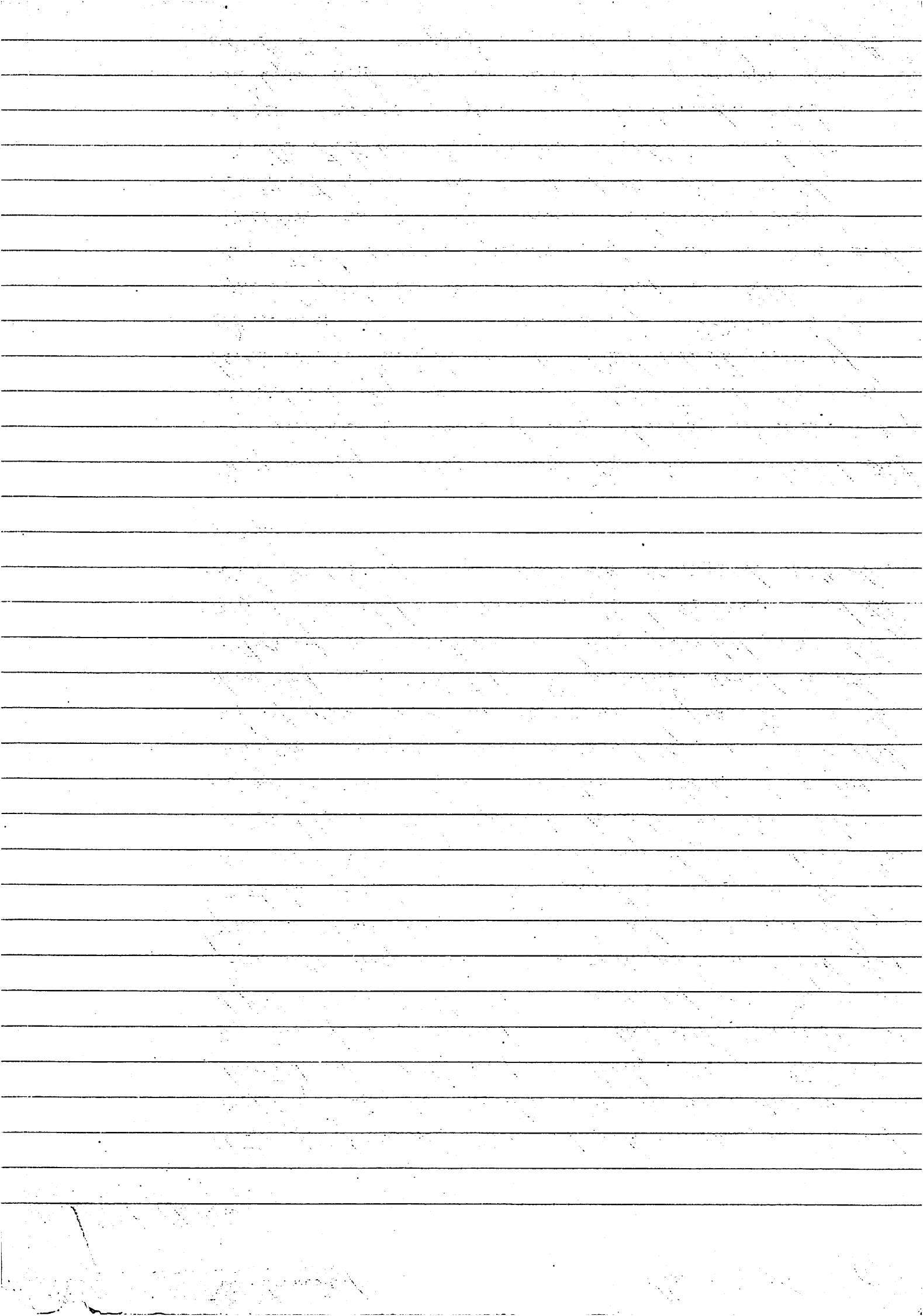


Disabled Children

Although primarily concerned with income, assets and employment, the questionnaire contains two pages devoted to health and disability. The questions are constructed and framed such that all disabilities or defects of health should be accounted for. They range from the very general: is each person's health good, fair or poor for their age? And, is anyone seeing a doctor regularly? To questions specifically concerned with physical and psychological disabilities or conditions. The explicit function of the latter is one of concern with the relative ability to perform simple everyday tasks successfully. Via a complete set of such questions the above information on the disabled was collected. The questions asked in this section of the questionnaire also provided some data, albeit limited, on handicapped children, and the next couple of pages will be concerned with this group.

Surprisingly little research has been conducted that has primarily concerned with disabled children. Surveys carried out by government departments (eg. Harris) have concentrated on disabled adults (true of Denmark too? Other countries?). Statements of official statistics are to be found in tables of registered disabled persons, persons in care and children in special schools and centres (Digest of Health statistics, the health of the school child, on the state of the public health), but no single overall figures are published. What independent surveys there are (Carnegie, from birth to 7) suggest a great understatement of the



problem by successive governments.

Source?

The DHSS estimate that there are around 100,000 physically and mentally handicapped children in Great Britain (0.80% of all under 15). The study of the 1958 Cohort however found that 2.6% of the children that survived to the age of seven had defects of a 'serious or partially serious nature' (p157). This suggests a problem at least 3 times the size of present government estimates. Although, perhaps the most alarming fact is that no complete overall figures for child disability exist. In such a situation, where no national data is published, we must seriously question whether the authorities are aware of the problem. At the time of writing, under the provisions of the Chronically Sick & Disabled Persons Act, 152 out of 158 local authorities had made some attempt to 'make themselves aware' of the extent of child disability. These attempts, however, could be anything from a series of pilot questions to an extensive survey, and certainly no national figures are available at this time. (Information supplied by DHSS).

The only way that some rough of national picture of child disability can be constructed is by piecing together the information gleaned from various government reports. From these we find around 185,000 children known to suffer from physical or mental disabilities. (Table required?)

As well as the government, sociologists have not given much time to disabled children. No national survey or investigation has been carried out to



demonstrate the full extent of handicap. It is my contention that the integration of the disabled into society must begin with the children. The social definition and norms of disablement are inculcated, and the seeds of stigmatisation planted during the socialisation process. Thus it is essential for sociologists to study disabled children, either separately or preferably, as part of a wider analysis of all disadvantaged and deprived children. In this way we must question the way our society treats handicap and the values and assumptions which underlie this treatment. For example, the sociologist could examine the effect of the segregation of handicapped children on their integration and acceptance in society, and their acceptance of society. In addition we must question the way in which society provides for the handicapped. For example, with the high unemployment of disabled people, the future of these children is such that their economic independence should be ensured as early as possible.

~~See~~.  
Substitute  
more elaborate  
definition as  
attached

For the purposes of this short account children were selected not only on the basis of disablement conditions and scores, but also from those attending special schools and those listed as being in poor health for their age. Thus enabling the extraction of all cases of children in ill-health. However, this was not the only reason, the assumption being that the definition of child disability is necessarily a wide one.

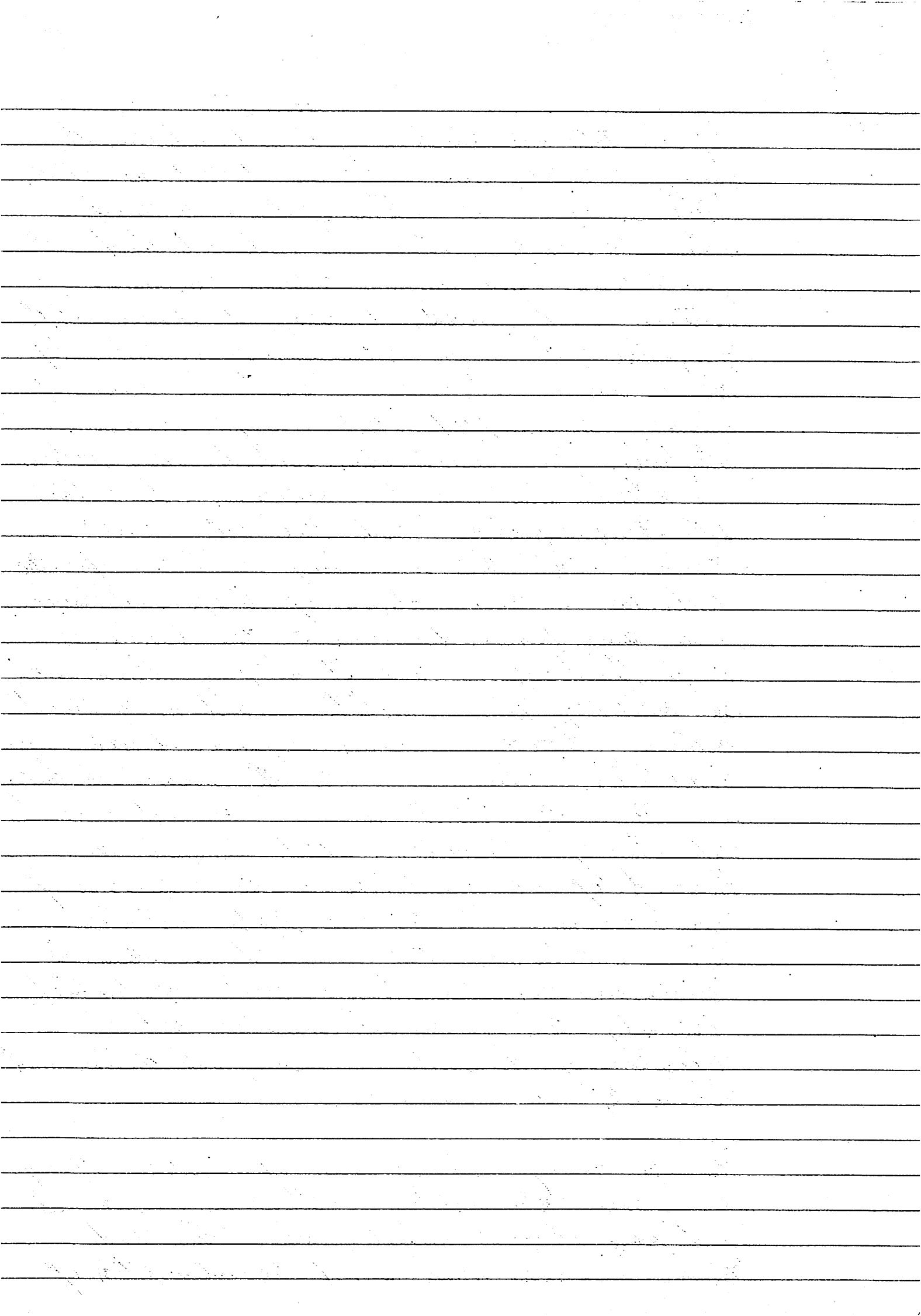
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under 15?

Of the total 1712 children, of 16 and under in the survey, 30 (1.7%) were listed in at least one of the above categories. The condition of this 1.7% varied widely. For example, there was a 'delicate child' with four kidneys and several children with severe asthma, and severely handicapped children, both physical and mental, attending special schools. Of the 30 children, at least 13 could be considered 'severely' handicapped, that is by prevalent standards. This classification excludes those such as the delicate child with four kidneys, the children with lung infections, and those with 'nervous' troubles. But there is a strong moral case for the inclusion in any analysis of all of these children, since any minor disablement can become a major handicap for a child at play. Thus, even the relatively few limitations that a complaint such as bronchial asthma imposes, become major disabilities. When one reads the individual cases (eg. Tom) it is hard to argue against a moral definition of disability, that includes some account of the limitations in the performance of normal everyday, in this case child's, activities. This is not to say that we should give them the "conclusive and stigmatising label" of disabled, but only that we should remember that the definition of disability we employ with children must necessarily be a broad one.

Thus the survey contained cases of children suffering from severe abnormalities, both of an anatomical and physiological nature, some others had chronic conditions which caused the interruption of





their normal physiological processes. All of them experienced limitations in their ability to perform everyday act. All were 'disabled' by at least one definition, and more usually by two (your article ('the disabled in society')). It is interesting to note here that, although all of the children were disabled in some sense, 16 of the 25 parents stated that their child's health was either good (13) or fair (3). Two of the former and two of the latter were severely handicapped.

None aged 5?

Of the 30 children, 5 were under 5, 9 between the ages of 6 and 10, and 16 between 11 and 16. All except one of the severely handicapped were 10 or over. Ten of the children had lung or chest complaints and 5 had some form of mental handicap. There were 3 children listed as having nerve trouble, of these, either one or both parents were also listed as having a nerve complaint (hereditary or normative/deviant?\*) . Three of the children suffered from a kidney disorder.

\*role-playing definition?

Five of the children were in households of a man, woman and four or more children, 12 in three adults plus children and 9 in other households with children. The average household income of the children was 132%. Seven were in households in poverty and 9 on the margins of poverty. Six of the 30 attended a special school, either for mentally handicapped, backward or delicate children.

I shall now present a few short individual accounts in order to illustrate the types of complaints



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