

THE RESIDUE OF POLIOMYELITIS

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FOREWORD

One of the consequences of ill health which can have the profoundest social and economic effect is a legacy of chronic and permanent disability. It may arise from many different disorders, and can take as many different forms as blindness, deafness, mental sub-normality or paralysis. Not only is each person disabled a unique individual, but each type of disability presents fundamentally different difficulties.

Thus a study of the effects of one form of disability is limited in scope. This report concerns those who have been permanently paralysed by poliomyelitis. The Office of Health Economics became interested in this disability when preparing the study on "The Price of Poliomyelitis", published in 1963. With the help and co-operation of the British Polio Fellowship, it proved possible to mount a survey of members of the B.P.F. who had been disabled by polio.

The choice of this particular group of disabled people was, therefore, partly fortuitous, and partly based on considerations of practicability. The problems which it reveals, and the pattern of disability which it describes, are not necessarily representative of the many other groups of disabled persons in the community.

Currently, there is much interest in the development of community care. From the picture which emerges from this survey, it is clear that there is the need for "market research" to define the principal problems the disabled face in day-to-day life. This survey covers one small area. It is to be hoped that similar studies, covering other forms of disability, may follow.

Thanks are due to many engaged in the rehabilitation of and welfare of persons disabled by poliomyelitis for their help in conducting the survey especially to Mr. D.S. Powell, the General Secretary and Miss B.C. Nagel the Welfare Officer and staff of the British Polio Fellowship. Also to Mrs. Veronica Norburn of the Office of Health Economics for much other of the preparatory work on this report.

The greatest debt is owed to the many members of the British Polio Fellowship who responded so ably to the survey.

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## INTRODUCTION

The prevention of poliomyelitis ranks as one of the foremost medical achievements of the 1950's. From 1912, when the disease was first notifiable in England and Wales, the number of cases tended slowly to rise, but rarely exceeded 1,000 in any one year. In 1947, the picture abruptly changed: nearly 8,000 cases were notified. The following decade saw repeated recurrences of the epidemic with cases averaging 4,500 a year. Vaccination started on a small scale in 1956 and in 1958 an intensive campaign was launched. From then onwards, the number of cases declined rapidly. They numbered 51 in 1961 (Fig. 1).

The immediate and most pressing problem of prevention appears to have been solved. There still remains, however, the residue of poliomyelitis, the large number of persons permanently disabled during the epidemic years. There is the risk that now the danger of the disease has been reduced, their problems may become forgotten (1).

The Office of Health Economics conducted a survey in 1963 of the social and economic problems faced by members of the British Polio Fellowship. A sample of 1,710 members of the Fellowship took part. The object of the survey was two-fold: first, it was designed to assist the Council of the Fellowship in planning welfare policy: second, it intended to provide a factual picture of the problems of polio disability, particularly in relation to the development of community care.

To the person who recovers from the immediate fever of poliomyelitis and then from the shock of discovering that their limbs are paralysed, the company and the support of another who has suffered similarly can be of immense assistance. The British Polio Fellowship was formed to provide this.

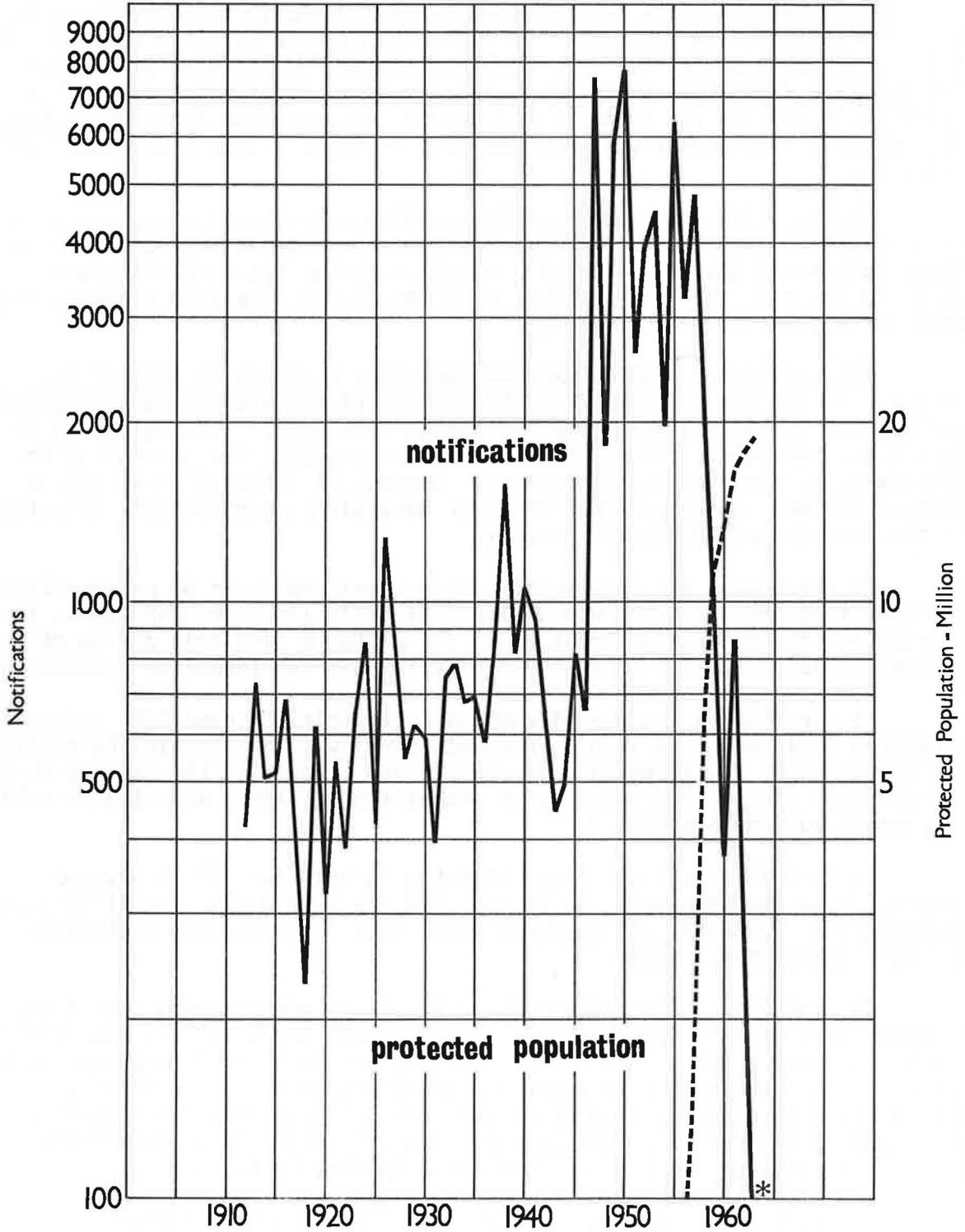
It was founded and registered under its original name "The Infantile Paralysis Fellowship" in 1939 by Patricia Carey who was disabled by polio at the age of eight years and Frederic Morena who contracted the disease when he was 42 years old. They built up an association of those disabled by polio for mutual aid and benefit (2).

By 1963 there were 89 local branches in Britain: 17 in Greater London, 58 in the provinces, 12 in Scotland and 2 in Wales. Most of these branches were formed in the epidemic years 1947 to 1958, when membership of the Fellowship grew rapidly.

The national headquarters of the B.P.F. provides guidance to local branches on welfare problems and deals with cases which are too difficult to handle at local level. The B.P.F. also run a hostel at Silverwood, Cobham, Surrey for a small number of severely disabled members, two hotels, a bungalow and caravans where members may take holidays, and two work-shops which employ members in producing publicity and fund raising materials. Welfare expenditure amounted to approximately £66,000 in 1962 (3).

The success of the polio vaccination campaign has important implications for the future work of the B.P.F. The questions of adjustment immediately following the illness or the rehabilitation of the person disabled for a short time will be less pressing. The problem will be the long-term support of the present permanently disabled population, which with far fewer new entrants, will steadily age.

FIG 1 POLIOMYELITIS. ANNUAL NUMBER OF CASES NOTIFIED. ENGLAND AND WALES. 1912-1963 AND TOTAL PROTECTED POPULATION (INITIAL COURSE TWO DOSES) 1957-1963.



\*1963. 51 Notifications

The national welfare services for the disabled have grown up through a variety of legislation which dates from the war years. The recommendations of the Tomlinson Committee led to the Disabled Persons (Employment) Act of 1944, made provision for finding suitable work for disabled persons through imposing a quota and designated employment system on employers and by the establishment of sheltered workshops (4). A register of disabled persons was introduced and disablement resettlement officers attached to employment exchanges. In 1956, the Piercy Committee concluded that the foundations for a comprehensive service had been laid, and recommended only a few modifications later implemented in the 1958 Act (5).

The recommendations of the 1943 Tomlinson Report concerning the medical aspect of rehabilitation and the provision of equipment were implemented by the National Health Service Acts, 1946 and in the National Assistance Act of 1948. The Ministry of Health may provide equipment and appliances, including for certain classes, single-seater electrically powered vehicles. National assistance grants are available to the disabled, while local authorities are empowered to make grants for or to undertake structural modifications to accommodation. Local health authorities can provide domestic help at a charge determined by income.

Under the Education Act, 1944 the local education authority provides medical inspection for handicapped children to determine the appropriate type of education. The authority is also required to assist training and further education.

The Welfare Services for the disabled have grown up to provide help on certain specified problems. It is now becoming clear that if the development of community care is to be a success, the services should be organised to meet the varying needs of different groups of handicapped persons and even of different individuals (6).

Although there have been numerous reports on the welfare services for disabled people, there has been little assessment made of either the size or significance of the different problems disabled persons face.

There is need to study the broad range of permanent disability. There are no such people as "the handicapped": there are only handicapped individuals, each of them different, each with his own personal and social problems to meet, as well as his own particular physical disability to overcome (7). The different causes of disability lead to different problems. The mentally handicapped face wholly different problems to those physically disabled: the impact of paralysis differs substantially from that of blindness. The outlook and adjustments needed by a person congenitally deformed are of a wholly different nature to those of a person handicapped later in life. Further, the disabled are drawn from all sections of the community. They differ in age, intelligence, education, home background and social class.

Residual polio disability has its special characteristics. The incidence of poliomyelitis is greatest in infancy. The disabled person may therefore face a full lifetime of handicap. Unlike other paralytic conditions, the disability is purely motor and not sensory. The mind is also entirely unaffected, it is only the body which is disabled, and unlike

degenerative diseases such as multiple sclerosis, the disability is static and not progressive.

The successful transformation of the welfare service into a system which can be tailored to meet widely differing individual needs depends largely on the extent to which information is gathered about the problems faced by the disabled. The future planning of the welfare services needs to be based on extensive and regular market research.

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THE SIZE OF THE PROBLEM

Statistics from notifications are the principal means by which an estimate of the total number permanently disabled by polio can be made. Notification started in England and Wales in 1912 and in 1926 in Scotland. Since then there have been approximately 86,000 cases notified in Britain. 58,000 (68%), date from the epidemic years 1947/1958; while 2,700 (3%) date from the years after 1958 - an indication of the severity of the epidemic and the success of the vaccination campaign. In general, the prognosis of acute poliomyelitis based on the notifications during the epidemic is that approximately 80 per cent of the cases recover completely, either immediately or after short-term disability, ten per cent recover, but are permanently handicapped, while the remainder die. This ratio applied to the total notifications, gives a figure of approximately 9,000 persons handicapped by poliomyelitis.

The estimate, however, has three shortcomings. Firstly, it does not include cases in England and Wales before 1912 or in Scotland before 1926. Second, it makes no allowance for subsequent mortality of those who survive an attack of poliomyelitis. Third, and perhaps the most important, there is no evidence to suggest that before 1947, notifications of poliomyelitis were far from complete.

Replies to the survey from members of the B.P.F. suggest that the number of cases of poliomyelitis towards the end of the last and in the early years of the present century was higher than is generally supposed (Table A). The earliest case in the survey occurred in 1874, while from 1883 onwards cases are reported for nearly every year. A high proportion of the cases (16%) date from the years 1909-1916. Several replies mentioned that poliomyelitis was not diagnosed at the time, and that it was not until the start of the National Health Service that the condition was described as the late effects of poliomyelitis. In some instances, the originally diagnosed condition was pneumonia and probably many deaths were ascribed to this cause.

The losses from subsequent mortality among those disabled by poliomyelitis are difficult to estimate. As a high proportion of cases occur early in life the loss even from the time notifications started, should not be great. It is, however, doubtful whether persons whose breathing had been impaired by poliomyelitis experienced the same mortality rates as the whole population particularly before the introduction of the iron-lung or of antibiotics for rapid, specific treatment for respiratory infections. Deaths from the late effects of poliomyelitis have been classified separately only since 1949. Just over 300 deaths have since been certified as due to this cause in England and Wales.

The major discrepancy is the incompleteness of notifications before 1947. Before the severe epidemic years, deaths from acute poliomyelitis fluctuated around 20 per cent of notified cases, but throughout the epidemic the case fatality fell to 10 per cent. It appears that during the epidemic a far higher proportion of the milder and almost symptomless cases were notified. It is, therefore, also probable that a far higher proportion of notifications before 1947 involved permanent paralysis. As the mortality ratio was twice as high, it is reasonable to assume that the proportion of

notifications involving permanent disability was similarly greater.

If this assumption is applied to the notifications before 1947 and some allowance made for cases occurring before notification started based on the figures from the survey and deducting losses through subsequent mortality, the estimate of the total persons in Britain permanently disabled by poliomyelitis rises to between 11,500 and 12,500.

Table A

Notifications of Poliomyelitis. England and Wales 1912 - 1962, Scotland 1926 - 1962. Percentage Cases in Survey by Years of Contracting Poliomyelitis.

Years	Total Number of Cases Notified England & Wales	Scotland	Per Cent of Total	Per Cent Cases in Survey
Pre 1912	-	-	-	16
1912 - 1921	4931	-	6	12
1922 - 1931	6651	581*	8	9
1932 - 1941	8740	994	11	8
1942 - 1946	3051	323	4	4
1947 - 1958	52514	5698	68	50
1959 - 1962	2551	240	3	1
Total	78438	7836	100	100

\* Scotland 1926 - 1931

Source: Registrars General.

## THE SURVEY

The survey of 1,710 members of the B.P.F. represents approximately one-seventh of the estimated total number of persons permanently disabled by poliomyelitis.

The survey was conducted by a postal questionnaire sent to a sample derived from the B.P.F. national headquarters' nominal list of disabled members. The survey was carried out in two stages. First, an invitation to take part from the General Secretary of the B.P.F. was sent to every other consecutive five names on the B.P.F. lists. Any members who had paid a subscription for any years since 1957 were included, since as subscriptions are collected by the branches the headquarters' list may fall out of date. Also, it avoided the sample being too heavily weighted by the most active members of the B.P.F. Names were chosen in blocks of five to pick up family and kinship groups affected by poliomyelitis. Members were asked to return the invitation by prepaid post giving date of birth and the date of contracting poliomyelitis.

A total of 6,015 invitations were sent and 2,506 (42%) replies received (Table B). These were divided into four broad categories:-

- (i) Infants under five years old - Group A
- (ii) Children under fifteen years old - Group B
- (iii) Adults who contracted poliomyelitis aged fifteen or more - Group C
- (iv) Adults who contracted poliomyelitis as children - Group D.

Different questionnaires were sent to each group (Appendix A). The questionnaires were designed with the help of the staff of the B.P.F. and others concerned in rehabilitation of disabled persons, and were tested by interviews with a small number of B.P.F. members.

Of the 2,506 questionnaires issued, 1,766 (70%) were returned, 1,710 of which were from members suffering residual polio disability. The response rate was highest among Group C and lowest in Group D. Generally questionnaires from the under 15 years old were completed by their parents or guardians.

### The Survey Population

The years in which the members in the survey contracted poliomyelitis coincide quite regularly with the cycles of the disease shown by notifications (Fig. 2). The exception to this occurred during the first few years of notifications in England and Wales. The sample suggests that an epidemic occurred between 1909 and 1916, although notification of cases was not high. From 1912 to 1916, the numbers in the survey amount to between seven and ten per cent of all notifications in England and Wales: thereafter the number in the survey tends to fall consistently between one and two per cent of total notifications in any one year.

One quarter of the sample contracted poliomyelitis before 1919, and one half before 1947. Half contracted the disease during the 1947 to 1958 epidemic. Less than one per cent contracted the disease in the 1960's. (Fig

Table B

Response to Postal Survey B.P.F. Members 1963

Response	Invitations issued	%	Questionnaires issued	% Response by Groups
Group A	9	0	6	78
Group B	369	6	255	71
Group C	617	10	493	81
Group D	1511	25	956	65
Total Groups A-D	2506	42	1710	68
No Disability	16	0	39	-
Deceased	47	1	1	-
No trace, spoilt, etc.	298	5	16	-
Total Replies	2867	48	1766	-
No Response	3148	52	740	-
Total issued	6015	100	2506	-

- Notes:
1. The 6015 invitations represents 50% of the B.P.F. polio members who have paid subscriptions at any time since 1957.
  2. The percent response on the questionnaire in each group includes questionnaires from members without residual disability.
  3. 65 of those in Group B passed their fifteenth birthday in the first half of 1963. In subsequent tables they have been included in the age group 15 to 19 years old. Similarly three infants in Group A reached their fifth birthday and have been included with the 5 to 9 year olds.

FIG 2 POLIOMYELITIS. NUMBER OF CASES PER ANNUM IN THE SURVEY POPULATION 1890-1962 AND NOTIFICATIONS ENGLAND AND WALES 1912-1925, GREAT BRITAIN 1926-1962.

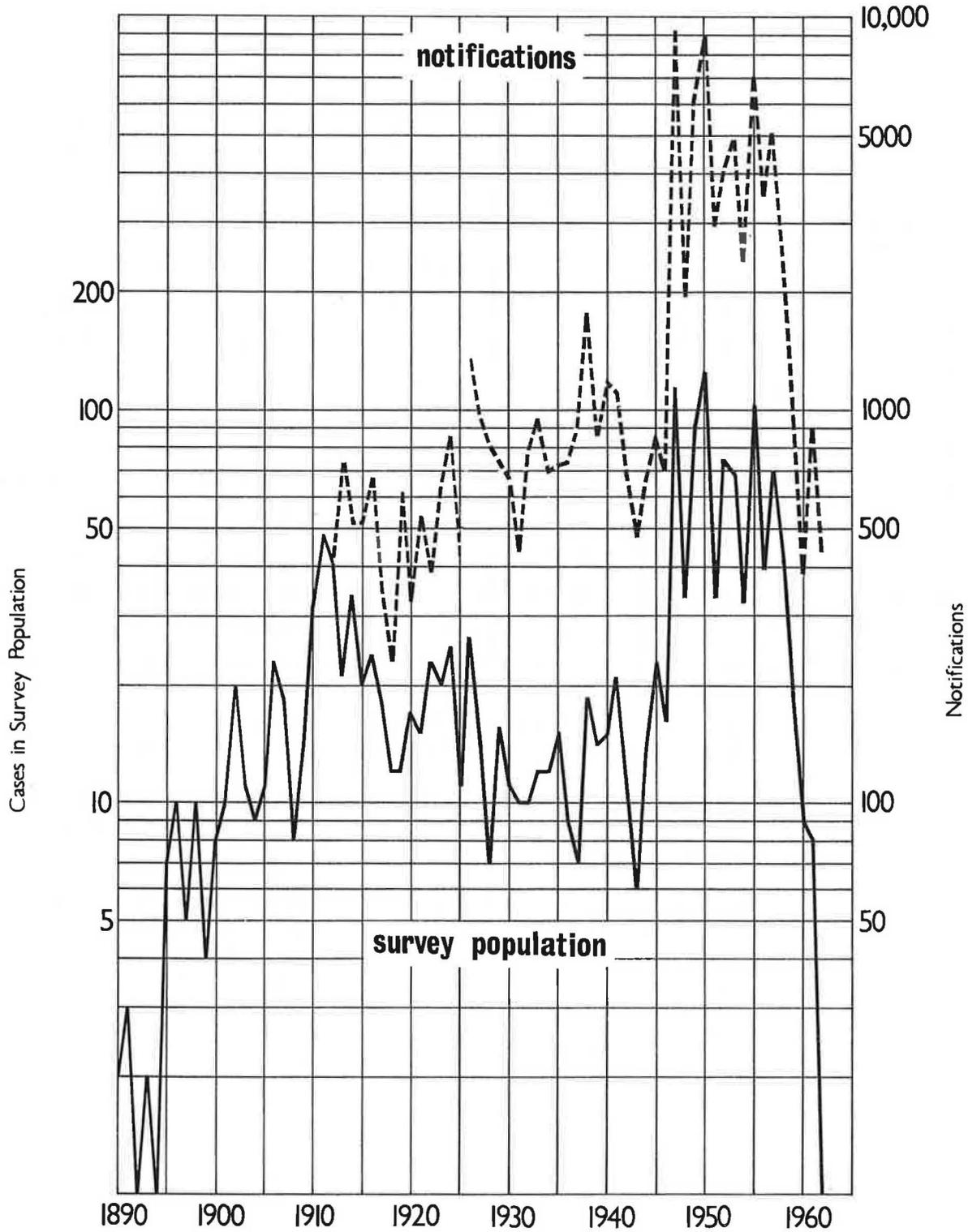
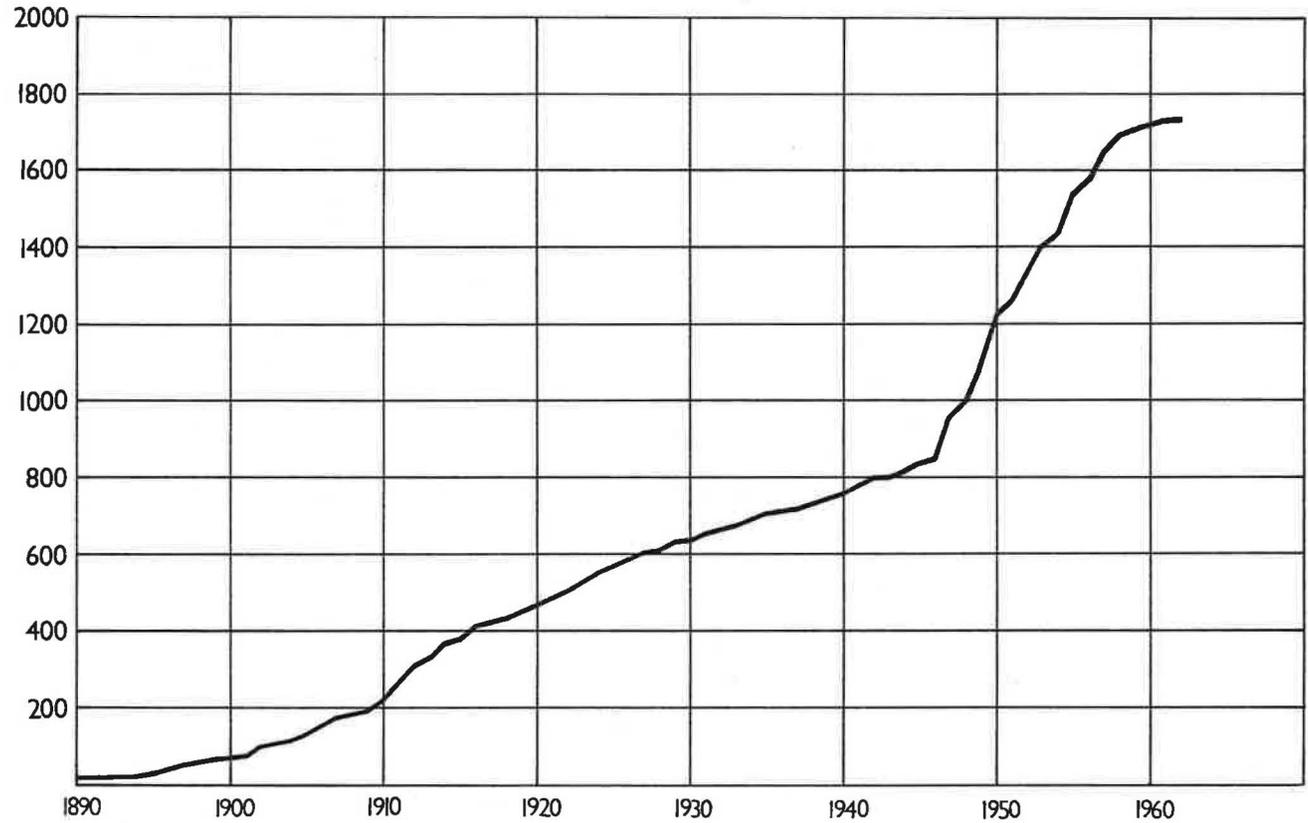


FIG 3 CUMULATIVE NUMBER OF CASES IN THE SURVEY POPULATION 1890-1962.

No. of Cases



As the incidence of poliomyelitis is greatest in childhood, the different epidemics of the disease have given the survey population a distinctive age structure (Table C). Unlike the population generally, the age distribution of the survey population has two distinct peaks. One-fifth is found in the age groups 10 to 19 years old - covering those whose childhood was passed during the epidemic 1947 - 1958; a quarter are aged between 45 - 59 years, those whose childhood coincided with the years 1909 - 1916. As the early 1930s appeared relatively free of poliomyelitis, the proportion aged between 20 and 29 years is low, while with the virtual elimination of poliomyelitis after 1958, the proportion now, aged nine or less, is also low. A final feature to note is the high proportion over retirement age.

The B.P.F. membership includes a high proportion of females. This produces a discrepancy between the survey population and the pattern of residual disability expected from the incidence of poliomyelitis. The incidence of poliomyelitis is higher among males.

The regional distribution, following the Registrar General's standard regions for Great Britain, follows closely the general distribution of population (Table D). Although from year to year there may be wide regional differences in the incidence of poliomyelitis, over time the differences appear to have levelled out.

The social class distribution of the households in which members live, determined by the occupation of the principal breadwinner, who may or may not be the disabled person, shows a greater proportion in the higher social classes than the population at large (Table E). This tendency is particularly marked for the households where the disabled person contracted poliomyelitis as an adult. The incidence of poliomyelitis is greater among higher social classes. The high proportion not allocated to any social class results from the large number of households in the survey without a breadwinner particularly among the elderly.

The main results of the survey of this group of 1,710 disabled persons are summarised in the following section. As an approximate yardstick of the significance of various findings, a number of comparisons with the population at large are given. However, because of differences in coverage, definition and composition between the survey population and other populations these comparisons should be treated with reservation.

The remainder of the report sets out the findings in detail. The tables cover the pattern of residual disability, the households in which the disabled persons live, marital status, problems of education for disabled children, of employment for men and single women of working ages, of running a house by disabled housewives, the problems of disabled persons over retirement age and of general questions common to all age groups, such as housing, transport, social contacts and health.

Table C

Age and Sex Distribution

Ages Mid 1963	Numbers in Survey Population			Percent		
	Males	Females	Persons	Males	Females	Persons
0 - 4	1	2	3	0.1	0.2	0.2
5 - 9	27	17	44	3.7	1.7	2.6
10 - 14	79	70	149	10.9	7.1	8.7
15 - 19	118	101	219	16.3	10.2	12.8
20 - 24	33	58	91	4.6	5.9	5.3
25 - 29	38	48	86	5.3	4.9	5.0
30 - 34	59	75	134	8.2	7.6	7.8
35 - 39	63	83	146	8.7	8.4	8.5
40 - 44	62	104	166	8.6	10.5	9.7
45 - 49	54	89	143	7.5	9.0	8.4
50 - 54	83	122	205	11.6	12.3	12.0
55 - 59	42	82	124	5.8	8.3	7.3
60 - 64	35	67	102	4.8	6.8	6.0
65+	28	70	98	3.9	7.1	5.7
Totals	722	988	1710	100.0	100.0	100.0

Table D

Regional Distribution by Age and Sex

Regions	0 - 14		15 - 44		45 - 64		65+		All ages		Per Cent	
	M	F	M	F	M	F	M	F	M	F	M	F
Northern	7	10	20	14	11	13	0	2	38	39	5.3	3.9
E.W. Ridings	12	8	25	36	25	38	0	6	62	88	8.6	8.9
N. Western	13	12	38	44	14	33	5	4	70	93	9.7	9.4
N. Midland	6	6	36	42	23	20	0	5	65	73	9.0	7.5
Midland	6	4	26	39	15	15	1	2	48	60	6.7	6.2
Eastern	2	1	8	12	16	24	3	7	29	44	4.0	4.4
London S.E.	29	22	123	147	68	126	10	30	230	325	31.8	32.8
Southern	7	3	32	32	6	32	2	4	47	71	6.5	7.2
South Western	2	7	18	31	11	16	1	6	32	60	4.5	6.1
Wales I (S.E.)	2	1	8	13	1	10	1	0	12	24	1.7	2.4
Wales II	1	2	4	2	3	4	2	0	10	8	1.4	0.8
Scotland N.	3	1	4	10	2	6	0	2	9	19	1.3	1.9
Scotland E.C.	9	8	13	29	13	12	2	1	37	50	5.1	5.1
Scotland W.C.	5	3	12	12	4	7	0	1	21	23	2.9	2.3
Scotland S.	3	1	6	6	2	4	0	0	11	11	1.5	1.1
Totals	107	89	373	469	214	360	28	70	722	988	100	100
Areas												
Rural	13	20	69	76	27	61	6	12	115	169	16	17
Semi-urban	18	19	95	116	56	73	3	14	172	222	24	23
Urban	45	22	87	130	50	86	9	21	191	259	26	26
Conurbations	31	28	122	147	81	140	10	23	244	338	34	34
Totals	107	89	373	469	214	360	28	70	722	988	100	100

Table E

Social Class Distribution of Members' Households by present age  
and by age when poliomyelitis was contracted

Social Classes	Ages								Polio contracted Aged				All Ages	
	0 - 14		15 - 44		45 - 64		65+		Under 15		15 or over			No.
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
I Professional	5	2	36	4	15	3	1	1	20	2	37	8	57	1
II Managerial	22	11	119	14	46	8	4	4	93	8	101	21	194	17
III Clerical, skilled	83	42	413	50	200	35	10	11	484	40	225	46	709	44
IV Semi- skilled	62	32	154	19	99	17	4	4	276	23	47	10	323	19
V Unskilled	9	5	29	3	19	3	1	1	47	4	10	2	57	3
Unclassified	15	8	86	10	195	34	78	79	297	24	73	15	370	22
Totals	196	100	842	100	574	100	98	100	1217	100	493	100	1710	100

Note: Examples of occupations in each social class.

I Professional & Executive. Lawyers, doctors, managing directors, accountants, architects.

II Intermediate Professional and Managerial. Teachers, company executives, managers, industrial chemists.

III Clerical and skilled. Clerks, office workers, hairdressers, tailors, engineers, fitters (with apprenticeship).

IV Semi-skilled. Shop assistants, machine operators (without apprenticeship).

V Unskilled. Porters, kitchen hands, domestic workers, labourers.

In the questionnaire, members were invited to comment freely on any matter of particular interest to them. In the discussion, the comments are used to give greater depth to the picture obtained from the tables. Where a large number of comments on the same subject were received, a selection has been included. By themselves, the comments should not in any way be taken as representative of the general picture which emerges from the survey. Their value lies in providing details and in developing facets of the problems which cannot be measured statistically. They bring out questions which are of concern to at least one disabled person.

## SUMMARY OF FINDINGS

### Disability

Legs are more frequently affected than arms. 93% have some paralysis of the legs compared with 38% with arms affected. 18% have both legs totally paralysed, and 11% have all limbs affected. 38% also have some disability of the spine while 12% have some impairment of breathing. Breathing disability is closely associated with paralysis of the arms (Table 1).

The severity of disability is greater with those who contracted poliomyelitis as adults. 28% of these persons, for example, have both legs totally paralysed compared to 14% of those contracting poliomyelitis as children (Table 2). Also, among those contracting poliomyelitis as children disability is severer for those who contracted poliomyelitis in the early decades of the century (Table 3).

These two factors shape the age distribution of disability. With children and young adults, the proportion of severe disability is low. Among those in their late twenties and their thirties, as well as those in their fifties and early sixties the proportion of severe disability is higher (Table 4).

As the incidence of poliomyelitis late in life is higher in the upper social classes, these classes include a higher proportion of severe disability (Table 5).

### Households

For all aged 25 years or over, 50% live with their spouse, 19% with their parents while 15% live alone. With men the pattern of households is perhaps closer to the normal - living with parents until adulthood, then with wife and children and finally with wife alone in old age. With women, however, a higher proportion live with their parents well into adulthood. There is consequently a far higher proportion of elderly women living alone. Nearly half the women aged 65 years and over live alone compared to one in five of the elderly men (Table 6). There is little difference in the residual disability between the various types of households. Severe disability, for instance, is not confined to adults still living in their parents' households nor do those who live alone have only slight disability. 17% of those who live alone, for example, have both legs totally paralysed compared to 19% of those who live with their parents (Table 7).

7% of the households contained more than one disabled person. Most frequently these are households where both spouses are disabled (Table 8).

### Marital Status

67% of the men aged 25 years or more are married compared to 43% of the women. (Population Great Britain aged 25 years or more, males 82% married, females 71% married). Nearly 61% of the men who were single when poliomyelitis was contracted have since married but only 36% of the women.

The proportions marrying fall with the severely disabled. Approximately 8% of the marriages existing when poliomyelitis was contracted have ended in separation or divorce. The break-up of marriages is higher where the wife is disabled (Table 9).

### Education

Among children of school age, 76% are being educated at normal state schools and 16% attend schools for handicapped children. The proportion attending special schools rises to half with children suffering from total paralysis of both legs, but remains low for other severe disabilities (Table 10). 27% of the secondary school aged children are currently studying for the G.C.E. The proportion is higher for those with severer disability. 66% of the secondary school age children hope to proceed eventually to further educational qualifications. The proportion planning for further education was higher for boys than for girls (Table 11).

With those who have now reached adulthood but whose education was affected by their disability 57% attended secondary modern or elementary schools, and only a small proportion, 3% attended grammar schools. 6% mostly females had no formal education or had their education terminated following poliomyelitis (Table 12).

The education levels of those who had completed their secondary education before they contracted poliomyelitis are far higher. 50% were educated at elementary schools, while 31% attended grammar schools and 19% private schools. 42% had obtained an educational qualification before contracting poliomyelitis (Table 13).

28% of those who were without an educational qualification when they contracted poliomyelitis has since obtained a qualification (Table 14).

### Employment

84% of the men and 70% single women of working age are employed. (Working age population Great Britain: males approximately 95% employed, single females approximately 92% employed). With severe disabilities, the proportion employed falls, but the fall is more substantial for single women (Table 15).

The majority 61% of those in employment found their own jobs without the help of any outside agency. About 10% were placed in employment by the Disablement Resettlement Officer. The proportion aided by outside agencies is greater for severe disability. 21% of the men with total paralysis of both legs for instance, were placed by the D.R.O. But for all disabilities, the majority found employment without special help (Table 16).

60% of the men and 51% of the single women of working age are registered with the Ministry of Labour as disabled (Table 17).

Among males who contracted poliomyelitis late in life, a high proportion follow professional or managerial occupations. With those who have been disabled since childhood and with single women, the majority follow

clerical, skilled or semi-skilled occupations. There are few in occupations classed as unskilled (Table 18). Average weekly earnings of men disabled late in life, where the proportion of severe disability is high, falls between £15 and £20, which compares with an average weekly income of between £5 to £10 for the men and single women who were disabled as children (Table 19). (Average weekly earnings manual workers in manufacturing industry: males £16, females £8).

Residual disability was the main reason given for unemployment. It would appear that general ill-health also plays an important contributory part. The average income of the unemployed, derived mainly from national assistance and national insurance falls between £2 to £5 a week (Table 20).

### Married Women

25% of the married women are employed. (Great Britain: approximately 32% of married women are employed). They tend to follow clerical and secretarial occupations and their average earnings falls between £5 to £10 a week.

With the housewives, 14% are helped by the local authority home help service. A similar number employed domestic help privately. The proportion with domestic help is higher in upper class households and among those with severe disabilities. Nearly half the housewives with both arms affected have domestic help (Table 21).

### The Elderly

The average weekly income of elderly women falls in the range of £2 to £5 a week and between £5 to £10 for elderly men. The amount of income does not vary with the severity of disability.

The main sources of income are retirement benefits supplemented by national assistance. Nine in ten receive these benefits. 14% rely entirely on the National Assistance Board for their income.

21% have domestic help provided by the local authority and a further 15% employ domestic help privately. 6% receive regular "meals on wheels". (Table 22).

### The Housebound

8% of those aged 15 years and over are housebound. A quarter of these, mainly elderly spinsters, live alone.

35% of the housebound have no regular outside contacts, and 30% have a telephone. 26% receive regular or occasional visits from the local authority welfare officer and the same number are provided with the house help service (Table 23).

Over 84% of those unable to walk are not housebound. The principal means of transport used are Ministry of Health vehicles. 50% rely on these, and a further 34% on private cars (Table 24).

## Housing

46% live in a house owned by themselves or their family, 36% live in local authority houses and the remaining 18% are tenants of private landlords. (Housing Great Britain: 41% owner-occupied, 27% local authority, 32% private landlords). There is a clear social class pattern in housing. Owner occupation predominates for all but semi-skilled and unskilled occupations, where local authority housing is more important.

The pattern of home ownership or tenancy shows little variation with severity of disability. The severely disabled, for instance, do not show a substantially higher proportion of local authority housing.

67% considered that the accommodation was "very good" or "good", while only 8% thought it either "poor" or "very poor". The proportion of "very good" or "good" housing was highest with owner occupied housing and lowest with houses let by private landlords.

There was little difference in standards according to the extent of disability, although those with both legs totally paralysed more frequently rated accommodation as "adequate" rather than "very good" (Table 25).

25% have had alterations made to their homes. The highest proportions are among females and those disabled as adults. 32% of these alterations were paid for wholly or partly by grants made by local authorities. Voluntary welfare bodies, such as the B.P.F., helped in 76% of the cases. (10% in conjunction with local authority grants).

Alterations to accommodation were more common with the severely disabled, particularly where both legs were paralysed. Alterations have been made in one-third of the owner occupied houses, one-quarter of the local authority houses and one-fifth of houses let by private landlords (Table 26).

## Telephones

33% of those aged 15 years and over live in households which have a telephone. (Households on the telephone, Great Britain 20%). The difference between social classes is, however, substantial. 84% households in the upper social class have a telephone compared to 5% in the lowest social class. About half of those with severe disability have a 'phone compared to a quarter of those with slight disability. The proportion with a telephone among tenants of local authorities is low; 18% compared to 49% for owner occupiers and 23% among tenants of private landlords (Table 27).

## Social Activities

62% of the survey population play a regular part in the activities of a local club, society or religious body. 43% take part in the activities of their local B.P.F. branch. The proportions fall for the more severely disabled males, but rise for the severely disabled females (Table 28).

### Holidays

87% have taken a holiday away from home during the last three years. 7% have not had a holiday for more than nine years or have never had one. The severity of disability was not important. It is principally the aged and the middle-aged who have not been away on holiday. The large majority appear to have made their own arrangements for a holiday. 12% stayed at one of the B.P.F. hostels (Table 29).

### Local Authority Register

9% of the members aged 15 years and over are registered as disabled with their local authority. The proportion rises to about 20% for the severely disabled men and to about 12% of the severely disabled women. Registration is low for the upper social classes (Table 30).

### General Health

67% considered that their health apart from their disability was "very good" or "good". Generally women rated their health lower than men and the aged lower than the young. The severely disabled, particularly those with total paralysis of both legs tended to rate their health as satisfactory rather than good. There is also a declining gradient of good health with social class.

7% of those aged 15 years and over receive routine regular visits from their general practitioner. A further 44% have seen their general practitioner within the last four months. Frequency of contact is greatest among females and among the severely disabled (Table 31).

### General

Two main groups emerge from the survey population where the difference in the degree of rehabilitation is marked. The first is men and women who contracted poliomyelitis as adults. With these, although disability tends to be severe, they are on the whole more active and successful members of the community. When they were disabled, they had accumulated a substantial amount of "social capital" in their education, training, family life and experience on which they could fall back. The problems they face appear to be more sophisticated than those normally associated with handicapped people such as difficulties in obtaining mortgages, bank credit, charges for insurance premiums, costs of maintaining their houses and domestic help for working wives, and questions of promotion prospects in their occupations. The second group are single women who were disabled in childhood. With these, the problems of rehabilitation are more extensive. In childhood, their education and training appear to be relatively neglected, while their chances of marriage are low. They live in their parents' households until late in life; the proportion in employment is low. Among the aged a high proportion live alone where the problems of isolation are aggravated by disability. Some, without past employment have not built up an entitlement to a retirement pension and rely on national assistance for their entire subsistence.

Table 1. Residual Poliomyelitis Disability

Residual poliomyelitis disability may take many different forms with either one or both, arms or legs, partially or totally paralysed. Tables 1.0 and 1.1 set out the distribution of disability of the 1,710 survey population showing the numbers and proportions suffering any of a wide range of different forms of disability. The horizontal scale refers to paralysis of the arms and the vertical scale to legs. The scales are sub-divided to show whether one or both limbs are partially or totally paralysed. Each of the cells in the table thus describes a different pattern of residual disability. The disabilities represented by each cell are shown diagrammatically in Fig. 4. Therefore, for example, 226 persons have both legs partially disabled without any paralysis of the arms and 55 have both legs totally paralysed with partial paralysis of both arms.

The numbers whose spine or breathing has also been affected are given in Tables 1.2 and 1.3. The proportional distributions of disability for males and females are shown in Tables 1.4 and 1.5.

Legs are far more frequently involved than arms. Of the 1,710 survey population, 1,585 (93%) had some paralysis of one or both legs, while 644 (38%) had their arms affected. The disability of 394 (23%) was confined to partial paralysis of one leg, although of these 71 (4%) also had some spinal involvement: 304 (18%) had both legs totally paralysed.

All four limbs were affected in 188 (11%) of the survey population, five of whom had total paralysis of both arms and legs.

Some disability of the spine, either directly as a result of the disease or from subsequent curvature, was found in 650 (38%). It occurred most frequently in nearly half the cases - where either both arms or legs were affected. Only one-tenth of those with only one limb involved also suffered spinal disability.

Impairment of breathing was mentioned in 197 (12%) replies, including four with total respiratory paralysis. Breathing disability was closely linked with paralysis of arms.

Partial: Total:	Arms - number partially or totally disabled						Total
	Nil	One	Nil	Both	One	Nil	
	Nil	Nil	One	Nil	One	Both	
Base for %:	1066	337	59	189	47	12	1710
Breathing impaired	% 5	% 16	% 12	% 33	% 34	Nos. 7	% 12
Not impaired	95	84	88	67	66	5	88
Total	100	100	100	100	100	12	100

There was little significant difference in the patterns of residual disability for males and females, apart from some differences in the degrees of paralysis for various combinations of disability.

Fig. 4 Combinations of residual disability of arms and legs.

DISABILITY -		ARMS - Number partially or totally disabled						Totals
		Nil Nil	One Nil	Nil One	Both Nil	One One	Nil Both	
LEGS - Number partially or totally disabled	Nil Nil							
	One Nil							
	Nil One							
	Both Nil							
	One One							
	Nil Both							
	Totals							

Key Limb partially paralysed  
 Limb totally paralysed

1.0 Distribution of poliomyelitis residual disability - Persons

DISABILITY -		ARMS - Number partially or totally disabled						
		Partial Nil	Partial One	Total Nil	Total One	Total Both	Total One	Total Both
LEGS - Number partially or totally disabled	Nil Nil	15	60	22	15	11	2	125
	One Nil	394	105	21	18	9	2	549
	Nil One	102	11	5	2	1	0	121
	Both Nil	226	66	4	69	8	2	375
	One One	150	49	3	30	3	1	236
	Nil Both	179	46	4	55	15	5	304
	Totals	1066	337	59	189	47	12	1710

1.1 Percentage distribution of poliomyelitis residual disability

DISABILITY -		ARMS - Number partially or totally disabled						
		Partial Nil	Partial One	Total Nil	Total One	Total Both	Total One	Total Both
LEGS - Number partially or totally disabled	Nil Nil	0.9	3.5	1.3	0.9	0.6	0.1	7.3
	One Nil	23.0	6.1	1.2	1.1	0.5	0.1	32.1
	Nil One	6.0	0.6	0.3	0.1	0.1	0.0	7.1
	Both Nil	13.2	3.9	0.2	4.0	0.5	0.1	21.9
	One One	8.8	2.9	0.2	1.7	0.2	0.1	13.8
	Nil Both	10.5	2.7	0.2	3.2	0.9	0.3	17.8
	Totals	62.4	19.7	3.4	11.0	2.8	0.7	100.0

1.2 Numbers with spine affected

DISABILITY -		ARMS - Number partially or totally disabled						
		Partial Total	Nil Nil	One Nil	Nil One	Both Nil	One One	Nil Both
LEGS - Number partially or totally disabled	Nil Nil	11	11	2	7	2	1	34
	One Nil	71	41	3	10	4	1	130
	Nil One	17	3	0	1	1	0	22
	Both Nil	97	36	2	44	5	1	185
	One One	50	31	1	22	2	1	107
	Nil Both	80	32	2	41	13	4	172
	Totals	326	154	10	125	27	8	650

1.3 Numbers with breathing impaired

DISABILITY -		ARMS - Number partially or totally disabled						
		Partial Total	Nil Nil	One Nil	Nil One	Both Nil	One One	Nil Both
LEGS - Number partially or totally disabled	Nil Nil	10	5	1	5	3	1	25
	One Nil	13	17	2	7	3	1	43
	Nil One	1	1	0	1	0	0	3
	Both Nil	13	15	2	22	3	1	56
	One One	8	7	1	8	1	1	26
	Nil Both	6	9	1	19	6	3	44
	Totals	51	54	7	62	16	7	197

1.4 Percentage distribution of residual disability - Males

DISABILITY -		ARMS - Number partially or totally disabled						
		Partial Nil	One Nil	Nil One	Both Nil	One One	Nil Both	Totals
LEGS - Number partially or totally disabled	Nil Nil	1.0	4.0	1.4	1.1	0.8	0.1	8.4
	One Nil	24.7	6.1	1.5	1.0	0.7	0.3	34.2
	Nil One	4.5	0.5	0.1	0.0	0.0	0.0	5.2
	Both Nil	11.7	4.5	0.3	3.0	0.5	0.3	20.4
	One One	8.7	2.3	0.0	1.4	0.3	0.1	12.8
	Nil Both	10.5	3.3	0.3	2.9	1.5	0.1	18.5
	Totals	16.1	20.8	3.6	9.4	3.9	1.0	100.0

1.5 Percentage distribution of residual disability - Females

DISABILITY -		ARMS - Number partially or totally disabled						
		Partial Nil	One Nil	Nil One	Both Nil	One One	Nil Both	Totals
LEGS - Number partially or totally disabled	Nil Nil	0.8	3.1	1.2	0.7	0.5	0.1	6.5
	One Nil	21.9	6.2	1.0	1.1	0.4	0.0	30.7
	Nil One	7.0	0.7	0.4	0.2	0.1	0.0	8.5
	Both Nil	14.3	3.4	0.2	4.8	0.4	0.0	23.1
	One One	8.9	3.3	0.3	2.0	0.1	0.0	14.5
	Nil Both	10.5	2.2	0.2	3.5	0.4	0.4	17.2
	Totals	63.5	18.9	3.3	12.3	1.9	0.5	100.0

Table 2. Residual disability of persons contracting poliomyelitis after their fifteenth birthday.

The risks and the severity of residual disability are greater where a person contracts poliomyelitis as an adult. In the survey population 492 (29%) contracted poliomyelitis after their fifteenth birthday; the distribution of their residual disabilities is shown in Table 2.0. For comparison the disabilities of those who contracted poliomyelitis when aged less than 15 years are given in Table 2.1.

The greater severity of residual disability among those contracting poliomyelitis after childhood can be shown by selecting various groups of disabilities. The selected groups are:

- (i) Partial paralysis of one leg, this includes people without other limbs disabled but who may have spinal involvement and/or breathing impaired.
- (ii) Total paralysis of both legs, this includes people who may have arms and/or spine and/or breathing affected.
- (iii) Partial or total paralysis of both arms, this includes people who may have leg and/or spine and/or breathing involvement.
- (iv) Partial or total paralysis of all limbs, this includes people who may have spinal and/or breathing involvement.
- (v) Impairment of breathing, this includes people who may have one or more limbs disabled and/or spinal involvement.

It should be noted that these groups may overlap, but the different aspects of a person's disability can involve their own special problems. The numbers and proportions with these selected disabilities for those contracting poliomyelitis as children or adults are:-

	Poliomyelitis contracted before 15th birthday	Poliomyelitis contracted after 15th birthday
Base for %:	1217	493
Disability	%	%
One leg partial	28	10
Both legs total	14	28
Both arms affected	10	25
All limbs affected	8	19
Breathing impaired	8	20

Three out of the four cases of total respiratory paralysis contracted poliomyelitis as adults.

2.0 Distribution of residual disability - persons contracting poliomyelitis aged 15 years or more.

DISABILITY -		ARMS - Number partially or totally disabled						
		Partial Total	Nil Nil	One Nil	Nil One	Both Nil	One One	Nil Both
LEGS - Number partially or totally disabled	Nil Nil	4	14	6	10	4	1	39
	One Nil	51	35	3	8	2	2	101
	Nil One	5	4	0	2	0	0	11
	Both Nil	61	28	2	30	7	0	128
	One One	44	16	0	14	2	0	76
	Nil Both	72	21	2	27	12	4	138
	Totals	237	118	13	91	27	7	493

2.1 Distribution of residual disability - persons contracting poliomyelitis aged under 15 years.

DISABILITY -		ARMS - Number partially or totally disabled						
		Partial Total	Nil Nil	One Nil	Nil One	Both Nil	One One	Nil Both
LEGS - Number partially or totally disabled	Nil Nil	11	46	16	5	7	1	86
	One Nil	343	70	18	10	7	0	448
	Nil One	97	7	5	0	1	0	110
	Both Nil	165	38	2	39	1	2	247
	One One	106	33	3	16	1	1	160
	Nil Both	107	25	2	28	3	1	166
	Totals	829	219	46	98	20	5	1217

Table 3. Residual disability by epidemic period

The years in which the survey population contracted poliomyelitis show two principal epidemic periods: 1909 to 1916 and 1947 to 1958. The distribution of residual disability for those contracting the illness aged under 15 years during each of these periods is given in Tables 3.0 and 3.1.

The residual disability resulting from the 1909 to 1916 epidemic is generally greater:

	Poliomyelitis contracted aged under 15 years		
	1909-1916 epidemic	1947-1958 epidemic	Total*
	Base for %:	211	457
Disability	%	%	%
One leg partial	22	40	28
Both legs total	16	10	14
Both arms affected	13	9	10
All limbs affected	12	5	8
Breathing impaired	9	7	8

\* Includes 549 informants contracting poliomyelitis aged under 15 years at times other than the two epidemic periods.

Some part of this difference may be due to the effect of aging, but the greater part could be due to the advance between these two periods in the care of patients during acute poliomyelitis and the development of physiotherapy.

3.0 Distribution of residual disability - persons contracting poliomyelitis aged under 15 years 1909 - 1916.

DISABILITY -		ARMS - Number partially or totally disabled						Totals
		Partial Nil	One Nil	Nil One	Both Nil	One One	Nil Both	
LEGS - Number partially or totally disabled	Nil Nil	0	1	1	0	0	0	2
	One Nil	46	9	0	2	1	0	58
	Nil One	16	2	1	0	0	0	19
	Both Nil	34	8	0	16	0	1	59
	One One	25	9	1	4	0	0	39
	Nil Both	24	6	0	4	0	0	34
	Totals	145	35	3	26	1	1	211

3.1 Distribution of residual disability - persons contracting poliomyelitis aged under 15 years 1947 - 1958.

DISABILITY -		ARMS - Number partially or totally disabled						Totals
		Partial Nil	One Nil	Nil One	Both Nil	One One	Nil Both	
LEGS - Number partially or totally disabled	Nil Nil	3	30	10	1	5	1	50
	One Nil	181	24	4	2	4	1	216
	Nil One	31	1	1	0	0	0	33
	Both Nil	48	17	2	8	1	0	76
	One One	25	9	0	4	0	0	38
	Nil Both	22	8	2	11	1	0	44
	Totals	310	89	19	26	11	2	457

Table 4. Residual disability by age.

The higher risks of severe disability for those contracting poliomyelitis as adults and the legacy of severe disability from the 1909 to 1916 period shaped the age distribution of residual disability. The distribution of disability for different age groups is shown in Tables 4.0, 4.1, 4.2 and 4.3.

Among children and young adults, the proportion of severe disability is low. Among those aged 25 to 39 years, who contracted the illness in their late teens or early twenties, the proportion with severe disability is higher.

Age Group	Base for %:		Selected Disability Groups				
			One leg partial	Both legs total	Both arms affected	All limbs affected	Breathing impaired
0- 4	3	Nos.	3	0	0	0	0
5- 9	44	%	41	0	2	2	2
10-14	149	%	42	9	7	4	5
15-19	219	%	40	9	5	3	2
20-24	91	%	30	14	19	15	16
25-29	86	%	12	25	28	17	25
30-34	134	%	16	26	23	18	21
35-39	146	%	12	24	21	16	15
40-44	166	%	15	19	13	11	12
45-49	143	%	13	17	16	13	15
50-54	205	%	19	22	15	8	11
55-59	124	%	29	17	11	13	9
60-64	102	%	15	23	14	13	7
65+	98	%	16	19	18	18	17
Total	1710	%	23	18	15	11	12

(Percentages of each age group)

4.0 Distribution of residual disability - persons aged 0 - 14

DISABILITY -		ARMS - Number partially or totally disabled						
		Partial Nil	Total Nil	One Nil	Nil One	Both Nil	One One	Nil Both
LEGS - Number partially or totally disabled	Nil Nil	1	12	4	1	0	0	18
	One Nil	83	11	1	2	2	0	99
	Nil One	16	1	1	0	0	0	18
	Both Nil	20	7	2	2	1	0	32
	One One	11	2	0	2	0	0	15
	Nil Both	10	1	1	2	0	0	14
	Totals	141	34	9	9	3	0	196

4.1 Distribution of residual disability - persons aged 15 - 44

DISABILITY -		ARMS - Number partially or totally disabled						
		Partial Nil	Total Nil	One Nil	Nil One	Both Nil	One One	Nil Both
LEGS - Number partially or totally disabled	Nil Nil	9	37	12	9	9	2	78
	One Nil	188	56	9	8	4	2	267
	Nil One	40	3	1	1	1	0	46
	Both Nil	124	28	1	28	4	1	186
	One One	68	23	0	15	2	1	109
	Nil Both	76	30	1	31	14	4	156
	Totals	505	177	24	92	34	10	842

4.2 Distribution of residual disability persons aged 45-64

DISABILITY -		ARMS - Number partially or totally disabled						
		Partial Total	Nil Nil	One Nil	Nil One	Both Nil	One One	Nil Both
LEGS - Number partially or totally disabled	Nil Nil	2	11	4	5	2	0	24
	One Nil	107	32	10	8	3	0	160
	Nil One	38	4	3	1	0	0	46
	Both Nil	66	30	1	29	3	1	130
	One One	64	20	2	12	1	0	99
	Nil Both	81	15	2	15	1	1	115
	Totals	358	112	22	70	10	2	574

4.3 Distribution of residual disability - persons aged 65 or more

DISABILITY -		ARMS - Number partially or totally disabled						
		Partial Total	Nil Nil	One Nil	Nil One	Both Nil	One One	Nil Both
LEGS - Number partially or totally disabled	Nil Nil	3	0	2	0	0	0	5
	One Nil	16	6	1	0	0	0	23
	Nil One	8	3	0	0	0	0	11
	Both Nil	16	1	0	10	0	0	27
	One One	7	4	1	1	0	0	13
	Nil Both	12	0	0	7	0	0	19
	Totals	62	14	4	18	0	0	98

Table 5. Residual disability by social class

The distribution of residual disability in different social classes, which are classified according to the occupation of the principal breadwinner of the member's household, is given in Tables 5.0, 5.1, 5.2, 5.3 and 5.4.

The greater severity of residual disability among those contracting poliomyelitis as young adults determines the social class pattern of residual disability. The proportion who contracted poliomyelitis as adults among the higher social classes is far greater, leaving consequently a greater proportion of severe disability. There is little difference in the social class pattern of residual disability apart from this:

Selected Disabilities	Social Class					Total*
	I Profess- ional	II Managerial	III Skilled	IV Semi- skilled	V Un- skilled	
Base for %	57	194	709	323	57	1710
Polio contracted before 15th birthday	%	%	%	%	%	%
One leg partial	11	14	20	28	19	20
Both legs total	7	4	8	10	16	10
Both arms affected	4	3	5	8	9	7
All limbs affected	0	3	4	6	5	5
Breathing impaired	14	2	5	5	7	6
All disabilities	35	48	68	85	83	71
Polio contracted after 15th birthday						
One leg partial	5	7	3	2	2	3
Both legs total	16	14	9	4	7	8
Both arms affected	18	12	7	5	2	7
All limbs affected	16	9	5	3	2	6
Breathing impaired	5	11	6	5	5	6
All disabilities	65	52	32	15	17	29
Total	100	100	100	100	100	100

\* Includes 370 informants whose Social Class was unclassified.

5.0 Distribution of residual disability. Social class I - Professional.

DISABILITY -		ARMS - Number partially or totally disabled						
		Partial Nil	Total Nil	One Nil	Nil One	Both Nil	One One	Nil Both
LEGS - Number partially or totally disabled	Nil Nil	1	4	0	0	1	0	6
	One Nil	9	5	0	2	0	0	16
	Nil One	1	0	0	0	0	0	1
	Both Nil	7	5	0	5	0	0	17
	One One	0	3	0	1	0	0	4
	Nil Both	8	2	0	2	1	0	13
	Totals	26	19	0	10	2	0	57

5.1 Distribution of residual disability. Social class II - Managerial.

DISABILITY -		ARMS - Number partially or totally disabled						
		Partial Nil	Total Nil	One Nil	Nil One	Both Nil	One One	Nil Both
LEGS - Number partially or totally disabled	Nil Nil	2	12	2	2	4	0	22
	One Nil	40	13	2	1	0	0	56
	Nil One	9	1	0	0	0	0	10
	Both Nil	24	10	0	8	2	0	44
	One One	20	3	1	3	0	0	27
	Nil Both	16	8	1	6	2	2	35
	Totals	111	47	6	20	8	2	194

5.2 Distribution of residual disability. Social class III - Clerical and skilled.

DISABILITY -		ARMS - Number partially or totally disabled						
		Partial Nil	Total Nil	One Nil	Nil One	Both Nil	One One	Nil Both
LEGS - Number partially or totally disabled	Nil Nil	4	27	14	7	5	1	58
	One Nil	165	48	5	5	4	1	228
	Nil One	41	3	2	1	0	0	47
	Both Nil	101	27	3	23	3	1	158
	One One	65	22	1	10	0	0	98
	Nil Both	73	20	0	24	2	1	120
	Totals	449	147	25	70	14	4	709

5.3 Distribution of residual disability. Social class IV - Semi-skilled

DISABILITY -		ARMS - Number partially or totally disabled						
		Partial Nil	Total Nil	One Nil	Nil One	Both Nil	One One	Nil Both
LEGS - Number partially or totally disabled	Nil Nil	2	9	4	3	2	1	21
	One Nil	96	21	5	3	2	0	127
	Nil One	20	1	1	1	0	0	23
	Both Nil	46	12	0	12	0	1	71
	One One	20	10	0	5	1	0	36
	Nil Both	27	9	0	4	5	0	45
	Totals	211	62	10	28	10	2	323

5.4 Distribution of residual disability. Social class V - Unskilled

DISABILITY -		ARMS - Number partially or totally disabled						Totals
		Partial Nil	Total Nil	One Nil	Both Nil	One One	Nil Both	
LEGS - Number partially or totally disabled	Nil Nil	0	4	0	0	0	0	4
	One Nil	12	3	0	2	0	0	17
	Nil One	5	0	0	0	0	0	5
	Both Nil	9	0	0	1	0	0	10
	One One	5	3	0	0	0	0	8
	Nil Both	6	4	0	3	0	0	13
	Totals	37	14	0	6	0	0	57

Table 6. Households by sex, age and social class

Disability increases dependancy on others and in life outside hospital the major part of this is borne by the other members of the household in which the disabled person lives.

Table 6.0 shows the numbers and proportion of males and females in each age group living in different types of household. The groupings are on the whole self-explanatory. Those 'living alone' in the younger age groups include mainly students living in lodgings away from home. The group 'hostels, etc.' covers those who spend part or most of their time in chronic units, local authority homes or homes provided by bodies such as the Cheshire Foundation. The group 'other' includes normal residential institutes such as students' hostels and, in one case, a monastery.

Considering all ages, 703 (41%) of the survey population live with their parents. This, however, includes the large number of children and young adults. For ages 25 years and over, 599 (50%) live with their spouse, 229 (19%) with their parents, while 178 (15%) live alone.

Apart from the expected changes in household composition as people grow older, there is a distinct difference between the sexes in the pattern of households of the survey population. With males, the pattern is perhaps closer to the normal - living with parents until adulthood, then with wife and children and finally with wife alone in old age. With females, a far higher proportion live with their parents well into adulthood. There is subsequently a higher proportion of those past middle-age living alone:

	Sex within age group											
	25 - 34		35 - 44		45 - 54		55 - 64		65+		Total 25+	
	M	F	M	F	M	F	M	F	M	F	M	F
Base for %:	97	123	125	187	137	211	77	149	28	70	464	740
<u>Household types</u>	%	%	%	%	%	%	%	%	%	%	%	%
Parents	34	40	16	27	11	20	5	9	0	3	16	21
Alone	5	5	4	10	7	18	12	31	21	49	8	19
Spouse - no children	19	11	11	8	14	20	38	13	61	7	21	13
Spouse & children	37	33	66	44	53	24	27	10	4	7	46	26

Table 6.1 shows the distribution of household by social classes for those aged 25 years and over. Apart from differences which can be attributed to age and sex, there is no outstanding variation in the pattern for the different social classes.

Table 6.0 Numbers living in different households or kinship groups by sex and age.

Household Types	Males - Age Groups							
	0-14	15-24	25-34	35-44	45-54	55-64	65+	All Ages
Alone	0	0	5	5	10	9	6	35
Parents	106	139	33	20	15	4	0	316
Wife no children	0	5	18	14	19	29	17	102
Wife & children	0	2	36	83	73	21	1	217
Adult children	0	0	0	0	3	0	2	5
Relatives	0	2	2	1	13	9	0	27
Friends	0	1	0	0	1	3	2	7
Hostels	1	2	3	2	1	1	0	10
Other	0	0	0	0	2	1	0	3
No Information	0	0	0	0	0	0	0	0
Total	107	151	97	125	137	77	28	722

Females - Age Groups

	0-14	15-24	25-34	35-44	45-54	55-64	65+	All Ages
Alone	0	1	6	18	38	47	34	144
Parents	88	141	49	50	43	14	2	387
Husband no children	0	2	13	15	42	19	5	96
Husband & children	0	7	40	82	51	15	5	200
Adult children	0	0	0	2	6	6	5	19
Relatives	1	3	4	5	19	30	12	74
Friends	0	2	4	3	8	10	5	32
Hostels	0	2	3	7	2	6	2	22
Other	0	1	0	0	2	2	0	5
No Information	0	0	4	5	0	0	0	9
Total	89	159	123	187	211	149	70	988

6.1 Numbers living in different households or kinship groups for ages over 25 years by sex and social class

Household Types	Social Classes											
	I Profession- ional		II Managerial		III Skilled		IV Semi- skilled		V Un- skilled		Not Classified	
	M	F	M	F	M	F	M	F	M	F	M	F
Alone	0	0	2	6	11	21	8	14	1	1	13	101
Parents	5	1	7	4	35	65	15	32	0	8	9	48
Spouse no children	3	5	16	6	36	50	12	12	6	3	24	18
Spouse & children	11	20	42	28	101	104	37	33	4	8	20	0
Adult children	0	0	0	1	2	9	3	5	0	0	0	4
Relatives	1	0	3	3	6	19	5	8	0	5	10	35
Friends	0	0	1	5	3	3	1	3	0	0	1	19

Table 7. Households by residual disability

Tables 7.0, 7.1, 7.2, 7.3, 7.4 and 7.5 set out the residual disabilities of persons living in different household types. The tables cover all age groups, but, apart from those living in their parents' households, the majority in the different types of household are aged 25 years and over (Table 6.0). The disabilities of those aged 25 years and over living in their parents' households are shown separately from those under this age.

Apart from the households of children and young adults where residual disability is less severe, each different household type has generally the same pattern of residual disability. Severe disability is not confined, for instance, to adults still living in their parents' households, nor do those who live alone have only slight disability. Both slight and severe disability is found in all household types, although there is a lower proportion of severe disability among those living alone. One in six of those living alone have both legs totally disabled compared to one in five of those living with friends and relatives:

	Selected household types						Total
	Alone	Parents (aged - 25)	Parents (aged 25+)	Spouse no children	Spouse & children	Friends, relatives, etc.	
Base for % :	179	474	229	198	417	164	1710*
<u>Disability</u>	%	%	%	%	%	%	%
One leg partial	22	40	15	18	16	17	23
Both legs total	17	9	19	25	21	21	18
Both arms affected	14	8	20	13	18	15	15
All limbs affected	12	5	17	9	13	14	11
Breathing impaired	11	6	12	15	15	15	12

\* includes 49 living in household types other than that shown in the table.

7.0 Residual disability of persons living alone

DISABILITY -		ARMS - Number partially or totally disabled						
		Partial Nil	Total Nil	One Nil	Nil One	Both Nil	One One	Nil Both
LEGS - Number partially or totally disabled	Nil Nil	4	2	1	0	0	0	7
	One Nil	40	8	3	3	0	0	54
	Nil One	13	2	1	1	0	0	17
	Both Nil	23	10	0	10	0	0	43
	One One	22	3	1	2	0	0	28
	Nil Both	20	1	0	9	0	0	30
	Totals	122	26	6	25	0	0	179

7.1 Residual disability of persons under 25 years living with their parents

DISABILITY -		ARMS - Number partially or totally disabled						
		Partial Nil	Total Nil	One Nil	Nil One	Both Nil	One One	Nil Both
LEGS - Number partially or totally disabled	Nil Nil	3	32	9	1	4	1	50
	One Nil	188	24	3	3	5	0	223
	Nil One	33	1	1	0	0	0	35
	Both Nil	56	15	1	9	1	1	83
	One One	27	8	0	4	0	1	40
	Nil Both	26	8	1	7	1	0	43
	Totals	333	88	15	24	11	3	474

7.2 Residual disability of persons over 25 years living with their parents

DISABILITY -		ARMS - Number partially or totally disabled						
		Partial Nil	Total Nil	One Nil	Nil One	Both Nil	One One	Nil Both
LEGS - Number partially or totally disabled	Nil Nil	1	8	5	3	0	1	18
	One Nil	34	16	8	1	0	0	59
	Nil One	17	0	1	0	1	0	19
	Both Nil	36	5	1	12	2	0	56
	One One	16	8	0	8	2	0	34
	Nil Both	24	4	1	12	3	1	43
	Totals	128	39	16	36	8	2	229

7.3 Residual disability of persons living with spouse but no children

DISABILITY -		ARMS - Number partially or totally disabled						
		Partial Nil	Total Nil	One Nil	Nil One	Both Nil	One One	Nil Both
LEGS - Number partially or totally disabled	Nil Nil	3	1	0	2	3	0	9
	One Nil	35	10	1	3	1	0	50
	Nil One	13	2	0	0	0	0	15
	Both Nil	32	9	0	6	1	1	49
	One One	19	4	0	3	0	0	26
	Nil Both	30	12	1	4	2	0	49
	Totals	132	38	4	18	7	1	198

7.4 Residual disability of persons living with spouse and children

DISABILITY -		ARMS - Number partially or totally disabled						
		Partial Total	Nil Nil	One Nil	Nil One	Both Nil	One One	Nil Both
LEGS - Number partially or totally disabled	Nil Nil	4	15	4	7	4	0	34
	One Nil	68	28	3	7	0	2	108
	Nil One	12	6	0	1	0	0	19
	Both Nil	52	24	0	18	3	0	97
	One One	46	17	1	8	1	0	73
	Nil Both	49	12	1	17	6	1	86
	Totals	231	102	9	58	14	3	417

7.5 Residual disability of persons living with adult  
offspring, relatives or friends

DISABILITY -		ARMS - Number partially or totally disabled						
		Partial Total	Nil Nil	One Nil	Nil One	Both Nil	One One	Nil Both
LEGS - Number partially or totally disabled	Nil Nil	1	1	2	0	0	0	4
	One Nil	28	16	1	1	1	0	47
	Nil One	12	0	0	0	0	0	12
	Both Nil	20	3	2	13	1	0	39
	One One	18	7	1	2	0	0	28
	Nil Both	24	3	0	6	1	0	34
	Totals	103	30	6	22	3	0	164

Table 8. Households with more than one member disabled

131 (7%) of the survey population live in households where more than one member was disabled. This figure includes four households (eight members returning two questionnaires, otherwise replies were received from only one, most usually the female disabled member of the home. The cause of disability is principally poliomyelitis but a small number of cases of other disabilities have been included: multiple sclerosis (1) muscular dystrophy (1) blindness (2) and injuries from war or accidents resulting in the loss of a limb (3). Other causes of disability mentioned in replies such as tuberculosis, cancer, heart disease, mental illness and senility have been excluded. Their incidence in households of the disabled is presumably no different to that in the population at large.

The kinship between the disabled members in one household is set out in Table 8.0. Seven of the households contain three disabled persons, the remainder two. The largest group 79 (62%) are households where both spouses are disabled: all but four of these are marriages contracted between two disabled persons.

Table 8.0 Kinship of disabled in households containing more than one disabled person.

Kinship between disabled persons	Numbers of Households	Percentage of total
<p>Households with two disabled persons:</p> <p>Spouses married before contracting polio</p> <p>Spouses married since contracting polio</p> <p>Two siblings</p> <p>One parent and child</p> <p>Households with three disabled persons:</p> <p>Both parents and one child</p> <p>One parent and two children</p> <p>Three siblings</p>	<p>4</p> <p>75</p> <p>19</p> <p>22</p> <p>1</p> <p>5</p> <p>1</p>	<p>3</p> <p>59</p> <p>15</p> <p>17</p> <p>1</p> <p>4</p> <p>1</p>
<p>Total households</p>	<p>127</p>	<p>100</p>

Table 9. Marital Status

The marital status of the survey population by age and sex is given in Table 9.0. For all aged 25 years and over, 315 (67%) men and 321 (43%) women are married. The residual disability of single and married men and women aged 25 years and over are given in Tables 9.1, 9.2, 9.3 and 9.4. The proportions married and single remained approximately the same over the range of disabilities.

Marital Status	Selected Disability Groups					
	One leg partial	Both legs total	Both arms affected	All limbs affected	Breathing impaired	Total*
Males 25+						
Base for %	77	101	79	59	63	464
	%	%	%	%	%	%
Single	25	32	34	39	29	33
Married	75	68	66	61	71	67
Total	100	100	100	100	100	100
Females 25+						
Base for %	105	150	125	102	99	740
Single	56	55	54	56	45	57
Married	44	45	46	44	55	43
Total	100	100	100	100	100	100

\* This total is for all in survey aged 25 and over and is not an addition of the individual column totals.

These figures, however, include both those who were married at the time of contracting poliomyelitis and those who have married since. The marital history of those now aged over 25 years is summarised in table 9.5. Among males, who were single when they contracted polio, 213 (61%) have since married, while of the females only 211 (36%) have married. The proportions marrying falls rapidly with severer disabilities, although over the range of disabilities the difference in the marital history of males and females remains constant:

Informants who were single when they contracted polio						
Selected Disability Groups						
Marital Status	One leg partial	Both legs total	Both arms affected	All limbs affected	Breathing impaired	Total*
Males 25+						
Base for %	74	66	52	59	63	352
	%	%	%	%	%	%
Single	26	58	52	63	42	39
Married	74	42	48	37	58	61
Total	100	100	100	100	100	100
Females 25+						
Base for %	103	106	93	105	101	584
Single	55	75	75	74	65	64
Married	45	25	25	26	35	36
Total	100	100	100	100	100	100

\* This total is for all in survey now aged 25 and over who were single when they contracted polio and is not an addition of the individual column totals.

The proportions marrying since disability tend to be higher in the upper social classes.

Informants who were single when they contracted polio						
Marital Status	Social Classes					Total*
	I Professional	II Managerial	III Skilled	IV Semi skilled	V Unskilled	
Males 25+						
Basis for %	15	43	143	65	9	352
	%	%	%	%	%	%
Single	27	35	39	45	0	39
Married	73	65	61	55	100	61
Total	100	100	100	100	100	100
Females 25+						
Basis for %	8	41	95	84	14	584
Single	13	76	52	61	36	64
Married	87	24	48	39	64	36
Total	100	100	100	100	100	100

\* Including informants whose social class was unclassified.

Not all the marriages have survived. Seven have ended in divorce, seven in judicial separation and, comparing marital status with household, a further 37 are not co-habiting. These 51 marriages represent nine per cent of the existing co-habiting marriages in the survey population. The proportion of marriages which have not survived is higher where the wife is disabled and with marriages made after poliomyelitis was contracted:

Marital status when polio was contracted	Numbers of cases of separations or divorces		Percentage of existing co-habiting marriages	
	Males	Females	Males	Females
Single	7	27	3	17
Married	1	16	1	12
Totals	8	43	3	15

Divorces are associated with severe disability. Both legs were affected in all cases, a large proportion of which involved total paralysis. Most of the divorced or separated females had their arms affected.

The figures for divorces and separations should not obscure the main picture. Over nine in ten marriages survived the disability of one partner, and nearly four in ten of those disabled have subsequently made a lasting marriage.

Table 9.0. Marital Status by age and sex

Ages	Marital Status									
	Single		Married		Widowed		Divorced		No Information	
	M	F	M	F	M	F	M	F	M	F
0 - 14	107	89	0	0	0	0	0	0	0	0
15 - 19	118	99	0	2	0	0	0	0	0	0
20 - 24	28	47	4	11	1	0	0	0	0	0
25 - 29	17	31	20	16	1	0	0	0	0	0
30 - 34	22	31	36	42	0	0	0	1	1	1
35 - 39	16	33	46	49	0	0	0	1	1	0
40 - 44	14	40	47	61	0	2	0	0	1	1
45 - 49	14	39	38	46	0	3	2	1	0	0
50 - 54	22	60	57	53	2	7	0	1	2	1
55 - 59	14	49	28	27	0	6	0	0	0	0
60 - 64	9	45	23	14	2	8	1	0	0	0
65+	6	45	20	13	2	10	0	2	0	0
Totals	387	608	319	334	8	36	3	7	5	3
Ages over 25	134	373	315	321	7	36	3	7	5	3

9.1 Residual Disability. Single Males aged 25 years or more.

DISABILITY -		ARMS - Number partially or totally disabled						
		Partial Total	Nil Nil	One Nil	Nil One	Both Nil	One One	Nil Both
LEGS - Number partially or totally disabled	Nil Nil	1	5	2	1	0	0	9
	One Nil	20	10	3	2	1	0	36
	Nil One	4	2	0	0	0	0	6
	Both Nil	16	3	3	6	3	0	31
	One One	12	4	0	2	2	0	20
	Nil Both	20	4	0	6	2	0	32
	Totals	73	28	8	17	8	0	134

9.2 Residual disability single females aged 25 years or more.

DISABILITY -		ARMS - Number partially or totally disabled						
		Partial Total	Nil Nil	One Nil	Nil One	Both Nil	One One	Nil Both
LEGS - Number partially or totally disabled	Nil Nil	3	3	5	2	1	0	14
	One Nil	59	24	8	4	0	1	96
	Nil One	27	1	2	1	1	0	32
	Both Nil	54	11	1	24	1	1	92
	One One	35	15	2	9	0	0	61
	Nil Both	49	7	0	18	1	3	78
	Totals	227	61	18	58	4	5	373

9.3 Residual disability married males aged over 25 years.

DISABILITY -		ARMS - Number partially or totally disabled						Totals
		Partial Nil	Partial One	Total Nil	Total One	Total Both	Total One	
LEGS - Number partially or totally disabled	Nil Nil	4	8	3	6	4	0	25
	One Nil	57	23	4	3	1	2	90
	Nil One	15	1	0	0	0	0	16
	Both Nil	33	22	0	10	3	0	68
	One One	36	8	0	3	0	0	47
	Nil Both	37	12	0	11	8	1	69
	Totals	182	74	7	33	16	3	315

9.4 Residual disability married females aged over 25 years.

DISABILITY -		ARMS - Number partially or totally disabled						Totals
		Partial Nil	Partial One	Total Nil	Total One	Total Both	Total One	
LEGS - Number partially or totally disabled	Nil Nil	3	9	3	6	3	1	25
	One Nil	46	22	1	4	0	0	73
	Nil One	14	3	2	1	0	0	20
	Both Nil	57	10	1	19	3	1	91
	One One	30	12	1	6	1	0	50
	Nil Both	35	11	1	13	2	0	62
	Totals	185	67	9	49	9	2	321

Table 9.5 Marital status of those now aged over 25 years compared with marital status when poliomyelitis was contracted.

Marital status when polio was contracted	Numbers		Present Marital Status							
			Single		Married		Widowed		Separated*	
	M	F	M	F	M	F	M	F	M	F
Single	352	584	134	373	201	155	5	29	7	27
Married	109	150	-	-	107	129	1	5	1	16
Widowed	2	2	-	-	1	0	1	2	0	0
Divorced	1	4	-	-	1	2	0	0	0	2

\* Including non co-habiting spouses, judicial separations and divorces.

Table 10. Education of disabled children.

Of the 1,710 survey population, 1,217 (71%) contracted poliomyelitis before their fifteenth birthday; their education was therefore affected by residual disability. The majority have now reached adulthood. Only 255 (15%) were still at school in mid-1963: 40 of primary and 215 of secondary school age.

Table 10.0 shows the schools being attended for all and for selected disability groups. Over three-quarters 197 (76%) were receiving their education at ordinary state schools, while 42 (16%) attend special schools for handicapped children. The proportion at special schools rises to half for those with total paralysis of both legs, but remains low where arms are both affected. Nine (4%) attend private fee-charging schools.

There are two features of note in the pattern of social classes and education. Attendance at private schools is not confined to the highest social class. The proportion of children attending special schools for handicapped children is highest in classes III and IV: Table 10.1.

The parent of a boy with one partially paralysed leg remarked that as there was no special school in the area, the child was sent to a private school when he was eight. Although the child passed the 11 plus examination, it was decided to continue at a fee-paying school as he could not be placed in a suitable state school. The parents of a girl with one arm and leg partially paralysed were told that "with the only alternative of a handicapped school with mentally handicapped children, we would have to send her to a private school - but we had no help with the fees. She spent three years at a private school but is now in an ordinary state school".

Experience, however, varied substantially. The parents of a more severely disabled child who attends an ordinary state school mentioned how helpful the school had been - "class rooms on the ground floor have been arranged each year to date". Another parent stated "The local authority has given excellent co-operation concerning the boy's education. For a year, we postponed the decision to send him to a special school as we wanted to keep him at home. Looking back it was the best thing that could have happened. His knowledge, self-reliance, behaviour and most important, his health have improved beyond our greatest expectations".

Table 10.0. Type of schooling for handicapped children for all and for selected disabilities mid-1963.

Schooling	Disability Groups					
	All dis-abilities	One leg partial	Both legs total	Both arms affected	All limbs affected	Breathing impaired
State	197	90	7	10	7	3
Special	42	7	10	1	1	5
Private	9	2	0	0	0	0
Home	3	1	2	1	1	0
Hospital	3	1	1	2	2	1
Discontinued	1	0	0	0	0	0
Totals	255	101	20	14	11	9

Table 10.1. Types of schooling by social class.

	Social Classes					
	I Professional	II Managerial	III Skilled	IV Semi-skilled	V Unskilled	Unclassified
State	6	23	85	56	10	17
Special	0	2	14	22	1	3
Private	1	3	3	0	0	2
Home	0	1	2	0	0	0
Hospital	0	0	0	2	0	1
Discontinued	0	0	0	0	0	1
Totals	7	29	104	80	11	24

Table 11. Education standards and prospects

Of the 215 children of secondary school age, 59 (27%) are currently studying for G.C.E. or equivalent examination standards. The proportion is higher for those with severer disabilities for all types of schooling - Table 11.0. One parent mentioned the difficulties the child had faced in reaching G.C.E. standard. "The education committee did not take into consideration the time the child lost through hospital treatment. Therefore, he failed the 11 and the 13 plus, but has reached G.C.E. standard through his own hard work".

Another whose child was two years behind in education had no opportunity of trying the 11 plus, and was put into a Secondary Modern school when he was 11. "How is he expected to compete with his classmates when he hasn't the education to do so? What kind of job will he be fit for when he finally leaves school?"

Information about plans for further education or vocational training was given for 157 (73%) of the secondary school-aged children. This is summarised for boys and girls for different disability groups and social classes in Tables 11.1 and 11.2.

The majority, 104 (66%) of those giving information, hoped to proceed to further education, while a further 53 (34%) had specific vocational training, such as nursing or an apprenticeship in view. The proportion planning further education remained the first preference over the range of social classes, although it was greater among the upper social classes.

The proportion planning further education careers was also higher for males: 65 (77%) compared with 39 (54%) for females. The relative neglect of the prospects for female teenagers was consistent over the range of social classes, and disabilities. A sixth-form school girl with both arms and one leg affected was concerned over her prospects of securing a university place "I shall need a great deal of help if I am to live successfully away from home. My major difficulty is that I am unable to dress or to undress myself. I feel that the universities will look upon me unfavourably because of this handicap".

Table 11.0. Secondary school age children. Numbers and proportions studying for G.C.E. by types of schooling for slight and severe disability groups.

Schooling	Disability Groups								
	All Disabilities			One leg partial			All severer disabilities		
	No. of children	No. study G.C.E.	% G.C.E.	No. of children	No. study G.C.E.	% G.C.E.	No. of children	No. study G.C.E.	% G.C.E.
State	164	42	25	84	19	23	80	23	29
Special	37	7	19	6	1	17	31	6	20
Private	9	9	100	2	2	100	7	7	100
Home	3	1	33	1	0	0	2	1	50
Hospital	2	0	0	1	0	0	1	0	0
Totals	215	59	27	94	22	23	121	37	31

11.1 Career prospects by sex for all and for selected disability groups.

Prospects after 15th birthday	Disability Groups										Total	
	One leg partial		Both legs total		Both arms affected		All limbs affected		Breath- ing impaired		All Disabil- ities	
	M	F	M	F	M	F	M	F	M	F	M	F
Higher Education	29	17	7	4	4	1	3	0	5	0	65	39
Vocational training	11	9	1	0	0	1	0	1	0	0	19	34
Semi-skilled	0	7	0	1	0	1	0	1	0	0	1	9
Unskilled	0	0	0	0	0	0	0	0	0	0	1	1
No information	11	11	4	3	5	1	4	0	3	2	32	24

11.2 Career prospects by sex and social class.

	Social Classes											
	I Profess- ional		II Manag- erial		III Skilled		IV Semi- skilled		V Un- skilled		Unclass- ified	
	M	F	M	F	M	F	M	F	M	F	M	F
Higher Education	1	2	14	8	25	16	17	12	6	1	2	0
Vocational training	0	1	0	3	12	9	6	8	1	2	0	11
Semi-skilled	0	0	0	1	0	3	1	2	0	2	0	1
Unskilled	0	0	0	0	0	1	0	0	0	0	0	0
No information	0	0	3	4	15	10	9	8	2	3	3	0
Totals	1	3	17	16	52	39	33	30	9	8	5	12

Table 12. Education background of adults disabled in childhood

The majority 956 (78%) of the 1,217 whose education was affected by residual disability have now reached adulthood. Information about education was given by 887 (94%) of these members; understandably most of those providing no information were elderly.

Table 12.0 summarises the schooling episodes of this group by sex and age. The number of episodes exceeds the total number of persons since many went to more than one type of school.

Three, all females, received no formal education and a further 51 (6%) had their education terminated either following poliomyelitis or after starting school as disabled infants. The majority 501 (57%) were educated mainly at elementary schools with only 24 (3%) attending grammar schools. 73 (8%) attended private schools.

The pattern of education episodes differed according to severity of disability and sex:

Schooling	Sex within selected disability groups											
	One leg partial		Both legs total		Both arms affected		All limbs affected		Breathing impaired		Total +	
	M	F	M	F	M	F	M	F	M	F	M	F
Base for %:	79	126	55	77	36	67	22	56	31	47	342	542
Elementary*	71	72	42	26	39	39	27	36	52	51	58	56
Grammar	4	5	2	1	3	1	9	2	3	4	2	3
Private	21	10	4	8	6	10	9	9	10	4	5	10
Special	13	9	31	33	33	25	36	27	19	23	24	21
Home	3	6	18	18	19	18	18	20	16	19	10	11
Hospital	8	10	29	19	36	17	32	21	23	23	13	15
Discontinued	5	4	4	13	11	1	0	9	0	4	5	7

+ This total is for all of those aged 15 years and over where information was available in regard to schooling (excluding 3 informants who received no formal education).

\* Includes Secondary Modern and Board schools.

Table 12.0 summarises the past sixty years history of education for children disabled by poliomyelitis. What are the main changes? Nearly one in ten had their education terminated by disability before the First World War, but now the proportion has fallen to one in thirty. Over the whole period more than one half obtained whole or part of their education at elementary or secondary modern schools. At the turn of the century, one in five attended private schools. The figure is now substantially lower.

Tuition at home was also given to nearly one in five at the start of the century. The proportion dropped until the mid-1920s but since then has returned to its former level. Teaching in hospital was virtually unknown before the First World War. By the 1940s approximately four in ten received some teaching while in hospital, but since then this has fallen. About one in five attended special schools for handicapped children before the First World War; this is about the same level for those whose schooling years fell during the 1950s.

12.0 Education Episodes by Sex and Age of Adults Disabled in Childhood

Schooling	Ages													
	15 - 24		25 - 34		35 - 44		45 - 54		55 - 64		65+		All Ages	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Elementary (1)	70	71	15	32	28	42	46	72	32	58	9	26	200	301
Grammar	3	7	0	0	2	0	0	6	2	4	0	0	7	17
Private	4	10	2	1	0	9	6	14	2	13	4	8	18	55
Special	25	27	16	11	11	17	20	28	8	24	1	5	81	112
Home	15	14	6	5	4	8	4	8	3	16	1	9	33	60
Hospital	18	31	11	19	4	21	9	10	4	3	0	0	46	84
Discontinued	2	2	0	3	3	4	6	12	3	12	2	2	16	35
No Education	0	0	0	0	0	1	0	1	0	1	0	0	0	3
No Information	5	3	1	1	2	3	3	12	4	16	6	13	21	48
No. Persons	109	122	40	56	50	80	87	149	54	139	22	56	363	593
Approximate dates of education	1945 1960		1935 1950		1925 1940		1915 1930		1905 1920		Before 1910		-	

(1) Includes secondary modern schools post 1944 and board school pre 1906.

Table 13. Education background of persons disabled as adults

The survey population included 493 (29%) who contracted poliomyelitis after completing their education. Information on the education level reached by these persons was given by 479 (97%) persons and is shown by age and sex in table 13.0.

Throughout all ages the standard of education was higher for this group than for those whose education was affected by residual disability. Including those who eventually went on to higher education, the terminal secondary education levels were:

	Male	Female	Total
Base for % :	217	262*	479*
Type of schooling	%	%	%
Elementary	49	51	50
Grammar	31	31	31
Private	20	18	19
Total	100	100	100

\* Excluding 14 informants not giving information

A total of 199 (42%) members had also obtained educational qualifications before contracting poliomyelitis:

	Males	Females	Total
Base for % :	217	262*	479*
<u>Qualifications:</u>	%	%	%
Degrees	10	8	9
G.C.E. +	22	19	20
Other	13	13	13
Total	45	40	42

\* Excluding 14 informants not giving information

+ Or equivalent

Studies for further education qualifications by 56 (12%) members were interrupted by poliomyelitis. Subsequently, 33 of these (59%) obtained their qualifications. The proportion was highest among females and for courses at universities; the severity of disability did not appear to affect the outcome of the interrupted course of studies.

Disability Group	One leg partial				Both legs total				All other disabilities			
	University		Other		University		Other		University		Other	
	M	F	M	F	M	F	M	F	M	F	M	F
No. studies interrupted	2	0	5	0	2	4	7	6	5	2	10	13
No. subsequently qualifying	2	0	2	0	2	4	2	2	1	2	8	8

13.0 Terminal Education by Sex and Age of Persons Contracting Poliomyelitis as Adults.

Terminal Education	15-24		25 - 34		35 - 44		45- 54		55 - 64		65+		All Ages	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F
	Elementary (1)	0	4	22	31	35	43	20	27	10	9	5	3	92
Grammar	1	1	17	14	17	30	6	13	3	3	0	1	44	62
Private	1	1	9	5	5	14	13	14	4	1	1	3	33	38
University	0	1	6	8	9	12	8	5	7	0	0	1	30	27
Technical	1	0	5	8	8	4	3	4	0	2	1	0	18	18
No Information	0	0	0	0	0	4	0	3	0	2	0	5	0	14
Totals	3	7	59	65	74	107	50	66	24	17	7	13	217	276

(1) Includes Secondary Modern and Board Schools.

Table 14. Educational Qualifications and Vocational Training after contraction of Poliomyelitis

Of the present adult population, 1,250 (96%) had no educational or vocational qualification at the time poliomyelitis was contracted. 956 (76%) of these persons were at that time children. A total of 348 (28%) have since obtained academic or vocational qualifications: 263 (27%) of those contracting the illness as children and 85 (29%) of those contracting poliomyelitis later in life.

The qualifications obtained are summarised in Table 14.0.

The majority, 152 have training in the various clerical skills. 101 hold passes in subjects from the Royal Society of Arts examinations or the equivalent. The skills include typing, shorthand, book-keeping and machine operating. Another 51 have other commercial qualifications such as passes in the Civil Service and local government examinations, while some hold certificates in printing and design, dressmaking and so on. A greater number of those disabled in childhood have taken up jobs in these fields. 30 have various industrial or technical qualifications such as the ordinary and higher national certificates, apprenticeships and technicians.

56 hold professional qualifications. The most common are in accountancy, surveying, teaching (teacher training colleges), nursing and in occupational therapy. A teacher with both legs paralysed recalled the problems she had to overcome in training. "My major difficulty was finding a university place. I had provisionally been accepted at a university provided that I could overcome the physical difficulties: this proved to be impossible. Another university building might have been suitable, but there was no list available of colleges able to accept chairbound students. I eventually found a teachers' Training College through my own efforts. Even now the battle is not entirely over, as my disability limits me to schools where physical conditions are suitable and in consequence it is difficult to obtain promotion".

30 have or are reading for degrees in a variety of subjects. Eight are adults whose careers were interrupted by poliomyelitis. Nine are currently reading for degrees.

There are sixty-three people whose only qualifications are the various school certificate examinations, G.C.E., ordinary and advanced level examinations. 21 are studying for their "O" level or "A" levels now.

37 have been to industrial rehabilitation units (I.R.U.) to acquire or develop a skill. 22 of this group contracted poliomyelitis after the school-leaving age and were perhaps in types of employment to which, on recovery, they could not return.

14.0 Education qualifications and vocational training after contraction of poliomyelitis.

Qualifications	Poliomyelitis Contracted			
	Before 15th birthday		After 15th birthday	
	No. Qualifications	% Persons (1)	No. Qualifications	% Persons (1)
Professional	37	4	19	6
Commercial	38	4	13	4
Technical	20	2	10	3
Secretarial	83	9	18	6
I. R. U.	15	2	22	7
Academic				
Degrees	22	2	8	3
Diplomas	3	0	3	1
G. C. E.	20	2	10	3
Total persons	263	27	85	29

(1) Percentage of total persons without qualifications when poliomyelitis was contracted.

Table 15. Employment by sex, age and disability

The survey population included 587 males aged 15 to 64 years old and 451 unmarried females aged 15 to 59 years old. These groups can be regarded as the potential working population. They, however, included 42 males and 37 females undergoing full-time education or training as well as 38 males and 29 females who had just passed their fifteenth birthday but for whom no details about employment were collected. This leaves 507 males and 385 unmarried females, of whom 37 males and 42 females did not give information about employment.

The employment position of the remainder by age and sex is given in table 15.0 and the disability of employed and unemployed males and females in tables 15.1, 15.2, 15.3 and 15.4.

For all ages, 394 (84%) of the males and 239 (70%) of the unmarried females are in employment: 19 of the males and 45 of the females, however, work only part-time (i.e. less than 30 hours per week). The difference between the proportion of males and females in employment remains generally the same over all ages. There is a tendency for the proportion employed to fall away as retirement age approaches.

The severity of disability has a significant effect on employment. The proportion of females employed falls substantially for the more severely disabled: the fall, however, is not so marked with males. Indeed, the proportion employed among males whose legs are totally paralysed is slightly higher than for those with partial paralysis of one leg:

	Sex within selected disability groups											
	One leg partial		Both legs total		Both arms affected		All limbs affected		Breathing impaired		Total*	
	M	F	M	F	M	F	M	F	M	F	M	F
Base for %:	92	74	109	59	81	56	57	46	61	42	470	343
Employed	83	82	84	51	73	54	65	44	75	55	84	70
Unemployed	17	18	16	49	27	46	35	56	25	45	16	30
Total	100	100	100	100	100	100	100	100	100	100	100	100

\* This total is for all 'potential working population' in survey who gave information and is not an addition of the individual column totals.

15.0 Numbers employed and unemployed by age and sex.

Ages	Males			Females		
	Employed	Unemployed	% Employed	Employed	Unemployed	% Employed
15 - 19	34	9	79	41	6	87
20 - 24	24	3	85	32	3	91
25 - 29	31	2	94	25	6	81
30 - 34	45	6	88	21	10	68
35 - 39	55	4	93	21	8	73
40 - 44	52	8	87	27	11	71
45 - 49	47	4	92	23	13	64
50 - 54	61	16	79	31	21	60
55 - 59	27	9	75	18	26	41
60 - 64	18	15	55	-	-	-
Totals	394	76	84	239	104	70

15.1 Residual disabilities employed males aged 15-64 years

DISABILITY -		ARMS - Number partially or totally disabled						
		Partial Total	Nil Nil	One Nil	Nil One	Both Nil	One One	Nil Both
LEGS - Number partially or totally disabled	Nil Nil	2	17	2	5	5	0	31
	One Nil	76	28	4	5	5	2	120
	Nil One	17	2	0	0	0	0	19
	Both Nil	46	18	0	12	2	0	78
	One One	44	6	0	4	0	0	54
	Nil Both	55	18	0	15	3	1	92
	Totals	240	89	6	41	15	3	394

15.2 Residual disabilities unemployed males aged 15-64 years

DISABILITY -		ARMS - Number partially or totally disabled						
		Partial Total	Nil Nil	One Nil	Nil One	Both Nil	One One	Nil Both
LEGS - Number partially or totally disabled	Nil Nil	0	1	2	0	1	0	4
	One Nil	16	3	3	1	0	0	23
	Nil One	6	0	0	0	0	0	6
	Both Nil	6	2	0	6	1	1	16
	One One	2	4	1	0	2	1	10
	Nil Both	6	1	1	4	5	0	17
	Totals	36	11	7	11	9	2	76

15.3 Residual disabilities employed single females aged 15-59 years

DISABILITY -		ARMS - Number partially or totally disabled						
		Partial Nil	Total Nil	One Nil	Nil One	Both Nil	One One	Nil Both
LEGS - Number partially or totally disabled	Nil Nil	1	6	5	2	1	0	15
	One Nil	61	19	2	4	1	0	87
	Nil One	19	1	1	0	1	1	23
	Both Nil	40	7	0	10	1	0	58
	One One	20	1	0	5	0	0	26
	Nil Both	22	4	0	3	0	1	30
	Totals	163	38	8	24	4	2	239

15.4 Residual disabilities unemployed single females aged 15-59 years

DISABILITY -		ARMS - Number partially or totally disabled						
		Partial Nil	Total Nil	One Nil	Nil One	Both Nil	One One	Nil Both
LEGS - Number partially or totally disabled	Nil Nil	2	0	0	0	0	0	2
	One Nil	13	3	2	0	0	0	18
	Nil One	8	0	1	0	0	0	9
	Both Nil	12	6	0	10	0	0	28
	One One	10	5	0	3	0	0	18
	Nil Both	13	3	0	10	1	2	29
	Totals	58	17	3	23	1	2	104

Table 16. Job Finding by Sex and Disability

Information about how jobs were found was given by 369 (94%) of the males and 190 (80%) of the females in employment. Table 16.0 summarises this by sex and disability giving the various sources through which jobs were found: the group 'others' includes hospital almoners, the B.P.F. and a large number of voluntary welfare organisations.

By far the most important source of finding employment is the disabled person's own initiative: 223 (60%) of the males and 120 (63%) of the females found their own jobs without the help of any outside agency. In addition a further 17 (5%) of the males and 3 (1%) of the females are self-employed. For both sexes over the whole range of disabilities 'self-help' remains the most important means of job finding. An office clerk remarked that the D.R.O. had told her "there was no office work available unless I had shorthand and typing. I can do neither, but the first job I applied for in the evening paper I got without mentioning my disability, and now have held the post for 5 years". A post office worker said "The D.R.O. was not particularly helpful when I started looking for a job. In the end I got my own job just by walking into a Post Office and asking if they had any vacancies". A man, with one arm partially and both legs totally paralysed, whose wife is also disabled, recalled that "the Youth Employment Service could not find me employment on leaving school. After four years, they told me I should resign myself to the fact that I would never be able to take up proper employment. Within three months, I found myself my present job and have been with the company for six years reaching the post of an assistant production manager".

There were many whose comments on the disabled persons employment services expressed the direct opposite. Many referred, with gratitude in general terms to the help they had received from the D.R.O.

"The Ministry of Labour has been most helpful in sending me first to the I.R.U. and then to Training College. The staffs of both these establishments are dedicated and I am eternally grateful for their help and encouragement".

A total of 48 (13%) males and 19 (10%) females were placed in employment by the Disablement Resettlement Officer, and a further 32 (9%) males and 27 (14%) females found their jobs through the employment exchange or the Youth Employment Service. A slightly smaller number were found employment by voluntary welfare organisations.

Of 309 persons who contracted poliomyelitis while in employment, 23 (7%) were able to return to work with their former employers.

The proportion finding their jobs with the help of outside agencies is generally greater for females, and for the more severely disabled. Among males with total paralysis of both legs, one in five were placed in employment by the D.R.O. For single females with all limbs involved, one in three were found employment by voluntary welfare bodies.

	Sex within selected disability groups											
	One leg partial		Both legs total		Both arms affected		All limbs affected		Breathing impaired		Total*	
	M	F	M	F	M	F	M	F	M	F	M	F
Base for % :	69	50	85	17	55	20	32	13	43	21	369	190
<u>Agencies</u>	%	%	%	%	%	%	%	%	%	%	%	%
D. R. O.	9	12	21	6	11	20	16	8	19	19	13	10
Employment Exchange	10	22	8	18	5	20	0	23	5	5	9	14
Voluntary Welfare Organisations	7	6	10	0	11	20	3	31	5	14	7	8
Total outside agencies	26	40	39	24	27	60	19	62	29	38	29	32

\* This total is for all those in employment who gave information pertaining to the method of finding their jobs and is not an addition of the individual column totals.

16.0 Sources of employment by sex and selected disabilities.

Source of Employment	Disability Groups											
	One leg partial		Both legs total		Both arms involved		All limbs involved		Breathing impaired		All disabilities	
	M	F	M	F	M	F	M	F	M	F	M	F
D. R. O.	6	6	18	1	6	4	5	1	8	4	48	19
Employment Exchange	2	6	2	2	1	2	0	2	0	0	15	11
Youth Emp. Serv.	5	5	5	1	2	2	0	1	2	1	17	16
Own initiative	45	30	38	9	33	8	20	5	25	12	223	120
Self employed	4	0	4	2	2	0	2	0	2	0	17	3
Former employer	2	0	9	2	5	0	4	0	4	1	23	6
Other	5	3	9	0	6	4	1	4	2	3	26	15
Totals	69	50	85	17	55	20	32	13	43	21	369	190

Table 17. The Ministry of Labour Register of Disabled Persons

Of those who gave information about their employment 256 (60%) males and 174 (51%) females are registered as disabled persons with the Ministry of Labour - Table 17.0.

Two men in employment mentioned why they are not registered. "I saw the D.R.O. about a more suitable job. They were very unco-operative. I have worked for my present firm for 13 years, but the job is not really suitable. The D.R.O.'s attitude seemed to be that as I was already in employment it was too much trouble for them to find something more suitable. I am now attempting to find a post on my own". "I work at home as a machinist, and so am now classed as self-employed. As a result I get no help from the Ministry of Labour whatsoever. I am not registered disabled, as it wasn't much help when I was".

The proportion registered tends to fall away with severer disabilities particularly among females. The exception is for males with total paralysis of both legs where nearly two-thirds are registered disabled: in contrast just less than one-third of females with this disability are registered.

Throughout the whole range of disabilities the proportion of the registered disabled in employment remains high, substantially above that for the unregistered. The difference is particularly great for females with severe disabilities.

17.0 Numbers registered as disabled with the Ministry of Labour for all and for selected disabilities.

	All Dis-abilities		One leg partial		Both legs total		Both arms involved		All limbs involved		Breath-ing impaired	
	M	F	M	F	M	F	M	F	M	F	M	F
No. Registered	284	174	48	36	69	19	38	24	24	17	31	17
No. Unregistered	186	169	44	38	40	40	43	32	33	29	30	25
Totals	470	343	92	74	109	59	81	56	57	46	61	42
% Registered	60	51	52	48	63	32	47	43	42	38	51	40
In Employment												
Registered	256	151	44	34	65	14	31	20	18	14	28	15
Unregistered	138	88	32	27	27	16	28	10	19	6	18	8
% Employed												
Registered	94	87	92	95	94	74	82	93	75	82	90	88
Unregistered	74	52	73	71	68	40	65	31	57	21	60	32

Table 18. Types of employment

The Registrar General's social class classification of occupations broadly indicates the types of employment obtained by the disabled. The social class classification of the occupations of disabled males and single females is given in table 18.0 for all and for selected disability groups.

Generally, the social class distribution of occupations shows the same broad outline as the population as a whole, with the exception of a far higher proportion in semi-skilled occupations offset by a virtual absence of unskilled occupations.

The overall pattern, however, conceals an important difference between the types of employment followed by those who contracted poliomyelitis as children and those who became disabled later in life. The social class distribution of occupations for employed males in each of these groups is shown in table 18.1. Among those who contracted poliomyelitis as adults, where severe disability is more frequent, a far higher proportion follow occupations in social class I and II.

Age of contracting poliomyelitis within selected disability groups											
Employed males	One leg partial		Both legs total		Both arms affected		All limbs affected		Breathing impaired		Total
	-15	15+	-15	15+	-15	15+	-15	15+	-15	15+	
Base for %	56	18	38	48	17	42	8	29	16	30	221
<u>Occupation Classification</u>	%	%	%	%	%	%	%	%	%	%	%
I Professional	0	0	3	8	0	7	0	10	6	7	2
II Managerial	7	33	13	29	18	41	25	41	6	37	6
III Clerical skilled	39	50	55	48	41	45	50	45	56	40	54
IV Semi-skilled	52	17	29	15	35	5	25	4	32	16	36
V Unskilled	2	0	0	0	6	2	0	0	0	0	2
Total	100	100	100	100	100	100	100	100	100	100	100

\* This total is for all employed persons, excluding unclassified occupations, and is not an addition of the individual column totals.

A factory machinist with both legs partially paralysed, who was placed in employment by the D.R.O., mentioned that "The Ministry of Labour at considerable expense had me trained for watch and clock repairs, but as most repair departments are upstairs, I am unable to follow this trade. I did not choose this trade - it was chosen for me. I found that others have had this training, but could not find jobs afterwards".

Several people, mostly females who work at home and are classed as self-employed, commented on some of the difficulties their form of employment leads to. "I worked full time as a dressmaker for 10 years, and then worked self-employed at home, paying the full self-employed insurance contributions. My health, however, was too bad and the doctor told me to work part-time. This is where the trouble started. Being self-employed I couldn't obtain unemployment benefit, and as I wasn't ill, in the legal sense, I couldn't claim sickness benefit. The N.A.B. gave me one week's money, but said I would have to repay it. Eventually the doctor wrote a letter to the employment exchange after which I had no more trouble".

18.0 Social class classification of occupations of males and single females for all and for selected disabilities.

Occupation Classification	All disabilities		Disability Groups								
			One leg partial		Both legs total		Both arms involved		All limbs involved		Breathing impairment
	M	F	M	F	M	F	M	F	M	F	
I Professional	15	2	0	1	5	0	3	0	3	0	3
II Managerial	62	23	10	2	19	6	20	2	14	2	12
III Clerical:skilled	207	141	31	34	44	16	26	18	17	13	21
IV Semi-skilled	98	64	32	21	18	3	8	9	3	6	10
V Unskilled	6	0	1	0	0	0	2	0	0	0	0
Unclassified	6	9	2	3	6	5	0	1	0	0	0
Total employed	394	239	76	61	92	30	59	30	37	20	46
Total unemployed	76	104	16	13	17	29	22	26	20	26	15

18.1 Social class classification of occupations of employed males who contracted poliomyelitis before and after their fifteenth birthday for all and for selected disability groups.

Occupation Classification	All disabilities		Disability Groups								
			One leg partial		Both legs total		Both arms involved		All limbs involved		Breathing impairment
			Poliomyelitis Contracted								
15- 15+		15-	15+	15-	15+	15-	15+	15-	15+	15-	15+
I Professional	5	10	0	0	1	4	0	3	0	3	1
II Managerial	13	49	4	6	5	14	3	17	2	12	1
III Clerical:skilled	118	89	22	9	21	23	7	19	4	13	9
IV Semi-skilled	80	18	29	3	11	7	6	2	2	1	5
V Unskilled	5	1	1	0	0	0	1	1	0	0	0
Unclassified	5	1	1	1	4	2	0	0	0	0	0
Total	226	168	57	19	42	50	17	42	8	29	16

Table 19. Average weekly income

The average weekly incomes of employed males by types of employment and selected disabilities are given in tables 19.0 and 19.1. The information for employed single females is given in tables 19.2 and 19.3.

The median weekly income for employed males lies in the range £10 to £15. The type of employment is obviously important: the median income in Class I exceeds £20 a week compared to £5 to £10 for social Class IV. Since those following professional and managerial occupations are usually those who contracted poliomyelitis later in life, incomes for this group are substantially higher on average than those who were disabled in childhood. The median income for those disabled after their fifteenth birthday lies between £15 to £20 a week compared to £5 to £10 for those disabled as children:

Employed males	Poliomyelitis contracted before 15th birthday	Poliomyelitis contracted after 15th birthday	Total
Base for %	210	166	376*
Income range (£)	%	%	%
0 - 2	2	0	1
2 - 5	10	4	7
5 - 10	40	17	30
10 - 15	30	25	28
15 - 20	12	25	18
20+	6	29	16
Total	100	100	100

\* Excluding 18 informants who gave no information.

Since the severity of disability is greater among those contracting poliomyelitis as adults, the incomes of the more severely disabled tend to be higher than those with slight disability. Table 19.1.

Incomes for employed single females are substantially below those for males. The median falls in the range £5 to £10 a week. The majority of employed single females contracted poliomyelitis as children and eventually obtained employment in clerical occupations. The median income in each of the disability groups is the same.

Against income, several mentioned the higher living expenses and financial problems which disabled persons face. "My bank has refused an overdraft because I am regarded as a bad risk, being physically disabled". "Living is much more expensive for the disabled; I have to be driven in my car because I am unsafe on buses. All decorating and maintenance in the house or on the car has to be done professionally. These factors should be taken into account by income tax authorities". "Insurance companies charge disabled people high premiums on car or life policies".

19.0 Average weekly incomes of employed males by social class.

Income Ranges	I Profession- ional	II Manager- ial	III Clerical Skilled	IV Semi- Skilled	V Un- skilled	Unclass- ified	Totals
£							
0 - 2	0	0	0	1	1	2	4
2 - 5	0	2	13	10	0	3	28
5 - 10	1	4	53	51	2	0	111
10 - 15	0	11	70	23	1	0	105
15 - 20	2	15	43	4	0	1	67
20+	12	26	23	0	0	0	61
No information	0	4	5	7	2	0	18
Totals	15	62	207	98	6	6	394

19.1 Average weekly incomes of employed males by selected disability.

Income Ranges	One leg partial	Both legs total	Both arms affected	All limbs affected	Breathing impaired
£					
0 - 2	0	1	1	0	0
2 - 5	7	9	4	3	2
5 - 10	22	32	14	7	12
10 - 15	23	19	11	7	11
15 - 20	12	7	11	5	7
20+	4	19	12	10	10
No information	4	5	6	5	4
Totals	72	92	39	37	46

19.2 Average weekly incomes of employed single females by social class.

Income Ranges	I Professional	II Managerial	III Clerical Skilled	IV Semi-skilled	V Unskilled	Unclassified	Totals
£							
0 - 2	0	0	3	4	0	2	9
2 - 5	0	3	17	19	0	3	42
5 - 10	0	6	73	39	0	1	119
10 - 15	0	0	31	2	0	0	33
15 - 20	1	9	6	0	0	1	17
20+	1	5	1	0	0	2	9
No information	0	0	10	0	0	0	10
Totals	2	23	141	64	0	9	239

19.3 Average weekly incomes of employed single females by selected disabilities.

Income Ranges	One leg partial	Both legs total	Both arms affected	All limbs affected	Breathing impaired
£					
0 - 2	1	1	0	0	0
2 - 5	13	8	7	5	9
5 - 10	34	10	16	8	11
10 - 15	6	3	3	3	2
15 - 20	2	3	1	1	1
20+	1	0	0	0	0
No information	4	5	3	3	0
Totals	61	30	30	20	23

Table 20. The Unemployed

A total of 76 males and 104 single females of working ages are unemployed. The principle reasons given for their unemployment are listed in table 20.0. Disability was the main reason given for unemployment particularly among females. A higher proportion of males attributed their unemployment to the inability to find suitable jobs. A small proportion attributed their lack of employment to redundancy.

The mother of a teenage-girl, with one leg totally paralysed, wrote that her daughter "since leaving school in August 1962 has only done about six weeks work, she had to finish her job because of the strain on her legs. She tried hard to obtain another job but employers would not consider her because of her handicap. She is now at a Ministry of Labour resettlement centre, taking a dressmaking course. But she is having to give that up now again because of her leg. The Labour Exchange can't do much about a job". Another parent of a teenage-girl with one leg partially paralysed mentioned that her daughter "has worked in a bakery but the strain is too much and she should get a job where there is no standing, but she has had only two years education out of the normal ten.

General ill-health in addition to residual disability appeared to play an important contributory part in unemployment, particularly among single females.

	Employed		Unemployed		Total	
	M	F	M	F	M	F
Base for %	394	239	76	104	470	343
<u>Health rating (apart from polio disability):</u>	%	%	%	%	%	%
Very Good	45	45	27	18	42	37
Good	27	26	29	18	27	23
Satisfactory	23	22	27	35	24	26
Poor	3	6	15	26	5	12
Very poor	1	0	2	2	1	1
No information	1	1	0	1	1	1
Total	100	100	100	100	100	100

The median income of the unemployed, who gave disability as the main cause for unemployment, comes principally from national assistance or national insurance sickness benefits and falls in the range £2 to £5 a week for both males and females - table 20.1.

20.0 Principle reasons given for unemployment for working-aged males and single females.

Reasons for Unemployment	Males		Single females	
	No.	%	No.	%
Disability	55	72	85	82
No suitable work	6	8	5	5
Premature retirement	7	9	8	7
Redundant	3	4	2	2
No information	5	7	4	4
Totals	76	100	104	100

20.1 Sources of and average weekly income of unemployed males and single females.

Source of income	Males		Females		Income range £	Males		Females	
	No.	%	No.	%		No.	%	No.	%
Miscellaneous earnings	3	5	1	1	0 - 2	8	5	11	13
National assistance	34	62	65	76	2 - 5	22	40	62	73
National Insurance:									
Sickness	18	33	30	35	10 - 15	4	7	1	1
Unemployment	5	8	1	1	15 - 20	5	9	0	0
Private means	3	5	5	6	20+	0	0	0	0
Others	5	8	5	6	No information	34	7	5	6
Totals (1)	68	121	107	125		55	100	85	100

(1) The total sources of income exceed total persons as several have more than one source of income.

Table 21. Disabled married women

A total of 322 (19%) persons in the survey are married women aged under 60 years old. The figure includes 36 widows and 7 divorcees.

One quarter of these women are employed. The proportion employed is lower for severe disabilities.

Selected Disability Groups						
	One leg partial	Both legs total	Both arms affected	All limbs affected	Breathing impaired	Total*
Base for %	50	66	55	43	54	322
	%	%	%	%	%	%
Employed	26	21	18	19	17	25
Housewives	74	79	82	81	83	75
Total	100	100	100	100	100	100

\* This total is for all married women aged under 60 years and is not an addition of the individual column totals.

A further 33 married women (10%) noted that they would like to work if they could find a suitable job.

One quarter of the married women working come from households with more than one member disabled, in all but one instance the husband. In seven of these, the married woman is the only breadwinner.

The types of employment by social class classification and the ranges of weekly incomes are given in table 21.0. The majority are occupied in clerical and secretarial jobs and the median income falls in the range £5 to £10 a week.

Several disabled housewives described the day to day difficulties and problems they face. "I can keep my house very clean and tidy but I find washing, cleaning windows and hanging curtains and so on too much for me". "When I became ill my children were aged nineteen months and  $3\frac{1}{2}$  years. I ought to have more home-help. As a teacher, I was fortunate in being able to return to the job I was trained for. Training is automatically given to single people, but the need of the disabled housewife can be just as great, especially if she has young children whom she can no longer look after, and has to pay someone to do this for her". "I find that just being a housewife, I get very little help. Originally, the local authority let me have a home help, but I was house-bound because the M.O.H. refused to issue an invalid car as I was not the breadwinner. I went to work as a telephonist and applied for an invalid tricycle which they supplied but only for as long as I am working. Now, however, the local authority says that I am not entitled

to a home-help". "It would be useful to have hints about things that will make housework easier. As we have low wages, it would be a great help if we could have a home-help free, even if only once a week or once a month, for window cleaning and things we cannot reach without a step-ladder".

"I have a four month old baby, but have a problem to manage the stairs when carrying him. How when he starts to walk should I pick him up off the floor level again? I cook but it is a nightmare; electrical gadgets would help but you can't get grants for them. For someone who has minimum use of hands such gadgets help as much as calipers help in walking. Could local governments help in giving polios grants or loans for central heating - much mental and physical pain is caused by cold and damp weather".

"Home help is needed to cope with infants and young children, especially at breakfast and dressing time, tea and bath time. It would save my husband from curtailing working hours (and loss of pay). Help is needed particularly from 7 - 9 in the morning and from 4 - 6 in the evening".

Local authority home helps are available to 44 (14%) of the disabled married women. Three of these are employed, and thus the figure rises to 17% of full-time housewives receiving local authority home helps. In addition a further 44 employ domestic help privately: 13 of these married women are employed.

Private domestic help is more frequent in higher social class.

Social Class							
	I Profess- ional	II Manager- ial	III Skilled	IV Semi- skilled	V Un- skilled	Unclass- ified	To
Base for %	22	35	156	54	12	43	3
Private domestic help	60	37	7	7	0	7	
Local authority domestic help	0	6	14	6	0	40	
No domestic help	40	57	79	87	100	53	
Total	100	100	100	100	100	100	1

Several housewives commented on the difficulties that charges for domestic help have caused.

"I have a home-help for 22½ hours a week. My husband's earnings are £10 a week. Originally the charge was a shilling an hour, but I couldn't afford this and got into debt over it. After nearly nine months persuading the local authority, they reduced the price to 6d, but I had to pay off the arrears; they all but demanded £1 a week, but this was impossible. The

charge has now gone down to 3d an hour. I thought that if my children had free dinners I could dispense with domestic help, and so save money, but the Council said I did not qualify. When the bills piled up, the B.P.F. helped me over the electricity. The British Legion once allowed me a 10s. voucher for food to build myself up, this lasted 13 weeks and helped me no end. The N.A.B. would not help us as they said my husband was working and I had to manage myself".

"I need more help in the house as there are so many jobs I have great difficulty in performing and can't afford to pay any more than I already do (2 $\frac{1}{2}$  hours weekly 8s 6d)."

"I am exhausted and depressed; I have worked as hard as I could but now feel too tired to help myself. I have not been able to afford regular house help. I need it particularly as the children are young".

21.0 Social class of employment and ranges of weekly income - married women

Types of employment	Numbers	%	Income Range £	Numbers	%
I Professional	6	8	0.2	4	5
II Managerial	14	18	2.5	17	21
III Secretarial skilled	42	52	5-10	22	27
IV Semi-skilled	10	12	10-15	12	15
V Unskilled	0	0	15-20	8	10
Unclassified	7	9	20+	3	4
No information	1	1	No information	14	18
Totals	80	100	Totals	80	100

Table 22. The Elderly

165 (10%) of the survey population have passed retirement ages - 65 years for men and 60 years for women. 132 (81%) gave information on the amounts and sources of weekly income. Ranges of income are set out in table 22.0 and source in table 22.1. For elderly females the median falls in the range £2 - £5 a week and for males £5 - £10 a week. The amount of income does not vary with disability.

The main sources of income are National Insurance Retirement benefits supplemented in part by grants from the National Assistance Board: nine in ten receive these benefits. 19 (14%), all but one single females, rely on the N.A.B. for their entire income. It would appear that these elderly spinsters have been unable to build up an entitlement to a retirement pension (i.e. three years occupation with a minimum of fifty contributions for each of these years). 17 (13%) receive neither national insurance or national assistance benefits. They comprise a small number with private incomes who do not appear to have built up an entitlement to a retirement benefit, and a larger group whose earnings, under the earnings rule, would appear to affect their pensions entitlement.

Just over half the females and under half the males receive weekly grants from the N.A.B. As income generally does not vary with the extent of disability, the proportion receiving grants remains largely the same over the range of disabilities.

The local authority home help service provided domestic help for 34 (21%) of the 159 persons of retirement ages not in residential institutes. A further 24 (15%) employed private domestic help.

The median weekly income of those employing private domestic help fell in the range £5 to £10 a week. A charge was made in five of the 34 instances of local authority home helps: it averaged 5s. Od. a week, representing 5% of weekly income.

"Meals on Wheels" were provided for ten (6%) of the elderly: half of whom had severe leg disability.

22.0 Weekly income of persons over retirement ages.

Income Ranges £	All disabilities		One leg partial		Both legs total		Both arms affected		All limbs affected		Breathing impaired	
	M	F	M	F	M	F	M	F	M	F	M	F
0 - 2	1	7	0	0	0	3	0	2	0	1	1	1
2 - 5	11	71	1	14	2	10	2	12	2	12	1	8
5 - 10	9	24	2	5	0	5	0	3	0	3	1	4
10 - 15	2	3	1	0	0	1	0	0	0	0	0	0
15 - 20	2	0	0	0	0	0	1	0	1	0	0	0
20+	2	0	0	0	1	0	0	0	0	0	0	0
No information	1	33	0	2	0	8	0	4	0	1	1	3
Totals	28	137	4	21	3	27	3	21	3	18	4	16

22.1 Sources of income of persons over retirement ages by ranges of weekly income.

Sources of Income	Income Ranges. £ per week												Total	
	0-2		2-5		5-10		10-15		15-20		20+		M	F
	M	F	M	F	M	F	M	F	M	F	M	F	M	F
<u>State</u>														
O.A. Pension	0	2	3	29	8	12	2	1	0	0	0	0	13	4
O.A.P. plus N.A.B.	0	0	7	25	1	5	0	0	0	0	0	0	8	0
N.A.B. only	0	4	1	13	0	1	0	0	0	0	0	0	1	0
<u>Personal</u>														
Earnings	0	0	1	7	2	7	1	0	2	0	1	0	7	0
Occupational pension	0	0	1	3	1	4	1	0	0	0	0	0	3	0
Private means	1	1	0	4	3	7	2	2	0	0	1	0	7	0
Persons	1	7	11	71	9	24	2	3	2	0	2	0	27	16

Table 23. The Housebound

Among all aged 15 years and over, 116 classified themselves as housebound (i.e. unable to go out more than twice in a month). This represents 8% of persons aged 15 years or more, and 16% of those who described themselves as being unable to walk - table 23.0. The proportion housebound is higher for females and for the elderly.

29 (25%) of the housebound live alone, the majority of those are elderly spinsters - table 23.1. Nine of the housebound who live alone and 32 of the housebound in other households maintain no regular outside social contacts.

Where regular outside social contacts exist the principal one is with members of the local B.P.F. (30% of all housebound). Next in importance comes religious organisations (21%) and local social and philanthropic clubs (20%). 35 of the housebound (30%) have a telephone, nine of whom live alone.

The local welfare officer made monthly or more regular visits to 13 (11%) of the housebound, five of whom live alone. A further 17 (15%) receive occasional visits. The local authority home help service is available to 29 (25%) of the housebound, 13 of whom live alone. Five of the housebound, all but one, living alone receive regular "meals on wheels".

A 71 year old spinster living alone with both legs totally and both arms partially paralysed described her daily routine. She is visited weekly by the District nurse and has a home help from the local authority for two hours daily. This is supplemented by a private daily help. "The question of domiciliary care is an urgent matter for me - I am living alone on the edge of difficulties. Although I have raised my case with the health visitor who recognises the needs, she seems to think there is little more I can hope for from the authorities. This seems to be mainly because I am so clever at being disabled and am not incontinent and so on. It is only being such an old-hand with disability that enables me to organise anything. I now have to operate entirely from my bed as I am now unable to get into a wheelchair and back to bed unaided. I have an electric boiling ring on a trolley by my bed and cook or warm food up on it and have provisions available for a day or half a day as the case may be. On Sunday evenings a neighbour usually comes in to take out used crocks, refill the kettle and bring in an egg for supper. But I am not infrequently left for 22 hours without any help after the home-help goes. The authorities do not seem to realise that Sundays and Bank holidays have to be lived through. At Easter I had to go into a nursing home, at great expense, as no help was available. Now, I am wondering what will happen at Christmas, when again, there will be no help".

23.0 Numbers unable to walk and numbers housebound by age and sex.

Ages	Unable to walk		% total population		Nos. Housebound		% total population	
	M	F	M	F	M	F	M	F
15 - 44	127	211	39	47	6	32	2	7
44 - 64	109	197	51	55	5	43	2	12
65+	14	52	42	73	2	28	6	39
Totals	250	460	43	52	13	103	2	12

23.1 Numbers housebound by age and types of household.

Ages	Households							
	Alone		Parents		Others (1)		Totals	
	M	F	M	F	M	F	M	F
15 - 44	0	3	2	12	4	17	6	32
45 - 64	2	13	0	3	3	27	5	43
65+	1	10	0	1	1	17	2	28
Totals	3	26	2	16	8	61	13	103

(1) Mainly spouse or relatives.

Table 24. The Mobilised Disabled

Out of the 710 who described themselves as unable to walk, 594 (84%) are not housebound. The principal means of transport used outside the house are Ministry of Health vehicles, which provide transport for 354 or 50% of those unable to walk - table 24.0.

Because so many used these vehicles, they gave rise to many comments concerned with their reliability and the difficulties single seater transport creates in normal family life. There were more comments on this subject than on any other.

"Although I have an M.O.H. vehicle, I do not go out much. I like to be with my family and as the vehicle has only one seat it does not help in this respect. I am grateful for at least I can do most of my own shopping".

"The Ministry should do something for the disabled with young children. I take my little girls to school, and they are too young to be left while I go shopping. I am, therefore, in constant fear of having my M.O.H. tricycle taken away: my husband has already received one warning".

"My big problem now is that I am not allowed to take my baby with me in a single seater M.O.H. vehicle. As this is the only way I can get out of the house, it means I will never be able to take my baby with me. I will have to stay in with him until my husband gets home from work in the evenings".

"I feel that when one is a widow like myself with children a larger vehicle should be allowed to enable the children to accompany their mother. One cannot very well go out and leave the children".

"I can practically never attend a function with my two small children. It is a nightmare getting them to school, extra classes, other homes if out of town; even on buses it is impossible to let them travel alone".

"I wish there was some form of transport that could let mothers take their children with them. With a motor chair you can't have the kiddies running alongside on the pavement as then you are a menace to the traffic and to the children. There are times when mothers just can't leave children by themselves".

"My greatest problem is not being able to take my children out with me in my M.O.H. vehicle. My third child is blind. It means that unless I have someone at home to take care of them I cannot do the shopping or visit anyone".

"All my children are young and it is difficult to move about as a complete family". "Being unable to take one's family in the vehicle, doubles the cost of an outing". "There should be two-seater vehicles in special cases where two disabled people live together".

"A disabled person should not have to travel alone. Enjoyment of freedom is spoilt when other car drivers are seen with their families".

"I think that the Ministry of Health vehicles are anti-social and must in some way affect the family life of the disabled".

"All disabled transport should be at least two-seater. The single seater is a great trial to those who are married and have children".

Many made points about the quality and reliability of these vehicles.

"The tricycles supplied by the Ministry of Health are unreliable. I have broken down many times on lonely roads and because of the stupid rule that my wife cannot travel with me, I cannot get help, I just sit there for hours and rely on someone to stop and help. The two-stroke engines are unsound mechanically and the plugs are forever whiskering or oiling up".

"A heater is essential in this climate as chilblains are very prominent in polio cases".

"The electric tricycle which I use is extremely unreliable electrically and breaks down on average about every four months. This failure not only can put you off the roads for anything up to 14 days, but is also dangerous, e.g. - the last time I broke down was in the main street when the electric brakes locked the back wheels while I was travelling at the top speed of 40 miles an hour. This nearly resulted in my being rammed by the car following me".

"The Ministry of Health have taken six weeks to reject two estimates for repairs due to accidental damage to my invalid car".

Many have preferred to buy and to adapt a private car. A man with both legs totally paralysed wrote that he "deplores the N.H.S. principle of providing disabled cars: the three-wheeled monstrosities are very inadequate, apart from being dangerous. I have written at some length to the Minister of Health arguing that the provision of standard mini-cars instead of specially made machines was possible and cheaper. The reply was diffident and noncommittal, stating that disabled servicemen must have some privilege over disabled civilians. I personally object to using one of these machines which label one as disabled, because normally I do not consider myself to be so. I am fortunate to have been able to afford after a lot of effort to buy my own car. I was compelled to forego the opportunity to marry a few years ago because I was not able to afford both that and a car".

Another similarly disabled man wrote: "I think it is wrong that handicapped people should be supplied with single seater vehicles. I have a mini-minor and I have had wonderful times with my friends enjoying their company - if I had to go anywhere on my own I would feel cut off and this for a disabled person is bad".

"My invalid car was supplied by the Ministry. To take my wife out we managed to save and buy a small car and returned the Ministry vehicle. The only allowance I received was to help convert the car to hand-control. I now receive no assistance whereas before the Ministry paid all. By buying a car I have surely saved the Ministry expense, but get little in return".

Others mentioned some of the difficulties and anomalies which have arisen when they have bought their own cars.

"A particular sore point with me is that I was unable to get help to pay for converting my car to hand-controls - even though I gave up an M.O.H. vehicle".

"Without a car I would not be able to teach, but no tax relief is possible to cover this expense. I reckon that the first £500 of my salary is allocated - after tax deductions to disability expenses".

"The £600 maximum income for national assistance is ridiculous. If you buy a car you have to pay the costs, while the Government is saved the expense of an invalid car; the family group should be taken as a means test, not the individual".

"There are vast differences between the way people are treated in regard to transport. I have converted my own car and receive a maximum grant of £70 every 5 years (cost of conversion £80+); this is worth £14 a year. Those who have a single-seater Ministry car are provided tax free, insurance and repairs with some petrol free - worth about £75 a year. Those who receive a Ministry of Pensions vehicle have a car provided amply insured plus £52 a year maintenance - this is worth about £140 a year".

"I tried to get a grant towards the purchase of my car or towards the running expenses. I would probably have got a Government grant, but it would have taken a long time - I bought one myself as I had to have a means of getting to work".

A man who is totally paralysed pointed out that "Partly paralysed polios can get an invalid car worth £300 plus an allowance. Completely paralysed people like myself get nothing at all: Not even for my wife she has to move me".

The husband of a member with both legs totally paralysed had bought a fully automatic car "I wanted to claim part of the extra £100 involved but could not get anything. It seems silly that they would not allow this claim, but would allow a grant for hand conversion of an ordinary car".

24.0 Means of transport for persons aged 15 or more unable to walk.

Means of Transport	Numbers		% of Mobilised Disabled		% Unable to Walk	
	M	F	M	F	M	F
M.O.H. vehicle	136	218	57	61	55	47
Family car	69	76	29	21	28	17
Friends' car	14	42	6	12	5	9
Public transport	6	14	3	4	2	3
Other arrangements	12	7	5	2	5	2
Totals	237	357	100	100	95	78

Table 25. Housing

The suitability of the house the disabled person lives in is the most immediate factor in the physical environment affecting rehabilitation. Information was obtained about whether the home was owner-occupied, let by the local authority or by a private landlord. Members were also asked to assess their accommodation by rating it "very good", "good", "adequate", "poor" or "very poor". A total of 1,565 (92%) of the survey population provided information.

Ownership and tenancy is shown by age and sex in table 25.0. Nearly half the members aged fifteen or more live in houses owned by themselves or their families, just over one-third in local authority dwellings and one-fifth as tenants of private landlords. The pattern differs with the age groups. The proportion of owner-occupied houses is highest with members aged 65 years and over. A high proportion of those aged less than fifteen live in local authority houses but this proportion diminishes with age. Nearly one-third of those aged 65 or more are tenants of private landlords:

Age					
	0-14 years	15-44 years	45-64 years	65 years & over	Total*
Base for %	189	771	519	86	1565
	%	%	%	%	%
Owner occupied	34	48	48	51	46
Local authority	49	37	33	20	36
Private landlord	17	15	19	29	18
Total	100	100	100	100	100

\* Excluding 145 who gave no information.

There is a clear social class pattern in house ownership and tenancy: In social classes I to III the majority are owner occupied houses. For social classes IV and V, local authority housing predominates.

Social Class - all ages						
	I Profess- ional	II Manager- ial	III Skilled	IV Semi- skilled	V Unskilled	Total*
Base for %	50	182	667	294	54	1565
	%	%	%	%	%	%
Owner occupied	88	75	46	29	33	46
Local authority	4	11	40	51	54	36
Private landlord	8	14	14	20	13	18
Total	100	100	100	100	100	100

\* Excluding 145 informants who gave no information but including 318 whose social class was unclassified.

The pattern of home ownership or tenancy shows little variation with the extent of disability. The severely disabled for example do not show a substantially higher proportion in local authority dwellings. The severely disabled, however, come predominately from households in social class I and II. The exception is among those with both arms disabled where the proportion of owner-occupiers is substantially high.

Selected disability groups - 15 years of age and over						
	One leg partial	Both legs total	Both arms affected	All limbs affected	Breathing impaired	Total*
Base for %	278	259	212	158	184	1376
	%	%	%	%	%	%
Owner occupied	49	49	58	49	47	46
Local authority	33	34	26	34	35	36
Private landlord	18	17	16	17	17	18
Total	100	100	100	100	100	100

\* This total is for all 15 years of age and over in survey who gave information pertaining to housing and is not an addition of the individual column totals.

Two-thirds of the survey population assessed their accommodation as either "very good" or "good". Less than one in ten considered it either "poor" or "very poor". The pattern differs between owner-occupied, local authority and private landlord dwellings - table 25.2. Three-quarters of the owner-occupied and two-thirds of the local authority dwellings were rated "good" or "very good": while one in five privately owned dwellings were rated "poor" or "very poor".

There was little difference in the ratings by different disability groups except that those with both legs totally paralysed more frequently rated accommodation as "adequate" rather than "very good". This occurred in all tenancy groups.

Selected disability groups - 15 years of age and over						
	One leg partial	Both legs total	Both arms affected	All limbs affected	Breathing impaired	Total*
Base for %	245	237	204	158	162	1189
	%	%	%	%	%	%
Very good	41	35	43	42	35	39
Good	30	28	28	29	33	28
Adequate	21	28	20	20	24	25
Poor	6	6	7	7	6	6
Very poor	2	3	2	2	2	2
Total	100	100	100	100	100	100

\* This total is for all in survey who gave positive answers and is not an addition of the individual column totals. Bases for percentages exclude 188 replies where housing standards were not rated.

Several members pointed out the problems they face in financing house purchase.

"Building Societies say that disabled persons can offer no security and only allow a minimum which has to be paid back at very high rates of interest, i.e.  $7\frac{1}{4}$  per cent".

"Building Societies are loath to advance a big enough amount to purchase a suitable house".

"Building Societies or Insurance Companies are not anxious to assist the polio disabled with mortgages or loans for house purchase".

"My Life Insurance premiums for mortgage cover are heavily loaded, not because of health, but because I am polio disabled. Such disability in itself should not be regarded as a risk".

Others mentioned the difficulties and expenses involved in house maintenance.

"Neither I or my family can do external repairs or decorations to our house. The high expenses we have to bear should rank for income tax relief - or some Government grant towards expenses incurred by the disabled, irrespective of financial position".

"There should be some grant or tax relief because living is so much more expensive for the disabled, who have to pay for gardening, house decorations and repairs, car maintenance which fit people usually do for themselves."

"I would welcome assistance with my garden about twice a year. The Council don't make any concessions for disabled people".

"The Council expects that the gardens should be kept tidy. I cut my hedge from a wheelchair, but cannot cope with the rest. I, therefore, hire a gardener. This costs £7 per season and is a lot to pay from an N.A.B. grant".

25.0 House ownership and tenancy by age and sex.

Ages	House Ownership and Tenancy									
	Owner Occupied		Local Authority		Private Landlord		No Information (1)		Totals	
	M	F	M	F	M	F	M	F	M	F
0 - 14	33	31	54	38	18	15	2	5	107	89
15 - 44	175	194	126	157	45	74	27	44	373	469
45 - 64	94	154	71	99	32	69	17	38	214	360
65+	14	30	3	14	9	16	2	10	28	70
Totals	316	409	254	308	104	174	48	97	722	988

(1) Includes members living in residential institutes, etc.

25.1 House ownership and tenancy by social class.

House Ownership	Social Classes					
	I Professional	II Managerial	III Clerical skilled	IV Semi skilled	V Unskilled	Unclassified
Owner occupied	44	136	306	84	18	137
Local authority	2	21	257	150	29	103
Private landlord	4	25	104	60	7	78
No information	7	12	42	29	3	52
Totals	57	194	709	323	57	370

25.2 Housing standards by house-ownership or tenancy persons aged over 15 years.

House Ownership	Housing Standards					
	Very Good	Good	Adequate	Poor	Very Poor	Unrated
Owner Occupied	298	153	116	17	3	75
Local authority	133	131	104	20	7	75
Private landlord	29	51	81	35	11	38
Totals	460	335	301	72	21	188

Table 26. House Alterations

Alterations to a house, such as a ramp in place of stairs, pulleys, wider doors and adapted toilet fittings can do much to ease the daily routine of a disabled person. The survey population were asked if alterations had been made, whether financial assistance was given and whether alterations were still needed.

A total of 384 persons reported that alterations had been made (25% of those providing information on housing). The highest proportion is among females and those who were disabled late in life - table 26.0.

The cost of alterations was borne partially or entirely by the local authority in 123 cases (32%), 40 (10%) of these in combination with a grant from a voluntary welfare organisation. Voluntary welfare organisations principally the B.P.F. bore the major part of the cost in a further 259 (66%) cases. The cost in the remaining few cases, 6 (2%) was borne entirely by the disabled person and his family.

From a number of comments, delay in approving alterations appears to have caused difficulties:

"I applied to the County Health Department for help to pay for the alterations to my house. After several months delay we received nothing. During that time the alterations could not be done as it is a rule that no grant can be given if alterations are started before a decision is made. In consequence not only could I not enter the house unaided but also had several narrow escapes from falling out of my chair as I went out of the house down two wobbly planks. We also had no door to the bathroom for a similar time having removed it to allow me to enter. I was unable to have a bath for five months because of the delay in deciding whether or not I could have a hoist".

"The toilet in my own house is outside; and the bathroom upstairs. When it is snowing I cannot go outside the house. The only time I have a bath is when I pluck up courage to put up with the embarrassment of going to someone else's house. With the help of my doctor I asked the local Council for help to build a downstairs toilet and bathroom. After a year they agreed, but I would have to pay them back the cost of £575. I cannot take on this debt and so have no toilet or bathroom downstairs".

"The local authority is willing but extremely slow. The outside W.C. that I requested from the local authority took so long (about 22 months) that I could have raised the money and had it done myself. I asked for the help because I needed it done quickly and had no capital at the time".

Others also have been worried about costs:

"The toilet of my Council house is outside. The Council want us to pay £5 for alterations. The chair gets wet on wet days".

"My income is too high to qualify for any financial assistance to cope with such things as alterations to my home and preparing a site for a shed".

"We applied to the Ministry of Pensions for financial aid with a hoist which was needed for my return home. No financial help was forthcoming from any source. The hoist was eventually purchased by the hospital and loaned to me".

A total of 472 persons aged 15 years and over stated that alterations to their house were currently needed. This amounts to approximately 30% of men and 34% of women. This figure includes 188 persons who have had some alterations made but require further adaptations.

The need for house alterations varies considerably with the extent of disability. Just over half of the men with total paralysis of both legs have already had alterations made, compared to one-eighth of those with partial paralysis of one leg:

Selected disability groups - 15 years of age and over						
	One leg partial	Both legs total	Both arms affected	All limbs affected	Breathing impaired	Total*
Base for %	278	259	212	158	184	1376
	%	%	%	%	%	%
Alterations made	8	52	43	52	52	27
Alterations required	22	46	41	44	32	34

\* This total is for all aged 15 years and over who gave information and is not an addition of the individual column totals.

As there are substantial differences in the severity of disability between social classes, the proportions having made or still requiring alterations to their houses differs widely between social classes:

Social Class - 15 years of age and over							
	I Profession- ional	II Manager- ial	III Skilled	IV Semi- skilled	V Un- skilled	Unclass- ified	Total
Base for %	47	165	593	239	48	284	1376
	%	%	%	%	%	%	%
Alterations made	55	36	25	15	27	26	25
Alterations required	30	30	34	32	29	25	33

A larger proportion of those living in their own homes or in local authority housing have had alterations made than those living as tenants of private landlords:

Housing ownership or tenancy - 15 years of age and over				
	Owner Occupied	Local Authority	Private Landlord	Total
Base for %	661	470	245	1376
	%	%	%	%
Alterations made	30	25	17	25
Alterations required	32	28	39	33

26.0 Housing Alterations made by sex and age of contracting poliomyelitis.

	Children aged under 15 years		Adults Poliomyelitis contracted				Totals	
			aged under 15		aged over 15			
	No.	%	No.	%	No.	%	No.	%
Males	10	9	53	16	82	42	145	22
Females	8	9	110	20	121	48	239	27
Persons	18	9	163	18	203	45	384	25

(% given of those providing information about housing)

Table 27. Telephones

A telephone can help reduce the isolation caused by disability, and do much to help a disabled person cope with the routine problems of daily life or with emergencies.

A total of 453 (33%) persons aged 15 years and over living in private households are on the telephone - table 27.0.

There is a substantial social class gradient in the proportions on the telephone.

Social Class							
	Profess- ional	Manager- ial	Skilled	Semi skilled	Un- skilled	Unclass- ified	Total
Base for %	47	165	593	239	48	284	1376
	%	%	%	%	%	%	%
Have telephone	84	64	33	15	4	20	33
No telephone	16	36	67	85	96	80	67
Total	100	100	100	100	100	100	100

Also, there is a higher proportion on the telephone among the severely disabled:

Selected disability groups						
	One leg partial	Both legs total	Both arms affected	All limbs affected	Breathing impaired	Total*
Base for %	278	259	212	158	184	1376
	%	%	%	%	%	%
Have telephone	26	43	55	51	42	33
No telephone	74	57	45	49	58	69
Total	100	100	100	100	100	100

\* This total is for all aged 15 years and over who gave information and is not an addition of the individual column totals.

The proportion of households on the telephone is lower for those living in local authority housing than for owner-occupiers or tenants of private landlords.

House ownership or tenancy				
	Owner Occupied	Local Authority	Private Landlord	Total
Base for %	661	470	245	1376
	%	%	%	%
Have telephone	49	18	23	33
No telephone	51	82	77	67
Total	100	100	100	100

Of 188 persons who live alone, 43 (23%) are on the telephone.

Loneliness and the need for help in an emergency were the main reasons given by those who mentioned that they would like a telephone.

"I should like a telephone. This would be a wonderful help as I live alone in a country district. In bad weather when ice or snow prevents me from walking, I could contact shops or friends".

"It would be a great benefit to have a private telephone or be within reach of a private telephone for safety and for social contacts".

"I live with my mother who is now elderly and I do feel that a telephone would be a great help to me should anything go wrong, particularly during the night".

"Last winter I was house-bound for eight weeks and the 'phone would be useful for shopping and calling the doctor".

"There should be a telephone service for polios under the N.H.S. This would be invaluable if you have to go out in an N.H.S. vehicle to keep in touch with home".

"It would be a great help to many handicapped people if they could approach the G.P.O. and get a reduction on telephones installed in their homes as sometimes the 'phone is the only means whereby the handicapped person can get help or do their shopping. The rising rentals make installation a great anxiety to many with small incomes".

27.0 Households with telephones installed, persons aged over 15 years.

Ages	Nos. with telephones	No. of households (1)	% households on telephone
15 - 44	256	771	33
45 - 64	168	519	32
65+	29	86	34
Totals	453	1376	33

(1) Excluding no information.

Table 28. Social Contacts

1,398 (92%) of those aged 15 years and over gave information about the contacts they have with local social organisations. The local branch of the B.P.F. was the most frequently mentioned body, followed by churches and religious societies, the local W.V.S. and Red Cross and a large number of local sports and social clubs. The numbers by age and sex who are regular members, taking part in activities at least once a month, are given in table 28.0. 515 (38%) have no regular social contacts, while 558 (40%) are regular members of one local body, 264 (19%) are members of two, and the remainder of three or more. For all ages, women have more social contacts than men. The middle-aged have more than either the younger or the older age groups, although among the aged, persons who have social contacts are more frequently members of several clubs:

Percentage age groups by numbers of regular social contacts													
Ages	Base for %			Nil		One		Two		Three or more		Total	
	M	F		M	F	M	F	M	F	M	F	M	F
15-44	323	434	%	41	36	41	40	15	21	3	3	100	100
45-64	204	343	%	39	31	45	38	15	24	1	7	100	100
65+	24	70	%	46	44	29	29	13	17	12	10	100	100
Totals	551	847	%	41	34	42	39	15	22	2	5	100	100

The extent of social contacts show little significant variation for different social classes.

Social Class	Base for %			Percentage social classes by number of regular social contacts				
				Nil	One	Two	Three or more	Total
I	49		%	39	35	20	6	100
II	158		%	39	41	15	6	100
III	582		%	37	42	18	3	100
IV	234		%	39	38	20	3	100
V	45		%	42	38	18	2	100
Unclassified	330		%	33	38	21	8	100
Totals	1398		%	37	41	19	3	100

The severity of disability also appears to have little effect on the extent of social contacts.

Disability Groups	Base for %		Percentage disability groups by numbers of regular social contacts				
			Nil	One	Two	Three or more	Total
One leg partial	255	%	38	43	17	2	100
Both legs total	259	%	31	41	23	5	100
Both arms affected	213	%	37	44	15	4	100
All limbs affected	169	%	33	46	16	5	100
Breathing impaired	161	%	42	39	15	4	100
Totals	1398	%	37	41	19	3	100

609 (43%) take part regularly in the activities of their local B.P.F. branch.

28.0 Numbers of social contacts by sex and age.

Ages	B.P.F.		Religious Bodies		All Organisations	
	M	F	M	F	M	F
15 - 44	128	181	45	74	336	443
45 - 64	84	173	25	74	214	338
65+	10	33	5	11	21	74
Totals	222	387	75	159	571	855

Table 29. Holidays

A total of 1,624 (95%) gave information about holidays away from their homes. The information is shown in table 29.0. 1,419 (87%) have been able to take a holiday at least once during the last three years: 116 (7%) have not had a holiday for nine years or more or have never had one.

The frequency of holiday did not vary strikingly with sex or the severity of disability.

Selected Disability Groups												
	One leg partial		Both legs total		Both arms affected		All limbs affected		Breathing impaired		Total*	
	M	F	M	F	M	F	M	F	M	F	M	F
Base for % :	179	215	134	169	111	145	74	114	81	120	685	939
<u>Last holiday taken:</u>	%	%	%	%	%	%	%	%	%	%	%	%
0 - 3 years ago	79	86	84	84	77	81	82	85	82	77	87	88
4 - 8 years ago	11	8	6	9	15	8	11	4	6	5	6	5
9 or more years ago/never	10	6	10	7	8	11	7	11	12	8	7	7
Total	100	100	100	100	100	100	100	100	100	100	100	100

\* This total is for all in survey aged 25 and over and is not an addition of the individual column totals.

It is principally the aged and the middle-aged who have not been away on holiday.

Age											
	0 - 14 years		15 - 44 years		45 - 64 years		65 years & over		Total		
	M	F	M	F	M	F	M	F	M	F	
Base for %:	105	85	360	438	200	352	20	64	685	939	
No holiday for 9 or more years	%	%	%	%	%	%	%	%	%	%	
Holiday 8 years or less	5	6	5	4	11	8	12	15	7	7	
Total	95	94	95	96	89	92	88	85	93	93	
Total	100	100	100	100	100	100	100	100	100	100	

The large majority who gave information about how their last holiday was arranged appear to have made their own arrangements. 167 (12%) stayed at one of the B.P.F. hotels.

29.0 Holidays, numbers of years since last holiday by sex.

Last holiday taken - years ago	Males		Females	
	No.	%	No.	%
0 - 3	593	87	826	88
4 - 8	41	6	48	5
9 or more	21	3	26	3
Never	30	4	39	4
No information	37	-	49	-
Totals	722	100	988	100

(% excludes no information)

Table 30. Local Authority Register

Out of the population aged 15 years and over, 128 (9%) are registered as disabled persons with their local authorities. Registration by age and sex is shown in table 30.0.

The proportions registered are generally higher among males and for the more severely disabled:

Selected disability groups												
	One leg partial		Both legs total		Both arms affected		All limbs affected		Breathing impaired		Total*	
	M	F	M	F	M	F	M	F	M	F	M	F
Base for %	111	163	123	157	93	138	67	113	73	115	578	873
	%	%	%	%	%	%	%	%	%	%	%	%
Registered	5	3	20	12	18	11	21	12	16	9	11	8
Unregistered	95	97	80	88	82	89	79	88	84	91	89	92
Totals	100	100	100	100	100	100	100	100	100	100	100	100

\* This total is for all in survey aged 15 and over, excluding 65 providing no information, and is not an addition of the individual column totals.

Registration is low among the highest social class:

Social Classes							
	I Profession- ional	II Manager- ial	III Clerical Skilled	IV Semi- skilled	V Un- skilled	Un- class- ified	Total
Base for %	47	165	597	239	48	355	1451
	%	%	%	%	%	%	%
Registered	2	9	11	7	10	9	9
Unregistered	98	91	89	93	90	91	91
Totals	100	100	100	100	100	100	100

The proportion registered falls for those who have been disabled for many years:

Duration of Disability - years					
	0 - 9	10 - 19	20 - 29	30 or more	Total
Base for %	194	467	131	659	1451
	%	%	%	%	%
Registered	13	9	9	7	9
Unregistered	87	91	91	93	91
Totals	100	100	100	100	100

30.0 Numbers registered as disabled persons with local authority  
by ages and sex.

Ages	Males		Females	
	No.	%	No.	%
15 - 44	33	10	42	10
45 - 64	26	12	22	6
65+	2	7	3	4
Totals	61	11	67	8

(% given as percentage total age groups)



31.0 Numbers receiving visits by local authority welfare officers by age and sex and frequency of visits.

Ages	Local Authority Welfare Visits									
	Weekly*		Monthly		Occasionally		Totals		% age groups	
	M	F	M	F	M	F	M	F	M	F
15 - 44	4	8	12	16	19	27	35	51	13	11
45 - 64	0	6	7	33	9	34	16	73	8	20
65+	0	2	1	4	0	4	1	10	4	15
Totals	4	16	20	53	28	65	52	134	9	15

\* including 5 who receive visits fortnightly.

Table 32. General Health of the Disabled

The survey population were asked to assess their general health - apart from their residual disability. 1,676 (98%) provided this information which is shown by age and sex in table 32.0. 1,113 (67%) considered their health 'very good' or 'good', while 148 (9%) were 'poor' or 'very poor'. Generally, women rated their health levels lower than men, and the proportion with lower health ratings increased with age. Even so, among the 65 years old and over, the majority still rated their health as 'very good' or 'good'.

With severe disability of the limbs, the proportions in good health fall slightly. Where breathing is impaired the fall is substantial.

Disability Groups												
	One leg partial		Both legs total		Both arms affected		All limbs affected		Breathing impaired		Total	
	M	F	M	F	M	F	M	F	M	F	M	F
Base for %	107	156	123	151	91	134	66	109	73	108	712	96
	%	%	%	%	%	%	%	%	%	%	%	%
Very Good/Good	73	61	68	60	65	54	61	54	51	38	73	6
Satisfactory	19	26	25	29	26	30	30	31	36	40	21	2
Poor/Very Poor	8	13	7	11	9	16	9	15	13	22	6	1
Total	100	100	100	100	100	100	100	100	100	100	100	100

\* This is the total of those providing information. It is not the addition of the columns.

There is also a declining gradient of health with social class.

Social Classes							
	I Professional	II Managerial	III Clerical Skilled	IV Semi skilled	V Unskilled	Un-classified	Total
Base for %	57	192	699	310	57	361	1676
	%	%	%	%	%	%	%
Very Good/Good	81	74	73	68	69	44	67
Satisfactory	19	21	22	26	22	34	24
Poor/Very Poor	0	5	5	6	9	22	9
Total	100	100	100	100	100	100	100

The low health level in the unclassified group comes principally from the large number of elderly persons in this group.

96 (7%) persons aged 15 years and over mentioned that they received regular routine visits from their general practitioner. A further 635 (44%) had seen their general practitioner within the last four months, and 192 (13%) between then and ten months. The frequency of contact with general practitioners is greater for females and among the more severely disabled:

Disability Groups												
	One leg partial		Both legs total		Both arms affected		All limbs affected		Breathing impaired		Total*	
	M	F	M	F	M	F	M	F	M	F	M	F
Base for %	111	162	123	157	93	138	67	109	73	109	578	873
	%	%	%	%	%	%	%	%	%	%	%	%
Routine	3	8	7	9	9	11	10	13	10	16	4	8
0 - 4 months	36	47	35	42	45	53	49	52	48	58	43	55
5 - 10 months	17	10	12	18	12	9	10	9	15	6	16	12
Totals	100	100	100	100	100	100	100	100	100	100	100	100

\* This is the total of those providing information. It is not the addition of the columns.

32.0 Health rating by age and sex.

Ages	Health											
	Very Good		Good		Satisfact- ory		Poor		Very poor		No information	
	M	F	M	F	M	F	M	F	M	F	M	F
0 - 14	61	53	29	12	14	20	3	3	0	0	0	1
15 - 44	199	202	95	119	62	117	7	20	2	3	8	8
45 - 64	59	89	61	87	65	116	20	53	7	5	2	10
65+	7	13	10	17	7	17	4	16	0	2	0	5
Totals	326	357	195	235	148	270	34	92	9	10	10	24

Table 33. Shoes, Appliances and the N.H.S.

The question raised most frequently in comments concerning disabled children and young persons was the difficulties of shoes.

"She should have shoes specially made because one of her feet is a different size to the other. I have asked various authorities for financial aid but have got none. Having enquired about the cost of these hand-made shoes I was told that they would only make two pairs at a cost of £12. 12s. They would not make one pair only. I find it impossible to be able to afford these prices".

"The greatest difficulty is obtaining odd sizes in shoes. Shoe manufacturers are becoming increasingly unwilling to supply special orders. Retailers are sympathetic but unable to do anything".

"The only grumble I have is about shoes, there are two different sizes in her feet. To get a nice pair of modern shoes, I have to buy two pairs and throw one away. This seems such a waste. I seem to be buying nothing else but shoes. It is sad to think that people can get false teeth, glasses and such like on the National Health Service, but there is not a grant for these shoes - only if they wear surgical boots that they can hardly lift their feet up in".

"My hardest job has been to get shoes, I have never had a pair of comfortable shoes. Through the Bulletin I have found a young girl in Perth who like me has odd feet and we can now share shoes. I take 3 right and 5 left and she 3 left and 5 or 6 right".

"I would like to get into touch with someone to exchange shoes of different sizes. I have to wait up to 3 months for special shoes, while the shoes offered by the hospitals are too matronly and not suitable for a teenager. I buy two pairs of shoes and find this works out cheaper than having them made".

"As a result of being disabled I have my shoes made privately because I cannot get a pair to fit me from the N.H.S., I have paid as much as 17 guineas a pair".

"I once had a pair of boots made privately and they cost £10. I wore them for four years and they fitted like a glove. I walked better and felt better. The shoe company would charge me from £15 to £18 now but I can't afford them".

Many also raised problems concerning surgical boots and appliances supplied under the N.H.S.

"My son wears out a lot of clothes through wearing a spinal support and also through crawling when he gets tired. He has worn the tops out of 4 pairs of shoes in 4 months".

"Clothes are constantly worn out by back supports and calipers. Also the shoes tend to be old-fashioned - I am sure something could be done to make them look a bit better instead of just as though they have come from years ago"

"I am fed up with complaining about bad N.H.S. shoes, constantly causing callouses and thickening of the skin on the right toe and joint. This restricts walking. I resent the long periods of waiting for surgical appliances and then being expected to wear them for two years before renewal. I have had heartaches and disappointments of the ugly ill-fitting footwear, despite pleas for improvements and constantly changing manufacturers without success".

"I have worn various calipers for 38 years, and yet there is no improvement in their design or their weight. In fact poor construction has caused loss of confidence in their support. The latest N.H.S. surgical boots are so stiff that they cause great pain. In spite of complaints nothing is done".

"The only difficulty we have is with shoes. It is difficult to get surgical shoes suitable in style for a teenager".

"I am on my feet all day and when I went to the hospital for new boots they told me that I am only allowed one pair of boots and one caliper a year. The calipers are useless because they are made the same as when I was 5 years old and as I am now 3 times as heavy they bend and break, after about 3 months wear. I think it is about time that something was done about them".

"I require surgical shoes and have these specially made; I pay £3 and the N.H.S. the balance. The choice of colours, however, is limited to black or brown. I raised the matter and was told that in fact there are many shades of brown. I think that something should be done so that polios should be able to have a light coloured shoe for summer wear. This would be greatly appreciated".

"I have a big grumble about surgical shoe makers, they seem to think they are shoeing horses, in 20 years I have only had one pair of shoes that were comfortable to start with. The shoes usually take about 3 years to break in. They are fitted before the soles are on, how can one tell if they fit if you can't even stand up in them and if you dare complain you would think it was your duty to wear clogs. As for fashion, they have been making the same style for the last 30 years. They have no imagination. Caliper rings are so short of padding that they cut through to the bone in no time".

"I resent the fact that when I have my surgical boots repaired by the N.H.S. they only replace the stops and the straps, etc. soleing and heeling has to be done by my local cobbler, which means another long wait, I would willingly pay the extra charge to the Ministry of Health to get the boots repaired all in one go".

"Re N.H.S. I feel they should try to make calipers, etc. a lot lighter because I personally find my caliper much too heavy. On enquiring I was told that the materials were expensive, but I think people who have to wear appliances should be made as comfortable as possible".

"Re surgical boots - I had one pair made through the local County Hospital and these had 3 inch high heels which I had to have shortened, but even then I was unable to wear them as they were far too heavy. I now have them made privately through the local co-operative society and I am always satisfied with the results, apart from the six months they take to be made even though I always obtain a doctor's certificate to speed delivery".

"I think that all equipment required for handicapped people should be supplied free of charge. My daughter does not enjoy all the facilities provided by large towns. When I asked for advice from a London specialist, I was told that I would have to be a private patient. This I was prepared to do, in order to get the best for my daughter. It does mean, however, that I have to pay for her calipers and the last one has just cost me £32. 10s. in addition to buying the odd shoe".

"The N.H.S. should make surgical boots to fit better - as I have to pay privately to have them made".

"I was forced to pay £3 for an N.H.S. pair of surgical boots which were so badly made that I gave them back. I was more or less tricked into paying for them and was refused a refund. I then had a pair privately made at my own expense".

A small number also mentioned their special needs for medical care which is not fully satisfied under the N.H.S.

"The help given to the disabled nowadays is excellent, compared with 30 years ago. Possibly fuller cover could be given for chiropody; at present the County Council pays once in six weeks, but I go every three weeks".

"From personal experience, I have had the greatest benefit from regular weekly physiotherapy, i.e. massage. This has made it possible for me to keep active and mobile through middle-age. Such physiotherapy on the recommendation of the patient's doctor could be available through the N.H.S. Through this treatment I have been able to live a normal life and hold down a job".

"It would be valuable if there were centres with equipment for polios to strengthen their muscles. There is a clinic and a swimming bath locally but neither have this equipment."

The elderly who have been disabled for many years commented on the improvements in conditions they have seen in their lifetime.

"The elderly polios seem to have been forgotten. They struggled on when conditions were not as good as they are now, under the National Health Service and present day Welfare Services".

"Things aren't too bad in these days. Back in 1930 it was difficult to get any help at all. Doctors, calipers, schools, special foods, etc. all had to be paid for out of a wage of 50s a week for four people".

"Considering how neglected I was in the early years - I caught polio as a baby in 1908, I think there is plenty to be grateful for now. I never had any help whatsoever till the Welfare State came into being".

Appendix



# THE BRITISH POLIO FELLOWSHIP

THE NATIONAL VOLUNTARY ORGANISATION FOR THE POLIO DISABLED  
(The Infantile Paralysis Fellowship, Registered as a charity in accordance with the National Assistance Act, 1948).

CLIFTON HOUSE 83-117, EUSTON ROAD · LONDON · NW1  
Telephone: EUSton 5851

Dear Member,

You can help us to help you. Will you?

The opportunity has arisen for the Fellowship to carry out a survey of its members and quite by chance your name has been selected from the membership list.

The purpose of the survey is to give the Fellowship a clearer picture of members' needs so that plans can be made to use our resources in the most effective way.

If you would like to help in this voluntary way, will you please answer the two questions below and post this letter back to me as soon as possible in the envelope provided (postage has already been paid).

If we hear from you that you wish to help, we will shortly send you a questionnaire which will ask for information about personal circumstances, social and welfare problems and aid received and required from outside bodies. All quite straight forward and your reply will be strictly private and confidential.

Your help in this way will be invaluable for the results of the survey will enable the responsible committees of the Fellowship to see how members can best be helped now and through the years ahead.

Such a survey we have long promised ourselves - the opportunity is here and the entire cost of the survey is being generously met by a private research unit.

Yours sincerely,

D. S. Powell,  
General Secretary.

If you wish to help, please complete these questions:

Your date of birth: Day.....Month.....Year.....

The date you caught Polio: Month.....Year.....



# THE BRITISH POLIO FELLOWSHIP

THE NATIONAL VOLUNTARY ORGANISATION FOR THE POLIO DISABLED  
(The Infantile Paralysis Fellowship, Registered as a charity in accordance with the National Assistance Act, 1948).

CLIFTON HOUSE 83-117, EUSTON ROAD · LONDON · NW1  
Telephone: EUSton 5851

May, 1963

Dear Member,

Thank you for your prompt reply to my letter regarding the Survey.

The enclosed questionnaire may be filled in by anyone, on your behalf, but their relationship with you must be indicated in the box provided.

Most of the questions need only a tick by the appropriate answer. If however your answer does not fit into any of the boxes, will you write your reply in the space under "Other"? You may consider that the questionnaire does not cover certain of your experiences, ideas or opinions - then please write them in. We shall welcome additional information from you!

I emphasise again that your reply will be entirely confidential for as you can see there is no name on the questionnaire, only a number for checking purposes.

We have been greatly encouraged by the response to the enquiry. If we have an equally good return of questionnaires we shall gain a very much more accurate picture of the needs of our membership and the results will be of considerable help to your national committees.

Please complete and return the questionnaire in the envelope provided (postage has been paid) as soon as possible.

Yours sincerely,

D. S. Powell,  
General Secretary.

P.S. If there is any information to an answer to a question that you have forgotten or do not know please go on to the next question.

BRITISH POLIO FELLOWSHIPMEMBERSHIP SURVEY

Questionnaire completed by:	Parent		Guardian		Other (State)
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When was your child born?	Day	Month	Year 19
When did your child catch polio?		Month	Year 19
Where were you living at that time?	Town	Country	
Did he go into hospital when he caught polio?	Yes		No
How many months did he stay in hospital at that time?	Months		He is still in hospital
a) How many times has he been an inpatient?	Number of times		
b) What is the longest period of time he has spent in hospital?	Months		
How often do you take your child to a hospital or clinic?	Never		Once a week
	Fortnightly		Monthly
To which branch of the B.P.F. (I.P.F.) do you belong)?			
When did your child join the B.P.F. (I.P.F.)?	Month	Year	
How did you hear of the B.P.F.?	(State)		

DISABILITY AT PRESENT

		Normal	Weak	Useless
Arms	Right			
	Left			
Legs	Right			
	Left			
Spine				
Breathing				

ACTIVITY

Running		Walking		Standing		Sitting only		Wheelchair	
Lift		Hold		Carry		Push		Pull	
Walking Distance		Nil		$\frac{1}{4}$ mile		$\frac{1}{2}$ mile		Normal	

APPARATUS

a) Have you ever needed any of the following?		b) How frequently is it used or worn?	
	Long Leg Caliper		Below Knee Caliper
Right leg			
Left leg			
Crutches	1 stick		
	2 sticks		
Spinal Support			
		All the time	
		Occasionally	
		Discarded	

HOUSEHOLD AND FAMILY

Has the child any brothers or sisters?	None		Ages	
	Brothers		Years	
	Sisters		Years	
Is any other member of the family disabled? State the relationship with the member.	No		Yes	
	State			
What is the relationship of the breadwinner of the family to the child?	Father			
	Mother			
	Guardian			
	Other (State)			
Who owns your home?	You or a member of the family		Local Authority (The Council)	
	Private Landlord		Other (State)	
Have any special alterations been made to your home?	Yes		No	
How were they paid for?			Partly	Entirely
	You or the family			
	Local Authority (The Council)			
	B.P.F. (I.P.F.)			
	Other (State)			
Could you give details of the alterations?	State			
Could you list the items of special equipment your child has?	State			
Did you receive any aid for this equipment from organisations such as :-	Local Authority (The Council)		Hospitals	
	B.P.F. (I.P.F.)		Other (State)	
Are you able to take your child away on holiday with the family?	Yes		No	
	Why not?			

CARE AND UPBRINGING

Do you or your family get any daily or regular help in the day-to-day care of your child? If so, from whom?	Yes		No	
	State			
Do you feel that his disability has held back his natural development in any way? (Such as speech, or emotionally?)	Yes		No	
	What especially			
Are there any special problems or difficulties for you in the day-to-day care of the child?	Yes		No	
How often do you receive a visit from your local Authority Health visitor?	Never		Weekly	
	Fortnightly		Monthly	
Are you able to call upon neighbours or relatives to babysit or shop for you?	Never		Twice a week	
	Weekly		Fortnightly	
How, on the whole, is the general health of your child?	Very good		Good	Satisfactory
	Poor		Very Poor	
Are you able to get any advice or help that you might want from doctors or nurses?	Yes		No	
Have you made any plans for the child's education when he is of school age?	None		At home	
	In a special school		At a State school	
	In a Private school		In hospital	

GENERAL COMMENTS

<p>Are there any ways in which the B.P.F. (I.P.F.) could be of greater help to you?</p>	
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<p>Have you any strong feelings on the way people handicapped by polio are treated, for example, by:</p> <p>National Health Service Ministry of Labour Local Authority (The Council) By anyone else?</p>	
<p>Have you ever had any difficulty in getting financial aid or assistance for a special purpose from any organisation ? (If you have please give details)</p>	
<p>Have you ever had any help from any organisations that you have not mentioned in this questionnaire? (Please state which)</p>	

BRITISH POLIO FELLOWSHIP  
MEMBERSHIP SURVEY

B. \_\_\_\_\_

Questionnaire completed by: Parent	Guardian	Other (State)
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When was the member born?	Day	Month	Year 19
When was it that he caught polio?	Month		Year 19
Where was he living at that time?	Town		Country
Did he go into hospital when he caught polio?	Yes		No
How many months did he stay in hospital at that time?	Months		He is still in hospital
a) How many times has he been an inpatient?	Number of times		
b) What is the longest period of time he has spent in hospital?	Months		
How often does he attend hospital or a clinic now?	Never		Once a week
	Fortnightly		Monthly
To which branch of the B.P.F. (I.P.F.) does he belong?			
When did he join the B.P.F. (I.P.F.)?	Month		Year
How did you hear of the B.P.F.?	(State)		

DISABILITY AT PRESENT

		Normal	Weak	Useless
Arms	Right			
	Left			
Legs	Right			
	Left			
Spine				
Breathing				

ACTIVITY

Running		Walking		Standing		Sitting only		Wheelchair	
Lift		Hold		Carry		Push		Pull	
Walking Distance		Nil		$\frac{1}{4}$ mile		$\frac{1}{2}$ mile		Normal	

APPARATUS

a) Have you ever needed any of the following?		b) How frequently is it used or worn?	
	Long Leg Caliper	Below Knee Caliper	All the time
Right leg			
Left leg			Occasionally
Crutches	1 stick		
	2 sticks		Discarded
Spinal Support			

EDUCATION

Before he was ill at what kind of a school was he?	Primary	Secondary Modern	
	Technical College	Grammar School	
	Private School	Other	
When he was in hospital did he have any teaching?	Yes	No	
	Other (State)		
How does he receive his education now?	In Hospital	At Home	
	At a special school	In an ordinary State school	
	In a private school		
Is he studying for any exams at the moment?	None	11+	
	G.C.E. 'O' Level	O.N.C.	
	Other (State)		
Could you give details of what he intends doing after his fifteenth birthday? (such as any further education or training, or job)			
What career has he in mind, if any?			
What particular interests and hobbies has he?			
Are there any facilities locally?			

HOUSEHOLD AND FAMILY

Has he any brothers or sisters?	None	Ages	
	Brothers		Years
	Sisters		Years
Is any other member of the family disabled?	No	Yes	
State relationship with child			
What is the occupation of the main breadwinner of the family?	(State)		

What is the relationship of the breadwinner to the member?	Father			
	Mother			
	Guardian			
	Other (State)			
Who owns your home?	You or your family		Local Authority (The Council)	
	Private Landlord		Other (State)	
Have any special alterations been made to your home?	Yes		No	
How were they paid for?			Partly	Entirely
	You or your family			
	Local Authority (The Council)			
	B.P.F. (I.P.F.)			
	Other (State)			
Could you give details of the alterations?	State			
Could you list the items of special equipment that he has?				
Did you receive any aid for this equipment from organisations such as:-	Local Authority		Hospitals	
	B.P.F. (I.P.F.)		Other (State)	
When did the member last go away on holiday?	Month	Year 19		
Did he go with the family?	Yes		No	
Who arranged for it?	The family		Local Authority	
	B.P.F. (I.P.F.)		Other (State)	

CARE

Does the member need any nursing care?	None		From a member of the family	
	District nurse		Other (State)	
How often does he receive a visit from the local authority welfare officer?	Never		Weekly	
	Fortnightly		Monthly	
How on the whole is his present health?	Very good		Good	
	Poor		Very Poor	
			Satisfactory	

GENERAL COMMENTS

Are there any ways in which the B.P.F. (I.P.F.) could be of greater help to you?

Have you any strong feelings on the way people handicapped by polio are treated, for example, by:

National Health Service  
Ministry of Labour  
Local Authority (The Council)  
By anyone else?

Have you ever had any difficulty in getting financial aid or assistance for a special purpose from any organisation? (If you have please give details)

Have you ever had any help from any organisation that you have not mentioned on this questionnaire? (If so, please state which)

BRITISH POLIO FELLOWSHIP  
MEMBERSHIP SURVEY

G. \_\_\_\_\_

Questionnaire completed by:	Member	Relation	Other (State)
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When were you born?	Day	Month	Year 19
When did you catch polio?	Month		Year 19
Where were you living then?	Town		Country
Did you go into hospital when you caught polio?	Yes	No	
How many months did you stay in hospital?	Months		
How many times have you been an inpatient?	Number of times		
How often do you attend a clinic or hospital now?	Never	Once a week	
	Fortnightly	Monthly	
What kind of treatment do you receive?	Medical appliances (e.g. calipers)		
	Physiotherapy		
	Occupational therapy		
	Other (State)		
To which branch of the B.P.F. (I.P.F.) do you belong?			
When did you join the B.P.F. (I.P.F.)?	Month	Year 19	
How did you hear of the B.P.F. (I.P.F.)?	(State)		
What were you doing when you became ill?	At school	In a job	
	At University or College	National Service	
	Training for a job	Housewife	
	Other (State)		

DISABILITY AT PRESENT

		Normal	Weak	Useless
Arms	Right			
	Left			
Legs	Right			
	Left			
Spine				
Breathing				

ACTIVITY

Running	Walking	Standing	Sitting only	Wheelchair
Lift	Hold	Carry	Push	Pull
Walking Distance	Nil	$\frac{1}{4}$ mile	$\frac{1}{2}$ mile	Normal

APPARATUS

a) Have you ever needed any of the following?		b) How frequently is it used or worn?	
	Long Leg Caliper	Below Knee Caliper	All the time
Right leg			
Left leg			Occasionally
Crutches	1 stick		Discarded
	2 sticks		
Spinal Support			

GENERAL HEALTH

How is your health on the whole?	Very good		Good		Satisfactory	
	Poor		Very Poor			
When did you last go to your doctor, or he come to you?	Day		Month			
What was the reason for the visit?	State					

FAMILY

With whom do you live?	Alone	
	With parents	
	Husband or wife and children	
	Husband or wife alone	
	Grown up son or daughter	
	Friends	
	Other relatives (State)	
Which members of the family work and what are their occupations?		Occupation
	Husband	
	Wife	
	Mother	
	Daughter	
	Son	
Other (State)		

MARITAL STATUS

Before your illness were you	Single	Married	
	Divorced	Widowed	
Had you any children then?	None	Number	
Are you now	Single	Married	
	Divorced	Widowed	

Have you had any children since your illness?	None		Number	
Is your husband or wife or any other member of the family disabled?	No		Who?	

CARE

Do you have any nursing care?	None		Family	
	Full time nurse		District nurse	
	Other (State)			
Do you pay for this care?	No		Charge made £	s. d. per week
Do you have any help in the home? (such as for cleaning, washing, cooking, etc.)	None		Local Authority Home Help	
	Meals on wheels		Private daily help	
	Living-in help		Neighbours	
	Other (State)			
Do you pay for this help?	No		Charge made £	s. d. per week

HOUSEHOLD

Who owns your home?	You or your family		Local Authority (The Council)	
	Private Landlord		Other (State)	
Since your illness have any alterations or adaptations been made to your home?	Yes		No	
How were they paid for?			Partly	Entirely
	You or your family			
	Local Authority (The Council)			
	National Health			
	B.P.F. (I.P.F.)			
	Other (State)			
Could you give details of the alterations?	(State)			
Do you feel that your accommodation is:	Very Good		Good	
	Adequate		Poor	
	Very Poor			
Are there any improvements that you would like made? If so, such as:	Yes		No	
Are you on the telephone?	Yes		No	

EDUCATION

What kind of a school did you attend?	Elementary		Secondary Modern	
	Technical College		Grammar	
	Private		University or other Further Education	
What educational qualifications had you attained before you became ill?	None		School Certificate	
	G.C.E. 'O' Level		G.C.E. 'A' Level	
	Degree		Professional Qualification (State)	
	Other (State)			

Were you studying for any examinations when you became ill?	None	Yes (State)
Since your illness have you obtained any further educational qualifications?	None	Yes (State)
Are you studying for any examinations at the moment?	None	Yes (State)

TRAINING AND REHABILITATION

Before your illness had you any vocational or occupational training for a job at any time? (such as an apprenticeship or articles, etc.)	None	
	Yes (State)	
Are you registered as a disabled person?	No	Ministry of Labour Register
	Local Authority Register	Both
Since your illness have you undergone any training?	None	Disablement Resettlement Scheme
	Training within a firm (State)	Other Training (State)

OCCUPATION

Before your illness were you in a job?	Yes	No
What kind of job?	(State)	
At the moment are you in any paid employment?	Yes	No
a) If employed, what work do you do?	(State)	
how many hours a week?	Hours a week	
how did you find a job?	Employment exchange with help of D.R.O.	Employment exchange without help of D.R.O.
	Youth employment service B.R.P.(I.P.F.)	Without official help.
where do you work?	At home	In a factory
	In an office	In a sheltered workshop (e.g. Remploy)
	Other (State)	
b) If you are unemployed, is it because:	of your disability	you cannot find suitable work
	You are a housewife	you are retired
	Redundant	Other (State)
Have you had a job at any time since your illness?	Yes	No
And given it up?	Yes	No
	Why?	

INCOME

From what sources do you get your personal income?	Wages or earnings	National Assistance Board
	Retirement Pension	National Insurance Sickness Benefit
	National Insurance Unemployment	Pension from a late employer
	Private sickness insurance policy	Private means
	Other (State)	

In the last five years have you received any grants?	None	National Assistance Board	
	B.P.F. (I.P.F.)	State	
Into which group would you say that your total personal weekly income fell?	£0 - £2	£2 - £5	
	£5 - £10	£10 - £15	
	£15 - £20	£20 +	

WELFARE & AID

Do you receive any visits from the local authority welfare officer?	Never	Weekly		
	Fortnightly	Monthly		
Do you have any regular contact with any bodies such as:-	None	Weekly	Fort-nightly	Monthly
	W.V.S.			
	Red Cross			
	Religious Organisations			
	B.P.F. (I.P.F.)			
	Social clubs or other clubs			
When did you last go away on holiday?	Month	Year 19		
Where did you stay?	Southern Lantern	Northern Lantern		
	Holiday Camp	Other Hotel		
	Other (State)			
	(State)			
Could you list the items of special equipment that you have?	(State)			
Did you receive any aid for this equipment from organisations such as:-	Local Authority	Hospitals		
	B.P.F. (I.P.F.)	Other (State)		

OUTSIDE ACTIVITIES

Are you housebound? i.e. you don't get out of the house more than twice a month	Yes	No	
If you are, is it because:	of your disability	you are not eligible for a M of H vehicle	
	public transport is not available	Other (State)	
If you are not housebound, is it because:	you are able to walk	you have your own car	
	you have a M of H vehicle	Friends or an organisation provide transport for outings	
	you can use public transport	Other (State)	
Before you were ill, what interests and activities had you?	(State)		
Are you still able to keep these up?	Yes	No	
Have you developed any new ones?	Yes	No	
	(State)		

GENERAL COMMENTS

<p>Are there any ways in which the B.P.F. (I.P.F.) could be of greater help to you?</p>	
<p>Have you any strong feelings on the way people handicapped by polio are treated for example by:</p> <p>National Health Service Ministry of Labour Local Authority (The Council) By anyone else?</p>	
<p>Have you ever had any difficulty in getting financial aid or assistance for a special purpose from any organisation? (If you have please give details)</p>	
<p>Have you ever had help from any organisation that you have not mentioned in this questionnaire? (Please state which)</p>	

BRITISH POLIO FELLOWSHIP  
MEMBERSHIP SURVEY

D. \_\_\_\_\_

Questionnaire completed by:	Member	Relation	Other (State)
-----------------------------	--------	----------	---------------

When were you born?	Day	Month	Year 19
When did you catch polio?	Month		Year 19
Where were you living then?	Town	Country	
Did you go into hospital when you caught polio?	Yes	No	
How many months did you stay in hospital?	Months		
How many times have you been an inpatient?	Number of times		
How often do you attend a clinic or hospital now?	Never	Once a week	
	Fortnightly	Monthly	
What kind of treatment do you receive?	Medical appliances (e.g. calipers)		
	Physiotherapy		
	Occupational Therapy		
	Other (State)		
To which branch of the B.P.F. do you belong?			
When did you join the B.P.F. (I.P.F.)?	Month	Year 19	
How did you hear of the B.P.F. (I.P.F.)?	(State)		

DISABILITY AT PRESENT

		Normal	Weak	Useless
Arms	Right			
	Left			
Legs	Right			
	Left			
Spine				
Breathing				

ACTIVITY

Running	Walking	Standing	Sitting Only	Wheelchair
Lift	Hold	Carry	Push	Pull
Walking Distance	Nil	$\frac{1}{4}$ mile	$\frac{1}{2}$ mile	Normal

APPARATUS

a) Have you ever needed any of the following?		b) How frequently is it used or worn?	
	Long Leg Caliper	Below Knee Caliper	All the time  Occasionally  Discarded
Right leg			
Left leg			
1 stick			
2 sticks			
Crutches			
Spinal Support			

GENERAL HEALTH

How is your health on the whole?	Very good	Good	Satisfactory
	Poor	Very Poor	
When did you last go to your doctor, or he come to you?	Day	Month	
What was the reason for the visit?	(State)		

FAMILY

With whom do you live?	Alone	
	With parents	
	Husband or Wife and children	
	Husband or wife alone	
	Grown up son or daughter	
	Friends	
	Other relatives	
	Other (State)	
Which members of the family work and what are their occupations?		Occupation
	Wife	
	Husband	
	Father	
	Mother	
	Son	
	Daughter	
	Other (State)	

MARITAL STATUS

Are you now	Single	Married
	Divorced	Widowed
Have you any children?	None	Number
Is your husband or wife disabled or any other member of the family disabled)	No	Who?

CARE

Do you have any nursing care?	None	Family
	Full time nurse	District Nurse
	Other (State)	
Do you pay for this care?	No	Charge made £ s. d. per week
Do you have any help in the home? (such as for cleaning, washing, cooking, etc.)	None	Local Authority
	Meals on wheels	Private daily help
	Living-in help	Neighbours
	Other (State)	
Do you pay for this help?	No	Charge made £ s. d. per week

HOUSEHOLD

Who owns your home?	You or your family	Local Authority (The Council)	
	Private Landlord	Other (State)	
Since your illness have any alterations or adaptations been made to your home?	Yes	No	
How were they paid for?		Partly	Entirely
	You or your family		
	Local Authority		
	National Health		
	B.P.F. (I.P.F.)		
	Other (State)		
Could you give details of the alterations?	(State)		
Do you feel that your accommodation is:	Very Good	Good	
	Adequate	Poor	
	Very Poor		
Are there any improvements you would like made? If so, such as:	Yes	No	
Are you on the telephone?	Yes	No	

EDUCATION

What kind of a school did you attend before you became ill?	None	Elementary
	Secondary Modern	Technical College
	Grammar	Private
	University or other Further Education	
What educational qualifications had you attained before you became ill?	None	Eleven Plus
	G.C.E. 'O' Level	Other (State)
Were you about to take examinations when you became ill?	None	Yes (State)

After your illness how was your education continued?	Discontinued		At home	
	In hospital		At a special school	
	In ordinary state school		In a private school	
Since your illness have you obtained any further educational qualifications?	None	Yes (State)		
Are you studying for any examinations at the moment?	None	Yes (State)		

TRAINING AND REHABILITATION

Are you registered as a disabled person?	No	Ministry of Labour Register	
	Local Authority Register	Both	
Have you undergone any formal training (such as the Disablement Resettlement Scheme or Apprenticeship or Articles)?	No	Ministry of Labour Resettlement Scheme	
	Training within a firm (State)	Other (State)	
How did you find the job?	Employment exchange with help of D.R.O.	Employment exchange without help of D.R.O.	
	Youth employment service	B.P.F.	
	Without official help	Other (State)	
Where do you work?	At home	In a factory	
	In an office	In a sheltered workshop (equiptor)	
	Other (State)		
If unemployed: Is it because:	Of your disability	You cannot find suitable work	
	You are a housewife	You are retired	
	Redundant	Other (State)	
Have you had a job at any time since your illness? and given it up?	Yes	No	
	Yes	No	
	Why?		

INCOME

From what sources do you get your weekly or monthly income or any financial aid?	Wages or Earnings	National Assistance Board	
	Retirement Pension	National Insurance	
	Unemployment Benefit	Pension from a late employer	
	Private Sickness Insurance Policy	Private means	
	Other (State)		
In the last five years have you received any grants?	None	National Assistance Board	
	B.P.F. (I.P.F.)	Other (State)	
Into which group would you say that your total personal weekly income fell?	£0 - £2	£2 - £5	
	£5 - £10	£10 - £15	
	£15 - £20	£20+	

WELFARE AND AID

Do you receive any visits from the local authority welfare officer?	Never		Weekly	
	Fortnightly		Monthly	
Do you have any regular contact with any bodies such as:			Weekly	Fort-nightly
	None			Monthly
	W.V.S.			
	Red Cross			
	Religious Organisations			
	B.P.F. (I.P.F.)			
	Social Clubs or other Clubs (State)			
When did you last go away on holiday?	Month		Year 19	
Where did you stay?	Southern Lantern		Northern Lantern	
	Holiday Camp		Other Hotel	
	Other (State)			
Could you list the items of special equipment that you have?	(State)			
Did you receive any aid for this equipment from such organisations as:	Local Authority		Hospitals	
	B.P.F. (I.P.F.)		Other (State)	

OUTSIDE ACTIVITIES

Are you housebound? i.e. you don't get out of the house more than twice a month. If you are, is it because:	Yes		No	
	Of your disability		You are not eligible for a M of H vehicle	
	Public transport is unavailable		Other (State)	
If you are not housebound is it because:	You are able to walk		You have your own car	
	You have a M of H vehicle		Friends or an organisation provide transport for outings	
	You can use public transport		Other (State)	

GENERAL COMMENTS

<p>Are there any ways in which the B.P.F. (I.P.F.) could be of greater help to you?</p>	
<p>Have you any strong feelings on the way people handicapped by polio are treated for example by:</p> <p>National Health Service Ministry of Labour Local Authority (The Council) By anyone else?</p>	
<p>Have you ever had any difficulty in getting financial aid or assistance for a special purpose from any organisation? (If you have please give details)</p>	
<p>Have you ever had help from any organisation that you have not mentioned in this questionnaire? (Please state which)</p>	