Southern Regional Association for the Blind reported,

'The haphazard way whereby a prospective home teacher in the past has gained her knowledge and experience have left a very great deal to be desired',

and in the Second World War the Association conducted experiments to introduce Home Teachers' Training Courses. Despite the many problems that the Association faced, they were successful in introducing some short courses, and plans were made to extend them after the war. By 1947-8 both the Ministry of Education and the Ministry of Labour and National Service recognised a full year's course. In this work the Association was careful to work in close cooperation with the established College of Teachers of the Blind who were the recognised examining body. This attempt to raise the status and the qualification of the home teacher was welcomed by the local authorities and by the home teachers themselves. Home teachers had also been stimulated by refresher courses and annual conferences that were arranged by the Southern Regional Association. Shortly after this the Southern Regional Association started to accept several trainees from abroad, and then in 1950-51 talks were held between the Inter-Regional Committee, the National Institute for the Blind and the Colonial Office on the question of establishing a special type of training for foreign students to fit them for undertaking administrative duties in the development of blind welfare in their own countries.

In the Second World War, the Southern Regional Association had become increasingly useful to their constituent members, whether in bulk buying and distribution of materials for pastime occupations at a time of rationing and short supply, or in acting as a consultant on the many problems confronting local authorities and voluntary societies in war time. An example of their place as an advisor, after the war, will illustrate the continued need for an information service: the Southern Regional Association's journal the Regional Review was available for all the constituent members, and when a special report on homes was included in the journal, the demand was so large that a reprint was necessary. This occurred in spite of the policy of the Southern Regional Association in maintaining that the provision of residential homes was the responsibility of the local bodies, since it required local initiative and experience.

The readiness of the Southern Regional Association to combine with other organisations in matters of common interest had already brought it into close contact with the National Institute for the Blind, and in the 1940's this resulted in a better understanding between the National Institute and the local organisations for the blind. In the words of the Southern Regional Association's annual report for 1942-43 joint action had led to the removal of 'small disagreements and misunderstandings'. When, in the late 1940's, the National Institute for the Blind was petitioning for a Royal Charter, the Southern Regional Association, although critical on one or two issues, hastened to correct 'an inaccurate impression' that it was not in

sympathy as a whole. After representation had been made by the regional associations on several specific points, it was decided to support the National Institute's petition, in the belief that it would be 'in the best interest of blind welfare'. The Southern Regional Association and the National Institute for the Blind had much in common, and this was already evident in the various schemes for the deaf-blind, and in their joint interest in the development of home teaching in other countries. The Southern Regional Association also gave a warm welcome in 1952 to the experiment of the Royal National Institute for the Blind in starting a small research unit in its new home for multiply handicapped children. There was friendly contact between the headquarters of both organisations, and there was no doubt that, by the 1950's, there was closer cooperation between all concerned with blind welfare than ever before.

In the mid 1980's the regional associations continue to play an important part in the welfare of the blind. The Southern Regional Association for the Blind and the Northern Regional Association for the Blind, train specialist workers for local authorities and for the local voluntary societies. Since the 1950's the regional associations have made an attempt to work even more closely together, and a major activity during 1974 and 1975 was the preparation for the agreed amalgamation of the Southern Regional Association with the Western Regional Association for the Blind. This was effected formally and financially on 1 April, 1975.¹⁴³ This merger, carried out at the request of the Department of Health and Social Security, was made for

reasons of economy and greater efficiency, and was in line with current thinking and present day concepts of management and social services for the blind, and brought together two organisations each with histories going back to the turn of the century. The new Association brought together local authorities and voluntary organisations in the following numbers:

Local authorities (non-metropolitan county areas)

Southern	24
Western	7
	<hr/>
	31
	<hr/>

Metropolitan County Area

West Midlands	7
London Borough Councils	32
	<hr/>
	70
	<hr/>

To this were added sixty-nine organisations from the area previously known as the Southern Region and eleven from the Western Region. As was the case with the Southern Region, the new Association is governed by a General Council made up of a representative of each local authority and each voluntary association within the region. These representatives form a General Council in which members participate fully and generally in the affairs of the Association. The regional associations have also collaborated in the production of journals. In the past the Regional Review reflected the activities of the Southern and Western Regional Association for the Blind. However, in the summer of 1980 the other three regional associations, namely the North Regional Association for the Blind, the Scottish National

Federation for the Welfare of the Blind and the Wales Council for the Blind, agreed to share their experiences in the production of a professional journal for workers with and for the blind. Consequently, the Regional Review was renamed the Inter-Regional Review.

Several years later, in the summer of 1983, the Inter-Regional Review and Insight, which was the journal of the Association for the Education and Welfare of the Visually Handicapped, merged and were replaced by The British Journal of Visual Impairment, which is now published by the South Regional Association for the Blind.

Some examples of national and local voluntary action and cooperation with the statutory authorities after the Second World War

The expectation that voluntary agencies might find less opportunities for work once the Second World War was over and the new social legislation was in operation was certainly not realised in the field of blind welfare, and several examples will demonstrate the continued vitality of both the local and the national voluntary organisations. New projects were begun by the counties associations in many parts of Britain to meet exceptional needs, such as the flatlets for able-bodied men and women at Swail House, which were provided by the London Association for the Blind, the nursing homes for those blind people with varying degrees of infirmity, run by the Essex County Association for the Blind, and the special occupation centre for blind children who were backward but not certifiable. These experiments were all welcomed by the relevant statutory authorities. In the post-war years the Royal National Institute for the Blind once

again demonstrated its ability to pioneer and it was successful in establishing a good working relationship with the statutory and voluntary bodies at a local, regional and national level. The general public had an opportunity to see the progress made in the technical field when the Louis Braille centenary was celebrated in 1952, and the new technical innovations on show included the electro-mechanical printing machine using plastic ink, the electronic sensing fingers, infra-red drying methods, and the Du Platt Taylor map-making machine. The RNIB was also able to develop its talking book service with the help of a grant of £50,000 from the Nuffield Trust.

After the war, several new trends were discernible in experiments in the rehabilitation of the blind. The earliest projects in rehabilitation had been concerned with blind ex-servicemen, and later ones with civilian war casualties, leading on to the industrial rehabilitation of the newly blinded in the Homes of Recovery at Torquay in Devon (Manor House and America Lodge), all of which concentrated on young and able-bodied people to fit them for the return to employment. In 1953 a new experiment in 'social rehabilitation' was begun at Oldbury Grange, near Bridgnorth, where a course was now offered to older visually handicapped people, especially women, to help them cope with the daily round of their own homes. The group also included those likely to be unemployable through some physical defect or temperamental problem.¹⁴⁴

A sound project after the war reflected the modern concern with the family and the work of the parent. A parents' unit was

opened in the grounds of a Sunshine Home at Court Grange, Abbotskerwell; it was essentially a family house, the mother staying with her blind child while becoming familiar with the methods of training in the Home, the father coming down for weekends whenever possible. The cooperation of the parents was also invited by the formation of parents' groups at the RNIB's headquarters in Great Portland Street in London. Parents from London and the Home Counties learned that they were not alone in dealing with their child's handicap; they could meet home teachers, and experts in several spheres of blind welfare, and discover how to share more intimately some of the children's interests, for example, by learning braille. Both the Parents' Unit and the Parents' Groups filled a valuable need as consultation and discussion centres, and helped parents to adjust themselves to the problems that were raised by their children's handicap.

A third project by the Royal National Institute for the Blind was essentially an extension of earlier work. Condover School, near Shrewsbury, an Elizabethan house maintained as a building of historic interest, was opened in 1948 for children with multiple handicaps. A group of thirty children from Court Grange, Devon, were soon joined by children who were 'educationally blind', with various other handicaps. By the addition of a special unit for deaf-blind children in 1952 it was hoped also to add to the data for research in this field. This project was undertaken at the request of the Ministry of Education, and the board of governors included not only representatives of the

RNIB's education committee but also members of Birmingham University, in addition to local men and women.

In the 1950's another experiment was begun at the invitation of the Ministry of Education. In 1956 Hethersett, near Reigate, was opened by the RNIB as a pilot centre for blind adolescents, in a further attempt to discover how best to bridge the gap between education and employment, and to prepare a blind adolescent who had spent a large part of school life in a residential institution, for life in the wider community. The emphasis was placed on further education and training, particularly social training, and opportunities were taken to assess the abilities and wishes of the trainee for his future employment and vocational training. Hethersett is still in existence.

Several years later, in 1960, the Royal National Institute for the Blind opened Rushton Hall, which is a junior school catering for 42 boys and girls up to the age of 12. All of them are visually handicapped and have additional handicaps which complicate their educational needs. The school is concerned with the all-round development of the children, and uses a range of teaching methods and media, including braille, large print and closed-circuit television.

By the mid 1950's services for the welfare of the blind in Britain had reached a standard above that for any other handicapped group. The system of registration was built on a sound foundation, and the incidence of blindness was well recorded. Research had been progressing into the causes of blindness, and a continued

reduction in the numbers of the blind in the lower age groups had testified to the success of early preventive measures. The importance of special education and training had been recognised, and great care was being given to placements in employment. Welfare services had become increasingly widespread, and assistance was provided on a relatively generous scale.

There were, however, weaknesses in the blind welfare system, many of which arose from the traditional pattern of development of services for the handicapped. The dependence upon charitable enterprise, with its local variations and unevenness of operation, was a characteristic feature of blind welfare. The development of the movement for the welfare of the blind in the 20th century was not founded upon a national effort to coordinate voluntary and statutory enterprise. Voluntary services for the blind were built up for the most part on local interest, the national organisations concentrating largely on special activities such as the production of books, magazines and special apparatus, or acting as consultants on important questions of education, training and employment.

As statutory responsibility for the welfare of the blind became more acceptable, local authorities were given increasing powers, and once again the extent to which action was taken depended on local interest. The quality and the range of the services provided by the local authorities showed very wide variations, and measured in terms of the expenditure per head on the blind the unevenness was startling. Throughout the 20th century, diversity of service, both voluntary and

statutory, throughout the country has been a characteristic feature of blind welfare.

The BBC provided a valuable service for the blind when in 1961 it introduced In Touch, a specialist radio programme for the visually handicapped. Throughout the 1960's the programme went out for only fifteen minutes once a month, which seemed barely enough to reflect the interests of an admittedly minority group. However, in the 1970's the time span of the programme was increased, and now it lasts for half an hour and is broadcast every week on Tuesdays. David Scott Blackhall, the founding father of In Touch, was closely associated with the programme from its inception until a few weeks before his death in 1981. The main presenter is now Peter White, a thirty-nine year old freelance radio journalist. He is assisted by Margaret Ford, a social worker with West Sussex County Council, who helps to answer listeners queries.¹⁴⁵

I will now consider the important developments which have taken place in blind welfare since 1971, which can be regarded as a watershed year in the history of blind welfare.

The history of blind welfare since 1971

Personal reactions to the onset of blindness are often likened to those experienced following bereavement. The characteristic features include a period of grief and mourning when the sufferer is preoccupied with his loss, then an attempt is made to make sense of the situation. The individual begins to reorganise his life, and the bereaved person finally emerges having accepted his loss and,

shedding his emotional responses, begins to acquire new techniques to cope with his present situation.

In 1971, following the recommendations of the Seebohm Report,¹⁴⁶ the blind welfare system virtually lost its specialist service, and suffered something very similar to bereavement - fifteen years later, it continues to mourn. One looks in vain for signs of reorganisation. When, in a client, reorganisation is so delayed it is referred to as a 'pathological reaction' or 'chronic grieving' and it is arguable, sadly, that these phrases might well also apply to the blind welfare system.

In 1971, the new local authority social services departments emerged from the old mental health, child care and welfare departments, committed to the concept of the generic rather than the specialist social worker. Up until then, blind welfare had been, in the main, the responsibility of the old welfare departments, and specialist workers (the home teachers or social welfare officers of the blind) worked exclusively with the visually handicapped. The traditional training of these workers was abolished and a distinction made between the social work and the teaching aspects of rehabilitation. This led to the present interim training schemes in technical and daily living skills (for technical officers) and mobility skills (for mobility officers).

The pre-1971 system had the following strengths:

- Regular visiting - the majority of the blind being visited every 7 to 12 weeks, and the very lonely visited weekly or fortnightly;
- reliable, knowledgeable and trained workers who were dedicated

and who had a sense of urgency about their clients' needs, and a preventive approach to their problems;

- continuity of the relationship between the worker and client;
- a specialist service in which staff had a current knowledge of the needs and situations of the people on their caseloads making it easier to identify the need for new types of services;
- the visually handicapped did not have to compete for the relative priority with every other potential kind of client group.

It is for this that much of the blind welfare system mourns.

He who mourns is told repeatedly by his friends that 'life still goes on' but the temptation is to turn inwards and let the world go by. As in life, so in social work, time does not stand still. Since 1971, it is possible to identify at least four major factors which have radically altered the traditional pattern of blind welfare. Most of these appear to have been ignored by the major blind welfare agencies.

Britain has an ageing population and visual handicap usually comes in extreme old age. The usual age at which people are registered is between 80 and 89 years. The number of people over 75 years of age in the British population as a whole is steadily rising, but the number of people in the 85 and over age group is expected to increase by 57.7 per cent in the next twenty years. Research undertaken by Cullinan and others has established that visual disability today is nearly always accompanied by another disability, and indeed, in the view of the sufferer, may not rank as the major disability.¹⁴⁷

To meet the true needs of the blind, a whole range of other services may be required, though they need to be modified to deal

with the limitations imposed by poor sight. The implications of these facts do not appear to have been grasped. One of the objectives of the Visual Impairment Association, which was established in 1979, is to bring together professional workers from a range of disciplines to pool their knowledge for the benefit of the visually impaired.

Some progress has been made, but ironically the Visual Impairment Association has been hampered by the problems of bringing workers in the specialist fields of blind welfare together. In the meantime, little attention is paid, for example, to assessing and adapting daily living aids for the physically handicapped to meet the needs of the visually handicapped, whilst many of the specialist aids for the blind still call for an alert mind, acute hearing and nimble fingers.

Secondly, the Chronically Sick and Disabled Persons' Act of 1970 has given an impetus to services for handicapped people the like of which has not been experienced before.¹⁴⁸ Access to services under this Act rests on 'need', not registration. The fact that, at the turn of the century, requirements to keep registers of all blind people was made mandatory on local authorities is rightly regarded as a watershed in the development of blind welfare. It made the old 'cradle to the grave' blind welfare service possible, and the 'blind system' became the envy of other disabled groups.

Today we have moved towards a functional assessment of disability, but in the blind 'system' registration still depends on distance visual acuity as measured by a consultant ophthalmologist.

The register is still divided into blind and partially sighted sections, which is a distinction increasingly regarded as false, and access to services may only be obtained after acquiring the correct label.

Indeed, it is arguable that the Chronically Sick and Disabled Persons' Act has had minimal effect on services for the visually handicapped, and it is not unknown for it to be argued that the Act does not apply to them. One curious result is that simple aids to daily living for the physically handicapped are now generally stocked and supplied by the local social services departments as routine, but those for the visually handicapped can only be obtained through a voluntary society for the blind or direct by mail order.

The reason for this situation is a classic example of a pioneering service overtaken by events. Many years before walking frames were invented, the Royal National Institute for the Blind was marketing specialist equipment for the blind and, to enable as many blind people as possible to benefit, selling it to voluntary organisations working on their behalf at greatly subsidised prices. Not surprisingly, this concessionary price was not extended to local authorities. Therefore a valuable service that was introduced to improve access to aids in the past, today militates against their availability.

A third major influence in the last few years on work with the visually handicapped has been the increasing emphasis on the use that can be made of residual vision. It has been recognised that most 'blind' people have some sight and that this sight cannot be harmed by the person using it. Modern aids plus skill can enable

it to be used very effectively indeed. This new knowledge travelled from the United States across the Atlantic and was taken up in Britain mainly by a small number of visually handicapped people themselves and a band of enthusiasts in ophthalmic optics.

However, like the long cane movement of the 1960's which proceeded it, this innovation was regarded warily by the major blind welfare agencies, who were no doubt understandably mindful that the image of a blind person as someone who could not see very well would not conjure cash out of the average citizen who tend to consider that all blind people are unable to see at all.

But even today, no organisation for the blind is sponsoring research into ways of using residual vision. Indeed, some of the work is being carried out almost surreptitiously by dedicated enthusiasts, and visual rehabilitation is still an unchartered field in the blind agencies. Quite clearly, in the future more research needs to be done into ways of using residual vision.

Fourthly, and finally, the steady erosion of specialist workers for the blind in local authorities since 1971 has now taken its toll. Of course, pools of expertise still exist, but over the country as a whole the ratio of registered blind people to specialist workers, where they exist, ranges from 100 : 1 to 1,000 : 1.¹⁴⁹

The temporary training schemes have produced comparatively few specialist workers, although it should be noted that the advent of the mobility officer has been a welcome, and perhaps the brightest trend, on a dark scenario. There are even fewer technical officers.

But militating equally against an effective service is the lack of a career structure for any worker who would like to specialise in visual handicap.

One should not dispute the value of generic training, or generic experience (the pre-1971 service for the blind lacked both and was the poorer because of it), but attention should be drawn to the fact that today for the majority of visually handicapped people, a service provided by narrowly specialist workers has, in most cases, been replaced by a service provided by unqualified workers, or no service at all. The proportion of newly registered blind people on a qualified social worker's active caseload, or the proportion assessed on referral by a specialist or professionally qualified social worker are matters for conjecture. One suspects that the proportion is minute.

It is probably not surprising that the statutory authorities and the voluntary organisations have looked to each other for a solution, possibly even a resurrection of the old home teacher. As in any crisis, the agencies that are involved have credited each other with ignorance or expertise, omnipotence or helplessness, inefficiency or bureaucratisation, and obsession or disinterest. Mutual recriminations have followed. Nowhere has this been more evident than in the training field.

No profession worthy of its reputation would tolerate the current level and quality of training for specialist workers for the visually handicapped. The interminable wranglings and political manoeuvring over the special option in visual handicap that was proposed by the

Central Council for Education and Training in Social Work for the Certificate in Social Service¹⁵⁰ demonstrates that there are far too many vested interests at stake, so that fresh thinking and initiatives are often blocked, or are seen as revolutionary. As a result, probably the first useful in-service training package to be devised in the past few years, which was produced by the Welsh Office in 1982,¹⁵¹ is only now emerging - mainly due to a small number of people outside the training establishments, funded outside the blind welfare system.

How can a formula for the future of blind welfare be found? If the bereavement theory holds good, then perhaps the clue lies there. In a recent study of bereavement, Parkes has observed that:

'Patients with chronic grief tend to be socially isolated and unable to find anything in life to look forward to rehabilitation is difficult and success may depend upon whether people are available in the family and in the community who can be drawn in to help the patient find a new place in society.'¹⁵²

The phrase 'a new place' probably has an attractive and enticing ring to workers in blind welfare. How can that new place for blind welfare be found?

Above all else, more information is required. No thorough analysis has ever been made of the needs of visually handicapped people. Unless there is reliable information on needs, accurate forecasts of future demands cannot be made. New techniques and developments will inevitably not be exploited to the full, or else used ineffectively or inappropriately. At a time when all the helping agencies are competing for finance in the face of cutbacks, low priority

will be given to a group whose needs have not been analysed dispassionately. Services will therefore increasingly fail to meet the real needs of the visually handicapped. If the workers in blind welfare could see more clearly where they actually are, and the direction in which their visually handicapped clients wish them to move, then this would help in the formulation of new priorities for the future development of blind welfare. The Royal National Institute for the Blind, which is the major organisation for the blind in this country, recognises the importance of research and so the Institute will be conducting a major nationwide survey of the needs of visually handicapped people in 1986-7. This survey was announced by Ian Bruce, the Director-General of the RNIB, in October 1985.¹⁵³ The RNIB has also recently completed a range of other studies concerning the demographic characteristics of the visually handicapped, the quality and the range of the social rehabilitation services that are offered to visually handicapped people, and the problems of visually handicapped workers in local government.¹⁵⁴ Taken all together, this work will add considerably to our knowledge of the needs and wishes of the visually handicapped, and so it will help to make further progress in the development of blind welfare possible.

It is likely that given the support that the blind welfare system is fortunate enough to receive from the general public, there may be nothing which needs to be done for and with the visually handicapped community in this country which could not be met from existing resources. Despite the country's present economic situation, the

visually handicapped need not suffer in the same way as less privileged groups, for blind welfare is rich in charities which have traditionally been the pioneers of new services for the blind. Between them, the four major national charities for the blind are worth £56 million, with an income in 1982 totalling £14 million. In addition to this, very considerable sums of money are to be found at a local level which could be released to meet the new needs of the closing decades of the 20th century. Given that approximately eighty five per cent of registered blind people in Britain have a degree of useful sight the most pressing need is for the provision of visual aids which can help them to make the best use of what sight they have. Many of these aids are simple and inexpensive and could be made more widely available if some of this money could be released for this purpose.

Obviously, the Royal National Institute for the Blind has a particularly important part to play in the future development of blind welfare. Between 1980 and 1984 the RNIB made a series of detailed plans about its work and future, and then in September 1984 announced a long term development programme that will cost a record £25 million.¹⁵⁵ This programme will be implemented on a phased basis between 1985 and 1990, and will effect every aspect of the Institute's work. Substantial improvements to existing services will be made and several new developments will be introduced. It is to be hoped that the programme will help to improve the provision of services to all visually handicapped people.

In the future development of blind welfare, local authorities also have a very important part to play. Local authority provision could

be improved if local authorities employed more specialist Technical Officers and Mobility Officers for the visually handicapped, assured that these staff were deployed in the most effective way, and that the senior staff in social service departments kept themselves informed of the requirements of visually handicapped people living in their areas, through an appropriate line management structure linking senior staff with specialist skilled workers for the visually handicapped. Local authorities could also take greater account of the facilities provided by other agencies, for example the Royal National Institute for the Blind, and assure that where appropriate visually handicapped people in their areas have the opportunity to make use of these services. Local authorities should also ensure that the visually handicapped people who live in their areas are fully informed of the services that are available to them, both locally, regionally and nationally.

Fifteen years of mourning in blind welfare is long enough. Somehow, in the mid 1980's, the workers in blind welfare must devise a service which recognises the unique contribution the visually handicapped have to make, which is neither irrelevant to their needs nor cossetting, but is competent to assess and meet those needs in an efficient and a professional way.

Now finally I intend to recap and summarise the history of blind welfare and make some concluding comments.

In conclusion: Are the workers in blind welfare producing the goods for the welfare of the visually handicapped?

In order to consider whether or not the workers in blind welfare are producing the goods for the welfare of the visually handicapped, one needs to separate the question into two parts: who are the workers in blind welfare? and what are the goods? Without an understanding of the past of blind welfare one cannot express confidence in its present or hope in its future.

It is arguable that the history of blind welfare is long, with a mixed history of slow starts and dead ends.

Care of the blind, so complex and sophisticated today, dates back over six hundred years in Britain. The first asylum to shelter one hundred blind men was built near London Wall in 1329 by William Elsing, a London mercer, at 'Elsing Spittle' or 'Spital'. It is the first documented example of the private philanthropy which was to play such a significant part in blind welfare. Until the Reformation most of the needy blind were cared for by the monks, in religious foundations. As far as statutory reference to blind people is concerned, the history begins with the Poor Law Act of 1601, which gave to churchwardens the responsibility for the giving of relief to the lame, impotent, old, blind and others unable to work. In 1601 the workers in blind welfare were churchwardens and the goods were the giving of financial relief.

Almost two hundred years later in 1791 Edward Rushton, a sailor and a poet who became blind on a boat bound for Dominica, while tending a cargo of Negro slaves with malignant ophthalmia,

founded the Liverpool School for the Indigent Blind, the first training establishment in Britain for blind people. Formal voluntary activity for the blind had arrived on the scene. The workers in blind welfare were now churchwardens and philanthropic volunteers and the goods were financial relief and training for employment.

Between training for employment and financial relief is employment itself, and during the 19th century it was no easier for visually handicapped people to obtain work than it is today. To meet the challenge a group of blind men formed in 1868 the British and Foreign Blind Association for the purpose of creating and finding employment that was suitable for blind people. The British and Foreign Blind Association became the National Institute for the Blind in 1914 and in 1948 the Royal National Institute for the Blind.

Education and training help to improve the opportunities for employment, and in 1872 Sir Francis Campbell, himself blind, founded the Royal Normal College and Academy of Music to provide advanced education and musical training for the blind. The workers in blind welfare were now churchwardens, or Boards of Guardians of the Poor, who by this time had taken over from parishes the responsibility for financial relief, philanthropic volunteers and self-help groups of blind people themselves. The goods were financial relief, training for employment and employment.

In 1886, eighteen years after the formation of what was eventually to become the Royal National Institute for the Blind, a Royal Commission was appointed to investigate the conditions of the blind

in the United Kingdom. The Royal Commission reported in 1889 and from its recommendations grew the Elementary Education (Blind and Deaf Children) Act of 1893. In 1893 the workers in blind welfare were Boards of Guardians, philanthropic volunteers, self-help groups of blind people themselves, and the state education system. The goods were financial relief, training for employment, employment and compulsory education for blind children. Also in 1893 the National League of the Blind was established, which from its initiation has been a vigorous pressure group within blind welfare.

The Royal Commission's report of 1889 also recommended that central workshops should be established in every large centre of population, but that the founding of the workshops was to be undertaken by private benevolence and they were not to be subsidised from public funds. The developing range of workers in blind welfare and the goods they offered takes a momentous lurch at this point. The workers in blind welfare grow to encompass the state pronouncing and philanthropic volunteers providing, and the goods grow to include workshops, statutory in function but voluntary in funding.

Then in 1920 came the culmination of the 1920 Blind Persons Act, the enactment of which can be greatly ascribed to the imaginative and influential leadership of one man, Sir Arthur Pearson. There was no slow start about Sir Arthur Pearson, but it is arguable that the 1920 Blind Persons Act, which he helped to inspire, was paradoxically the renowned beginning of a sadly dead, or at least moribund end, at which blind welfare finds itself today.

Sir Arthur Pearson, man of integrity, leading light of the newspaper industry and himself blind, was invited in 1913 by the British and Foreign Blind Association to come to its assistance in developing its braille library. He had only recently become blind and he accepted the invitation with enthusiasm. Ritchie noted that Pearson

'was soon able to show to an astonished and rather slow-going blind world what could be accomplished by hustle, flair, daring and a wide acquaintance with the advertising media. '156

As is now internationally acclaimed, Pearson included among his concerns the care of people blinded in battle and he created a large publicity organisation which spurred public benevolence both to the innovation of St Dunstan's and to massive financial support for the National Institute for the Blind.

At Pearson's energetic prompting, the whole country was roused and public opinion was strongly voiced that action had to be taken to coordinate and unify the help that was available for visually handicapped people. At the same time, as Pearson was individually at work, the National League of the Blind was campaigning corporately for state aid and state control in the workshops for the blind. Their campaign reached its climax in 1920, when two hundred blind men marched from Manchester to London and held a demonstration in Trafalgar Square, calling upon the government to improve the general condition of the blind.

This they did, by passing the 1920 Blind Persons Act. For blind welfare 1920 was a golden year. The Blind Persons Act made

it a duty of local authorities to provide for the welfare of the blind and gave them powers to maintain or contribute to the maintenance of workshops and homeworker schemes. In many areas local authorities delegated the work of the welfare of the blind to voluntary associations. The workers in blind welfare became local authorities and voluntary associations in partnership and the goods became the general welfare of the blind.

In the subsequent inauguration of what is now known as the welfare state, the welfare of the blind was subsumed in the National Assistance Act of 1948, the very year in which the National Institute for the Blind became the Royal National Institute for the Blind. The guiding principle of the new welfare service was declared in paragraph 60 of the Ministry of Health Circular 87/1948. The principle was, and has remained, that all handicapped people, whatever their disability, should have the maximum opportunity of sharing in, or contributing to, the life of the community, so that their capacities are realised to the full, their self-confidence developed and their social contacts strengthened. These are the goods in blind welfare today, and the workers in blind welfare remain local authorities and voluntary organisations in partnership.

Are the workers in blind welfare successfully producing the goods? The fact that the question is asked in the first place, suggests that there is some doubt about the performance of workers in supplying blind welfare services. There is reason to believe that the doubt is justified. From the high noon of the 1920 Blind Persons Act, the

way for blind welfare appears to have been gradually downhill until in the 1980's it shows signs of disappearing below the horizon. Blind welfare has become the Marie Celeste of the personal social services. Many believe it is there while some deny its existence but all have to agree that nobody has recently seen it in full sail, and if it is ever discovered again there is a fear that there will be found a crew living the life of an earlier era, according to aspirations which have little meaning in the modern world. There is, however, good and golden treasure lying in the hold awaiting rediscovery and reclamation.

In commenting on the decline of blind welfare one has to begin by mentioning the home teacher of the blind. The term 'home teacher of the blind' was first used in official circles in 1919 in Ministry of Health regulations which preceded the 1920 Blind Persons Act. The examination of the College of Teachers of the Blind for the Home Teaching Certificate was instituted in 1919, and in 1923 it became a condition of service for home teachers of the blind that unqualified people appointed to the work should take the examination within two years of appointment. This is among the oldest examples of a training and qualification requirement for workers in the personal social services. However, it appears that this proud and honourable beginning has now sunk without trace.

When one looks at the historic development of blind welfare one realises how much it has developed in isolation. Home teachers for the blind worked in isolation, were very possessive of their clients,

did not mix with other parts of the welfare departments and consequently at the construction of social service departments after the Seebohm Report even though home teachers for the blind were the only recognised persons besides Child Care Officers with qualifications they got no part of the hierarchy of the social services, because they were working in isolation. Consequently, there are very few people now in the hierarchy of the social services with knowledge and experience of blind welfare.

A trained and qualified workforce is essential at the heart of any effective delivery of service, and the workforce has to represent and speak for the consumers of its goods. This is where the home teachers appear to have let down the people whom they were trained, qualified and employed to serve. Dedication and devotion to individual duty was the hallmark of the home teaching service but sadly it lacked or failed to understand the need for a corporate voice, and so the workers in blind welfare are now having to ask where is the service now? or, in other words, are they producing the goods?

The fact that the home teachers failed to speak with a corporate voice and failed to effectively represent and speak for their consumers, helps to explain why the Younghusband Report and the Seebohm Report tended to overlook the needs and problems of the visually handicapped.

In 1955 the Working Party on Social Workers in Local Authority Health and Welfare Services was set up. The purpose of the Younghusband Working Party was to inquire into the recruitment and training of social workers employed in the health and welfare services

provided by local authorities. Among the seventy-eight organisations and individuals who submitted evidence to the Younghusband Working Party were the College of Teachers of the Blind, the Inter-Regional Committee of the Regional Associations for the Blind of England and Wales and the Scottish Federation for the Blind, the National Association of Home Teachers of the Blind of England and Wales, the National Federation of the Blind and the Royal National Institute for the Blind.¹⁵⁷ Despite the representations from these organisations, the Working Party recommended a general training for workers in the welfare services. Its Report said:

'We consider that the main trend should be away from the employment of specialised officers for various types of handicap and towards a combination of functions'¹⁵⁸ and 'Students particularly interested in work with the blind should have appropriate theoretical and practical studies and field work during their training.'¹⁵⁹

It is arguable that this was an inadequate response to the problems of visually handicapped people and their needs.

Ten years later in 1965 was established the Committee on Local Authority and Allied Personal Social Services, the Seebohm Committee. Its purpose was to review the organisation and responsibilities of the local authority personal social services in England and Wales, and to consider what changes were desirable to secure an effective family service. Among the one hundred and thirty eight organisations which submitted evidence to the Seebohm Committee were the College of Teachers of the Blind, the National Association of Social Welfare Officers of the Blind of England and Wales and the National Federation of the Blind.¹⁶⁰ Despite the representations from these organisations,

the Committee made only one direct reference to blind welfare.

In Chapter XVII entitled Specialisation in Social Work, it reported the professional view expressed to it that:

'some kinds of social work demand a high concentration of interest, a detailed knowledge, and a particular attitude of mind if they are to be done adequately; for example, some said that special skills are needed for work with the blind and deaf, in child guidance, and in adoption work. '161

The Committee went on, however, to state its own view that:

'We consider that a family or individual in need of social care should, as far as is possible, be served by a single social worker. '162

As in the case of the Younghusband Report, it is arguable that this was an inadequate response to the needs and problems of visually handicapped people.

In recent reports, the needs of the visually handicapped have also been overlooked and neglected. In 1980 the Secretary of State for Social Services commissioned the Working Party on Social Workers - Their Role and Tasks, the Barclay Working Party. Its purpose was to review the role and tasks of social workers in local authority social services departments in England and Wales and to make recommendations. Among the three hundred and forty-one organisations and individuals who submitted evidence to the Barclay Working Party were the International Glaucoma Association, the Scottish Area of the National League of the Blind and Disabled, the Royal Leicestershire, Rutland and Wycliffe Society for the Blind, the Royal National Institute for the Blind, and the Southern and Western Regional Association for the Blind. ¹⁶³ Despite the

representations from these organisations, the Working Party made only one direct reference to the visually handicapped. In chapter II entitled Views of Social Work, it reported that:

'We were particularly concerned not to overlook the reactions of clients who were critical of social workers We found such reactions among four groups - the parents of children in care under court orders; young people in care or recently out of care; physically handicapped people, including deaf people and blind people, and parents of mentally handicapped children; and members of ethnic minorities. ¹⁶⁴

Besides this small reference to the blind, no attempt was made by the Working Party to examine the role and tasks of social workers in relation to the visually handicapped.

In 1981, while the Barclay Working Party was at work but before it had reported, the same Secretary of State for Social Services who had commissioned the Barclay Working Party published a document entitled Care in Action - a handbook of policies and priorities for the health and personal social services in England. ¹⁶⁵ In chapter 5 entitled Priority Groups and Services there is a section headed Services for Physically Disabled and Sensorily Impaired People and it is here stated that:

'Services for people who are physically disabled or sensorily impaired should have the general aim of enabling them to lead full and purposeful lives, if possible in the community, and preventing, or reducing the effects of their conditions.'

After this reverberation of paragraph 60 of Ministry of Health Circular 87/1948 the section continues:

'Social services departments will need to provide social work, home helps, meals on wheels, aids to daily living etc; and, in cooperation with housing

departments, home adaptations. Health authorities will need to provide district nursing and incontinence services, remedial therapy, speech therapy services and chiropody. Voluntary bodies, often acting as agents of local authorities, can provide such services as care attendant schemes, holiday homes, counselling and information; and volunteers can provide support in many ways. ¹⁶⁶

Where in all this is blind welfare as we have known it and would like to see it? Churchwardens, philanthropic volunteers, Boards of Guardians of the Poor, Edward Rushton, Sir Francis Campbell, the Royal Commission on the Conditions of the Blind in the United Kingdom, Sir Arthur Pearson, the two hundred blind men who marched from Manchester to London and the organisations of and for the blind who submitted evidence to the Youngusband Working Party, the Seeborn Committee and the Barclay Working Party all wrapped up and bundled away in one final etcetera.

Finally, in 1983 two books were published which provide the most recent evidence that services for the visually handicapped seem to have disappeared from the face of the earth, or at least from the face of the personal social services. The first book is the 1983 edition of Social Services Made Simple by Byrne and Padfield, ¹⁶⁷ which provides for the general reader an introduction and background to the social services in Britain. The index contains the item 'Blind, services for' and on turning to page one hundred and seven there is to be found the single sentence: 'In 1980 in England and Wales there were 170,000 registered blind or visually handicapped people.' The second book by Joan Cooper, at the other end of the academic spectrum, is The Creation of the British Personal Social Services

1962-1974,¹⁶⁸ which sets out to trace the problems of social service organisation back to the legacy of the Poor Law and the influences of charitable and philanthropic enterprise. Cooper concludes that change in social policy in its historic context is an untidy process in which narrow aims compete with wider issues and that the actual process of policy making is unstable and unpredictable. Blind welfare indeed and in a nutshell, but the book makes no reference at all to services for the visually handicapped. This omission is not an indictment of the author but a demonstration of the extent to which blind welfare has in the 1980's disappeared from the social services scene.

So, in the mid 1980's, who are the workers in blind welfare? and what are the goods? The workers in blind welfare know who they are, but does anybody else know who they are or even that they exist? Where is the impact of all that evidence submitted to Dame Eileen Younghusband, Lord Seebohm and Mr. Peter Barclay? It is the responsibility of the workers in blind welfare to find and use their corporate voice in the cause of blind welfare, so that in the future the needs and the problems of the blind are not overlooked by planners and by official working parties.

In the mid 1980's the goods in blind welfare are information, advice and rehabilitation. Between 1980 and 1983 Patrick Phelan kept careful figures of his work as a social worker with the blind. A pattern in the work became strongly apparent: in his experience on initial referral for registration as visually impaired one hundred

per cent of people and their families need information, sixty per cent then need advice and help in making constructive use of the information and less than ten per cent need rehabilitation in the full meaning of the term.¹⁶⁹ In the future in order to produce these goods the right workers must be trained in the right way.

Over the centuries, the focus of blind welfare has changed through a number of stages from financial relief by churchwardens to the need today for social care planning by workers within the partnership between local authorities and the voluntary associations. For the sake of their clients and for the advancement of blind welfare, the workers in blind welfare must continue to bring into their work contemporary thinking and enlightened approaches to assessment, planning, provision, rehabilitation and evaluation.

Notes and References

1. The first Blind Persons Act was passed in 1920.
2. Quoted in the National Institute for the Blind Bulletin, No. 7 (1934 edition) page 8.
3. A guide to the institutions and charities for the blind which was published in 1884 mentions 79 Home Teaching Societies. See M. Turner and W. Harris, A guide to the institutions and charities for the blind in the United Kingdom (Simpkin, Marshall and Co., London, 1884). The history of home teaching has been traced in some detail by Thomas and Burt. See Mary G. Thomas, 'A Hundred Years of Home Teaching', The New Beacon, Volume LXI, Number 484, June 25 1957, pages 121-123 and C. T. Burt, 'The start of Home Teaching', The New Beacon, Volume LXI, Number 479, January 1957, page 4.
4. See the Charities Register and Digest, 1897. The Charities Register and Digest was a publication of the Charity Organisation Society and is a useful source of historical information.
5. See the article by H. J. Wilson in the Charities Register and Digest, 1899.
6. J. F. Wilson, 'Voluntary organisations for the welfare of the blind', in A. F. C. Bourdillion, (ed.), Voluntary Social Services Their Place in the Modern State (Methuen, London, 1945) page 64.
7. It was the British and Foreign Blind Association which finally succeeded in establishing the superiority of braille and moon type amongst the many being tried out in the 19th century. Its secretary, Dr Armitage, was largely responsible for this, and for the improvement in school appliances. The Association later became the National Institute for the Blind and, after the Second World War, the Royal National Institute for the Blind. The history of the RNIB is traced more fully in chapter 3.
8. See the Charities Register and Digest, 1st edition, 1882, page 129.
9. See the Charities Register and Digest, 1st edition, 1882, page 129.
10. The particular contribution of Rushton and Christie has been discussed by Pritchard. See D. G. Pritchard, Education and the Handicapped 1760-1960 (Routledge and Kegan Paul, London, 1963). Heller has recently examined the work of the pioneers in the education of the blind in the 18th century. See Robert Heller, 'Educating the blind in the age of enlightenment. Growing points of a social service', Medical History, Volume 23, Number 4, October 1979, pages 392-403.

11. The history of Worcester College is traced by Mary G. Thomas, The First Seventy Years A History of Worcester College for the Blind (National Institute for the Blind, London, 1938) and by Donald Bell, (ed.), An Experiment in Education The History of Worcester College for the Blind (Hutchinson of London, 1967).
12. See the Charities Register and Digest, 1882.
13. See the Charities Register and Digest, 1898.
14. See the Charities Register and Digest, 1884, page lxxvii.
15. See M. Turner and W. Harris, A guide to the institutions and charities for the blind in the United Kingdom (Simpkin, Marshall and Co., London, 1884).
16. See 'A History of Blind Welfare', National Institute for the Blind Bulletin, No. 7, 1934 edition, page 24. Pritchard and Getliff have discussed the foundation of the College of Teachers of the Blind. See D.G. Pritchard, Education and the Handicapped 1760-1960 (Routledge and Kegan Paul, London, 1963) pages 196-197 and Getliff, 'The College of Teachers of the Blind', The Teacher of the Blind, Volume 43, Number 5, June 1955, pages 190-201.
17. The main provisions of this act will be outlined later in this chapter.
18. See Ministry of Health Circular 1086, 1930, which refers to the home workers' scheme.
19. See The Blind, No. 28, 1904, and No. 35, 1906, July and October issues.
20. See the report in The Blind, No. 22, published by Gardner's Trust, 1903, and the reference to The Education of the Blind under the London School Board, by Rose F. Petty.
21. See The Blind, 20 April 1898 and 20 January 1899.
22. See the Ministry of Labour, Report of the Working Party on the Employment of Blind Persons, 1951, page 10.
23. This society had been established in order to produce books and present them to free libraries and to schools. It also let libraries have manuscript books at a cheap rate.
24. See the annual report of the British and Foreign Blind Association for 1911.

25. See the Charities Register and Digest, 1907, article by H. J. Wilson.
26. See J. F. Wilson, 'Voluntary organisations for the welfare of the blind', in A. F. C. Bourdillion, (ed.), Voluntary Social Services Their Place in the Modern State (Methuen, London, 1945) page 67.
27. See the Charities Register and Digest, 1908, article by H. J. Wilson, page cclxii.
28. These acts will be considered later in this chapter.
29. See the Charities Register and Digest, 1911, article by H. J. Wilson, page cclxix.
30. See the Charities Register and Digest, 1913, article by H. J. Wilson, page cclxxii.
31. See chapter 3.
32. See J. F. Wilson, 'Voluntary organisations for the welfare of the blind', in A. F. C. Bourdillion, (ed.), Voluntary Social Services Their Place in the Modern State (Methuen, London, 1945) page 66.
33. See the Charities Register and Digest, 1914, article by H. J. Wilson.
34. See the Charities Register and Digest, 1913.
35. See chapter 3.
36. No attempt is made here to give a complete list, and only a few of the local and national societies are mentioned, as illustrating the general trend. The total receipts of charities for the blind who sent accounts to the Charity Organisation Society increased from an average of approximately £329,000 in the first decade of the 20th century to £497,000 in the second, and £1,159,000 in the third. The actual number of charities in fact decreased from an average of 101 in the first decade, to 74 in the second, and 64 in the third. See the Charities Register and Digest, the yearly reports of charties between 1904 and 1927.
37. Dr W. A. Mumford has traced the history of the National Library for the Blind. See Dr W. A. Mumford, Short History of the National Library for the Blind (National Library for the Blind, London, 1985).
38. The history of St Dunstan's and its contribution to the development of a modern approach to 'rehabilitation' is traced in chapter 5.

39. See J. F. Wilson, 'Voluntary organisations for the welfare of the blind', in A. F. C. Bourdillion, (ed.), Voluntary Social Services Their Place in the Modern State (Methuen, London, 1945) page 66.
40. See chapter 6, where the history of the National League of the Blind is traced in more detail.
41. Deborah Stone has pointed out that the term 'defectives' was originally used in the Poor Law administration to designate the blind, deaf, and dumb: that is, persons having a deficiency of the senses. See Deborah A. Stone, The Disabled State (Macmillan, London, 1985) pages 47-48.
42. See E. C. Johnson, The blind of London (John Mitchell, London, 1860). This sixty two page document contains some important historical material.
43. See the three Poor Law Acts of 1862, 1867 and 1879.
44. See The Blind, 20 April, 1898, and 20 January, 1899.
45. This was later made possible by the Elementary Education (Blind and Deaf Children) Act of 1893.
46. Campbell quoted in the Charities Register and Digest, 1884, page lxxvii.
47. See the Charities Register and Digest, 1882, page 76.
48. Charities Register and Digest, 1882, page 75.
49. See the Reports on the Education of the Blind by Messrs. Oakley, Sharpe and Fitch (C. 4747 ... xxv, 553 of Printed Bills, Reports and Estimates, Accounts and Papers of Sessions 1 and 11, 1886).
50. See the Charities Register and Digest, 1898.
51. The address by Dr Eichholz at the first Conference of the North of England Union of Institutions for the blind in 1907.
52. Quoted with evident approval in the introduction to the first edition of the Charities Register and Digest by C. S. Loch, secretary of the Charity Organisation Society, page cxxviii.
53. See chapter six.
54. For an account of the League's march to London, see The National League of the Blind, Golden Jubilee Souvenir Brochure (National League of the Blind, London 1949) pages 14-18.

55. See Hansard, 11 March 1914, Volume LIX, Cols. 1313-55.
56. See the National Institute for the Blind Report for 1914, page 29.
57. The report of the Departmental Committee was discussed in some detail by the National League of the Blind in 1949. See The National League of the Blind, Golden Jubilee Souvenir Brochure (National League of the Blind, London, 1949) pages 13-14.
58. See Jennifer Moss, for Shankland Cox, Initial Demographic Study 1985 (Royal National Institute for the Blind, London, 1985). Moss' study is discussed in more detail in chapter two.
59. Ministry of Health: Reference 106/19. Circular 7 B. D., 7/8/1919.
60. In its first report of 1919-1920 the Advisory Committee of the Ministry of Health reported the withholding of a grant to the South Wales Association because it was 'not showing activity in its proper work'.
61. The detailed provisions of the 1920 Blind Persons Act have been well described. See the following: R. C. Vawda, 'Social Services Departments - Services for the Handicapped', Report of the Fourth Conference on Children with a Combined Visual and Auditory Handicap 10, 11 and 12 September 1976 (National Association for the Deaf-Blind and Rubella Handicapped), especially page 31, and The National League of the Blind, Golden Jubilee Souvenir Brochure (National League of the Blind, London, 1949) page 18. The campaign of the League in the early 20th century for a new Act of Parliament for the welfare of the blind is described in more detail in chapter six.
62. That is, a non-contributory old age pension under the Old Age Pension Acts of 1908-19 by which pensions might be claimed, normally at the age of seventy, after certain conditions regarding needs, nationality and residence had been satisfied.
63. Mary G. Thomas, The Royal National Institute for the Blind 1868-1956 (Royal National Institute for the Blind, London, 1957) page 36.
64. W. M. Eagar, Co-operation between the state and the individual The British system of blind welfare (Typescript, dated May 1947) page 1.
65. Circular 133, 25 September 1920, Ministry of Health.
66. See the Third Annual Report of the Advisory Committee on the Welfare of the Blind for 1921-1922.

67. See Mary G. Thomas, The Royal National Institute for the Blind 1868-1956 (Royal National Institute for the Blind, London, 1957) pages 99-100.
68. See the Sixth Annual Report of the Advisory Committee on the Welfare of the Blind for 1924-1926, pages 13-14.
69. See J. F. Wilson, 'Voluntary organisations for the welfare of the blind', in A. F. C. Bourdillion, (ed.), Voluntary Social Services Their Place in the Modern State (Methuen, London, 1945) page 64.
70. J. F. Wilson, 'Voluntary organisations for the welfare of the blind', in A. F. C. Bourdillion, (ed.), Voluntary Social Services Their Place in the Modern State (Methuen, London, 1945) page 64.
71. See the Sixth Annual Report of the Advisory Committee on the Welfare of the Blind for 1924-1926.
72. See the Seventh Annual Report of the Advisory Committee on the Welfare of the Blind, page 18.
73. See W. M. Eagar, Co-operation between the state and the individual The British system of blind welfare (Typescript, dated May 1947) page 1.
74. Voluntary workshops for the blind, including the Blind Employment Factory in Waterloo Road, still exist in London in the 1980's. See Tom Parker, 'Changes I have seen', Regional Review, Number 66, Winter 1979, page 28. (The Regional Review was until recently the journal of the Southern Regional Association for the Blind).
75. Memorandum 27/B. D. of 25 September, 1920, was still applicable under Section 2 of the 1938 Blind Persons Act. The 1938 Blind Persons Act will be examined later in this chapter.
76. See the Ministry of Health Advisory Committee, Handbook on the Welfare of the Blind, 3rd edition.
77. As was pointed out earlier in this chapter, the first step for the compulsory notification of ophthalmia neonatorum was taken in 1914, after several progressive local authorities had proved its value. By the mid 1930's it had resulted in the considerable reduction of blindness in infants.
78. See the Public Health Act, 1925, Part VII, Sec. 66 (i).
79. Rose has described the main provisions of the 1938 Blind Persons Act. See June Rose, Changing Focus The Development of Blind Welfare in Britain (Hutchinson of London, 1970) pages 118-119.

The National League of the Blind had mounted a vigorous campaign in the 1930's for a new Act of Parliament for the blind. See chapter six.

80. See D. G. Pritchard, Education and the Handicapped 1760-1960 (Routledge and Kegan Paul, London, 1963).
81. See Lord Fraser of Lonsdale, My Story of St Dunstan's (George G. Harrap, London, 1961) pages 113-114.
82. Thomas and Rose have described the origins of the British Wireless for the Blind Fund in the 1920's. See Mary G. Thomas, The Royal National Institute for the Blind 1868-1956 (Royal National Institute for the Blind, London, 1957) page 64 and June Rose, Changing Focus The Development of Blind Welfare in Britain (Hutchinson of London, 1970) page 72. The British Wireless for the Blind Fund is still in existence.
83. Ebeling has written a history of the guide dog movement. See W. H. Ebeling, 'The Guide Dog Movement', in Paul A. Zahl, Blindness Modern Approaches to the Unseen Environment (Hafner Publishing Company, New York and London, 1963). The Guide Dogs for the Blind Association is still in existence and recently Major General John Groom, the Director-General of the Guide Dogs for the Blind Association, described the present work of the organisation. See the item entitled 'Guide Dogs', The New Beacon, November 1985, Volume LXIX, Number 823, page 334.
84. See chapter three.
85. See Mary G. Thomas, The Royal National Institute for the Blind 1868-1956 (Royal National Institute for the Blind, London, 1957) pages 93-98.
86. See Dr W. A. Mumford, Short History of the National Library for the Blind (National Library for the Blind, London, 1985).
87. For an examination of the history of the Birmingham Royal Institution for the Blind, see the Birmingham Royal Institution for the Blind, 1847-1947 The Story of the Birmingham Royal Institution for the Blind (The Society, Birmingham, 1947).
88. See chapter six, where the history of the National League of the Blind and the National Federation of the Blind is traced in more detail.
89. National Institute for the Blind Bulletin, Number 7, page 30 (1934 edition).

90. See Circular 1086, 1930 for the first suggestion by the Ministry of Health to local authorities of the desirability of this measure.
91. In their annual report for 1928-29, the Advisory Committee on the Welfare of the Blind drew attention to some of the main difficulties and declared that: 'It has been represented to us that in their work for the prevention of blindness, voluntary agencies have been hindered owing to the difficulty of getting the eyes of an uninsured person examined by an ophthalmic surgeon, excepting as a private patient and on payment of full fees, which, on occasions, has caused real hardship.'
92. The Advisory Committee on the Welfare of the Blind in its sixth annual report in 1924-26 had already paid a handsome tribute to the voluntary organisations for their properganda and other measures for the prevention of blindness.
93. Advanced work on the causes of blindness was carried out by Professor Arnold Sorsby and published by the Medical Research Council. The research was done with the close cooperation of the Southern Regional Association for the Blind. Sorsby's work has since become well known. See Arnold Sorsby, The incidence and causes of blindness in England and Wales 1948-1962 Reports on Public Health and Medical Subjects No. 114 HMSO, London, 1966.
94. The history of the Sunshine Homes is traced more fully in chapter three.
95. In its annual report for 1923-1924, the Advisory Committee reported that since larger numbers of blind people were being trained as a result of the operation of the Blind Persons Act of 1920, 'it is gratifying to note that the voluntary agencies are making a serious attempt to cope with the increased demands that are being made upon them for workshop accommodation'. See the annual report of the Advisory Committee on the Welfare of the Blind, pages 7, 8 and 9.
96. Eighth annual report of the Advisory Committee, 1928-1929, page 8.
97. Eighth annual report of the Advisory Committee, 1928-1929, pages 7 and 8.
98. See Ministry of Health Circular 369.
99. Joint Memorandum by the Board of Education and the Ministry of Health with a circular letter, 1403, of 1 July 1929.
100. Fourth annual report of the Advisory Committee on the Welfare of the Blind, 1922-1923, page 12.

101. See Ministry of Health Circular 1/47, 7 January 1947.
102. See the Tenth Annual Report of the Advisory Committee on the Welfare of the Blind, 1931-1932, page 16.
103. Ninth Annual Report of the Advisory Committee on the Welfare of the Blind, 1929-1930, pages 8-9.
104. Sixth Annual Report of the Advisory Committee on the Welfare of the Blind, 1924-1926, page 5. Cf. also their report for the year 1923-1924, page 19, where they declared that: 'The triple partnership has been abundantly justified.'
105. One of the ways in which the Minister of Health encouraged the Counties' Associations for the Blind was by the offer of grant-aid to the extent of £20 for every one hundred blind persons registered by them.
106. National Institute for the Blind Bulletin, Number 7, page 25. See also June Rose, Changing Focus The development of blind welfare in Britain (Hutchinson of London, 1970) page 59.
107. See the Sixth Annual Report of the Advisory Committee on the Welfare of the Blind for 1924-1926, pages 20-23.
108. See the National Institute for the Blind's Annual Report for 1929-1930.
109. Circular 682/1926.
110. See J. F. Wilson, 'Voluntary organisations for the welfare of the blind', in A. F. C. Bourdillion, (ed.), Voluntary Social Services Their Place in the Modern State (Methuen, London, 1945) pages 68-69.
111. J. F. Wilson, 'Voluntary organisations for the welfare of the blind', in A. F. C. Bourdillion, (ed.), Voluntary Social Services Their Place in the Modern State (Methuen, London, 1945) page 70.
112. J. F. Wilson, 'Voluntary organisations for the welfare of the blind', in A. F. C. Bourdillion, (ed.), Voluntary Social Services Their Place in the Modern State (Methuen, London, 1945) page 70.
113. When in 1933 Dr Alfred Eichholz died his cousin, William Eichholz, made a substantial gift in his memory to the National Institute for the Blind. This was the Alfred Eichholz Memorial Clinic and Institute of Massage by the Blind. It was opened in July 1934 by the Prince of Wales as a head-

quarters for the profession of massage and physiotherapy by the blind. See Mary G. Thomas, The Royal National Institute for the Blind 1868-1956 (Royal National Institute for the Blind, London, 1957) page 96.

114. See the National Institute for the Blind's Annual Report for 1929-30, page 9.
115. See 'Home Topics', The New Beacon, August 1963, Volume XLVII, Number 556, page 210.
116. See chapter six.
117. See chapter three and chapter six, where the changing composition of the Executive Council of the Royal National Institute for the Blind is discussed in more detail.
118. This was the official requirement before a voluntary organisation was recognised by the Ministry of Health as a supervisory agency, and awarded grant-aid.
119. At considerably less than cost price.
120. In 1936, for example, approximately eighty per cent of the registered blind people in England and Wales were classed as unemployable.
121. See PL/1941, the Ministry of Labour and National Service.
122. The Tomlinson Report, Report of the Inter-Departmental Committee on the Rehabilitation and Resettlement of Disabled Persons Cmnd 6415, HMSO, London, 1943.
123. It should be noted, too, that Vauxhall Motors and several other firms had been experimenting in the employment of physically handicapped men and had designed special apparatus in some cases.
124. The Tomlinson Report, Report of the Inter-Departmental Committee on the Rehabilitation and Resettlement of Disabled Persons Cmnd 6415, HMSO, London, 1943, page 35.
125. W. Eagar, the Secretary-General of the National Institute for the Blind, had submitted a memorandum to the Beveridge Committee. See W. Eagar, 'Blind welfare and social security: a memorandum submitted by the Secretary-General of the National Institute for the Blind, for the consideration of the Inter-Departmental Committee on Social Insurance and Allied Services under the Chairmanship of Sir William Beveridge, KCB', The New Beacon, 1942, Volume 26, pages 87-100.

Also see the National Institute for the Blind Bulletin No. 15, Blind Welfare after the War. The Southern Regional Association for the Blind also held a conference to discuss the proposals of the Beveridge Committee. See the Southern Regional Association for the Blind, Report of a conference to consider the place of blind welfare and the position of the blind in the social services as reviewed by the Beveridge Committee 1942 Conference report no. 6 (South Regional Association for the Blind, London, 1942).

126. National Institute for the Blind Bulletin No. 15, Blind Welfare after the War, page 6.
127. Quotation from The New Beacon, April 1942.
128. See the Ministry of Labour and National Service, Report of the Working Party on the Employment of Blind Persons (HMSO, London, 1951) page 34.
129. See the Ministry of Labour and National Service, Report of the Working Party on the Employment of Blind Persons (HMSO, London, 1951) page ii.
130. See chapter three.
131. See the Ministry of Labour and National Service, Report of the Working Party on the Employment of Blind Persons (HMSO, London, 1951) page 35.
132. See the Ministry of Labour and National Service, Report of the Working Party on the Employment of Blind Persons (HMSO, London, 1951) page 31.
133. See the Ministry of Labour and National Service, Report of the Working Party on the Employment of Blind Persons (HMSO, London, 1951) page 35.
134. Joint Circular 8/52, 15 April, 1952.
135. See The New Beacon, 5 July, 1952.
136. See The New Beacon, 15 August, 1952.
137. See Sections 21, 26, 29 and 30 of the 1948 National Assistance Act.
138. The Minister of Health pointed out that it was more appropriate to do this under Section 29 than under Section 26 of the National Assistance Act.

139. Little has been written about the local voluntary societies for the blind. However, several years ago Armstrong carried out a survey of the services that are provided by these agencies. See J. D. Armstrong, 'A survey of services provided by local voluntary agencies for the visually handicapped', The New Beacon, July 1977, Volume LXI, Number 723, pages 169-172.
140. The Eastern Counties, the Midland Counties and the London and Eastern Counties Associations' amalgamation resulted in the reduction from seven to four regional associations to cover England, Scotland and Wales.
141. See the annual report of the Southern Regional Association for the Blind for 1945-6 for an account of the detailed preparatory work that was necessary.
142. See Circular 455, 2 March, 1955.
143. See the Regional Review, Number 59, September, 1975, page 14.
144. Thomas has described the work at Oldbury Grange. See Mary G. Thomas, The Royal National Institute for the Blind 1868-1956 (Royal National Institute for the Blind, London, 1957) pages 105-106.
145. After David Scott Blackhall died the decision was made to introduce the David Scott Blackhall Memorial Award, which is an annual £500 prize donated by the Patients Aid Association of Wolverhampton. The prize is given to any individual or group who provide a valuable service for the blind. For example, in 1985 the winner was Ivor Rickard, a prison officer who pioneered the braille transcription service at Aylesbury Prison.
146. The Seebohm Report, Report of the Committee on Local Authority and Allied Personal Social Services Cmnd 3703 HMSO, London, 1968.
147. See T. R. Cullinan, The epidemiology of visual disability studies of visually disabled people in the community Health Services Research Unit Report, Number 28, University of Kent at Canterbury, 1977.
148. Recently Eda Topliss and Bryan Gould examined the origins and passage of the 1970 Chronically Sick and Disabled Persons Act, and what impact it has made on the lives of disabled people. See Eda Topliss and Bryan Gould, A Charter for the Disabled (Basil Blackwell and Martin Robertson, Oxford, 1981). A debate in the House of Commons in 1985 traced the origins of the Act and examined what effect it has had on the disabled. See the House of Commons, Hansard, 10 June 1985, Cols. 644-690.

149. The South Regional Association for the Blind and Geoffrey W. Biggs have examined the ratio of clients to specialists in different parts of the country. Their surveys show that specialists are unevenly distributed throughout the country. See the Inter-Regional Review, Number 67, Summer 1980, pages 3-6; Number 68, Winter 1980/81, page 10; Number 69, Summer 1981, page 28; Number 70, Winter 1981/82, page 15 and Geoffrey W. Biggs, 'Blind mobility training services in English local authorities', The New Beacon, September 1982, Volume LXVI, Number 785, pages 225-229.
150. See the editorial comments of the South Regional Association for the Blind: 'The Independent Special Option', The Inter-Regional Review, Number 68, Winter 1980/81, page 2.
151. See the Welsh Office, Visual Handicap: Staff Development Package, 1982.
152. C.M. Parkes, Bereavement: Studies of Grief in Adult Life (Penguin, 1972).
153. See Ian W. Bruce, 'RNIB: A development programme', The New Beacon, October 1985, Volume LXIX, Number 822, page 290.
154. See Jennifer Moss, for Shankland Cox, Initial Demographic Study 1985 (Royal National Institute for the Blind, London, 1985); Penelope Shore, Local Authority Social Rehabilitation Services to Visually Handicapped People (Royal National Institute for the Blind, London, 1985); and Deborah Mullins, Visually Handicapped Workers in Local Government (Royal National Institute for the Blind, London, 1984).
155. The development programme is examined in more detail in chapter three.
156. J. M. Ritchie, Concerning the Blind (Oliver and Boyd, Edinburgh and London, 1930).
157. See the Younghusband Report, Report of the Working Party on Social Workers in the Local Authority Health and Welfare Services HMSO, London, 1959, Appendix A.
158. The Younghusband Report, Report of the Working Party on Social Workers in the Local Authority Health and Welfare Services HMSO, London, 1959, paragraph 892.
159. The Younghusband Report, Report of the Working Party on Social Workers in the Local Authority Health and Welfare Services HMSO, London, 1959, paragraph 895.

160. See the Seebohm Report, Report of the Committee on Local Authority and Allied Personal Social Services Cmnd 3703 HMSO, London, 1968, Appendix B.
161. The Seebohm Report, Report of the Committee on Local Authority and Allied Personal Social Services Cmnd 3703 HMSO, London, 1968, paragraph 515.
162. The Seebohm Report, Report of the Committee on Local Authority and Allied Personal Social Services Cmnd 3703 HMSO, London, 1968, paragraph 516.
163. See the Barclay Report, Social Workers - Their Role and Tasks Bedford Square Press, 1982, Appendix E.
164. The Barclay Report, Social Workers - Their Role and Tasks Bedford Square Press, 1982, paragraph 11.12.
165. Department of Health and Social Security, Care in Action - a handbook of policies and priorities for the health and personal social services in England HMSO, London, 1981.
166. Department of Health and Social Security, Care in Action - a handbook of policies and priorities for the health and personal social services in England HMSO, London, 1981, page 36.
167. Tony Byrne and Colin F. Padfield, Social Services Made Simple, 2nd edition (Heinemann, 1983).
168. Joan Cooper, The Creation of the British Social Services, 1962-1974 (Heinemann, 1983).
169. Patrick Phelan supplied me with these figures.

CHAPTER TWO

DEMOGRAPHIC STUDIES OF THE VISUALLY HANDICAPPED

In this chapter I intend to do three main things: first, I intend to examine the issue of who are the visually handicapped; then I intend to examine the registration of the visually handicapped and, finally, I intend to look at two recent and important demographic studies of the visually handicapped, namely Timothy Cullinan's analysis of visually handicapped people at home and Jennifer Moss' general demographic study of the visually handicapped in the United Kingdom.

Who are the visually handicapped ?

The definitions of blindness and of partial sight are important instruments in public policy. As Page points out:

'A definition of blindness (and of partial sight) is on the national level not simply a research tool or a guide to compilers of health statistics; rather it is a social or legal instrument which determines how the community will deal with particular individuals with visual handicaps. ¹

In Britain the functional approach is adopted, and criteria for classification as blind or partially sighted do not depend solely on measurements of visual acuity and visual field, as in the American definition of legal blindness. ² In Britain, a person is defined as registrably blind under the 1948 National Assistance Act if he or she is 'so blind as to be unable to perform any work for which eye sight is essential'. Usually a person with a visual acuity below 3/60 in both eyes with best correction is regarded as blind, as is someone

with visual acuity less than 6/60 if the field of vision is substantially reduced. There is no definition of partial sight in the 1948 National Assistance Act since registration as partially sighted was only instituted in 1951, but guidance is given in the Ministry of Health Circular 4/55, which was published in March 1955. A person is taken to be partially sighted if he or she is

'permanently handicapped by defective vision caused by congenital defect or illness or injury.'

This definition is generally taken to mean a visual acuity worse than about 6/18 but it might be more realistic to place it at a level where a person would fail the eyesight requirement for a driving licence. There is particular advice in the circular about children, both in relation to the age at which a distinction can be made between registrable blindness and partial sight, and in relation to appropriate education.

Several writers have commented on the incomplete or unsatisfactory nature of definitions of blindness and partial sight related solely to visual acuity and visual field measurements. Genensky has proposed a series of four classifications based on functional capabilities, and he has misgivings about quoting any limit on visual acuity as

'by doing so, there is always the chance that I may exclude from the ranks of the visually impaired, people who need one or more of the services that are provided, or should be provided, to the partially sighted.'³

The World Health Organisation has made a series of studies of the problem, and they define categories of visual impairment in the following way:

1	Partial Impairment	Acuity > or = 6/60 but < 6/18
2	Social Blindness	Acuity > or = 3/60 but < 6/60
3	Virtual Blindness	Acuity greater than or equal to finger counting at 1 metre but less than 3/60.
4)	Total Blindness	(Minimum equal to or better than
)		(light perception but less than finger
)		(counting at 1 metre.
)		(
5)		(No light perception.

Table 1 shows how the four categories of visual impairment defined by the World Health Organisation relate to the legal definition of blindness in the United States as acuity below 20/200, and the levels of acuity commonly employed in applying the registration system in Britain.

Cullinan has made an important contribution to the debate. Cullinan in his studies in Canterbury and nationwide, found that any definitions based primarily on distance vision acuity and visual field were unsatisfactory in that they excluded those with a near vision problem.⁴ If they are to continue to be used, as simple to administer and reasonable standardised, then the levels of distance vision acuity commonly used to define blindness and partial sight should be generous enough to include most of those with a near vision problem. Cullinan advocates that the majority of the partially sighted in Britain with acuity in the range 3/60 - 6/60 should be redesignated registered blind, with more of those with acuity in the range 6/60 - 6/18 being registrable partially sighted. Since the Royal National Institute for the Blind and other organisations for the blind exist to serve all those

Table 1 - Visual Acuity

US (feet)	UK (metres)	WHO	UK	USA
20/20	6/6		Normal	
20/40			Correctable by Spectacles	
20/70	6/18	1 Partial Impairment	Registrable Partial Sight	
20/200	6/60	2 Social Blindness		
20/400	3/60	3 Virtual Blindness		Legal Blindness
20/1200		4 and 5 Total Blindness	Registrable Blindness	

Source: Jennifer Moss, for Shankland Cox, Initial Demographic Study 1985
(Royal National Institute for the Blind, London, 1985).

who have significant visual problems, it would be in their interest to have the definition of the blind and the partially sighted expanded in this way.

At the time of registration, visual acuity is determined and this shows the effect, in practice, of the operation of the British definitions. The picture is very different for new registrations of children and old people. A diagram in the Department of Health and Social Security publication on registration statistics in 1969-76 shows that of children registered blind under the age of 16, $\frac{1}{5}$ were totally blind (as against 2 per cent of those registered at 65 or over), $\frac{1}{3}$ had perception of light only (as against 6 per cent of those at 65 or over), $\frac{1}{3}$ had acuity less than $\frac{3}{60}$ (as against $\frac{2}{3}$) and the remaining 14 per cent had acuity greater than $\frac{3}{60}$ as against $\frac{1}{4}$ of those 65 or over.⁵ So while more than half the children had almost no useful sight, among old people the blind are largely those with grossly defective vision, rather than total blindness.

The registration of the visually handicapped

In Britain, registers are maintained by local authorities of the blind and the partially sighted, and they provide returns to the Department of Health and Social Security, and the Welsh, Scottish and Northern Ireland Offices. There are financial advantages in being registered as blind - in the fields of supplementary benefit, taxation and travel concessions, but there are few advantages in being registered as partially sighted. Indeed, even for the registered blind, the benefits of registration are fairly small in relation to the current costs of living.

The important question arises as to whether or not the registers are accurate and consistent between different local authorities, and whether or not they provide a full record of the visually handicapped in the population.

On the first point, Brennan and Knox have declared that:

'No routine attempts to control the accuracy of the individual registers are reported, and no operational standards to this purpose are laid down. In addition, the mechanism of entry to the register is known not to be uniform. Entry is always through the certificate of a qualified ophthalmic specialist acting on behalf of the local authority but there is no regular cross checking of standards between different specialists and local authorities and the pathway to the specialist itself varies. In some areas, referrals are normally channelled through the Social Services Department while in others arrangements exist for consultants to certify patients before a formal application from the Social Services Department is received.'⁶

General practitioners, consultants, relatives and supplementary benefits officers can all refer patients for registration. Consultants and social workers may differ in their attitudes to registration and indeed some may be unaware of the benefits of registration or fail to explain them fully to the patient.

The question of the coverage of the registers of the blind and the partially sighted has not yet been settled unambiguously but a considerable amount of evidence exists, which is summarised here.

On the one hand, a number of local authorities base their surveys of the visually handicapped on those on the registers, which would seem to imply that they are satisfied as to their completeness.

In one, Dragoumis goes as far as to say that:

'It is now accepted by most authorities in the field that the number of unregistered visually handicapped adults is, on the whole, quite small because the benefits resulting from registration are considerable.'⁷

On the other hand, there is overwhelming evidence that a great deal of visual handicap goes unreported, and this evidence is examined here in approximately chronological order.

In 1968 Graham et al. sent out simple postal questionnaires on difficulties with activities requiring sight to all persons aged 65 and over on the list of a large group practice. Borderline cases were subsequently visited by an ophthalmologist. 23 persons registered blind were identified and 9 who were registrable but had not registered.⁸

In 1971 Amelia Harris et al. found that 7 per cent of physical handicap at ages 65 and over was caused by blindness or related eye disorders and estimated the total numbers of blind and partially sighted as 143,000 (as against 130,000 on the registers).⁹ This estimate is likely to be on the low side since it only included those

'whose impairment limits in some way his getting about, working or taking care of himself or who has some physical impairment.'

This definition excluded a proportion of the younger visually handicapped.

In 1972 Goldfish estimated that out of a total population of 205 million in the United States there were some 6.4 million persons with 'trouble seeing' even with corrective lenses, among whom are the 'severely visually impaired', some 1.7 million.¹⁰ The former are defined as having visual acuity worse than 20/70 and the latter worse than 20/200 or, in British terms, measuring in metres rather than in feet, the corresponding acuities are 6/21 and 6/60. The former are roughly equivalent to the British partially sighted for registration

terms while the latter include some with vision better than the British definition of legally blind. Clearly, the prevalences of the two conditions, 3 per cent and 8 per cent, are far higher than anything based on British registration statistics. The 1.7 million severely visually impaired are also far more numerous than the registered legally blind in the United States, some 400,000, for whom the definition of acuity worse than 20/200 also applies.

Epidemiologists place a great deal of reliance on the results of the Framingham Eye Study.¹¹ In this study, during the period 1973-75, 2,675 out of 3,977 still-living members of the Framingham, Massachusetts, study population, who had been under investigation for coronary disease risk factors since 1948 and who were in 1973-75 aged between 52 and 85, were given eye examinations stressing cataract, diabetic retinopathy, macular degeneration and glaucoma. Prevalence and incidence rates have been calculated. Unfortunately it is not possible to use these in comparison with the incidence rates of the registration statistics since the diseases were considered present when vision was much less impaired than qualifies for registration (for example, for senile cataract best visual acuity of 20/30 or worse). But the results certainly confirm that these diseases are common among the elderly, and indicate the dramatic way in which prevalence, as they define it, increases with age (for example, senile cataract about 12 per cent at ages 60-64 and 35 per cent at ages 70-74).

In 1974 Silver found that 52 per cent of the people referred to the low vision clinic at Moorfields Hospital were not registered as blind

or partially sighted.¹² People are referred to the low vision clinic at Moorfields when spectacles cannot help them, so the vast majority are likely to be registrable as partially sighted or as blind.

A number of local authorities have carried out surveys of the handicapped living in their areas. Many were carried out in the period from 1971 until 1974 in response to the requirement of the 1970 Chronically Sick and Disabled Persons Act that local authorities find out how many impaired and handicapped people in their populations needed services. This did not require them to quantify types of impairment or handicap, or even degrees of handicap. Many followed the recommendation of the Office of Population Censuses and Surveys (OPCS) of a questionnaire followed by an interview but they are not consistent in deciding who should be interviewed (criteria being either or both of difficulty seeing across a street or reading). Seven of the surveys reviewed by Cullinan gave details of whether or not those with substantial sight defects were registered blind or partially sighted. The proportion registered ranged from 25 per cent to 92 per cent, with an average, ignoring the differing sizes of the surveys, of 51 per cent.¹³

Cullinan carried out a survey of those visually handicapped among the total disabled population of Canterbury in 1976.¹⁴ Simple sight testing, by people not trained in optometry, showed 71 per cent of those identifying, in reply to a questionnaire, a difficulty with near or distant vision, would fall within the World Health Organisation definition of the visually handicapped (acuity less than 6/18). This

suggests that the blind register underestimates the true number of those in the community potentially eligible for registration by about 30 per cent and the partially sighted by 20 per cent. The techniques developed in Canterbury were then extended by Cullinan to a national survey organised by the Centre for Socio-legal Studies, at Wolfson College, Oxford. Of the 215 adults interviewed at the second stage, almost half were visually handicapped by the World Health Organisation definition and another 20 per cent had acuity of no better than 6/18. The results suggest that there are about 520 visually handicapped adults per 100,000 home-based population. This compares with a total of some 117,000 adults aged 16 and over on the blind and partially sighted registers in England and Wales in 1982, out of a total population aged 16 and over of 37,700,000 giving a combined prevalence of 295 per 100,000.

The London Borough of Haringey Report of the Working Party on Services for the Visually Handicapped accepts that 40 per cent more people are registerable as blind than are on the register, and about four times as many have a substantial visual defect as are registered partially sighted.¹⁵

In the Outset Action on Handicap survey in Northern Ireland carried out in 1978, 5,034 people were identified in a Province-wide survey as having 'disorders of vision'. These were defined as blindness, partial sight and other visual defects of accuracy and field of vision. Grossing up for refusal of an interview and non-response to the initial questionnaire gives a total of 6,700 and this compares

with 1981 figures of just over 4,100 on the registers of the blind and partially sighted.¹⁶

The current users of the Royal National Institute for the Blind's talking book service number over 60,000. Of these, 3,500 are not registered either as blind or partially sighted. The users of the service can in no sense be regarded as a random sample of the visually handicapped. They are a self-selected group and are likely to be much more highly motivated and prepared to seek help than those visually handicapped people who do not use the service. The fact that even among such a group some have not sought the additional help that registration could bring suggests a very much larger proportion not registered among the visually handicapped who do not use the RNIB's talking book service.

There are a number of possible reasons why registrable visually handicapped people may not in fact be registered. Children, people of working age and old people can be considered in turn.

Parents may not want the stigma they see as attached to having an acknowledgedly disabled child. Special schools sometimes have a connotation of mental handicap and parents may not want their child to be singled out for attendance at a special school, even though they may thereby be denying their child the help he or she urgently needs to make the best use possible of the visual ability he or she does have. It has been estimated that 50 per cent of visually handicapped children are being educated in ordinary schools. On the other hand it is unlikely that there are many cases of severe visual handicap in both eyes in children which go unrecognised.

Adults in work may well not want it known at their place of work that they are visually handicapped. Some people fear that they will lose their job if registered. (This includes some teachers who may be dismissed in the interests of safety, it is said).

Many old people unquestioningly accept that failing eyesight is one of the concomitants of old age (even if it could in fact be easily corrected). Some old people, if challenged, would reply along the lines of 'Don't be ridiculous, I am not blind'. Some old people may be aware that something is wrong but may be reluctant to seek help out of fear as to what may be revealed, as with cancer. Some authorities also suggest that some old people may be unwilling to seek help because they fear that the cost of spectacles may be beyond their means.

In addition, as mentioned by Brennan and Knox, certain social groups may be unwilling to identify themselves as blind due to cultural differences in the perception of blindness, disability and dependence.¹⁷

Furthermore, the incentives to register as partially sighted are much less than if registrably blind. Not only are the benefits less, but the need for help with the practicalities of life is less. A really blind person has to seek help but a person with low vision may be able to get by unaided, although their life could be made much easier, and much fuller, with suitable help. Intuitively the number of the partially sighted can be expected to be much greater than the number actually registrably blind. This underlines the fact that the coverage of the register of the partially sighted is likely to be very much less complete

than that of the blind, since it in fact includes only about half as many names.

In 1973 Brennan and Knox concluded that the register:

'is not sufficiently accurate for medical research purposes including epidemiological or genetic studies or for assisting health service policy formulations such as estimating service needs for the blind or assisting the systematic personnel, deployment of medical care to blind people.'¹⁸

There still appears to be no reason to dissent from this view.

Before Jennifer Moss' recent study, the national survey by Cullinan was the only attempt that had been made to tackle the problem on a national basis.¹⁹ Even Cullinan's findings may be an underestimate in that the initial identification of those interviewed; based on replies to a questionnaire, involved an element of self-selection. Some of the less visually handicapped elderly may regard their difficulties as normal for their age and not worth reporting. It is only by measuring the vision of all the members of a population that it will be possible to estimate the prevalence of visual handicap in a population with any certainty.

However, the City Eye Study, which was begun in 1984, will provide detailed data about the onset of eye disease at ages 50 and above, but again it will not relate to a complete population and any case it is estimated that 12 years or more will have to pass before much useful information will be available.

I now intend to examine Timothy Cullinan's analysis of visually handicapped people at home and Jennifer Moss' recent general demographic study of the visually handicapped in the United Kingdom

in some detail, because each of these studies contains some important observations and findings.

Cullinan's study of visually handicapped people at home

Many elderly people suffer from poor eyesight which may make it difficult for them to leave their homes or, more often, restricts their activity within the home. All too often help which might be available fails to reach them. The establishment of blind and partially sighted registers has gone some way towards relieving this problem, but their completeness, and the appropriateness of the measures on which they depend, are open to question. This has recently been confirmed in the national survey by Cullinan,²⁰ and Brennan and Knox have shown that regional differences in blind registration are both constant over time and depend, at least partly, on variations in behaviour of patients, doctors and social workers.²¹

The precise reasons for under-registration are harder to determine. As was pointed out earlier, under the 1948 National Assistance Act registration as blind in Britain depends on an inability to 'perform any work for which eyesight is essential', but the guidelines for who might normally be registrable relate almost entirely to measurements of distance visual acuity, given a normal or near normal visual field. MacDonald has pointed out that no more than 7 per cent of those registered as blind are likely to have a substantial field defect,²² and an emphasis on visual acuity, may in itself be a prime cause for under-registration, especially among elderly people where the problem is greatest. It is commonplace that what an

individual actually achieves with his residual sight does not always correlate closely with measured visual acuity. In 1968, Josephson showed how much depends on successful social and psychological adjustment,²³ and both Gray and Todd and Abel have described the wide range of sight-dependent abilities possessed by those registered as 'blind'.²⁴ It seems we may need a more sensitive set of tools than is provided by traditional measurements of visual acuity for judging who may need help because of diminished sight.

However, though population estimates based on registration may be poor, census returns,²⁵ general health screening²⁶ and the study of hospital and clinical records²⁷ provide no better. Probably only studies of whole populations, or samples of populations, in which near and distance visual acuity is assessed together with details of social and psychological functioning will provide accurate epidemiological estimates and begin to answer some of the questions that assessments based on acuity alone cannot answer. The findings from such a study by Cullinan are summarised here.²⁸

Cullinan's national study of visual handicap in 1976 and 1977 was based on a 15,000 randomly-selected household survey of England and Wales, carried out for other purposes by the Centre for Socio-legal Studies, at Wolfson College, Oxford.²⁹ With the advice and help of the Institute of Ophthalmologists, and of many individual ophthalmologists and family doctors around the country, the hospital and other available records were examined of all those who, complaining at initial household contact of some difficulty in seeing to 'read or get about',

were found at a subsequent full interview to have a visual acuity less than 6/18 (Snellen). This level of acuity was suggested by a working party of the World Health Organisation in 1973 as a suitable definition of 'visual impairment' for epidemiological purposes.³⁰ Measurements of both distance and near vision were made during Cullinan's survey in home conditions, and full details of the home, social, work and financial situations were obtained. Only adults (16 years and over) were included in Cullinan's study, and records were sought only for those who gave express permission.

Two hundred and fourteen adults, in 12,218 households, complained of having difficulty in 'seeing to read or get about' and 105 of these were found at interview to have a visual acuity of less than 6/18 (Snellen). This suggests a prevalence among the whole adult home-based population of 520 : 100,000, 80 per cent of whom are in their retirement years and almost half 75 years or more. The higher proportion of elderly women than men (1.9 : 1) can probably be explained entirely by population differences in these age groups. There is no good evidence yet of sex differences in any of the major sight-threatening diseases.³¹

Cullinan examined the distribution of visual acuity among the 105 visually handicapped people in the survey and found that over half were in the better-sighted range - no more than 40 per cent would qualify, on strict criteria of acuity alone, for registration as 'blind' or 'partially sighted'. However, actual registration among those surveyed suggested that the 'blind' register underestimates by 35 to

40 per cent the number who would seem to qualify in their home surroundings, this confirming earlier work by Graham in 1968.³²

Eleven per cent only of visually handicapped people were too ill or mentally handicapped to manage acuity testing.

Cullinan's survey, which gave ample opportunity for each respondent to describe his main difficulties in his own words, showed that hardly more than half (56 per cent) of visually handicapped people in the survey counted poor sight as among their greatest troubles. The rest were so troubled by other problems (often heart disease or arthritis) that their inability to see properly seemed of little importance to them. They were almost all (90 per cent), however, in contact with their family doctor, and if (and only if) it is poor sight that worries them, have usually been referred to an ophthalmologist for a specialist opinion. Among the sight-limiting diseases most often diagnosed, 'cataract' was given as a primary diagnosis in 28 per cent, macular degeneration in 16 per cent, glaucoma in 8 per cent, with diabetic retinopathy, myopia, aphakia, congenital blindness and detached retina each accounting for some 6 per cent. However, at least 40 per cent of visually disabled adults appear never at any time to have had a specialist assessment of their eyes.

In the survey when measurements made at home were compared with recent hospital measurements, it appeared that almost two-thirds of visually handicapped people seemed to see marginally or markedly worse at home than they did under hospital conditions. Cullinan pointed out that obviously there are several possible explanations for

this - including differences in measurement technique, psychological attitudes and so on - but Cullinan felt that poor home lighting may well be responsible for much of the difference, which tends to affect those with more residual vision than those who can perceive hardly more than light. While more research is needed into these factors, Silver, Cullinan, Gould and Irvine have pointed out that a good deal of the disability associated with poor sight might be alleviated by quite simple improvements in home lighting.³³

Finally, it was not possible to measure, during Cullinan's survey, how accurate available corrective lenses were for each individual. However, there were many indications in the survey that they were often inadequate, and that this affected correction for distance vision rather more than near vision, as might be expected among a largely elderly population. Certainly, in an earlier survey carried out by Cullinan in Canterbury, less than a quarter of elderly visually handicapped people had visited an optician within the previous five years.³⁴

The main conclusion from Cullinan's survey is that there are many elderly people in the community who have accepted quite severe degrees of poor sight as one of the inevitable consequences of growing old, and so have done little about it. They find it difficult to make regular visits to the optician and, unless it seems to them of great importance, their family doctors are unlikely to be aware that they have a difficulty with sight. Yet all with an acuity of less than 6/18 can be assumed to have a definite sight-limiting disease, and among these many have possibly treatable cataracts.

Cullinan's survey also suggested that finding those with a visual handicap need not be difficult. Cullinan pointed out in his report on the survey that the use of simple distance and near test cards by anyone in regular contact with elderly people at home will give results quite accurate enough to give a first indication of who may be in need of further help. Whether the help that is needed comes from the optician, the ophthalmologist or from simple adjustment of home lighting must of course depend on the circumstances of the patient (including an assessment of the other disabilities he is suffering from), and whether he has already had all the optical and ophthalmological help that is practicable. However, Cullinan points out that it is certain that until hospital and family doctors, district nurses, health visitors, occupational therapists, social service workers and others come to believe that sight and its approximate measurement is part of their everyday business, many elderly visually handicapped people will continue to go without the help that could well make their lives a lot easier and a lot safer, and the time-honoured myths so firmly believed by many elderly people - that bright lights are 'bad' for the eyes or that failing sight may be 'saved' by not using the eyes - will continue to go undisputed. Above all, it is clear that hospital and family doctors, district nurses, health visitors, occupational therapists, social service workers and others have a very important part to play in the identification of visual handicap in the community.

Jennifer Moss' recent review of the available data on the visually handicapped population in the United Kingdom

In 1985 Jennifer Moss produced for Shankland Cox an Initial Demographic Study of the visually handicapped in Britain,³⁵ which was commissioned by the Royal National Institute for the Blind to enable it to assess the relevance of its present activities and to help it to plan services for the future. Moss' study will be a useful tool for service planners in Education Departments, the Manpower Services Commission and particularly the Social Services who are responsible for the bulk of service provision for the adult and elderly visually handicapped.

It is the first time a comprehensive analysis of the statistics available for visually handicapped people by age and sex has been attempted. Based on this analysis are the general demographic forecasts of the population of the United Kingdom.

Firstly, there is the present level of under-registration, which is deemed to be as high as: for those under 15, 10 per cent (in a further piece of work recently completed by Shankland Cox this has been adjusted to 25 per cent)³⁶; for those between 15 and 65, possibly 25 per cent of those partially sighted; and for those over 85, 33 $\frac{1}{3}$ per cent and 50 per cent respectively. Secondly, there is the number likely to be on the registers at the turn of the century taking into account all these factors.

Moss' predominant finding shows how the visually handicapped population is an ageing one. In 1981, 200 out of every 100,000 of those between the ages of 75-79 and 5,200 out of every 100,000 aged

85 and over, were registered blind. With adjustments made for under-registration the figures are thought to be approximately 1,600 aged 75-79 and 7,000 aged 85 and over. Approximately 23 per cent will have an additional handicap. This figure appears to have remained fairly constant over the past ten years though in-depth studies show that the actual incidence is much higher. Owing to the under-registration level, particularly among the partially sighted, and to the improvement in medical techniques, Shankland Cox estimate that the incidence of registrable blindness will fall by one fifth or more and that of partial sight will rise by between 1 per cent and 10 per cent by the turn of the century. They found that there were variations in the level of incidence between different local authorities; the reason for this however is unclear. There seems to be higher levels in areas of urban deprivation.

This is a study which is predominately aimed at helping planners plan future services. For this purpose it has two great weaknesses which are acknowledged by Jennifer Moss. Firstly, gross figures have no meaning when planning services. It is obvious that those coming on to the register beyond the age of 85 need fewer services than people in their younger years and that their situation is likely to be influenced by other factors. This is further compounded by the fact that most of those who are totally blind are in this younger age group. A great deal more work needs to be done on the level of services needed by people at various stages of their lives.

Secondly, there is the fact that two different sets of figures are produced by Moss: those as they are at present which can be adjusted

to calculate the prevalence of visual handicap by the turn of the century; and those based on the estimated shortfall, which are open to question, as is shown by the two calculations for the under 15 year olds. Further work is urgently needed to verify the rest of the estimated short-fall, to avoid pitching services at an incorrect level or worse still avoiding any planning because of the uncertainty of the size of the problem.

Despite this, Moss' study is a very welcome document; it will be particularly welcomed by the critics of the Royal National Institute for the Blind who feel that the Institute caters mainly for the blind. With a planning document like this it is clear that the future services of the RNIB are going to be geared towards those with residual vision and that it will give more attention to the needs of the elderly.

Moss' study contains a vast amount of material upon which future researchers can draw. It is important to remember however that this is an initial study; the danger is that planners will accept it as definitive owing to the dearth of knowledge in this field. It should rather be regarded as a healthy start upon which other studies can build. In fact, two new demographic surveys of the disabled and the visually handicapped have recently been announced and now, finally, I intend to briefly consider each of these in turn.

The new OPCS Survey and the RNIB general needs survey of the visually handicapped

At the request of the Department of Health and Social Security, the Office of Population Censuses and Surveys (OPCS) is currently undertaking a national sample survey of disabled people.³⁷ A random

sample of households has been selected and is being sent an initial postal-questionnaire which is designed to identify all disabled persons. With regard to visual handicap, the postal questionnaire asks whether anybody in the household has difficulty in reading a newspaper and recognising people across the road. All the identified disabled people in the sample will then be personally interviewed to obtain information on their demographic characteristics and financial circumstances. At this stage, an attempt will be made to objectively measure the degree of visual handicap.

The Royal National Institute for the Blind recognises the value of demographic surveys of the visually handicapped and the positive influence these surveys can have on deciding the future pattern of services for the visually handicapped. Therefore, one major project which will be carried out between 1986 and 1987 is a nationwide survey by the RNIB of the needs of visually handicapped people.³⁸ This survey is intended to expand on and complement the work of Jennifer Moss and the general disability survey being undertaken by the Office of Population Censuses and Surveys. The RNIB will be interviewing over 600 visually handicapped people of all ages, including children, selected on a national basis. The questions will cover the widest possible range of areas in which visually handicapped people have special needs.

Ian Bruce, the Director-General of the RNIB, recently pointed out that the survey is part of the RNIB's 'needs-led' approach, and he then went on to say that the RNIB will use the results of the survey

'... to help us plan our own development as well as to provide evidence in putting pressure on other agencies to improve their services.'³⁹

Quite clearly, the OPCS and RNIB surveys will add considerably to our knowledge of the visually handicapped community, and may provide an input to refined projections of future numbers of visually handicapped people.

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CHAPTER THREE

THE ROYAL NATIONAL INSTITUTE FOR THE BLIND

The Royal National Institute for the Blind is the major charity for the visually handicapped in Britain and the major provider of services to the country's 150,000 registered blind people.¹ The Institute seeks to meet any need of the blind which can be most usefully tackled on a national, rather than a local, basis. Education, employment advice, training, rehabilitation, aids for daily living, homes and both braille and talking books are all provided through the Institute. It is the pivot of the entire blind welfare system.²

The RNIB is also one of Britain's oldest charities and was founded in 1868 by Thomas Rhodes Armitage. In order to understand why the RNIB was formed it is necessary to understand something about Armitage³ and the poor social conditions of the blind in the mid 19th century.

The contribution of Armitage to the welfare of the blind

Armitage was born in 1824 at Tilgate, near Crawley, in Sussex and was educated in France and Germany. In 1840 he entered King's College, London as a student of medicine. His eyes had never been strong and after a year he had temporarily to give up his studies. After a prolonged rest he returned to College and went on to pass his examination in surgery. He later became a member of the Royal College of Physicians and took his London MD degree. Armitage came from a wealthy Irish middle class background and his career in

medicine satisfied his deep personal sense of vocation. After a period as a physician in the Marylebone Dispensary, Armitage accepted service as an army surgeon during the Crimean War and served with Florence Nightingale on the staff of a base hospital. Then he returned to London and built up a flourishing consultancy. However, Armitage's eyesight became weaker and in 1860 he was told that if he wished to retain even a small amount of sight he must retire from medical practice. He saw this as a personal challenge and was later to write

'that the very defect of sight which proved an insuperable obstacle in the career I had chalked out for myself had peculiarly fitted me for a new and more extended sphere of usefulness. '4

Armitage's weak eyesight had given him a special concern for those who had lost their sight and he decided to devote his life to improving the condition of the blind.

'I cannot', he later wrote, 'conceive any occupation so congenial to a blind man of education and leisure as the attempt to advance the education and improve the conditions of his fellow sufferers . . . '

Through a blind patient of his, Armitage joined the Indigent Blind Visiting Society. The society had been founded in 1834 by Lord Shaftsbury and Lord Edbury and was the first of the numerous home teaching societies which were later to form an important part of blind welfare in Britain. The missionaries visited the blind in London in their own homes, read the Bible to them, taught them to read one of the several embossed types then in use and provided guides to take them to church and to the society's classes. Armitage became a member of the society's committee and spent two years

from 1866 to 1868 visiting the blind of London in their homes and patiently listened to their life stories and experiences.⁵ From eight in the morning until after midnight he used his failing sight to see the blind and noticed that many of them were beggars on the streets and that many were

'gathered into large and very dreary asylums, not brought into contact with the sighted; often dull, stupid and weak in health due to lack of exercise and P. T. When they grow up they gravitate towards the workhouse.' He observed 'men . . . slowly wending their way along the streets, tapping the pavements in front of them in a dull monotonous manner, often led by a dog and sometimes pretending to sell laces or matches.'

There was the blind man

'who sits in some public thoroughfare reading, or pretending to read, some portion of the Bible which he gives out in a loud voice as soon as he hears a footstep approaching.'

From the 18th century there had been significant demographic trends including a rapid increase in the size of the population and a migration to the towns and to the cities. By the 1860's many of the blind lived in overcrowded and cramped conditions and, in the words of Progress magazine of 1884,

'were hid away in cellars and garrets, often without food, fire or sufficient clothing and without occupation for mind or body.'⁶

A few of the blind had learned the rudiments of a trade at an institution for the blind. However, when they left the institution they were left to fend for themselves. They were provided with no materials to work with and no market existed for their finished goods and so they quickly lost any skill they had. Consequently,

many of the blind had to beg to stay alive. 'It appears to me', wrote Mayhew in his London Labour and the London Poor,

'that the blind have a right to ask charity . . . Many of the blind are basket-makers, learning the business at the blind school, but one-half of them I am told can't make a living at this after leaving . . . The blind people are forced to the streets because they say they can do nothing else to get a living. '

Large numbers of the blind lived in squalor and poverty. In a letter to the Editor of The Times in 1860 Edmund Johnson observed that in and around London there were

'nearly 5,000 blind persons, all, more or less struggling against their dire affliction. Of this number, it is assumed, on good authority, that 100 are in affluent circumstances, 400 subsist upon the bounty of their friends, about 1,000 drag on a poor, independent existence by working on a trade, selling a few baskets and matches, or by playing on some musical instrument in the street or at public houses. The remainder are utterly destitute, just saved from starvation, by begging from door to door; recipients of the benefits of the several public charities for the Blind in London; or inmates of the workhouse. '

At that time the visiting societies and the schools of the blind did little to improve the position of the blind in society. The visiting societies existed to bring the Gospel to the blind and to 'raise the sinners' and an atmosphere of Victorianism and missionarying surrounded all welfare work. The objects of the Indigent Blind Visiting Society, for example, were

'to assist and ameliorate the condition of the aged and destitute blind poor in London and its vicinity, by providing them with daily reading of the Scriptures at the habitations with conductors to Church, and with temporal relief in necessitous cases. '⁷

Syphilis was an important cause of blindness and this contributed to the Victorian attitude towards it. Many people regarded blindness

as a punishment from God and there was a stringent moral attitude towards the blind. Dame Rushdale's Charity insisted that its blind recipients should be poor and respectable and the stern benefactor of Acton's Charity insisted on 'sober and good morals'. The Indigent Blind Visiting Society also had a number of strict rules, and those blind people who indulged in 'habitual vice' (meaning that they drunk beer or spirits) were disqualified from help. So too were the blind who intermarried without special permission. The taboo against intermarriage continued in various forms at least until the late 1930's. The members of the Indigent Blind Visiting Society read the Bible to the blind and guided them to places of worship, but temporal relief was given low priority. This attitude of religious enthusiasm at the expense of material well being is reflected in many reports of that time. For example, the Leicester Association for Promoting the General Welfare of the Blind mentions in a report that the visitors to the blind 'feel strongly that ... their great object is to lead sinners to the Saviour'. Little training or financial assistance was offered. Although Armitage had respect for the religious aspirations of the Indigent Blind Visiting Society and similar organisations, it was not much use bringing the word of God to people in such dire poverty.

There were also several problems confronting the education of the blind. The situation was this. The first school for the blind in England had been established by Edward Rushton in Liverpool in 1793. By the 1860's a number of schools had been established in about twelve large towns including London, York and Birmingham. In these

schools a small number of the younger blind received some elementary education and some manual training. For a smaller number these institutions had become permanent homes. The schools were mainly asylums and havens of refuge for the blind, rather than places of preparation for independent living in the outside world. In Britain the question of embossed types had received special attention. In 1833 the Edinburgh Society of Arts had offered a prize for the best system and awarded it to Dr. Fry. In the succeeding years, over twenty new raised types were created. Benioski, Hughes, Gall, Alston, Littledale, Mitford, Frere, Lucas and Moon, along with many others, produced their own codes and each organisation for the blind tended to sponsor only one of these. The practical result of this was that a blind person trained in Manchester or Liverpool might not be able to read the embossed system that was used in London. The existence of many different systems of type also meant that no large scale production of reading material was possible. The embossed literature was mainly religious and the Bible, for example, was produced in five different systems of raised print. All the systems of embossed type were unsatisfactory because none provided two way communication - they could be read, but not written. Oral instruction by the teacher and the capacity of the pupil to memorise played a major part in schooling.

Armitage's visits to the blind had shown him two things: first that the education of the blind was 'a perfect chaos' and second that the blind, whether they were trained or not, were 'to a very great extent idle mendicants'. The problem, Armitage concluded, was that welfare

for the blind was

'too much in the hands of philanthropists possessed of sight who, however well intentioned, had often failed to understand the real wants of the blind.'

Apart from relief work, there was no national policy in blind welfare and most of the institutions for the blind

'worked in complete isolation and unaware of anything that took place beyond their narrow circle.'

In order to improve the position of the blind, Armitage had decided on three main priorities: education, training and employment. Above all else, Armitage wanted a uniform system of embossed type to be introduced throughout the country, because he believed that the adoption of a single system would help to streamline the education of the blind and make it easier for the blind to communicate with one another. He also wanted the blind to support themselves and so he felt that education would have to be followed by industrial training and by supervised employment. Before Armitage, no one had thought in terms of making the blind self supporting and this was a major development.

In his search for a new general code, Armitage enlisted the help of three other highly educated men. These men were W. W. Fenn, Daniel Conolly and the blind inventor James Gale, who had discovered a method of making gunpowder explosive or non-explosive at will. The small group was joined shortly afterwards by J. L. Shadwell and by a fifth colleague whose name we do not know. This self appointed group held its first meeting on 16 October 1868 in Armitage's house at 33 Cambridge Square, Hyde Park, London, W. 1 and agreed that an

association should be formed under the title of the British and Foreign Society for Improving the Embossed Literature of the Blind. This cumbersome title was later altered to the British and Foreign Blind Association for Promoting the Education and Employment of the Blind and then shortened to the British and Foreign Blind Association. In 1914 it became the National Institute for the Blind and then in 1953 the Royal National Institute for the Blind.⁸ Armitage was appointed as the secretary of the organisation. The guiding principle of the group was:

'That the relative merits of the various methods of education through the sense of touch should be decided by those and only by those who have to rely upon this sense.'

Armitage firmly believed that the blind themselves were best suited to decide which system of reading and writing was likely to meet the needs of the blind. So each member of Armitage's committee was blind.⁹ Under the rules of the society, members of the committee also had to have a knowledge of at least three systems of embossed characters and no pecuniary interest in any of them. For nineteen months the committee studied books written in various codes and contact was made with the literate blind to discover the systems of reading by raised type they preferred. Each witness had to prove, by passing a simple test, that he could read at least two systems, and then he was carefully questioned. 'Two or three hours were often devoted to a single witness', wrote Dr. Armitage. Finally in May 1870 the committee reported unanimously in favour of braille as the most suitable type for the younger and literate blind. This was a momentous

decision. Up until that time no adequate system of teaching the blind to write had been devised. However, braille could be written by hand as well as read and could be adapted to any language and to musical notation and mathematics.

Armitage's aim in founding the British and Foreign Blind Association was not to form a new society for the relief of distress and any cases of need coming to the notice of the Association were normally referred to the Board of Guardians, or to one of the many voluntary societies for the blind in existence at that time. Armitage was primarily concerned with the education of the blind and he believed that the use of braille throughout the country would help to streamline the education of the blind and would help to make the blind literate. He realised that an educated blind person would be more able to support himself than an illiterate blind person. Therefore, the chief purpose of the British and Foreign Blind Association was to disseminate braille literature and music. However, Armitage also recognised that sensitive fingers and an intelligent mind were required to feel and understand the fine dots of braille and so it was agreed by Armitage's committee that moon should be produced for the illiterate, the elderly and for those with work coarsened fingers.¹⁰

Armitage came from a wealthy Irish middle class background and he was a keen philanthropist. He supported the British and Foreign Blind Association with his own money and the Association was based in his own home.¹¹ Work proceeded quickly and by November 1870 the Association had produced its first stereotyped plates for the

printing of braille. Armitage was an enthusiastic supporter of braille and personally supervised the manufacture of braille boards and guides and his secretary, Mr. G.R. Boyle, took a special interest in map production. However, it was to be some years before the educational institutions for the blind would be prepared to discard their own well tried systems. Inertia and conservatism played their part, but so, with greater cogency, did the fact that they were loth to discard the few books they had so labouriously printed or collected. Their views were summarised by E. C. Johnson, of the Blind Man's Friend Charity, who wrote:

'Although the lovers of braille in England are few, their pretensions are great, and they seem to ignore the fact that the fullest literature for the blind in this country, America, and Germany, has issued from societies which advocate the employment of the ordinary type of the seeing, or the moon modification of the alphabetical system. '12

In addition, in Britain in 1870 only about twenty people had heard of braille. For these reasons there was only a limited demand for braille and according to a leaflet The Origin, History and Objects of the British and Foreign Blind Association, published in 1900, in the first year of its existence only five small publications in braille were brought out by the Association and for the first three years the sales only averaged £44. For several years, Dr. Armitage and his committee travelled all over the country, persuading one institution for the blind after another to abandon other forms of embossed type in favour of braille. It was the British and Foreign Blind Association which finally succeeded in establishing the superiority of braille and

moon type amongst the many being tried out in the 19th century. Furthermore, Armitage did more than anyone else to popularise braille and for this reason he is an outstanding figure in the history of blind welfare, second only to Louis Braille himself.

The demand for braille gradually increased and in the preface to the second edition of his book The Education and Employment of the Blind in 1886 Armitage observed that sales of braille books and apparatus, which amounted in 1870 to two pounds eleven shillings and sixpence, had, during the three years prior to 1886, averaged £637.¹³ In 1890 the sales of braille books and apparatus came to £1,264 and by 1890 about forty blind writers of braille were employed by the Association, in addition to several other workers.

The Association also relied to a considerable extent on help given by voluntary transcribers. The Annual Report of 1882 paid tribute to

'several ladies possessed of sight, who, having learned the braille character, are good enough to emboss books, which are multiplied by being copied by those blind writers who cannot obtain anyone to dictate for them.'

By 1890 there were approximately 160 voluntary writers. With the help of paid and voluntary workers the production of braille grew steadily. By 1890, more than 800 titles had been transcribed into braille and the blind could read in braille some of Dicken's novels and Shakespeare's plays, Grimm's fairy tales, poetry of Tennyson and Bret Harte, and biographies of President Lincoln, Prince Bismarck and General Gordon.

In the early days of the Association the only appliances sold

were braille writing frames and arithmetic boards. Gradually other apparatus was added and before 1900 it was possible for the blind to purchase embossed maps and globes, draughts and chess, playing cards and devices to enable those who lost their sight in adult life to continue to write in script. The Association was soon recognised as the headquarters for the production of books, music, magazines and various appliances for the blind. New inventions were also reported to the Association and therefore the Association was of special value in the pioneer phase of blind welfare, when new methods of learning and of teaching were constantly being sought. In the 1890's the use of braille was encouraged by several developments. Braille books were sold by the Association at half their cost price to institutions for the blind in return for an annual subscription of a guinea, and in this way schools for the blind built up their own braille libraries. This gave school children an opportunity to learn and use braille. In addition, in 1891, free libraries were established in Bradford, Brighton, Nottingham and Leeds and embossed books were available from these libraries.

Early in its history, the British and Foreign Blind Association was honoured by the patronage of Queen Victoria and this patronage was no mere formality; for when she died in 1901, and a loyal resolution was passed by the Executive Council, reference was made to the fact that the Queen had been

'on several occasions pleased to employ the blind scribes of the Association, and invariably expressed her gracious appreciation.'

Until 1900 the British and Foreign Blind Association concentrated mainly on producing braille books and music, writing and arithmetic frames, embossed maps and games and other apparatus for the blind. However, it should be emphasised that even from an early date the objects of the Association were far wider. Some of the Association's first objects are worthy of attention, especially its intention

'to diffuse knowledge of those means of education which appeared to be best suited to the wants of the blind.'

The Association set itself a high standard of work by maintaining that careful investigation should always precede an advisory service: 'the general diffusion of information after preliminary investigation' was to remain in the forefront of its aims. The early recognition of the spirit of independence and the diversity of aims within blind welfare was expressed in the Association's further object:

'to produce harmony among institutions for the blind . . . , by persuading them to accept those methods of education and modes of employment which experience has proved to be the best.'

Although the Association had a comprehensive programme it was still a small organisation and its total income in 1880 amounted to no more than four hundred and fifty three pounds thirteen shillings and one penny.

Having dealt with the unification of systems of touch reading, Armitage now turned his attention to the employment of the blind. In 1869 he had visited the Institution for the Young Blind in Paris (the Institution Nationale des Jeunes Aveugles), where Louis Braille had taught music, to observe the training of blind piano tuners and organists. He found that whereas in England only half of one per cent

of the blind lived by music, in Paris thirty per cent supported themselves in this way. In ten days of intensive study he learned about the methods used in teaching the students and became convinced that music would be the best occupation for the blind. Armitage returned home with the objective of establishing a similar school in Britain. The school was established in the following way. In 1871 Francis Campbell, who was a young blind teacher of music at the Perkins Institute for the Blind in Boston, was taking advantage of a visit to Europe to investigate the possibility of establishing a School of Music for the Blind, to be attached to one of the American universities. After touring Europe, Campbell planned to return to the United States by way of England, breaking his journey for several days in London. While he was in London in February 1871 Campbell called on Armitage with a letter of introduction and was invited home to dine. Campbell explained his ambitious plans to Armitage, but Armitage urged him to make London the base rather than America. In his evidence before the Royal Commission on the blind in 1886, Armitage recalled their first meeting in these words:

'In the first half hour's conversation I had with him, I found we had the right man, and he found he had the right cause.'

Campbell then postponed his return to the United States and the two men visited workshops and schools for the blind to discuss possibilities. One day while they were walking in Hyde Park, Armitage said that if £2,000 could be raised he would give £1,000 in order that a music school for the blind could be established. Members of the British

and Foreign Blind Association and the Charity Organisation Society were active in raising money, the Duke of Westminster invited guests to Grosvenor House for fund raising purposes and Shaftsbury wrote to The Times.¹⁴ By October 1871 the money was found and the Queen consented to become a patron. In March 1872 the Royal Normal College and Academy of Music for the Blind was founded, with the object of affording

'the youthful blind of this country a thorough general and musical education . . . so as to qualify them to earn a living as organists, teachers and pianoforte tuners.'¹⁵

The College wanted to promote the

'moral, physical, social, mental and musical training of the blind with a view of sending them into the world active, useful and self-supporting men and women.'¹⁶

Such was the poor standard of teachers of the blind in Britain that Campbell staffed the school with teachers from blind schools in the United States and as these moved, with the encouragement of Campbell, to the new school board classes for the blind, he replaced them with other teachers from the United States, without blind experience, whom he trained himself.

The College had three departments, general education, the science and practice of music, and piano tuning, and was sited at Norwood, near the Crystal Palace, as this was one of the few places where the children could have

'constant opportunities of hearing the standard vocal and instrumental works of the Great Masters.'¹⁷

Children were admitted for general education at the age of seven and at thirteen those who were suitable proceeded to the upper school, where

their general education was continued alongside their tuition in one of the other departments. At seventeen an advanced course was available to those wishing to become teachers of music. The school began with two children, but within a year there were fifty two pupils, and as the reputation of the school increased and spread, children were sent and paid for by local committees in the larger cities. Others were admitted on scholarships and by 1875 the majority of the children were from outside London. Ten years later there were 170 pupils. There was much emphasis on P. T., and soon there were two gymnasia, two rolling skating rinks and a swimming bath.

The Royal Normal College was an immediate success and two years after it opened, Campbell's pupils gave a musical performance before Victoria at Windsor.

'Dr. Campbell having the go ahead principles of the Americans went a great deal faster, and a great deal further than I was at first inclined to go,' said Armitage, 'but I am quite sure that he was right.'¹⁸

He was certainly right. The Royal Normal College became an example of how the blind should be educated.¹⁹ It showed the value of liberal studies, of music and of braille; and like Worcester College for the Blind Sons of Gentlemen,²⁰ which had been founded a few years earlier in 1866, it foreshadowed a new trend in institutional care.²¹ Its influence was wide, and Campbell's part was acknowledged by Glasgow with a doctorate of law and by the state with a Knighthood. Above all else the College helped the blind to find work and in a lecture to the Society of Arts in 1886 Armitage observed that about 80 per cent of the pupils who had passed through

the school were able to support themselves well.

Armitage remained one of the most notable benefactors of the College throughout his life and provided an organ for the assembly hall, books for the library, equipment for the gymnasium and 1,000 guineas for a swimming bath, which was added in 1883.

For several years the Executive Council of the British and Foreign Blind Association formed part of the Committee of Management of the new school, although after this the two organisations became separate. The story of the foundation of the Royal Normal College is one of the most interesting and romantic episodes in blind welfare. The episode is also a good illustration of the dynamic and flexible approach of Armitage in a period when most blind welfare was provided on a voluntary basis.

The 1880's were a period of social investigation and in 1885 a Royal Commission was set up

'to investigate and report upon the condition of the blind in the United Kingdom, the various systems of the education of the blind, elementary, technical and professional at home and abroad and the existing Institutions for that purpose, the employments open to and suitable for the blind and the means by which education may be extended so as to increase the number of blind persons qualified for such employments.'

By this time, Armitage was a prominent figure in blind welfare and he was invited to become one of the six original members of the Royal Commission. The Commission sat from 1885 until 1889 and its enquiries revealed a dismal state of affairs. There were approximately 5,000 blind adults who were dependent upon parish relief. Some 3,500 blind adults were inmates of the workhouses because

they could not afford to live outside. In some workhouses the blind were housed with the mentally defective. Approximately 500 blind people were employed in the special workshops operated by the voluntary societies, and they earned on average only seven shillings and one penny a week. Only a small number of the blind had been educated or trained in a craft. The enquiry also showed that there were more than 3,000 blind children, many of whom need not have been blind. Armitage firmly believed that only action by the state could improve the social condition of the blind and he put forward this view to the other members of the Royal Commission. The Report of the Royal Commission was published in July 1889. The report recommended the compulsory education of blind children between 5 and 16 years of age, adequate arrangements for the training and employment of adolescents and adults, including technical education for the over-sixteens, an increase in the number of workshops for the adult blind and proper propaganda in the interests of the prevention of blindness. The fact that the recommendations of the report were so far seeing and statesmanlike was largely due to the influence of Armitage. Indeed, the report is, to a notable extent, the expression of Armitage's own convictions.

One of the most important results of the recommendations of the Royal Commission was the Elementary Education (Blind and Deaf Children) Act of 1893. This Act came into force in 1894 and had three important effects. First, the responsibility of providing for the education of blind children of poor parents was transferred from

the Poor Law authority to the School Boards, except where the children were in workshops. Up until then the Boards of Guardians had been the only authority with statutory powers to pay for a blind child to go to school, whether the parents were receiving relief or not. Second, the Act imposed a duty on parents to see that their blind children received an education between the ages of 5 and 16. Finally, grants were made available for special schools for the blind.

Like many other reformers Armitage was in some respects so far ahead of his contemporaries that his ideas were often ignored, and did not come to fruition until long after his death. The most striking example of this was his support for the Saxon system of after-care. Armitage firmly believed that the training of the blind in craft work was of little use unless it was complemented by some system of after-care. In Britain the blind man who was trained to make mats or baskets left the training institution and was usually heard of no more. For a short time, if he could afford the raw materials, he might continue to make and sell his wares. However, the local and limited market of neighbours, relatives and friends was soon exhausted and usually the person's standard of work, without guidance and supervision tended quickly to deteriorate.

'Some years ago,' recalled Dr. Armitage, 'I was speaking on this subject with a high official of one of our blind schools. He informed me that the pupils, when they left, hardly ever succeeded; that they had to be supported by their friends or, what he considered still better, they went into the workhouse.'

In 1883, Armitage, during one of his numerous visits to Europe, was impressed by the system of after-care in Saxony. This was inaugurated

by the Dresden Institution for the Blind. Training was given in rope making and basketry and after three or five years' training, each man was provided with clothing, a bed and bedding, tools and raw materials. Materials were purchased at cost price from the Dresden Institution for the Blind and the Director continued to visit the blind man at regular intervals. In addition, 'a gentleman of position, respectability and good common sense', living in the blind man's area was found by the Director and asked to act as a friendly visitor and supervisor. The gentleman would also help to secure customers for the blind man. Armitage was very impressed by the fact that between seventy and eighty per cent of former pupils of blind institutions in Saxony were able to find employment in the trades they had learnt at school. So in 1885 he commended the Saxon system to the Royal Commission on the condition of the blind. He also took the view that unless the voluntary societies received a fillip from the state it would be years before the Saxon system of after-care could be generally adopted in Britain. The Royal Commission was strongly influenced by the arguments of Armitage and when it reported in 1889 it recommended that after-care on the lines of the Saxon system should be introduced into Britain. This scheme would have been particularly valuable in helping blind trainees to sell work done at home. However, at that time there was a strong dislike of statutory intervention in Britain and the voluntary organisations received no help from the government to implement the recommendations of the Royal Commission. The lack of statutory support meant that the issue of vocational training

and entry to employment was one of the unresolved problems of the 19th century. It was not until 1919 that grants from the state were introduced to establish home workers' schemes in this country and these schemes had many features in common with the Saxon system. It had taken over a generation for Armitage's imaginative proposal to be implemented by the British government and since that time the home workers' schemes have been an important source of employment for blind people.

The history of the British and Foreign Blind Association between 1890 and 1914

In October 1890 Armitage died after a riding accident and in 1891 a Memorial Fund in memory of him was inaugurated to be used for cheapening the publication of books and music in braille. The fund raised nearly £3,800, £2,000 of which was given in two anonymous contributions. In 1898 the Clothworkers Company agreed to take over the trusteeship of this fund. In accordance with Armitage's wishes his widow succeeded him as Honorary Secretary, with Mr. G.R. Boyle, her trusted private secretary and a close family friend, as her personal assistant. The house at 33 Cambridge Square in London continued to serve as the headquarters of the Association and Mrs Armitage paid all the rentals, office expenses and the salaries of all the staff. In addition she made some generous contributions to the General Fund of the Association. Although these contributions were entered on the balance sheet as anonymous they were, in the words of the Association's Annual Report for 1899

and 1900, 'owing to their extent, easily recognisable'.

Armitage had been very concerned about the after-care of those leaving institutions for the blind and the Royal Commission had recommended that from the age of 16 up to the age of 21 the school authority

'should have the power and duty to give to all the necessitous blind a liberal grant to maintain themselves while they are learning a trade.'

However, the state had taken no action to implement this recommendation.

The Elementary (Blind and Deaf Children) Act of 1893 provided for the compulsory elementary education of blind children between the ages of 5 and 16, but made no provision for the blind child after that age. In 1896, therefore, the British and Foreign Blind Association convened a conference on the training of the over-sixteens and this conference was attended by representatives of every important organisation for the blind in Britain. As a result of the conference a deputation calling for action was sent to the Duke of Devonshire, then the Lord President of the Council. The deputation asked that assistance should be given to all blind persons who wished to be trained, up to the age of 21.

The Duke was sympathetic, but held out little hope of action.

'Already', he said, 'there is a strong feeling among the public that they are rated for many things in which they are not closely interested, and it is quite certain that any proposal tending to increase the rates would encounter considerable opposition.'²²

However, the problem was partly solved by the Education Act of 1902. This was a significant piece of legislation that urged local education authorities to consider

'the educational needs of its area, and take such steps as seem desirable, after consultation with the Board of education to supply, or aid the supply of, education other than elementary'.

Vocational training for the young blind was an important outcome of this Act, although it was not until the two world wars that vocational training began to develop in earnest.

In November 1901 Mrs Armitage died. With her death the close association of the Armitage family with the work of the British and Foreign Blind Association came to an abrupt end, although her daughter and son each gave a donation of £200 to allow the Association to have a breathing space while plans were made for the future. A number of changes were made. In 1902 the Association was registered under the Companies Acts and became an incorporated body able to hold and administer its own property and funds, whose officers could transact its affairs without incurring personal liability. At this time the articles of the Association were ambitiously framed to include all departments of blind welfare. Armitage's house at 33 Cambridge Square could no longer be used as the headquarters of the Association and so new offices, stores and workrooms were taken at 206 Great Portland Street and at 71 Bolsover Street in London. A paid Secretary was also appointed.

In the 1880's and the 1890's the number of voluntary braille transcribers continued to grow and so in 1892 the Auxiliary Union of the British and Foreign Blind Association was formed, with a membership of 333 persons (of whom 321 were women). This organisation had three objectives: The writing and the correcting of braille, the extension

of a knowledge of the Association's work and the encouragement of the employment of the blind. In order to curb 'the inevitable tendency of writers to vary in the use of contractions' a Dictionary of Contractions was published and then in 1895 a certificate of proficiency in braille writing was introduced. During the lifetime of Armitage and his widow, much of the transcription of braille had been done in rooms in several parts of London and in the homes of individual blind copyists. This was an inefficient and an inconvenient arrangement which made effective discipline difficult to achieve and so after 1901 the work was concentrated in one central building in Great Portland Street.

As the work of the Association steadily grew, it became evident to the Executive Council that the factory and office accommodation were inadequate to meet its needs and at a meeting in October 1908, the Chairman suggested that

'it would not be unwise to prosecute enquiries with a view to securing a suitable building site.'

A new site was found in Great Portland Street and it was estimated that the cost of the new buildings was likely to be approximately £20,000. However, this estimate was too modest and the Annual Report for 1909 suggested that the buildings and equipment might cost about twice that amount. A Mansion House meeting and some generous gifts from City Companies helped in raising over £10,000 by December, 1909, and building began. In 1910 an Appeals Secretary, Mr. H. C. Preece, was appointed and he lectured up and down the country on the work of the Association, bringing its needs to the attention of clubs,

churches, charitable organisations and the philanthropic public. His appeals had some success and in 1910 £723 was raised. In 1911 a further sum of £1,248 was raised, including £500 from Miss Alice Armitage, the daughter of the founder of the Association. Investments to the value of £3,740 were realised but much more was still needed, and the future looked far from encouraging. In October 1912 the new Chairman of the Executive Council, Dr (later Sir) Washington Ranger said bluntly that if the lowest tender for building were accepted it would completely swallow up all the Association's cash and securities, and leave it with increased maintenance costs, so serious as to 'jeopardise the very existence of the Association'. A small Committee was established to raise further funds, although money came in slowly and the new building was still not finished.

It is not the case that the public was altogether indifferent to the appeals of the Association. The fact is that the public and its representatives in Parliament were only just beginning to understand the needs of their handicapped 'minority groups'. For example, the first Old Age Pensions Act had been passed only in 1908, granting five shillings a week to persons of 70 or over and this was not a generous pension by modern standards, even allowing for changes in the cost of living.

Then with dramatic suddenness, the clouds lifted. On 14 October 1913 Sir Arthur Pearson, man of integrity and a leading light of the newspaper industry and himself blind, was invited to become a member of the Executive Council. Pearson had only recently become blind and he accepted this invitation with great enthusiasm.²³ Pearson had

two immediate aims. One aim was to establish the Association in suitable premises. The other aim was to cheapen and enlarge the supply of embossed literature and to develop the Association's braille library. Pearson had always believed in the importance of reading as a doorway to the world, whether the beneficiaries were the blind or the sighted. Ritchie has observed that Pearson was

'soon able to show to an astonished and rather slow-going blind world what could be accomplished by hustle, flair, daring and a wide acquaintance with the advertising media.'²⁴

Pearson had no hesitation about asking for money on behalf of the blind, or contriving orthodox or unorthodox methods of raising the necessary funds. He had already done so in other good causes through his newspapers and journals. At the next meeting of the Executive Council, Pearson outlined several proposals for raising the funds for completing the new building, including starting an Endowment Fund. Pearson set himself the task of raising £30,000. He persuaded the Lord Mayor to open a Mansion House Fund, and gave £1,000 of his own. Lord Rothermere and Lord Northcliffe each gave the same. Several months later the Association's Annual Report stated that:

'His efforts have met with the most gratifying success, so that the completion and equipment of the new building have been assured, and a good start made with the Endowment Fund.'

In little more than a year nearly £60,000 was raised - compared with £8,000 the year before. One important reason for Pearson's amazing success as a money raiser lay in his many contacts within the newspaper world and thanks largely to a great deal of free publicity in the press the money rolled in.

On 19 March 1914 King George V and Queen Mary declared the new headquarters in Great Portland Street open²⁵ and the British and Foreign Blind Association was renamed the National Institute for the Blind. King George V and Queen Mary agreed to become royal patrons of the Institute and Pearson was made the first President of the organisation in recognition of his work. The Annual Report for 1914 paid him the following tribute:

"It is given only to those who worked with the President day by day to realise with what ability, resourcefulness, persistent effort and fixed determination he laboured early and late. "

In 1916 Pearson was created a baronet for his services to the blind, and he remained the President of the National Institute until his death in December 1921.

The generous donations from the public had a dramatic effect and during the First World War the Institute expanded at a pace seldom equalled in the history of voluntarism. In 1913 the Institute's income had amounted to less than £15,000; in 1918 it had reached more than a quarter of a million pounds per annum. The rising income of the Institute meant that the production of braille literature and general apparatus could be vastly expanded and in less than three years the output of braille and apparatus was trebled and that of braille music quadrupled. In addition, technical improvements had led to a new process of printing books so that the new demands for books could be met by a much accelerated service.²⁶ Many more braille magazines were also available and even by 1913 the number had reached twenty.²⁷

The expansion of the National Institute for the Blind in the First World War

With the opening of the new building in Great Portland Street in 1914 and the new name, the history of the National Institute passed an important landmark. Up until then its history had been one of a small and a semi-private venture in blind welfare owing its inspiration to one blind man, and then one of the gradual building up of an important voluntary organisation which was always hampered by a lack of financial resources and staff. In the pioneer phase of blind welfare up until 1913 the chief concern of the National Institute had been the production of embossed literature and special apparatus and the securing of postal concessions, although they were also closely associated with experiments in education and training. However, Pearson had remarkable vitality, organising ability and vision and he and his colleagues set to work to widen the interests of the National Institute, to make it much more than a publishing house for braille literature.

In 1915 several new branches of the organisation were established. In February 1915 in cooperation with the British Red Cross Society and the Order of St. John of Jerusalem in England, the Institute set up a Blinded Soldiers and Sailors Hostel, named St Dunstan's, for the care of those men blinded on active service. For the next eight years, St Dunstan's remained an integral part of the work of the National Institute. It was not until 1922 that it was agreed that the importance of the work undertaken by St Dunstan's made it advisable that in future it should work independently, caring for the general welfare and rehabilitation of the ex-servicemen, while the

National Institute concentrated its energies on the welfare of the civilian blind.

Shortly before the First World War the National Institute had considered accepting responsibility for the work of the London Home Teaching Society, which was in financial difficulties. This society had been established in 1855 and was the first of several societies formed in different parts of England and Wales during the 19th century, to visit the blind in their own homes, to teach them to read embossed type and to care for their general welfare so far as limited funds, raised by voluntary contributions, would allow. In 1915 the society became a branch of the Institute, had its overdraft wiped out, and was given office accommodation in the new buildings in Great Portland Street.

Nine home teachers (all blind, in accordance with the rules of the Society) were added to the Institute's existing staff, making twenty four home teachers in all. The work of the Home Teachers was extended beyond London into Hampshire and the Home Counties and several years later, in 1918, teachers were also appointed to serve as far afield as Somerset, Lancashire and Glamorgan. The assumption of responsibility for the home teaching service in these areas had two important results. First of all, many necessitous blind people were brought to the attention of the Institute through its home teachers. These blind people were helped with gifts of clothing and fuel and with monetary grants. This individual case work was the start of the Personal Services department of the Institute's work,

which over the next few years grew in importance. In addition, many of the blind home teachers were experienced craftsmen and they were able to teach the able bodied blind in rural areas to cane chairs, weave and knit, make baskets, and to help them in their selling of the finished goods. In this way, the blind home teachers amassed experience of the rural blind²⁸ which proved valuable when in 1922 the National Institute, at the instance of the Ministry of Health, assumed responsibility for a scheme for the employment of home workers in the London area south of the Thames, and in Kent, Surrey, Sussex and Hampshire. In 1920, with the passing of the Blind Persons Act, and the assumption of responsibility for blind welfare by the local authorities, the National Institute, in accordance with the policy of the Ministry of Health, gradually handed over the home teaching service to voluntary societies for the blind, acting as the agents of the local authorities. By 1927 the transference of home teaching services to local authorities and voluntary agencies was completed.

In 1914 Miss Adelaide Moon approached the National Institute with the request that it would accept responsibility for the printing of moon type, but the outbreak of war in August 1914 temporarily suspended the negotiations, and for several months nothing was done. However, in November 1914 Miss Moon died and in accordance with her wishes, the Moon Society was taken over in 1915 and became a branch of the Institute. Since that time, the National Institute has been the only publisher of moon books and periodicals in Britain.

Also in 1915, the National Institute first turned its attention to

providing residential accommodation for elderly blind women, when the house adjoining the moon printing works in Brighton fell vacant on the death of Miss Moon. This house was not particularly suitable for conversion into a home but it did serve a useful purpose in providing residential accommodation for those people who

'by reason of age, infirmity or other circumstances are in need of care and attention which is otherwise not available to them',

an obligation the government did not undertake until the National Assistance Act was passed in 1948. The house was the first of the RNIB's seaside homes. Over the years the Institute developed this service and there are now four homes for elderly blind and deaf - blind people, as well as four seaside holiday hotels.

Also in 1915, the National Institution of Massage by the Blind became a branch of the Institute. In Britain there were no certified blind masseurs or masseuses until right at the end of the 19th century, and organised training began only in 1900, with the foundation of the London Institute of Massage by the Blind. The moving spirit behind the organisation was Dr Fletcher Little, a West End physician and Medical Officer of Health for Harrow. It was because of Little's efforts that the organisation of massage by the blind was put on a more professional footing, in January 1904, when premises were opened at Lancaster Gate in London. In 1908, the organisation changed its name to the National Institution of Massage by the Blind. More rooms were needed by the organisation and so in 1908 it moved to 71 Bolsover Street, and became sub-tenants of the British and Foreign Blind

Association. By 1908 thirty six blind women and twenty one blind men, described as 'well trained and qualified' masseurs, were working in the profession. Little died in 1914 and in February 1915 his school became a branch of the National Institute, and was given accommodation and modern equipment at the new buildings in Great Portland Street. One of Little's pupils, Percy Way, later became Principal of the National Institute's Massage School and held that position for thirty two years. In that time Way trained many war blinded men to become physiotherapists.

Also in 1915 training in telephony was started by the Institute.

Sir Arthur Pearson wanted workers for the blind to be kept informed of work at home and overseas and so in 1917 the National Institute started to publish a monthly periodical, The Beacon. After 1929, it became The New Beacon. This journal succeeded a smaller letterpress publication, The Braille Review, first issued in 1903. Since its inception, The New Beacon has contained some important articles on work for the blind in all parts of the world and its correspondence columns bring together differing expressions of opinion on controversial issues in blind welfare.

Above all, the intention of the Institute's founders was achieved in 1916 by the establishment of an After-Care system. One department was established to find work for trained blind persons (especially piano tuners, organists and shorthand typists) and to make grants of tools, equipment and materials to blind people working in their own homes. Side by side with this venture, another department was established,

with the twofold object of training those who lost their sight in industry and of obtaining more generous treatment for blind persons obliged to apply for Poor Law relief. After a short time these two departments coalesced to form the After-Care Department, which was later more accurately termed the Personal Services Department.

In the First World War, the After-Care Department was especially concerned with the welfare of the unemployable blind. The concern of the National Institute for those living in their own homes, trying to manage on the miserable outdoor relief customary at that time, led it to make representation to the boards of guardians to provide a more generous allowance. The success of their efforts was in the words of the National Institute 'beyond all anticipation'. The reasons suggested for this result by the National Institute in 1916 throw some light on the relationship between voluntary and statutory agencies at that time:

'Mainly because its staff have always been able to demonstrate to the satisfaction of Boards of Guardians that such aid was not invited to relieve the Institute of its obligations²⁹ but to improve the status of the persons for whom the appeals were made, for in every case the Institute has supplemented the help derived from Boards of Guardians.'³⁰

In this period, the Institute carried out charitable work to alleviate the problems of blind inmates of workhouses. In 1918, the Local Government Board officially recognised the gifts of pastimes to some ninety two unions in London and the provinces.³¹ In several other small ways the Institute was invited to use its experience on behalf of the blind, as when in 1918 it organised the payment of extra profits for blind tea agents allowed by the Ministry of Food. This service

was carried out at the request of the Local Government Board.

Between 1916 and 1920 the After-Care Department did what it could to help the poor blind, but no voluntary organisation could do more than touch the fringe of this social problem and so the Institute welcomed the passing of the Blind Persons Act in 1920. After 1920 it became the accepted policy that all applications made to the department for personal assistance, relief and training of any kind should be referred to the appropriate local authority under the Act or to the voluntary society acting on its behalf. However, this did not mean that the work of the After-Care Department was no longer needed because nearly thirty years had still to pass before legislation brought the welfare state into being.

The After-Care Department always acted in cooperation with the responsible statutory agency and gave that extra assistance which may mean much in terms of human well being. The department provided surgical appliances and dentures, spectacles for those people in danger of losing the little sight they still had, warm clothing, an outfit for a blind worker starting a new job, extra nourishment in sickness, convalescence, holidays for workers on low incomes and holidays for blind children arranged in cooperation with the Children's Country Holidays Fund. The department also provided large educational grants for professional training or secondary or university education. The money for these grants was provided by the Clothworkers' Company, Gardner's Trust for the Blind, the Bailey Bequest and by several other charitable trusts and in this way many blind

people were helped in their careers. In the inter-war period, the work of the After-Care Department grew in size and scope. In 1922, for example, the Deaf-Blind Blessing Society was taken over by the Institute and the work of the society was merged in the department.

After the welfare state legislation of the 1940's the appeals made to the Personal Services Department changed in character, but there were still needs to be met which fell outside the range of statutory obligation. After the Second World War the department continued to work in close cooperation with local authorities and voluntary societies for the blind and continued to give assistance to blind people in need. The department provided readers for university students, equipment grants to physiotherapists, gifts of braille watches or typewriters, removal expenses, help to those setting up in business, the cost of a refresher course and so on.

The money raising activities of the National Institute for the Blind and the moves towards greater coordination in blind welfare

It is impossible to deal with the work of the National Institute during the seven years between 1914 and 1921, when Sir Arthur Pearson was President of the organisation, without saying something more about his money raising activities. The work of the National Institute had expanded so rapidly that new money had to be found on a large scale and appeals to the public were organised with the same thoroughness as had marked all the Institute's recent work. In the years between 1915 and 1921, collecting branches were established in thirteen towns in England and Wales, including in Birmingham,

Newcastle, Liverpool, Manchester and Cardiff, and a metropolitan branch was added to cover a twenty mile radius from Charing Cross. Branches were also established to cover the British Empire as well, although the Empire collections were not very lucrative and were soon dropped. In addition, shortly before the First World War, the Rev. H. R. Marston, a blind man and an eloquent preacher and speaker, was appointed to plead the Institute's cause to the charitable public of the Church of England, and shortly afterwards two Free Church ministers were also appointed to undertake fund raising activities. The appeals had a dramatic effect. In 1913, the Institute's annual income was under £15,000; by 1918 it had reached over £250,000.

But the question of appeals for public support was a notoriously difficult problem and it is not surprising that the Institute's nationwide appeals were criticised in many quarters as likely to deflect the gifts of the charitable public from the needs of the old and established local organisations for the blind. It was therefore agreed by the Institute that, in fairness to these smaller organisations, a two-way traffic should be established; if national appeals had the effect of taking money out of certain localities, the Institute would let part of that money flow back again, in the form of generous grants to associations for the blind in those areas. As early as 1915, nearly £6,000 was distributed by the Institute in this way and at least one local organisation for the blind, compelled, owing to lack of finance to close its doors, was placed once again on a firm financial footing. Over the next few years the amount distributed by the Institute in grants steadily increased, until by 1921 £55,300 was allocated in this way.

Gifts, how ever generous they might be, did not satisfy the critics of the Institute, who argued that these grants were something conferred by favour and not given as by right, leaving the position of the recipients still insecure. They were prepared to concede that the Institute, because of such national work as book and newspaper production, had a right to a large proportion of the amounts collected, but they wanted a definite and clear ratio to be established between the rival claims of local and national needs. So in 1920, a conference of representatives of local agencies and institutions was convened and Sir Arthur Pearson put the Institute's point of view. The meeting was a lively one and it was apparent that there was a wide divergence of opinion - so wide indeed that although a committee was established shortly afterwards to consider the matter, the issue remained fraught with difficulty.

It was hoped that cooperation in various fields of blind welfare would be strengthened by the Blind Persons Act of 1920 and particularly by the requirement for registration of charities and in the regulation of appeals. Under Section 3 (3) of the Blind Persons Act, no public appeals might be made by an unregistered charity, and local authorities had the power to refuse registration if they were satisfied that its objects were adequately attained by a charity already registered under the Act. This helped to clarify the situation and over the next few years a satisfactory solution was worked out. Early in 1921, the Institute invited eight of the leading agencies and workshops for the blind in the metropolitan area to cooperate in formulating

a scheme to control their money raising activities. As a result of this the Greater London Fund for the Blind and the Geranium Day appeal were established in 1921, for the collection and distribution of monies collected, on a mutually agreed basis. No records from 1921 appear to have survived other than that of the amounts collected but it is almost certain that the adoption of the geranium was inspired by the use of the poppy which had become closely associated with Armistice Day. By 1926 the appeal was well established, for a contemporary report refers to it as one of the great annual street collections. Today the Greater London Fund for the Blind is a combined metropolitan appeal for sixteen organisations which provide services for over 16,500 civilian blind: the Royal National Institute for the Blind; the Royal London Society for the Blind; the Royal School for the Blind, Leatherhead; the National Library for the Blind; the Incorporated Association for Promoting the General Welfare of the Blind; the Essex Voluntary Association for the Blind; the Croydon Voluntary Association for the Blind; the Kingston-upon-Thames Association for the Blind; the Kent Association for the Blind; the Merton Voluntary Association for the Welfare of the Blind; the London Association for the Blind; the Surrey Voluntary Association for the Blind; the Metropolitan Society for the Blind; the Middlesex Association for the Blind; the Newham Voluntary Association for the Blind and the Sutton Association for the Blind. The appeal involves approximately 6,000 volunteers, who frequently raise large amounts of money. In 1982, for example, they collected over £79,000 in street and house to house collections.

To devise a scheme of unification which would be applicable to the needs of the whole country proved, however, to be a much more difficult problem, and five frustrating years were to pass before a satisfactory solution could be worked out. In 1923, Dr P. M. Evans, the Chairman of the Union of Counties Associations for the Blind, used his personal influence to form an independent committee to formulate a plan, but the so called Decentralisation Scheme which was proposed did not commend itself to the Institute's Executive Council and so the plan was abandoned. Later, in June 1926, a compromise plan was worked out, embodying proposals made by the Member of Parliament G. H. Roberts, Chairman of the Advisory Committee of the Ministry of Health, set up in 1918 to advise the Minister in carrying out his responsibilities in relation to the blind. The compromise scheme was adopted and it provided for an enlargement of the Institute's Executive Council:

'In order that a proper understanding of the needs and importance of both national and local services may be fostered . . . the Council of the Institute is to be reconstituted on a more representative basis.'

This was an important and an historic decision. For nearly sixty years, from 1868 until 1926, the Institute's Executive Council had been a relatively small group of men (and later men and women) beginning with Dr Armitage and his five finger readers, and later varying in number from about twelve to nineteen. Under the new arrangement the nineteen existing members of the Executive Council were required to appoint seventeen additional members, representing local authorities and local voluntary agencies for the

blind concerned with the administration of the Blind Persons Act of 1920, thus bringing up the Executive Council to a full strength of thirty six members. It was agreed that, as soon as the new Executive Council was constituted, negotiations should begin between the local agencies and the Institute in order to frame collecting agreements. Where possible, local agencies for the blind were encouraged to assume full responsibility for the collecting machinery in their areas, but where this appeared for any reason not to be practicable, the Institute would carry out the collecting activities. In each case the proceeds were allocated in jointly agreed proportions between local and national services. It was also agreed that disputes which might arise in the matter of collections between agencies conducting local and national services were to be settled by a Board of Arbitration set up by the Ministry of Health. The operation of these collecting agreements is illustrated by the fact that in the year ending March 31, 1946, £182,002 was raised by unified voluntary contributions; £52,932 was distributed to the Institute, £14,161 was distributed to another national body, the National Library for the Blind, and £114,909 was distributed to sixty nine local societies. By collecting agreements the National Institute and the government sought to eliminate overlapping in public appeals and to promote the coordination of local and national work throughout the country. The scheme proved to be a success and the unified system of collection is still used today.

The decision in 1926 to reconstitute the Executive Council on a more representative basis is a watershed in the history of the National

Institute for the Blind and after this the Institute gradually became a federating body and a coordinator of blind welfare services in Britain. However, it is important to emphasise that in the late 19th century and in the early years of this century, the National Institute for the Blind, unlike many other national societies, had not set out to act as a federating coordinating body,³² nor did it intend to establish local branches or associations. The Institute found other institutions and local societies already in being and sought to offer them a range of services which could more effectively and economically be carried on at a national level. Braille book and magazine production, nursery schools, grammar schools and professional training are all examples of these national services which were provided by the Institute and it took little interest in the formation of local societies. Indeed, in the years before the First World War there was not yet a single federating national society sufficiently representative to speak for voluntary organisations as a whole. There was still a tendency for the national societies to concentrate on particular projects, while in local areas independent action in specific spheres of blind welfare was common, and coordination was mainly sectional and regional. However, in the First World War, in spite of some friction, the small local societies were beginning to show an inclination to look to the powerful National Institute for support. The Institute, for its part, was becoming more conscious of its place to act as a representative national society in any relations with the central authority. This attitude was considerably strengthened in 1917 when the government

established its first Advisory Committee on the Welfare of the Blind and several of the chief officers of the National Institute were invited to become members. After the First World War the Institute made a strong effort to achieve a representative character as a coordinating body and so in 1926 the Institute reorganised its Executive Council and offered nearly half the membership to the Ministry of Health. (17 out of 36 places were offered to nominees of the Ministry). In 1931 another reconstitution of the Executive Council took place whereby the Institute was to be governed by a larger executive body of sixty two persons, of whom twenty four were to be national members and the remaining thirty eight representatives of Counties Associations for the Blind, the Association of Municipal Corporations, the County Councils Association and the workshops for the blind. Of the national members, not less than one third had to be blind.

In the 1930's there was much discussion and controversy over coordination of work for the blind. It began in July 1932 when the Public Health and Housing Committee of the County Councils Association passed a resolution to the effect that in its view the number of voluntary bodies undertaking tasks in connection with blind welfare was excessive, and recommending that the Ministry of Health should try to secure greater combination of effort, 'preferably under the auspices of the National Institute for the Blind'. Shortly afterwards the County Councils Association and the Association of Municipal Corporations established a Joint Blind Welfare Committee, which met for the first time in May 1933, and this committee examined the question of coordination.

At the same time, informal discussions had been taking place between representatives of the Union of Counties Associations for the Blind and the National Institute on possible means of friendly cooperation and as a result of these discussions several recommendations were made to the Union's Council. However, the recommendations were not favourably received by the Council, which then decided to call a conference of all national bodies to consider the matter. This conference discussed proposals for the formation of a General Council for Blind Welfare, but before anything else occurred the Association of Municipal Corporations and the County Councils Association adopted, in the spring of 1934, a scheme put forward by its own Joint Blind Welfare Committee, to the effect that all matters relating to blind welfare should be coordinated by one national body -

'which should be the National Institute for the Blind, suitably reorganised and providing for increased representation by Local Authorities.'

For many months there was a long debate between those who held that the National Institute might suitably act as the coordinating body and those who believed that because of the Institute's money raising activities and executive work it would not be a suitable consultative and advisory medium. In April 1936 a revised scheme was produced by the Joint Blind Welfare Committee and adopted by the County Councils Association and Association of Municipal Corporations and this scheme still recommended that the one national body acting in an advisory capacity should be the National Institute, but also made certain concessions in an effort to meet the objectors.

However, these did not satisfy the critics of the scheme and in 1937 some of the opposing national bodies planned to establish a National General Council of Blind Welfare. The County Councils Association and the Association of Municipal Corporations then advised Local Authorities not to recognise this proposed new body, and in view of this the Union of Counties Associations recommended that both schemes be held in abeyance.

In the meantime, in 1938 the National Institute had (in accordance with the recommendations of the revised scheme) enlarged its Executive Council on the lines recommended by the Joint Blind Welfare Committee's revised scheme, in order that it might

'meet modern conditions and provide for further developments and the consolidation of the Institute's work on a national basis.'

Under the new arrangement, regional bodies were given 31 seats; national members (who were the nucleus of the original national voluntary group), 21; associations of local authorities, 20; voluntary agencies, 12, and organisations of blind persons, 12. The local and regional groups were now in a strong position at the centre, and local authorities were well represented. The National Institute for the Blind had by this time fully appreciated the benefit to the whole movement arising from

'this intimate connection between the Minister of Health, local authorities and voluntary agencies.'³³

This examination of the changing composition of the Executive Council has revealed the steps by which a more democratic basis of representation was achieved, at the same time, reflecting the changing

attitudes towards public responsibility in the development of blind welfare. Following the enlargements in the Executive Council in 1926, 1931 and 1938 the Institute came to be governed by a council representative both of public and of private bodies and by the late 1930's the Institute was a federating national society sufficiently representative to speak for voluntary organisations as a whole. Since that time, the National Institute has been the coordinating body in British blind welfare.

The expansion of the National Institute for the Blind's services between 1918 and 1939

In the inter-war period the National Institute increased the range of its services and provided many new amenities which made life for the blind happier, and more nearly approaching the normal. The National Institute expanded its services for the provision of embossed literature, magazines and music, and it was continually on the look out for new ideas for the production of special apparatus. After 1910 the range of appliances sold by the Institute steadily widened, and for about five years between 1919 and 1923 the Institute had its own design department, for the production of embossed maps and diagrams, and also for producing educational models for lending to schools. These included models of aeroplanes, churches, weather vanes, bridges, street lamps and ploughs - a wide variety of those objects too large to be explored by the blind child's fingers unless reduced in scale. By 1954 the Royal National Institute for the Blind was marketing two hundred pieces of apparatus and in that year customers from over twenty countries were being supplied.

Some of the most important and useful new appliances were the braille writing machines. Today many blind people still use braille writing frames not very different from those used over a hundred years ago by Dr Armitage and his colleagues, and indeed not very different from that used by Louis Braille himself. The expert writer of braille, however, often prefers to save time by using a braille writing machine. Such a machine was invented by Henry Stainsbury (the Institute's first Secretary-General from 1908 to 1925) in cooperation with Alfred Wayne, and the fact that the Stainsby Braille Writer, a model based upon the original Stainsby-Wayne machine, is still used by the blind today, speaks well for the skill and ingenuity of those early inventors. Stainsbury was also responsible for the invention of the braille shorthand writer. One of the disadvantages of the braille board and the Stainsbury braille writing machine is that the paper must be turned over for the embossed dots to be read. However, in 1934 the Institute's Technical Officer, Mr. E. J. Pyke, invented an upward braille writer, the Pyke-Glauser, and the small number produced before the Second World War were quickly sold, and gave much satisfaction to their users.

In this period, the National Institute also started to cater for the blind listener, by establishing the British Wireless for the Blind Fund and the British Talking Book Service. Each had a humble beginning. In the early 1920's a correspondent in the Daily Express had suggested that anyone who had 'a superfluous wireless set' should give it to a blind person. This idea interested the editor and so he

approached the National Institute and in this way the wireless for the blind movement began. A legacy of a hundred guineas and gifts of about a hundred and fifty 'superfluous sets' helped to start the movement and by 1927 nearly eight hundred sets had been distributed. In 1926 the Wireless Telegraphy Act was passed and this gave the blind person the right to own a set without payment of a licence. The Act was presented to the House of Commons by Sir Ian Fraser, who was Chairman of St Dunstan's. Shortly afterwards, blind listeners realised their need for programmes in braille and from April 1927 the Braille Radio Times was published by the Institute. The British Wireless for the Blind Fund was started in 1929 when the B. B. C., in cooperation with the National Institute, St Dunstan's and local voluntary agencies, broadcast an appeal. The fund was supported by an annual appeal to the public on Christmas Day and through the fund every blind person in the country who needed a free radio could have one on permanent loan. Several years later in 1936 the Institute, in conjunction with St Dunstan's, began the manufacture and distribution of gramophone records which played on specially designed gramophones at 24 rpm, a speed which gave about 25 minutes listening time a side, instead of the five minutes of the usual 78 rpm records of the time. On these discs the talking book library was born. In 1936 the 369 subscribers had a choice of just 55 titles. Since that time the National Institute has vastly expanded the service. Now the talking book library is probably the best known, and certainly the most widely used, of all the RNIB's services, with a membership of 60,000.³⁴

The contribution of the National Institute for the Blind to the education of the blind

In the inter-war period, the National Institute for the Blind made an important contribution to the development of the education of the blind. Between 1868 and 1918 the National Institute had not been responsible for the founding of any schools for the blind, though it had done much indirectly from its inception to help forward education, in that Dr Armitage and his colleagues at the British and Foreign Blind Association were responsible, in their advocacy of braille reading and writing, for forging the tools which made modern education for the blind possible. The primary schools for the blind that were established in the late 18th and the early 19th centuries had done some good work within narrow limits, but until braille had been accepted as the medium of education and the 'battle of the types' ended, progress in education was inevitably slow.

'We are', observed an early teacher of the blind, 'in the position of the old Middle Age monks in their cells ... You see then what we want; maps, books, globes, writing implements, raised books. We want everything, and we have nothing.'

However, by 1900 the elementary education of the blind was well advanced. The Elementary Education (Blind and Deaf Children) Act of 1893 provided for the compulsory education of blind children between the ages of 5 and 16 and braille was successfully being used in educating the blind. But there was still much room for improvement and there was room, too, for growth. The early education of the blind was still largely neglected. The lower age of compulsory education for the blind was five, although there was a marked

reluctance on the part of the voluntary boarding schools to accept them at this age. Indeed, the headmasters of the schools resolved in June 1894 that the government should be asked to amend the Act of 1893 so as to not to make it incumbent upon boarding schools to accept children under seven.³⁵ However, it was important that blind children should start their training at as early an age as possible, and so there was a need for nursery education for them. There was a need for an expansion of grammar school education for the blind. There was no public provision for boys and no provision at all for girls. In addition, there was little educational provision for those blind children with other handicaps.³⁶

The Executive Council of the Institute was concerned about these problems and so between 1918 and the late 1930's several measures were introduced by the Institute to improve the education of the blind, to make it more comprehensive. These measures included the setting up of several Sunshine Homes for Blind Babies, the establishment of Chorleywood College for Girls with Little or No Sight and large amounts of financial support for Worcester College for the Blind. Several units were also established before and after the Second World War for those with additional handicaps. These innovative projects are of major historical significance and so deserve to be examined in some detail.

The First World War with its wastage of young adult life brought forcibly home to the British government the importance of maternity and child welfare, and was responsible for several new public and

private efforts to lessen infant mortality and to secure better conditions for expectant mothers and young children. Since 1914, infantile blindness (ophthalmia neonatorum) had been compulsorily notifiable. In the 19th and the early 20th centuries it had been one of the main causes of blindness in Britain. However, no provision was being made for the young blind child whose home conditions were unsatisfactory. This fact disturbed some wealthy philanthropists and in May 1917 Sir Arthur Pearson reported to the Executive Council of the Institute that he had been approached by Adeline, Duchess of Bedford, who was very interested in all matters relating to social welfare, and she had offered to help with the purchase of a house to be used as a home for young blind children. Her offer was gratefully accepted and a house with nine acres of land was secured at Chorleywood, in Hertfordshire. The scheme was also brought to the attention of Queen Mary, whose concern for child welfare was very great, and also to that of Queen Alexandra, and gifts towards the project were made by them both. In October 1918 the Institute opened the first of its Sunshine Homes at Chorleywood. A residential nursery school, it accommodated twenty five children aged between two and five whose home conditions were poor. This was the Institute's first school. A description of the new home appeared in the Institute's journal, The Beacon, in January 1919; it described a big airy nursery well stocked with toys, dining room fitted with small tables and chairs, dormitories with white cots and spotless bathrooms. The home was admired by all those who saw it and the Chief Medical

Officer of the Board of Education argued that it fulfilled

'the ideal of a Nursery Special School . . . The provision includes decorative kindergarten room with small tables, dining room with all the appearance of a miniature first-class restaurant, dormitories in which enamel and tasteful equipment, in fact the whole aim of the founder, Sir Arthur Pearson, has been to establish an institution which shall be perfect to the eye in order that the pleasure derived by sighted persons shall be reflected upon the blind. ³⁷

An early Annual Report of the Chorleywood Home set out its guiding principle in the following way:

'The main idea is that the children should be taught to grow up as normal human beings, and to treat their blindness as a handicap to be overcome. '

In the many years that have passed since the first home was opened, methods have been modified and improved with the ever widening knowledge of child psychology, but the guiding principles still hold good. Everything was done to give the blind child the best possible start - physically, mentally and morally - so that when compulsory state education began at the age of five, the child would be equipped to benefit by it to the full. Many of the children, especially in the early years of the homes, came from poor homes where they had been neglected; others had been so over-indulged and over-protected that they had no initiative and were far more backward than the physical handicap of blindness alone would warrant. There was a long waiting list for the first home and so in the autumn of 1923 a second Sunshine Home, large enough to accommodate thirty children, was opened at Southport and from the start it was filled to capacity. In 1924, a third home was opened at Lemington Spa. By 1924, the

Board of Education had authorised the retention in the homes of children who had reached the age of five, whenever further training in the sheltered conditions of a residential nursery school were desirable, or where for any reason a vacancy in a primary school for the blind near the child's home was unobtainable. However, it was required that from the age of five the children should receive such formal education as their age and capacities demanded.

In the inter-war period, infantile ophthalmia was in decline and between 1925 and 1945 the number of registered blind children fell by almost half and in 1945 only nine babies under one year were registered as blind. There were, therefore, despite the disorganisation caused by the war, sufficient special school places for the blind and it was thought possible that within a few years the need for Sunshine Homes might disappear. In 1948, however, there was a marked and a sudden increase in the registration of blind babies, which continued until 1954. In 1949, for example, there were sixteen blind babies under the age of twelve months, but in 1950 there were twenty eight. This increase was due to retrolental fibroplasia in babies born prematurely. The discovery that the disease was caused by the administration of too much oxygen to premature babies, and the consequent reduction in the use of oxygen, resulted in the disease disappearing almost as dramatically as it had appeared. There remained, however, the unfortunate children who had been blinded and so in October 1949 another Sunshine Home was established at Kingswinford, Brierley Hill, in Staffordshire. Over the next few

years, several more homes were opened to cater for these children and by 1957 there were nine Sunshine Homes distributed throughout England and Wales. For a time the presence of these children in schools for the blind added substantially to the number of children in certain age groups.³⁸ However, the resulting shortage of accommodation was of a temporary nature and the number of Sunshine Homes has now been reduced to four. Increasingly, young blind children go to local nursery schools or stay at home and since 1970 the Royal National Institute for the Blind has run a visiting advisory service with experienced teachers giving guidance on the care and upbringing of visually handicapped children all over Britain. Since the first Sunshine Home was opened in 1918 many hundreds of blind children have been cared for and the first 'Sunshine babies' are now elderly men and women. Today the Sunshine Nursery Schools still have a valuable contribution to make and care for young blind children, often with additional handicaps, who need a lot of expert attention.

Chorleywood College for Girls with Little or No Sight, the Institute's next educational venture, began as a daring experiment in January 1921 when it was opened temporarily housed in an old barn. After one term the pupils moved into a renovated house, the Cedars at Chorleywood, set in beautiful cedar planted grounds. This house had been presented to the Institute by Mr. J. H. Batty in 1917 to be used, when the First World War ended, as a girls' secondary school. Chorleywood College was the first school in the world to give higher education to blind girls and none of the staff had previously taught the

blind. However, before taking up her post Miss Phyllis Monk, the first headmistress, had visited Worcester College for blind boys and had learnt to read and write braille. Miss Monk's ability and enthusiasm more than compensated for her lack of experience and it was mainly because of her drive and determination that the school remained open despite the financial problems that beset it during its early years. In January 1921 the school had five pupils and their ages ranged from nine to seventeen. Of one of them Miss Monk observed that she 'could not go far intellectually.'³⁹ Here at the beginning were the problems which were to plague the school: too few pupils, too great an age range and an uneven standard of achievement. There was also the problem of finance. All the girls paid fees and in the first year these were £35 every term. In the next two years the financial difficulties of the school increased and so the fees were raised to over £50. By then, there were eighteen girls at Chorleywood. The youngest was six years old and the oldest over twenty. However, over the next few years the number of girls increased substantially, classification into age groups became easier and the National Institute for the Blind subsidised the losses. In 1925 Chorleywood College was officially recognised by the Board of Education as 'efficient', following a three day visit by several Inspectors, and in 1932, after another inspection, it received full recognition with a direct grant from the Board. High educational standards were sought at Chorleywood College. The school was run on public school lines and Miss Monk had taught at Roedean. One of

the first pupils, who had entered at the age of six, later proceeded to Newnham where she was the first woman to take a double First in Theology.⁴⁰ In December 1944 Miss Monk retired after twenty four years service and she is now regarded as a pioneer of secondary education of blind girls. Also in 1944, Chorleywood College became a selective grammar school, although it continued to be administered by the National Institute.

The foundation of the first grammar school for blind girls was another of the developments in the education of the blind in direct line with the philosophy and teaching of Edward Rushton, Dr Armitage, Francis Campbell, Hugh Blair, William Taylor, Samuel Forster and other pioneers. These men had always emphasised two important things: that the blind must be efficiently educated to achieve high standards and that, wherever possible, they must take their place among the sighted in the ordinary activities of the community, they must not look upon themselves as belonging to a special class.

In the inter-war period, the National Institute for the Blind had sufficient funds to be able to step in when financial disaster threatened Worcester College for Boys.⁴¹ This College had been opened in 1866 by two clergymen, Hugh Blair and William Taylor. At their school they planned that

'the blind children of opulent parents might obtain an education suitable to their station in life.'

For the greater part of the first twenty five years of its existence, the College was a private venture, but in 1889 it became a semi-public body, controlled by a Trust Deed and administered by a Board

of Governors. However, even when Worcester College ceased to be a purely private venture its progress was constantly hampered by financial difficulties. Therefore in 1917 an ex-pupil of the school Dr Washington Ranger approached Sir Arthur Pearson as President of the National Institute and was told that the Institute 'would certainly interest itself in the future of the College'. In 1917 a gift of £1,000 for the general purposes of Worcester College was made by the Institute and in the next few years several other grants and gifts were made. In 1922, the National Institute became the sole Trustee of the College, although the control of expenditure remained in the hands of the Governors. However, this arrangement was satisfactory to neither side and so in August 1936 the National Institute took over completely the control and financial management of the College.⁴² Under the reorganisation brought about by the Education Act of 1944 Worcester, like Chorleywood, became a selective grammar school and today the two schools provide secondary education for academically able blind children.

One group of blind children presenting severe educational problems are those who have additional handicaps and a national voluntary body is specially equipped to give prolonged care to these children. In 1922 a special residential school for mentally retarded blind children under seven was opened by the Servers of the Blind League and shortly afterwards the League opened a second school for those aged seven to sixteen. (The National Institute for the Blind was to take over the work of the Servers of the Blind League in the mid 20th

century). In 1923 the Ministry of Health circularised voluntary agencies to ask how much support might be expected for a proposal by the National Institute to open a home for the physically defective blind. Later, in 1931, a residential school for children of both sexes at Court Grange, Abbotskerwell in Devon, was opened by the Institute as a school for retarded blind children. This was a small scale experiment and in 1947 was transferred to Condoover Hall near Shrewsbury as a school for blind children with other handicaps. (Court Grange was used as a Sunshine Home after 1949). A group of 30 children from Court Grange was soon increased by the addition of children who were 'educationally blind', with various other handicaps. By the addition of a special unit for deaf-blind children in 1952, it was hoped also to add to the data for research in this field. This project provides an early example of cooperation between the National Institute and the statutory authorities in the field of education. The project was undertaken at the request of the Ministry of Education and the board of governors included not only representatives of the RNIB's education committee but also members of Birmingham University, in addition to local men and women. Today Rushton Hall provides a primary education and Condoover Hall a secondary education for blind children with additional handicaps. Condoover Hall caters for blind children who are also physically handicapped, maladjusted, educationally sub-normal, or epileptic and there is still a special unit for deaf-blind children at Condoover. Although the academic achievements of many of these children are low, Condoover Hall fills

a long felt need and, with Worcester and Chorleywood Colleges, ensures that there is suitable provision for blind children of all ranges of ability.

The work of the National Institute for the Blind to improve the employment opportunities of the blind

In the first half of the 20th century the National Institute for the Blind was the pioneer in placing the blind in open industry and in this way the National Institute helped to improve over time the opportunities and the standard of living of thousands of blind people. This is a highly significant point and deserves to be examined in some detail.

The idea that a blind person can so far overcome his handicap as to take his place in open industry side by side with sighted workers is comparatively new. In the second half of the 19th century those responsible for establishing workshops for the blind, accepted the segregation of the blind worker as a matter of course. Fortunately, traditional trades followed by the blind had the virtue of demanding creative skill, so that a blind person debarred by his disability from working in a factory could take pride in craft smanship. For this reason, even if for no other, the sheltered workshop would deserve commendation. However, its main drawback was the fact that the earnings of the blind craftsman in a sheltered workshop were insufficient to make him self supporting and only well paid jobs in the world outside could make the blind economically independent.

From time to time, even in the 19th century, individual blind men of enterprise had found employment in open industry. Dr Armitage,

with his almost uncanny flair for anticipating history, related in his diary in the 1880's how, on a visit to two Glasgow shipyards, he found six blind men at work, employed in the cleaning of bolts, spinning of oakum and polishing of rough castings. This innovation aroused his keen interest and his questioning mind. The turn of the century saw the number of educated blind people increasing and the growth of a group of blind men earning their own living in the free professions.

From an early date, the British and Foreign Blind Association made a strong attempt to improve the employment opportunities of the blind. Even before Dr Armitage's death in 1890 the Association had established a sub-committee on

'starting pupils in business after leaving institutions
and giving them the assistance needed.'

This help for the blind home workers continued, carried on by the National Institute for the Blind, giving grants of equipment, providing material at cost price and selling products for the blind home worker. This was a source of employment for many blind people and today the Royal National Institute for the Blind continues to run a Home Industries Department at Reigate in Surrey and this supplies materials and markets goods for several hundred blind people working from home in the south east of England - one of the services Dr Armitage particularly regretted was missing in the 19th century.

In 1902, the British and Foreign Blind Association took the important step of opening an employment bureau,⁴³ the year in which the London Bureaux (London) Act gave power to the local authority to spend public money on an employment advisory service.

The decision by the Association to open an employment bureau was an innovative move and it was only in 1909 that the Labour Exchanges Act made the central authority responsible for employment exchanges throughout the country.⁴⁴ The Institute's bureau was fully recognised by the statutory authorities, was incorporated under the Board of Trade and licenced annually by the London County Council. The bureau helped to give the Institute's officials experience in placing blind men and women in a variety of jobs in open industry and this experience would prove useful in the later years of the century.

The National Institute for the Blind also helped to raise the status of blind professional workers by founding a school of massage in February 1915, where the students were trained to the standards required for the examination of the Chartered Society of Massage and Medical Gymnastics and with the help of the Institute's employment bureau doctors and would-be patients were put in touch with the masseurs and masseuses. In 1918, blind masseurs and masseuses formed, under the presidency of Sir Arthur Pearson, the Association of Certificated Blind Masseurs, to protect the professional interests of all qualified members and to promote their welfare. In July 1932 the Massage Department was moved to the top floor of the Institute's premises; offices, gymnasium, library, lecture room and rest room were included. In the following year, Dr Alfred Eichholz, a member of the Executive Council of the Institute, died and in his memory his cousin, William Eichholz, made a substantial gift to the Institute, in the form of the Alfred Eichholz Memorial Clinic and Institute of Massage by the Blind. It was opened in July 1934 as a headquarters

for the profession of massage and physiotherapy by the blind and included nine treatment rooms, fitted with modern equipment, a Swedish remedial exercise room, a room where ultra-violet rays could be administered by a qualified sighted Sister, bathroom and dressing rooms, office accommodation, a waiting room, doctor's room and staff room. With the provision of such a Clinic, so admirably equipped, the profession of physiotherapy by the blind had indeed arrived. Ten years later, in 1944, the School of Massage became the School of Physiotherapy, the only one of its kind in the world.

The National Institute also provided assistance for another group of professional blind workers, the pianoforte tuners. In 1916, the Institute established an employment bureau to help the tuners and a board of expert tuners, including three blind men, was set up to test applicants before recommending them for employment. As the work of the bureau became known it not only helped the blind tuner to find work, but by requiring a standard of accomplishment from him, raised the status of the tuners. In 1929, a bureau for blind organists was also set up, so that churches requiring an organist could be told of suitable blind candidates and given details of their qualifications. Several years later, in 1934, one difficulty of the blind organist was made easier by the establishment of three scholarships, financed by the National Institute in cooperation with Gardner's Trust for the Blind, giving a year's course at the School of English Church Music and this gave the qualified blind organist valuable practical experience in the training and conducting of church choirs.

From the early years of this century the National Institute also operated its own employment policy and employed blind shorthand typists and telephonists in its own offices. Henry Stainsbury, the first Secretary-General of the Institute from 1908 until 1925, was a pioneer in furthering the employment of blind women as shorthand typists and before coming to London in 1908 he had devised the braille shorthand machine, a redesigned and improved model of which is still marketed by the Institute today. This has been a valuable aid in open employment for blind shorthand typists. Many of the shorthand typists employed by the Institute over a long period of years were excellently trained at the Royal Normal College, whose reputation was deservedly high among employers and the Institute was responsible for training a number of blind telephonists on the job, instructed by its own expert blind operators. Blind people did look for work in trade and commerce and here and there in journals of blind welfare we note an achievement: 'Selfridges have employed two blind shorthand typists', records Progress magazine in 1917. However because of the attitudes of the employers and the aptitudes of the blind the number of blind office workers before the Second World War remained disappointingly small.

As a result of the First World War, legislation was passed in Germany requiring all employers who had more than a certain number of workers to give employment to the war disabled, and within a short time large numbers of the war blinded were employed in sheltered workshops and factories. In the United States and Canada, where

mass production had long been general and where the traditional blind crafts were looked upon with less veneration than in Britain, the employment of the blind in factories was accepted in the early years of this century as a useful adjunct to employment in the sheltered workshops and in 1931 an important paper on the subject was contributed by an American worker for the blind to the International Conference on Work for the Blind, held in New York.

By this time, however, the issue was also a live one in Britain, for from 1927 onwards, the National Institute for the Blind had challenged the public view that the blind could not cope with factory jobs and had interested itself in the possibility of finding work for large numbers of blind people in open industry. Several trade processes were examined by the research and appointments department in order to ascertain if they came within the capacity of the blind worker and there were some promising findings. Later, in the 1930's, considerable research was conducted by the Institute through its Employment Officer and with the cooperation of the National Institute of Industrial Psychology, in order to find new trades which might be suitable for the blind - either by their introduction into sheltered workshops or by placing blind workers in factories side by side with the seeing and the Institute was successful in demonstrating the value of placements in ordinary factories and workshops. This work was to prove valuable in the later campaign for placement associated with the Second World War.

At this time, a valuable part was played by the central authority in its readiness to encourage new ventures in blind welfare and to

enlighten local authorities about the opportunities offered by the voluntary organisations. An excellent example of this practice is to be found in a series of annual reports produced by the Ministry of Health's Advisory Committee on the Welfare of the Blind, where attention is called to the advisability of employing blind persons in 'sighted workshops' and the Advisory Committee used this as an opportunity to draw attention to the valuable work being done by the National Institute. In the first instance, the Advisory Committee itself conducted a small enquiry into prospects and then suggested that local agencies might follow this up.⁴⁵ By 1924-26 they are reporting with satisfaction in their Annual Report that the National Institute for the Blind had opened a Research Department 'to explore, inter alia, the possibility of opening up new lines of employment'. In 1927, the Advisory Committee congratulated the National Institute upon its cooperation with the National Institute of Industrial Psychology in its investigations into suitable employment and the Advisory Committee urged all local agencies, both statutory and voluntary, to do all in their power to help. In its annual report in 1928-29, the Advisory Committee reminded local authorities that they

'can materially help by augmenting, where necessary, under suitable safeguards, the earnings of those blind persons who are provided with employment in ordinary factories and workshops.'

In its Ninth Annual Report in 1930 the Advisory Committee advised local authorities and voluntary societies to study the published report of the National Institute on its research and suggested to the National Institute that they should offer to place at the disposal of local bodies

the accumulated experience of the placement committee and their officers.⁴⁶ The Advisory Committee hoped that this would encourage the entry of the blind into open factories and workshops.

Between the wars, however, progress in placing the blind in open industry was disappointingly slow, owing to a number of reasons; these included the belief among many workers for the blind that the trades normally followed in sheltered workshops offered the best and the soundest solution to the employment problem, the shortage of jobs, the anxiety of the trade unions lest the blind should become a source of cheap labour, the apprehension among employers with regard to possible accidents to blind workers and the slow development of mechanised means of production.

The position, however, changed with the outbreak of the Second World War in 1939. Wars injure the healthy and by a curious paradox, increase the opportunities for the disabled and it was necessary that opened the doors of the sighted world.

'New fields of employment for the blind are bound to open as the call for manpower grows',

declared the Institute's annual report in 1939.

'The nation simply cannot afford to waste a single pair of hands.'

Shortly afterwards, the National Institute for the Blind began negotiations with the Ministry of Labour and National Service, but in the early months of the war the Ministry's main concern was inevitably with the recruitment of the physically fit and able and it had no opportunity then to consider the potential contribution of the blind. However, the Institute

working in cooperation with the Birmingham Royal Institution for the Blind, established a special Committee to secure the employment of the blind in factories and in 1942 a scheme was formulated by the Committee and approved by the minister, whereby all Employment Exchanges were instructed to give consideration to applications for employment from the blind. The Institute's Employment Officer was registered blind and he was able, because of his own limited vision, to demonstrate to sceptical employers that jobs, hitherto regarded as only within the capacity of those with normal vision, were also within the scope of the visually handicapped.⁴⁷

After 1942, the recruitment of the blind went ahead with rapidity, through the combined efforts of the National Institute for the Blind, the local agencies for the blind and the local Employment Exchanges. The blind worked in munitions and in light engineering as telephonists and typists and the National Institute received many encouraging reports from the factories.

'We have been amazed with the quick manner in which they (ten blind men) have adapted themselves to their particular work and with their thoroughness in doing it',

wrote one employer and the personal manager of an aircraft factory was equally approving:

'There are some operations that the blind worker can perform equally as well as, and in many cases, better than, sighted workers.'

Throughout the war, the National Institute cooperated closely with the Ministry of Labour and National Service and with local authorities in various measures to help the blind to play their full

part in the community's economic efforts. In Greater London, for example, the National Institute investigated the possibilities of employment for the civilian blind and reported on the suitable jobs available in a number of industries. The Ministry of Labour, in turn, passed on to local authorities and voluntary agencies any applications from employers for these particular jobs and invited them to recommend suitable blind persons. During the war, more employers realised that blind workers could give good service and the idea of employment in open industry was gaining ground, but the methods of training and placing were not entirely acceptable. Many employers had neither the facilities nor the time to give the individual attention needed by the blind employee entering upon a new process and the employee was not always able to settle down. In this, he was like many sighted employees faced with unaccustomed work. So the National Institute, looking to future peace time requirements, decided to increase the number of special placing officers who would each be responsible for one area and have more time to give to guidance and selection. By 1951 the National Institute was spending approximately £10,000 on this service alone. Many of the local authorities and some of the regional voluntary bodies asked the National Institute, which was working closely with the Ministry of Labour and National Service, to carry out their placement service and with the exception of the London County Council, the counties covered by the Birmingham Royal Institution for the Blind and Essex County Council, the National Institute were responsible for appointing the placing officers and in

most areas, for operating the service.⁴⁸ The London County Council had established its own special placing service for the blind in 1944 and Essex County Council had established a similar service in 1947. The Birmingham Royal Institution had its own scheme. Some effective policies were worked out on a regional basis. For example, an interesting scheme of cooperative effort was worked out in the north where the North of England Industrial Employment Service for the Blind was responsible. The North Regional Association for the Blind and the National Institute were represented on this body and the latter appointed all the placing officers. The special placing officers did some valuable work and were able to give more individual attention to each blind person, discovering his potentialities, finding a suitable job, training him, often in the factory itself, and keeping in touch with him and the employer afterwards to see that everything was going smoothly. The intention behind this careful work was to ensure that a full week's work could be done for a full week's wages. It was to prove to be an economic and altogether sound undertaking for employer and employee alike, with no tinge of the eleemosynary. The placing officers were experienced in discovering work suitable for the blind and so they necessarily undertook a great deal of direct enquiry, but they were also glad to avail themselves of the specialist knowledge of local industries which was held by Disablement Resettlement Officers.

In the inter-war period the blind typists and telephonists working in offices and on switchboards had been largely newly blinded people

rather than congenitally blind and employers were apprehensive about taking on large numbers of blind office workers. However, during the Second World War, there was a labour shortage and a corresponding great demand for telephonists and typists and so the National Institute for the Blind decided to make use of Oldbury Grange in Bridgnorth as a commercial training centre. It began in 1943 as a School of Telephony but shortly afterwards courses in shorthand typing were added to the curriculum. After the war in 1948, it was recognised by the Ministry of Labour under the Disabled Persons (Employment) Act as a training centre for the disabled. In order that the telephony students at Bridgnorth should have practical experience on a busy switchboard, their training was completed at the Institute's headquarters in Great Portland Street in London, where a switchboard with four lines and over fifty extensions gave them a valuable insight into the demands of a large commercial organisation. In 1951 it was decided that the Training School had been so successful that it should be transferred from its rural surroundings to a central position in London, with wider opportunities for expansion. The school was moved to 5 Pembridge Place in London and was renamed the RNIB Training College for Blind Shorthand Typists and Telephonists. During the period at Bridgnorth, 138 telephonists and 38 shorthand typists had been trained and nearly all had gone on to excellent employment. The College in London now trains secretaries, typists, switchboard operators and computer programmers, as well as running a course on the use of the Optacon reading machine, which converts print into tactile form.

Through the work of the National Institute for the Blind, the Birmingham Royal Institution for the Blind, St Dunstan's and the Northern Counties Association for the Blind (now the North Regional Association for the Blind), over two thousand blind men and women were engaged in open employment in the war and made a significant contribution to the war effort. A number of them were people who had lost their sight in adult life and who therefore carried over into their new experience the outlook of the seeing world and they had not been given that training for sheltered employment normally offered to and accepted by the younger blind person whose compulsory education had ceased at the age of sixteen. One interesting and noteworthy feature of the placement service in the war years was the fact that many blind men and women were absorbed into open industry who had hitherto been officially classified as 'unemployable', merely because they did not fit into the rather narrow confines of the sheltered workshop pattern. The work of those who were placed in open industry was valuable in itself and also gave a great fillip to employment for the blind. Some of the insecurities of the blind themselves and of those who cared for them were overcome and some of the prejudices of the sighted were overcome. Blind people no longer felt that, unless they were exceptional, they were destined for a blinkered world.

In 1944, a significant new factor was introduced by the passing of the Disabled Persons (Employment) Act, which required any employer 'having a substantial number of employees' to engage a percentage of disabled workers. Those employers who already had

disabled persons on their pay roll generally elected, if these workers were satisfactory, to retain them rather than to engage other unknown disabled persons and so many blind people who had proved their worth were kept on permanently as part of the required quota.

With the end of the war, however, a new problem presented itself. Now that the demand for labour in connection with the war effort had come to an end there was the danger that the blind workers would be discharged. The work they had been doing was largely standardised and repetitive, for this was the work usually demanded in the war factories, and with the changeover to peacetime industry this work would be less in demand. About twenty per cent of the blind workers who had been placed by the National Institute were discharged and after the war the first task of the Institute's placement service was to find new work for them. These workers were successfully absorbed into other employment, though not without much hard work by the National Institute's Employment Officers, who no longer had employers crying out for workers.

After the Second World War the National Institute operated a successful employment policy and in 1952 achieved its two thousandth placement in open industry. By the mid 1950's the percentage of blind workers in open industry was greater in this country than in any other and in 1956 the number of blind people employed in open industry exceeded the numbers of those in sheltered workshops and home workers' schemes. By 1963 the National Institute had placed no fewer than 5,521 blind people in open industry.

The National Institute's employment service was largely pioneering and experimental and it proved to be of such vital importance to the blind that in the 1960's, the Ministry of Labour assumed responsibility for routine industrial placement on a national scale. However, the National Institute pioneered Hethersett, the adolescent training centre, and is still responsible for the placement in industry of blind adolescents. The Institute also continues to develop industrial aids. The Institute's employment officers are now free to concentrate on placing blind men and women in commercial, administrative and professional occupations.

The work of the National Institute for the Blind in the Second World War and afterwards to increase the opportunities for the blind in open employment was of major social significance, because it was instrumental in creating a blind middle class. As a minority group, the blind seem previously to have been sharply divided into a meritocracy of top people - the graduates of Worcester and Chorleywood and the Royal Normal College - who were destined for good jobs in the professions and the workshop blind - who were almost the write offs who would remain, to a greater or lesser extent, dependent on charity for all of their lives. After 1945 these divisions within the blind population became more blurred and a new significant social stratum of blind people emerged who were employed in open industry in offices and in factories. Many of these people did not enjoy the high wages and conditions of the blind professionals, while at the same time they earned more than those in the sheltered workshops. They were, in short, a new significant group between the two extremes.

The work of the National Institute for the Blind in the inter-war period: A summary

Between the wars several national schemes were worked out by the National Institute for the Blind for the provision of talking books, special apparatus and a range of other services to the blind. Embossed literature was provided at considerably less than cost price. Some of these ventures attracted small grants from the Ministry of Health, but the National Institute for the Blind depended chiefly upon voluntary subscriptions for its research and experiments. Perhaps one of the areas in which the National Institute had achieved most was in the establishment of a principle: its particular contribution was its insistence that the blind were not a class apart and that, given suitable opportunities, they could take their place in the community in much the same way as the sighted. As we have seen, the repeated efforts by the National Institute for the Blind to open normal employment to the blind and the increasing opportunities afforded for training in trades and professions bore rich fruit in the emergency of the Second World War.

The history of the Royal National Institute for the Blind since 1945

The granting of a Royal Charter to the National Institute for the Blind in May 1949 was a notable event both in the history of the Institute and in the development of blind welfare as a cooperative effort of the state and voluntary bodies in partnership. If we look back over the history of blind welfare we can trace not only the growth of the scope of the Institute's work, but also the moulding of its policies to fit the

changing pattern of blind welfare laid down by the statutory responsibilities towards the blind assumed and regulated by successive governments. The small but ambitious society which was inaugurated in 1868 by the voluntary enterprise of a group of far-seeing blind men was transformed in 1902, from a semi-private venture into a corporation. Several years later, in 1914, the character of its work warranted the adoption of the title of National Institute of the Blind and the present headquarters in London was opened. In 1926 a scheme for the centralisation of collections and the enlargement of the Executive Council to include nominees of the Advisory Committee on Blind Welfare of the Ministry of Health was adopted and then in 1931 the Council was again enlarged in the interests of national cooperation. To accord with the recommendations of the Joint Blind Welfare Committee appointed by the County Councils Association and the Association of Municipal Corporations, the Institute's Executive Council was still further broadened in 1938, and the Council became representative of local government bodies, national and regional agencies for the blind and organisations of blind persons.

Apart from the new status which the Royal Charter gave to the National Institute and to blind welfare as a whole, it also brought to the Institute a number of practical advantages. The representative basis of the Executive Council was secured. The Council of the new Chartered Institute consisted of the eighty four persons who were members of the old Council. In addition, the Institute was relieved of the necessity to comply with formalities laid down by the Companies

Act which are not appropriate to a non-profit making concern, wider powers of investment were also secured. In 1953, in accordance with the Royal Charter, the National Institute for the Blind became the Royal National Institute for the Blind. In 1963 the Queen granted the RNIB a new Supplemental Charter, one of the main purposes and provisions of which was to widen the membership of the Executive Council to include nominees of the Scottish bodies for the blind, thus making the RNIB fully representative of all parties interested in blind welfare in England, Scotland, Wales and Northern Ireland. The Queen herself has enjoyed a long association with the RNIB, and on 20 May 1968 opened the Institute's centenary exhibition at the Royal Horticultural Society in London.

Since the Second World War, the RNIB has consolidated and improved its existing services and introduced new services. For example, the solid dot process for printing braille was introduced in 1952 at the RNIB's Louis Braille Centenary Exhibition. The process, whereby braille dots were no longer impressed but applied in plastic attracted widespread attention, and experiments with it were continued. In 1955 a solid dot braille machine was installed in the Institute. After 1955 modifications and improvements were continually made to the process and by the mid 1960's a number of the Institute's publications were produced by this process. Improvements were also made in the RNIB's talking book service. In December 1960 disc machines began to be replaced by the Mark 1 multi-track tape talking book, which was created especially for the blind. This machine was far more

compact than the gramophone records. In 1967 a new streamlined talking book, the Mark IV, was introduced. This had a smaller playback machine which included a high speed indexing facility. This allowed the blind person to find a place on the tape without difficulty and was especially useful to students. Also in the 1960's the RNIB's Students' Braille Library was joined by a students' library recorded on tape.

Although blind welfare is highly developed and sophisticated, until recent years it has not devoted much of its resources to the investigation of the causes and prevention of blindness. Since the 1930's the RNIB has supported research into the causes of blindness initiated by purely medical bodies, by giving research grants and campaigning for specific projects. But in 1962 the RNIB extended its interest in this area and set up the British Foundation for Research into the Prevention of Blindness. Through the work of this Foundation the RNIB itself now initiates research in the fields of the causes and prevention of blindness. One of the most important studies conducted by the Foundation has been an analysis of the causes of blindness in 776 blind children. The published results of the study make it clear that, although many of the inherited sight defects cannot now be treated by surgery or therapy, the biochemical changes that take place to cause them can be discovered and eventually it will be possible to treat them. In the 1960's there was some important progress in the treatment and prevention of blindness by modern methods. In 1961, the passing of the Human Tissue Act enabled research into new techniques of eye surgery to be carried out, especially investigations into

the transplantation and preservation of donated eyes. As a result of a campaign by the RNIB and the Faculty of Ophthalmologists in 1961 thousands of corneas have been donated. The Pocklington Eye Transplantation Research Unit in London has been working on methods of long term preservation of eye tissue at very low temperatures. Today bequests of eyes for this invaluable work are still badly needed. Partly as a result of this work, over five hundred successful corneal grafts are carried out every year. The scarred cornea which impedes vision is removed and the new cornea 'anchored' in an incredibly skilful and delicate operation. The operation requires two weeks in hospital and has an eighty per cent chance of success. But research into one common cause of failure, the growth of a membrane after the grafting, and also into the use of an operating microscope, may lead, in the future, to even better hopes of a new cornea and prevention of this form of blindness.

Since the Second World War, the RNIB has continually investigated new avenues of employment for the blind. Some of the most exciting opportunities have been provided by the computer industry. The RNIB first considered the possibility of blind people entering the computer industry in the mid 1960's,⁴⁹ and the first significant step towards providing this important new employment outlet came in 1966, when the RNIB, the Treasury and a company, English Electric Marconi Limited, combined to give training in the basics of data programming and a high level programming language (CLEO) to 12 carefully selected candidates. Since that time the RNIB and the Civil Service Department have provided

a series of similar group training courses for blind programmers, initially in cooperation with IBM Ltd. and ICL Ltd. More recently, the Civil Service College have organised training courses for blind Civil Servants, conducted for them at Slough Technical College, and the RNIB continually runs training courses at its Commercial Training College at Pembridge Place in London supported by the Training Services Division under the Training Opportunities Scheme. A number of blind people have also entered data processing after graduating from degree courses at universities, polytechnics and colleges of further education. There are a number of cases where blind programmers work in two or more programming languages and are concerned with more than one computer system. Blind programmers are successfully developing their careers in the private sector of commerce, in the civil service and with public authorities. Computer programming is now firmly established as a viable career for blind people, with more than 130 blind people successfully working in data processing making valuable contribution to the work of the department where they are employed.

Since the Second World War, the RNIB has continued to rely on covenants, legacies and donations to maintain the services it offers to the blind. Local authorities pay fees for people at RNIB schools and centres and contribute to the costs of the members of the talking book library, which is run by the RNIB. The RNIB also gets a small grant from central government towards braille production. But it is support from the general public that gives the RNIB about half its income so that

it can maintain and expand its wide range of services, making the difference between dependence and independence for many blind people.

A description of the work of the RNIB in the 1980's

From its start as a society solely concerned with promoting braille and with an annual turnover of less than £3, the RNIB has grown and is now the largest organisation of its kind in the world, with over forty establishments, over 1,300 employees in different parts of Britain, and an annual turnover of more than £11 million, which is devoted to helping visually handicapped people of all ages. The RNIB is the largest provider in the country of educational services to visually handicapped children. With an annual budget of some £5½ million, it is responsible for ten schools for visually handicapped children, including two for children with additional handicaps, four Sunshine Home Nursery Schools, a college of further education for visually handicapped students with moderate learning difficulties, a service of ten locally-based education advisors working with parents and local education authorities, the RNIB North London School of Physiotherapy and a support service for visually handicapped students in higher and further education. Most universities in Britain have had a blind student at some time in the last ten years and that is an advance. For those of working age, the RNIB provides a job finding service, a support scheme for self employed blind people and a hostel for blind workers in London. A new development is vocational research to look at new types of employment. Stan Bell is Principal of the RNIB's

Commercial Training College in Pembridge Place in London and the college offers courses for thirty students at any one time in secretarial skills, telephony, computer programming and in the use of the Optacon (the tactile device which enables visually handicapped people to read ordinary print). To join the college a blind person should see a Blind Person Resettlement Officer at a local Job Centre who will provide the applicant with advice, or contact the employment service of the RNIB who will also provide advice. Fees for those who are accepted are met by the Manpower Services Commission. Some elderly blind people can no longer manage to live in the community and four homes are run by the RNIB for the elderly blind and people who are deaf as well as blind.

The RNIB offers a variety of other services including a rehabilitation centre for the newly blind and four holiday hotels. As the British and Foreign Blind Association, the RNIB used to sell braille writing frames as part of its campaign to make braille popular throughout the country. In recent years, the shop at the RNIB's headquarters in Great Portland Street in London has been transformed into a resource centre, where the RNIB markets over four hundred different items from embossed maps to rain warning devices, all of which are available to blind people at much less than the cost price. Where possible, aids and games are designed to be shared by blind and sighted people who can, for example, enjoy a game of cards together thanks to the printing of braille and the usual visual symbols in a single pack. The RNIB is concerned with the literacy of the blind and produces

a variety of embossed reading material in braille and moon. There are now some 16,000 titles in the RNIB's Braille Library and the Institute will provide textbooks and reference books in braille and will transcribe documents and examination papers into braille for study and work. The RNIB runs the talking book library, which is the biggest and probably the best known service for blind people in the country. The RNIB today has a pioneering role, illustrated by the fields of sport and recreation, services for the deaf-blind and vocational research and training for work in the field of visual handicap.

Some of the most important work of the RNIB is carried out by the Vocational and Social Services Department, which in general provides services for visually handicapped adults in the United Kingdom. The department assists visually handicapped people to find employment in commercial and professional occupations, helps young people at or when leaving school to find work and gives vocational guidance to students at colleges and at universities and helps them to find work. The department administers the Home Workers Scheme in the south east of England on behalf of local authorities in that area. This is a support service for approximately 130 workers. The department also maintains a small kiosk service to provide employment for a small number of visually handicapped people in London. The department also administers a number of establishments, including the RNIB's Commercial Training College at Pembridge Place in London, a hostel for working blind people and students in London, a training centre for Mobility Officers, two residential rehabilitation centres for newly blind

people, four holiday hotels and four residential homes for elderly blind and deaf-blind people. The department has a Sports and Recreation Officer and a Deaf-Blind Services Advisor, Joan Shields. The department receives a number of enquiries about services for visually handicapped people and the department provides information to blind and partially sighted men and women, their relatives, social workers and so on. The department also provides grants and pensions for blind people in financial need.

To maintain all of its services the RNIB has to spend a large amount of money. In the year 1984-1985, for example, it spent a record £16 million.⁵⁰ The Institute spent over £5½ million on education and training, over £1½ million on its talking book service, nearly £2½ million on publications in braille and in moon, nearly £2 million on running residential homes, £¾ million on a residential rehabilitation centre to help newly blind people to gain skills and confidence to overcome their handicap and over £800,000 on employment services to help blind people to find jobs, find new ways to win jobs in the modern office and set up their own businesses. The RNIB also spent £1½ million on the subsidised sale of gadgets and games to make life easier for the visually handicapped, and the RNIB handled almost 20,000 British orders for these goods. Eighty of the six hundred gadgets on its list are free to the blind and in 1984-1985 the RNIB gave away 25,000 handy dispensers for the £1 coin, at a cost to the RNIB of £8,500.

The departments of the RNIB mainly provide services that are national in character. For example, blind people throughout the

country can make use of the talking book library, the braille literature produced by the RNIB and the apparatus and games stocked by the RNIB. The RNIB's schools have a national catchment area and the RNIB's employment officers provide a service for visually handicapped people throughout the country. The employment service is also an example of the partnership that exists between the national voluntary agencies like the RNIB and the central government agencies like the Manpower Services Commission, in that the responsibility for placing services for blind and partially sighted people is shared between the MSC and the RNIB. In other words, the services are complementary and mutually supportative. The national services of the RNIB are either too large in scope to be done by local organisations for the blind or are too small and too specialised in character to be performed other than by a large national body having a great reservoir both of experience and resources. Because the RNIB seeks to meet any need of the blind which can be most usefully tackled on a national, rather than a local, basis this leaves local voluntary organisations with plenty to do for the blind in their area, and on a day to day basis the blind in a particular area will probably have more contact with their local voluntary society for the blind, than with the RNIB.

The RNIB is criticised by some parts of the country who consider that the RNIB's services are not evenly distributed throughout the country. For example, people in Scotland consider that the RNIB should provide a holiday hotel there and the RNIB does not administer residential homes for the blind either in Scotland or in Northern Ireland.

There are cogent reasons why the RNIB does not provide these particular facilities and of course people from Scotland and Northern Ireland are able to take holidays at the RNIB's hotels in other parts of the country, or seek accommodation in the RNIB's residential homes, if they wish to do so.

The RNIB has several important connections with a range of non-statutory and statutory bodies. Under the unification agreement in the collection of funds, the RNIB does all the money raising in an area and then divides the proceeds between itself and the local voluntary societies for the blind. Two-thirds of the money the RNIB raises is passed on locally and one-third comes nationally, and of the money that comes nationally the RNIB is only one of the partners which receives it. In addition to helping to fund the local voluntary societies for the blind, the RNIB also administers several societies which are of great importance to the blind, including the British Wireless for the Blind Fund, the Sir Beachcroft Towse Ex-Servicemen's Fund and the Guild of Blind Gardeners. The RNIB also supports a range of research projects. In 1984, for example, it gave approximately £100,000 to a number of research projects in hospitals and special laboratories who are concerned with the prevention of blindness. The RNIB also provides about £30,000 a year to support Birmingham University's Institute of Education laboratory which is conducting research into the needs of visually handicapped children. The RNIB is also helping several projects to develop newer aids for blind people, notably one at Bristol University where the RNIB is financing the development of a

new print recognition machine. In several important areas of social and economic policy the RNIB acts as the agent for central and local government. For example, the RNIB administers the home workers scheme in the south east of England on behalf of the local authorities in that area and the RNIB provides vocational rehabilitation, social rehabilitation and commercial training on the basis that it is substantially (though not completely) funded by government agencies. Because of the specialist nature of this work it is better for an agency for the visually handicapped to carry it out, rather than non-specialist bodies like local authorities and central government departments.

Much of the work of the RNIB is as a pressure group, in the broadest sense. There is a public education element and the RNIB produces simple leaflets on blindness and posters. The RNIB also has a lot to do with the government and Whitehall and is regularly in touch with ministers and Members of Parliament. For example, recently there has been discussion about freedom of information in local councils, and the RNIB is trying to ensure that material is accessible not just to people with physical disabilities but also to people who cannot read reports easily. In the political arena the RNIB attempts to show no particular preference for any political party, and will lobby any body which could improve the social and economic conditions of the visually handicapped.

The analysis by the Wolfenden Committee of intermediary bodies, including the RNIB

In their report on voluntary organisations in Britain, the Wolfenden Committee argued that the RNIB is an example of a specialist

and independent national intermediary voluntary body.⁵¹ I now want to consider the arguments of the Wolfenden Committee in some detail, and compare and contrast the RNIB with the wide range of other statutory and independent national intermediary bodies which exist in this country. All of these bodies play an important part in the life of many local voluntary organisations. The Wolfenden Committee first gave some examples of statutory national intermediary bodies and these include the Housing Corporation, the Development Commission, the Charity Commissioners, the University Grants Committee, the Arts Council of Great Britain, the Countryside Commission, the Nature Conservancy Council and the Commission for Racial Equality. These bodies differ greatly from one another and perform a variety of tasks for local voluntary organisations, which may include regulation, a degree of control, general influence, supplying of resources and information, and occasionally funding for local voluntary organisations. For example, the Charity Commissioners have the general purpose of providing for the effective and efficient use of charitable resources by encouraging the development of improved methods of administration, advising trustees on any matters which affect the charity and investigating and checking abuses. The Commissioners may also order enquiries into charities and if misconduct is proved, have the power to appoint administrators and approve the use of the charity's funds. They also maintain a central register of charities. There are three Charity Commissioners who are civil servants appointed by the Home Secretary. The Arts Council of Great Britain is an autonomous body whose purposes are set out by Royal Charter. Its members are

appointed by the Secretary of State for Education and Science in consultation with the Secretaries of State for Scotland and Wales. The Council receives an annual grant from central government and in turn makes grants to the Scottish and Welsh Arts Councils, which decide in turn how the money should be used in their respective areas. Most of the support given by the Arts Council goes to a multitude of organisations and individuals across the country ranging from repertory theatres and orchestras to individual artists. The Countryside Commission has a Chairman and members who are appointed by the Secretaries of State for the Environment and for Wales. The terms of reference of the Countryside Commission are similar to those of the Arts Council. The Countryside Commission keeps under review all matters relating to the provision and improvement of facilities for the enjoyment of the countryside, designates national parks areas of national beauty, affords opportunities for outdoor recreation, recommends grants for the establishment of country parks, provides or assists in the provision of publicity and information services on countryside matters and advises Ministers and public bodies on matters relating to the countryside. There are a number of factors to be considered when deciding whether or not to set up statutory national intermediary bodies. Voluntary organisations may be helped by dealing with a statutory intermediary body, whose members will, from the fact of their appointment, be likely to understand the problems of a voluntary organisation and will know the personalities concerned. Central government for its part, may see a good case for establishing a

national intermediary body if it appears that exclusive or predominant provision by local authorities seems undesirable; if the government does not itself want to provide services directly, as, for example, when the service requires a special flexibility and discretion; and if the government wants to find a way of involving public figures and representatives of various interested parties in the development and the implementation of policy. In addition, it may also be a convenient source of information and opinion from a large and complex array of voluntary organisations. From a wider perspective the statutory intermediary body may to some extent protect the independence of the voluntary organisations which receive public money; it may also be more effective because it will be smaller and perhaps more approachable than a government department; and it may provide greater continuity of administration and consistency of policy.

The Wolfenden Committee point out that on the voluntary side there are many organisations which carry out intermediary tasks of one kind or another at a national level, and a broad distinction can be made between generalist and specialist bodies. The generalist organisations cover the voluntary sector as a whole and consist of the National Council of Social Service and its counterpart in Scotland, Wales and Northern Ireland. There is also the Volunteer Centre, which covers both statutory and voluntary social services, with the remit to encourage voluntary service generally. It carries out developmental and support services for the voluntary sector generally, but its essential responsibility is volunteers rather than voluntary organisations.

The Wolfenden Committee point out that specialist independent national intermediary bodies do not form a homogenous group, although there is a broad similarity in the work they carry out and in their relationships with their constituent members. These independent national bodies cover a wide range of activities and include, for example, Age Concern, the National Association of Women of Great Britain, the National Association of Youth Clubs, the National Children's Bureau, the National Council for Voluntary Youth Services, the National Council for One Parent Families, the National Council of Voluntary Child Care Agencies, the National Federation of Community Associations, the National Federation of Housing Associations, the National Playing Fields Association, the National Society for Mentally Handicapped Children, the National Youth Bureau, the Royal National Institute for the Deaf and the Central Council for the Disabled, which is now amalgamated with the British Council for the Rehabilitation of the Disabled and known as the Royal Association for Disability and Rehabilitation, or RADAR for short. The Royal National Institute for the Blind is an important example of a specialist and independent national intermediary voluntary body.

The Wolfenden Committee point out that the structures of these bodies are often elaborate but there are points of similarity between them. None of them have local branches which provide services, although most have affiliated local autonomous organisations which may implement the policies accepted by the central body, but are not compelled by reason for their membership to do so. The Wolfenden

Committee argue that the overall structure of specialist national intermediary bodies is well illustrated by the RNIB. The governing body of the RNIB is its Executive Council and this is composed of members who are nominated from five different categories of constituent organisations. The composition of an independent national intermediary body may include voluntary organisations active within its specific terms of reference; voluntary organisations working outside those terms of reference; professional associations and possibly research institutes or hospitals; statutory authorities and individual members. Local authorities are given the opportunity for close communication with the independent national intermediary bodies. For example, local authority associations have direct representation with full membership rights on the Executive Council of the RNIB. Central government is represented by an observer of consultative status in all the independent national intermediary bodies listed earlier. The RNIB has observers from the Departments of Health and Social Security, Education and Science and Employment. Client participation in centralised policy making is clearly present in the RNIB.

The Wolfenden Committee point out that the RNIB and most of the other independent national intermediary bodies act as a collective voice for their constituent organisations in negotiations with statutory bodies over policies affecting their objectives and in influencing and informing public opinion. In addition, as nearly all the independent national intermediary bodies include statutory bodies in their member-

ship in one form or another, they can decide with them on the needs to be fulfilled.

Some of the independent national intermediary bodies provide some direct service provision. For example, the RNIB administers and runs the British talking book service and several schools and training centres for the visually handicapped. Some of them give consultative and advisory services directly to clients and thereby gain direct experience of the field in which they are working, and of the problems encountered. For example, in the 1980's the RNIB runs an education advisory service and helps to place visually handicapped people in professional occupations. Several independent national intermediary bodies receive money in the form of fees and charges where they provide direct services and this is true, for example, of the RNIB and the National Society for Mentally Handicapped Children.

The specialist independent national intermediary bodies carry out a wide range of tasks and two short examples can be given of this work. The National Children's Bureau provides a means of encouraging 'multidisciplinary cooperation' between voluntary organisations, professional bodies and statutory authorities concerned with different aspects of provision for children. The Bureau provides an information service and library, circulates literature and holds conferences. It also has a children's centre which mounts demonstration projects linked with seminars and it undertakes research into provision for children and children's welfare which helps to identify

gaps and overlaps in voluntary and statutory services and encourages action to eliminate them. A main task of the RNIB is to develop pioneer services for the visually handicapped. The RNIB undertakes research into the development of technical aids and into the changing needs of visually handicapped people and the nature of the services that are available to them. It has, for example, identified an important shift in the age level of visually handicapped people in that, though fewer children become blind, people are living longer and more are becoming blind late in life. An implication of this is that more resources should be applied to services for the elderly blind. The RNIB has many other activities and its advice and experience are often called upon by relevant government departments. These few examples help to give a general impression of the work of independent national intermediary bodies, and help to provide a typology which can be used to look at and describe the work of the RNIB.

The relationship between the RNIB and organisations of the blind

In the mid 1960's and the early 1970's, the National Federation of the Blind, a national pressure group of blind people, made a number of strong criticisms of the RNIB and its services. I now want to consider the criticisms that were made by the Federation; then, I want to consider the campaign that was launched by the Federation against the RNIB, and finally, I want to consider the claims of success that have been made by the Federation.

The Federation was critical of the equipment marketed by the RNIB. Stan Lovell of the Federation claimed that the liquid dispenser,

for pouring out medicine, was useless; that the collapsible white sticks were not long enough and too fragile and that the braille writing machine was noisy and cumbersome. The members of the Federation also claimed that the RNIB had not been as efficient as possible in bringing into general use the latest aid to blind mobility, the long cane, which is a long stick which can give a blind person advance notice of obstacles and more information about his environment than an ordinary stick. The long cane technique was first developed for American war veterans in 1946. The Federation asked why the long cane took no less than twenty years to cross the Atlantic and why the RNIB did not do more to develop the 'sonic torch', which is akin to radar for the blind.

The RNIB's control over the disposal of such aids also caused resentment among the members of the Federation. The RNIB insisted that those blind people using a long cane should submit to rigorous training, arguing that an inexpertly used one is dangerous to its blind owner and to others. But Tom Parker, General Secretary of the National League of the Blind and Disabled, a trade union for people employed in the sheltered workshops for the blind, used a long cane and did not accept this argument at all. How, he asked, could wage earners afford the time for the training demanded by the RNIB? He believed that this approach was characteristic of the RNIB's 'presumption that blind people must be instructed in everything'. Parker regarded this attitude as paternalistic, a word also invoked by Fred Reid, a blind lecturer at Warwick University and a prominent member of the

National Federation of the Blind, who spoke of the 'philanthropic and paternalist attitude' of the RNIB.

The Blind Integration Group, which was an organisation of blind persons closely associated with the Federation in the 1960's, also collected together several complaints about the RNIB's rehabilitation centre in Torquay, where the newly blind were and are assessed and trained. Throughout the 1960's the centre had no psychiatrist in attendance and the Blind Integration Group claimed that 'difficult' people, adjusting to their handicap less easily than most, stood in danger of being undervalued. For example, the Blind Integration Group found that one housewife was told that she could not work, although subsequently she was able to hold down a job at a premium bonds centre.

The Federation did not confine its criticisms to the services that were offered by the RNIB, and was also critical of other aspects of the RNIB's work. For example, the Federation claimed that some of the publicity put out by the RNIB depicted the blind as irreversibly isolated and impotent. Objections were made to the RNIB's statuette of a little blind boy, eyes closed, holding a collecting box. Some members of the Federation also object to photographs like that of the little girl dancing with arms outstretched in a brochure produced by the RNIB for a nursery school for the blind. In the photograph the little girl declared 'Only with your help can I get there'. The members of the Federation did not want to feel obliged to conduct themselves in such a way so that donors were kept sweet. It was to advance the cause of 'blind dignity' and resist such manifestations of 'second class

citizenship', as it called it, that the Blind Integration Group briefly flourished at the end of the 1960's, although the older and more established National Federation of the Blind soon took over its initiative.

In the 19th century an atmosphere of Victorianism and mission-
eering surrounded all welfare work with the blind, and the Indigent
Blind Visiting Society disqualified from help all those who indulged
in what it regarded as 'habitual vice' or inter-married without consent.
It goes without saying that no charity is as heavy handed as that nowadays.
Nevertheless, in the 1960's some members of the Federation believed
that the tradition persisted in the care taken by the National Library
for the Blind to cater for the respectable, respectful citizen, in its
refusal to circulate an unexpurgated version of Lady Chatterley's Lover,
and in the remarks made about the book by the then Director-General
of the Royal National Institute for the Blind. He used his privilege
as the National Federation of the Blind's after-dinner speaker to tell
the blind delegates that their 'licence to criticize' was not for 'that
sort of thing'.

The Federation also criticised the quietist and accommodative
style of the RNIB. The RNIB had been started by a group of blind
men, led by Dr Armitage who lost his sight and who was appalled by
the inadequacies in education, industrial training and employment
around him. His organisation began as an exercise in enlightened
self help. However, by the 1960's it was arguable that age had
made the RNIB somewhat establishmentarian and over-respectable.
It kept its opinions before the government, over the reforms proposed

in the Seebohm Report, for instance; but it was scarcely the crusading political body it was just before the First World War, when it successfully fought for more generous allowances for the poor blind, and unlike the National Federation of the Blind it did not strongly identify itself with the political struggle of the Disablement Income Group on behalf of all the handicapped, including the blind.

Finally, and most significantly, Fred Reid, Colin Low, Martin Milligan and several other prominent members of the National Federation of the Blind claimed that the RNIB did not give enough seats to representatives of organisations of the blind on its Executive Council and committees. The Executive Council was and is composed of members who are nominated from five different categories of constituent organisations. Group A of the Executive Council represents the various regional associations for the blind, thus giving a voice to some two hundred local voluntary organisations for the welfare of the blind which exist throughout Britain. Group B represents the local government or local authority interest and is drawn through the County Councils Association, the Association of Municipal Corporations and the Scottish Local Authority Associations. Group C represents other national agencies for the blind including St Dunstan's, the National Library for the Blind, the Royal Commonwealth Society for the Blind and the Jewish Blind Society. Group D represents organisations of the blind, including the National Federation of the Blind and the National League of the Blind and Disabled. The final group, Group E, is of national members who are elected to the Executive Council as a

result of their special interest in or particular experience of the problems of the blind. The Executive Council meets three times a year in April, September and December. The Executive Council has various standing committees, and all these committees have various sub-committees covering the various aspects of the work of the Institute.

Throughout the 1960's and the early 1970's there were 110 seats on the Executive Council, and only 12 of these were occupied by representatives of organisations of the blind. Reid, Low, Milligan and several others believed that if more seats were given to representatives of organisations of the blind, then these representatives could work within the RNIB and could help to improve its services and policies. Accordingly, in 1971 the Federation launched a major campaign for 'an equal say in our own affairs'.⁵² The Federation argued that the composition of the RNIB's Executive Council was a 'disgraceful state of affairs', and boldly demanded that at least half the places on the Council should be taken by representatives of the blind. The difficulty was that no one could change the constitution of the Executive Council except the Executive Council and they were not inclined to change it in that direction. The campaign became more intense and in 1974 the Federation threatened to hold public demonstrations against the RNIB if something was not done to increase the voice of the blind on the RNIB's Council and committees. This threat eventually led to certain concessions and certain changes were made. The Executive Council was enlarged from 110 seats to 120 seats and the number of seats occupied by representatives of organisations of the

blind jumped from 12 to 30. This meant that the Federation and other organisations of the blind now had a quarter of the seats of the Executive Council, which was a major breakthrough.

By this time, the RNIB had recognised the important contribution that could be made by blind people to its work, and this has helped the Federation's participation campaign. In 1972, for the first time in the RNIB's history, a blind man was appointed as Director-General of the RNIB. Several years later, in 1975, John Wall was elected to the chairmanship and Duncan Watson to the vice-chairmanship of the Institute, and together these two blind men have presided over a decade of accelerating participation by the blind. Duncan Watson, who is a former President of the National Federation of the Blind, has made a strong attempt to encourage visually handicapped people to play a major part in policy making and blind people now chair most of the RNIB's committees. These chairman also sit on the Policy and Resources Committee, which is the inner cabinet of the RNIB. (Ten years ago, John Wall was the only blind chairman of a standing committee). Furthermore, the reduction in July 1984 of the Executive Council from 120 to 96 seats without reducing the membership of group D has proportionately increased the number of representatives of organisations of the blind, so that now the RNIB is very much an organisation of blind people. The Federation has not yet reached its goal of half the seats on the Executive Council for organisations of the blind, but progress is being made all the time and more progress can be expected.

There is now a complex democratic process within the RNIB which involves RNIB representatives and representatives of organisations of the blind. Fred Reid has experienced this process at first hand and describes it in the following way:

'There are three meetings of the Executive Council each year. They last for two hours and are highly formal occasions. With over ninety members of the Council, there is not much time for questions and still less for discussion. The real work is done in the committees, which meet between council meetings. Each RNIB representative sits on at least one committee and at least one of its sub-committees. So that makes at least three meetings in London every four months. In addition, the RNIB representatives will have to attend Federation committees to discuss Federation policy. Finally, on the evening before the Executive Council, he will attend the Group D meeting of all those who represent organisations of the blind. Here, discussions will take place of what has been going on in the various RNIB committees. If group D likes what the committees have decided, things will go smoothly at the council next day. If not, there will be probing questions, efforts to get delay in implementing policy and sometimes contentious debate.'⁵³

Reid adds that there is a new generation of RNIB managers at work, more imaginative, more orientated towards the blind as consumers, who have a right to get what they want and that, taken together, this new generation of consumer managers and the experienced band of blind representatives are the human resources for progress within the RNIB.

One of the most important examples of the involvement of the visually handicapped within the RNIB is the work of the Consumer Sub-Committee. As I noted earlier, in the 1960's, the National Federation of the Blind was critical of the equipment marketed by the RNIB, and some blind people believed that if the blind themselves

were more involved in the evaluation of equipment than the standard of equipment would improve. In 1976 Tom Parker, then the General Secretary of the National League of the Blind and Disabled, asked the RNIB if he could establish a Consumer Sub-Committee of all blind people, nominated by organisations of the blind. The RNIB accepted the terms of reference that Parker drew up - that the committee would have the right to evaluate goods made for the blind and to put forward ideas. Parker was appointed as chairman of the committee; twelve of the members of the committee are directly nominated by organisations of the blind, and ten of them are blind people nominated by the RNIB itself.

Since 1976, the committee has enjoyed the active and willing cooperation of all officers of the RNIB with whom they have had to deal. The committee has examined articles specifically produced for the blind in overseas countries as well as in Britain. The committee has also considered many ideas sent in by blind people and sighted individuals interested in providing equipment for blind people. The range of items considered is extremely wide. For example, the committee has examined plastic pocket braille frames from the United States and Japan and these have been imported and are on sale from the RNIB. They have looked at braille watches and braille alarm clocks and other audible timers from Switzerland, Britain and the Soviet Union. For some time the RNIB found it difficult to obtain a satisfactory medium price braille alarm clock. Eventually one was found from the Soviet Union which the RNIB agreed to market. The

Consumer Sub-Committee has also inspected braille stop watches and these are now being imported from the United States. Syringes for gardening are among the smaller items which have been approved. Some of the more complex and sophisticated equipment in the tape recorder field have also received the attention of the committee.

The National League of the Blind and Disabled report that:

'It has been found that if the chairman or members of the committee hear of a piece of equipment anywhere in the world, which they think will be of use to blind people, the officers of the RNIB arrange for such equipment to be made available out of the budget which the RNIB has granted the Consumer Sub-Committee each year.'⁵⁴

The League also claims that there is no doubt that this committee composed entirely of blind persons is widening the range of activities of the RNIB.

Fred Reid, Colin Low and several other prominent members of the National Federation of the Blind have claimed that the RNIB's services have been improving and will go on improving because of the pressure from the Federation to get the policies right. Take, for example, the development of the RNIB's services which took place in the early 1980's. Fred Reid has claimed that some of these developments are the direct fruits of the long term policy plans of the Federation.⁵⁵ For example, the Federation has insisted for a long time that the RNIB should be willing to import foreign equipment where this is better than British made equipment. Reid claims that the RNIB has been influenced by this argument and so in 1982 it took the decision to supply the German Marburg shorthand machine, rather than a new British model, which would have cost twice as much.

For many years the Federation has campaigned for an improvement in braille production. Reid claims that the RNIB has responded to this campaign, and in 1982 the Hydrabind automated braille printing machine, now named the Autobrailler, was installed. As embossed braille from the Autobrailler is phased in, solid dot braille is being gradually phased out. Thanks to the Autobrailler's high speed, fully automated process, braille production is now much faster and the blind can now look forward at long last to a greater supply of works of information and the like. The Federation has also been critical of the RNIB's short document service. Reid claims that the RNIB has responded to these criticisms and has improved the service. In Reid's view, the RNIB has at last accepted that it is better to put resources into the brailing of documents that people want to read, rather than into publishing many books that most people will never read. The short document service has been speedied up and the amount of material that can be brailled for each blind customer has been substantially increased. Users of the service can now send in anything they want brailled up to a length of ten thousand words. The material is brailled within one week and then is returned to the blind person.

In the past, the RNIB has been criticised for failing to lobby on behalf of blind people to help to improve their social and economic conditions. However, the Federation has claimed that its representatives have helped to transform the quietist and accommodative style of the RNIB. Certainly, the RNIB has now lost its somewhat staid

image and has developed a high profile, often openly critical of the government and its policies towards blind people; for example, since the mid 1970's the RNIB has campaigned for a blindness allowance for the visually handicapped, so far with no success.

The RNIB's development programme

The RNIB's managers and the representatives of organisations of the blind all agree that the RNIB's services must be constantly maintained and improved if the visually handicapped are to be well served. In October 1980, the RNIB held a seminar at Sunningdale in Berkshire where the future of the Institute was considered.⁵⁶ Between 1980 and 1984 the RNIB made a series of detailed plans about its role and future, and then in September 1984 announced a long term development programme that will cost a record £25 million. This programme will be implemented on a phased basis between 1985 and 1990. Substantial improvements to existing services will be made and several new developments will be introduced.

In the rest of this chapter I intend to do four things: first, I intend to examine the fifteen policy guidelines which are intended to be a key directing force behind the construction and fulfilment of the development programme; second, I intend to consider the most important projects in the development programme; then, I intend to examine the RNIB's general needs survey, which is an integral part of the development programme and, finally, I intend to make two short observations concerning the programme.

The fifteen policy guidelines

In January 1985, Ian W. Bruce, the Director-General of the Royal National Institute for the Blind, announced the twelve most important policy guidelines.⁵⁷

The first guideline is that the RNIB should encourage the development of more local provision in blind welfare. The RNIB has a well known and established record of providing services nationally and has built up considerable expertise in the process. Social policy over the last twenty years or so has emphasised increasingly the importance of localised provision and many services and opportunities actually and potentially relevant to blind people are locally based. Because of the actual and the potential importance of local provision to blind people and the consequences for them of poor local provision it is recognised that the RNIB should devote more resources to encouraging better local provision. One role which the RNIB is uniquely placed to fill is in establishing standards of provision in areas of welfare where it has special knowledge and expertise, or urging the appropriate statutory agencies to establish standards; and monitoring the application of those standards.

The second guideline is that the interests of the RNIB should span the whole range of concerns of visually handicapped people and it should consciously reaffirm or amend its level of activity in these various areas of concern. The amount of effort the RNIB devotes to different areas of policy, including education, employment, income, housing, health and leisure, varies. Also the form of the RNIB's

effort varies. For example, in some areas the RNIB offers direct services to visually handicapped people and in others it may operate indirectly through campaigning or advisory roles. However, it is recognised that all areas of life where visually handicapped people have interests or concerns should be of interest to the RNIB.

Whether the RNIB can be active in an area will depend on several factors including resources, ability to be effective, expertise and so on. During the construction of the development programme the RNIB is reviewing its levels of activity in the various areas of concern to blind people.

Areas of policy which appear to need particular review in order to confirm or amend the RNIB's present levels of activity are welfare rights, health and housing and there may be others. As was mentioned earlier, this is not to say that the RNIB should be providing services directly. But in these and in other areas, the RNIB needs to be satisfied that blind people have proper access to what is available and, if not, it is recognised that the RNIB should be working on their behalf to achieve changes or have good reasons not to be active. These good reasons for not taking any action include pressure on resources, lack of expertise and so on.

The third policy guideline is that the distribution of expenditure and/or subsidy on RNIB activities should be consciously related (but not necessarily equated) to the distribution of the visually handicapped population in terms of their demography, abilities, disabilities, et cetera, and the services they are receiving from other sources. For

example, the majority of visually handicapped people are, and become, visually handicapped over retirement age, yet very few of the RNIB's services are directed at this group. A similar argument can be made out for multiply-handicapped blind people (who are very often the same group).

However, demographic distribution is not the only factor determining the distribution of RNIB effort. For example, if old people who were visually handicapped were being helped adequately in relation to their needs from other sources, then this would influence whether and how much activity the RNIB directed at this group. In addition, young blind people although few in number have massive needs.

It has been suggested that the ethnic composition of the blind community is changing and that this may affect demand for services, for example, for talking books in languages other than English. At the moment the RNIB lacks the data to assess the validity of this contention.

The RNIB recognises that there is no simple or magic formula for the relative distribution of resources. What is important is that the RNIB is conscious of what its current distribution is so that these facts can advise the RNIB during its decision making.

The fourth policy guideline concerns the RNIB's services. Bruce believes that the RNIB should gain a clearer picture of existing and proposed services as to whether they are useful to both totally blind people and blind people with some residual vision, or only to one group. Two arguments have been put with some force in the past.

First, that the RNIB under-services the totally blind in favour of those with some residual vision. Second, that the RNIB does not pay enough attention to the use of residual vision. It is recognised that the RNIB needs to know more explicitly the balance of its existing services and bear these competing demands in mind when developing new services.

The next three policy guidelines concern social marketing and the consumer. 'Customer' or 'consumer' refers not only to purchasers of aids but also to children and students in schools, users of braille and tape, people looking for work, people attending rehabilitation centres and so on.

The fifth policy guideline is the recognition of the need for consumer research on existing and proposed services. The participating of visually handicapped people, primarily as representatives of organisations of the blind and to a lesser extent of individual visually handicapped people, is now well established on the RNIB's Executive Council and committees. (Approximately half of the overall membership is comprised of visually handicapped people). This involvement is vital if the policies of the RNIB are to be relevant to the visually handicapped and non-patronising.

However, when it comes to the RNIB's specific and separate services at the point of delivery to visually handicapped people, the RNIB can be less certain that the services are as relevant and appropriate as they could be. This is because the RNIB seldom asks its customers for their views in ways which inform the RNIB both

qualitatively and quantitatively, and which can indicate to the RNIB how it can improve its services.

Therefore it is recognised that the RNIB needs to increase the amount of consumer research. This needs to be done with care, largely keeping the research specific to service areas; ensuring that consumers are not swamped by several enquiries; acting on the advice of interested committee members and professional market researchers; and shaping the research to the service. For example, with rehabilitation centres and schools it could mean talking with people some time after they have left. Bruce believes that the consumer research will need to be a continuing process with a higher level of initial activity.

The sixth policy guideline is to keep an image of the consumer in mind through the use of target groups. Bruce believes that some of the RNIB's services still appear to be too process- or building-orientated. He suggests that whenever the RNIB continues doing something or consider a new department it should ask

'What impact is this going to have on its existing customers - or potential consumers?' 'Is this step going to gain more customers or better satisfied customers?'

Only a small number of the RNIB's services are relevant to all visually handicapped people - nor can many of the RNIB's services be completely individualised. The only way the RNIB can answer the questions listed above is by having an image of the 'typical' consumer of the particular service with some appreciation of the needs of any special minority groups of consumers, such as the deaf-blind and those

blind people from ethnic minorities. In other words, it is recognised by the RNIB that it needs to keep its target groups in mind. More elaborately, the RNIB requires a consumer profile for each service or establishment with a strong appreciation of how this profile has been changing and is likely to change in the future; of how this profile relates to all the potential consumers; and how the profile relates to provision from other RNIB establishments and services, other voluntary organisations, and state and commercial provision.

At the present time much of this targeting and analysis of present and future demand goes on intuitively and some happens explicitly. What is being called for is a steady and a careful increase in the explicit use of targeting and consumer-led analysis to guide the RNIB on which services it needs and in what form, not only today but also in the future.

The seventh policy guideline is that greater attention should be paid to the promotion of the RNIB's services. An excellent rule of thumb to indicate how much the RNIB is keeping the customer in view or are over-emphasising the process is to check how much promotion of the service the RNIB is doing. (This rule only works in part for schools where the consumer and the process are inextricably bound together on the same site for long periods of time).

At the moment, one does not see very much promotion of the RNIB's services to those who would benefit but who do not take them up at present. The RNIB seems to rely on word of mouth and the media.

The RNIB announces new aids and developments through the 'blind media' - the RNIB's list is approximately eighty programmes

and publications strong, including talking newspapers. The RNIB also has a newsletter for specialist social workers. These are very attractive but they cannot replace the wide circulation of attractive and comprehensive brochures to potential consumers and people in touch with potential consumers; the use of letters and tapes; talks to groups of social workers and parents and the use of discounts and a pricing structure not only to subsidise individual visually handicapped people (which is obviously right) but also to encourage bulk purchase from statutory distributors.

It is important to emphasise that there is a widespread lack of knowledge among the general public on the extent of the RNIB's services. This is not a criticism of the press and the public relations department of the RNIB. It is an observation to line managers on lost opportunities for making clear the RNIB involvement with all its activities at the point of service delivery. For example, consumer research has indicated that a clear majority of the members of the talking book library do not know that the RNIB runs this service. In addition, many people who pass the RNIB's schools and other establishments do not know that these establishments are part of the RNIB. This point is made not simply for RNIB self-aggrandisement nor to underestimate devolved responsibility on services and establishments. This point is made because the RNIB's voluntary income depends on people seeing evidence of the work done by the RNIB. Greater visibility could also increase the RNIB's influence and the take up of services by visually handicapped people. The RNIB recognises that it cannot afford to hide its light under a bushel.

The next five policy guidelines concern linkages and relationships.

The eighth policy guideline recognises that there is a need for making the RNIB's services more complementary to those provided by other directly associated voluntary associations, other voluntary organisations, state services and commercial concerns. There is also a need for making the RNIB's services more complementary to those provided by the informal sector (including family, friends and neighbours). While for certain groups of visually handicapped people and in certain service areas the RNIB is the major provider of services, this is not the case overall. Obviously, the combined impact of the statutory, informal and commercial sectors on the lives of visually handicapped people is much greater than the RNIB. Therefore, it is recognised that the RNIB will have to look closely at how its services fit in. The RNIB will also have to look closely at how it can use its resources to maximum effect to help visually handicapped people. Sometimes this will involve the RNIB providing direct services and at other times operating indirectly as a catalyst to encourage other providers to modify what is on offer to make it appropriate for visually handicapped people also. For example, should the RNIB run homes for the elderly visually handicapped and, if so, which group can the RNIB help uniquely? Should the RNIB be running short stay accommodation to give spouses and their family a break every so often? Should the RNIB be encouraging and advising local authorities and private old people's homes to provide appropriate

accommodation? Should the RNIB be paying a grant to, or seconding someone to, the Homes Advisory Service run by the Centre for Policy on Ageing (which is in touch with most of the thousands of commercial and voluntary organisation old people's homes) to work on the RNIB's behalf? This one example demonstrates the variety of ways, not all mutually exclusive, in which the RNIB could work which takes account of what others in the statutory, informal or commercial sectors are providing.

The ninth policy guideline suggests that the activities of the RNIB should act as catalysts for action by other providers. Most of the RNIB's activities are direct services and this is a major strength of the organisation. However, following on from the eighth policy guideline, it is recognised that the RNIB needs to look at more ways in which it can influence other providers to make their output more appropriate and relevant for visually handicapped people. A successful impact by the RNIB on another major provider will have a multiplied effect when it reaches visually handicapped people. For example, persuading an education department, social services department, local voluntary organisation, or commercial manufacturer to change their policies and practice will benefit large numbers of visually handicapped people.

The tenth policy guideline concerns local outreach. The RNIB recognises that many of the organisations it needs to have an impact on have weak national associations and are locally based. These organisations include social service departments and education

departments. The RNIB's policy makers believe that the Institute's contact with local associations on matters of service provision could be stronger. In addition, the RNIB's clients at its national establishments come from and return to local settings and the RNIB recognises that there is often a need for supported transition and releasing of local resources. These points suggest a need for some form of local outreach which is directly accountable to the RNIB. However, some qualifications concerning this point need to be made. Different RNIB services have the need of different kinds of skilled outreach and these need to be complementary. The RNIB recognises that it cannot and should not provide a local service for the visually handicapped, even though it may need to help some individuals as above.

The eleventh policy guideline concerns Parliament, national campaigns and the RNIB. The RNIB is already active at a parliamentary level and has been for some time. In this work it cooperates with organisations of the blind. Since 1983 the RNIB has acquired by systematic cultivation, a small group of sympathetic MPs. However, the RNIB's parliamentary activity has on occasion missed opportunities because of a lack of support and the resource of a lobbyist. A Parliamentary Officer, Hugh Lawrence, has now been appointed and he will provide a link between the RNIB and MPs.

The twelfth policy guideline concerns research. More studies are required of other organisations' services (especially statutory ones) to the visually handicapped. These studies are necessary to effect the ninth, tenth and eleventh policy guidelines. It is recognised

that the RNIB must be informed of the present state of play with regard to services for the blind before it can advise and persuade others.

It is also recognised by the RNIB that it is not enough to make generalised statements about the existing position and what is needed. The RNIB has to have positive proposals supported by research and pilot projects, but the RNIB also needs to have information on the present state of affairs to show its inadequacy. So the RNIB proposes to undertake studies (not full blown research nor simply anecdotal evidence) to provide it with the ammunition to fire for change. These studies are also vital to help improve the RNIB's national media coverage on policy issues and, in turn, this will help the RNIB's campaigning role.

In February 1985, the RNIB held a two day seminar at its Eastbourne hotel at which eighty senior managers discussed in detail the development of the Institute and related matters. The main purpose of the meeting was to involve RNIB managers, on whom its success depends, more closely with the Institutes development plans, giving them an opportunity to comment on the development programme and to suggest any changes. Another three policy guidelines emerged from the meeting at Eastbourne: first, that the activities of the RNIB should promote the integration of visually handicapped people into the wider community; second, that the policies of the RNIB should continue to be pioneering and innovative and, finally, that the RNIB's projects should be designed to improve the coordination of services to blind people. These new guidelines help to set the first

thirteen guidelines in context, and together they comprise the current fifteen policy guidelines.

A summary of the guidelines

Above all, the guidelines emphasise the need for the RNIB to devote more resources to encouraging better provision of services. The RNIB should, they suggest, work to ensure that visually handicapped people have better access to what is available in all fields of social provision. Housing and welfare rights are identified as two important areas in which the RNIB could take a stronger interest. The guidelines call for a review of the expenditure of the RNIB, so as to identify clearly which groups of visually handicapped people gain most benefit from them. The great majority of visually handicapped people are elderly and many are multi-handicapped. The guidelines ask: are the RNIB's resources being used in the best possible way to benefit them? Similarly, is there a danger that too much of the RNIB's resources go to help those with residual vision, at the expense of the totally blind; or are the problems of residual vision being neglected by an organisation that has traditionally identified itself with 'the blind'.

The guidelines call for more consumer research to determine whether the RNIB's services and products really meet the needs of visually handicapped people and they suggest the need for more explicit 'targeting' of the RNIB's services and products towards people who can benefit from them, and state that this targeting has too often been intuitive in the past. An interesting aspect of this

intuitive procedure has been the failure to promote the RNIB's services and products systematically. The guidelines call for a review of the RNIB's promotional techniques including brochures, letters and tapes, talks to groups, use of discounts and a pricing structure (including the use of special prices for bulk purchase by statutory distributors).

Like the earlier Sunningdale seminar, the guidelines explicitly recognise that visually handicapped people rely, in practice, much more on other agencies than on the RNIB. Some of these agencies are informal - the family, for example - others are statutory and some are commercial. With this point in mind, the guidelines suggest that the RNIB's policy in the area of homes needs to be reviewed. The RNIB is now asking to whom should the RNIB be offering accommodation and for how long? When should the RNIB encourage other agencies such as the homes advisory service of the Centre for Policy on Ageing? The guidelines suggest that the RNIB should act as a catalyst for such agencies and that for this purpose the RNIB will need to improve its 'outreach' resources - including advisory services, contact with local agencies and so on. Similarly the guidelines suggest that the RNIB should improve its ability to monitor the proceedings of Parliament and the work of many other agencies, whose policies affect visually handicapped people.

These guidelines have been welcomed by the National Federation of the Blind, by the National League of the Blind and Disabled and by other organisations of the blind as pointing in the right direction. Obviously the guidelines require further thought and research before they can result in extensive policy decisions.

The reviews and specific projects under the development programme

Although the policy guidelines are important, they are only part of the driving force behind the plans to develop the RNIB. Since the middle of 1984 Ian Bruce, the Director-General of the RNIB, has regularly invited discussion and comment from visually handicapped people on the RNIB and its development programme through appearances on specialist radio programmes for blind people. Bruce has been interviewed several times on In Touch, Radio Four's regular weekly radio programme for the visually handicapped. In addition, Bruce also started a series of thirty five reviews of existing RNIB services and feasibility studies concerning possible new activities. In 1986 these reviews were at various stages from complete to embryonic. Some of the reviews were carried out by staff members of the RNIB. Other reviews were undertaken by independent external consultants. The reviews were supervised by groups including RNIB committee members and others with relevant knowledge and experience. These informal reporting groups met as required to monitor progress and advise on their respective studies and reviews.

This activity gave birth to a significant number of proposals, some sixty or so, for more detailed investigation and, in some cases, for action which could be taken immediately. All of these proposals have financial implications.

At this point the officers of the RNIB needed guidance from their elected committees on priorities for action and allocation of resources in the development programme. Therefore, on 18-20 April 1985, the

RNIB Policy and Resources Committee held a special two day residential meeting with the senior management of the RNIB. The committee reconfirmed the original twelve policy guidelines and agreed the three new ones and then went on to consider the sixty possible projects, ranging from major capital projects to those involving little expenditure, recognising that the cost of a project was not necessarily an indication of its importance to the visually handicapped.

After prolonged discussion and using the policy guidelines as a criteria, the committee identified fifteen projects as having a high priority and another eighteen projects which they recommended to the RNIB standing committees for favourable consideration. (The RNIB standing committees consist of the Education Committee, the Vocational and Social Services Committee, the Publications and Equipment Committee and the Finance and General Purposes Committee). The Policy and Resources Committee also recommended a financial strategy for the development programme. During the summer of 1985 the standing committees discussed and amended the proposals and a final package for the development programme was agreed by the RNIB's Executive Council in July 1985. From April 1986 the RNIB will be spending over £1 million more per year and, depending on the RNIB's ability to raise more income, this will rise up to £3 million more in a few years' time.

Thirty three projects emerged from all this discussion and consultation as priority projects with funds earmarked for their

implementation or for further research. However, no major organisation can embark all at once on this number of major projects and so within those projects some will move faster than others. The priority projects span the entire range of the activities of the RNIB and indeed there is no RNIB service which will not be affected. Furthermore, even those services which are not scheduled for major development between 1985 and 1990 will be indirectly affected by the proposals. Above all, the development programme is a rolling programme and as the RNIB's plans develop and progress and outside circumstances change, the RNIB will continue to review and where necessary to amend its plans.

The priority projects vary considerably in nature, size and complexity. Some involve comparatively small changes in existing services, some involve substantial capital expenditure on new buildings or equipment and some involve establishing entirely new services.

Seven examples will illustrate the wide range of projects being undertaken by the RNIB.

The first example concerns developments that have been completed. The RNIB has already acted on earlier projects approved by the RNIB's Executive Council. To strengthen the RNIB's campaigning activities a Parliamentary Officer, Hugh Lawrence, was appointed. The RNIB also now has a Benefit Rights Officer, Nigel Pegram, who is producing material for the RNIB's staff and others to help increase the knowledge and take up of welfare rights by visually handicapped people. The RNIB has also appointed a Health Officer to keep in

touch with developments in the medical and paramedical field and to add an input from the RNIB.

The second example concerns the RNIB's Commercial Training College. The demand for courses at the college is increasing and so the RNIB will be moving the college to a new location outside London, alongside a local authority college of further education. The move will enable the RNIB to share facilities in an integrated setting, while continuing to develop and broaden the specialist training which visually handicapped students need in order to compete on equal terms in the market for jobs.

The third example concerns the RNIB's new rehabilitation consulting service. The research work of Dr Penelope Shore, the RNIB's Social Services Development Worker, has demonstrated that the rehabilitation provided by local social services departments is, in the main, totally inadequate.⁵⁸ Her work and an RNIB working group have made a series of important proposals, including the establishment of an RNIB rehabilitation consultancy service to work with local social services departments. The RNIB's plans are being widely welcomed among local authority departments and the service will be tested in two or three pilot areas before a national launch.

The fourth example concerns the RNIB's contribution to special residential education. The RNIB's schools will continue to develop in line with the modern educational practice to meet the demand for special education. For several years it has been the RNIB's policy to merge its two single-sex grammar schools into one larger,

coeducational school which would be able to capitalise on the expertise in both the present schools to provide a broader range of courses while continuing the high educational standards for which Worcester College and Chorleywood College are so well known.

The RNIB also recognises that there will also be a continuing demand for special education for multiply-handicapped blind children and so new resources will be provided for the development of the curriculum at the Sunshine Homes, at Rushton Hall and at Condover Hall. In addition, at Rushton Hall there will be substantial capital development to provide improved classroom accommodation.

Hethersett College, which is also run by the RNIB, will also have significant capital development for new accommodation. The RNIB is also concerned about multiply-handicapped school leavers and so it is commissioning a general review to consider the RNIB's role in this field, both within and beyond its existing establishments.

The fifth example concerns the contribution of the RNIB to the development of integrated education for the visually handicapped in Britain. The RNIB recognises and supports the option of educating visually handicapped children with their sighted peers in an integrated setting, with the appropriate resources to support them. In 1986, the RNIB was undertaking a feasibility study prior to launching a service to help ensure that the increasing numbers of children in integrated education receive the support and the services they need. In 1986 a study was in progress to establish exactly how many pupils are involved, how their numbers are changing, and to investigate not

only their needs but also the needs of their teachers and the local education authorities responsible for them. In the light of this study the RNIB will consider how best the RNIB can contribute to meeting those varied needs.

The sixth example concerns the publications of the RNIB. The RNIB intends to continue to develop and update its existing braille and tape services and between 1985 and 1990 the RNIB will also pay particular attention to moon and to braille literacy. With the invention of a workable moon writer and the opportunities offered by modern technology, it is an appropriate time to give a boost to the production of moon and to promote its use and teaching. The RNIB also intends to appoint a Braille Development Officer to work full time on the production and promotion of improved braille teaching materials and on the possible development of the braille code.

The final example concerns the RNIB's talking book library. This library is probably the best known, and certainly the most widely used of all the RNIB's many services, with a membership of over 60,000. In 1985, the RNIB completed negotiations with other agencies in order to increase the number of titles available in the library. The present Clarke and Smith equipment has been used by the RNIB for over fifteen years, but new technology offers some exciting possibilities for the future. The RNIB is considering whether or not to replace the present equipment and, if so, with what. This important decision will require very careful consideration and, if any change is to be made, then it must be phased in so as to cause minimum disruption

in the service. For this reason the whole process will take several years. Meanwhile, however, the RNIB has allocated funds for the development of the present system, especially to continue increasing the range of titles available and to improve the format of the catalogues, and for additional promotion of the service especially in areas of the country where membership is below the national average.

These seven examples give a flavour of the RNIB's plans.

In October 1985, Ian Bruce, the Director-General of the RNIB, gave a full list of all the thirty three projects approved for implementation under the development programme.⁵⁹ These policies will be implemented by the Institute on a phased basis during 1985-90. The full list is as follows:

- The relocation and development of the RNIB's Commercial Training College
- The merger of Worcester and Chorleywood Colleges
- Support services for integrated education
- Further education provision for multiply-handicapped school leavers over the age of nineteen
- The replacement of the braille production computer and associated hardware
- The development of braille teaching materials
- The development of moon production and teaching
- The gradual expansion of the membership of the talking book library
- The replacement of the talking book library computer

- The modernisation of warehouse facilities
- The expansion of the press and publicity activities of the RNIB
- Organisation analysis and staff development
- Internal audit
- Legacy development
- An industrial and trusts appeal
- The development of the National Rehabilitation Centre
- The development of a rehabilitation consultancy service
- Support for literacy and numeracy programmes
- The development of employment services
- The expansion of the Vocational Research Department
- The development of training for workers in the field of visual handicap including improved accommodation and course development for the National Mobility Centre
- Renewed classroom accommodation at, and extension of outreach services from, Rushton Hall
- Improved accommodation and curriculum development at Hethersett College
- The further development of computerised braille music
- The expansion of specialised tape services
- The automation of production control systems
- The improved promotion and higher sales of aids and games
- The coordination of the RNIB's research activities and the development of a corporate research strategy
- The development of personnel functions

- The development of a support unit for local voluntary associations for the blind
- A marketing advisory unit
- The automation of pensions and insurance operations
- A survey of the needs of blind people

In addition, seven projects exist where further feasibility work has been approved:

- An examination of the needs of and provision for multiply-handicapped people over the age of nineteen
- A review of the RNIB's residential services
- A review of the RNIB's leisure services
- The development of sheltered employment groups to expand employment opportunities
- The development of intensive programmes of out-reach services at Sunshine House schools
- The improvement of the support to visually handicapped students in higher and further education
- The development of the RNIB's Technical Department

It is clear that most of these developments concern the RNIB's existing services, which is vital and proper considering the size and range of the RNIB's existing activities.

In 1985 the RNIB completed an analysis of its pattern of expenditure and it was found that approximately one third of the RNIB's income is spent on people up to the age of 15 years, just over a third is spent on people who are between the ages of 16 and 65 and

just under a third on people who are in retirement. Demographic surveys of the visually handicapped population have repeatedly confirmed that there are many more retired visually handicapped people than there are people under retirement age.⁶⁰ This will probably effect the development programme and the RNIB's balance of services, and over the coming years there will probably be a slight shift in the expenditure of the RNIB, in favour of older blind people (including the frail elderly blind, who constitute an important part of the visually handicapped population).

An integral part of the development programme is the RNIB's general needs survey, to which I now turn.

The RNIB general needs survey

A fundamental tenant of the RNIB is that it must develop its services on the basis of the needs of those it exists to serve. One can ask the question: how does the RNIB know what those needs are? One way is through the representation of blind people on the RNIB's committees. In 1986 over half the committee membership consisted of blind people and nearly all the key chair positions were held by blind people; and the majority of these were elected to Council membership by their own representative organisations. Another way is through the RNIB's daily contact with its consumers. A third way is by going out and asking visually handicapped people in their own homes about their personal views and needs: in other words, research.

Consumer research is very important for three main reasons. First, it brings out the views of many kinds of people, not just those

already in touch with the RNIB. Second, in the privacy of their own homes, consumers and potential consumers can be very frank, not only to do with the RNIB but also the health services, social services - all aspects of life. Thirdly, and perhaps most importantly, research gives the opportunity for a lot of blind people to answer, in detail if they wish, the same questions so that a national picture can be built up. This picture can then be used to identify gaps in existing services and show the priority areas where change is required.

For these reasons a nationwide survey of the needs of visually handicapped people is one of the major projects under the RNIB's development programme. This survey was announced by Ian Bruce, the Director-General of the RNIB, in October 1985.⁶¹ Aubrey Mckennell, Professor (Emeritus) of Survey Method at Southampton University is co-director of the survey along with Bruce. An Assistant Survey Director, Errol Walker, was appointed in February 1986. An advisory group for the survey consists of Colin Low, Tom Parker, Michael Tobin, Henry Heath and Tim Cullinan. (Adrian Hill agreed to replace Cullinan on his departure abroad). The RNIB is not asking for volunteers to take part in the survey itself because respondents will be selected by a representative sampling method which will be explained shortly.

Survey data will be obtained for all age groups, but those under 16 years of age will be the subject of a separate investigation which is at an earlier planning stage. The account below concerns mainly the RNIB's survey of adults, aged 16 or over. By June 1986, the design

of the sample for the survey of adults was well advanced. The RNIB had to give it priority because of the immediate availability of a sampling frame which would have become out of date if left for too long.

The RNIB's general needs survey has seven central objectives. Above all, the survey is required to obtain a profile of the consumers of each of the RNIB's main services and to ask consumers directly of their views in ways which will indicate how to improve these services. Second, to evaluate the take up and use of a specific service necessitates that the RNIB looks at the non-user profile too, and how this profile relates to potential consumers. The RNIB will be particularly interested, as a guide to promoting the RNIB's services, in consumers' sources of information and in the extent to which lack of awareness of a service or how to get access to it features in the reasons for its non-use. Third, in evaluating the profiles of consumers, and how they are likely to change in the future, the RNIB, as a national agency, requires national level statistics. A sample survey which is carried out to professional standards provides a cost effective means and very often the only means of obtaining unbiased information on an entire population. It is important to emphasise that the available information, including that from previous surveys, as will be outlined below, is seriously deficient with respect to such important matters as: the degree of shortfall of the blind and partially sighted registers, the precise age distribution over levels of residual vision, the numbers with an additional disabling handicap, the numbers

living alone, and the numbers able to read large print and/or braille - to take just a few examples.

Fourth, the role filled by one of the RNIB's services cannot be evaluated without looking at the contribution of other service providers in the same area of provision. Taking the perspective of the visually handicapped, the survey will examine how their needs are being met from whatever source - including other voluntary associations, state and local authority services, as well as the informal sector (which includes family, friends and neighbours).

Fifth, one of the guidelines of the RNIB's development programme states that the interests of the RNIB should span the whole range of concerns of visually handicapped people, and in keeping with this the circle of inquiry has to be taken wider still. Therefore, in the survey the RNIB will be particularly interested in identifying areas of unmet need, where there is no existing provision. Indeed, within the limits of what proves possible in a lengthy, standardised questionnaire there will even be some measurement of psychological needs including self esteem, loneliness and depression.

The material collected under the fourth and the fifth objectives should be particularly useful to other organisations serving the visually handicapped. It will be most relevant in areas of policy where the RNIB does not offer direct services but acts indirectly through campaigning or advisory roles, or as a catalyst to encourage other providers to modify what is on offer to make it appropriate for the visually handicapped.

Sixth, in ranging as widely as possible over the need spectrum, the strength of the general survey will lie in the unique opportunity for analysing how provision in one area of need fits in with provision in another, and for bringing out common themes that run through the range of need provision, or large parts of it: for example, how the talking book service fits in with other sources of recreation and information, and how the degree and kind of social contact is related to the knowledge and the take up of services in general. However, the wide range means that the amount of information that can be collected within a particular topic area will be limited and only the most salient factors can be covered, though often this will be in areas that have not been the subject of prolonged and intensive investigation. Therefore, the survey will provide a framework within which problems can be identified, and if necessary more detailed studies can be undertaken by the RNIB.

Finally, the survey by the RNIB is timely because it coincides with the survey of disability currently being undertaken by the Office of Population Censuses and Surveys (OPCS) for the Department of Health and Social Security (DHSS).⁶² If previous government surveys are anything to go by, the OPCS survey will provide the frame of reference for legislation and action about the disabled in the next ten years or so. The last national survey of the disabled in Britain took place in 1969.⁶³ Both of these surveys involved massive and expensive screening operations to locate disabled people for interview, although the amount of useful information collected on the special

needs and problems of the visually handicapped was necessarily very limited. If the latest OPCS survey is to be used as a starting point for the next fifteen years, then the RNIB will have to ensure that more is included on the situation of visually handicapped people. The RNIB hopes that its survey, growing as it does out of the OPCS survey, will provide this.

In summary, the objectives of the RNIB's survey are to provide information which will enable the RNIB to evaluate, promote and develop its services; to identify problems in obtaining information about services or access to them; to provide a national picture of the characteristics of the visually handicapped population in Britain; to examine how the needs of the visually handicapped population are being met from whatever source, including other service providers; to give evidence of significant areas of unmet or inadequately met need so that the RNIB or other agencies can take steps to ensure that those needs are met; to identify areas for further investigation and finally, to extend and complement the information on the severely visually handicapped collected in the OPCS disability survey.

There have been several previous studies of the visually handicapped and the RNIB has been able to draw on the best of these studies in designing its own survey. This RNIB survey, however, aims both to collect wide ranging information on needs and to do so on a nationally representative sample. The previous surveys have achieved one or other of these objectives but never the two together.

For example, Michael J. Tobin and Eileen Hill's 'pilot' survey of a small sample of blind people in Birmingham ranged richly over

need topic areas and knowledge of available services.⁶⁴ The surveys that have been carried out by local authorities and by voluntary societies have been based on much larger samples, and some have covered a wide range of information, but still on a regional basis.

On the other hand, the surveys that have yielded national statistics have done so only for a restricted range of information. In 1981, the Royal National Institute for the Blind's own survey covered a large sample at modest cost by drawing from members of the RNIB's talking book service.⁶⁵ Cullinan's survey, which was published in 1977, provides useful national data but it included hardly any registered visually handicapped people.⁶⁶ The main government-sponsored survey of the blind, that by Grey and Todd, in contrast, was limited entirely to the registered blind.⁶⁷ The latter survey was published in 1967 and is still the most thorough study of the mobility and reading habits of the blind, although the coverage was confined to just these two subject areas. In addition, in what now seems a curious reflection on the welfare priorities of the time, the sample selected for the inquiry had a cut-off point at eighty years old.

As was mentioned earlier, the OPCS national disability surveys have collected only a narrow range of information on the visually handicapped as such. The massive screening exercise on which these surveys are based in order to identify a random but representative sample of respondents is beyond the resources of most organisations outside central government. Bruce and Mckennell's use of the OPCS survey to provide a sampling frame for the RNIB's own study is

described next, and this is possible because of the cooperation and agreement of the DHSS and OPCS.

The RNIB intends to have a sample of 600 people for its survey, distributed as follows: 200 people 60 years and over taken from the OPCS sample; 200 people between 16 years and 59 years from the same source; and 200 children, interviewing parents where it is thought to be appropriate. The RNIB intends to use the services of a professional fieldwork agency to assure the quality of data at the interview stage.

The OPCS master sample to which the RNIB has access was itself constructed from those who returned a short questionnaire which was sent (mostly) by post to 100,000 randomly-drawn households. The RNIB adult sample is to be a subsample of those who identified themselves as having visual difficulties in the OPCS (mainly) postal screening. All the respondents aged under 60 and half of those aged 60 or over who recorded that they had difficulty in reading ordinary newsprint, or in recognising a friend across a road, were visited by the OPCS interviewers and given acuity tests for near and distant vision in their own homes as part of a longer interview covering mainly social services, income and health. The RNIB has been allowed to transfer data from the OPCS questionnaires as they were returned from the field and most of the sight-tested individuals have agreed to a further visit by an interviewer.

The central objective of the RNIB's survey is to make an assessment of the needs of severely visually handicapped people. However,

only a small proportion of those reporting difficulties in vision in the OPCS survey are at the low acuity levels that are the concern of the RNIB. Therefore, at a meeting of the RNIB's advisory group for the survey it was decided that the sample selected for the RNIB would have a cut-off point at no better than 6/24 for distance vision and N. 14 for near vision (the latter being the criterion for membership of the RNIB's talking book service).

The OPCS data which is available to the RNIB includes several variables in addition to the sight test results such as registration as blind or partially sighted (which is self reported), sex, a more detailed age breakdown, the number in the household and so on. The RNIB proposes to use as many of these variables as possible to draw a highly stratified (and therefore a highly efficient) sample for the over 60s. However, it will not be possible to do this for the under 60's, since the OPCS sample contains only just sufficient numbers of severely visually handicapped people.

Before the opportunity arose to utilise the OPCS survey as a sampling frame the RNIB spent some time considering a plan which would have drawn the elderly from general practitioners' registers. The design was to have included sight tests to screen out those severely handicapped for the interview proper. In this plan the sample of visually handicapped young adults was to have been drawn from the blind and possibly the partially sighted registers kept by the local authorities. However, this sampling route, apart from the formidable and time-consuming task of tackling the medical and the

local authority bureaucracies, carried with it the associated possibilities of non-response at this level.

On the other hand, with the OPCS survey there is the possibility of underestimating the prevalence of visual handicap because of the reliance on a postal response, and the self-identification as visually handicapped of those who did respond before sight tests were conducted. The RNIB's advisory group for the survey considered plans for independent validity checks using sight tests and following up the non-response at the initial screening stage. As a result of these discussions the RNIB decided to use the OPCS sample. The reasons were that OPCS are independently checking any biases introduced by a follow up of a subsample of the non-respondents on their survey; and the RNIB's plans for checks on the postal screening turned out to be similar to a study actually carried out by Graham, which was published in 1968.⁶⁸ A close analysis of the paper by Graham suggests that the postal non-response will not in fact be an important source of bias in estimates of the national prevalence rates of visual handicap, and that self-identification of visual handicap is not a source of error at registrable levels.

Although sampling is crucial, it is also all rather technical and complicated. The contents of the questionnaire, on the other hand, have to be very down-to-earth and have to be put in a simple way. The 19 areas of need being considered in the questionnaire are as follows: Braille, Tape, Communications, Social Relations and Psychological Needs, Hearing Loss, Contact with Voluntary Organisations, Leisure, Information, Registration, Welfare Rights, Contact with Social Service

Departments, Health Care, Employment, Training and Rehabilitation, Daily Living Skills, Mobility, Transport, Accommodation and finally Aids and Adaptations. In the first half of 1986 the RNIB did some work on the contents of the questionnaire and in June 1986 the RNIB published draft questionnaires for each of the 19 areas and put them together as an information pack, so as to allow people to comment on them before the RNIB tests them out in the field. The 19 areas of need will not be treated by the RNIB as isolated fragments of information. The advisory group for the survey believe that data on the way needs and need provision overlap and interrelate in the different areas will be an important outcome of the RNIB's investigation. The heading 'Communication', for example, will include low vision aids, large print, telephone, radio, and personal contact as well as braille and tape. The concept of social need is central to the RNIB's enquiry and to questionnaire design, but a review of the relevant literature shows that there is no single agreed definition of what constitutes 'real need'.⁶⁹ Certainly, the RNIB will want to cover self-assessed need and ask people directly if they are aware of a service, have tried it or want to receive it, or are satisfied with it if already a user. The RNIB also intends to use indirect assessments of need which are based on statistical comparisons.

One of the things the RNIB wants to do is to seek the widest possible consultation about the content of the questionnaire with blind people, with their representative organisations and with those concerned with the welfare of the visually handicapped. The RNIB sees this

consultation process as an integral aspect of its research strategy and the information pack describes the RNIB's ideas so far about the content of the questionnaire.

It is widely recognised that a standardised interview schedule is essential for a quantitative survey, but a possible danger is that it can be prematurely standardised around the preconceptions of its designers'. For this reason the RNIB would particularly like to hear from visually handicapped people in their own right. The consultation exercise could lead to improvements being made in the content of the questionnaire.

To do consumer research well takes time and so the first reports from the RNIB's general needs survey will not be emerging until the middle or the end of 1987. However, if the RNIB receives substantial comments and continues its careful preparations it should by late 1987 have important results which will have a lasting impact on the RNIB's many policies and services.

In conclusion: Two points concerning the development programme

Finally I would like to make two short observations concerning the development programme.

The first point concerns the present priorities within the programme. The RNIB is currently the eleventh largest charity in Britain in terms of its voluntary income, and for the year ending March 31 1985 this totalled roughly ten million six hundred thousand pounds. At the same time the RNIB's general reserves totalled nearly twenty one and a half million pounds. There are two other charities

for the visually handicapped in Britain, namely the Guide Dogs for the Blind Association and St Dunstan's for the war blinded, whose reserves are double even this amount and which provide services to a far smaller number of visually handicapped people. The RNIB maintains its reserves at this level in order to help finance its large development programme, which includes a number of heavy capital construction programmes. The RNIB, for example, intends to build a new commercial training college and a new grammar school, and several improvements to existing establishments are also planned.

However, given that approximately eighty five per cent of registered blind people in Britain have a degree of useful sight the most pressing need is for the provision of visual aids which can help them to make the best use of what sight they have. Many of these aids are simple and inexpensive and could be made more widely available if the money which clearly already exists were not already earmarked for the RNIB's investments in bricks and mortar. It is certainly arguable that in the future the RNIB should put less emphasis in its development programme on the development of major capital investments, and should allocate more resources for the provision of visual aids. This change in priorities probably would not adversely effect the main objectives of the RNIB's development programme, and at the same time would be beneficial to the majority of the visually handicapped in this country.

Furthermore, the Guide Dogs for the Blind Association and St Dunstan's could release some of their considerable reserves for the

provision of more visual aids, which is a constructive alternative to simply allowing their large reserves to grow bigger.

The second point concerns the relationship between the Thatcher Government, the RNIB and the development programme. It is clear that the Thatcher Government's overall financial strategy is one which is leading to a reduction in public expenditure both at a local level and at a national level. It follows that the grants that the RNIB are receiving for specific projects in 1986, when expressed at a percentage of expenditure on these projects, show a fall of up to ten per cent compared to the level of four or five years ago.⁷⁰ Therefore, the RNIB has to find additional income from its voluntary source if it is to maintain the level of its services for visually handicapped people. The RNIB is maintaining as much pressure as it can on the government not only to bring these grants back to the level of some four or five years ago, but also to increase the grant where the RNIB can demonstrate that it is improving existing services or introducing new services. Clearly, if the government were to restore the level of these grants then this would help the progress of the RNIB's development programme.

Notes and References

1. For the sake of simplicity the Royal National Institute for the Blind will be referred to as the National Institute or the RNIB.
2. In addition to the RNIB there are several other national voluntary organisations providing specialist services for the visually handicapped. These include St Dunstan's which provides training, resettlement and after care for people blinded on active service with the armed forces or with the civil defence services. The Partially Sighted Society provides information on aids, employment and careers available to the partially sighted. The Jewish Blind Society helps those in the Jewish community who lose their sight. The Society for the Visually Handicapped offers help and advice and in suitable cases can give financial assistance for visual aids. However, none of these organisations can match the range of services provided by the RNIB.
3. Several biographies have been written of Armitage. See Mary G. Thomas, 'Thomas Rhodes Armitage - 1', The New Beacon, Volume L, Number 590, June 1966, pages 145-148, and 'Thomas Rhodes Armitage - 2', The New Beacon, Volume L, Number 591, July 1966, pages 173-176. Thomas' biography was originally published in booklet form in 1952 by the Royal National Institute for the Blind. Another biography is Brian Wilkinson, Dr Thomas Rhodes Armitage (Keele University, unpublished thesis, 1970). The National Institute for the Blind's Annual Report for 1946 also contains some interesting details about Armitage. For Armitage's views on the welfare of the blind see his book The Education and Employment of the Blind: What it has been, is, and ought to be (Published for the British and Foreign Blind Association by R. Hardwicke, London, 1871). Also see his booklet The condition of the blind of Great Britain and Ireland, and other papers presented at the Paris Congress of 1878 (British and Foreign Blind Association, London, 1878).
4. Thomas Rhodes Armitage, The Education and Employment of the Blind: What it has been, is, and ought to be (Published for the British and Foreign Blind Association by R. Hardwicke, London, 1871) Preface, page v. All the quotations from Armitage that are used here are taken from this book.
5. See W.H. Illingworth, History of the Education of the Blind (Sampson Low, Marston, London, 1910) pages 90-99 and J.M. Ritchie, Concerning the Blind (Oliver and Boyd, Edinburgh and London, 1930) page 84.
6. Progress is the RNIB's oldest braille magazine and was first published in 1881. It was edited by Armitage until his death.

7. Quoted in the National Institute for the Blind Bulletin, Number 7, 1934 edition, page 8.
8. Some detailed studies exist of the history of the RNIB. See Mary G. Thomas, The Royal National Institute for the Blind 1868-1956 (Royal National Institute for the Blind, London, 1957). Although this book is nearly thirty years old it has some good historical chapters. Thomas does not attempt to either criticise or extol policy and her book is a record of facts concerning the Institute. A more recent analysis is June Rose, Changing Focus The Development of Blind Welfare in Britain (Hutchinson of London, 1970). Also see her article 'A hundred years of the RNIB: from philanthropy to independence for the blind', The Times, 20 May 1968, page 7. Thomas and Rose provide a description of the past and present work of the RNIB. Some histories were written to celebrate the centenary of the RNIB in 1968. See J. C. Colligan, 'A long journey: an account of the Royal National Institute for the Blind, 1868-1968', Blindness (AAWB Annual), 1969, pages 35-51; Mary Ellen Mulholland, 'The Royal National Institute for the Blind, 1868-1968', New Outlook for the Blind, 1968, Volume 62, Number 6, pages 169-172 and The Royal National Institute for the Blind, Foresight: the saga of 100 years: centenary year exhibition (Royal National Institute for the Blind, London, 1968). Also see an editorial by Donald Bell concerning the history of the RNIB entitled 'A Historical Note', The New Beacon, Volume LII, Number 617, September 1968, pages 225-226.
9. The Executive Council consisted of 'gentlemen either blind, or so nearly blind that they have to use the fingers instead of the eyes for the purpose of reading. See the Charities Register and Digest, 1st edition, 1882, page 129. However, after 1887 the rule that all members of the Executive Council must be blind was abandoned.
10. The first report of the British and Foreign Blind Association in 1871 reported the decision in the following way: 'The Council recommend braille as the educational system for all blind children, and for the every-day wants of all blind persons whose touch has not been seriously impaired by manual labour. For the old and dull of brain and touch they recommend a simple line system approaching as near the Roman as is compatible with perfect tangibility'. The simple line system that they had in mind was moon and they advocated 'that steps should be taken to introduce braille to this country and discourage all others save moon.' See the first report of the British and Foreign Blind Association of 1871, page 4.
11. The Armitage family affectionately called the Association 'the Blind Ass.'

12. E. C. Johnson, London International Exhibition, 1871, Division 11, Educational Works and Appliances. Report on the Methods of Teaching the Blind, and the Deaf and Dumb (J. M. Johnson and Sons, London, 1871) pages 5-6.
13. Thomas Rhodes Armitage, The Education and Employment of the Blind: What it has been, is, and ought to be (Harrison and Sons, London, 1886).
14. See Lord Shaftsbury's letter to The Times, 10 May 1873.
15. Royal Normal College and Academy of Music for the Blind, 1st Report, 1873.
16. See the Charities Register and Digest, 1882.
17. Royal Normal College and Academy of Music for the Blind, 1st Report, 1873, page 9.
18. Report of the Royal Commission on the Blind, the Deaf and Dumb and Others of the United Kingdom, 4 volumes, HMSO, London, 1889, (Volume 3, page 380, evidence of Armitage, 14 May 1886).
19. The excellence of the Royal Normal College in its early years is clearly demonstrated in the opening chapters of Alfred Hollins' A blind musician looks back (Blackwood, Edinburgh, 1936).
20. See Donald Bell, (ed.), An Experiment in Education The History of Worcester College for the Blind 1866-1966 (Hutchinson of London, 1967) chapter 1.
21. One phrase in the terms of admission savoured of the old institutionalism. Two householders were required to guarantee that in the event of a pupil's death, the funeral expenses would be paid.
22. The Duke of Devonshire quoted by Mary G. Thomas, The Royal National Institute for the Blind 1868-1956 (Royal National Institute for the Blind, London, 1957) page 25.
23. See Sidney Dark, The Life of Sir Arthur Pearson (Hodder and Stoughton, London, 1924).
24. J. M. Ritchie, Concerning the Blind (Oliver and Boyd, Edinburgh and London, 1930) page 123.
25. This remains today the headquarters of the Royal National Institute for the Blind.
26. See the Charities Register and Digest, 1914; article by H. J. Wilson.

27. See the Charities Register and Digest, 1913.
28. Or the scattered blind as they were called at the time.
29. My emphasis.
30. National Institute for the Blind, Annual Report, 1916, pages 8-9.
31. See the National Institute for the Blind, Annual Report, 1918, page 12.
32. However, in 1883 the British and Foreign Blind Association had made an effort to form a General Council 'to promote closer co-operation between institutions likely to sympathise with the work of the Association.' This was the earliest attempt at national cooperation in blind welfare. By 1884 the list of members of the General Council included representatives from institutions in Brighton, Birmingham, Edinburgh, Liverpool, Glasgow, Sheffield, Manchester, Sunderland, Worcester and Swansea. These were all joined together for mutual advice and discussion on the education and employment of the blind. However, this early attempt at cooperation in blind welfare did not last long. The members of the General Council gradually declined, until in 1899 it only included five members and in 1908 it ceased to exist.
33. The National Institute had accepted this in 1929. See the Institute's Annual Report for 1929-30, page 9.
34. See the chapter concerning braille, moon and talking books.
35. Report of the Conference on the Education of the Blind, Birmingham, June 1894. Birmingham, no publisher given, 1894.
36. Also partially sighted children were frequently not receiving education appropriate to their disability. Many of these children remained in the ordinary schools. Others were in special schools for the blind but were being taught by methods designed for the completely blind. In the early years of this century steps were taken to improve the education of these children. In January 1908 the first special class in the world for high myopic and other children with defective vision was opened by the London County Council in Boundary Lane School, Camberwell, in London. This class served as a model for subsequent English schools and those abroad. By 1913 eight English local education authorities had provided special classes for the partially sighted. In 1933 there were thirty seven schools in England with accommodation for 2,000 partially sighted children and, in addition, eighteen schools for the blind were giving them special education.

When the Committee of Inquiry into Problems relating to Partially Sighted Children met in 1931 it found that the education of the partially sighted was well advanced. See the Board of Education, Report of the Committee of Inquiry into Problems Relating to Partially Sighted Children, HMSO, London, 1934.

37. Annual Report for 1918 of the Chief Medical Officer, page 142.
38. See Clarke, 'Retrolental Fibroplasia in the Sunshine Nursery School', The Teacher of the Blind, Volume 43, Number 4, April 1955, pages 121-123.
39. Miss Phyllis Monk, Though Land Be Out of Sight: The Early Years of Chorleywood College (National Institute for the Blind, London, 1952) page 15.
40. See Miss Phyllis Monk, Though Land Be Out of Sight: the Early Years of Chorleywood College (National Institute for the Blind, London, 1952) page 75.
41. The history of Worcester College is traced by Mary G. Thomas, The First Seventy Years A History of Worcester College for the Blind (National Institute for the Blind, London, 1938) and by Donald Bell, (ed.), An Experiment in Education The History of Worcester College for the Blind (Hutchinson of London, 1967).
42. See Donald Bell, (ed.), An Experiment in Education The History of Worcester College for the Blind (Hutchinson of London, 1967) page 62.
43. See the annual report of the association for 1902.
44. Local education authorities had the option in 1910 (under the Choice of Employment Act) of maintaining juvenile employment bureaux.
45. The Fourth Annual Report of the Advisory Committee on the Welfare of the Blind, page 13.
46. The Ninth Annual Report of the Advisory Committee on the Welfare of the Blind, pages 16-17.
47. The policy of employing blind or partially sighted people as Employment Officers had proved successful in the United States and Canada and this policy has also been followed by the RNIB.
48. See the Report of the Working Party on the Employment of Blind Persons, Ministry of Labour and National Service, 1951, page 31.

49. See J. C. Colligan, 'A long journey: an account of the Royal National Institute for the Blind, 1868-1968', Blindness (AAWB Annual), 1969, page 42. In 1966 the RNIB's Chief Employment Officer, George Willson, visited the United States to investigate the training methods used in instructing blind computer programmers.
50. See the RNIB's annual report for 1984-1985.
51. See the Report of the Wolfenden Committee, The Future of Voluntary Organisations (Croom Helm, London 1978) chapter 7.
52. See Colin Low, In Our Own Affairs, (National Federation of the Blind, 1972). This six page document launched the participation campaign.
53. Fred Reid, 'Inside the RNIB', Viewpoint, Summer issue, July/August, 1982, page 51. Viewpoint is the journal of the National Federation of the Blind.
54. See The National League of the Blind and Disabled, Report submitted by the National Executive Council to the National Triennial Delegate Conference, 12, 13 and 14 May 1979, page 28.
55. See Fred Reid, 'Inside the RNIB', Viewpoint, Summer issue, July/August, 1982, pages 51-54.
56. See The Royal National Institute for the Blind, Objectives and Priorities 1981-1986 (Report on a Weekend Seminar at the Civil Service College, Sunningdale, Berkshire, 10-12 October 1980).
57. Ian W. Bruce, 'Policy Guidelines for a development programme,' The New Beacon, January 1985, Volume LXIX, Number 813, pages 3-6.
58. See Dr Penelope Shore, Local Authority Social Rehabilitation Services to Visually Handicapped People (Royal National Institute for the Blind, London, 1985).
59. Ian W. Bruce, 'RNIB: A development programme', The New Beacon, October 1985, Volume LXIX, Number 822, page 291.
60. See, for example, Jennifer Moss, for Shankland Cox, Initial Demographic Study 1985 (Royal National Institute for the Blind, London, 1985).
61. See Ian W. Bruce, 'RNIB: A development programme', The New Beacon, October 1985, Volume LXIX, Number 822, page 290.

62. See the Office of Population Censuses and Surveys, OPCS surveys of disabled people in Great Britain. Paper circulated by OPCS at a seminar at the Royal Society of Medicine, 1986.
63. Amelia I. Harris, Handicapped and impaired in Great Britain: an enquiry (Office of Population Censuses and Surveys, Social Survey Division, HMSO, London, 1971).
64. Michael J. Tobin and Eileen Hill, 'Blind in Birmingham: A pilot survey of needs and of knowledge of available services', The New Beacon, March 1984, Volume LXVIII, Number 803, pages 61-66.
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CHAPTER FOURTHE HISTORY AND THE CONTRIBUTION OF
BRAILLE, MOON AND TALKING BOOKS

For the keen reader blindness is a severe deprivation. Braille, moon and talking books employ the senses of touch and hearing and in this way the blind can continue to have access to written material.¹

Braille is a simple system of embossed script and is based on a six dot binary cell. Each letter is formed by a different combination of the oblong of dots. The English version of braille consists of sixty three symbols and these are variations on the six dots. The symbols include the twenty six characters of the English alphabet, eight braille punctuation signs and twenty seven contractions for common combinations of letters, including 'th' and 'st'. There are two grades of braille. In Grade One each word is fully spelt. In Grade Two, contractions are used to refer to groups of letters and words that recur frequently. Grade Two is more popular and less bulky than Grade One. Contracted braille varies from one country to another, because each language has its own separate rules for phonetics and spelling.²

Braille is a practical method of communication for the blind.³ Braille is successful because it is built upon a simple and logical system of stages and any brailist must familiarise himself with these stages when learning braille. The braille alphabet was the first major breakthrough in the development of a practical language of the blind. Since braille can be both read and written by the blind

this made it possible for the blind to be educated and to communicate with each other in writing.⁴ Braille has made practicable a standard curriculum in schools for the blind. Braille also opened the world of literature and music to the blind. Braille is used in musical notation, so that a brailist can also become an accomplished musician. However, a good memory and a sensitive touch are required to master braille and it is a difficult medium to work in. Many older people have work hardened fingers and so they do not have the sensitivity which is needed to decipher the small dots of the braille characters.

Braille books are very bulky. The Bible in braille, for example, consists of seventy four volumes. For this reason most blind people prefer not to purchase braille books. Instead they borrow them from the National Library for the Blind. Another problem concerning braille is the time lag before large books are translated into braille.

For example, in the early 1980's a new 72 volume braille dictionary became available. The original letterpress edition had been first published in 1970.⁵

Braille is now universally accepted.⁶ Ritchie has argued that:

'In the world of the blind braille is taken for granted. It is too fundamental to rouse comment. It ranks as one of those indispensable factors in existence which are above the region of question. The writ of braille runs wherever blindness occurs.'⁷

In the United States alone 45,000 people use braille and probably twice that number are able to read braille, but do not do so on a regular basis.⁸

The history of reading by touch before the 19th century

It is not known who was the first person to conceive of the idea of teaching the blind to read by using their sense of touch. However, as early as the 14th century a blind Arab professor, Zain-Din al Amidi of the University of Moustansiryeh, invented a system of touch reading so that he could write and identify his books. In 1517 Francisco Lucas of Saragossa in Spain used thin wooden tablets to carve an alphabet. In about 1575 these were introduced to Italy and were improved by Rampasetto in Rome. Rampasetto did not emboss the letters but engraved them and used large wooden blocks. However, both of these systems did not succeed because the blind found the letters too difficult to read. In addition, there was no method of duplication and every tablet had to be ardiously carved by hand. In 1547 Girolamo Cardano, who was an Italian physician, devised a system of touch reading which in some respects resembled Braille's system. In Paris in 1640 Pierre Moreau devised a series of movable letters that were cast in lead type. However, the lead type was too heavy and cumbersome and lack of money forced him to abandon this invention. In Germany, Schonberger produced the same effect by using letters of tin. The letters could be recognised by touch and could be used to form words and sentences. In 1651 a Nuremberg poet and mathematician George Harsdorffer reintroduced the classical technique of a wax covered tablet. In this method a stylus was used to cut letters onto the tablet. This was a similar practice to that of the ancient Romans, with their stylus and tablets.

In 1676 Francesco Terzi, an Italian Jesuit, produced a cipher code which was based on a series of dots encased in squares and in other shapes. Terzi is also important because he advocated a string alphabet. The string writing of the Mexicans is probably the earliest form of tangible writing that was possible for the blind to read. David McBeath and Robert Milne, who were two blind men from Edinburgh, introduced this system into Britain. The system was still in use in the 20th century. For example, for many years a string alphabet was used at the Glasgow Asylum for the Blind. Sections of the Bible were translated into this system. The blind reader would draw the string from a reel. In 1930 an elderly blind woman told E. R. Scott

'that she had never forgotten being taken to the Blind Asylum in Newcastle-on-Tyne when she was a little child, and seeing there a blind girl reading a letter, which consisted of a ball of string in which were loops and knots of varying lengths and in varying groupings which the girl unwound and passed through her fingers, repeating aloud the words these knots and loops represented.'⁹

In Europe in the 18th century other early systems of touch reading were devised. Diderot, the French philosopher and encyclopedist, refers to a blind woman who learned to read from letters cut out of paper. Maria Theresa von Paradis, a Viennese musician, learned to read by using pins stuck into a cushion in the pattern of letters. Weissenberg of Mannheim, a blind man, invented a system of letters pricked through cardboard and she used this system. Von Kempellen also invented a press for her and she used this to print German characters in relief. All of these methods of reading by touch, however, were not conductive

to easy and fluent reading. What was required was an embossed and tangible type.

The emergence of new systems of reading for the blind in the 19th century

Valentin Hauy is often called the father of the education of the blind and he was the first to use the art of embossed printing in the production of books for the blind. This is his central contribution. In 1784 Hauy founded the first school for the blind, the Institution Nationale des Jeunes Aveugles in Paris. His primary concern was to formulate a method of teaching the blind to read. Maria von Paradis visited Hauy and asked him to adopt Weissenberg's system. However, Hauy and his first pupil Francois Lesueur firmly believed that the blind could best be taught to read by using ordinary large type printed in relief. Consequently for over forty years Hauy's students learned to read by using his large, relief printed folios. This system was cumbersome and slow. Writing was even more time consuming because letters had to be set up in type. Hauy employed the italic form of the roman letter. A smaller type was used for experienced readers and a larger type for beginners. The pages were printed on one side, stuck together and bound. Hauy also developed some contractions and abbreviations so that the bulky books could be reduced in size. Hauy's work became more widely known in 1786, when he published the Essai sur l'Education des Aveugles. In 1793 the blind Scottish poet Thomas Blacklock published an English version. In 1821 Lady Elizabeth Lowther sent for some of Hauy's

books for her blind son. These were the first embossed books for the blind to be used in Britain. With the assistance of a servant Lady Lowther printed a copy of the Gospel of St. Matthew.

In 1832 Sir Charles Lowther also imported type from Paris and embossed sections of the Bible for his own personal use.

Hauy's basic guiding principle was that a reading system for the blind should be one that the sighted could also read. But while Hauy employed the script type or italic that was popular at that time, in 1819 Captain Charles Barbier developed an arbitrary system of writing by dots constructed on phonetic principles. Barbier claimed that the dot system of reading was more legible to the finger tips than lines. Barbier was a cavalry officer attached to the Signal Corps and an engineer and he wanted to devise a system of *écriture nocturnelle* or night writing. He believed that this would allow soldiers to communicate in the hours of darkness. Barbier later improved his system and renamed it Sonography. However, Barbier's system was too complex for general use. In his system words were not spelled out but were written phonetically. A single word often needed many dots and this made deciphering a lengthy process. But Barbier's system did have a number of attractive advantages over Hauy's system. Most importantly Barbier produced a metal frame and stylus and by using these, his system could be written. Hauy's system, on the other hand, could not be written. Barbier's system could also be read much more quickly than Hauy's system. In Hauy's system each character had to be tediously touched to be recognised

and then each character had to be associated with other characters to form words. Barbier's system is historically significant because it provided the principle on which Louis Braille later built his own dot system.

Braille made the major breakthrough in the development of systems of touch reading and for this reason he is probably the most famous blind person in history. Braille was born in 1809 in Coupvray near Paris and was the son of a saddler. When he was three years old he damaged his eye with his father's awl and shortly afterwards lost his sight. A few years later Braille became a student at the Royal Institution for the Young Blind in Paris. At that time there were over 20 different systems of embossed type in existence.¹⁰ At the school, Braille read the 14 books that were printed in Hauy's alphabet. Braille also studied Barbier's system and eagerly learned Sonography. However, Braille quickly became aware of several major flaws in Sonography. The combinations of the dots were very complex and this made reading difficult. The phonetic emphasis meant that insufficient attention was given to conventional spelling. Barbier had also made no provision for numbers, punctuation, mathematical symbols, music notation and accents. Braille wanted to modify Sonography so that it could be used for reading, writing and musical notation. This was important to Braille because he was a skilled musician and played several church organs in Paris. But after several attempts to modify the system Braille decided to construct a totally new method of writing in dots. By 1825 Braille's

basic system was complete. Braille had succeeded in cutting Barbier's 12 dot cell in half. Sections of the Grammer of Grammers were transcribed into braille in 1827 and braille was used for music notation in 1828. In 1829 Louis Braille published a pamphlet entitled Method of Writing Words, Music, and Plain Songs by Means of Dots, for Use by the Blind and Arranged for Them, and this summarised his experiments. However, he was not totally satisfied with his work and in 1834 and 1837 he produced improved versions of his system. This revised version was very compact and this alphabet is still used today.¹¹

In the 19th century Gall, Fry, Alston, Howe, Lucas, Frere and Moon all developed their own systems.¹² Of these moon is the only survivor. In 1826 James Gall was very impressed by Hauy's work. Gall was a publisher and printer in Edinburgh and he started his own experiments. In 1827 Gall published a First Book for Teaching the Art of Reading to the Blind, partly in his own embossed system and partly in ink print. Gall's system was engraved in wood and then cast in metal and consisted of an angular adaptation of Roman capitals. He later developed a version of serrated type which used dots and not unbroken lines. Gall also published without financial assistance some embossed literature for the London Sunday School Union, the British and Foreign Bible Society and the Religious Tract Society. In 1832 the Edinburgh Society of Arts announced a competition to find the best method of printing for the blind. The competition received nineteen entries and sixteen of these used

arbitrary symbols. The winner was Dr Edmund Fry. Fry's type was a plain Roman letter. It was widely used in a modified form in Britain and the United States. Fry's type was also adopted by John Alston of the Glasgow Asylum for the Blind. Alston set up a printing press and in 1840 produced the first embossed Bible of any type. Alston's books were popular with British and American readers. Alston's type was produced in two sizes. The smaller Great Primer was for people with sensitive fingers. The larger Double Pica was for older people who had a less sensitive touch. Dr Samuel Howe was the first director of the Perkins Institution in Boston and was the pioneer of embossed printing in America. He visited Europe to examine the available methods of embossed printing. He chose a form of Alston's system which was composed of small angular letters without capitals. Capitals were later added. The system soon became known as Boston Line Letter and became popular within the United States. All of these systems were based on the Roman alphabet and all of them were difficult to use. Other people developed systems based on shorthand. Lucas used dots and curves and hooked and straight lines. In Lucas' system as in shorthand the precise meaning of many signs depended upon their position on the line. Lucas also developed a musical notation from his system. Lucas' system was popular in Britain and Europe. Frere also developed a shorthand system based on phonetic principles. The characters of the system were half, solid and hollow circles, hooked and straight lines and angles. Books were also printed in Frere's system. However, the

two shorthand systems were as difficult to learn as the earlier line systems. Dr William Moon discovered that only a small number of blind people could use the systems of embossed writing then available. So Moon formulated his own system. Moon's alphabet kept many Roman letters in a simple form and the other letters were based on Frere's linear characters. The Moon alphabet is made up of only nine characters. The meaning of each is decided by which way up they are used. Only a small number of contractions are used. As in Frere's system the lines in Moon's system are bracketed for ease of reading. However, the letters in Moon's system were not reversed, unlike in Frere's return line. Moon's system was successful because it was simple and today it is the only surviving line system.

In the 19th century a central issue was whether or not the form of type should be one which could be read by sight as well as by touch. The sighted tended to argue that any system should be both visual and tactual. It was believed that if the sighted and the blind could both read a type then the blind would not become intellectually and socially isolated. Haüy in France, Lucas in England, Gall and Alston in Scotland and Howe in the United States were all sighted men who supported this argument. However, the blind were searching for the most tactual type and they were not primarily concerned about if the sighted could also understand it. Braille and Villey in France, Armitage in England, and Latimer, Smith and Fowler in America were all blind men who represented this tradition. Villey astutely

declared that the sighted 'were talking to the fingers the language of the eye' and he believed that this was the fundamental weakness in their argument. Villey's opinion was supported by subsequent events. The inefficient line letters of the sighted were eventually overcome by the more durable dot systems of the blind intellectuals and leaders.

Braille's system was eagerly and quickly seized upon by the blind students in Paris, although it did not meet with general acceptance during Braille's lifetime. Many teachers of the blind disliked braille because its configurations were very different from those of print. It was claimed that this would help to set the blind apart from the sighted. However, at that time the blind could not read or write because of the failings of the preferred systems of embossing. Writing in 1953 Mackenzie observed that the period from 1829 to 1949 readily divides into two main periods.¹³ Between 1829 and 1879 there was the protracted and diehard retreat of the old forms of embossing which the blind could not write. In this period, braille was largely ignored by sighted teachers. For example, braille was not widely used in Britain until after 1868. Dr Thomas Rhodes Armitage introduced braille to Britain and helped it to become the respected educational medium for the blind in Britain. Braille was not officially recognised anywhere in the United States until it was used in 1860 by the Missouri School for the Blind. Braille's system was frowned upon by the school authorities at the National Institute for the Young Blind in Paris and he taught it to the pupils outside of school hours. Braille died in 1852 and it was only in 1854 that his system was

officially accepted in France. In the second period, between 1879 and 1949, there was a competition between the original braille and the reconstructed forms of braille. Each divergent form of braille embodied some practical and theoretical improvements. These had to be tried before they could be brought together with other divergent forms. Braille therefore has a very complex and colourful history.

The introduction of braille literature into Britain

Before braille was generally adopted in Britain approximately twenty systems of reading were in limited use. Many of these systems were only used in one part of the country. Much of the literature that was available was religious. The Bible, for example, was produced in five different systems of raised print. Most of the systems that were used were based on variations of the Roman alphabet, which the sighted were familiar with. These systems did not provide an adequate way of teaching the blind to write. Blind children in institutions for the handicapped would commit to memory verses from the Psalms and from other religious lessons. Between 1866 and 1868 Thomas Rhodes Armitage, the founder of the British and Foreign Blind Association, investigated the condition of the blind in London. He discovered that the education of the blind was 'a perfect chaos' and that many of the blind were 'idle mendicants'. Armitage was convinced that improved education and training was required. He also realised that for this to be possible a new standard embossed code would have to be introduced.

In 1868 in his search for a new general code Armitage enlisted

the help of three other blind men and these were later joined by two other men. Armitage stipulated that these men had to have a knowledge of at least three embossed systems and have no preference for any of them. The small committee first met at Armitage's house at 33 Cambridge Square, London, W. 1 and made an exhaustive study of all the systems that were available. They formed a society with the name of the British and Foreign Society for Improving the Embossed Literature of the Blind. This was changed to the British and Foreign Blind Association for Promoting the Education and Employment of the Blind and then shortened to the British and Foreign Blind Association. After nineteen months they reached a decision. A Committee Minute of May 1870 states:

'It was unanimously decided that the braille ought to be adopted as the written character.'¹⁴

Within six months the Association had produced its first stereotyped plates for the printing of braille. The first publications in braille were William Cowper's poem 'John Gilpin' and a book of Advent hymns. They were sold for two pence and three pence respectively. They were soon followed by a booklet entitled Anecdotes of Dogs and two poems by Longfellow. In 1870 five books were published and the total sales of the Association were two pounds eleven shillings and six pence. The price of each item was decided by the cost of printing and materials. However, the price did not include the cost of the plates. As an act of philanthropy, Armitage gave free braille books to the poor blind. Pocket frames for writing braille were also sold for a shilling. It was also agreed that moon should be retained for

the elderly blind who would find it difficult to read the fine raised dots of braille.

In the 1870's and the 1880's the British and Foreign Blind Association was primarily concerned with producing braille books and music, writing frames, arithmetic frames, embossed maps and a small amount of apparatus and games for the blind. Ford was the first braille transcriber to be employed by the Association. He worked at home and used a punch and hammer to punch braille dots onto brass printing plates. He delivered these to Armitage's house. They were then embossed and the sheets of embossed braille paper were varnished and hung up to dry in Armitage's kitchen. Between 1877 and 1890, Ford also transcribed the Bible into braille. To do this he punched 20,000,000 individual dots onto 6,000 printing plates.¹⁵ By 1890 production had been considerably expanded and the Association employed 40 blind braillists. They were helped by 160 volunteers. Most of these were women. Sixty blind copyists were also employed. Other bodies also became involved in braille production. In 1892 a printing press was opened at the blind school in Edinburgh and the British and Foreign Bible Society printed Bibles in braille.

The members of the Association also tried to persuade schools for the blind to accept and use braille. However, there was strong resistance to braille in Britain. In particular the sighted teachers of the blind were opposed to the use of braille. For, as Armitage noted, the use of the new system

'involves the teacher . . . in taking the trouble to learn it and in the case of the braille character there is this further difficulty that reading it is fatiguing to the eye. Although the objection to the language of dots is for obvious reasons scarcely ever stated it nevertheless consciously

or unconsciously influences their views very materially.' Armitage went on to say that 'a great many seeing managers and seeing people generally could not shake themselves loose from the idea that because the Roman system is best for the seeing, it must be best for the blind.'¹⁶

Therefore for many years there was only a limited demand for braille books and apparatus. Braille was not introduced into English schools for the blind until 1872. In 1885 Armitage claimed that

'there was not an institution in the United Kingdom where the braille system is not more or less used.'¹⁷

However, braille was still not the only system used. For example, in 1871 A Guide to Institutions and Charities for the Blind by Harris and Turner, showed a proliferation of embossed type: Moon was used by 38 institutions, Lucas by seven, Frere by three, Roman by four, Alston by four and braille also by four. In 1883 another survey was conducted of the schools and institutions for the blind. Only 27 of these organisations stated that braille was their official system. Thirty five still used moon as their official system.¹⁸ Even in the 1890's blind children were still being taught the Lucas and Alston systems¹⁹ and only in the early 20th century was braille finally accepted by all bodies serving the blind.

Armitage was also interested in the development of braille music and braille magazines. So in 1871 the Association produced the very first explanatory pamphlet on braille notation, entitled A Key to the Braille Alphabet and Musical Notation. In April 1881, the braille magazine Progress was first published by the Association and it soon became very popular. By 1904 twelve magazines were available in

braille.²⁰ In 1914 the School Magazine in braille was also launched.

Experiments were also conducted to improve braille apparatus. The production of these items helped to make braille more popular among the blind.

For several years before Armitage died in 1890 the British and Foreign Blind Association was concerned with the circulation of braille books. Books were sent from the headquarters in London to libraries, schools and other agencies for the blind and then returned to London. Each body paid a guinea a year for the service. In 1898 this policy was changed so that any town which joined in the scheme returned the braille books direct to the Association. In this way the personal choice of every reader could be taken into account. In the 19th century, public money was sometimes used to provide braille materials. Progressive municipalities occasionally made donations to the British and Foreign Blind Association and other voluntary organisations for the provision of books in braille. However, most braille literature was provided by voluntary organisations and by philanthropic effort.

In the early 20th century, braille provided some early opportunities for cooperation between statutory and voluntary bodies. Several municipal free libraries and a smaller number of local authorities subscribed to voluntary agencies who were willing to help their blind readers. The Braille Book Society was established to produce books and to give them to schools and free libraries. It also offered manuscript books to libraries at a low rate. The Society was keen to

supply books to municipal libraries and had a good working relationship with Brighton, Bradford and Leeds. The British and Foreign Blind Association operated a similar scheme. For example, the Nottingham Corporation Free Library was a subscriber to the Association in 1901. The Association usually sold the books it produced, at less than the cost price. However, the Association also considered requests for free books, either to poor blind readers or to lending libraries. In 1911 1,200 free braille books were given to the lending libraries.²¹ This practice was encouraged when the Postmaster General reduced the postage on braille literature. This concession was gradually increased. In this way, the blind had greater opportunities to exchange books, parcels and letters and to receive special apparatus through the post.

By 1900 the war of the dots had been won decisively by braille, although moon was still in limited use. At that time there was an urgent need for braille class books 'suitable for higher education' and other standard literature. So Barnard, the headmaster of Worcester College for the Blind, stereotyped a collection of class books. By 1906 three were in use and they were soon being used throughout the world.²² Also in 1906 a committee of the British and Foreign Blind Association introduced a new code of rules for the reading and writing of braille. The new rules were adopted in schools for the blind. Subsequently in a pioneering period between 1918 and 1945 a large amount of braille was done and this greatly extended the variety of reading available to the blind.

The adaptations of braille to non-European languages

In the 1870's the earliest adaptations of braille to non-European languages started to appear. Mackenzie notes that an Arabic braille was in existence in 1878.²³ A Peking braille appeared at about the same time. In the 1890's braille systems were also devised for North India and South India. Oriental braille (for all oriental languages), Nilkantrai braille for Marathi, Gujarati and Hindi (West India), Marathi braille (Poona) and Shah braille (Bengal) appeared at about the turn of the century. In the early years of the 20th century mission workers were also producing new adaptations for the Chinese language. Other languages were soon adapted to braille. These included Burmese, Persian, Korean, Turkish, Sinhalese and Armenian. A Japanese adaptation had already appeared in 1887. Numerous lesser known languages were also adapted to braille and some of these didnot even possess a visual script. The independent missionary organisations of the United States and Europe were mainly responsible for pioneering braille in Africa and Asia. In these continents blind children were placed in missionary compounds and these were forged into pioneer schools for the blind. Braille was quickly adaptated to the local language so that systematic education could start.

The famous War of the Dots

In the United States there were two major problems for braille. First there was competition from embossed letter systems such as Boston Line Letter and Moon. Second, there was a long civil war

between the varied adaptations of braille. Some Americans used the French arrangement of braille. This French version of braille was bulkier than the American adaptations of braille, but achieved uniformity with most of Europe and Britain. Other people used American Braille, which was designed by Joel W. Smith to be a modified form of the original French system. In this system, the most frequent letters were given the fewest number of dots. American Braille made it easier to write by hand. William Bell Wait devised New York Point. This was a more radical departure. It involved making the braille domino cell horizontal and not vertical, two dots high and from one to four dots in width. This depended on the width of the letter being represented. New York Point could be read quickly and reduced the space that was used. However, punctuation marks were not used very often. This is because the method of forming hyphens, capitals and apostrophes was very cumbersome. Despite these limitations the American Association of Instructors of the Blind formally recognised New York Point in 1871. This meant that there were three separate systems in one nation. Text books and Bibles had to be reproduced in the three scripts and blind persons using the different systems were unable to communicate with one another. The protracted conflict between the three soon became known as the War of the Dots. This unsatisfactory state of affairs persisted for over thirty years. After much work in committees it was finally decided in 1918 to adopt a revised form of the original French system. This was called Revised Grade 1½ Braille. In this way

unity was secured between the United States and Europe. However, there was still a difference between Revised Grade 1½ Braille and the Grade Two system used in Britain, which was more heavily contracted. New committees were formed and fresh discussions took place. One frustrated speaker at a national convention was even moved to say:

'If anyone invents a new system of printing for the blind, shoot him on the spot.'²⁴

However, it was not until 1932 that an agreement was reached between the United States and Britain. In essence a compromise was reached which strongly favoured the English version of braille. This established Standard English Braille Grade Two as the contracted version of braille for daily use in the English speaking world. For this reason the 1930's can be seen as a watershed in the history of braille. After a hundred years of discord a uniform braille system was in general use in English speaking countries. This standardisation in braille was accompanied by a number of technological developments. Frank H. Hall invented the first mechanical Braillewriter in 1892. The Braillewriter encouraged the use of braille and helped to eliminate line type. Also in the 1890's Hall invented the Sterograph. This was used to emboss the zinc plates which were used in the manufacture of press braille. With the aid of these and other devices, braille was free to develop to its full potential.

The contribution of the Royal National Institute for the Blind to the production of braille

Throughout the 20th century the Royal National Institute for the Blind has improved the production of braille. In 1904 it introduced

some improved machinery for braille production. This machinery included three electrically driven presses. Steam heated drying of braille paper was introduced. A new book binding department was also established. Therefore there was a substantial increase in book production. In 1911 electrically operated stereotyping machines were introduced to replace the punch and hammer in the manufacture of printing plates. In 1930 a high speed rotary press was also acquired. These machines helped to increase the production of braille, but compared with letterpress the production of braille has always been slow and expensive. Braille was still bulky and the Bible, for example, took up seven feet of shelf space. It was also not very durable because it had to be embossed onto thick paper which could take the hollow dots. Over time these dots became flattened with use. However, after several years of experiments, solid dot was introduced. This was a new way of printing braille which involved placing and heat-sealing solid dots of plastic onto the surface of a thin piece of strong paper. A processing plant was designed for the new process. Solid dot braille reduced the bulk of braille by 45 per cent. The dots do not flatten with use and are uncrushable. Since 1959 the solid dot method has been used to produce an increasing number of the RNIB's braille books and periodicals. From 1968 until 1975 Lord Head was a member of the Executive Council and then Chairman of the RNIB. Between 1975 and 1979 he was President of the RNIB. Lord Head played an important role in increasing the RNIB's braille production and he was instrumental in introducing the RNIB's new computerised

braille system. For several years computers had been used to produce braille. However, in 1978 a more complex system was introduced. This system works in a similar way to computing setting of ordinary print. But it also translates plain type into braille symbols. The RNIB spent over £250,000 on the new system. The introduction of this equipment meant that people who do not know braille can produce books in braille. In the 1970's the RNIB found it difficult to find enough people who are able to transcribe from print into braille. The introduction of the new technology has meant that machines can now do this work. In 1982 the RNIB Autobralle was introduced and this produces the bulk of the RNIB's braille output. This unique British invention will allow the Institute to produce braille faster than ever before. Volunteer transcribers are still used to transcribe academic books for the Students' Braille Library, which was founded in 1920. At present this has 16,000 titles.

Today the provision of braille literature is a national service because it is too large in scope to be undertaken by local organisations for the blind. In the 1980's the RNIB is the largest braille publishing house in the British Commonwealth and one of the largest in the world. It spends over £1 million a year on braille and braille books and periodicals are sold to the blind at subsidised rates. Approximately 28 braille magazines, newspapers and periodicals are produced. These include the World Digest, the National Braille Mail and a Braille News Summary which is especially designed for the 3,000 deaf-blind in Britain. The most popular braille magazine is the Radio Times.

Over 5,000 copies are transcribed and sent out every week. There are also approximately 1,300 braille subscribers to the journal The New Beacon. The RNIB also offers a personal short document service which is free of charge. The RNIB will put into braille lists of telephone numbers, gardening articles, knitting patterns, recipes, minutes of local committees and so on. Every blind person who uses this service is allowed up to ten copies of an item and there is a limit of 3,000 words in a month. In this way a large number of people can benefit from the service.

The Publications Board of Directors at the RNIB is responsible for the machinery of production in braille and moon. The Publications Selections Sub-Committee approves the production of publications. Donald Bell is responsible for selecting a lot of the material which is published in braille. Bell finds it a very difficult job to select material for publication and inevitably this will be a tiny fraction of what is available in print. To illustrate this, in Britain in 1982 there were 129 daily papers, 13 Sunday papers, 1,041 other newspapers, 5,175 periodicals and magazines and 1,742 annuals. Yet the RNIB only publish approximately 28 periodicals in braille. Today the RNIB does make a strong attempt to give the blind a wide variety of material in braille. For example, the RNIB publishes an intellectual monthly braille magazine and this has material taken by Bell from the New Statesman, Spectator, Encounter and various Sunday magazines.

The work of the National Library for the Blind

In 1882 a blind woman Miss Martha Arnold established a lending

library of embossed books at Hampstead. The library consisted of fifty books in a spare room and Miss Arnold was helped in her work by her friend Miss Howden. At that time the library's readers were those lucky enough to live near Miss Arnold. In the 1890's the British and Foreign Blind Association did consider forming the National Lending Library of Braille Books. With this in view it presented petitions to some City Companies. However, the idea was later abandoned because such a library would have overlapped with the work of Miss Arnold. Since that time, the two organisations have cooperated in providing braille books for the blind. In the 1890's and the early years of this century Miss Arnold's Lending Library grew in size and scope and became the National Library for the Blind.²⁵

Miss Arnold is a classic example of how the blind have played a major part in the development of blind welfare. She was a pioneer in the development of library services for the blind. However, her interests were not confined to her library. In evidence before the Departmental Committee of 1914-17 she and the principal of the Royal Normal College asked for a greater degree of public responsibility for the education of the blind. She and other people helped to influence the thinking of the Departmental Committee. Consequently, the Departmental Committee's Report of 1917 called for the more active intervention of the state in blind welfare and for the development of higher education for the blind.²⁶

In the First World War the National Library received considerable help from the Carnegie United Kingdom Trust which housed it in new

buildings in Tufton Street in Westminster. In 1917 the National Institute for the Blind agreed to present to the National Library thirty copies of all the fiction it produced, one copy of all reference books, five copies of other literature and up to five copies of all newspapers and magazines. This arrangement lasted for ten years. In 1927 a new arrangement was introduced and the National Institute sold books to the National Library at one third of the published price. Several years later the flooding of the Thames caused great damage in Westminster and many of the National Library's braille books were damaged beyond repair. The National Institute was able to make good some of this loss by some gifts from its collection of braille books. With the help of the Carnegie United Kingdom Trust and the National Institute the library was able to become a national organisation with a large collection of books. By 1930 it had a collection of 150,000 braille books.²⁷

In the inter-war period the circulation of the National Library's books reached a high level. This was because postal concessions were increasingly generous and because the loan of books was free of charge to blind readers. In 1937-38 the National Library had a circulation of 345,868 books and employed 115 blind copyists and used 600 trained voluntary braille writers. It had a headquarters in London and another branch in Manchester to serve the north.

Today, the National Library for the Blind is the main source of braille literature in Britain. With 35,000 titles the Library is the largest collection of braille literature on one site in the English

speaking world. In 1983-84 the total circulation of books was 223, 510 volumes. To put it in another way, just under a thousand books were received and dispatched each day. The library is run as a postal service and provides as nearly as possible what the local public library service does for the general sighted population. The Post Office offers a free post facility to the blind and without this concession the library probably could not continue. The readership is spread throughout the world and most of them are native English speakers. Over 80 per cent of the readers live in the United Kingdom and Ireland. The others live in Europe, Africa and North and South America. A few live in Australasia and fewer still in China and the Soviet Union. Most of the readers overseas are teachers and students of English language and literature. Most of the books are in braille, although there is also an important collection of books in moon and large print. For 20 years the large print books have been produced by the Ulverscroft Press and several other companies. Allan Leach, the Director-General of the library, points out that the library also provides many large print titles

'whose potential readership is far smaller than would warrant the cost of type setting. These are made by photographic enlargement from suitable originals.'²⁸

This series is called the Austin Books in honour of the woman who built the library into a national body.

The National Library also transcribes books into braille. Since the library was established in 1882 hundreds of volunteer transcribers have been trained. In 1985 the library had approximately 120 of these

transcribers and their work is vital because the selection of braille books available to the blind has never been good. For many years the voluntary transcribers have produced just over half of the library's new titles. The library obtains its other books from the RNIB and the Scottish Braille Press and from some other smaller sources. The library produces its own supply of literature in interlined braille. The wide line spacing of interlined braille is essential for many readers.

The manual production of braille books is time consuming. It means that only small editions can be produced. Between one and six copies are made. The first copy is used by a copyist to make all the subsequent copies and so it takes the same time to produce every copy. The fact that the first copy has to be used in this way delays the entry of the book into circulation. Some books are also lost in the post. These are replaced either by a transcriber working from the original print copy or by a copyist using another braille copy. In recent years the library has also encountered other problems. Its move from London to the Manchester area in 1978 to avoid London's high costs for office space effected the production level of braille books. For example, 348 titles were produced in 1975. But in 1984 only 175 titles were produced. Whether it is measured in titles produced or probably more fairly in braille volumes, the library is today still only working at just over half the production level usually achieved before 1978. There are two main reasons for the fall in production. First of all there was a loss of trained staff when the library left London. Today

the library only has a quarter of the trained staff it requires. Secondly there are limitations of space in the new headquarters. Although this building is specially adapted it only has a single floor.

In an attempt to overcome these problems the library has recently introduced a computerised means of production. This was first considered in 1982. Early in 1983 the library commissioned a survey and report from Dr John Gill of the Research Unit for the Blind at Brunel University. The council of the library accepted Gill's recommendations and in 1984 he supervised the installation of the new braille transcription equipment. It has been in service since September 1984 and in October 1985 the National Library launched its first batch of computer produced books. Allan Leach hopes that within three years the library will be adding 500 titles a year to its stock. These titles will come from several sources: New titles will be produced by using the computer and manual transcription. In addition, new titles will be obtained from overseas libraries. Leach hopes to produce 200 computer produced books a year.

The computerised production of braille has several stages. The text of each book is typed at one of four keyboard terminals. Each terminal has full word processing facilities. The text is translated by the Dotsys braille translation programme and then embossed. This is done by a Braillo 270 high speed computer controlled braille embosser. In addition, voluntary home transcribers each use a micro-computer to type from books. Their work is then posted to the library on cassettes. This text can then be fed into the system. The home

transcribers have to be good copy typists but are not required to learn braille. They are the National Library's next generation of volunteers. The translation of the text into braille symbols is by the same computer programme, irrespective of what source the text comes from. The task of typing the text of a book is not much quicker than transcribing the text into braille. Proof reading is still done in the normal way. However, in computerised production all the later stages are very different to the old system. After the first copy of a book has been proof read each subsequent book can be embossed in seven minutes. The master copy is electronically stored and so all the copies include all the corrections to the first copy. The first copy of a book can be put directly into circulation. If it is lost then it can be easily replaced and if demand exceeds supply, then further copies can soon be made. The whole process is a good example of how modern technology is being used to serve the blind.

The great strength of the National Library is the simplicity with which it can be used. It is remarkably free of rules, formalities and restrictions. No limit is placed on the number of books a blind person can borrow at any one time and the books can be kept for any length of time. The turn over of books is rapid and many blind people receive their new books by return of post.

In recent years, braille has been falling in popularity and several years ago there was a sharp fall in the number of braille readers using the National Library. However, the number of regular braille readers at the library is now holding steadily. The members of staff of the

library would like to encourage new readers of braille. Therefore the library has produced books in larger, or jumbo dot braille. Jumbo dot braille is limited in application but is easy to feel for the new reader. In 1985 over twenty titles in this format were in stock and the library is hoping to steadily increase that number.

The National Library also has a number of other less well known services. The two ways books are a popular line. These have print and braille side by side so that a child can read with his blind parent. In 1985 the library had over 100 two ways titles. The library is also the standard source of reference for blind musicians. The library has most of the thousands of pieces of sheet music which have been produced by braille publishers in Britain. At the request of the Disabled Living Foundation, the library has also recently started to enlarge sheet music for the partially sighted. The library's services for blind parents, blind musicians, moon readers and the partially sighted, deserve to be more widely known.

The work of braille transcription units in prisons

Today braille transcription units in prisons are an unusual source of supply of braille. Ivor Rickard is a prison officer at Aylesbury Prison and he has been one of the pioneers in setting up these units.²⁹ In 1970 he discovered that the then Governor R. Attral wanted to teach prisoners braille so that they could transcribe braille books. Rickard started to learn braille and obtained the only two qualifications, the City and Guilds and the RNIB certificates. Since January 1973 he has trained hundreds of young prisoners to transcribe

braille. This training lasts for 14 weeks and a City and Guilds qualification is also offered. Today the unit consists of between 15 and 20 skilled men and they produce 13,000 sheets of original braille a year. Most of the work is done for local education authorities and some is done for the special schools and private individuals. Many blind children are now educated in ordinary schools and there is an increasing need to have text books transcribed into braille. The prisoners provide this service and also support braille teachers in their work. Miss Peggy Marks, the Principal of Chorleywood College for blind girls in Hertfordshire, has enjoyed a long working relationship with the unit. For example, many of the braille geography text books at Chorleywood dated from the 1930's and were not suitable teaching material. The unit has updated these text books and now geography can be taught properly at Chorleywood. The unit has also helped older blind children to learn braille. Most readers in braille are intended for the six and seven year old age groups and the unit has brailled a series of books called The Roy Books which have been designed to make learning braille more interesting for older children. In recognition of his work, Ivor Rickard was awarded the 1985 David Scott Blackhall Memorial Award, which is named after the blind person who was the first presenter of the BBC radio programme In Touch.

Rickard has inspired other prisons to establish braille units. Today two prisons, Wakefield and Aylesbury, have an official arrangement through the Home Office and liaise with the Customer Liaison Unit of the Royal National Institute for the Blind. Similar work is carried

out in some other prisons including Maidstone, Perth and Edinburgh. There are some other smaller groups and individual transcribers in other prisons. These prisons have a less formal arrangement and will transcribe braille material on request. However, prisoners have sometimes found that there is only a small demand for their work and local social services departments have sometimes told them that there is not the work there for them. However, it is more likely that blind people do not know that this valuable service exists. Individual blind people who want material transcribed into braille should contact the Customer Liaison Unit of the RNIB. This unit helps to coordinate the work being done in the prisons. Alternatively blind people should approach the Education Officer of a local prison. In future, local social services departments could do more to inform blind people about the existence of these units.

Henry's international survey of braille music

John Henry is a blind harpsicordist who has recently written an international survey of braille music.³⁰ Henry was encouraged to write this survey because there was a lack of harpsichord repertoire braille and it was clear to him that other blind musicians were experiencing similar problems. Most of the braille music which is available was brailled between 1910 and 1945 and these editions are now out of date. In terms of quality and quantity, braille music is very limited. This is because the practice of using unedited authentic texts from the most original sources, or ur-texts as they are called, had only become acceptable after the Second World War. Henry also

found that there was little international cooperation and exchange of information, so that there was no way of knowing what braille music was available in other countries.

Between 1980 and 1983 Henry examined the whole problem of braille music and contacted organisations for the blind in over 40 countries to discover what music they had in braille. His survey is a reference book and not a catalogue, since this would have been constantly out of date. The first main section is an alphabetical list of countries and this gives details of the texts that are available and how they can be obtained. The second section is an alphabetical list of musical instruments and states where the braille music for them can be found. The most popular instruments for the blind are keyboard and voice and so he discusses these in depth. Henry would like to encourage the development of braille music and so the survey also contains a number of important policy proposals. These proposals advocate an international conference on braille music and the establishment of an international computerised braille music catalogue which could be updated at any time. A committee of users would be responsible for the catalogue, identify urgent needs and maintain international liaison. Today there is no international braille music authority and international cooperation is minimal. Henry would like more international cooperation so that duplication could be avoided and more braille texts produced instead. Henry's work has had some positive results and he was able to establish an inter-library loan system between the American National Library Service at the Library

of Congress and the National Library for the Blind in Britain. Blind musicians in the United Kingdom will now have access to one of the largest sources of braille music in the world. The survey has also drawn attention to the excellent braille music libraries in Amsterdam and Lipzig which are little known in Britain. European Music Year was held in 1985 and this helped to stimulate some interest in Henry's policy proposals. However, in the future there should be much more international cooperation.

The issue of braille literacy

Braille is a primary medium for those people who cannot use the printed word and who need to develop a good standard of literacy. In the 1980's there has been an increasing interest in braille literacy. The Royal National Institute for the Blind, the Association for the Education and Welfare of the Visually Handicapped, the Partially Sighted Society and numerous individuals have coalesced in a campaign to increase braille literacy among the blind. But a lack of adequate opportunities for learning braille poses a serious threat to standards of braille literacy. Over the past generation, the teaching of braille has been neglected. Above all, there is a lack of modern teaching materials to learn braille and there is a need for much more of this material. The Standard Braille Teaching Primer was written many years ago and is not geared to the modern reader. The words used in it have often dropped out of common usage. These points can be illustrated by an example taken from the first exercise in The Standard Braille Teaching Primer: 'If a fag did chag beef'. This sentence is not

suitable for modern readers because of the practical disappearance of the word chag and the changed meaning of the slang word fag. In lesson two there is no improvement. For example, one sentence states: 'An empire design gilt clock on a gold bracket he is afraid is too ornate'. The word 'adage' is no longer used by many people, but it does occur in one of the first braille Primer exercises. Some sentences in the Primer are very long and complicated. For example, in lesson twenty two one sentence states:

'After much consultation and long deliberation the delegation finally made several recommendations which for the most part sought to increase cooperation among the nations of the world, without the necessity for legislation by the national governments concerned.'

Long exercises like this one are not suitable for those people who are starting to learn braille. Some exercises in the Primer refer to things which are no longer in daily use, such as candles. Here is an example:

'Did you buy the packet of candles? Yes. I have put them on the top of the desk at the office so that you can use them as you want them. But if you do not want them all will you hand me half of them back as they will prove handy for us at home.'

Outdated exercises like this one do not provide a great incentive to learn to read braille and help to explain why blindness and illiteracy are often closely associated together.

The braille learning material that does exist is not suited to an adult learner with poor language skills. There are no adult readers in braille with an adult content and a limited vocabulary which can be used to teach braille. In addition, the teaching of braille is oriented to the teaching of the braille code. For example, a blind

person will first learn the letters A to J. This is not the simplest method of teaching someone who is acquiring language skills. There is also no material which is designed specifically for the needs of the newly literate in braille.

Today it is widely recognised that the material available to teach braille to adults is inadequate. In 1983, for example, the representatives at a conference agreed that the adult provision was in a 'really parlous state'.³¹ The RNIB, Technical Officers, colleges of further education and volunteers can all help to increase braille literacy among the blind.

Over the next five years the RNIB will pay particular attention to braille literacy and it is also keen to update the image of braille teaching books. Therefore the Institute is commissioning new teaching books and practice materials. People working in the field were invited to send an outline of a new course to the RNIB by December 1984. The submissions are being reviewed by members of the RNIB's Braille Literacy Working Party. The Braille Editor Tom Maley, who is also the Chairman of the Working Party, is making a number of recommendations to the RNIB for the publication of a new braille course. This new course could then be used in the teaching of braille to the blind. Different sets of learning material is being written for different types of person. For example, one of the sets will be geared specifically for the adult learner of braille. This is a welcome development. The RNIB is giving braille literacy a high priority and the development of braille teaching materials is one of the

thirty three projects recently approved in the RNIB's new development programme.³² A full time Braille Development Officer will be appointed to work on the production and promotion of improved braille teaching materials. John Stephenson notes that the braille course will be

'designed for those visually-impaired literacy students for whom braille competence is the doorway to basic literacy tuition.'³³

Social workers are in a good position to teach braille to blind people. However, social workers are often faced with large case-loads and so do not have the time to teach braille. In some areas Technical Officers are not available and so many blind people receive no assistance in learning braille. Technical Officers are often inadequately trained to teach braille to blind adults and in future Technical Officers should learn more about the practice of braille teaching. Teaching material is in short supply. In future more resources should be produced for teachers of braille. A teachers' kit should be introduced. This kit would include a manual for teachers and material in braille and print and on tape.

In future, the teaching of braille in colleges of further education should be expanded. There has been a successful evening class in braille in one college and some other colleges also offer courses in braille. These courses would complement any programme of individual teaching. Evening classes would help the families of blind people to understand braille. Today there is only a small number of voluntary helpers who are trained to teach braille to newly blinded

adults and their relatives. More volunteers should be recruited to teach braille. Volunteers could learn braille at evening classes and then teach braille to blind people in the community.

Joan Shields, the Deaf-Blind Services Advisor to the RNIB, has some useful suggestions. She believes that in future more braille material should become available for those people with poor literacy skills and low language. Books of this kind would encourage people to learn and use braille. The RNIB has responded to this and eight books have been produced in Grade Two braille for deaf-blind readers. However, Shields believes that there is a need for titles both in Grade One and Grade Two braille. Shields would prefer these books to be short so that they can maintain the interest of the reader.³⁴

Blind people themselves have some valuable suggestions about how the teaching of braille should develop. For example, in the early 1980's the editors of The Inter-Regional Review sent a questionnaire to some of their readers concerning the teaching of braille to adults and some of the answers were very revealing. The questionnaire was part of the research being undertaken by the Association for the Education and Welfare of the Visually Handicapped Working Party on the teaching of braille. Most of the respondents wanted an updated version of the Primer and the use of more modern and stimulating reading material. Many people felt that the lessons in the Primer could be clearer and more concise. In particular many people believed that the lessons in the Primer on the lower signs were not clear and not precise. Monique Raffray, who is a member of the

Working Party, has summarised some of the other important suggestions contained in the replies:

'The content of the lessons should be more evenly balanced than it is in the Primer; and there should be more reading material and more exercises after lesson 22 (or its new equivalent), to consolidate what has been learnt. It must be ensured that the quality of the braille used in the instruction book and readers is itself of a uniformly high standard, which is not the case at present. The Primer is excellent as a reference book for transcribers, but it is not geared to the requirements of the ordinary beginner. ¹³⁵

Jumbo dots often help a beginner to understand the braille code. Some respondents thought that more jumbo dot braille should be produced and that there should be hand outs of jumbo dot braille and ordinary braille. Some people wanted more braille books to be published in Grade Two braille. These books would be short and contain simple language. They could be used in bridging the gap between learning braille and reading braille library books. Some people believed that more could be done to help people who have residual vision. Large print dictionaries of braille signs could be produced. In addition, the greater use of colour in books and in other aids would help those with some sight to understand braille. Some people also believed that sighted members of the family, volunteers and friends should be more actively involved in helping a new learner of braille. There were calls for printed versions of keys to exercises, instructions and reading material. Sighted people could use this material to help the blind person.

Many people who responded to the questionnaire thought that the methods of teaching braille should be adapted to the needs of

particular individuals. This is very important if the blind person is elderly. Monique Raffray observes that a 97 year old woman successfully learnt braille after only twelve lessons by using a particular method:

'The method used, once she had mastered the alphabet, was to braille out a poem she knew well (Shelley's Ode to the West Wind) gradually incorporating contractions into each version. '36

All these suggestions could be taken up and used in a new comprehensive policy for the teaching of braille. Large numbers of the blind are elderly or have residual vision and the suggestions about teaching braille to these people are especially important.

Today, modern technology poses a serious threat to standards of braille literacy and braille is in real danger of being relegated to the position of a secondary medium. Electronic devices and the recorded media are taking the place of braille and this helps to explain why the number of braille readers is steadily declining. Of course other channels of information do make a valuable contribution to the blind.³⁷ The Optacon, closed circuit television and the Stereotoner enable the blind to read ordinary print. However, this equipment has a number of disadvantages. The Optacon, closed circuit television and the Stereotoner are very expensive and sometimes take up a large amount of room. The recorded media enable the blind to communicate with ease. A large amount of information can be contained on a tape and tapes can be stored and distributed easily. However, the recorded media also has a number of disadvantages for the blind. An individual's reading rate is dictated by the speed of oral speech.

But a good braille reader can decide his own reading rate. In some academic subjects, braille is indispensable and these subjects include several of the sciences, mathematics and foreign languages in which more than pronunciation is stressed. Braille will continue to be the only popular method of writing and reading for the blind, because only by using braille are the blind able to study written material in detail.

In the United States, the blind are becoming increasingly concerned about the low priority being given to the teaching and the manufacture of braille.³⁸ The Braille Revival League has been established to reverse this trend. The members of the League believe that braille helps to make the blind literate. In this way, braille improves the quality of life of those people who use it and gives them a sense of independence. The League has a number of policy proposals. The members of the League would like to see the development of a new viewpoint about braille. They do not want it to be seen as a tool of last resort. The League would like the library services to examine ways in which they can enhance the use and development of braille. The National Library Service for the Blind and the Physically Handicapped of the Library of Congress is the main body for distributing braille and it has been asked by the League to increase the number of braille books. The League would also like teachers of the blind to broaden their emphasis on tactile recognition. For example, in future, more teachers could teach their pupils how to read maps with the aid of braille. The Braille Revival League is a good pressure group for braille readers in the United States. A

similar organisation does not exist in the United Kingdom and there have been calls for one to be created.

In Britain people believe that the demand for braille is falling because there is not enough publicity which emphasises the value of braille in daily living. The right kind of publicity could encourage more people to learn and teach braille. Exhibitions could be held at local public libraries and at other public places and these exhibitions could show how braille can be used to label a variety of household articles including containers, medicine bottles, games and tapes. Braille books on domestic subjects including gardening and cookery could also be shown.

Many people believe that it is desirable that the use of braille should continue because it increases the personal independence of the blind. A braille reader can write simple notes or take down telephone numbers. He can label tins, jars, boxes and other containers for his own use. He is not dependent on the recorded media or on sighted readers. Braille, the recorded media and the recent technological innovations are integral tools in the struggle of the blind to become fully integrated into society.

The contribution of tactile signs, braille symbols and touch maps

Tactile signs, braille symbols and touch maps also help the blind to become integrated and independent members of society. Tactile signs have a long history and have been used in Birmingham since the turn of the century. The earliest signs were installed in Edgbaston and take the form of a cast iron cross. The arms of each

cross carry raised letters which give the name of a street. Over the years more raised letter signs have been introduced in Birmingham. They are a reliable source of information for the blind and encourage their mobility and independence. In 1984 the Birmingham Royal Institution for the Blind provided financial support for signs to be installed at the modern Birmingham New Street railway station. The station poses special problems for the blind. It has 23 platforms and these are reached by short passages radiating from a central dispersal bridge. A blind person can easily get lost on the station. Raised tactile signs have now been installed at strategic positions at each of the 23 points leading off the bridge. The signs also carry braille symbols. If this experiment proves to be successful then signs will be introduced at other stations. In future these signs could be used in conjunction with other new sources of information for blind railway travellers. Walter Thornton believes that some of the possibilities are

'access to oral information, which might be activated in a variety of ways, as demonstrated in recent years in experimental work such as the installation of synthetic voice systems, activated by infra-red signals, modifications of Elsie, the talking bus stop system, among others.'³⁹

Touch maps have also been introduced into several parts of Britain. For example, the Greater London Council's Arts and Recreation Committee has introduced a new map and sign posting system into Dulwich Park to mark the centenary of the park. This includes a specially designed tactile map of the park. In Hampshire, tourist officer Mark Smith and a former geography student have devised

together a special tactile map of Winchester city centre. A mounted version of the map is now used at the tourist information centre in Winchester and a portable version is also available. The original artwork for the map only cost £120. It is clear that in future, more use should be made of tactile signs, braille symbols and tactile maps. Winchester was the first city in Britain to have a tactile map for the benefit of the blind and this policy could be considerably expanded. In Britain there are approximately 500 tourist information centres and each of these could have a tactile map. In addition, more lifts in public buildings in Britain should be labelled with braille signs. In the United States braille signs are now required by Federal law to the right of button numbers in public lifts.

The contribution of moon

Moon is an embossed type based on the printed Roman capital and is a series of large dots and raised bars.⁴⁰ William Moon wanted his moon system to have a universal application and appeal. But it was rapidly supplanted by braille, which is the more workable and adaptable system. For many years it was believed that moon would decline and no longer be used and today moon is not widely known outside of blind welfare. However, moon is still a viable system for a significant minority of the blind. For example, in 1980 approximately 600 of the National Library for the Blind's elderly members still used moon and this represented approximately 10 per cent of the membership of the National Library. Ann Shaw explains the advantage of moon:

'Most blind people are elderly and most become blind late in life. It is here that braille's greatest drawback is felt, Braille can be difficult. To elderly people who have to face the handicap of blindness, and who are perhaps deaf as well, the learning process does not usually come easily. The learning of braille can seem to them an insurmountable problem and, without an alternative reading system, many would be forced to give up a pleasure that can add so much to their lives. Radio and Talking Books offer alternatives, but not complete substitutes, and to the deaf-blind they can offer little or nothing. Moon gives these readers this second option. '41

Moon is also useful to young mentally handicapped blind people who find braille too difficult to learn. ⁴²

William Moon was partially sighted as a child and was completely blind by the age of 21. In 1847 he invented his type, founded the Moon Society and issued his first booklet. Moon was very religious and had a simple evangelical faith. From 1856 he printed his type with great zeal on an iron Albion press in a small workshop adjoining his home in Brighton. Moon was a diligent worker and between 1847 and 1880 he stereotyped 30,000 plates and manufactured nearly 125,000 books. He also did a lot of work for missionary societies and adapted his system to other languages. By 1880 he had adapted his system to the alphabets of 194 languages. In 1845 Moon's second child, Adelaide Eliza Clara Moon, was born. Miss Moon helped her father in his work and when he died in 1894 she continued to run the Moon Society. She also continued to care for the local blind, which in 1860 had been started by her father. Moon held her in high regard and once said that

'She came to him as God's gift, to carry on the work, when he was gone. '43

Miss Moon died in November 1914 and in accordance with her wishes the Moon Society was taken over and became a branch of the National Institute for the Blind.⁴⁴ In the first year after the Institute assumed responsibility for the production of moon 8,500 books, pamphlets and magazines were produced. In 1924 the first weekly newspaper in moon was introduced. At the time the Daily Telegraph referred to this as the smallest newspaper in the world. For several years a supplement was issued for moon readers in the United States. Since 1924 other periodicals in moon have been published. The Light of the Moon was a monthly magazine for those who had just started to read moon. The Moon Messenger was a monthly religious magazine. The Moon Rainbow was published for the deaf-blind. In 1937 a number of carefully chosen contractions were introduced to save space, although a large amount of material was still published in uncontracted moon. Full production of moon was interrupted in the Second World War, although it was resumed shortly afterwards. Today the Moon Branch of the Royal National Institute for the Blind is the only publisher of moon in Britain.⁴⁵ However, since the Second World War, the production of moon books has increased. For example, in 1957 the RNIB produced nearly 57,000 books, magazines and pamphlets in moon. By 1969 this figure had risen to 81,965 items.⁴⁶ In 1981 the RNIB issued 53,000 items in moon. Each year between twenty and thirty books and approximately 50 short stories are published in moon. Currently, seven magazines are also published in moon. These include a newspaper and Diane, which is a woman's magazine. In addition,

the National Library for the Blind acquires all the moon titles published by the RNIB's Moon Branch at Reigate. This ensures that the blind will receive any new titles quickly and efficiently. In 1985 the National Library had approximately 1,500 fiction titles and 1,000 non fiction titles in moon. Today the National Library is the ultimate reference point for moon literature.

The average age of the readers of moon at the National Library is between 65 and 70. Over half of these are women, since women tend to live longer than men. Moon readers tend to have a number of specific reading tastes. Like many sighted elderly people they prefer the classics and older fiction to the newer popular novels. In non fiction there is also a more limited demand by moon readers. This is in stark contrast to the braille readership. There are approximately six thousand members of the National Library who read braille. They cover a wide range of age groups and there is a constant demand for books covering a wide variety of subjects.

Today there is a real need for a wider range of titles in moon which are well suited to the older reader. This would help the existing readers to become more literate and would encourage more elderly blind people to read moon. In particular, there is a need for more short books, collections of short stories and books of light fiction in moon. More books should be produced in Grade One moon and in a half size format. These small books are quite popular with moon readers since they are light and easy to handle. Older blind people with arthritis or weak fingers find them very useful. They

can also be easily stored in an elderly blind persons's small home.

The National Library's production department today can easily produce braille copies of both newer and older titles. This can be done independently of the publishing houses. However, moon is a factory product and the library finds it more difficult to directly produce books in moon. So in the future the RNIB's Moon Branch should produce more books in moon.

Some elderly deaf-blind people read moon and little is known about their reading tastes. But Joan Shields, the Deaf-Blind Services Advisor to the Royal National Institute for the Blind, recently questioned several deaf-blind people about how the moon service could be improved. She reported that:

'The old problem remains that it is difficult to improve a service with no first-hand feedback. Too few deaf-blind moon readers can type or write legibly. Those I was able to question, usually said they were very satisfied with the books and magazines they had. However, most of those who enjoyed reading and had little else to do but read - remember they cannot listen to radio or watch T. V. and are often chairbound for much of the day - wanted more News ... Social Welfare Officers for the Deaf wanted more material in simple language for those who found reading difficult ... The provision of moon print is expensive but there would seem to be a need to produce at least one magazine particularly for the born deaf, who would require a limited vocabulary and simple sentences to give them reading practice and to extend their ability. Such a magazine would have to be specially for them and not culled from existing material.¹⁴⁷

In general it is quite easy for the elderly blind and the elderly deaf-blind to learn moon, but in future some changes should be introduced. There should be more differentiation between some signs and letters, such as the exclamation mark and the letter I and the sign for the hyphen and the letter T.

A history and a critique of the British Talking Book Service

The British Talking Book Service for the Blind began as a modest experiment. According to the annual report of the National Institute for the Blind for 1936, it was decided, in conjunction with St Dunstan's,

'to produce Talking Book machines and records on a large scale experimental basis for a period of two years from 1st August, 1935 and to continue research into the development of Talking Books of the gramophone disc pattern or otherwise. '48

In 1936 the 369 subscribers had a choice of just 55 titles, of which 31 had been recorded in the United States and 24 in Britain. Talking books were being despatched by post at the rate of 50 every week and a total of 1,419 books had been circulated. New titles were being produced at a rate of two a month. Each title was transcribed on to long playing records and gramophones with a playing speed of 24 rpm were used.

This experiment proved to be an immediate success, although before the Second World War only a small number of blind people could afford to purchase a gramophone and the long playing records were bulky and could only be produced slowly. The solution was the tape recorded book and a new arrangement for the blind to hire rather than buy a playback machine. In December 1960 disc machines began to be replaced by the Mark I multi-track tape talking book, which was created especially for the blind. This machine was far more compact than the gramophone records and has been used by the blind in 13 countries. The use of tape meant that methods of production could be more flexible. The tape could take a maximum of twenty hours of

information. The introduction of this new and simpler equipment encouraged more people to join the Talking Book Library and between 1960 and 1968 the membership increased from 7,000 to over 25,000. In 1967 a new streamlined talking book, the Mark IV, was introduced. This had a smaller playback machine which included a high speed indexing facility. This allowed the blind person to find a place on the tape without difficulty and was especially useful to students. By 1969 the library had a collection of over 1,200 titles and new titles were being produced at the rate of 250 a year.

Today the Talking Book library is the most widely used and probably the best known of the RNIB's many services.⁴⁹ In 1985 the Golden Jubilee of the service was celebrated on White Cane Day, October 15. On that day Barbara Cartland, the novelist, welcomed the 60,000th member of the library. The service is now a £1½ million a year operation with a staff of 82 people and approximately 5,500 books are on tape. Approximately 50,000 books are distributed a week. Ten new titles are added a week to the library, which is about 500 a year. In the next few years this will be increased to at least 600 a year by using titles that have been recorded by other services. Today the average person reads three books a month and people on average have a book for 10 days. But there is a large variation. One member of the library Mrs Hunter reads probably six or seven books a week, which is exceptional. Approximately 3,500 service volunteers are also spread throughout Britain and they maintain the playback machines. In south Birmingham, for example, there are 23 service volunteers

and they service approximately 400 blind members, which is about 20 each. The majority of the volunteers are men and all of them have a technical background. The service requires more volunteers, especially in London. The talking book service is not a patronising service which is run by the sighted. The talking book library is overseen by a committee and well over half of the committee is blind. Two thirds of the new titles are chosen by a committee and this represents the interests involved. The remaining third of the titles are chosen on the basis of requests and recommendations from the blind consumers. The talking book library is not an academic but a popular library and so popular tastes are the major consideration. Censorship of material by the RNIB is avoided at all costs. Today talking books are a durable method of providing literature which does not need sensitive fingers or the use of one's eyes. Many elderly blind people do not have sensitive fingers and so find it difficult to learn braille. So the talking book literally keeps many elderly blind people with the ability to read.

The RNIB recognises the value of talking books to the elderly blind and has allocated funds for the development of the talking book library. The number and range of titles will be increased. The RNIB has recently completed negotiations with other bodies in order to increase the number of titles available and in 1985 a contract was signed between the RNIB and the National Library Service of the United States. This means that the RNIB is now the accredited agent of the Library of Congress in Britain and can therefore import new

titles. The RNIB is also interested in acquiring talking book titles for those for whom English was only a second language. For example, people from Pakistan and India. In addition, the format of the catalogues used in the library will be improved. The talking book library computer will be replaced. The RNIB would also like to gradually expand the membership of the talking book library and so there will be additional promotion of the service in areas of the country where membership is below the national average. The present Clarke and Smith playback equipment has been used by the RNIB for over 15 years and the RNIB is also now considering whether or not to replace this system. In the future, new technology offers some exciting possibilities. Any change will be phased in gradually, so that minimum disruption will be caused to the service. All of these policies are part of the RNIB's development programme for the 1980's.

Despite these plans for expansion, the service does have a number of critics. Blind people have been complaining for years that the number of talking books available is too limited, compared with the service provided in Europe and the United States. In Britain the blind, have to depend on charity for the talking book service. However, in other countries the talking book service is government funded and so a larger number of titles are available. For example, in the United States there is federal funding of 100 per cent for the books provided for the blind through the Library of Congress, and in the Netherlands the voluntary organisation which provides books for blind people receives approximately 95 per cent government funding.

As against the 5,600 titles available in Britain in 1985 there were 10,000 titles available in Sweden in 1983. The government funding of talking books would allow more titles to be produced.

Some blind people have suggested that the British talking book service should be taken over by local library committees because blind people pay rates and should, like sighted people, be entitled to a free library service. This new structure would create a link with the Department of Education and Science, which might have an imaginative and dynamic approach to the development of talking books. Tom Parker, the former General Secretary of the National League of the Blind and Disabled, has also suggested that if the blind did not have to depend on charity for their talking book service

'the RNIB, which spends a million pounds on talking books, could use these resources to fulfill the proper functions of a voluntary agency i. e. research and pioneering of new aids and systems which would become the responsibility of the state once their value and efficiency had been established.'⁵⁰

The Thatcher Government is not likely to implement these proposals, because Mrs Thatcher and her ministers believe that voluntary services should be encouraged in Britain. Ultimately this is a political issue and will be decided by the political parties.

Notes and References

1. See the Louis Braille British Conference on Research into Reading and Listening by Visually Handicapped, Conference report number 66 (South Regional Association for the Blind, London, 1975). The partially sighted can also make use of closed circuit television. In June 1979 the use of closed circuit television began on an experimental basis at the central library of the Royal Borough of Kensington and Chelsea. This experiment was monitored by the Library Association. Since then closed circuit television for the partially sighted has been introduced into public libraries.
2. See Margaret Ford and Thena Heshel, In Touch Aids and Services for Blind and Partially Sighted People (British Broadcasting Corporation, London, various editions). In the next few years Standard English Braille will be reformed. In the next few months the Braille Authority of the United Kingdom (BAUK) will make up its mind about what kind of code revision to present to the 1987 International Conference on English Literary Braille. The Braille Code could be tidied up and augmented by adding many new and efficient contractions; or pruned rigorously of many of its seldom used contractions or kept as it is with perhaps a better chance of unification with the American standard of braille. Risks and benefits accrue whatever course is taken. For a discussion of this most immediate controversy see Tom Maley, 'Braille: the wind of change', The British Journal of Visual Impairment, Volume III, Number 3, Autumn 1985, pages 87-89 and Tom Maley, 'Braille reform - 1', The New Beacon, June 1986, Volume LXX, Number 830, pages 168-172.
3. See Barry Hampshire, Working with Braille: A Study of Braille as a Medium of Communication (The Unesco Press, Paris, 1981). Bauman provides a comprehensive list of the major literature about braille published between 1953 and 1975. See Mary K. Bauman, Blindness, Visual Impairment, Deaf-Blindness Annotated Listing of the Literature, 1953-75 (Temple University Press, Philadelphia, 1976) chapter 27.
4. Braille is produced on a machine called a brailier. Gabriel Farrell provides a history of braille writing machines for the blind. See Paul A. Zahl, Blindness Modern Approaches to the Unseen Environment (Hafner Publishing Company, New York and London, 1963) pages 335-336.
5. See The Second College Edition of Webster's New World Dictionary of the American Language (World Publishing Company, 1970).

6. The American Foundation for the Blind has observed that: 'Braille's system is now in practically universal use throughout the civilized world'. American Foundation for the Blind, Blindness at home and abroad (American Foundation for the Blind, New York, 1956) page 7.
7. J. M. Ritchie, Concerning the Blind (Oliver and Boyd, Edinburgh and London, 1930) page 59.
8. See Louis Harvey Goldish, Braille in the United States: Its Production, Distribution, and Use (American Foundation for the Blind, New York, 1967) page 10.
9. E. R. Scott, The history of the education of the blind prior to 1830 (The College of Teachers of the Blind, London, c 1930) pages 3-4.
10. See Donald Bell, 'Reading by Touch', The Braille Monitor, June 1972, page 295.
11. For and examination of the life and work of Louis Braille see the following: J. M. Ritchie, Concerning the Blind (Oliver and Boyd, Edinburgh and London, 1930) pages 60-63. Two good biographies of Louis Braille are Jean Roblin, The Reading Fingers: Life of Louis Braille, 1809-1852 (American Foundation for the Blind, New York, 1951) and Gary Webster, Journey into Light: The story of Louis Braille (World's Work, Kingswood and London, 1968). Webster's book is reviewed by Bernard D.A. Best in The Teacher of the Blind, July 1968, Volume 56, Number 4, pages 140-141.
12. For a useful discussion of these men and their systems see Gary Webster, Journey into Light: The story of Louis Braille (World's Work, Kingswood and London, 1968).
13. C. Mackenzie, World braille usage (UNESCO, Paris, 1953).
14. Quoted by Mary G. Thomas, The Royal National Institute for the Blind 1868-1956 (Royal National Institute for the Blind, London, 1957) page 15. Armitage supported the use of braille in a book about the blind. See T.R. Armitage, The Education and Employment of the blind: What it has been, is, and ought to be (Harrison and Sons, London, 1886).
15. It took many years for the Bible to appear in braille in some other countries. For example, the Bible was transcribed into Japanese braille in 1926. See Tadasu Yoshimoto, 'The blind of Japan', The New Beacon, January 1957, Volume XLI, Number 479, pages 1-3.
16. Armitage quoted by June Rose, Changing Focus The Development of Blind Welfare in Britain (Hutchinson of London, 1970) pages 22-23.

17. Armitage quoted by June Rose, Changing Focus The Development of Blind Welfare in Britain (Hutchinson of London, 1970) page 25.
18. See J. M. Ritchie, Concerning the Blind (Oliver and Boyd, Edinburgh and London, 1930) page 66.
19. See D. G. Pritchard, Education and the Handicapped 1760-1960 (Routledge and Kegan Paul, London, 1963) page 50.
20. In 1907 the first general interest magazine in braille entitled Matilda Ziegler Magazine was launched in the United States. See The New Beacon, March 1984, Volume LXVIII, Number 803, page 70.
21. See the Annual Report of the British and Foreign Blind Association for 1911.
22. See Donald Bell, (ed.) An Experiment in Education The History of Worcester College for the Blind (Hutchinson of London, 1967) page 36.
23. C. Mackenzie, World braille usage (UNESCO, Paris, 1953).
24. A speaker quoted by Robert B. Irwin, As I Saw It (American Foundation for the Blind, New York, 1955) page 47.
25. Dr W. A. Mumford has written a short history of the National Library for the Blind. See W. A. Mumford, Short History of the National Library for the Blind (London, 1985).
26. For a discussion of the Departmental Committee's proposals see The National League of the Blind, Golden Jubilee Souvenir Brochure (The National League of the Blind, London, 1949) page 13.
27. See J. M. Ritchie, Concerning the Blind (Oliver and Boyd, Edinburgh and London, 1930) page 59.
28. Allan Leach, 'The National Library for the Blind: beginning a second century', The British Journal of Visual Impairment, Volume III, Number 1, Spring 1985, page 11.
29. See Ivor Rickard, 'The Aylesbury Braille Unit', The British Journal of Visual Impairment, Volume II, Number 2, Summer 1984, pages 65-66. Also see Insight, Volume 3, Number 2, Winter 1981, page 53. This work is not confined to Britain and several groups exist in the United States. For example, the Baltimore Braille Association is a group of prisoners who work with the National Library Service for the Blind and Physically Handicapped to manufacture books in braille and repair talking book cassette machines. See 'Overseas News', The New Beacon, July 1980, Volume LXIV, Number 759, page 178.

30. John Henry, Braille music: an International Survey (The National Library for the Blind, 1985).
31. Report of a conference on numeracy and literacy provisions for blind and partially sighted persons (Department of Special Education, University of Birmingham, 27 September 1983) page 16.
32. See Ian W. Bruce, 'RNIB: A development programme', The New Beacon, October 1985, Volume LXIX, Number 822, page 291.
33. John Stephenson, 'Literacy and the visually handicapped', The New Beacon, April 1985, Volume LXIX, Number 816, page 109.
34. Shields made these points in 1983. See the Report of a conference on numeracy and literacy provisions for blind and partially sighted persons (Department of Special Education, University of Birmingham, 27 September 1983) page 16.
35. Monique Raffrey, 'Teaching braille to adults', The Inter-Regional Review, Number 72, Winter 1982/83, page 44.
36. Monique Raffrey, 'Teaching braille to adults', The Inter-Regional Review, Number 72, Winter 1982/83, page 45.
37. See Monique Truquet, 'The blind, from Braille to the present', Impact of science on society, Volume 30, Number 2, April-June 1980, pages 133-141.
38. For example, see Ramona Walhof, 'Braille: A comedy or a tragedy?' The Braille Monitor, May 1982, pages 202-207.
39. Walter Thornton, 'Birmingham', The New Beacon, January 1985, Volume LXIX, Number 813, page 12.
40. Like braille, moon is available in Grade One and Grade Two. However, there is very little difference between the two grades in moon and so most readers use Grade One.
41. Ann Shaw, 'Moon and its readers', The Inter-Regional Review, Summer 1980, Number 67, page 34.
42. For an example of a blind and mentally handicapped moon reader see The Inter-Regional Review, Number 68, Winter 1980/81, pages 41-42.
43. Quoted by C. T. Burt, 'Miss Moon', The New Beacon, March 1957, Volume 51, Number 481, page 54. Burt provides a good biography of Miss Moon.

44. In 1914 the British and Foreign Society became the National Institute for the Blind. Burt has written a history of the Moon Society. See C. T. Burt, The Moon Society: a century of achievement, 1848-1948 (National Institute for the Blind, London, 1948).
45. Tom Brown was manager of the Moon Branch for 47 years, until his retirement in 1985. See The New Beacon, July 1985, Volume LXIX, Number 819, page 203.
46. See Mary G. Thomas, The Royal National Institute for the Blind 1868-1956 (The Royal National Institute for the Blind, London, 1957) page 61 and John C. Colligan, 'A long journey: an account of the Royal National Institute for the Blind, 1868-1968', Blindness (AAWB Annual), 1969, page 37.
47. Letter to The Inter-Regional Review, Number 68, Winter 1980/81, pages 42-43.
48. In the 1920's and the 1930's Ian Fraser of St Dunstan's was a pioneer in the technical development of talking books. See the chapter on St Dunstan's.
49. In 1982 there were 130 tape services for the blind in Britain. The talking book service was the most significant of these services. See Viewpoint, Autumn issue, October/November 1982, page 19.
50. Tom Parker, 'Allowances and services to the blind in EEC countries', The Inter-Regional Review, Number 72, Winter 1982/83, page 28.

CHAPTER FIVEST DUNSTAN'S FOR THE WAR BLINDED:
A HISTORY AND A CRITIQUE

St Dunstan's Association for the War Blinded was established in 1915 in order to help the war blinded in Britain and overseas to regain their independence and since then it has provided an invaluable service to some 6,500 war blinded men and women and their widows and families.¹ In this specialised work it has been helped by the donations of the British public who have generously supported the popular cause of the war blinded. A consequence is that the war blinded are able to enjoy in the words of F. Le Gros Clark

'as near a model system of rehabilitation and after-care as has yet been devised to support the efforts of the disabled in this or any other country.'²

St Dunstan's is, according to a blind ex-servicewoman, 'user-friendly', 'a place in which to feel secure',³ and a paradigm of care to the handicapped and elderly.

For practical reasons blind people are not able to serve in the armed forces.⁴ However, those blinded while on active service or while contributing to the general war effort are eligible for help from St Dunstan's. The term war blinded is an interesting one and broadly refers to three groups. The first group are those who have been directly blinded in military action. The second group include those whose sight has been adversely affected by accidental illness or injury caused by service in the armed services in war or peace time. These individuals will be helped even if the resultant blindness is delayed by

many years. Men from both the World Wars are still being admitted into St Dunstan's and some of these are victims of mustard gas from the First World War. The final group include policemen, air raid wardens, firemen and nurses and other members of the ancillary services who have been blinded in war time or in war-like circumstances. These three groups are covered by the criteria of 'war service'.

The war blinded population come to the attention of St Dunstan's mainly through the work of the Department of Health and Social Security. St Dunstan's also has links with local social services departments, with civilian and military hospitals and with the British Limbless Ex-Service Men's Association, the Royal British Legion and the Far East Prisoners of War Association. Each of these contribute to the referral process. The founders of St Dunstan's treated the definition of war blinded in a simple and straightforward way. What was not anticipated then, and what could only be appreciated later, was that sight could fail many years afterwards when the afflicted person was no longer in uniform. Sophisticated criteria has evolved both to seek out and to rehabilitate different and distinct groups within the war blinded population.

Throughout this century the reserves of St Dunstan's have grown considerably while the number of war blinded has declined. In the spring of 1918 there were just over 600 St Dunstaners. By December 1918 with the effects of the war there were 1,500.⁵ The peak came in 1949 when there were 2,900 St Dunstaners being cared for by the

organisation. By 1959 over 5,000 blinded servicemen had been rehabilitated and 2,500 were still alive, including 1,300 from the First World War and 1,200 from the Second World War. In 1982 there were 1,498 St Dunstaners and in 1985 this number had fallen to 1,305. Of these 120 are veterans of the First World War and 1,185 of the Second World War or later military activity. In 1984-1985 63 members died and only 24 St Dunstaners entered the organisation. There has been an average of 31 admissions in recent years.

Rehabilitation has been the key to the work of St Dunstan's and it has prided itself on the ability to restore self confidence and esteem to those it receives into its care. St Dunstaners have achieved much in physiotherapy, telephony, the law, light engineering and in other professions and trades. They have achieved an ascendancy in many fields originally thought to be unsuitable for the blind. The executive council is the central body with general responsibility for this innovative work. Other bodies have had little influence over the policies of St Dunstan's and so it alone has developed new innovative techniques in the field of rehabilitation. The fact that it is a non-profit making private corporation which has always been entirely supported by voluntary legacies, donations, subscriptions and collections has meant that it has always retained its independence, even when state control and finance have been politically fashionable. Those within the state machine have been content to leave it to its own specialised field of activity and when the National Health Service was formed in the 1940's it was not taken over by central government because William Beveridge

did not want to stifle voluntary activity⁶ and because, on a more narrow administrative pretext, it is not a hospital. St Dunstan's has always occupied a peculiar position in blind welfare. It is both a specialist organisation within general blind welfare and an ex-serviceman's organisation with wider links outside the relatively specialised world of blind welfare. Like the Royal National Institute for the Blind it has the Queen as its Patron, but unlike the RNIB it has not responded in a significant way to the call from the new consumer movement among the visually handicapped for greater participation among organisations for the blind. St Dunstan's is still run very much from the top, with a small number of hand picked blind people to help in the work. Ordinary members have no constitutional means of influencing St. Dunstan's. St. Dunstan's is thus a unique combination of a paternalistic body, welfare society, university department and technical institution. The enduring esprit de corps which unities St Dunstaners into one brotherhood and the innovative work of St Dunstan's is the design of Sir Cyril Arthur Pearson, the founder and first Chairman of the organisation. It is to his contribution that we now turn.

The contribution of Sir Arthur Pearson to St Dunstan's

Pearson is well known outside blind welfare circles. He was first a journalist and then a highly successful newspaper proprietor.⁷ He had started his career by becoming a member of the staff of Sir George Newnes. After winning a competition he became a sub-editor of Tit-Bits as a prize and after four years left to start a magazine Pearson's Weekly, which became a well known rival to Tit-Bits.

Within a few years this had been joined by Ladies' Magazine, Home News, Pearson's Magazine, M. A. P., the Rapid Review and Short Stories. Pearson is most publicly well known for founding the Daily Express in 1900. In 1905 he also became the owner of the Evening Standard and the chief owner of the St James's Gazette. Like many self made men of his generation, Pearson was also a keen and active philanthropist. Pearson's Fresh Air Fund was set up in 1892 to provide the children of the poor with a day's outing to the country. In this work Pearson displayed imagination and zeal in the range of his methods of appeal. He probably would have remained a content and successful newspaper owner but in 1910 his sight started to fail. He quickly sold his commercial interests in the Evening Standard and the Daily Express and turned his full attention to the plight of other less fortunate blind people. Pearson was unusual and distinctive because he combined a strong business sense and journalistic zeal with a courageous attitude to blindness. He was definitely not self effacing or modest. When he was given the verdict on his own sight by his Austrian specialist he quickly told his wife:

'I shall soon be blind, but I will never be a blind man.
I am going to be the blind man.'⁸

In 1913 he became totally blind and began to work for the then National Institute for the Blind. In October 1913 he was invited to become a member of the Council of the Institute and he became Treasurer of the organisation in January 1914.⁹ From this important position Pearson surveyed the work of the Institute and thought about what could be done to improve it. At that time the Institute was still mainly

a braille publishing house and was facing immediate financial collapse because its new premises had not yet been paid for. Pearson utilized his experience both as a businessman and philanthropist. He set himself the task of raising £30,000 and requested that the Lord Mayor open a Mansion House Fund. The newspapers cooperated and provided free publicity and within a surprisingly short space of time the money had been raised. As a reward for his efforts, Pearson was soon made the first President of the National Institute. Within the next few years he helped to transform the Institute's activities from a publishing house to a more general purpose organisation. Under Pearson's direction Dr. Armitage's personal charity became a significant voluntary body with a national agenda. In 1913 the Institute's total income had been less than £15,000 per annum. By 1918 this had reached over a quarter of a million pounds. In under three years the output of braille and apparatus was greatly expanded. The production of braille music was quadrupled and the production of braille and apparatus was trebled. For the first time the National Institute became a national organisation and collecting branches were set up in twelve areas and in parts of the British Empire as well.¹⁰ In this way Pearson marked a decisive break with the paternalism and locally based voluntarism of the blind welfare of the 19th century. His commercial training and instinct helped him to recognise the financial importance of large appeals. He was the first to organise appeals on a large and nationwide scale and his momentum set the pattern for blind welfare in this century. He was also the first to use the mass

communications media to promote the general interests of the blind and disabled in society. Above all else Pearson disliked the image of the blind beggar¹¹ and this provided the starting point for his own philosophy of blindness. He declared:

'I realised that it is the blind man who, above all, needs occupation and that the more active, the more normal he can make his life, the happier he will be . . . If you tell a man often enough that he is afflicted, he will become afflicted . . . I set myself to live as active and as independent a life as possible and it became my ambition to do whatever I could to help blind people to escape from that passive, half-life which seemed so commonly accepted as inevitable.'¹²

At this time the first blinded serviceman, a Belgian named Oscar Daumont, was taken to a military hospital in England.

The Council of the National Institute held an emergency wartime meeting in September 1914, less than six weeks after the outbreak of the war. A well known minute of the meeting observed that:

'It was resolved that steps should be taken to make it known that the Institute would, so far as practicable, help such men as lose their sight while in service in the war.'¹³

It was decided that the Institute would help the blinded servicemen 'in every way possible'.¹⁴ These were bold statements because no one knew what the special problems of the war blinded would be.

The Institute immediately established the Blinded Soldiers and Sailors Care Committee and received assistance from the British Red Cross Society and from the Order of St John of Jerusalem in England.

Pearson took a personal interest in the plight of the war blinded and visited the first war blinded soldiers in 1915, many of whom were suffering the effects of mustard gas. In February 1915 he quickly

established under the aegis of the Institute a Hostel for Blinded Soldiers and Sailors at Mrs Lewis Hall's house in Bayswater Road, in Bayswater Hill, London.

The public generously supported the Hostel and the Institute, in the words of Ritchie,

'shared in the golden harvest which was reaped from the irresistible appeal of the blinded warrior. '15

In a short time, financial resources had outstripped needs. This allowed the Institute to spend some of the money which had been donated to help the war blinded to develop its general services. The first Sunshine Home for Blind Babies was opened at Chorley Wood in Hertfordshire. This was later joined by Chorleywood College for Blind Girls. The Institute began to train blind people in telephony and massage and a vigorous after care service was introduced. Worcester College received generous subsidies and the Institute made large grants to local voluntary societies and to other institutions.

But the war blinded remained the main priority. Pearson got permission from the government to put all those men with eye injuries into one hospital for treatment, at St Mark's in Chelsea. Bob Young, who lost both his eyes and right hand in the First World War, was one of those men to be visited by Pearson in a big ward of about forty beds. Like everyone he received a braille watch from Pearson.¹⁶ The watch gave the men something to do for themselves and helped them to tell night from day. The watch was the subtle beginning of the new and innovative concept of rehabilitation and after-care Pearson developed for the war blinded. There were three

discrete components to the rehabilitation. Mobility with a cane was considered crucial. The learning of braille provided the ex-serviceman with a degree of literacy. Typing was also taught. The first mechanical writing devices had infact been created for the visually handicapped. This rehabilitation was designed by Pearson both to give the St Dunstaners a degree of independence and self-reliance and to make them attractive to future employers. Writing many years later Lord Fraser of Lonsdale described this philosophy of the hostel:

'It would put them up for a while, but not house them for life. It would provide training, but not employment. It was not to be a refuge or shelter from the world, as all the existing institutions for the blind were at that time.'¹⁷

This was a decisive break with the past. The use of the term hostel itself was deliberate. It was not intended that it should become a home, but a springboard for new opportunities. The National Institute's Annual Report of 1914 echoes these sentiments:

'All blinded soldiers and sailors will receive pensions from His Majesty's Government, but this must not form an inducement to them to live purposeless lives. Given a good training, blinded soldiers and sailors may become useful citizens.'¹⁸

In all important respects St Dunstan's has not changed this approach. The motto of the organisation became 'Victory over Blindness'. Pearson's positive approach was appreciated by the war blinded and he was soon affectionately known as 'The Chief'.

The hostel had been founded at a time when there was a general attempt to improve the position of the blind within British society. Just before the start of the war in 1914 an international conference

had been held in London and one notable item on the agenda was

'How to improve the attitude of the public towards the employment of the blind.'

The First World War helped to change the attitude of the public towards the employment of the blind and Pearson's Hostel made a major contribution to promoting the aims of the conference. There were two principal reasons for this.

The first is a geographical one. The hostel soon became too large to be contained in the temporary premises in Bayswater.

Pearson's ideal hostel was

'a place with plenty of room to move about and with large and beautiful grounds'

and he was looking for an alternative location. In less than four weeks a move was made to a large house with fifteen acres of land in Regent's Park. The house was loaned by an American financier, Otto Kahn. The first annual report was published on 26 March 1916, exactly one year after 14 men had moved into the house from the Bayswater Hill Hostel. 150 ex-servicemen were soon in training and by 1918 Pearson had 1,500 St Dunstaners. Members of the royal family and others visited the hostel to see them engaged in a variety of trades including the traditional ones - braille, massage, boot repairing, mat and basket making - and newer ones, including poultry farming, typing, market gardening and telephony. Dances became a regular occurrence and sighted partners were encouraged to attend.

In an unusual and innovative move, relatives became a part of

the rehabilitation process and were able to stay in the centre for seven days at a time without paying any rent. Their fares to and from Regent's Park were also paid. The fact that the men were receiving useful training in the centre of London and enjoyed their recreation in Regent's Park made them highly visible to a curious public. This helped to establish the human rights of the blind and after the First World War blindness was no longer automatically associated with helplessness, dependency and the begging bowl.

The second reason is the efforts of the war blinded themselves. Pearson's Hostel was the first institution to bring together so many blind men of working age and to train them in a positive way for a useful life. The fact that many of them have had useful working lives has helped to change attitudes towards the blind. Blindness came to be seen as a handicap to be conquered, rather than a terrible affliction to be silently and resolutely endured. Before St Dunstan's was created the blind had been little more than objects of pity. This was the case even when exceptional blind people achieved high office. The first blind Member of Parliament, Henry Fawcett, had difficulty in becoming a member of the Reform Club until Thackeray boasted to the committee that Fawcett would quickly make them forget that he was blind. But the lives and work of Fawcett and the blind police magistrate Sir John Fielding were the exception.

It was at this time that St Dunstan's became properly established and its methods began to be copied throughout the world. Some St Dunstaners returned home and branches of the organisation were set up throughout the Commonwealth. Oscar Daumont, the first of

all the St Dunstaners, returned to Belgium and in 1924 helped to establish the National Association for the Blind in Brussels. Daumont used Pearson's methods to rehabilitate some of the Belgian war blinded. In 1915 West House - later renamed Pearson House - was opened in Brighton. This was a presentation of the Federation of Grocers' Associations. Pearson had intended that no St Dunstaner should be without support from the organisation. That there should be no ex-St Dunstaners. Pearson House has since helped to achieve this goal and it has become a specially equipped and adapted home for elderly St Dunstaners. Tommy Milligan was one of the first St Dunstaners and first visited Pearson House in 1915.¹⁹ He still lives there with other veterans of the First World War. Pearson House was designed to provide support for the war blinded, while not inhibiting their freedom. In this way it helped over a generation later to shape the thinking of the leaders of organisations of the blind, when they called for supported integration for the civilian blind. Also at this time the organisation acquired its name. St Dunstan's was named after the clock which was on the front of the headquarters in Regent's Park. The clock is well known for the two giants who hammer out the hours with clubs upon bells and it had been on the Church of St Dunstan's in the West in Fleet Street. It was later moved to Regent's Park and gave the distinctive name to the organisation.²⁰ Pearson's pioneering work was complemented in 1916 by the activities of Sir Pendrill Varrier-Jones who established a settlement for the rehabilitation and resettlement of tuberculous

patients. He helped to organise medical rehabilitation in military orthopaedic hospitals and like Pearson stressed work with all the family. Pearson's work also had international significance. In 1915 the United States founded a committee for 'men blinded in battle' and this resulted in the creation of care centres or lighthouses for the war blinded in France. In 1916 war pensions for the war blinded were introduced.

In July 1915 the St Dunstan's 'Revue' was started in a light hearted vein. The first editorial stated:

'St Dunstan's as you know is a hostel for blinded soldiers and sailors. What then could be more desirable than a magazine for their benefit which is useless to them? Nobody wants it, and so I consider it my duty to bring one out. It is not an advertisement of cheap wit, nor is it meant to make you laugh at the expense of others. It merely chronicles a few of the actual happenings at St Dunstan's. You will, I am sure, agree with me in saying that when one sees such a large number and such a quaint assortment of people as one does here, their doings and sayings should not be allowed to sink unrecorded into utter oblivion.'

The journal was soon renamed and became the St Dunstan's Review.

It soon became an indispensable grapevine for every St Dunstaner.

Over the next few months and years the rehabilitation programme became more structured and more sophisticated. Pearson believed that early readjustment was of great importance. Permission was sought and given for the rehabilitation to begin within hospital and this was followed by a six month stay in St Dunstan's. Following the period of rest, the process of training and reeducation commenced. This was constructed to suit the needs and aspirations of each individual St Dunstaner. Like H. G. Wells' Kipps the blinded

ex-servicemen often felt at a disadvantage educationally and socially. Training was conducted in workshops and classrooms and by the use of social contacts. The periods of work were short and in this way it was found that the men 'therefore acquired knowledge and training with speed'. Each individual often suffered from the symptoms of stress, because it was difficult to learn a new occupation, read embossed literature and undertake braille shorthand. Each man was taught to type and was given a typewriter when the prescribed test was passed. This would ensure that he could always effectively communicate with the sighted. Pearson constructed the training with a practical foresight and the search for suitable employment was therefore given a special status. St Dunstaners were encouraged either to return to their previous occupations or to enter a programme of training. The training was graded to suit the aptitude of each individual. By December 1916 the first 50 St Dunstaners had been rehabilitated and were leading useful lives in their own workshops. St Dunstan's was also expanding into new annexes at Torquay and Brighton.

The majority of St Dunstaners received instruction in cobbling and mat making. Each was a useful trade and mat making could be used to supplement the St Dunstaners income when there was little demand for cobbling. Some men were taught joinery and basket making so that St Dunstan's Sales Department could sell for profit the goods they would make. As early as March 1917 a shop was opened for this purpose. Sixty per cent of men blinded in the Great

War were later trained as homecraft workers. A farm in the Midlands was established to train other St Dunstaners and their immediate families in poultry farming. The involvement of the families had proved a success and was being exploited to the full. 200 poultry farmers were trained at the farm at Dollis Hill and later at Kings Langley in Hertfordshire. The training on the farms was free to St Dunstaners and their families. Those who were considered to have the highest abilities began training in massage. They proceeded to the National Institute for the Blind's massage school and were taught by the blind principal, Percy Way. Because he was blind Way understood the varied problems of the blind masseur. Training was conducted at the Hampstead and Middlesex Hospitals. Some later went on to three large voluntary hospitals to practice massage at the highest level. Some practised in military hospitals but had to be moved when these hospitals closed down after the war. Some of these men found it very difficult to readjust and successfully find new employment in civilian hospitals. By 1918 sixty St Dunstaners were employed as masseurs. In the inter-war years, this number more than doubled. In the 20th century massage has become the profession most closely identified with the blind.

In these early days the organisation was short of financial resources and depended upon contributions from the National Relief Fund, the Red Cross Societies and the National Institute for the Blind. Many of the staff of St Dunstan's were voluntary, although there was a core of paid visually handicapped teachers. The other national

agencies for the blind helped St Dunstan's in other ways. The National Library for the Blind extended free membership. St Dunstaners could now take advantage of the new and efficient circulation services of the library. The National Institute offered the services of its after care department and offered advice on marketing techniques. The Institute maintained regular contacts with those St Dunstaners who had entered business. This cooperation between the three national bodies was an important development in what Madeline Roofff calls the pioneer phase of blind welfare.²¹

Pearson wanted the war blinded, like all the visually handicapped, to enter a variety of occupations and in the years following the end of the war he made a special effort to encourage them to train for professional careers. In this work he once again enlisted the help of the National Institute. The Institute began an appeal for voluntary transcribers of braille textbooks for those St Dunstaners who wanted to receive specialised training or become university students. The transcribers were trained and the daunting task of transcription was begun. The books later formed the nucleus of what would become the National Institute's Students' Library.²² In this way the war blinded were able soon after the First World War to aspire to the upper reaches of the occupational class structure and to be very successful in open employment.

Pearson's work quickly received wider recognition. The Departmental Committee on the Welfare of the Blind of 1914-1917 documents the achievements of several St Dunstaners in open employment. A typical example from the pages of the report is the following:

'An English private soldier, who was employed in a large firm of hot water engineers, was, much against his own inclination, persuaded to continue in that business. It was impossible for him to go on with his original occupation of planning out heating systems in large buildings, but he returned to the business in a general office capacity. In a very short time he was responsible for the whole of the ordinary correspondence of his firm, and a little later was entrusted with making out specifications and ordinary materials to carry out the rough plans prepared by the men doing the work in which he was formerly occupied. His remuneration is now twice as high as it was before he was blinded, and he has given perfect satisfaction to his employers and himself. '23

What is of major historic importance is that St Dunstan's was the first organisation for the blind or disabled to offer a comprehensive and continuous programme of rehabilitation both inside and outside a hospital setting. This novel approach had an influence upon the Tomlinson Committee in the Second World War and in their Report in 1943 they declared:

Rehabilitation in its widest sense is a continuous process, partly in the medical sphere and partly in the social or industrial sphere. '24

This orientation has influenced a variety of therapists who work with the sensorily and physically disabled.

Although Pearson remained the President of the National Institute the work of St Dunstan's increasingly absorbed him. This was a deliberate tactical move because he could see that the methods being developed at St Dunstan's could be applied to all the blind. He recorded these methods in the first history of St Dunstan's. '25

Undoubtedly Pearson would have continued working with St Dunstan's. His death at the age of 55 on 9 December 1921 was untimely. He slipped getting into a bath, hit his head and drowned. All the major

advances in blind welfare have been made by the blind themselves and Pearson is a notable example of this. Like William Ratcliffe, Louis Braille, Elizabeth Gilbert, Moon, Armitage and others Pearson had an understanding of the problems of other blind people and with the help of his sighted secretaries Miss Eleanor Goole and Mrs Chadwick, did all he could to improve their position. Speaking on the 35th anniversary of the death of Pearson in 1956, the Bishop of Chichester declared that Pearson's central contribution was not the raising of money but 'his gift for inspiration'.²⁶ In this regard Sidney Dark, Pearson's biographer, recalls how Pearson was able to converse with St Dunstaners in what Dark called a splendid brotherly manner. Pearson shrewdly combined this understanding with a novel and paradoxical approach to the rehabilitation of the blind. The war blinded should, he firmly believed, undergo a period of separation to 'learn to be blind'. They could then rejoin society quickly and effectively.²⁷ For over half a century this approach has influenced the policies of the National Mobility Centre and other agencies. Residential social rehabilitation with a period of intensive study is still considered important today. It should not conflict with the more modern principle that the rehabilitation process should serve to integrate the blind into society. Periods of intensive personal study and integration with other people in society should be seen as mutually reinforcing.

In 1921 St Dunstan's was still only seven years old. Pearson had thought that it would be a temporary organisation. In the Forward

to the first history of St Dunstan's in 1919 he had written that

'it is still in full swing and will be for at least another eighteen months.'²⁸

Yet after his death it soon became apparent that there would be an enduring need for St Dunstan's. There were two main reasons for this. People were (and are) still being admitted to St Dunstan's whose blindness can be traced back to injuries sustained in the First World War and subsequent conflicts. These individuals have to be rehabilitated and cared for like the first St Dunstaners. Also there was a continuing need for an aftercare service for all St Dunstaners and their families. A permanent organisation was required. So in 1923 the three committees of St Dunstan's became formally amalgamated and the organisation became incorporated under the Companies Act. It became independent of the National Institute and held its own appeals.²⁹ Some St Dunstaners and others have since pointed out that St Dunstan's was formed because the National Institute was not doing enough to help the ex-servicemen. Certainly the Institute, like other agencies at the time, did not anticipate the special needs of the war blinded. A separate organisation was needed to cope with their particular problems.

The contribution of Sir Ian Fraser to the welfare of the blind

When Pearson died, an interim committee of four people took over the control of St Dunstan's. Pearson's widow, Lady Arthur Pearson, became the first President of St Dunstan's. Pearson's son, Sir Neville Pearson, and the blind solicitor Sir Washington Ranger

became Vice-Presidents. Ranger was also Chairman of the National Institute for the Blind and ensured the continued links between the two organisations. The Committee boldly selected a little known 24 year old war blinded officer Ian Fraser to be Pearson's successor and he became chairman of the board of St Dunstan's. Fraser had been shot through the eyes by a German sniper in the Battle of the Somme on July 23 1916 and was trained under Pearson like Sir Clutha Mackenzie of New Zealand and Colonel Baker of Canada.³⁰ Fraser had been made the head of the After-Care department, the forerunner of the modern Welfare Department. He had represented the Chairman in discussions with Government Departments and at public meetings. He was also Pearson's personal choice as his successor. Fraser came to share Pearson's positive approach to blindness. He wrote:

'My most certain impression is that, great as the handicap of blindness is, it is not the principal reason for unhappiness or failure where either has occurred among the blind.'³¹

He also shared Pearson's modern philosophy of rehabilitation. In 1919 he had written:

'The ideal which should be constantly kept in mind should be that of placing a man out in the world so trained and equipped as to enable him to form a useful unit in a community as nearly as possible like the one in which he lived and worked before he was blinded.'

This was a well expressed case for the supported integration of the blind which half a century later organisations of the blind would develop. Fraser went on to become Lord Fraser of Lonsdale, a Governor of the British Broadcasting Corporation for two terms and National President of the Royal British Legion for eleven years.

He remained Chairman of St Dunstan's for 53 years until his sudden death on 19 December 1974 and more than any other individual became synonymous with the work of the organisation.³²

Fraser also made a valuable contribution as the only blind Member of Parliament. He had always been interested in party politics and so in 1922 he stood for the London County Council (L. C. C.) elections and won a seat. Encouraged by this in 1924 he stood for Parliament. He scraped home and followed the blind Liberal MP Fred Martin into the House of Commons. He became a Conservative Member of Parliament for North St. Pancras and later served as MP for Morecambe and Lonsdale. Fraser spent 34 years in the House of Commons and became the leader by example of the war blinded community and campaigned to improve the services and pensions for ex-service people. He was unique in this regard and set a precedent for later disabled Members of Parliament to follow. He is important in the general history of blind welfare because he promoted general legislation for the blind. In 1926 he was responsible for an Act of Parliament which allowed each blind person to own a radio without a licence. The Blind Voters Act of 1934 was a more significant piece of legislation. Before the Act each blind person had to tell the presiding officer his voting intention. This Act guaranteed the secrecy of the ballot for the blind. Under the Act the blind person was allowed to declare his voting intention to a friend or relative and they would mark the paper for him. They ensured the privacy of the blind in the electoral process and so gave them equality with sighted

voters. Fraser also had purchase tax removed from radio sets sold to the British Wireless for the Blind Fund and purchase tax removed from baskets because they were usually made by the blind and disabled.³³ In 1934 he was knighted and when in 1958 the first life peerages were conferred, he was among the select few so honoured. He then became Baron of Lonsdale and spent the next 16 years in the House of Lords.

But St Dunstan's remained his central interest and he spread its influence throughout the Commonwealth and gave it an international identity. In this work his wife Lady Irene Mace 'Chips' was his constant companion. Before her marriage to Fraser she had been secretary and personal assistant to Sir Arthur Pearson. So she knew as much about St Dunstan's as he did and they were able to work closely together.

The history of St Dunstan's in the inter-war period

Fraser had become Chairman of St Dunstan's in the early 1920's, at the start of a major national slump. He soon found that a series of economies were necessary. Some annexes in the country had to be closed and there were some reductions in staff. Despite its financial problems, St Dunstan's was anxious to help all the war blinded. Therefore when in 1923 St Dunstan's was incorporated under the Companies Act its new constitution permitted it to help those blinded in service after the war. St Dunstan's, the Ministry of Pensions and the British Legion also continued their search for those with eye injuries sustained in the war. Between the wars the number of

St Dunstaners doubled in size and Fraser and his staff were always kept busy. The multi-handicapped ex-servicemen posed a particular problem. They constituted 8 per cent of the St Dunstaners of the First World War. In 1923 special equipment and techniques had to be developed for George Fellowfield, who was both deaf and blind.³⁴

St Dunstan's was financed by voluntary contributions. This meant that after 1918 the war blinded were not at the mercy of cut backs in government expenditure. St Dunstan's afforded them some security from want.

Unemployment was the major problem and this threatened the vocational rehabilitation of the war blinded. In the Depression the main purpose of after care was to help the men to remain employed. St Dunstan's also took a number of other measures to deal with the situation. An Advisory Committee was set up to represent the physiotherapists and St Dunstan's gave an annual grant to the Association of Certificated Blind Masseurs. Fraser also established an employment bureau for the shorthand typists and telephonists and this helped them to find work.

Telephony was a major source of employment. Many of the telephonists stayed for many years at one firm. But it was believed that shop keeping would not be suitable for the war blinded. However, some St Dunstaners had worked in the retail trade before the First World War and wanted to return to it. A scheme was set up for these St Dunstaners and their families. Initially, the man was a tenant of St Dunstan's and drew a wage. The profits paid for the purchase price of the shop and the initial stock. By this method the man could

become an independent proprietor. Shopkeeping was an attractive occupation for the blind-handless and St Dunstan's engineers produced a number of ingenious devices to help them in their work. Soon over a hundred St Dunstaners were installed in their own shops, usually in a tobacconists. Some, like Private Bill Dies of Canada, became very successful. He trebled the profits of his shop and within a short time had established a line of shops. But men like Dies were the exception.

By 1920, approximately four hundred men had become handicraft workers and they produced goods with an annual retail value of £60,000. They were employed in the four trades of joinery, basketry, boot repairing and mat making. St Dunstan's tried to keep these handicraft workers fully occupied by purchasing from them everything that they could not sell. The Sales Department soon had an overstocked warehouse as goods came in faster than they were sold. This was after care provided on business lines. In July 1922 a shop was opened in Regent Street in London and it was supported by the patronage of the Royal Family. This helped to ease the problem of the overstocks.

Fraser wanted to strengthen the ties with the British Legion and other organisations serving disabled ex-servicemen. So in 1928 St Dunstan's abandoned its flag days, or Cameo Days as they were then called, and accepted instead five per cent of the net proceeds of Poppy Day. This became a lucrative source of St Dunstan's income. After 1928 St Dunstan's became more closely associated with ex-servicemen's organisations than with bodies serving the civilian blind.

In the years between the wars, the work of St Dunstan's was supplemented by the efforts of other agencies. The London Association for the Blind had provided assistance to those blinded in the South African War. After 1918 with funds collected from the public it purchased a furnished house at Worthing to be used as a convalescent home.³⁵ The Scottish National Institution for the War Blinded also built sheltered workshops for the war blinded in Glasgow and Edinburgh. St Dunstan's, however, did not place men in sheltered employment but preferred to place men who had been trained in handicrafts in their own homes. Fraser believed that in this way the St Dunstaners would become integrated into society.

In 1935 St Dunstan's celebrated a Jubilee Reunion in the Royal Albert Hall. By 1939 St Dunstan's was in a good financial position and could look back upon some important achievements. In the period 1915 to 1939 the organisation had cared for 2,700 men. Over half of these were victims of delayed blindness. Also in that period, nearly a thousand St Dunstaners had died. This left 1,700 St Dunstaners and their families to care for, which brought the total number of beneficiaries to over 7,000. Of the 1,700 St Dunstaners, approximately sixty per cent had work, in spite of the effects of the Depression.

Pearson could not have anticipated the significance of modern technology and Ian Fraser was determined in the 1930's to use this for the benefit of the blind. He recognised that the advances in recording technology could be used by the blind and St Dunstan's helped to establish the talking book service in 1935. In fact as early as 1919,

Fraser had approached the gramophone companies and asked if a disc could be made which would run longer than three or four minutes. This could then be used to record suitable material for the blind. The Pathephone Company and the Columbia Graphophone Company cut the grooves closer together, ran the record slower than 78 rpm and created a disc which played for six minutes and then for ten minutes. Fraser thought that the reproduction was to use his own word 'vile' and the idea was dropped. Later in the 1930's a laboratory was set up in St Dunstan's where further experiments in long playing recordings could be carried out. With the cooperation of the Technical Research Committee of the National Institute for the Blind a 24 rpm disc was developed and this doubled the playing time of a 78 rpm record. Fraser wanted to produce a disc which would run for half an hour instead of three minutes. These would have been the first long playing records. In 1932 St Dunstan's and the National Institute for the Blind approached the leading gramophone companies, but they were not convinced by the idea. Undaunted, St Dunstan's and the Institute continued to work on the project and eventually they had some success. In the words of the annual report of the National Institute for the Blind in 1936, it was agreed with St Dunstan's

'to produce Talking Book machines and records on a large scale experimental basis for a period of two years from 1st August, 1935, and to continue research into the development of Talking Books of the gramophone disc pattern or otherwise.'

L. S. Pinder, who was Senior Recording Engineer of the Decca Company joined the staff of St Dunstan's and was responsible for the talking books.

Until his retirement in 1961, Pinder was the man who was primarily responsible for the success of the British Talking Book Service.

By the late 1930's, West House could no longer cope with all the St Dunstaners that were using it. So in 1935, plans were drawn up for a new building. Ovingdean was completed in 1938 and was of major historical importance.³⁶ The building was one of the first to be completely purpose built for the blind and is still a striking example of modern functional architecture. Everything is geometrical and simple to aid mobility. The designer Francis Lorne, gave it identical floor plans, straight and wide passages, rubbed edged doors, rounded corners, guide rails and safety gates on stairways. A tactile scale model of the building was also provided to make it familiar. A site was chosen which would promote convalescence and health. The building stands at Ovingdean near Brighton on the edge of the Sussex Downs set back from the cliffs, with its distinctive bow window overlooking the sea. There was a unique attempt to combine training and holiday facilities. The workshops, gymnasium, bowling rinks and other recreation rooms were set directly behind the swimming pool. Ovingdean was the harbinger of a new orthodoxy within architecture and architectural theorists have taken up Lorne's ideas. Goldsmith, for example, has developed the notion of how the architect can create a motherly or protective tailor made environment for the handicapped. Berrado has echoed these ideas and has observed how 'non verbal parameters' of architecture are crucial in planning for the visually handicapped.³⁷ These and other writers have emphasised

the use of textured surfaces, braille symbols, curved edges, simple designs, bright colours and good lighting. These features help to integrate the blind into the environment and were integral features of Ovingdean. The emerging significance of the new building was eclipsed by the threat of another war.

The work of St Dunstan's in the Second World War

In the early days of the war it was decided that St Dunstan's would have to be evacuated from the south coast. A temporary home was found at Church Stretton, in the Shropshire hills.³⁸ Initially, the training centre was moved there. Some hotels were requisitioned and soon a new training school had been established in the middle of the village. Some St Dunstaners from the First World War who had recently become blind were also moved from Ovingdean. They were later joined by some newly blind soldiers. They all spent the duration of the war at the temporary headquarters. Church Stretton could not match the standards and facilities of Ovingdean. But in style and character, it was very similar to the original location of St Dunstan's at Regent's Park. The other branches of St Dunstan's were either divided up or used by the armed services. The After-Care Department was divided into branches in Blackpool and London. Ovingdean was put to practical use. For the rest of the war it became part of HMS Vernon and was used by the Royal Navy. The St Dunstaners themselves made no direct contribution to the war, although a number did become members of the Home Guard and worked in civil defence. Meanwhile the headquarters in London were bombed and repairs were begun.

At the start of the Second World War it was decided that St Dunstan's should not only be a training establishment but also a hospital. Fraser believed that this would help the organisation to cope more effectively with the casualties. A new extension was added at Ovingdean. This was a gift of Lord Nuffield and included a modern operating theatre. The dormitories were redecorated and became wards and Robert C. Davenport carried out most of the ophthalmic diagnosis and surgery. St Dunstan's also cooperated with a government hospital for the war blinded. St Dunstan's also at this time widened its field of interest. The organisation had been created in the First World War for blinded soldiers, sailors and airmen and the war had been restricted to these groups. But the Second World War quickly became a total war and those in war service included personnel in the Armed Forces and others on the Home Front. Accordingly, St Dunstan's broadened the definition of war service and started to assist those who were blinded in the Women's Services. When the air raids started, policemen, firemen and those serving in all the branches of the civil defence were added to the list.

'If they were blinded as a result of war-service injury - whether on or off duty - they were eligible for full membership of St Dunstan's and lifelong care. '39

But Fraser and his board still believed that servicemen should have preferential treatment and the civilian blind were still not permitted to become St Dunstaners. However, the Ministry of Health did request that civilian air raid casualties be treated in St Dunstan's hospital. St Dunstan's agreed to this request and offered these people surgical

treatment and some rehabilitation. But after this, the National Institute for the Blind and local authorities quickly took charge of the civilian blind. St Dunstan's also broadened its international involvement. The Second World War was the first war conducted on a global scale and in 1939 the services of St Dunstan's were made available to all the war blinded from the Dominions. The respective governments were not asked to contribute to the cost of their care. St Dunstan's also provided assistance to the war blinded from France, Poland, Holland, Belgium, Estonia and Yugoslavia. There was an historical precedent for this. In the First World War, Pearson had cared for eight Belgian soldiers and a Belgian serviceman Oscar Daumont was the first St Dunstaner.

In the war, new branches of St Dunstan's were opened on several continents. In 1943 at the request of the British Army in India and the Indian Government, Dehra Dun was started in United Provinces, India. The central concern at Dehra Dun was the rehabilitation of several hundred Indian soldiers who were blinded in South East Asia. In 1942 Tembani was begun at Wynberg, Cape Province in South Africa. Casualties of the war in the Middle East used Tembani, which was a house owned by Norman Kennedy. The most well known and unusual of these new branches was Haina Kloster. This was started in a German prisoner of war camp by the Marquis of Normanby. The Germans put all the war blinded into one camp at Haina Kloster and the branch rapidly grew in size from four to between twenty and thirty members. The Germans also permitted St Dunstan's to supply the

Marquis with braille, braille writers, typewriters and braille magazines and books and other scarce materials. The Marquis and the medical officer Major David Charters held classes in braille and typewriting and the men even had their own jazz band. The Red Cross also supplied equipment to those blind servicemen in Italian prisoner of war camps, although St Dunstan's was less able to help them. Most of these blind prisoners of war were repatriated before the end of the war and were immediately rehabilitated by St Dunstan's.

The war did not interfere with St Dunstan's appeals to the public. The record for collections in fact was broken in each successive year of the war. The money was put to good use. On 17 April 1944 Ian Fraser wrote to 220 St Dunstaners of the First World War who were not in receipt of the maximum 100 per cent government disability pension. He told them that this money would now be made up by St Dunstan's. Some of these war blinded were receiving a 60 or a 70 per cent disability pension. St Dunstan's had always given those who received no pension the equivalent of a 50 per cent pension. But now everyone could be given a 100 per cent pension. No other ex-serviceman's organisation could now match St Dunstan's services to the war blinded. The type and the degree of service it provided was unique.

Shortly after the end of the war Air Commodore Dacre suggested that before the large British Air Force all over the world was largely demobilized, a collection should be made for St Dunstan's. Air Chief Marshal Sir John Slessor approved of this idea and it was quickly

authorized by the Air Council. In 1946 St Dunstan's received £126,000 from the collection. Some of the money was also paid to the Scottish National Institution for the War Blinded at Newington House. This was the most substantial gift of its kind that St Dunstan's has ever received. An agreement was made with the Air Council that St Dunstan's would over a forty year period spend the money on a variety of projects. The schemes included the establishment of a seaside home for the children of St Dunstaners and the provision of several clubs. The holiday home for children was established near Brighton, at Rottingdean. It guaranteed that a high standard of care could now be given to the children of St Dunstaners.

The employment of the war blinded in open industry in the Second World War

In Germany there was no organisation comparable with St Dunstan's and the German war blinded suffered as a result. The 4,000 war blinded were looked after by the local institutions for the civilian blind. These bodies were not equipped to cope with their special needs. A training school in Berlin did train a small number of telephonists and masseurs. Shorthand typing proved to be more successful and approximately eighty men received training in stenography. St Dunstan's had helped the war blinded to become cobblers, poultry farmers, craft workers, carpenters and shopkeepers. The war blinded in Germany were trained in none of these trades. They faced a narrow choice. They could either become basket and brush makers or seek monotonous and unskilled work in

open industry. Because they lacked the facilities of an after care organisation they could make little progress. A notable exception to this general pattern was the Siemens Electrical Works. In the early 1920's this firm employed about eighty war blinded men in sighted workshops. The men were distributed in ones and twos and were given machine work. The men found this interesting and some were able to work two drilling machines simultaneously. The Siemens experiment was the first of its kind in the world and it helped to shape general employment policy for the blind and disabled in the Second World War and after. What was particularly influential was the emphasis upon placing the men in small groups. In this way each man received individual attention and was not isolated from the sighted workforce. Also in Germany, a law was passed which compelled large businesses to employ disabled ex-servicemen. Consequently, by the mid 1930's a large number of the German war blinded were employed in open factories. No comparable legislation existed in Britain. In 1922, the British Legion started a campaign for legislation of this kind and Ian Fraser had pressed for it in the House of Commons. But the government and the Ministry of Labour took the view that open employment in factories would not be suitable for the blind. Such a law would also have been contrary to the gentle British traditions of humane incrementalism which, in the words of Ann Shearer,

'provides for the minority at a pace and in a way which doesn't too much disturb the majority.'⁴⁰

Without legislative assistance from the government, St Dunstan's

developed a variety of occupations for the war blinded. In addition, it opened a Machinery Department in Kentish Town and trained men to use a circular saw, borer and router machines and a vertical belt sander. A war blinded man was soon operating an eight speed pre-set turret lathe. This Department helped to demonstrate that the war blinded could work in open industry. However, there were few opportunities for blind men where sighted workers were looking for jobs.

The Second World War changed this situation. Many sighted men and women were now in the armed forces and there was a shortage of labour in the factories. In 1940, Fraser established a research committee and contact with leading employers was made. In June 1941 the first two successful placements of St Dunstaners in open employment were made. These were two carefully chosen handicraft workers who had been blinded in the First World War. Soon they were joined by two men blinded in the Second World War. By December 1942 over one hundred of the war blinded were working in factories. St Dunstan's machine shop at Church Stretton was also enlarged and this meant that a wider range of training could now be given on presses, routers, upholstery equipment and lathes. The success of the St Dunstaners in open employment helped to pave the way for the wider acceptance of the civilian blind into open employment. Only in 1944 did the government pass the Disabled Persons (Employment) Act and this provided some support for the blind and the disabled in open employment. ⁴¹

The work of the Homes of Recovery and the development of rehabilitation for the civilian blind

In the Second World War between 300 and 400 civilians were blinded in air raids. The Ministry of Health developed a national plan to care for these people. It was agreed that in England and Wales the National Institute for the Blind would offer them social rehabilitation. The local authorities, regional associations and voluntary societies for the blind offered their cooperation and the Chairman of the NIB, Captain Sir Beachcroft Towse, took personal charge of the work.⁴² The rehabilitation centres became known as Homes of Recovery but soon they were renamed, with the permission of the present Queen Mother, the Queen Elizabeth Homes of Recovery for Newly-Blinded Civilians. Three Homes of Recovery were established. The first was in fact Towse's own beautiful home at Longmeadow, Goring-on-Thames. It was opened in 1940. The philanthropist Lord Nuffield gave Towse the generous sum of £10,000 to make the house suitable for the civilians. Alterations were accordingly made to the property and in the next few years many civilians were rehabilitated at Longmeadow.⁴³ When in 1948 Towse died, the services of the home were dispensed with. It had been useful in the war time emergency but it was of little use in formulating a modern post-war programme of rehabilitation. In 1941 the British War Relief Society of the United States made a grant of £9,000 to the National Institute for the Blind to open a second Home of Recovery. Accordingly in September 1941 the aptly named America Lodge was opened in Torquay. The

Society also provided a further grant of £5,000 to maintain America Lodge. At first America Lodge was considered as little more than a convalescent home with lessons in braille mixed with regular cups of tea. But Tom Drake the new blind Principal of America Lodge was determined that it should make a serious contribution to the rehabilitation and aftercare of the civilian blind. He was a qualified physiotherapist and his wife was a home teacher and together they formulated a work programme. In essence they believed that the restoration of self confidence and esteem went hand in hand with preparation for employment. One could not exist without the other. Social life and weekly dances were therefore considered to be as important and indispensable as learning engineering, woodwork, weaving or handicrafts. Drake observed that:

'It's a question of rekindling the will. Blindness must be taken by the scruff of the neck. Everyone has a feeling of hopelessness and inadequacy at first. But we try to build up their confidence and competence . . . When they first come they can't imagine that life for a blind man can be interesting, happy and fulfilling. We encourage them to do little things. I get them to read my watch for example . . .'⁴⁴

Like Sir Arthur Pearson he used a watch in the early stages of rehabilitation. Elsewhere in a paper in The British Journal of Physical Medicine he described the objectives of rehabilitation as the restoration of good health, the correct mental approach to blindness, self assertion and the achievement of independence. Over the years many newly blind people have gone to America Lodge feeling mentally depressed and physically debilitated. Tom Drake and other members of the staff have helped to shape them into well balanced

and adjusted adults. They have left able to cope both with their blindness and with the demands of regular employment. In this way one of the original Homes of Recovery for those civilians blinded in air raids has set new standards in the general rehabilitation of the blind. The methods used at America Lodge were not new. They were known and discussed before the war and indeed in the inter-war years, the National Institute for the Blind had started to consider the issue of after care for the civilian blind. The start of the Second World War had encouraged action to be taken. America Lodge was important because it provided the first opportunity where the civilian blind could benefit from the methods originally developed for the rehabilitation of the war blinded.

Over the years, the facilities and the methods used at America Lodge have been expanded and improved. In the late 1940's the National Institute purchased a neighbouring property, the Manor House, and together the Manor House and America Lodge provided the rehabilitation facilities at Torquay. The Ministry of Labour recognised the homes at Torquay as a centre for pre-vocational training and by the 1960's they played an important role in the industrial rehabilitation and retraining of blind civilians.

The techniques used at Torquay were also developed at Oldbury Grange, near Bridgenorth. Oldbury Grange had originally been established in 1941 as the third Home of Recovery.⁴⁵ But after 1953 it became a centre not for industrial training but for social rehabilitation. Newly blind people attended Oldbury Grange who were not

thought to be suited to industrial training. Courses were provided which would help the blind person to lead a more active home life and social life. The curriculum included instruction in braille and moon reading, typing, woodworking, and French polishing. Handicrafts consisted of making string bags, lampshades, rugs and cane and leather work. Everyone was instructed in the techniques of daily living. These techniques included mobility and learning to walk with confidence, shaving and how to eat a meal without the aid of sight. This social rehabilitation was designed to be particularly relevant to certain groups within the blind population. At Oldbury Grange special attention was given to the needs of blind housewives. They were taught the simple skills of housewifery. To cook and clean, do laundry work, light fires, make a pot of tea, iron and be safe and efficient in their own home environment. Before this, blind housewives had not received a comprehensive programme of rehabilitation. The men who attended the centre were taught hobbies which would be worthwhile and promote good health. They were instructed in gardening and woodwork and poultry keeping, which had been successfully used in the rehabilitation of the war blinded.

The courses at Oldbury Grange proved to be popular with the blind. Local authorities also paid maintenance fees so that the blind could attend the centre and others like it. In 1970 these were fixed at seven pounds ten shillings a week, with a minimum of one pound for pocket money and minor expenses. The visually handicapped population is an ageing population and social rehabilitation is increasingly useful for those who are too old to benefit from the more

demanding industrial rehabilitation that is offered at Torquay. In the years since 1945 St Dunstan's has also used the principles of social rehabilitation and hobby training to serve its ageing and declining membership.

The history of St Dunstan's since 1945

At the end of the Second World War St Dunstan's made the move back to Brighton, to Ovingdean and to West House. At the same time a search was begun for a suitable building for the headquarters in London. St Dunstan's had been bombed out of the Inner Circle of Regent's Park and after this had used three houses on a short lease. Finally in December 1947 it moved into the new headquarters at 191 Old Marylebone Road. It is still there today.⁴⁶

In the 1950's it became apparent to Ian Fraser that the talking book service would have to be improved. At that time, records were still used and these were bulky, easily damaged and costly to replace. St Dunstan's became heavily involved in the development of the service. A scientific committee was established by St Dunstan's to offer advice on sensory devices and it produced a talking book machine that used a tape cassette. The cassette contained twenty hours of material and was a significant technological advance. So in 1959 St Dunstan's and the Royal National Institute for the Blind introduced one hundred of the new machines. Fifty were operated by St Dunstaners and fifty by civilians. They were an immediate success. Consequently, in 1960 the talking book service started to use tape and by the mid 1960's the complete change over had been made.

Since the mid 1950's the work of St Dunstan's has proceeded smoothly and improvements have been made to existing services. In 1957 West House was renamed Pearson House, in honour of Sir Arthur Pearson. In 1965 St Dunstan's celebrated its Golden Jubilee with a visit from the Queen and soon after a modernisation programme was begun. In 1973 the rebuilding of Pearson House was finished. In 1971, Ovingdean was renamed Ian Fraser House, in honour of Lord Fraser's 50 years as Chairman of the organisation. A modernisation programme was also then begun at Ian Fraser House and it was reopened on 11 April 1975, just after Fraser's death. St Dunstan's amenities were now ready to face the challenges and standards of the 1970's. In recent years, there have also been some new appointments. In January 1975 Ion Garnett-Orme became the new Chairman and Colonel Sir Michael Ansell became the Vice-Chairman. Lady Fraser became a Vice-President. In October 1980 Eric Boulter was elected to the Council of St Dunstan's. Boulter had spent many years with Helen Keller International and after his return from the United States spent nine years as Director-General of the Royal National Institute for the Blind. After his retirement he joined St Dunstan's. In over 70 years St Dunstan's has only had four Chairmen. The current Chairman is Admiral of the Fleet Sir Henry Leach.

In February 1985 St Dunstan's celebrated its seventieth anniversary. In July 1985 the Queen set the seal on this by formally opening the new South Wing of Ian Fraser House and anniversary reunions of St Dunstaners were held throughout the country. Also in July 1985

the St Dunstan's Review celebrated its seventieth anniversary. The Review was always, in the words of Ian Fraser, 'normally as polite as a parish magazine'⁴⁷ and over the years has helped St Dunstaners to keep in contact with one another.

The war blinded of the Second World War

In the Second World War just over 1,000 people were admitted to St Dunstan's. Not all of them needed life long care. After receiving treatment at St Dunstan's hospital about a hundred were moved to other agencies. Another 300 regained some vision. But this still left 600 people who would have to be looked after on a permanent basis. This was a large figure but fortunately not as large as the number of war blinded in 1918. In the period 1915 to 1918, St Dunstan's had admitted 1,300 men and there were another 1,500 cases of delayed blindness. In December 1945 St Dunstan's was still caring for 1,700 men from the First World War. Because there were fewer St Dunstaners from the Second World War, more time could be spent on individual training and tuition.

These second generation St Dunstaners, as they soon came to be called, still followed the programme of rehabilitation originally developed by Arthur Pearson. Typewriting and braille were considered essential. Shopkeeping, physiotherapy and telephony were still viable occupations for the blind. For example, seventy three of the St Dunstaners of the Second World War became telephonists. However, in some respects, the training was altered to suit the new post-war conditions and patterns of employment. After

1945 the need for an even greater diversity of occupations was appreciated. A new emphasis was given to the development of work in the factories, offices and professions and St Dunstaners have been successful in a variety of occupations.⁴⁸ In a short time, 80 per cent of the war blinded of the Second World War were successfully placed in employment. St Dunstan's did not teach handicrafts on a vocational basis, although recreational handicrafts was still taught. After the Second World War there were more opportunities for the blind in open employment and St Dunstaners took full advantage of this. Some St Dunstaners became executives and required a sighted secretary. If a secretary was not available then St Dunstan's would pay for the services of one. A number of the new St Dunstaners were women and suitable employment had also to be found for them. Some of these became physiotherapists, starting with Barbara Bell in 1946. In the early days of the organisation, St Dunstaners had been trained in poultry farming, small shop keeping, weaving, knitting, shoe repairing and so on. All of these occupations could be done at home and so they were ideal for St Dunstaners. But conditions of employment have changed throughout the post-war period and this has created problems for the blind ex-servicemen. Readjustment and retraining have been necessary. Periods of unemployment have been endured. Since 1945 there have been fewer opportunities for blind poultry farmers. A training farm owned by St Dunstan's at South Mimms was closed early in 1949. After that the few men who still wanted to be trained as a poultry farmer were sent to

Plumpton Agricultural College. The number of war blinded cobblers has declined sharply. This is due to the advancing mechanisation of repair work and the changing tastes of the public. In 1951 there were nearly 18,000 blind and sighted self employed cobblers in England and Wales. According to the census this number had fallen to just over 9,000 in 1961. Cobbling was no longer a viable occupation for the blind and by 1969 only one St Dunstaner from the Second World War was employed as a cobbler. In the Second World War and in the early post-war years small shopkeeping was still popular as a settlement for war blinded men. Tom Daborn retired in 1971 from his shop in Bexleyheath after years of successful trading. But he is an exception. The competition from the supermarket chains has meant that in recent years small shopkeeping has no longer been a useful occupation for large numbers of war blinded men.

A number of men who were blinded in the Second World War have been highly successful in their chosen careers.

Some have achieved distinction in physiotherapy. Llewellyn Davies became Assistant Superintendent of the Physiotherapy Department at Mayday Hospital in Croydon and within only a few years of qualifying Douglas Calder became a member of the Council of the Chartered Society of Physiotherapy. These men have followed in the footsteps of Jock Steel and Edmund Toft, who were well known physiotherapists and St Dunstaners of the First World War. Other men have pursued careers with St Dunstan's. For example, Robin Buckley became a member of staff at St Dunstan's in 1954. In the

1970's he was an energetic Public Relations Officer of St Dunstan's and president of the European War-blinded Association.⁴⁹ But Jimmy White is probably the most well known and unusual of the St Dunstaners of the Second World War. Today he is a successful film producer. White was born in London in 1922 and in 1942 joined the Royal Air Force film unit. The unit was based at Pinewood and he became a member of an aircrew to take films for newsreels and properganda. He was later posted to North Africa and Malta but in February 1944 crash landed in Italy. He was severely burnt and lost all his sight. After three months he was transferred to the Queen Victoria Hospital at East Grinstead. There in May 1944 he became a member of the famous Guinea Pigs Club. This had been founded in July 1941 by a small group of airmen, several of whom were in the Battle of Britain. They were so named because much of the medical work being done on them was experimental in nature. White spent seven years at East Grinstead and between operations was trained at St Dunstan's. He emerged in 1951, came to Shepperton and became a founder member of a new company. White subsequently became more interested in the administrative aspects of film making and was appointed as production manager of the company. He made documentary and educational films. For fifteen years he also ran a commercial studio for advertisements. Recently he has made films about the disabled. In 1981 he made a film for the Manpower Services Commission called Ability is Where You Look for It, about the achievements of the disabled in employment. He is still an active

St Dunstaner and in order to encourage other blind people set up a local talking newspaper group in 1978.

The new cases of war blindness

The so called years of peace have in fact been quite war like and St Dunstan's has had plenty to do. There have been conflicts in Korea, Suez, Vietnam, Northern Ireland, the Falkland Islands and elsewhere. St Dunstan's has received young men who have been blinded either in action or are blind as a result of eye conditions which they have incurred on service in those places. Some have been blinded in accidents in explosives factories. Others have been blinded by terrorist letter bombs. For example, Captain Ray Hasain, the Assistant Public Relations Officer of St Dunstan's, lost both his eyes and his right hand when a parcel bomb exploded in Northern Ireland. At least a dozen men have been blinded in Northern Ireland. Fortunately, only one man was blinded in the Falklands War. Together these heterogenous group of men constitute the third generation of St Dunstaners.

New cases continue to be admitted. In 1984, for example, 46 new St Dunstaners joined the organisation. Most of these were cases of delayed blindness. Some were veterans of the First World War who had gone blind due to the delayed effects of mustard gas. Others were veterans of the Second World War and former prisoners of the Japanese. Sir Henry Leach, the current Chairman, hopes that St Dunstan's is a wholly wasting asset because to suggest otherwise implies that there will be another world war. But the organisation is

always ready to accept a sudden influx of men from, for example, Northern Ireland. It is therefore essential that the facilities offered at St Dunstan's are maintained. Even without another world war St Dunstan's is likely to be needed until the mid 21st century.

The services offered by St Dunstan's: A descriptive overview

Today the war blinded are rehabilitated and cared for by St Dunstan's, not by the Royal National Institute for the Blind.⁵⁰ But Harvey Morris has observed that some members of the public still mistakingly believe that St Dunstan's cares for the whole visually handicapped population, or a significant part of it.⁵¹

In fact, St Dunstan's is now serving an ageing and declining war blinded elite within the visually handicapped population who often enjoy a far higher standard of living than the civilian blind. As Fraser has observed:

'Without being grandmotherly, St Dunstan's is a fairy godmother, and a special study of each individual discloses the aggravating difficulties of everyday life and helps to overcome them.'⁵²

Four main services are offered by St Dunstan's: First, a visiting and housing service and a general support service. Second, a comprehensive programme of social rehabilitation and after care for the older war blinded. Third, an employment service for those war blinded people who are seeking work. Finally, St Dunstan's is sponsoring research into mobility aides and reading devices. This complements and supports the other services. Each of these four services will now be examined in turn.⁵³

Although some St Dunstaners are permanent residents the vast majority are helped by the after care facilities of St Dunstan's. After care is provided by the Welfare Department. This is the most important of the departments and is divided into a southern area and a northern area. There are two Welfare Superintendents and one administers each area. They report directly to the Secretary of St Dunstan's,⁵⁴ and to a welfare committee of heads of departments which meets each week. Under these Welfare Superintendents are a unique team of twenty Welfare Visitors. A panel of these visitors was established by Fraser shortly after he became Chairman.⁵⁵ The Welfare Visitors are usually women with nursing or social welfare qualifications who visit every St Dunstan's household in their area at least twice a year. They can also be contacted immediately for any help. Today the work of these Welfare Visitors is becoming increasingly important to the wives of St Dunstaners. Many of these women are over retirement age and find housework very demanding. The Welfare Visitors can provide them with home helps and other supporting services. Seven hundred St Dunstaners widows are also visited regularly. The Welfare Visitors maintain a quality of service to the war blinded and their wives that was once associated with the old Home Teachers. They are the envy of the civilian blind who are often isolated and lonely.

St Dunstan's also operates a housing policy. The practice of purchasing homes for the war blinded began soon after the First World War. By 1921 three hundred men and their families were

housed in this way.⁵⁶ Today, St Dunstaners either live in their own homes or in one of the 690 houses owned by St Dunstan's and rented to St Dunstaners. The site of each house is chosen carefully to be near the St Dunstaners place of work. The Estate Department employ a team of qualified surveyors to maintain the fabric of each house. They will advise on maintenance and improvements and organise whatever work is necessary. All the houses are maintained to a high standard. Sometimes a house or bungalow will be purpose built for a St Dunstaner and his family. A recent example of this is provided by Allen Cotterell.⁵⁷

Cotterell is blind and totally paralysed and he and his family lead an isolated existence in a high rise block. Stan Booth who is surveyor in the Midlands for St Dunstan's Estate Department, set to work on this problem. Within a period of six months Booth and his staff had designed and built a special bungalow for the family. An integral feature is a overhead rail and hoist which runs through the centre of each room. The new bungalow has enabled the family to live a normal life.

Many of the war blinded have purchased their own homes by using the favourable mortgage terms from St Dunstan's. The introduction of sheltered accommodation with a resident warden is now being considered. This would improve St Dunstan's services to elderly couples.⁵⁸

The Secretary of St Dunstan's and his staff deal with the major problems of St Dunstaners. These problems include property and

housing, National Insurance, legal affairs and especially the preparation of Wills. The staff also provide a wide range of other supporting services. For example, the war blinded receive a war pension which is commensurate with their service rank and the Pensions Officer of St Dunstan's will deal with any routine problems that St Dunstaners have with their war pensions. Some men and women have become blind after leaving the armed forces. If it is accepted by the government that the person's blindness is attributable to his or her service then he or she becomes eligible to receive a war pension. The Pensions Officer will investigate these cases of delayed blindness and will help the man or woman to secure a war pension. Other St Dunstaners are helped by a range of special allowances and grants. Allowances are paid to those war blinded people who have additional disabilities. Financial help is also offered to the widows of St Dunstaners.

St Dunstan's will also provide a telephone and maintain a car. In some cases a car has been purchased for a war blinded person. Some St Dunstaners who are in business or public life require publicity and the Public Relations Department will advise them on this. Regular contact is maintained with all St Dunstaners. Annual reunions are organised each summer by the Welfare Department. The reunions are attended by representatives from each department of St Dunstan's and by Senior Welfare Officers. In this way the

national organisation keeps in contact with each individual. In addition, the Public Relations Department produce the St Dunstan's Review in letter press, braille and cassette for St Dunstaners and their families and it is distributed throughout the Commonwealth.

In the early days of the Second World War it became clear that St Dunstan's would soon be divisible into two generations of men and after 1955 many war blinded men were contemplating retirement. St Dunstan's responded to this and introduced the concept of social rehabilitation. This was designed to help the St Dunstaner to enjoy his retirement. Hobby training was formally introduced and courses in gardening and homecraft became popular. St Dunstaners were also encouraged to obtain a standard greenhouse and by the late 1960's approximately 600 war blinded men had been supplied with one by St Dunstan's after care department.

Social rehabilitation is becoming increasingly important to the ageing population which St Dunstan's now serves. In recent years Ian Fraser House has mainly been used to provide convalescence and holidays for elderly St Dunstaners. Training is now minimal. There are, however, some obvious exceptions to this. For example, in the period from May 1975 until March 1976 thirty two St Dunstaners did receive training and rehabilitation at Ian Fraser House. Most of them received instruction in a variety of creative hobbies. A minority who had been blinded in Northern Ireland and some others were being retrained for a new occupation.⁵⁹ In the 1980's the work of St Dunstan's has followed a similar pattern, with the majority receiving

hobby training and general welfare services and a minority retraining from one gainful form of employment to another. In 1981 St Dunstan's put this in the following way:

'... as the bulk of the St Dunstan's family is now approaching retirement age, much consideration is given to encouraging hobby interests and pastimes of all kinds. Helping those accustomed to busy lives in factory, shop, telephone room or physiotherapy department, find new interests to enable them to adjust to the slower pace of life in retirement. '60

Ian Fraser was in fact one of the first to recognise the major importance of non-vocational aspects of rehabilitation and in 1961 he opened the South Regional Association for the Blind's first handicraft exhibition at the Central Hall, Westminster in London.

St Dunstan's has introduced the blind to many new forms of recreation. For example, St Dunstan's introduced archery for the blind. There is now a St Dunstan's Archery Club. New courses have been introduced in wrought iron and picture frame making. These new courses have been studied by other organisations serving the blind. St Dunstan's also encourages recreational activity which puts the blind person in contact with his sighted contemporaries. Among St Dunstaners the most popular sport is green bowling. Many belong to sighted bowling clubs and enter St Dunstan's own championships. Bowling has two special fortnights a year when indoor championships are held in the fine indoor artificial turf rink at Ian Fraser House. Several St Dunstaners have achieved distinction in the sport. In 1985 Des Chandler was the world champion blind bowler. Ted Brown of Huntington and Percy Stubbs of Norwich are

two international blind bowlers. Horse riding, rifle shooting, swimming, marathon running and darts for the handless blind have also been introduced. Tape recording is encouraged both as a tool for daily living and as a recreation. There is an association of St Dunstaners interested in tape recording. St Dunstan's also has a radio society. A permanent radio station is situated at Ian Fraser House. Toymaking is also encouraged and in this the war blinded man's wife can play an active part. What is striking is the depth and the variety of these leisure activities. St Dunstan's has become a leader in the development of leisure for the blind.

Pearson House cares for those war blinded men and women who are too old or frail to benefit from extensive hobby training. In 1973 it was completely redesigned and redecorated for this purpose. Pearson House is now a home for long term residents and those needing special care. It has two wings. The first is a nursery wing for post-hospital care. This contains some well equipped wards which are staffed by state registered nurses. They are responsible for those war blinded men and women who need total bed care. The second wing is a home for those elderly St Dunstaners who have no family. Pearson House is directly administered by a matron and is staffed by qualified nurses, orderlies and care assistants. The care assistants are female helpers who act as escorts and readers.

Today, St Dunstan's operates an efficient job placing service for those who were blinded as the result of war service in the armed forces or Civil Defence Service. The Employment, Home Craft and

Research Department of St Dunstan's has particular responsibility for this work. In a preliminary stage, a St Dunstaner of employable age discusses his future career. All the important factors are taken into consideration, including his previous experience, personal inclinations and age. Training at Ian Fraser House is under the direction of the Commandant of St Dunstan's Homes. Training courses are available in telephony, physiotherapy, homecrafts and industry. St Dunstan's has its own training workshop. The man will be asked if he wishes to return to the occupation he was doing before he became blind. Sometimes an individual will undertake a period of training that is not usually provided. Some training will lead to professional qualifications. Once the St Dunstaner has completed his training at St Dunstan's training centre he will select some kind of useful occupation. The Employment Department will provide him with advice. The appropriate technical department will arrange placement and settlement for the man. The department will also provide any aid which the man will need in his employment. Sometimes these aides are specially designed. The Industrial Department of St Dunstan's is responsible for those employed in telephony, factories and home industries.⁶¹ A team of representatives help the St Dunstaners to find employment. The representatives call back at six monthly intervals to ensure that the St Dunstaner is well suited to his new occupation. But redundancy has been a particular problem, especially in industrial work. Automation has sometimes taken over a line of capstan lathes where war blinded men were employed. In

those circumstances the representative of St Dunstan's will consult with the employer to find the war blinded man some alternative work within the factory. The war blinded man is sometimes retrained and turns, for example, from machine operating to inspection. Any training that is required is provided at St Dunstan's own centre. Help is also provided for those St Dunstaners who would like to enter the professions. Several war blinded men have become insurance brokers, solicitors, chartered accountants, Ministers of Religion and university professors. For example, Allen Milne is now Professor of Political Theory at Durham University. The Physiotherapy Superintendent of St Dunstan's is concerned with the interests of those men in the physiotherapy profession. In this work he is supported by an Advisory Committee of war blinded physiotherapists.

In recent years, the employment service of St Dunstan's has been very successful and has placed the war blinded in a variety of occupations. In business recently there have been shopkeepers, a storekeeper and catering supervisor, an antique dealer, travel agents, the manager of a fishing business, a manager of a market stall, a garage manager, fish merchants, launderette managers, guest house proprietors, a stoker and a grave digger. Others have been employed as telephonists, shorthand typists, piano tuners, journalists, authors, public relations officers and labour and welfare officers. Special attention has been paid to the multi-handicapped. One handless man became a guide at Warwick Castle. A man with one arm became a lift operator. The war blinded are not typical

examples of the blind. As Herbert Rusalem has observed:

'In comparison with the civilian blind, the members of this group were younger at the time of onset of blindness and probably have the advantages of greater vigour, firmer financial security, and greater esteem in society. '62

For these reasons, the war blinded have enjoyed greater success than other blind people in seeking and keeping employment.

In the search for employment, each war blinded person is treated as an individual and not as a client. Equality of opportunity and not equality of expenditure is considered important. The appropriate amount of time and money is spent on each individual to ensure that he is placed in suitable work. This is possible because St Dunstan's is financially independent. It has no grants whatever from the government and no financial obligations to outside bodies. The rehabilitation that is given is oriented towards a sociable way of life and the war blinded are encouraged to work among sighted people. An institutional approach is discouraged and so St Dunstan's does not place the war blinded in sheltered employment. Integration within the sighted workforce is the preferred policy.

The special responsibility of the Research Department is to assist doubly handicapped people in open employment.⁶³ Twenty of the war blinded lost both of their arms as well as their sight. Specially adapted telephone switchboards, typewriters, lifts, weaving looms, applicances for artificial limbs, watches, talking books, radios, drinking tubes, electric kettles, musical instruments and so on have been produced.⁶⁴ The aides have assisted the doubly

handicapped in the factory, office and workshop. For example, the Research Department designed several adapted saws and planes so that Dick Brett, who is blind and handless, could be employed as a carpenter. Norman French has been research engineer at St Dunstan's for 39 years and he is personally responsible for many of these aides.

The Research Department can also assist the doubly handicapped in their recreation. Brett, for example, uses aides to play darts, bowls and go fishing with St Dunstan's Fishing Club. One of French's most ingenious devices was a snuff box for a man with neither eyes nor hands. Some doubly handicapped men have become well known. Bill Griffiths of Blackpool is handless and blind. In 1969 he became disabled sportsman of the year and is now St Dunstan's spokesman in the north of England. With the help of aides designed by St Dunstan's he can type his own letters, answer the telephone and earn a living. St Dunstan's specialist knowledge of the double handicap of limblessness and blindness has been recognised and used by other organisations serving the handicapped.

St Dunstan's has successfully placed many of the multi-handicapped blind in a variety of occupations. This was confirmed in 1964 in a survey conducted by Lloyds.⁶⁵ He found that over half of the severely disabled war blinded were employed as shopkeepers, travel agents, guides in historic buildings, weavers and joiners. Those men with one arm or one hand found work in telephony, automatic machine operation and inspection. Some of them were employed as home

workers and were engaged in rug making and basket weaving. Those with leg amputations were well suited to many seated jobs and did not pose severe vocational problems. However, those with internal injuries or disease or head injuries experienced great difficulty in finding work. Many of the men made great use of the aides supplied by St Dunstan's.⁶⁶

Throughout history the blind have faced two important problems. The problem of how to become mobile and the problem of how to become literate and achieve access to printed material. After 1945 Ian Fraser was determined to harness modern technology to serve the war blinded and he provided a momentum to new research. In particular, mobility in an increasingly complex and urban world was seen to be as crucial as the search for employment. So St Dunstan's has encouraged the development of mobility aides for the blind. In the early 1960's Fraser was one of the first to recognise the significance of the sonic torch and the long cane technique to the mobility of the blind and therefore in June 1966 convened an International Conference in London to discuss these new ideas.⁶⁷ Later St Dunstan's supported Professor Leslie Kaye's research on the ultrasonic torch mobility device. Richard Dufton, the war blinded Research Director of St Dunstan's in the 1960's, was involved in this work. The sonic torch uses radar and beeps a warning of approaching obstacles. St Dunstan's helped subsequently to evaluate the binaural sensor, or ultrasonic spectacles. St Dunstan's also established formal mobility courses which were based on the technique of the long cane. Today

the war blinded benefit from these methods. They receive mobility training by using the ultrasonic spectacles in conjunction with the long cane.⁶⁸ In 1966 St Dunstan's, with the assistance of the Royal National Institute for the Blind and the Birmingham Royal Institution for the Blind, also established the National Mobility Centre. The civilian blind can use this centre and it has since done some pioneering work. Today the Centre is conducted by the RNIB on behalf of a consortium established by St Dunstan's, the RNIB and the BRIB.

Throughout its history, St Dunstan's has also sponsored research into reading machines. In connection with this, in 1966 Fraser opened the international scientific conference organised by St Dunstan's in London. In his opening address he had declared:

'Braille, talking books and radio provide access to a great deal of the world's literature. But even so, it is only a tithe of what is available to other folks. Therefore, the idea has been in our minds, for a long time, to make the printed word talk.'⁶⁹

The American Kurzweil Reading Machine (or KRM) later made Fraser's idea a reality. It was the first reading machine for the blind to deliver a spoken output. St Dunstan's was actively involved in introducing the Kurzweil into Britain and St Dunstan's and the Royal National Institute for the Blind later conducted a joint evaluation of it. The week of the 13 August 1979 was a historic week for St Dunstan's and for all the blind of the United Kingdom. In that week the Kurzweil became commercially available from St Dunstan's and the RNIB.⁷⁰

St Dunstan's has also assisted with the success of the Optacon in Britain. The Optacon is a reading device that was also invented by an American. Each letter in a line of written material is scanned

by a small television camera. The blind person uses his finger tip to feel the vibrating outline of each letter. By this ingenious method the blind can read. In 1971, the Optacon was demonstrated before St Dunstan's Scientific Committee by the blind daughter of the inventor. Many of the war blinded now use the Optacon and St Dunstan's has helped to make it popular among the civilian blind. Indeed, by 1985, ten thousand Optacons were in use throughout the world and several hundred were in use in Britain.⁷¹ Today St Dunstan's continues to be associated with the development and introduction of new reading devices for the blind. This is part of a long term policy

'to improve the lives of the war blinded and to share whatever is learned with all blind people.'⁷²

St Dunstan's certainly sees the future in a technical way. The computer has already given possibilities for blind people in employment in many areas where they otherwise would not have been able to participate. One war blinded man is already employed in the computer field.

A critique of the work of St Dunstan's

St Dunstan's is one of the richest charities in Britain and over the years its wealth has increased substantially. For example, in the year 1958-1959 it had assets of £9,483,091. By 1965-1966 these had increased to £13,754,220. In 1971 St Dunstan's had assets of £16,573,175 and this figure rose to £18 million if the market value of St Dunstan's investments were included. In 1971 the fixed assets of St Dunstan's were £2,599,473. But investments were £12,466,934

'at or below cost' and this was nearly ten times larger than the expenditure of £1,252,373. Each branch of St Dunstan's is very well financed. For example, in 1971 St Dunstan's had three homes, including a small one. The 'maintenance of homes' account alone had nearly £4.25 million in it and this was nearly double the value of the homes. In the 1970's, St Dunstan's embarked on a modernisation programme. Ian Fraser House, Pearson House and the home at Kemptown, Brighton were improved. However, the cost of this work was not much greater than the amount St Dunstan's annually receives from legacies, and St Dunstan's wealth continued to increase. It should be added that St Dunstan's is conscious of its growing wealth. Since 1962 it has depended only on legacies. It no longer seeks general donations and does not take any money from Poppy Day. However, legacies have made the most significant contribution to the growing wealth of St Dunstan's and by 1984 St Dunstan's had resources of over £42 million. St Dunstan's total expenditure in 1984 was £5 million and its income, even without appealing for funds, was £4 million. St Dunstan's continues to have a vivid appeal for donors. Some other charities are concerned with less dramatic and more unfashionable social problems and they in contrast have found very little response from the public.

Only a small number of blind people stand to benefit directly from the wealth of St Dunstan's. In 1971, for example, there were only 1,909 St Dunstaners and 619 of these lived abroad. Many of them did not have special needs. Three hundred were self supporting

and had jobs in open industry. Others were employed in the professions, industry, farming and special occupations and some enjoyed a high income.

Indeed, while the reserves of St Dunstan's are increasing, the number of the war blinded is diminishing. For example, in 1965 there were approximately 1,000 St Dunstaners alive who had been blinded in the First World War. By 1971 this figure had fallen to 633. Since 1971 this figure has fallen more rapidly. In 1984 there were only 875 British members and their dependents still receiving help.

Some commentators have criticised the wealth of St Dunstan's and the comparatively small number of people who benefit from this money. In one of the few discussions of the subject Nightingale took the view that 'even now St Dunstan's could surely do more'.⁷³ Tom Parker of the National League of the Blind and Disabled and Margaret Ford and Peter White of In Touch, the weekly radio programme for blind listeners, have echoed these points. In particular, two issues deserve to be picked out for closer attention. First, in future will St Dunstan's extend their services to those ex-servicemen who are blind for reasons which are not connected with their war service? Second, in future will St Dunstan's extend their services to those persons blinded for other reasons?

At this point it is important to clarify who is eligible for help from St Dunstan's. Three groups of people can become full St Dunstaners. The first group are those men and women who are

blinded while on active service. Consequently most St Dunstaners are veterans of the Second World War and there are a small number still alive from the First World War. The second group are those service personnel who had a small eye infection or injury which damaged their sight while they were on active service. For this they receive a small 30 or 50 per cent disability pension and now their sight has deteriorated to blind registration level. St Dunstan's believes that there are as many as 8,000 ex-servicemen who receive a disability pension for eye damage. The problem is that St Dunstan's has no way of knowing if any of these people are now registered as blind. For this reason St Dunstan's is anxious to hear from any of these people to see if they are eligible to become full members of St Dunstan's. The third group who can become full members of St Dunstan's are those members of the ancillary services on the home front who suffered an eye injury and many years later lose their sight. The term ancillary services is a complex one and refers to a wide variety of organisations on the home front. St Dunstan's lists 35 of these organisations including air raid wardens, the Home Guard, auxiliary firemen, the decontamination service, the blood transfusion service and the national air raid precautions for animals service. St Dunstan's would like to help any individual who did receive an eye injury while working in a civil defence organisation and who is now registered as blind from any cause.

The important point to emphasise about the second and the third groups is that the eye injury must have been contracted while they

were on duty. However, the condition need not be the cause of the subsequent blindness. St Dunstan's is used to dealing with these matters and two examples can be given of this. First, the Home Guard who was blinded in one eye in an accident while on manoeuvres and then twenty years later was registered blind. In this case, the other remaining good eye has been effected by macular degeneration, which is a common cause of blindness in the elderly. A second example is the soldier of the First World War who was exposed to mustard gas and suffered some small eye damage and now in his eighties has become blind due to cataracts. In these cases, an operation is sometimes not carried out because the man's health is considered to be too poor.

In the late 1960's, Miss Diana Gavea left a substantial amount of money

'for all such relief of the blind as may be thought fit whether the blindness has been caused by war service or otherwise.'

The Gavea Trust is now used by St Dunstan's to help two groups who can only use St Dunstan's excellent rehabilitation and training facilities, but who cannot become full members of the organisation. The first group are those policemen, ambulance men and firemen who are blinded while on duty. Fortunately there are only a small number of these people. The second group is composed of those ex-servicemen whose blindness is not due to their military service. However, rehabilitation and training is offered only to those men and women in this group who are 'deemed to be trainable' and this means that in

general they should be under 50 years of age. Those who are over 50 years of age are only considered for rehabilitation and training if they need to train for a new job, or need training to continue in their present employment. The unfortunate fact is that today there are few ex-servicemen under 50 years of age. Consequently, the rehabilitation and training facilities of St Dunstan's cannot be used by most of these people. But these blind ex-servicemen who are over 50 years of age have a genuine need for hobby training and rehabilitation so that they can enjoy their retirement. St Dunstan's, and indeed many other organisations serving the blind, do not recognise the scale of this need and do not provide for it. The result is a curious one: most ex-servicemen become blind in old age and St Dunstan's does nothing to help them.

St Dunstan's does make a very small exception to this. Every year the Sir Beachcroft Towse Fund receives approximately £1,000 from St Dunstan's. This is a charity which is administered by the Royal National Institute for the Blind for the relief of financial distress among blind ex-servicemen. However, at any one time there is only £1,000 in the Fund and so it has little impact.

Today St Dunstan's has resources of over £42 million to spend on just 875 British members and their dependents. So it is not unreasonable to suggest that St Dunstan's should do more to help the visually handicapped. A comprehensive new policy would contain a number of important priorities.

The first priority is to help those ex-servicemen who were

severely physically handicapped in the Second World War and who have since become blind through unrelated causes. Many of these men have been housebound for many years and recently have lost their sight as a civilian. Some of them have applied to St Dunstan's for assistance but they have been turned down. St Dunstan's is uniquely placed to help these people. Only St Dunstan's have the decades of experience of dealing with blind ex-servicemen who have other physical handicaps. Most other organisations cannot cope with these special problems.

St Dunstan's should also offer more help to those able bodied people who were in the armed services but who later lost their sight and whose poor sight is not due to their military service. At present the only people in this category who are helped are those 'deemed to be trainable'. This excludes most of those over 50 years of age. St Dunstan's should now offer short life enrichment courses in a holiday setting where blind ex-servicemen could meet experienced St Dunstaners. Hobby training could be given. The American equivalent of St Dunstan's already helps ex-servicemen who become blind in later life.

At the moment, St Dunstan's only makes a token payment to the Sir Beachcroft Towse Fund, which is a charity administered by the Royal National Institute for the Blind to meet the special cases of hardship among blind ex-servicemen. St Dunstan's should give far more money to this charity.

In future, St Dunstan's should also extend help to the blind

widows of servicemen. Some of these women require assistance with training and rehabilitation. Some of them have turned to St Dunstan's for help, but have not received any. In a letter to In Touch, a listener from Lancashire told of her experiences:

'My husband was killed while on active service with the RAF. I had gone blind three years earlier, just before our son was born. I applied to St Dunstan's for help. I did not want money as I had got a widows pension. But I did want some help with rehabilitation, particularly with learning braille as there was no one to teach me. The social worker in my area just gave me the cards with the braille alphabet and a book and left me to get on with it. St Dunstan's turned me down in a very abrupt letter. So I was left to struggle on my own. It makes me very angry that they do not extend help to people like me when they have so much money. '74

This blind woman and others like her could make good use of St Dunstan's services.

Indeed at the moment too few blind people are allowed to use the excellent services of St Dunstan's. Free holidays have always been provided for St Dunstaners at Ian Fraser House, but their relatives have always stayed in separate lodgings. There should be a change in this policy so that the families of St Dunstaners can also enjoy the facilities. In addition, St Dunstan's facilities should be extended to all local blind people. A blind person recently put the case for this:

'As a registered blind person living only a quarter of a mile away from Ian Fraser House I and other visually handicapped people in the area naturally find it most frustrating to realise that such splendid facilities are not fully utilised. Like so many now finding ourselves unemployed I have the time to pursue new interests and occupations and could really widen our horizons if this barely used equipment were available to us in some limited basis. I am now fortunate enough to use the swimming pool once a week which I greatly enjoy, but initially only qualify for admittance to this by virtue of being a friend of an

employee. It is quite accepted locally that relatives of helpers are regularly allowed to use the pool, frequently extending to friends passed off as distant cousins, which hardly seems in keeping with their otherwise stringent restrictions.⁷⁵

Finally, St Dunstan's should broaden its general interests in blind welfare. At the moment the charity's articles of association state that it must provide for the 'permanent welfare' of the war blinded. This is done by rehabilitation and training and by 'such other means as the institution may from time to time think proper'. Other clauses state that these 'other means' can include research. This permits St Dunstan's to support bodies with objectives that 'are or may be of benefit to war blinded persons'. Therefore St Dunstan's has in the past supported research into talking books and sonic and ultrasonic aids. It has also developed special alarm clocks, watches, typewriters, kettles, diabetic syringes and so on. These aides have greatly helped the whole visually handicapped population. It supports the Guide Dogs for the Blind Association and has donated money to the National Federation of the Blind. In addition, meetings of the Federation are sometimes held in property owned by St Dunstan's. The Federation is a small organisation and is grateful for this support. St Dunstan's has also promoted scholarships and in 1983 awarded a grant to the Editorial Board of The British Journal of Visual Impairment to launch the journal.⁷⁶ However, this financial support which is offered by St Dunstan's is too small and too restricted. In 1984, for example, St Dunstan's made grants of only £125,047 to other organisations serving the blind. The size and scope of these

grants could be considerably expanded. In particular, St Dunstan's should now give more financial help to researchers who are trying to develop new aides for the blind. Special help should be given to those researchers who are developing new mobility devices and low vision aids for the blind. These aids would benefit not only the war blind but also the civilian blind.

Kenneth Fitzgerald and Albert Asenjo have observed that St Dunstan's was the first modern rehabilitation centre for the blind. Sir Arthur Pearson's enlightened philosophy of 'teaching men to be blind' soon permeated other organisations serving the blind, and services for blind civilians followed in the wake of St Dunstan's. In the 1930's St Dunstan's helped to establish the British Talking Book Service and Ovingdean set new standards in architecture for the blind. The war blind changed people's perceptions of what the blind could and could not do. The employment of the war blind in factories in the Second World War helped to pave the way for the acceptance of the civilian blind in open employment after the war. St Dunstan's research into ultrasonic and other aids has benefited all the blind. But now St Dunstan's serves a small and ageing constituency of 875 British members and their dependents. Few people can become St Dunstaners and little is spent on outside projects. Yet among the blind population as a whole, need is high and resources are few and today many blind people are elderly and many of these have additional handicaps. The challenge for all organisations serving the blind is how they can best help these people. St Dunstan's could lead the way again in blind

welfare if they would give more help to elderly blind ex-servicemen. In particular, more help should be given to elderly blind ex-servicemen with other handicaps.

Notes and References

1. The work of St Dunstan's has been well described. In particular, see the following: Lord Fraser of Lonsdale, My Story of St Dunstan's (George G. Harrap, London, 1961). This study is complemented by a paper by Ian Fraser. See Ian Fraser, 'The Service War Blinded in Great Britain', in Paul A. Zahl, Blindness Modern Approaches to the Unseen Environment (Hafner Publishing Company, New York and London, 1963). Also see F. Le Gros Clark, Blinded in War. A Model for the Welfare of all Handicapped People (Priory Press, Royston, Hertfordshire, 1969). These earlier studies are set in context by the most recent annual report of St Dunstan's. See St. Dunstan's, A place to feel secure 70th annual report for 1984-1985.
2. F. Le Gros Clark, Blinded in War A Model for the Welfare of all Handicapped People (Priory Press, Royston, Hertfordshire, 1969) page ix.. Also see pages v and 86.
3. St Dunstan's, A place to feel secure 70th annual report for 1984-1985.
4. See the comments of Christopher Bridgeman in The New Beacon, October 1985, Volume LXIX, Number 822, page 293.
5. See Lord Fraser of Lonsdale, My Story of St Dunstan's (George G. Harrap, London, 1961) pages 64 and 65.
6. George and Wilding have characterised Beveridge as a reluctant collectivist. See Vic George and Paul Wilding, Ideology and Social Welfare (Routledge and Kegan Paul, London, 1976) chapter 3. Beveridge's own views on this matter are set out in his Voluntary Action (Allen and Unwin, London, 1948).
7. For an examination of Pearson's life see Lord Fraser of Lonsdale, My Story of St Dunstan's (George G. Harrap, London, 1961) chapter 2. A more detailed life history was published by Sidney Dark in 1924. See Sidney Dark, The Life of Sir Arthur Pearson (Hodder and Stoughton, London, 1924).
8. Pearson quoted in Lord Fraser of Lonsdale, My Story of St Dunstan's (George G. Harrap, London, 1961) page 27.
9. Pearson also made a contribution to the education of the blind. He was a governor of Worcester College for the Blind and helped the National Institute to become the school's sole trustee. This ensured the future of the school. See Donald Bell (ed.) An Experiment in Education The History of Worcester College for the Blind 1866 - 1966 (Hutchinson of London, 1967) pages 55-56. This provides an account of Pearson's contribution to

the school. Recently a book by Richard Fletcher has been published which brings the history up to date and helps to set the earlier study in context. See Richard Fletcher, The college on the ridge (Published by the author, Yew Tree Cottage, Yock Lane, Wick near Pershore, Worcestershire, 1984).

10. See J. F. Wilson, 'Voluntary organisations for the welfare of the blind', in A. F. C. Bourdillion (ed.), Voluntary Social Services Their Place in the Modern State (Methuen, London, 1945) page 66. Also see Madeline Roof, Voluntary Societies and Social Policy (Routledge and Kegan Paul, London, 1957) page 188.
11. On this point Pearson later wrote in the St Dunstan's Review: 'There is a fellow I met the other day who, though he holds some bootlaces in his hand, is frankly nothing but a blind beggar. He is typical of many thousands throughout the country, and in my view a very serious blot upon the blind community'. Pearson did not blame the beggar but the country for this state of affairs. In the St Dunstan's organisation, training and the search for work was therefore given a special significance. See Lord Fraser of Lonsdale, My Story of St Dunstan's (George G. Harrap, London, 1961) chapter 8, which is entitled A Job of Work.
12. Sir Arthur Pearson, quoted in St Dunstan's A story of accomplishment (St Dunstan's, London 1981) page 5.
13. The minute is quoted in Mary G. Thomas, The Royal National Institute for the Blind 1868-1956 (Royal National Institute for the Blind, London, 1957) page 35.
14. Mary G. Thomas, The Royal National Institute for the Blind 1868-1956 (Royal National Institute for the Blind, London, 1957) page 136.
15. J. M. Ritchie, Concerning the Blind (Oliver and Boyd, Edinburgh and London, 1930) page 160.
16. Bob Young spoke on a BBC radio documentary Learn to be Blind: The Story of St Dunstan's. This was broadcast on 12 February 1985 to celebrate the 70th anniversary of the opening of the first St Dunstan's home for blinded servicemen.
17. Lord Fraser of Lonsdale, My Story of St Dunstan's (George G. Harrap, London, 1961) pages 29-30.
18. This annual report is quoted in Mary G. Thomas, The Royal National Institute for the Blind 1868-1956 (Royal National Institute for the Blind, London, 1957) page 35.

19. See Lord Fraser of Lonsdale, My Story of St Dunstan's (George G. Harrap, London, 1961) page 360.
Tommy Milligan was the second man to join St Dunstan's, on 11 February 1915.
20. Some people are surprised to learn that St Dunstan's is named after a clock and not after St Cecilia, the Patron Saint of the blind. St Dunstan was an Archbishop of Canterbury in the 10th century and is Patron Saint of goldsmiths.
21. See Madeline Roof, Voluntary Societies and Social Policy (Routledge and Kegan Paul, London, 1957) page 176.
22. See the eighty fourth report of the Royal National Institute for the Blind, published in 1968.
23. The Departmental Committee on the Welfare of the Blind, 1914-1917, Volume VII, page 45. A study which looks closely at the St Dunstaners of the First World War is F. Le Gros Clark, Blinded in War A Model for the Welfare of all Handicapped People (Priory Press, Royston, Hertfordshire, 1969) Chapter seven of his book, entitled 'Voices', provides an insight into the lives of these men through their own words. A famous St Dunstaner of the First World War, Sir Clutha Mackenzie, wrote about his life in his book The Tale of a Trooper.
24. Report of the Interdepartmental Committee on the Rehabilitation and Resettlement of Disabled Persons (Tomlinson Report) 1943 page 42.
25. Sir Arthur Pearson, Victory Over Blindness, How It Was Won (Hodder and Stoughton, London, 1919). In 322 pages Pearson described the early work of St Dunstan's.
26. Home Topics, The New Beacon, January 1957, Volume LXI, Number 479, page 14.
27. An account of this approach to rehabilitation is contained in Lord Fraser of Lonsdale, My Story of St Dunstan's (George G. Harrap, London, 1961) chapter 3.
28. Sir Arthur Pearson, Victory Over Blindness, How It Was Won (Hodder and Stoughton, London, 1919).
29. For a description of this period of St Dunstan's history see Lord Fraser of Lonsdale, My Story of St Dunstan's (George G. Harrap, London, 1961) chapter 10.
30. Lord Fraser of Lonsdale, My Story of St Dunstan's (George G. Harrap, London, 1961, page 14. For an account of the experience of him going blind see chapter 1 of the book.

31. Lord Fraser of Lonsdale, My Story of St Dunstan's (George G. Harrap, London, 1961) page 364.
32. Fraser's autobiography is entitled Whereas I was Blind (Hodder and Stoughton, London, 1942). An obituary appeared in the Regional Review, Number 59, September 1975, page 18.
33. Lord Fraser of Lonsdale, My Story of St Dunstan's (George G. Harrap, London, 1961) page 336.
34. Several St Dunstaners have been deaf and blind. One of them, Wally Thomas, wrote the story of his life in a book entitled Life in My Hands. It was published in 1960.
35. The London Association for the Blind Story was published in The Blind Record between January 1921 and July 1924 and describes the home in detail.
36. See Lord Fraser of Lonsdale, My Story of St Dunstan's (George G. Harrap, London, 1961) chapter 12. Years later, in 1971, Ovingdean was renamed Ian Fraser House.
37. S. Goldsmith, Designing for the Disabled (Riba Publications, London, 1976). J.R. Berrado, 'Architecture for Blind Persons', New Outlook for the Blind, 1970, Volume 64, pages 262-265.
38. For an account of St Dunstan's in the Second World War see Lord Fraser of Lonsdale, My Story of St Dunstan's (George G. Harrap, London, 1961), chapters 13 and 14.
39. Lord Fraser of Lonsdale, My Story of St Dunstan's (George G. Harrap, London, 1961) page 231.
40. Ann Shearer, Disability: Whose Handicap? (Basil Blackwell, Oxford, 1981) page 184.
41. The origins of the Disabled Persons (Employment) Act of 1944 and the negotiations which helped to shape the Act have been traced by Bolderson. See Helen Bolderson, 'The Origins of the Disabled Persons Employment Quota and its Symbolic Significance', Journal of Social Policy, Volume 9, Part 2, April 1980, pages 169-186.
42. At the same time Towse also maintained close personal links with St Dunstan's. In 1940 he became a member of the Council of St Dunstan's.

43. See Mary G. Thomas, The Royal National Institute for the Blind 1868-1956 (Royal National Institute for the Blind, London, 1957) chapter 7.
44. Tom Drake quoted in June Rose, Changing Focus The Development of Blind Welfare in Britain (Hutchinson of London, 1970) page 92.
45. See Mary G. Thomas, The Royal National Institute for the Blind 1868-1956 (Royal National Institute for the Blind, London, 1957) page 105.
46. The history of St Dunstan's after 1945 has been described by Ian Fraser. See Lord Fraser of Lonsdale, My Story of St Dunstan's (George G. Harrap, London, 1961) chapter 16.
47. Lord Fraser of Lonsdale, My Story of St Dunstan's (George G. Harrap, London, 1961) page 181.
48. Fraser has given a list of 51 occupations which have been successfully followed by St Dunstaners of the two world wars. The full list is: 'Doctor, masseur or physiotherapist, osteopath, parson, solicitor, barrister, director of companies, poultry farmer, boot repairer, joiner, handicrafts, shopkeeper, merchant, secretary, labour officer, actor, welfare officer, author, journalist, newspaper proprietor, telephonist, social service, research chemist, research worker, upholsterer, salesman, insurance, blind welfare, schoolmaster, lecturer, lecturer in law, member of Parliament, member of Legislative Assembly, alderman or councillor, bookmaker (horse racing), fisherman, chartered accountant, transport executive, surveyor, dog-breeder, baker, missionary, singer, boarding house keeper, machine operator, farmer, horse-breeder, flower farmer, greyhound owner, pavior, and fish trader. See Ian Fraser, 'The Service War Blinded in Great Britain', in Paul A. Zahl, Blindness Modern Approaches to the Unseen Environment (Hafner Publishing Company, New York and London, 1963) page 305. This long list is not exhaustive.
49. Geoffrey Smith's well known series of profiles of prominent blind people included an article on Buckley. See Geoffrey Smith, 'Profile', The New Beacon, July 1976, Volume LX, Number 711, pages 173-175.
50. See John Hilbourne, 'Social Class and the Residential Social Rehabilitation of Newly-blind Adult Males', The British Journal of Social Work, Summer 1972, Volume 2, Number 2, page 129.
51. Harvey Morris, 'The Unhelped Blind', New Society, 7 September 1967, pages 319-320.

52. Ian Fraser, 'The Service War Blinded in Great Britain', in Paul A. Zahl, Blindness Modern Approaches to the Unseen Environment (Hafner Publishing Company, New York and London, 1963) page 306.
53. In Scotland the work of St Dunstan's is complemented by the Scottish National Institution for War Blinded Ex-Servicemen. This is based in Edinburgh. The Institution has a village settlement, Linburn in Midlothian, which is provided with seven modern workshops, a hostel for unmarried men and a housing estate. But the Institution cannot match the quality and depth of service provided by St Dunstan's.
54. The Secretary of St Dunstan's is the head of staff. In other organisations he would be referred to as the director-general or managing director.
55. See Lord Fraser of Lonsdale, My Story of St Dunstan's (George G. Harrap, London, 1961) page 61.
56. See Lord Fraser of Lonsdale, My Story of St Dunstan's (George G. Harrap, London, 1961) page 85.
57. Cotterell was featured in the recent film To Live Again A Story of St Dunstan's.
58. As long ago as 1969 F. Le Gros Clark considered the possibility of some bungalow settlements for the older war blinded. See F. Le Gros Clark, Blinded in War A Model for the Welfare of all Handicapped People (Priory Press, Royston, Hertfordshire, 1969) page 62.
59. See St Dunstan's, Our St Dunstan's Family Sixty first annual report for the year ended 31 March 1976.
60. St Dunstan's, To Live Again (St Dunstan's, London, 1981) page 13.
61. F. Le Gros Clark provides a detailed description of those war blinded men who have become telephonists, physiotherapists and industrial workers. See F. Le Gros Clark, Blinded in War A Model for the Welfare of all Handicapped People (Priory Press, Royston, Hertfordshire, 1969) chapter 5.
62. Herbert Rusalem, Coping With the Unseen Environment An Introduction to the Vocational Rehabilitation of Blind Persons (Teachers College Press, New York and London, 1972) page 96.

63. For a general examination of how the multi-handicapped can be helped by rehabilitation see Herbert Rusalem, Coping With the Unseen Environment An Introduction to the Vocational Rehabilitation of Blind Persons (Teachers College Press, New York and London, 1972) chapter 14.
64. For a detailed description of some of these aids see Ian Fraser, 'The Service War Blinded in Great Britain', in Paul A. Zahl, Blindness Modern Approaches to the Unseen Environment (Hafner Publishing Company, New York and London, 1963) pages 307-309.
65. A. D. Lloyds, 'Modern programmes for blind persons with other disabilities', The New Beacon, 1964, Volume 48, pages 600-604.
66. Lloyds also found that approximately 25 per cent of the multi-handicapped blind in West Germany were working in government departments as telephonists, administrators, railway announcers and legal workers.
67. The proceedings of this conference were later published. See Richard Dufton (ed.), Proceedings of the International Conference on Sensory Devices for the Blind (St Dunstan's, London, 1967).
68. The war blinded can receive mobility training at Ian Fraser House or arrangements can be made for them to attend courses organised by their local authority. The Guide Dogs for the Blind Association also offers guide dog training for the war blinded.
69. Ian Fraser quoted in the St Dunstan's Review, October 1979.
70. For an evaluation of the Kurzweil Reading Machine by Captain Ray Hazan of St Dunstan's see the Regional Review, Number 66, Winter 1979, pages 55-56. In some respects the Kurzweil is a descendant of the Optophone, which had been invented in 1914 by Doctor Fournier D'Albe. This was a reading machine which produced an audible code of musical chords and notes. Few blind people could understand it and it never became popular. Miss Mary Jameson was probably the only blind person who used the Optophone. She used it to read The Warden in 1914 and so became the first blind person to read a book for herself. Throughout her life Miss Jameson was associated with St Dunstan's sponsored researches into reading machines for the blind and also helped to evaluate the Kurzweil. She died in 1981.
71. See The New Beacon, July 1985, Volume LXIX, Number 819, page 209. Bassler provides a description of the Optacon and outlines his experiences of learning and using it. See Harry Bassler, 'The Optacon: A personal report', Rehabilitation Teacher, October 1973, Volume 5, Number 10, pages 13-16.

72. St Dunstan's, To Live Again (St Dunstan's, London, 1981) page 8.
73. B. Nightingale, Charities (Allen Lane, London, 1973) page 259.
74. Letter to In Touch, 19 February 1985.
75. Letter to In Touch, 19 February 1985.
76. See The British Journal of Visual Impairment, Summer 1983, Number 1, page 1.