

HV / D422

Manchester and Salford
Women Citizens' Association

Interim Report on Child
Welfare in Manchester

7, Brazennose Street,
Manchester.

PRICE
SIXPENCE

MEMBERS OF SUB-COMMITTEE.

- Mrs. E. D. SIMON (Chairman).
- Miss HELEN K. ARMITAGE.
- Miss M. S. BEARD.
- Mrs. NOTON BARCLAY.
- Dr. CATHERINE CHISHOLM.
- Miss E. V. ECKHARD.
- Miss HELEN F. KNIGHT.
- Miss MARGARET LANGDON.
- Miss ANNA MARVIN.
- Mrs. SIDNEY McDOUGALL.
- Miss GRACE OWEN.
- Miss MARION FITZGERALD (Hon. Sec.).

RJ 101

Children - Care and hygiene.



INDEX.

	PAGE.
Members of Sub-Committee	2
Introduction	4
SECTION.	
I. Ante-natal Care	5
II. Health Visitors	7
III. Child Welfare Centres	8
IV. Institutional Treatment for Children under Five	12
V. Day Nurseries	14
VI. Nursery Schools	16
VII. Illegitimate Children	19
VIII. Widows' Pensions	21
Summary of Recommendations	23
APPENDICES.	
I. Suggestions for Nursery Schools	27
II. Day Nursery Questionnaire	30

INTRODUCTION.

In November, 1917, the Manchester and Salford Women Citizens' Association appointed a Sub-Committee to inquire into the provision—municipal and voluntary—for the care of mothers and children under five in the two towns, and to make recommendations for further action on the part of the Municipalities. The Committee included people with special knowledge of the various aspects of the subject, and in addition to their knowledge and experience, much valuable help in statistical information has been supplied by the Public Health Office and the Guardians.

Although the original intention of the Committee was to include the Salford arrangements in the investigation, considerable difficulty was found in getting the necessary information, so it was decided to leave Salford for a later report, except as regards Nursery Schools and Day Nurseries.

There is no need at the present time to emphasise the importance of Child Welfare. The war has demonstrated beyond all question the urgency of saving the babies and building up the health of the nation. It only remains to find the best way of achieving this end. It is sometimes urged that it is impossible to deal separately with any part of this vast problem of the welfare of the children, their health and well-being depend upon so many conditions, that nothing short of a revolutionary change in the structure of society can affect it to any considerable extent. This is a very natural attitude especially on the part of those who by the circumstances of their life or work are brought into close and constant touch with the conditions under which the majority of the children of our cities live. The effects of over-crowded, inconvenient and sunless houses, and polluted atmosphere, lack of gardens and open spaces, insufficient and impure milk, cannot be exaggerated. But when all admissions on this score are made, there still remains a strong case for treating infant welfare as a separate problem. Even if the housing problem were solved, the atmosphere purified and wages raised, there would still need to be provision for the health and well-being of the children. Problems connected with infant and maternal welfare are not peculiar to the so-called working classes—all doctors and middle class mothers know that full well. It is, however, most urgent to start the provision for those whose need is greatest, and who are not able to call in a doctor except in cases of serious illness, or who cannot, unless wages were to take a sudden unexampled leap upwards, give their children those advantages, educational and otherwise, which the children of the well-to-do enjoy. While therefore the Women Citizens' Association is urging the Council to deal in a far-sighted and statesman-like way with the question of town planning and housing, smoke abatement, the supply of milk, &c., it also puts

forward certain recommendations, based upon the accompanying report, dealing exclusively with maternity and child welfare which, if adopted, would in its opinion, do much to reduce infant mortality in our town and to build up the health of the future generation of citizens on a sound basis. The Maternity and Child Welfare Act of 1918 and certain clauses of the Education Act of the same year, make the present a peculiarly opportune moment for pressing for these reforms. Local authorities are urged by the Government to prepare comprehensive programmes and a grant in aid of 50 per cent. of the expenses is promised.

I. ANTE-NATAL CARE.

A complete Maternity and Child Welfare scheme must provide for the care of the mothers before the children are born, besides supervising the health of these children from birth until the time they enter school. It should be possible for every expectant mother to obtain advice and, where necessary, treatment. This does not imply that every pregnant woman should be regarded as an invalid. As a matter of fact, pregnancy may be, in a perfectly healthy woman, a condition of increased well-being. Pregnancy and child-birth do, however, constitute a strain, although a healthy and normal one, and just as an athlete preparing for a race, puts himself under skilled direction and follows rules as regards his mode of life, so an expectant mother needs to receive direction as regards her health, diet, clothing, rest, and so on. In addition to this, she needs to be told how to prepare for her confinement, to make clothing for the coming child, and to start her education in infant-hygiene generally.

Unfortunately, all women are not healthy, and there are complications and diseases of pregnancy which may have serious consequences for mother and child unless they can be detected and remedied in time. It is well known that the number of miscarriages and still-births is very high, though no actual figures can be given. Experts on the subject all maintain that with proper ante-natal care this wastage of life could be greatly diminished. In addition to those who die before birth, there are children who are born in so weakly a condition that they only survive their birth a few hours or days. Of all the babies who die about one-fifth die in the first week after birth, and a large number of these deaths are attributable to ante-natal causes. The death-rate of babies as a whole has greatly diminished, having fallen in Manchester from 170 per 1,000 (10 years' average from 1898 to 1907 inclusive) to 130 per 1,000 (10 years' average from 1908 to 1917). This is partly due to the work that has been done in providing advice for the mothers and treatment for the babies after they are born. The "new-born death rate" however shews little sign of

improvement.

We believe that by bringing ante-natal care within the reach of all expectant mothers, there would be fewer miscarriages and still-births, and the numbers of deaths in the first weeks of life would be lessened.

We therefore recommend that the Child Welfare Centres should be so equipped and staffed that ante-natal advice would be available at all of them. We would lay special stress on the desirability of using the centres to which the mothers are accustomed to go for advice about the children, for classes and health talks, rather than relying solely on hospitals which they naturally connect with illness, and which may be at long distances from their homes. The aim should be to encourage all expectant mothers to put themselves under the supervision of the doctors at the centres unless they are already under the care of a private practitioner. Most of them would only need ordinary hygienic advice, but the routine investigations made by the doctors at the centres would reveal any serious complications or conditions for which special treatment was required.

In order to complete the scheme for ante-natal care it would be necessary to make arrangements for dealing with diseases of pregnancy that require special treatment beyond the scope of the centres, and also for those confinements for which institutional treatment is necessary. This could be done either by arrangement with the existing hospitals or by the Corporation setting up its own lying-in hospital. The Local Government Board Regulations give local authorities power to do this, but in our opinion until the existing hospitals have proved unable to deal satisfactorily with cases sent on from the centres, the Corporation should not start a special Maternity Hospital.

Ante-natal care will only be successful if there is complete co-operation between the centres, the medical profession, and the practising midwives; the latter attend more than half the births which take place and their influence with their patients is very great. When this report was in course of preparation a conference was arranged between the Women Citizens' Association and the Association of Midwives. Dr. Vera Foley of Liverpool explained how in that town the success of the ante-natal centres is largely attributable to the strict etiquette which is maintained in dealing with patients sent to the centres by midwives. No patient is passed on to hospital without the consent of the midwife, and as far as possible the ante-natal visiting is done by the midwives themselves. At the end of the conference the following resolution proposed by

the Secretary of the Midwives' Association and seconded by their President was passed unanimously:—

“That this meeting having heard the description of the cordial relations existing between the midwives and the ante-natal clinics in Liverpool, recommend that ante-natal clinics on similar lines should be established in Manchester.”

We consider that where ante-natal visiting is done by the midwives, the Corporation should make arrangements to pay them for these additional services when they are performed to the satisfaction of the supervising authority. The fees paid by the patients to midwives for attendance at confinements are not sufficient to cover ante-natal visiting as well.

Many municipalities now undertake ante-natal work. Salford, Birmingham, Liverpool, Bradford, Newcastle, Reading, and some of the London Boroughs, to mention only a few. That the Ante-natal Centres are being increasingly made use of by expectant mothers is shewn by the following figures from Liverpool. In 1917 the attendances at ante-natal centres were 6,868; in 1918 they reached a total of 10,269.

II. HEALTH VISITORS.

The value of the work of Health Visitors is now so generally accepted that it is unnecessary to adduce any arguments in its favour. We are only concerned in this report with pointing out that an *adequate* number of Health Visitors in relation to the number of births to be visited is essential to any Child Welfare scheme, *and that no working-class district should be without them.*

Health visiting is work of considerable difficulty, requiring much tact and patience and cannot be done in a hurry. To be successful in giving advice the Health Visitor must be able to establish sympathetic relations with every mother she visits, and this takes time. It follows that the number of births allotted to each visitor must be strictly limited. Moreover, of late years other duties in addition to visiting after notification of births have been given to Health Visitors.

The pioneer work in Health Visiting in Manchester was done by the Ladies' Public Health Society. In 1908 their staff of ten Health Visitors was taken over by the Corporation and two new ones added. In addition, two Jewish Health Visitors, provided for Red Bank and Strangeways by the Ladies' Society for Visiting the Jewish Poor, continued their work under the supervision of the Medical Officer of Health.

The work of the Corporation Health Visitors originally consisted chiefly in visiting babies under one year and giving the mothers help and advice with regard to feeding, hygiene, &c. In

addition, they visited cases of phthisis, and also undertook systematic house to house inspections to discover sanitary defects. The work has undergone considerable change since 1908. The visiting of tuberculous patients has been done since 1914 by special nurses attached to the tuberculosis office, but since measles was made notifiable the Health Visitors have visited these cases, and when the family was below the "Poverty Line*" have given free milk and coal. In 1917 the work of visiting cases of whooping cough was added to their duties. In addition to this, they are now responsible for visiting the babies until five years of age, when they come under the care of the Education authority.

Now there are 41 Health Visitors allotted to districts, in addition to 4 who give their whole time to measles and one who visits babies removed to districts where there are no Health Visitors. There are still 9 districts of the city which have no Health Visitors, *i.e.*, Crumpsall, Moston, Clayton, Levenshulme, Rusholme, Didsbury, Withington, Moss Side, Chorlton-cum-Hardy, and although these can be described as mainly middle-class districts, there are a large number of mothers in all of them who need the advice that is given in other parts of the city. We urge that Health Visitors should be appointed for these 9 districts as soon as possible.

Owing to this great increase in their work in the last few years the number of births per visitor per annum has undergone revision. It was originally fixed by the Local Government Board as 500, then reduced to 400. But this number is far too great if the Health Visitor is to do the visitation of infants properly, in addition to her other duties, and we strongly urge that the number of births allotted to each visitor shall be substantially reduced, and the number of Health Visitors proportionately increased as soon as possible.

III. CHILD WELFARE CENTRES.

The work of Child Welfare Centres all over the country is now so well known and so universally appreciated that it is unnecessary to emphasise its value. The movement was first started in Manchester in 1908, when thanks to the initiative of a voluntary committee an infant welfare centre was opened in Ancoats. From that year until 1915 the centres increased in numbers until they were established in Openshaw, C.-on-M., Collyhurst, West Gorton, Cheetham and Didsbury. In 1915 the Corporation took over the

* The "Poverty Line" referred to in this report is the standard adopted by the Medical Officer of Health on the Rowntree-Attwater basis amended for present-day prices.

working of six of the centres as regards the medical side, leaving the arrangements for classes, dinners, sale of dried milk, &c., in the hands of the Voluntary House Committees attached to each centre. It also opened new centres at Lower Moss Lane and at Ardwick in 1916 and 1917. The lessening of the financial responsibility of the Voluntary Committee left money free to start fresh centres, and Levenshulme and Rusholme were opened in 1918.

There are now fourteen centres in Manchester in addition to three worked by various religious bodies. Eleven of the fourteen are fully developed centres, that is to say, there are consultations by the doctor, and classes are also held for the mothers. Eight of these are worked and financed jointly by the City Council and the School for Mothers' Committee and the other three are financed entirely by the Voluntary Committee. We suggest that the Corporation should now assume entire financial responsibility for all these fourteen centres, continuing the arrangement by which Schools for Mothers' Committee provides the classes and supplies voluntary helpers.

In addition to these eleven fully developed centres, there are three consultation centres recently opened in connection with the Cheap Milk Scheme, namely, Abbey Hey, Newton Heath, and Harpurhey. There is at present no arrangement for classes at any of these centres. Abbey Hey is only temporary. We suggest that the Harpurhey Centre as well as Newton Heath should be moved into better premises and both become fully developed permanent centres like the other eleven. There is great need for centres in both these districts. We also suggest that the Abbey Hey Centre should be moved to Higher Openshaw and become a fully developed centre.

New Centres Needed.

Assuming for the more densely populated districts that centres should be within one mile of one another because of the difficulty of conveying the children, the middle of the town is well covered on this basis. A centre is needed in Gorton to relieve the pressure on the West Gorton Centre and for geographical reasons. In addition to this the new centre suggested above to replace the Abbey Hey Centre would serve the Higher Openshaw district. To meet the needs of the outlying districts where the wives of the well-to-do artisans are willing to go considerable distances to attend centres, the Corporation should, in addition to taking over the Voluntary Centres at Didsbury, Levenshulme and Rusholme, as recommended above, open new Centres at Alexandra Park, Chorlton-cum-Hardy, Clayton and Miles Platting.

Numbers that may be dealt with at each Centre.

There is considerable diversity of opinion on this point. Some maintain that real and individual attention cannot be given to more than 25 children in a two hours' session. This estimate may be rather low, but nobody would put the numbers for a single session higher than 40 to 50. The numbers that can be dealt with depend very much on the Superintendent's other duties, whether for instance, she has dispensing to do, the number of helpers she has, and the convenience of the premises. Educational work must be the aim. This requires time, since advice given in a hurry is useless. The Committee therefore consider that the numbers dealt with at consultations should not exceed 40 to 50; at present they sometimes rise to 100. Accordingly we recommend that where any centre has outgrown five consultation sessions a week besides classes, an additional centre should be opened in the neighbourhood even if this is unnecessary on purely geographical grounds.

Premises.

Borrowed premises are not satisfactory, and although it may be difficult of realisation at the present time, the ideal to be aimed at should certainly be to have all centres housed in convenient and permanent premises of their own.

Number of Children in Attendance at Centres.

In 1918 over 12,000 babies were born in Manchester. In that year 3,928 babies under one year attended centres. If new Centres are opened where we suggest there is need for them this number would certainly be increased. It is perhaps an impossible ideal to expect every mother to bring her baby to a centre, but every opportunity should be given to her to do so unless she is in a position to employ a skilled nurse.

Taking children of all ages up to five years we find that only about 8.4 per cent. of all the children under that age in Manchester attended at centres. This is accounted for partly by the fact that the centres have only recently extended their scope to deal with children between one and five years, and partly because mothers who are just beginning to realise that the first year in a baby's life is the most critical, have not yet realised that skilled advice and treatment is necessary at all ages. The gap between the end of the first year and the time when the child comes under the care of the School Medical Officer is a serious one and should not be allowed to continue.

Treatment at Centres.

It would be an advantage if the facilities for treatment at present provided at Ardwick, C.-on-M., Hulme, and Openshaw centres were extended to the others but it must never be forgotten

that the educational side of the work is of the first importance. There is, of course, no suggestion of domiciliary treatment being given from the centres, and, in fact, this is expressly forbidden under the Maternity and Child Welfare Act.

An inquiry has been made and the hospitals with one exception replied that they have no list of children under five waiting for minor operations. The fact remains, however, that there is considerable difficulty and much delay is experienced in getting these operations performed. We recommend therefore that there should be provision for attending to them periodically at the centres. While such an arrangement cannot be considered ideal, it would afford a way out of the present difficulties, pending a complete system of co-ordination between the centres and the hospitals.

Dental Clinics.

It is now recognised that the health of children is intimately connected with the state of their teeth, and the condition of their permanent teeth depends very largely upon the care of their first teeth. It is also true that if proper care be taken of a mother's teeth during pregnancy and the lactation period, breast-feeding is not only greatly improved, but in some cases rendered possible where it might otherwise have been impossible. In order to induce mothers to come for treatment the School for Mothers' Committee started an experimental Dental Clinic at the Rosamond Street Centre. The clinic has not been working long enough for statistical results to be available, but there is little doubt that such provision is needed. At present the treatment is limited to extractions and scalings, but it should be extended to include fillings. The Committee consider that four dental clinics, so placed as to serve between them all the centres, should be established by the municipality.

Observation and Remedial Nurseries.

There are at present two nurseries financed and worked by the Schools for Mothers' Committee in connection with the Centres at Ancoats, and C.-on-M. In addition to this, similar work is done at the Collyhurst Nursery School for Delicate Children which is worked jointly by the Collyhurst Guild for Social Service and the Schools for Mothers. They are not day nurseries in the ordinary sense, for the children they take are not those whose mothers have to go out to work, but are those children suffering from rickets and malnutrition or who are otherwise not making satisfactory progress. They are not ill enough for hospital treatment and yet they need skilled care and more attention than they can easily get or are getting at home. These nurseries are under the charge of the doctor attending the centre, but have a separate staff. A great

point is made of the attendance of the mothers at the nurseries, in order to learn from the matron how to feed their children and how to treat them with regard to fresh air, exercise, suitable clothing, &c. At present fifty-eight children are dealt with by the three nurseries and there is a great demand for more accommodation. The Committee urge that the existing observation and remedial Nurseries should be taken over by the Corporation, and that as need arises one should be established in connection with each fully developed child welfare centre.

IV. INSTITUTIONAL TREATMENT FOR CHILDREN UNDER FIVE SUFFERING FROM MALNUTRITION, RICKETS, AND TUBERCULOSIS.

(a) No Child Welfare Scheme can be complete unless provision is made in it for institutional treatment for those children who need it. At present this is provided in Manchester almost entirely by the voluntary hospitals which during the last year accommodated 1660 children under five years of age. In addition, the Babies' Hospital, which receives a grant from the Corporation in part payment for 18 of the 30 beds, accommodated 189 babies all under one year, suffering from malnutrition and epidemic diarrhoea.

With regard to the Corporation hospitals, there are 10 beds at Monsall Hospital for children between one and two years of age suffering from malnutrition and rickets. Only those between these ages are admitted and the cases are carefully selected, no child suffering from bronchitis, for instance, is admitted. There are usually some four or five waiting for admission, and there would be more if the age period were not so limited and so much careful selection made in the type of case treated. Only 26 cases in all were treated in 1917, as the Medical Superintendent believes in keeping them long enough to effect a real cure.

Poor Law cases can be taken into Booth Hall where the Guardians have 424 beds for children.*

It is well known, not only by doctors, but by social workers, that the accommodation at the hospitals for children under five is wholly inadequate. It is difficult to get any statistical proof of this statement for waiting lists are often non-existent, owing to the uselessness of entering a child when so many weeks must elapse before admission is possible, except in cases of emergency.

There appears to be little provision apart from the Poor Law

* On one day, when a count was taken, there were 391 patients, of whom 268 were under five.

for children between two and five suffering from malnutrition and rickets. These can occasionally be taken at Pendlebury, St. Mary's Ancoats or the Northern Hospital, but owing to the demand on the beds there by acute cases and older children, they can only be kept a short time. The Babies' Hospital Board is now making plans for building a hospital which shall contain 50 beds for malnutrition, and 20 for rickets, for children up to two years of age. We recommend that the Corporation shall make a capital grant and take over and pay the full cost of at least 35 beds. The other children's hospitals are also making plans for extending their work and we recommend that capital grants should be made to enable them to provide more accommodation for children under five and that the Corporation should take over and pay the full cost of the maintenance of a certain number of beds. Representation on the governing bodies should as a matter of course accompany the allocation of grants to voluntary hospitals.

(b) Tuberculosis in various forms is common in young children, and the highest death rate from this disease occurs in the under five age-period. At this age it more often attacks the bones, glands and abdominal organs than the lungs; fortunately this is the more curable form *provided that effectual treatment is readily available*. Where the bones are affected permanent crippling frequently results through lack of early treatment.

During the five years, 1913 to 1917 inclusive, 1,831 children under five in Manchester were notified as suffering from tuberculosis. Of these more than two-thirds were suffering from the more curable form of the disease, *i.e.* non-pulmonary tuberculosis.

The large number of children attacked and the fact that the forms of tuberculosis common in early childhood yield successfully to treatment constitute strong reasons why a municipality should provide ample treatment for young children in addition to what is done for older ones and adults.

Manchester is badly lacking in such provision. The voluntary hospitals can take very few cases owing to the length of stay required. The Public Health Authority does nothing to provide treatment for tuberculosis in children under five. Some provision is made for children of school age by the Education Committee. The Guardians have a number of beds in their institutions which are available for tuberculous children of all ages, and they finance the nine children's beds at the Corporation's Sanatorium at Abergele. It is, however, clearly undesirable that what is strictly public health work should be relegated to the destitution authority.

We understand that it is proposed to establish a large number of beds for children of all ages at Abergele Sanatorium where all modern methods of cure will be available. We would urge the City Council to press on with this work with the least possible

delay, and to make ample provision either at Abergele or nearer Manchester for young children in whom the disease is found in its most curable forms.

On a five years' average about 360 children under five are notified annually. Tuberculosis needs long treatment, which must in most cases, be given in an institution to be successful. The average length of stay at Alton in Hampshire where tuberculosis of the bones and joints is treated is 400 days; gland cases will require at least an average of six months. It is therefore clear that to treat tuberculosis in children under five alone, some hundreds of beds will be required.

In addition to providing for children in whom the disease is already active much preventive work may be done by making treatment available for those anæmic and debilitated children who are in a condition to develop tuberculosis easily.

V. DAY NURSERIES.*

There are at the present time in Manchester and Salford nine Day Nurseries. A tenth will shortly be added in the Bradford district. Three others, which were opened to meet the pressing needs created by the war, have had to be closed, in each case primarily because of the impossibility of securing suitable premises. The nine existing nurseries have a total accommodation for 251 children to which the new Bradford Nursery will add another 30.

Of these nine nurseries the pioneers are Greengate and Hulme, each with a quarter of a century's work behind them and St. Vincent's, Ancoats. The Didsbury Nursery also was started before the war. All the rest—Longsight, Pendleton, Rosamond Street, C.-on-M., Rusholme, Withington—have been opened since the war to meet the needs of mothers obliged by war conditions to go out to work. All are under voluntary management, and depend for support on voluntary subscriptions, supplemented by the government grant.

All these nurseries have been visited and to each a form of questions was sent with a request for particulars and opinions. Returns were received from all the nurseries and are summarised in the Appendix.

The question of day nurseries is one upon which there is considerable difference of opinion. A large majority of the Medical Officers of Health consulted by the Medical Officer of Health for Sheffield in 1917§ take serious objection to them on a variety of

* Under the term Day Nurseries we do not include Remedial Nurseries attached to Child Welfare Centres. For these, see page 11.

§ See Memorandum on Day Nurseries.

grounds, the chief being a risk of infection; the danger of overcrowding; the discouragement of breast-feeding; the prejudicial effect on both child and mother of separation. They see in them at best a temporary expedient justified by war conditions and by the needs of mothers obliged to go out to work. A small minority only are heartily in favour of them. We agree with these words of the Medical Officer of Health for Sheffield in his Memorandum: "It is unnecessary to insist on the fact that the proper place for the little child is its home, and that in a well-organised community it should be made possible for every mother to stay at home to look after her little children. Day Nurseries therefore do not form part of a scheme of sanitary reform, but are rather a make-shift for the purpose of lessening the bad effects of mothers having to leave their little children." More and more women are realising—the thoughtful working-class women perhaps more fully and quickly than others—that a state of affairs which necessitates the separation of a mother from her baby is unnatural and harmful both to the individual and the nation; and as a consequence of this realisation would regret to see any large or general extension of day nurseries as tending to bolster up a bad state of society, and to make conditions which are really intolerable appear to be bearable.

But the ideal of the well-organised community in which it shall be possible for every mother to stay at home (we would add, in decent surroundings) and to look after her own little children implies far-reaching changes which we cannot hope to see realised in a hurry. Meanwhile day nurseries are undoubtedly doing an important work both for the babies and for the education of the mothers; they are saving life and making weak lives stronger, and are helping materially to bridge over a most difficult transition period.

Therefore, while remembering that they are not in their present form in an ideal picture of the future, we consider that they should be liberally helped, and we would recommend that grants should be made by the Corporation to day nurseries under voluntary management which reach a satisfactory standard of efficiency. These grants, which, following the practice of government departments, might take the form of refunding a proportion of the approved expenditure, should be accompanied by inspection by the local authority. This could link up the work with that of the Public Health Committee.

The great importance of developing the educational side of nursery work, together with the proved success of the experimental nursery class at the Rusholme Day Nursery leads us to recommend further that properly organised nursery classes for the older children in day nurseries should be recognised and aided, whether by grants or by the supply of teachers, by the Education Committee.

Although day nurseries, as we know them to-day will, we hope, in time become unnecessary, there will probably always be a need (1) for a residential nursery where children can be looked after in case of sickness at home or while the mother is in hospital, and (2) for some form of nursery where a busy mother can leave her child to be taken care of on washing day, or while she herself takes a needed rest, or does the household shopping. The provision of (2) can be left to voluntary agencies supervised by the local authority; at present these "casual" children are catered for in the ordinary day nurseries. We recommend with regard to (1) that a central residential nursery should be founded and supported by the Corporation. Such an institution besides proving a boon to mothers temporarily incapacitated by sickness, might well be the centre of a comprehensive scheme for the training of girls in hygiene and the care of children. Moreover, it is only the existence of such a residential nursery that would in many cases make possible the use by the mothers of the small maternity homes for normal cases advocated by the Local Government Board.

The question of the relative merits of Nurseries and "Mindings" has often been discussed without any very definite result. The existing practice of leaving children with a neighbour is clearly not satisfactory, but in view of the admitted risk attending the aggregation of little children in institutions we should like to see an experiment made in the registering of suitable "Mindings." We would suggest that the Public Health Committee should promote in some selected and limited area a scheme for Registered Mindings, supervised by the Health Visitors.

VI. NURSERY SCHOOLS.

[The Suggestions on Nursery Schools which appear in the Appendix were drawn up in collaboration with Nursery School teachers and issued separately in October 1918 as the Education Committees were known to be considering the subject.]

The Education Act, 1918, gives new powers to Local Education Authorities "to make arrangements for supplying or aiding the supply of Nursery Schools and classes for children over two and under five years of age, or such later ages as may be approved by the Board of Education, whose attendance at such school is necessary or desirable for their healthy physical and mental development; and for attending to the health, nourishment and physical welfare of children attending Nursery Schools."

The number of children under five years of age now in attendance at Manchester Elementary Schools is approximately 8,000, but it is estimated that there are altogether in Manchester 40,000 children between the ages of two and five. Attendance at Nursery Schools will be voluntary, and the parents of many of these child-

ren will doubtless continue to prefer keeping them at home; but if we take only half that number (20,000) as the basis for calculation and bear in mind that it is of the essence of a Nursery School to be small—say 40 to 50 children or 100 under one roof as a maximum*—the problem of finding accommodation and teachers will at once be seen to be one of some magnitude. Moreover, a Nursery School needs much more space and open air than it has been customary to consider necessary for elementary schools, and this will undoubtedly add to the difficulties of the problem.

Before making detailed suggestions it may be useful to state what has been done up to the present time to provide Nursery Schools for Manchester; and in this connection we may perhaps consider Manchester and Salford as one community, although the figures given above refer to Manchester only.

I. There are three Nursery Schools in Manchester and Salford, each under its own voluntary committee of management:—

- (a) The Salford Nursery School, 10, Encombe Place, Salford, founded in 1907 by Miss A. Hood. Thirty children in attendance.
- (b) The Collyhurst Nursery School for Delicate Children, founded in 1914 in connection with the Sand Garden of the Collyhurst Recreation Rooms, now under the joint management of the Collyhurst Guild for Social Service and the Manchester Schools for Mothers acting through the Collyhurst Children's Committee. Reserved for children of women attending the local branch of the Schools for Mothers. Thirty children in attendance.
- (c) The Ardwick Nursery School, 79, Marsland Street, Ardwick, founded in 1915. Thirty children in attendance.

Each of these schools is under a trained kindergarten teacher, and at Collyhurst there is also a trained nurse on the staff. They are all supported by voluntary contributions and are all in greater or less degree hampered by the difficulty of making ends meet. The parents are asked for no payments except for food provided.

II. Plans for starting an open-air Nursery School for rickety children in connection with the Greengate Dispensary, Salford, are in an advanced state.

III. At the Rusholme Day Nursery a "Nursery Class" has been organised for the older children under a trained kindergarten teacher; some of the other Day Nurseries are making a beginning in the same direction. §

* This is the maximum allowed by the Board of Education. See Draft Regulations for Nursery Schools, December 31st, 1918.

§ See Section V. Day Nurseries, page 15; also Appendix, page 31.

IV. The Manchester Education Committee has started three or four experimental nursery classes in connection with the Infant Departments of certain elementary schools, and is encouraging head teachers of infant departments generally to try experiments with the children now in the schools in the direction of nursery school organisation.

With regard to I. and II., we recommend that generous municipal support should be given to existing voluntary nursery schools and that the foundation of other such schools should be encouraged.†

Similarly as regards III., our recommendation is that properly organised nursery classes in day nurseries should be recognised and aided by the Education Committee.‡

IV. It is a matter of great satisfaction to us that Mr. Spurley Hey's policy as to nursery schools§ follows so closely in its main lines the suggestions for nursery schools issued by this Committee last October. At the same time it must be obvious to anyone who knows our Manchester elementary schools or who has read Mr. Hey's enlightening report, that any experiments in the direction of nursery classes in existing infant departments must be very much hampered by want of space and by other conditions as to cleanliness &c. obtaining in the schools, playgrounds and lavatories. We would particularly call attention to the necessity for increased, as well as more suitable and accessible lavatory accommodation, and for greatly improved facilities for attending to the personal cleanliness of the children. We lay especial emphasis on these points because Mr. Spurley Hey, whose statement as to the need in the elementary schools for "a much higher standard generally in existing school conditions in the matter of lighting, heating, cleanliness and general equipment" we most heartily welcome and endorse, makes no specific mention of these other most vital needs. If the nursery class is to become a part of the elementary school organisation, as Mr. Hey's report seems to foreshadow, it is essential that the conditions provided should be those of a good nursery school, both as regards accommodation (including lavatory accommodation) and cleanliness and as regards the training and qualifications of the teacher in charge.

A more subtle form of danger lies in the whole train of ideas

† See Appendix, page 27, Suggestions for Nursery Schools, issued, October, 1918, by the Manchester and Salford Women Citizens' Association.

‡ See Section V., Day Nurseries, page 15.

§ See Manchester's Educational Problem, by the Director of Education, December, 1918.

suggested by the word "class" and we could wish that the Board of Education had adopted some other phrase, such as "nursery group" to designate a nursery school which is part of another larger organisation. The "class" idea, suggesting children all of one age and all doing the same thing at the same time, should be jealously excluded from the nursery school; to get the true nursery feeling the children must be of different ages so that there may be the natural give and take between older and younger; and they must not be taught as a class.

In conclusion we would point out how closely in Manchester the question of nursery schools touches that of the infant departments of the elementary schools in which, as has already been pointed out, there are at present about 8,000 children of Nursery school age. In this connection the following communication from one of our members is of interest:—

"I have lately visited twelve Infants' Departments in various parts of Manchester, including two in which the Nursery Class experiment is being tried, and I have come away with the impression deepened after every visit, even visits to the best of our Manchester Infant Schools—and it would be impertinent of me to praise the splendid work being done by the teachers often against most terrible odds—I have come away with the conviction that we have begun at the wrong end with our infant education, and have all these years been neglecting the bottom facts that you cannot get healthy minds without healthy bodies, and that cleanliness and good habits are the foundation of health. We have in the past been too much engaged in stuffing immature minds with facts, forgetting that we may at the same time if we do not attend to personal and school hygiene and cleanliness be sowing the seeds of disease. I am sure that all teachers will agree with me that we must demand for all infant departments the same conditions as to freedom, space, light, open-air, sanitation and cleanliness, which we are hoping to see established in the Nursery Schools."

VII. ILLEGITIMATE CHILDREN.

The death rate of illegitimate infants is very high. The average yearly death rate in Manchester for the 6 years 1912 to 1917 inclusive, was 238 per 1,000. The average death rate of legitimate infants for the same period was 121. Measures taken for lessening infant mortality which are successful to a large extent in the case of legitimate children apparently fail where illegitimate children are concerned. The reasons are not far to seek. The majority of unmarried mothers live in a state of chronic poverty; financial assistance from the fathers is usually lacking, and even when in the minority of cases affiliation orders have been taken out the amount payable is limited to 10/- a week (until 1918 it was

5/- a week). The wage-earning capacity of the mother is hampered by the care of the child, and where a mother can get full work the child is often left to the care of an unsatisfactory "minder." The majority of the mothers continually change their abode, usually through inability to pay their rent. Many of them are below normal mentality. For these reasons they largely miss the influence of the Centres and of the Health Visitors.

It is sometimes urged that illegitimate children are more weakly than legitimate ones and have a smaller chance of surviving. Facts do not support this view. It is significant that when boarded out in satisfactory homes under the supervision of inspectors, the death rate of illegitimate children is not high. The following table gives the number of children "nursed for hire or reward" under the supervision of inspectors appointed by the Manchester Guardians in each year from 1912 to 1918 and the number of deaths that occurred annually:—

Year.	No. on Registers.	Deaths.
1912	359	9
1913	370	9
1914	331	12
1915	440	5
1916	399	5
1917	442	4
1918	456	4

These children were of various ages from two weeks to seven years, so that the figures are not strictly comparable with the death rate of children under one. They do, however, shew that deaths are not numerous amongst illegitimate children when they are placed in satisfactory surroundings and have settled homes.

From the detailed figures for the year 1916 with which we have been supplied through the courtesy of the Public Health Department, it appears that in that year there were 677 illegitimate children born in Manchester. Of these only 360 were known to and visited by the Health Visitors. Of the remaining 317 nothing was known. Of the 360 known to the Health Visitors, 227 were under observation until the end of their first year, 69 were visited and lost sight of before the end of the first year, and 64 died. This, disregarding the 69 lost sight of, gives a death rate of 219 per 1,000 amongst those visited. Two important facts emerge from these figures. First, Health Visitors can to some extent reduce the death rate of illegitimate infants, in spite of the obstacles of poverty and sometimes feeble-mindedness amongst the mothers; secondly, the large number of illegitimate infants of whom nothing is known, beyond the bare facts of their birth and death. In the 1916 figures, to the 317 not visited must be added the 69 lost sight

of after one or more visits, making a total of 386 left without supervision.

We consider that one or more officials combining the qualifications of Health Visitor and Investigation Officer should be appointed to trace illegitimate infants and to visit them at frequent intervals where necessary, acting in co-operation with the Health Visitors. Tracing these children is a matter of considerable difficulty. Unmarried mothers often give wrong home addresses when leaving institutions in which they have been confined in order to avoid being followed up; when they move from lodging to lodging they leave no address behind them; and when they are out at work it is often difficult to find where the "minder" lives who has charge of the child.

We believe a special officer could effect a good deal in the way of persuading unmarried mothers to avail themselves of all possible sources of help in rearing their children, such, for instance, as making use of a good day nursery instead of an incompetent "minder." Under the new Local Government Board Regulations help of various kinds is available for unmarried mothers, but they are not likely to avail themselves of it unaided.

Apart from this recommendation we consider that any real improvement in the condition of illegitimate children depends upon legislative changes which are beyond the scope of this report. Moreover, a Council to Study the Problem of the Illegitimate Child and Its Parents has just been started in Manchester, and we shall defer further comments upon the subject until it has issued its report.

VIII. WIDOWS' PENSIONS.

We define Widows' Pensions as being the regular payments of an allowance to mothers with dependent children where the father is either dead or unable, owing to chronic disablement, to support his children. They enable the mothers, without going out to work, to take charge of their children in their own homes. Widows' Pensions ensure a better chance in life to the fatherless children; they provide the money to support the children, hence they need not be sent to institutions but can remain with their mothers at home. At the same time as the mother is not forced to go out to work she can look after the home and children.

Encouraged by the success which is attending the granting of pensions to the widows and orphans of soldiers, we urge the extension of this scheme to civilians. The State recognises the advantage to the soldiers' children of being brought up in their own homes and chooses this method rather than placing them in institutions; and where the pension has been sufficient to ensure the mother's not going out to work the State's object of providing

the best possible care for the children is being achieved. All children are of value to the State and should have full opportunities of life assured to them.

At present the civilian widow is dependent on the Poor Law for help, and must be destitute within the meaning of the Poor Law before she can obtain this help; wherever possible she is urged by the Guardians to do some work, they then supplement her wages with out-relief and sometimes board out her children in institutions.* In Manchester help is nearly always given in the form of out-relief. The particulars of 36 widows in receipt of out-relief in Manchester were supplied to us in March 1918; in 30 cases the mother or one of the children did some work. Yet even when this income from wages was added to the relief received, only in four cases out of the 36 did the family income reach the "poverty line§" whilst the children must have suffered from the mother's absence from home.

In addition to the families assisted through the Poor Law there are large numbers of mothers who prefer great hardship for themselves and their children rather than apply to the Guardians for help. These children are probably those of hard-working and self-respecting parents, and should become the most valuable citizens if they were given a fair chance of health and upbringing.

We do not consider that relief given under the Poor Law is a satisfactory method of providing for the children who lack the support of a father, for the following reasons—

- (1) The mother is often urged to go out to work and therefore cannot also give the time and energy which are necessary for the care of her home and children.
- (2) The scale of relief is seldom adequate.
- (3) A large number of children do not benefit even from this inadequate relief, as either they are not destitute within the meaning of the Poor Law, or their mothers fearing the taint of the Poor Law, will not apply for it.

The system of Mothers' Pensions is being applied in 35 of the United States of America where, when the scheme has been efficiently administered and supervised, it has been found very effective in securing the well-being of the mothers and their children, at

* There is a Local Government Board Order that out-door relief shall not be granted to able-bodied widows with one child only. So that if the widow has an infant child she is compelled to wean the child, thus depriving it of its natural food and best chance of life and health, as she is compelled to go out to support herself and her child;

§ See note on page 8.

about a *third* of the cost of placing the children in institutions. It is also noted that there has been a reduction of juvenile crime in the States where these pensions are in operation. The mothers need not be destitute to the extent that Guardians in England require before giving them Poor Relief. A hundred and twenty local authorities in England have passed resolutions in favour of Widows' Pensions.

We suggest that the pensions should be administered through the Maternity and Child Welfare Act, under which 50 per cent. of the money will be provided by the State and 50 per cent. by the municipality. At present the Poor Law rate receives no contribution from the State; the relief granted to widows is entirely a local charge

Summary of Recommendations.

I. ANTE-NATAL CARE:—

- (1) Ante-natal advice to be available at all Child Welfare Centres.
- (2) Co-operation between centres, medical profession and midwives.
- (3) Payment of midwives for ante-natal visiting.

II. HEALTH VISITORS:—

- (1) Health Visitors for the nine districts at present not covered.
- (2) Smaller number of births per annum allotted to each Health Visitor.
- (3) Proportionate increase in numbers of Health Visitors.

III. CHILD WELFARE CENTRES:—

Existing Centres:—

- (1) Corporation should take over voluntary centres at Didsbury, Levenshulme, Rusholme, continuing the co-operation with the Schools for Mothers' Committee, as at other centres.

- (2) Move the temporary Municipal Centre at Harpurhey into better premises. Make it, and Newton Heath, into fully developed permanent centres. Move temporary centre at Abbey Hey to Higher Openshaw, and make it also permanent and fully developed.

New Centres needed:—

Gorton, Alexandra Park, Chorlton-cum-Hardy, Clayton and Miles Platting.

Numbers to be dealt with at Centres:—

- (1) Not more than 40 or 50 at a Consultation Session.
- (2) Where any Centre has outgrown five Consultation Sessions a week, besides classes, an additional Centre should be opened.

Treatment at Centres:—

- (1) Facilities for treatment to be provided at all Centres.
- (2) Minor operations to be performed periodically at Centres, pending a complete system of co-ordination between the Centres and the Hospitals.

Dental Clinics:—

Four Dental Clinics to be established.

Observation and Remedial Nurseries:—

- (1) Existing Nurseries to be taken over by Corporation.
- (2) One to be established, as need arises, in connection with each fully developed Child Welfare Centre.

IV. INSTITUTIONAL TREATMENT FOR CHILDREN UNDER FIVE:—

- (1) Corporation to make capital grants and take over and pay full cost of certain number of beds at Manchester Babies' Hospital and other Childrens' Hospitals in order to enable them to extend.
- (2) Representation on Governing Bodies of Voluntary Hospitals to accompany allocation of grants.

- (3) Corporation to provide ample accommodation at Abergele (or nearer Manchester) for treatment of children under five suffering from various forms of Tuberculosis. (Some hundred beds for children of this age alone will be required).
- (4) Provision for pre-tuberculous children under five.

V. DAY NURSERIES:—

- (1) Grants to Day Nurseries under voluntary management which reach a satisfactory standard of efficiency, accompanied by inspection.
- (2) Properly organised Nursery Classes for older children in Day Nurseries to be recognised and aided by Education Committee.
- (3) A Residential Nursery to be founded and supported by the Corporation to accommodate children whose mothers are temporarily incapacitated by sickness and to be used as a centre for training girls in care of children.
- (4) An experimental scheme of "Registered Minders," supervised by the Health Visitors.

VI. NURSERY SCHOOLS:—

- (1) Education Committee to establish model Nursery Schools.
- (2) Municipal support to existing voluntary Nursery Schools.
- (3) Increased and more suitable lavatory accommodation and improved washing facilities for children in those Elementary Schools in which Nursery Classes are formed.
- (4) The "class" system, under which children of the same ages, doing the same things, are grouped together, to be strictly excluded from Nursery Schools and Nursery Classes.

VII. ILLEGITIMATE CHILDREN:—

- (1) One or more officials combining the qualifications of Health Visitor and Investigation Officer to trace illegitimate infants and visit them in co-operation with the Health Visitors.

- (2) Further recommendations held over until the Council for the Illegitimate Child and Its Parents has made its report.

VIII. WIDOWS' PENSIONS:—

- (1) Pensions for mothers, with dependent children, whose civilian husbands are dead or disabled.
- (2) Such pensions to be administered by the Public Health Authority.

The Women Citizens' Association aims at providing equal opportunity for all children of the City to realise to the full their individual possibilities of physical and mental development. In the opinion of the Sub-Committee the foregoing are some of the reforms within the scope of municipal action which are necessary for the attainment of that end.

SHENA D. SIMON (Chairman).
 HELEN K. ARMITAGE.
 MARY S. BEARD.
 H. M. BARCLAY.
 CATHERINE CHISHOLM.
 E. V. ECKHARD.
 HELEN F. KNIGHT.
 MARGARET LANGDON.
 ANNA S. MARVIN.
 IRIS M. McDOUGALL.
 GRACE OWEN.
 MARION FITZGERALD (Hon. Sec.).

7, Brazennose Street,
 Manchester. April, 1919.

Appendix I.

SUGGESTIONS FOR NURSERY SCHOOLS.*

(Issued in October, 1918.)

1. Need for Experiment and Variety.

The Nursery School idea is still new and the field to be covered in the Manchester and Salford district is a very wide one. There is, therefore, an almost unlimited opportunity for experiment and room for great variety of type. Advantage should be taken of this opportunity to discover the best kinds of school for differing neighbourhoods.

In the meantime we urge that the Education Committees should with the least possible delay establish a limited number of Nursery Schools of model standard, equipped, staffed and carried on in accordance with the best knowledge of the day.

We urge this the more strongly because we recognise that, in view of the pressing need for Nursery Schools, it may be necessary in some cases to accept temporarily conditions which fall short of what we know to be desirable.

[The new housing scheme on the Gorton Mount Estate would seem to offer a good opportunity for the establishment of one such model Nursery School, whether independently or in connection with an infant welfare centre.]

2. Co-operation between the Education Committees and the Maternity and Child Welfare Sub-Committees.

One of the aims of the Nursery School is to bridge the gap between the infant welfare centre and the elementary school, and to continue during the nursery school period the supervision of the health of the children begun at the infant welfare centre.

We are of opinion that in order to facilitate this continuity there should be close co-operation between the Education Committees and the Maternity and Child Welfare Sub-Committees.

3. Recognition of Existing Nursery Schools:

In view of the desirability of securing variety of type and also in recognition of the pioneer work which has been done by the

* The Committee were assisted in drawing up these Suggestions by Miss W. Bauerkeller, Miss Janet Hayes, Miss Steel and Miss Sweeney.

existing voluntary Nursery Schools, we are of opinion that generous municipal support should be given to those schools, if recognised as efficient, and that the foundation of other such schools should be encouraged.

4. General Conditions.

The chief requisites of the Nursery School are space, light, air and sunshine, and we strongly recommend that an open-air type of building should be adopted as the model. In this connection we suggest that all possible use should be made of:

- (a) existing recreation grounds, which are often empty or nearly empty during just those hours when the Nursery Schools would use them;
- (b) the Public Parks (when near the children's homes);
- (c) crofts and open spaces.

In order to do its best the Nursery School must be in the closest possible touch with the home, so that the child may not be separated more than is necessary from the mother, and that violent contrasts between the home and school training may be avoided. This can only be secured by encouraging the mother to come to the Nursery School to see and understand what is being attempted there, and by the teacher frequently visiting the homes and getting into friendly relations with the mothers of families. It is essential, therefore, that Nursery Schools should be set up in the near neighbourhood of the children's homes.

5. Sanitary Arrangements and Equipment.

The standard of cleanliness, both for children and buildings, must be very much higher than that which at present obtains in the elementary schools. It is essential for the purpose that there shall be sufficient lavatory accommodation suitable for very young children and easily accessible, and a good supply of hot as well as cold water. The walls should be colour-washed or painted in light colours to facilitate frequent cleaning, and the floors should be covered with linoleum or other material which allows of daily washing.

Each child should have at the Nursery School his own stretcher-bed, blanket, overall, slippers, towel, toothbrush, mug, &c., marked with his number or sign and kept for his exclusive use.

The furniture of the Nursery School should be small and light, so that the children can themselves lift and move the chairs and tables; pictures should be hung low down where the children can see them without effort, and cupboards should be within easy

reach of the children. There should be plenty of toys and apparatus, also living and growing things for the children to tend.

In this latter connection the Parks Committee might render valuable help by supplying the schools with suitable material.

6. Size of School.

In deciding upon the size of the Nursery School we urge that the following considerations be kept in view:—

- (a) The instability of the nervous system in young children renders grouping in large numbers harmful.
- (b) The Nursery School should be more nursery than school, and in order to carry out this ideal of homelikeness the numbers in each group must be small.
- (c) The younger the child, the greater is the need for individual attention: the necessary individual training can only be given if the number of children in charge of any one member of the staff is small.

7. Education and Training.

It is now a recognised principle in the education of young children that full development of mind and body is only attained when the child is allowed a large measure of freedom both in thought and action. The Nursery School must therefore be carried on so as to secure to the child plenty of suitable material for thought and ample opportunity for free activity and play. Set lessons of any kind are completely out of place, and there should be no strict age-grouping.

At the same time the early years of childhood call for a careful training in good habits, both of mind and body, and this training forms as important a part of the Nursery School life as does free activity. In particular, habits of personal hygiene must be carefully taught and a regular period must be set aside for sleep.

8. Staff.

It is essential that the staff of the Nursery School should be specially trained for the work and that the head of each group of children should be fully qualified to superintend both sides, mental and physical, of the child's training.

It is important that the status of the Nursery School teacher should be recognised as equal to that of the trained teacher of the Elementary School.

9. Age.

We urge that recognised Nursery Schools should be allowed, under suitable conditions, to keep children to the age of six.

Appendix II.

Summary of Answers Received to Day Nursery Questionnaire.

1. Total Accommodation	251
Bradford will add another	30
	<hr/>
	281
	<hr/>
2. Average Attendance	about 21

3. Fees:—

One nursery charges 6d. a day for infants in arms and 4d. for toddlers.

3 nurseries charge 6d. a day for all.
2 " " 8d. " "
2 " " 10d. " "
1 nursery charges 1/- " " or 5/- a week.

4. Staff.

As a rule the staff consists of a Matron who is a trained nurse, or has other sufficient qualifications, a Staff Nurse and one or more Probationers, with the necessary household assistance. At one nursery (Rusholme) the staffing is on a higher scale—Matron, Staff Nurse, Kindergarten Teacher and two Probationers for 40 children.

5. Premises.

The premises vary very much. Some of the nurseries have been fortunate in securing good houses with gardens near enough to the homes to allow of children being brought daily (Didsbury, Longsight, Rusholme, Withington); but in many parts of Manchester and Salford it is just in those districts where nurseries are most needed that suitable houses with open air accommodation are most difficult to get (Hulme and parts of C.-on-M., Ancoats, Greengate, Bradford, &c.).

6. Hours.

The hours vary with the needs of the different neighbourhoods. The earliest opening hour is 5-30 a.m. (St. Vincent's) and the latest 8 a.m. (Rusholme). General closing hour 6 to 6-30 p.m.; only one as late as 7-30 p.m. Saturday usually a half-day.

7. Conditions of Admission.

(a) AS TO AGE OF CHILDREN.

One admits at 1 month and keeps to school age.

One " 6 weeks " " under 5
One " 2 months " " under 5
One " 3 months " " under 5
One " 4 months " " under 5
One " 6 months " " under 5
One " 12 months " " under 5

The other two say simply under five.

(b) AS TO CIRCUMSTANCES OF PARENTS

Four nurseries make no special conditions as to parents' circumstances; one makes the sole condition that the mother is obliged to go out to work or is otherwise unable to take care of her child; four give preference to widows, whether of soldiers or civilians, to women with disabled husbands or to soldiers' wives, and two of the last make enquiries as to the financial circumstances of the family.

8. Training of Children of Nursery School Age.

This is fully arranged for in one nursery only (Rusholme) where there is a trained Kindergarten Mistress on the regular staff. At one (Rosamond Street) some help in educational training is given by students from the Mather Training College and the University. At another (Didsbury) it is hoped soon to re-start Kindergarten training for the older children—given up perforce during the war. At Greengate, under the same management as the Day Nursery, a Nursery School for rickety children is soon to be opened (see Nursery School section). The new Bradford Nursery will have a trained Nursery School teacher as Matron and the educational side of the children's training will be cared for from the beginning. At Pendleton, Nursery School work is in abeyance. There seems to be a growing feeling that this side of the Nursery work should be developed.

9. Connection with the Homes.

This is mostly kept up through conversations with the mothers when they bring and fetch the children. Regular visiting of the homes by the Matron is mentioned in three cases only.

10. Training of Mothers in Hygiene, &c.

This is generally limited to giving advice when the mother comes with the child or fetches him away. At Pendleton occasional mothers' meetings have been held at the Nursery. At Rosamond Street, evening meetings of mothers have been held to shew

them model clothes, and there is a fortnightly sewing class. The Matron of Rosamond Street also does much by means of individual talks to train and instruct in cleanliness. The Withington Committee are arranging for a School for Mothers in the same building and under the same Matron as the Nursery. Didsbury purposes starting meetings for mothers in the near future.

11. Medical Supervision.

Hon. Medical Officers and close connection with clinic or School for Mothers.

General Questions.

(a) The need for some means of helping the mother with the care of her children in times of temporary sickness or disablement is strongly felt. The general view is that residential nurseries would be more satisfactory than home helps, though home helps are advocated by some. It is pointed out by one writer that home helps though desirable are unobtainable, and two others express doubt as to whether working women, especially Lancashire women, would tolerate strangers in their houses. With regard to residential nurseries, it is the opinion of one experienced matron that they are most necessary, but owing to risk of infection should be kept entirely separate from Day Nurseries. Another Matron, keenly interested in the welfare of the unmarried mother, sees in the residential nursery a possibility of meeting her needs without causing entire separation from the child "which should be avoided at all costs."

(b) All but two consider that there is need to provide for the "casual" nursery child, but the general opinion seems to be in favour of receiving him at the ordinary day nursery. Several of the nurseries do this already. Difficulties of working are pointed out and one matron suggests a "casual ward" attached to an ordinary day nursery as a possible solution. The experience of the newly opened Withington Nursery should be valuable in this connection, as owing to the nature of women's employment in the district (mainly charring) the children's attendance is often for two or three days a week only, and the conditions are therefore very similar to those of a "casual" nursery.