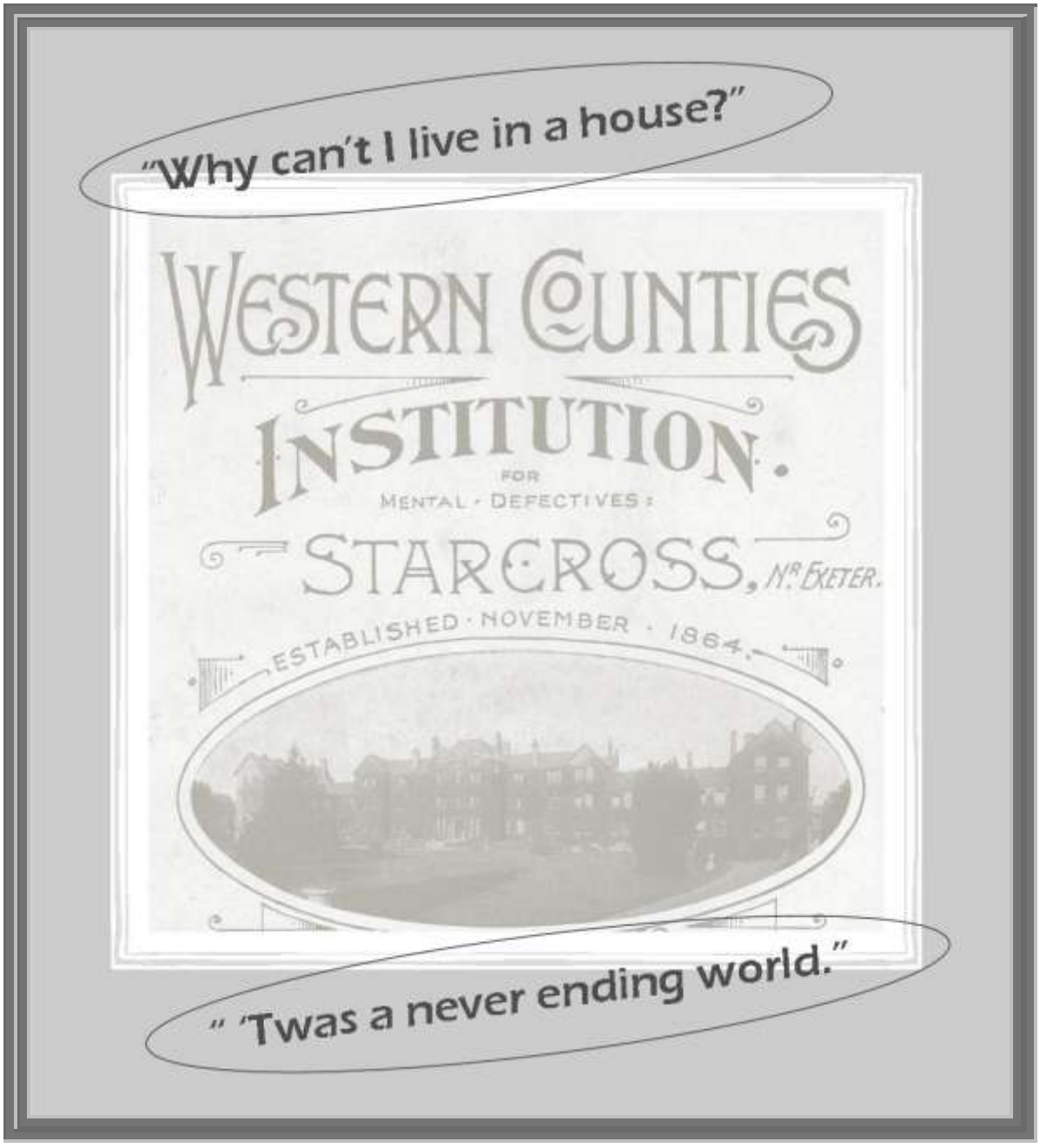
STARCROSS HOSPITAL:

what the voices tell us



Foreword

A case study about moving to Care in the Community, written by David King, was published by the Nuffield Trust in 1991. [1]

It sought to describe how and why the institutions around Exeter, in Devon, were closed in the 1980s, and to inspire and enable other health areas to follow suit.

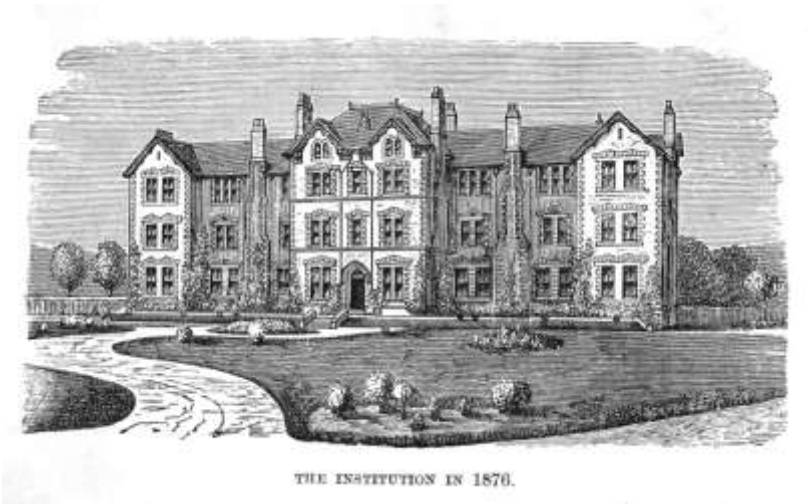
It was written from the perspective of overseeing the push from hospital to community care, as David was at the helm of the Exeter Health Authority throughout this period, before moving to New Zealand where he would lead similar change.

Before the first of the institutional hospitals in the Exeter area closed – the Royal Western Counties Hospital at Starcross – David set in train a project to create an oral archive.

Now, the opportunity has come to publish extracts from the interviews alongside a commentary drawn from David's words – from then (1988 and 1989), from 1991, and with fresh eyes from 2020.

I hope this will be a useful companion to the 1991 publication but also a tribute to those who lived and worked at Starcross Hospital as well as a window on an important part of the social history of the village of Starcross.

Caroline Hill



THE INSTITUTION IN 1876.

[1] *Moving on from mental hospitals to community care – a case study of change in Exeter*, written by David King, published by the Nuffield Trust, 1991.

CONTENTS

PART I Setting the scene

Introduction

Starcross Hospital closed in 1986 after some 120 years as an institution through which hundreds of people passed – and many remained in until their death.

Founded by public subscription to train backward children from pauper homes, it became an "Idiot Asylum" and a place where people with physical disabilities such as deafness or epilepsy rubbed shoulders with people who were judged morally defective.

Instead of taking in children to improve their future chances in life in the outside world, it took children and adults to "protect" the outside world from them, and them from it.

Opinions varied at the time of the closure as to the institution's success, and whether it should ever have existed or ever have closed. Care in the community had taken its place and faced the test of time.

The question then being asked was: How will it compare to the care in the hospital? How will it turn out and mature?

The collection of recorded interviews - made at the time that Starcross Hospital started to become a memory - sought to breathe life into the relics of the past, so that the lessons learned should not be forgotten, and in tribute to the hard work and intentions of so many people who spent much of their lives within those walls.

The words may remind us why those walls have been demolished.

The Central Institution

Setting the scene

The move to community care

In 1989, in the foreword to an unpublished description [2] of the move to community care, the then District General Manager of Exeter Health Authority wrote:

> *… mental handicap institutions were designed to give their inmates a settled and permanent life isolated from ordinary society. This policy of "institutionalisation" was well motivated and intended for people considered to be incapable of fending for themselves in the hurly burly of life.*
>
> *It persisted from the mid nineteenth century to the 1960s when a new attitude emerged: that people with mental illness and mental handicaps were capable of treatment and rehabilitation and should not be compulsorily separated from society but given the opportunity of remaining within it…*

David King speaks of "mental illness" and "mental handicap" together because he was addressing how institutional care in several hospitals was transformed in the Exeter health district into care in the community.

It is interesting to note that the terms "mental illness" and "mental handicap" were those still often used at the time – phrases which had been deemed far preferable to previous terminology such as "mental deficiency", "idiocy" and worse. They became increasingly unacceptable, and better described as "mental health problems" and "learning disability", "learning difficulty" or "special needs".

A pioneer in championing de-institutionalisation, David was passionate about giving people, whatever their special needs, an opportunity to be part of society, releasing them from regimental controls and intolerable living conditions.

He explained: *There are better ways of helping people than the system of institutionalisation. Ways which… can increasingly take into account the individual needs and wishes of people.*

[2] *Recycling the mental hospitals – better care, better value*, unpublished, written by David King, District General Manager of Exeter Health Authority, in June 1989.

The fervour was born

It was in the 1960s that there were the first glimmers of the move to community care and for David King these were seen at the "mental handicap" hospital, Sandhill Park, in Somerset, which he wrote about in a chapter called *Consumer satisfaction – the proof of the pudding*. [2]

King sets the scene:

> *If you think that life in a mental hospital is a happy existence,*
> *it is probably because you have never lived in one.*

It really was "life" for so many residents, in a sense akin to a life sentence.

> *Although hospital care was supposed to be beneficial, release from hospital has*
> *been as good as a cure for so many who were thought to be beyond hope.*

King describes the fervour with which a house was set up for a group from Sandhill Park:

> *We all set about it with a degree of excitement and energy as if we were*
> *preparing them for a moon landing. The group were lifelong inmates of the*
> *mental handicap hospital and this would be their first taste of freedom.*

It was a success, as King put it:

> *… within a short time the only remarkable thing about it*
> *was that anyone should ever have thought it remarkable.*

> *I was very keen to see how they were getting on and called in one day.*
> *As I knocked at the door I realised that it was wrong to be visiting uninvited,*
> *though I would have walked through their wards at the hospital*
> *without giving it a thought.*

Why Starcross existed

King explains the history:

> *For about 120 years, from the 1840s to 1959, "lunatics" and "defectives" were considered to be indelibly marked as sub normal and sub human. The main objective of official policy was to bring them under control in a separate world designed for their care and protection.* [2]

Under the Lunacy and Mental Deficiency Acts "defectives" could be apprehended and placed in an institution.

> *At Starcross Hospital… there was a policy, initiated in 1879, to select only those cases possessing sufficient intelligence "to warrant the hope that permanent improvement could be effected." The "lowest types of idiocy" were not deemed suitable for admission. Reading between the lines, it seems likely that poor families were able to offer to the hospital authorities those children they neither wanted nor could afford to feed…*
>
> *…for a hundred years, all sorts of people were admitted… for the remainder of their lifetime. There were people with learning disabilities, physical disabilities, moral reprobates, people with mental health problems and social misfits…*

The Western Counties Idiot Asylum Foundation Stone laid in 1874

Why the Starcross era came to a close

With more and more admissions, but few discharges, of patients, the buildings became overcrowded and too full – not as intended by their philanthropic founders.

> *It is shocking that people were packed into hospitals in the recent past and hypocritical that the conditions were described as "Dickensian", for in Dickens' day the inmates enjoyed a better environment.* *David King [2]*

> *Not only was the overcrowding squalid, it also contributed to the lowest standards of behaviour.* *David King [2]*

The peak in numbers was reached in the 1950s, but then there was a gradual removal of social pressure to place people in institutions.

> *The official attitude to learning disability was changing… No longer… regarded as disqualifications from membership of society but disadvantages to be solved or helped within it…* *David King [2]*

In time, there was a realisation that institutional care was unsatisfactory.

> *For people with learning disabilities, the hospitals did more harm than good… there were better and more practical alternatives to help them.* *David King [2]*

Why Starcross should not be forgotten

David King asked for an oral archive to be created before the memories of Starcross faded. He thought it right that the good intentions of those who had set up and run the institution should be recognised, and at the same time that the limitations should be remembered.

He foresaw a day when potentially the institutions would be recalled through rose-tinted glasses, and the realities forgotten, or those involved wrongly maligned.

Institutional care was a phase in our social history that should be recorded so it would be better understood in future years when the bricks and mortar of the Victorian hospitals were no longer there to remind us.

The project was also intended to help society understand the importance of succeeding with the difficult transformation from institutional to community care:

> *Enthusiasm for community care will only be generated if more is known about the handicaps of hospital life and how community solutions can better serve the varied needs of people.* David King [2]

Interviewed for the Starcross oral archive [3], David was asked: What made you decide it was worthwhile to chronicle the history of Starcross and attempt this reconstruction of what it was like to be in Starcross?

> *It's nice to get the voices and experiences of people down. Much that has been written about the hospitals has failed to bring out the fact that they, particularly the mental handicap hospitals, were creating a "sub-class" in society, people who were excluded from society permanently and, if they had any abilities, were treated as slave labour…One of the particular reasons was that funny little book called "The First Hundred Years" [4] and its glowing appreciation of the Institution.*

[3] David King, District General Manager, Exeter Health Authority, recorded as one of the interviewees for the Starcross Oral Archive Project in 1988 .

[4] *The First Hundred Years*, a booklet published by Starcross Hospital in 1964.

The oral history's intended purpose

In April 1986, I wrote about the aims of the oral history, as David King was going to send a letter about it to the Principal Medical Officer at the Department of Health and Social Security in London:

> *The project will give a refreshingly telling, new approach to the recording of a service at the point of change.*
>
> *Both staff and residents will, in their own words, be able to record their personal experience of change itself, and of life before and after the change. What more fitting memorial to the lives of these people?*

The project achieved much of this, but fell short when it came to following up on experiences in the years after the change. Nevertheless…

> *By presenting the words of the staff and the residents themselves, rather than impersonal and dehumanising facts and figures, a unique impression of the reality of Starcross will unfold. Supporting documentation will be preserved so that points of fact may be substantiated.*

This was done. (See the appendices for details.)

> *Such an archive will not be one researcher's analytical viewpoint – with all the bias that that inevitably carries with it. This will, instead, be a vehicle for these people to present themselves for what they really are; a series of snapshots or portraits of people at this fascinating point in history.*
>
> *This is the evidence we need to bring to people who continually put the point that "they" would be better off in hospital. Documentation relating to management and committee work would only serve to put "them" over even less as people. We do not want to promote the idea of people with mental handicap* [today I would prefer to say learning difficulties or special needs] *merely being statistics.*

My view, looking back, is that the later interviews, carried out in collaboration with the university, were conducted from a more analytical viewpoint. Instead of being quite so simple and objective as the early ones had set out to be, they focused to a greater extent on the management of change.

> *The project will, in the exciting and well-received mode employed by the best of America's current researchers, be a revelation to the many people who have no idea what has transpired behind the walls of institutions like Starcross, and it will illuminate the plight of people who lived there.*

Overly-grandiose words! It was really to try to preserve a first-hand record of reality, before time distorted it.

> *The tape-recorded interviews will be a valuable resource of candid first-hand accounts for future researchers, historians, other health authorities, and the public to benefit from. Much interest in the project has already been expressed, both by the people who will be the subjects and by academics here in Exeter, London, Essex and even Canada.*

I also saw it as a gift back to the village of Starcross, because the institution had been central to life there, to employment, to family life, and the building was such an imposing landmark. I anticipated creating access to the stories, through exhibitions, open days…

> *Today, we wonder what went on in the minds of the Starcross builders. However, future generations will know through this project what was on the minds of people now [*at the time of closure in 1986 and the subsequent demolition of the building*]. The intentions of carrying through change to care in the community should not be lost along the way.*
>
> *The recording of impressions at the moment of change, as distinct from a written evaluation, surely has its place.*
>
> ***This is a story of Starcross Hospital which could not be told so colourfully or so memorably in any other words, or by looking in the records.***

Although many documents were preserved [see Appendices], this oral history, as with any, is arguably more truly representative of the realities, and at the very least balances, or contrasts with, the written evidence.

The voices

Most importantly, the voices and words of one-time Starcross Hospital residents were recorded. Staff however, especially senior staff, were easier to engage and more forthcoming.

The interviews explored how people (staff and patients) came to be at the hospital, and the pros and cons of life there.

They are presented objectively, in the hope that they are an honest reflection of the realities of institutional life and the varied experience of transition.

The interview extracts gathered here cannot, of course, claim to be fully representative of the range of views held at the time.

There is far more material in the interviews than has been selectively reproduced here; what has been left out is no less important, but found no place in the format of this compilation.

The time-consuming work of recording and transcribing the interviews failed to continue for long enough to capture experiences of community care as it developed in later years, or to show how views may have changed over subsequent years.

Nor are there the voices of those who know community care now, but never experienced institutional living.

However, the project captured voices and words at an important milestone.

Limitations

It should be noted that:

At least one ex-resident who agreed to be interviewed found it hard to talk about the past because they found it so upsetting.

Some interviewees asked for certain comments not to be recorded and used; this has been respected.

As a result, some claims, for example about nursing practices or individual staff, are not reflected here – but neither were they reflected in other interviews and to that extent unsubstantiated.

The purpose of this collection of memories is not to judge but to bring together a variety of shared experiences. In the main, the picture painted by interviewees is consistent. There were very few "outlier" comments made, even those off tape, and these were characterised by disaffection with the system, both previous and current.

Patient experiences are, sadly, not as well represented here as those of staff.

This is largely due to the logistical difficulties in arranging to meet with ex-residents across their new locations, and making the necessary introductory visits, as well as finding those who felt sufficiently confident and articulate to be tape-recorded, and who were deemed able to give informed consent.

Gathering ex-resident interviews was also made problematic because the years spent in institutional care had, in some cases, impacted on their ability to fully remember or describe their experiences.

It in part reflects that the more able patients had long since left care, and it was the less able or more institutionalised who had more recently moved to community care and could be contacted more readily.

Apologies to anyone, if any, who gave an interview at the time whose contribution has not been rediscovered to be quoted here or has not survived the intervening years.

The interviews – carried out from summer 1986 to 1988 – each lasted around two hours. Only a fraction of the material has been reproduced in this compilation of extracts. Please see the Appendices to find out more about where the full transcripts can be found.

A portrait of the realities of life at Starcross

The next pages use extracts from the interviews, giving different perspectives on the realities of life at Starcross over several decades. Some of the memories stretch back more than 50 years prior to the closure.

Interview extracts are brought together to illustrate what life in the hospital was like and the views that people held. The memories are presented largely chronologically within each theme.

There are a number of themes that emerged from the interviews conducted for the oral archive project, and they echo David King's identification of: institutionalisation with *no way out*.

To see more about each interviewee and what else they said, please see on to Part III, In Their Own Words, which describes the era and role in which they experienced life in Starcross as well as reproducing further extracts from each of the full transcripts. Again, their memories are presented as chronologically as possible.

Finally, in the Appendices, you can find information about other sources of information about Starcross Hospital.

PART II What the voices tell us… about:

Starcross as seen from the outside

By June 1877, the original house for 40 children gave place to the first central section of the new institution. Built for £7,000 of lime stone brought by barges into the estuary of the River Exe, the stones were moved at low tide to sheds where masons "nobbled" them into their intended shapes and sizes to erect an elegant structure.
Wings for male and female classroom/dormitory accommodation were added as funds became available and, later still, a demand for two further wings of a matching stone completed the principal building.
These splendid three storey premises were part of the Starcross architecture and a welcome centre to which villagers and other country folk came from miles around for Christmas pantomimes, cricket and football matches, concerts, dances and other social functions on the lawns and gardens, prettily decorated with fairy lights and Chinese lanterns.
It was a way of life.

Arthur Mortimore, Hospital Secretary, written contribution March 1988

I more or less grew up in the village and [we] were associated with the hospital. They used to have pantomimes every year where the village people used to go into, and the male patients had a pantomime and the female patients did a [separate] pantomime. Mary West, Nursing Officer

Open days were not just for fund raising [by the League of Friends]. They were also intended to open the hospital and bring the community into contact with the patients, and to some extent they succeeded.

Peter Nutley, Hospital Administrator,
writing in the Health Service Journal, December 1986

Royal Western Counties comprised eight small units scattered throughout the Exeter District, and two main hospitals: Starcross and Langdon. Starcross Hospital, the headquarters, was generally considered to be of no architectural merit but it occupied an imposing site on the banks of the Exe estuary 10 miles to the south of the city. The greystone four-storeyed main block, fronted by a magnificent and lovingly tended formal garden, was a familiar landmark to Westcountry travellers on the main railway line and road which passed Starcross [hospital] on the narrow strand between the hospital buildings and the high-water line of the estuary. David King [2]

When I got there, the thing that impressed me most was the grounds. I thought with an institution like that, all these grounds, with the people they got in there, how can they keep the standard up? But I was surprised after I got there and settled in. Stan, ex-resident

Going inside – first impressions

When I went there first [about 1930] *it took a bit of getting used to… to start with, having to sleep with the patients…. You had to live in, at least for three years, and then after that if you wanted to get married you had to get permission from the superintendent.* *Len Vaughan, Nurse*

It was a strange world of mental defectives. [1931]
It was such an enclosed thing that you very rarely saw the patients outside the hospital… I had no idea what they lived like. *Stormy Adams, Hospital Mechanic*

I started on the Wednesday… and the Thursday morning a member of staff said: The head attendant, Mr F, wants to see you in his office… inside there, was an adult patient… and Mr F said: This lad is accusing you of saying stupid things behind my back about me… I said I barely know you. He realised then the patient was telling a lie and he made him touch his toes and he give him a whack across the backside with a cane…Mr F then apologised: That's the sort of thing you'll have to accept… So that was my first initiation. *Stormy Adams, Hospital Mechanic*

When I left Dawlish Hospital [a cottage hospital], she said: "You won't like it, nurse, it's quite different." The first day [1931], *I was taken to the mess room. There was nobody there to introduce me, and one nurse came in, slung her things down saying: "Bloody this, bloody that" … and I was very shocked. I hadn't come across it at all…* *Mrs Price, Nurse*

My first impression [1938] *was: I think I shall be here a week… It seemed bleak and truly Devonshire and you can be accepted or you can't… I didn't think that was ever going to happen at Starcross… I was a "foreigner"* [an outsider]. *Sybil Sivyer, Nursing Officer*

Poor, really poor [but on the whole pretty similar to other hospitals]. Starcross itself was old-fashioned, stone stairways leading up to the dormitories. The kitchens were absolutely deplorable. In one of my early medical reports [soon after 1938], *I said there was bound to be an epidemic of some type of food poisoning… Charles Mayer [the superintendent] said to me: "For goodness sake, don't put that in your report…" and I omitted it.* *Dr Prentice, Medical Superintendent*

When I was shown around [1950s]*… I went into the villas and it was the smell and I thought: Oh God, I can't stand this. But actually where I worked in the OT [*Occupational Therapy*] was in the basement, terrible rooms really, but you were on your own and you weren't interfered with.* *Dorothy Davey, Teacher*

I thought we were the only hospital in the south-west where the dispensary and the toilet were in the same place! It was magnificent! The dispensary basically came to us from the newer section which was Langdon Hospital, and it was sent down twice a week or something. What there was of a dispensary in Starcross was a little glassed-off annexe off the general waiting room… that had a glass door that swung either way and you could either shut yourself in the toilet or you could shut yourself in the dispensary. So it was a little primitive in that respect but then there wasn't all that much medication. *Dr Strange, Medical Officer*

When I came to Starcross [1964] *I was very surprised, comparing [it to] Hensol Castle [Hospital, Wales, where he said patients were marked with numbers]*. I would say Starcross was 15 to 20 years more advanced. Especially when I saw the patients with knives and forks. Nobody intelligent enough to introduce them [at Hensol]. I could feel there was a lovely atmosphere…that extra special atmosphere. A happy atmosphere.* *Mr Khadaroo, Deputy Charge Nurse*

When I joined [1965] wards deemed to be luxury by some of the longer-serving members of staff and patients, say no more than 20 in a bedroom. Conditions in the front block… were quite austere. Quite Dickensian. I can still remember in 1965 cutting lumps of soap off a large block… baths were probably weekly, shaving was in the main still done with a wet razor. *Trevor Buckler, Senior Nursing Officer*

Before I ever went there, I think everyone who didn't work there tended to tiptoe around it rather. I'd never been for any of their Open Days to look around or anything… I think I thought it was a bit on the dingy side and I think it was the staff who impressed me mostly. The majority of them were really very caring people and I knew a lot of them as patients in the [general] practice, which eased my going in quite a bit. *Dr Mary Kemp, GP*

When I first walked into Starcross [about 1968] *it was almost like the original, no upgrading had been done. You walked in through a tiny green door, into a very narrow green corridor, into the main corridor of the hospital. I thought: My God, where have I come. It really was terrible. They hadn't then even moved as far as the Royal Albert [Hospital] that I had left much earlier.* *Tom Harrison, Director of Nursing*

At my first visit to Starcross [about 1969] *I was absolutely appalled. I think it was the Bude Ward – 74 beds in one ward, some were tiered bunks, with nowhere to store clothes. There were suitcases in the corridor and clothes up on a shelf.* *Geoff Bird, Parent*

Funnily enough, I wasn't shocked. It was very overcrowded; 1967 I think was a low point. I remember very much the sense of community, the village was very much the hospital, and I loved it. They made you feel very welcome…My second day [1967] *… one of the charge nurses actually took me back to his house at lunchtime… and at Christmas… the night superintendent and his wife… brought me back to their house and I had Christmas day night with the family.* *Tom Bush, Nursing Tutor*

The conditions weren't bad, but they weren't good [about 1970]. *It was very crowded and the beds in the dormitories, they had, I don't know, maybe 18 inches between them… and their clothes were absolutely ghastly. I think they were still … getting through the last of the old institution clothes, you often saw that. The men had trousers halfway up their legs, that kind of thing. They looked fairly rough, then they personalised the clothing, people began to look a lot better then. The clothes fitted, which must have been good for their morale.* *Dr Mary Kemp, GP*

It was still a bit workhouse-ish. [1970s] *Frank Lovell, Catering Officer*

**Hensol Castle Hospital, Llantrisant, Wales, closed 2003. An exhibition of photos of patients taken in 1967 and an oral history contributed to an exhibition "Hidden Now Heard" in 2015, supported by the Heritage Lottery, and intended for permanent exhibition at St Fagans, the Museum of Wales. The hospital had over 800 patients at one time. See www.peoplescollection.wales.*

My first recollection of Starcross [1973] *was as a student. I was allocated to Dawlish Ward which had 45, 50 men living there… There was myself and a pupil nurse – a lady – about the same age as me… It was bathing day. We went into this bathroom where there were bundles of clothes and a bench seat… These men were obviously used to the routine because they sort of lined up in turn. It was awful because you thought this just isn't the way it should be done, but obviously the way they had always done it.* *Viv McAvoy, Nursing Officer*

The actual environment in Starcross had a completely different feel to it than Langdon. Langdon was very much a unit thing and you really saw little of the rest of the hospital… But Starcross was like one big family… most of it was all in one big building and there was a tremendous sort of rapport between the wards, some rivalry as well… in the nicest possible way, like if one ward had … new armchairs or a new bedspread… *Viv McAvoy, Nursing Officer*

It was very strange [1974]. *Quite frightening actually. Well, not frightening really – strange, seeing those strange people acting funny… Although I'd lived in Starcross from when I was 14 and my father worked in the place, I'd not actually been around the place, it was very peculiar.… we were quite young and never come across anything like that before.* *Night nurse*

It was sort of [frightening] [1974] *… It was a bit of a shock going on to a ward and seeing hardly any furniture, and what there was was pretty rough, no carpets on the floors, the telly bolted to the wall, [I was] shown the side rooms… It was strange. Once you worked there it was fine, exactly the way it had to be. Some of the windows had plastic, things like that. When I first went to Starcross I worked on Teignmouth Ward and all the clothes were locked away. In fact, some of the boys didn't have their own clothes, they shared clothes.* *Night nurse*

Strangely enough, I was not shown round [during my interview] [1975] *and I thought I knew what I was letting myself in for… When I was shown around …the wards and … peripheral hospitals… I saw cases of mental handicap that I had never dreamed in my wildest dreams existed. It was a very humbling experience… Some of it almost repelled me at the time.* *Peggy Cordell, Volunteers' Co-ordinator*

Starcross: its size, its variety of scope and range of the degree of handicap… Also the feeling there particularly of the sort of team thing. *Peggy Cordell, Volunteers' Co-ordinator*

The first thing that struck me, when I arrived at Starcross [late 1970s], *it seemed like it was a castle and the stones and the size of the buildings that you walked through, at night, really were so appallingly dominant, and the façade was so big, it would be there forever.* *Nigel Pyart, Adult Tutor Organiser*

I'd got so used to things being appalling [in institutions], I was beyond the point of being appalled. [1977] *It's incredible to think that you can be like that. I saw it as my job to see things that were awful and try to work with the staff that were there to try and make it different. It didn't worry me greatly, I saw it simply [as] that was the job, and I had seen it in hospitals all over the country, I had seen awful things.* *Dr Chris Williams, Psychologist*

How people came to be there

It should be remembered that male and female patients were admitted from every part of the country – from Newcastle to Portsmouth, and Kent to Cornwall – and many of those known as "high grade" were Poor Law children without caring relatives and would never have been certified under the Lunacy or Mental Deficiency Act had it been possible to place them in a less competitive environment. Arthur Mortimore, *Hospital Secretary*

The classifications described in the Mental Deficiency Act were "idiot", "imbecile", "feeble-minded" and "moral defective".

Moral defective was usually the ladies, one criterion being to have more than one illegitimate child. A variety of reasons would be given in addition to the classification, for example found without visible means of support or ineducable. This went on until the late 50s. It was seriously and religiously applied. If a patient went out without permission they could be prosecuted. Peter Nutley, *Hospital Administrator*

One revolutionary change for the better occurred with the Mental Health Act of 1959. Until then, parents had suffered the trauma of seeing their children or other relatives "certified" or received under a Place of Safety Order prior to admission…. From 1959, such procedure, with its degree of stigma, came to an end… Those who witnessed over the decades the heartache and guilt complex suffered by many delightful families shared this unbounded relief at such a forward, humanitarian reform. Arthur Mortimore, *Hospital Secretary*

We really had some bright ones. We had one there, he had an IQ of 120, a brilliant pianist, organist, but drink was his problem – he liked his tiddle… He practically finished all his days at Starcross. Len Vaughan, *Nurse*

We had some psychopaths… I remember [one]. He was highly literate. He could compose a damn good letter and he would abscond from the hospital from time to time and … go round knocking on doors saying he was the welfare officer from Starcross. Dr Prentice, *Medical Superintendent*

The patients when I went there [1923]*, they shouldn't have been there. They came from bad homes.* Miss Ford, *Dressmaker*

In Elm Court [a house owned by the hospital] they were moral cases and defectives – the girls had had babies. In those days they shut them away. They used to come to us pregnant. Sometimes they were found jobs and sometimes they stayed on. The babies were adopted. Lots were shut away that would never be shut away these days. Mrs Price, *Nurse*

I realise that the patients we had originally today would never have been there. But of course it was all moral behaviour, which, if you read the history of the hospital, it classes them as "moral defectives" needing care and attention and protection. That's why it was originally set up. I am not going to say that they were all, but the biggest majority were. A lot of them you wouldn't designate [mentally handicapped] today. Mary West, *Nursing Officer*

*** had a brother who was a patient at Moorhaven, the mental hospital. I think it was a poor family background and ** could easily be led astray and she was rather unstable and could have been in trouble rather often, and therefore the hospital background was, on the whole, helpful to her. But she became too dependent on it.* Dr Prentice, *Medical Superintendent*

I can understand [the hospital order] for the delinquent patients who had to come to us through the courts… but most of our feeble-minded patients … now they call them sub-normal, and the lower grade patients in those days we called the idiots and imbeciles… Well, why did you need a legal procedure for idiot and imbecile children who had no knowledge, who were often faulty in their habits, come in front of a couple of magistrates once or twice a year and had to be certified…
In the mental hospitals from 1931 onwards you could have voluntary patients… Unfortunately, in mental deficiency that didn't happen till 1959… and you've no idea how that helped. Dr Prentice, *Medical Superintendent*

This idea of the permanence of their disability bedevilled everything you tried to do for them…
… The Board of Control – inspectors they had, not even medical personnel – were the same, which every textbook expounded, that it was a permanent condition… But the Board of Control altered completely and became far more progressive than we in hospital. 1949 I think it was, they said there should only be two years on licence… some of our patients had five years, 10, even 20, which seemed ridiculous to be out that length of time in the community [without being discharged]. Dr Prentice, *Medical Superintendent*

We had a lot of sort of high grade less handicapped… because people came in if they were at all promiscuous or people who just couldn't cope in society and who fell foul of the law for one reason or another. If they were at all shown to be mentally handicapped they came into us… Much later on… we only had very severely mentally handicapped in and you didn't admit willy-nilly. Dr Strange, *Medical Officer*

Hundreds of them [misfits]. Hundreds of them – sent into hospital because, perhaps, father had sexually abused them and they had a kid… Perhaps Mum was simple and she had a baby and they didn't know where to put them, so they put them in the workhouse and they've been there ever since. Were they mentally handicapped? *No, no they were environmentally handicapped – by the environment around them.* Jean Waldron, *Nursing Sister*

Sometimes they came in just sort of "in need of care and attention". They'd be picked up, sort of living rough in Torquay or somewhere. They were brought in and cleaned up and you'd either find them somewhere to go or the family would take them back…. I suppose their IQ would be somewhere in the 70s or 80s, they weren't severely handicapped, just couldn't really cope with living on their own…
Two or three at Starcross seem to have been sent there simply because they had an illegitimate child – mentally, well they were maybe not very bright, I mean they weren't that stupid either! Dr Mary Kemp, *GP*

When I worked at Stoke Lyne [in Exmouth, part of the same hospital group as Starcross], *we had four living-in, what they called them was the "working girls". One was 74… she was in because she had an illegitimate child.*
… There was quite a group that were elderly and I don't think there was very much wrong with them. Shelia Easby, *Nursing Officer*

One lady, who had actually been sent to Rampton when she was 11, discharged when she was 61 … 50 years of her life, shut away in Rampton… that to me is criminal… and then the poor lady ends up with osteoporosis disease and is always breaking her legs… her life absolutely ruined … she came to me and she couldn't understand that the cutlery wasn't counted and that she didn't have to have a locked bedroom. Jean Waldron, *Nursing Sister*

If you got admitted to Exminster [a psychiatric hospital near Exeter], *in Exminster you stayed, but if you got admitted to Starcross and you were mentally ill, there you stayed. The fact that you should have been up the road [at Exminster], they just didn't have a swap.* *Jean Waldron, Nursing Sister*

I think we did once take a mentally handicapped patient, who'd been in [the Exminster psychiatric hospital] for donkey's years and who blossomed when she came to us, but not really any cross-over at all. You had occasional links with Rampton because your worst patients you tried to get in there, the really disruptive ones, and they'd maybe send you back someone who'd "burnt out" and was now a quieter member of the public. *Dr Mary Kemp, GP*

We used to have what were called "working boys"… They'd got ordinary jobs out [of the hospital] and they were coming back to stay the night. It was just unbelievable that that was going on…. Psychiatrists working there had special interests in forensic work… so they would then have people referred who were mildly mentally handicapped, or non-mentally handicapped, been in trouble with the law and they were banged in hospital. *Dr Chris Williams, Psychologist*

I think people were put into Starcross because they weren't acceptable outside. Whereas now it's changed. I don't think people accept them more now but they have accepted they will live in the community. Some of the older ones that were there, obviously you would never have put them there. Some of them had done silly little things… and they were put there. *Night nurse*

The children:

They would be from school age, I suppose eight years of age b'time they discovered they weren't getting on in the normal school…. And they used to send them here… the welfare workers used to say to the parents: "Johnny's going to a special school at Starcross for further education." Well, it was a bit of a con… because the attendants weren't qualified to teach them really…. And then they graduated from the juniors into the seniors, see, and it wasn't really a good thing, I didn't think in those days, they ought to have a special school for them, somewhere other than the institution.
I remember where the parents lived [in one part of Plymouth]. And they lived in terrible conditions… I felt sorry for them in lots of ways because their child in some cases might have just done a trivial thing like, for instance, smashing a telephone cap [on the telephone wires] or misbehaving himself in some way.
They [the parents] would be under the impression that they [the children] would go there [the Courtenay School or Starcross] for a short space of time, because he would be about nine or 10 or 11 years old. Well, during the … course of time, Johnny would be 14, 15 and 16… they would have a devil of a job to get their boy released because [of] the Board of Control…
Those poor little children… were virtually dumped in amongst all the number of patients that were there. They were frightened and scared… *Stormy Adams, Hospital Mechanic*

At Stoke Lyne [Exmouth, part of the hospital group] … *Parents had died of some of them and nobody wanted them and they were brought in as children.* *Sheila Easby, Nursing Officer*

Some never had any parents at all… I knew so many like that … if you'd say to a boy that had nobody at all "Where do you live then, Charlie?", "Up the line" he'd say. He'd hear the other patients say "Up the line", he'd automatically say "Up the line". Well, it could be anywhere… there were so many who had no Mum and Dad… *Stormy Adams, Hospital Mechanic*

Institutionalisation

King defines this as a regimented life afflicting both staff and patients:

Its symptoms were a slavish adherence to the routines of the hospital and a loss of independent thought and action… For many years I believed that "institutionalisation" was an unfortunate and unintended side effect, not unlike a wound infection after a surgical operation. But... It was deliberate, well intentioned and unbelievably effective. [2]

We started at half past six… you'd supervise their dressing… they were washed… shaved. Then they were assembled down in the recreation yards, paraded down there, and then more or less inspected to see that they were washed and tidy. Len Vaughan, Charge Nurse

I thought it was a pity that all the patients were dressed alike, all the schoolgirls. It was drab. They wore in the winter red knitted jumpers which were knitted in the hospital on machines… No individuality. Mary West, Nursing Officer

Always on a Sunday morning it was writing letters to whoever you had, in the school room, to relatives. They would stamp on it: The Hospital takes no responsibility for the statement in this letter. That's what they'd do if you'd written: Bugger the place, I don't want to stay here! Big stamp!! Stan, Ex-resident

Why was the last meal of the day at 4.30? It was because the cooks go at 5.00, so they only had a hot drink until the next morning. Geoff Bird, Parent

At the time of the Rampton review: *One of the things that horrified my colleagues was the milk was put in the teapot at Rampton and when I got back, lo and behold, there was milk in the teapot at Starcross!* David King [3]

They looked as if they'd all been clothed at a jumble sale. I looked at the clothes store – one ward had three pairs of underpants for the men. Geoff Bird, Parent

I didn't myself [have any personal belongings], you had to be crafty. You would have to grab a shirt, coat for dances, so you'd be smartest for dances. Stan, Ex-resident

I started at Staplake [a house owned by the hospital] [in 1969] with 73 children who had numbers and had responded to somebody shouting out their numbers… no way can you say that that's the way to bring up somebody to be an individual. Shelia Easby, Nursing Officer

I remember the first dance I went to at Starcross – girls on one side of the hall and boys on the other… and when the music stopped the staff had to walk up the centre and separate them. You had to walk around during the dances and make sure they didn't get too close. Tom Bush, Nursing Tutor

We had 501 beds in 1970, Brixham Ward had 76 beds, there weren't enough chairs for everyone to sit down, it was like "Picadilly Circus" looking after them all. In Torbay Ward, if you fell out of one bed you could have fallen into the next bed, they were just overcrowded. … If you've got no privacy, how can you be an individual? Shelia Easby, Nursing Officer

The two awful things about the institutions was the total lack of privacy…and the lack of choice, particularly in terms of diet and when they actually ate…. [no] time to sit and have a chat and

not a sort of crash-bang-wallop, eat up because they are waiting to wash dishes or they want the trolley back. Viv McAvoy, *Nursing Officer*

What we didn't have at Starcross were large numbers of people herded into day rooms, which I had seen in some of the hospitals across the country, and one up in Scotland, for instance, had 80 people in a dormitory! By putting a partition in the middle, they claimed they had up-graded it and there were now two 40-bed dormitories! Dr Chris Williams, *Psychologist*

There were things like the sexual segregation of people. It very clearly was men's side and women's side, but it wasn't referred to as that, it was referred to as "Boys" and "Girls". I used to hate that total age-inappropriateness everywhere, and sexual segregation – if ever the two got together then it was seen as though some disaster was looming… It was typical, absolutely typical [of mental handicap hospitals]. Dr Chris Williams, *Psychologist*

Initially, the inmates of institutions had been employed in the general upkeep of them… But as time went by… ancillary workers were employed to carry out these domestic tasks. The inmates lived like impoverished and unemployed aristocrats with an array of poorly paid but expensive servants to look after them… and forgot how to look after themselves… NHS money… intended for rehabilitation… in reality… increased dependency. David King [2]

If everything's done for you, all the time, you lose any originality [individuality?] you ever had. We had quite a few old ladies like that who really shouldn't have been there… It was a diabolical thing because nobody… really wanted them, they just got stuck there. Dr Mary Kemp, *GP*

Life in the unnatural atmosphere of a hospital de-skills its residents and the wheel engine of rehabilitation is no match for the tide it battles against which drags them away from the memory of ordinary existence. David King [2]

They were environmentally handicapped – by the environment around them. *Jean Waldron, Nursing Sister*

[Institutionalisation] seems to have been a fundamental feature and purpose… a systematic stripping of individuality and suppression of the will to have it restored. Society condoned a system of total control of the inmates and their lifetime removal from the community. David King [2]

Staff, too, became institutionalised:

Way back, there was a Men's entrance and a Women's entrance and you weren't allowed to walk out with each other unless you got permission from the Chief Male Nurse or Matron and this belief system did carry on for a long, long time. Dr Chris Williams, *Psychologist*

For the first three years you had to live in, and then after that if you wanted to get married you had to get permission from the superintendent… I'd met the wife in 1930. It was 1939 before we got married… we discussed this very fully before I took the job. Len Vaughan, *Charge Nurse*

I was so institution mad in a set pattern… it took me almost a year [after moving to work in the community] to accept the fact, to say to myself you must forget about Starcross, you must forget about the big hospitals and start again. It was hard. Mr Khadaroo, *Deputy Charge Nurse*

Dis-enabled

Hospital life stripped people of independence, choice, responsibility and abilities – it amplified reliance, compliance and inability.

It does take a stretch of imagination when somebody really has Down's Syndrome or really is not responding in any kind of normal way but I saw so many people who were made "defective" by the hospital [that] I found that chilling. David King [3]

*** is working in a local hotel… I put her out twice on licence… but ** cracked up. She wanted the security, the background of safeness which you had in the hospital, and she went into an anxiety state and she just couldn't cope… She came back to the hospital… only in the last few months she's living out in her little flat…*
*It may be a horrible word, but they got institutionalised and they need the background of discipline and care which they get from it…. [** had been at the Courtenay School, and lived her life at Starcross].*
*** is just as sensible as you or me. OK, she's practically illiterate… but she's no fool, by God she's not, she's very shrewd and very good.* Dr Prentice, *Medical Superintendent*

The so-called morally-defective women were sexually starved once in the institution because of the sexual division [between the female side of the hospital and the male side]. There was a dance once a month but they weren't supposed to dance with the same person more than twice. So a lot used to abscond. Peter Nutley, *Hospital Administrator*

In the earlier days of my time there, particularly some of the older residents, they weren't intellectually disabled, and if they were it was the effect of the institution and social life, not because they were genetically lacking in brain power. Viv McAvoy, *Nursing Officer*

A lot of them were environmentally handicapped by the system… A lot of them had never seen an egg in its shell! … or boiled an egg. You see, they weren't allowed, they weren't allowed to use the hoover because of the system, the system being that the meals came from the kitchen. The domestic chores were done by a domestic…. My ladies… I wanted them to do it but you get in the system and then you'd upset all the unions: "Oh you can't, that's our job you know, boiling eggs." Jean Waldron, *Nursing Sister*

Really they had absolutely no responsibility at all. They might have in their job, like the men who worked on the gardens, they did the same sort of thing, day after day and year after year, and that was their job and they were very proud of being able to do it but if you'd taken them off digging and put them on pruning roses, for instance, they couldn't have coped. Dr Mary Kemp, *GP*

Medication was used a means of behavioural modification, quite extensively…
They came off the drugs as the wards became less crowded and as you gave people an opportunity of doing things for themselves and to have a more active interest in each day. The reason [for] the behaviour problems, they are not constitutional problems of mentally handicapped people, they are situational problems. When they have to compete with 30 other people who don't have the skills at competing, then you hit your head somewhere and you find out how that works and you do it again. Dr Chris Williams, *Psychologist*

How able?

I'm going back to the old days – they were a much higher grade of patient and then they were gradually replaced by the not so high… A lot of the patients that were there in them days, I suppose they wouldn't be considered for that sort of treatment today, they certainly wouldn't. If there was a lad, or girl for that matter, in the community that was causing a bit of a problem that didn't justify going to prison, shall we put it like that, they'd say: Oh, a spell in Starcross will straighten them out… maybe they'd stay there for quite a while or if they didn't improve, well, they just stayed on there. Len Vaughan, Nurse

There was one outstanding one. He was a woodworker, used to work a lathe and be in charge of the carpenter workshop in woodcarving and decorative work of that description. But I'm given to understand that he was a very small child when he was taken into the institution and I think the superintendent took pity on him and brought him along in his own way and eventually he became what was known as semi staff. I don't think they paid superannuation and they didn't get uniforms as we would, but they were given a brown coat to wear and status to be able to go in the mess room and have a cigarette… Stormy Adams, Hospital Mechanic

Back before the war, they were certainly higher grade patients. I can think of one chappy … he was a special constable. I can think of a lot of those patients that have married, got good jobs now. But the ones that were down there towards the end, they would never aspire to those heights. Len Vaughan, Nurse

I'm sure [that some of them could have lived ordinary lives] because they did prove afterwards… when the change took place…the staff used to talk about these things amongst one another. And they'd say: "Fancy sending Harry out into the world and to do shopping on his own and all this, it's impossible."
That was proved to be wrong because today I see them in Exeter city and I see them in Newton Abbot and they're living in their own environment in homes and they've got their own shopping bag and they know their own money. Well, in my day there was no idea of that, not a bit, wouldn't let them do anything in that respect… it was locked doors. Stormy Adams, Hospital Mechanic

Some used to do beautiful Honiton lace… a girl in Elm Court [a house owned by the hospital] used to do beautiful embroidery and crochet work – you could hardly tell the difference between the front and the back [a sign of a good needlewoman]. *She came from an epileptic colony somewhere, and she screamed before her fits – they were always at breakfast and she'd always be dirty. She used to try to clean it up as she came round… she must have been in her 30s when she came. She was very odd – she had a boyfriend and he wasn't very friendly with her.* Mrs Price, Nurse

The vicar of Alphington was on the house committee at Starcross and he happened to tell the superintendent that I was involved with football… I brought Alphington first team down to give them a trial, but they only managed to beat the hospital team by one goal… so they were entered into one of the junior leagues… even on the league team there were patients. At that time there were some very good footballers amongst the patients.
Bert Hoyle, he was Bristol Rovers' goalkeeper. He keeps the Ship Inn at Cockwood. And he was the trainer there [at the hospital] for several years. *Len Vaughan, Charge Nurse*

In the early days, there were so many more able people living in the hospital. Some of the work they did was quite incredible, I mean most of the rood screens in the churches around Starcross were made by the patients. They did beautiful lace-making and a lot of creative crafts… as more-able people moved out with less-able people left the type of activity changed considerably. *Viv McAvoy, Nursing Officer*

Unseen abilities

In 1964, somebody could calmly comment that in 1914 thirteen patients were converted there and then into "assistant nurses" to fill gaps for people leaving for the war and nobody said "My God, that's fantastic, did you realise… that the blind can see!" No, no, no, just the "lads" responded to the trust placed upon them, and one assumes they resumed their status as patients at the end of the war… *David King [3] in a reference to the "glowing appreciation" of Starcross in the 1964 booklet "The First Hundred Years".*

Many patients worked in the hospital's workshops and proved to be very capable:

Absolutely, yes. Some of them were outstanding in the craft of basket making. One especially I remember… he'd been there many, many years and he could make any basket that was required – no instructions at all needed with him.
There was one outstanding one. He was a woodworker, used to work a lathe and to be in charge of the carpenter workshop in woodcarving and decorative work… I'm given to understand that he was a very small child when he was taken into the institution … and eventually became what was known as semi staff. *Stormy Adams, Hospital Mechanic*

Well they weren't all the same… each was an individual… a new man came to the hospital, Mr Hamilton. He encouraged the staff to encourage the patients to do painting, and it was surprising really how many patients developed the art of painting and drawing things which they had never done before… Instead of sitting rocking as some of them used to do all day long, or twiddling with a piece of string with a knot in the end, they gave them something – occupational therapy… that's what it amounted to. *Stormy Adams, Hospital Mechanic*

There was always something I could do… their garden done…or I used to work in the recreation department, always looking after the football kit or cleaning the boots, getting ready for the new cricket season… cut the cricket square, or mark the football field. *Stan, Ex-resident*

Cheap labour?

At a Town Council meeting a man asked: *Where were the lads who used to help in his coalyard? And then it dawned on me that this man, who'd made his few hundred or few thousand, had relied on the lads, who probably got half a crown and perhaps a packet of fags for an eighty-hour week of shovelling coal…* David King [3]

In the early days… about 50 per cent were employed…. Outside the hospital on the local farms, gardens, hotels, cafes. People say to me now, now it's all shut down, "Cor, I'd love to get hold of a lad come up and do…" We had two of our own farms in them days, staffed by our own staff and patients. Len Vaughan, Nurse

They used to say amongst the staff: "The wages of sin are death and the wages of the Western Counties Hospital are worse than that… And the patients used to say: "God made the bees, the bees made the honey, the Boys [patients] do the work, and the Staff get the money." Stormy Adams, Hospital Mechanic

There was a system of awards and rewards, a distinction there because all patients got awards of some kind depending on their ability to spend it. Then, of course, reward money was as a reward for either work in the kitchens or cleaning. DC Hammond, Acting Treasurer

The [staff] uniform was manufactured at Starcross by the patient labour. They had looms and it was a blue serge uniform. Stormy Adams, Hospital Mechanic

Smoking [in the workshops] was taboo because of the fire risk they said, but of course the fire risk was the same when the National Health took over, when they were allowed cigarettes, buy sweets and [then] they were paid.
When they weren't getting anything for it, it was a defeatist sort of business – 'twas a world without end for them, they had nothing at all, not financial. Stormy Adams, Hospital Mechanic

Superintendent Captain Mayer and his wife, they were a wee bit aloof, they lived as Lord and Lady of the manor. They lived in apartments above the centre, and of course had patients waiting on them – selected ones. I remember one housemaid who looked after them solely, just like royalty. They were sensible as you and I, some of these patients. She stayed with them for years. DC Hammond, Acting Treasurer

The patients' workshops included mat-making, boot-making and repairs, weaving, basket-making, two tailor shops, printing, carpentry. Some of the products were for use in the hospital, others were sold.

It was all self-contained, great big wonderful industrial centre it was… I have taken hundreds of brushes up the station for the Devon County Council, for the road men to use. They used to manufacture those in there. The staff used to teach the patients how to make them. In the end they were equally as efficient as the staff at making brushes. Stormy Adams, Hospital Mechanic

Bootmaking, brassmaking, basketmaking, weaving, rubber mats, lace, rugs, brushmaking [until] just after the war really. They started moving out all the machinery. The girls used to make socks for the forces and everything. Stan, Ex-resident

If they had any abilities, [they] were treated as slave-labour in that they were sent out on licence to well-intentioned organisations … If they fell out with their employer, were sent back, and they

were just treated as if the right [place] for them was the mental hospital, but from time to time they could come out and be useful. David King [3]

The hostels were very successful indeed – they were first class. The Dix's Field [one, in Exeter] and the one at Steepway, Paignton, were both worthwhile. They both had never more than 20 patients in either and the girls went out to work. But our concept of work was different then from now – it was a good thing rather than idleness. Therefore, you found that they didn't have a whole day off. I think it was a half day during the week… and a half day on Sunday. And that was all they had. Dr Prentice, *Medical Superintendent*

I used to work for the Water Board, down Powderham – three years – and go round different farms potato-picking, swede bashing, all sorts. The van used to come in the morning and pick you up and it would be a dozen of you to go out in the van. When you went out to work they would give you five Woodbines and that had to last all day. I don't know [how much pay for going out to work] because it was put into your account. Stan, *Ex-resident*

I would go out on behalf of the consultant… and visit farms. The places where we largely had people in placement were farms where they were 'hewers of wood and drawers of water' because it was before the days of milking machines and combine harvesters… and also in the hotels where there was no dishwasher [machine] so they were the people who washed the dishes. Invaluable they were. In fact, the demand for them was more than the supply, I think. Dr Strange, *Medical Officer*

All the "do-gooders" decided they shouldn't work, but it took a lot away from them. I mean they enjoyed moaning about it, like we all do. They loved it…. You dare find somebody else on their job… Sybil Sivyer, *Nursing Officer*

To a great extent [patient labour was used], especially in the kitchen. When I first went to Starcross, we probably had one employed kitchen porter, and the rest of them were actually patients…
…things like butter all the bread – we're talking about 500 patients, so two patients, basically that's all they did, was butter bread all day and stack it up for each ward, deliver things like milk. We used to prepare all our vegetables. In those days the cabbage would come in from our own garden and be prepared, potatoes would be peeled, so all that sort of thing was done by patient labour. Frank Lovell, *Catering Officer*

Much of the routine work of the hospital was performed by patients… and there was little need to employ paid domestic staff… There was little incentive to purchase, for instance, mechanical floor polishers as it was felt that this would deprive patients of a beneficial form of activity…. This enabled the hospital to achieve economy in management… thrift was a virtue and work should be its own reward…
Those going to daily work outside the hospital were better off and retained their earnings unless they were great enough to justify a charge for board and lodgings. Once … placed on licence a patient retained his earnings, but expenditure was strictly controlled and some acquired substantial bank balances. When at long last the goal of discharge was achieved, it is sad to relate that all too often in the first flood of freedom, these sums were squandered or the patient was exploited by others. Dr Prentice, *Medical Superintendent, writing in about 1968*

Some of the older patients... in there for the duration of their life, tended to come to work every day, all day, because basically there just wasn't anything else to do. Not quite as much social therapy as there is these days, that's obviously developed over the years…

… I don't honestly feel that they were exploited to any – there may have been some occasions – but I honestly don't think it was to that extent…
… We couldn't have worked without them because over the years it came to pass that patient labour no longer was the thing, they shouldn't have been working, so they employed people to do their job. *Frank Lovell, Catering Officer*

There was a great shift to mechanisation [on the farms] in the 1960s. So spud bashing by hand was taken over by machines and so those boys [ie. most of the men] didn't go out into the community… and a lot were very resentful of it… you would see them go wandering and watching the machines doing the work they used to do. *Tom Bush, Nursing Tutor*

The people that did most of the work, the ward-based work, were patients who had been discharged or actually were elderly. They were people who were admitted under a different set of criteria, being feeble-minded or being a social or moral defective, and they would make the beds and fetch and carry… They were getting paid to do that. Then the issue came about the conflict between patients working below level wages and staff being employed to do it, so lots more staff got employed to make beds, clean the corridors and do [the] gardens. Then these industrial therapy units were set up – occupational therapy units where … they might paint pictures… or make models of wood or raffia chairs… *Dr Chris Williams, Psychologist*

For life – no way out

Once inside, it was virtually impossible for patients to leave the hospital… There was very little turnover in patient numbers and, since very few people seem ever to have left, except through death, the hospital populations increased year by year. David King [2], *referring to the first half of the 20th century.*

TB [tuberculosis] was rife in mental deficiency hospitals at that time. That is why all medical men regarded the mentally subnormal as not only subnormal in intelligence but their expectation of life was a poor one. We all had the idea that deficiency was permanent and was going to remain with the patient all the way through life. That handicapped us very much… every textbook said that the expectation of life of a Mongol patient, say, they now call it Down's Syndrome, was 20 years. And, roughly, that was the case, whereas later on, by the time I left the hospital, there were many middle-aged and many older patients there. So we were wrong in our conception of that. Dr Prentice, *Medical Superintendent*

The mental handicap hospitals were creating a "sub-class" in society, people who were excluded from society permanently…
…I don't believe they were heartless or cruel. I think it's fascinating, from a sociological and historical point of view, how people can perceive each other with such confident and resolute prejudice. David King [3]

We were always bedevilled by this feeling of permanence that there was no way out for them ever standing on their own feet and being completely and utterly independent – they were always going to need some measure of guidance on the way through life… Dr Prentice, *Medical Superintendent*

Patients, even when they went out on licence, they had to go five years, 10 years, even 20 years, before they got their freedom as they called it – their discharge – from the hospital order… The hospital order was a wicked imposition in my opinion. Dr Prentice, *Medical Superintendent*

Detention was legally binding. It gave the hospital absolute rights over the patient, and it had to be regularly reviewed… they were brought before the magistrate – he'd do the whole lot in a day, maybe 30 or 40 in a day, like a cattle market with all the patients. He would talk to the patient – he was not so insensitive – but it was a charade, a legal requirement, that they be seen. If consent by parent/guardian was unreasonably withheld there would be a statement to say so and the magistrate could overrule. Peter Nutley, *Hospital Administrator*

Once the hospital admitted a patient it was legally responsible for them. Parents could not discharge, they had to go through the procedures, and it rarely happened unless the hospital wanted it to. There were cases of families taking patients away and they could be prosecuted. *Peter Nutley, Hospital Administrator*

There was somebody – he's about 85 now – put in the hospital when he was 10. He's been there all his life and I think now he wouldn't have qualified for mental handicap. Very sad. Night nurse

A job for life – a way of life

At the time of the interviews, I was struck by the confidence which staff had had in "a job for life". This seemed to me to be some compensation for the enmeshing of their lives in their work. It was a way of life - a treadmill, maybe, but with a blanket of security – that was vanishing, perhaps one that had already vanished across other areas of work, something that the following generation would not have – and so it proved to be.

Whether it was bred by the rarefied atmosphere of an institution set in a small village where everyone had some link, or was a wider phenomenon in those decades, other commentators can debate.

It was a safe job providing you didn't blot your copybook. It was a job with a future really. It was certainly a career. *Len Vaughan, Nurse*

The pay was very low. The actual cash was low because you lived in the institution [as a nurse]… I felt that I was there for the rest of my lifetime. *Stormy Adams, Hospital Mechanic*

Sit back and think: I've got a job here till I retire. *Night nurse*

The institution was a good employer… gave lots of people lots of jobs to do, which kept families together. It was good like that, this is one of the losses seen today. It is difficult now to see quite how that kind of stable employment can be replicated. *Dr Chris Williams, Psychologist*

Working in the institution was also very much a family tradition for many, and tied to the tightly-knit community of Starcross. It was almost a dynasty as far as the "top job" was concerned. It was common for staff to remain employed at Starcross for the whole of their working lives [see examples in Part III].

There's that marvellous link between Captain Mayer [Superintendent] and then back almost to the beginning… through the Lockes – father and son and then, of course, Ernest Locke's son-in-law, who is Captain Mayer: a continuity, astonishing, for 50 to 60 years. *Lady Mary Courtenay, Governor*

Generation following generation among nursing staff and craftspeople is evidenced in the stories of our interviewees [again, see Part III], but Lady Mary said that this continuity was not consciously pursued: *They came along as and when they wanted [for jobs], earlier more than latterly [from known Starcross families] because, with [the coming of] transport, people go further afield. … It was a sort of family concern and they all pulled together. Thirty or 40 years [length of service].* *Lady Mary Courtenay, Governor*

Through training, they expected you to stay in the [Royal Western Counties] Group. I mean, moving out of Starcross wasn't something that happened very often because it was such a family. *Tom Bush, Nursing Tutor*

Pride in the institution and the old communal way of life

In 1964, on the centenary of Starcross Hospital, a booklet was published in appreciation of the institution, called *The First Hundred Years* [4]. The title implies that there was every expectation that the hospital would continue to exist for another century.

Captain Charles Mayer was the Superintendent [1924-1946]. He lived in the centre block of the hospital with his wife:

He was a man over six feet in height. He used to wear a sombrero-type trilby hat… He held the hospital under a close supervision all the time. He was well acquainted with whatever was going on and … he was a wonderful psychologist and a wonderful humanitarian man. He was a disciplinarian…Visitors used to be allowed around the institution. He used to conduct the visitors around the various departments, [work]shops and so on…he had a wonderful ability of describing what they [the "boys"] were doing… and moving them [the visitors] on when they started to ask questions which he was a bit dicey about… Captain Mayer was the father figure of the patients and the staff… He was not a doctor as such, he had no medical qualifications as a doctor… Stormy Adams, *Hospital Mechanic*

We used to have garden parties in those days [pre-war]. I was very impressed with all this. We used to have putting competitions on the lawn in the front and I was quite proud as a junior to go along and mix with Captain Mayer and have tea and crumpets on the front lawn. Beautiful, sunny days. Hierarchical in some ways. DC Hammond, *Acting Treasurer*

Sometimes, I would think, there would be at least 30 patients in the sick bay… Dr Iles used to go every day to the hospital… and he was very well loved by the patients. They used to put their arms around him and all… the doctor used to have some fun with them as well as attend to their needs… I can reflect on those things with pride that I knew those men that dedicated themselves to the welfare – I don't say that they don't do it today, I'm not saying that, but under the conditions that these men worked – there wasn't any antibiotics, there wasn't any drugs like there are today to help them… Stormy Adams, *Hospital Mechanic*

There was one cottage, Folly Cottage… where all the patients slept who had a tendency to chest [problems] – plenty of fresh air at night. But – amazing thing – I was saying to one of the doctors… think all the years that I was down there, I only remember one cancer case… He said: I think it points to one thing – [no] stress… They had no worries. Len Vaughan, *Charge Nurse*

The thing that stands out in my mind were the annual pantomimes and they were good… all the personalities, Lord Devon, the Ladies of the district, would come for a special invitation matinee. I would invite my parents and how proud I was they could come. They put on a show for all those sort of people and the committee members, also shows for the public…. I am talking pre-war, the late 30s, those shows were very good and illustrated high grade patients.
I could never have done what those patients had done, remembering their lines… DC Hammond, *Acting Treasurer*

When we started pantomimes, it was mostly patients. They would have club-swinging, gymnastics and they put on minor little plays and that…. John Hamilton… was very keen on amateur dramatics and he got the pantomimes and the shows together and then we involved the local kids from the village. [At] this time, the quality of the patient was deteriorating so they could never learn words. Dorothy Davey, *Teacher*

They used to do some marvellous pantomimes. They used to have some very good write-ups. We used to take them around, we would go to Box House (which is now St Mary's) [Axminster]. If we had a sort of miniature one, we would go to Stoke Lyne [Exmouth]…. We would go to Western Lodge [Crediton], one or two at Teignmouth. We had our own band… Jack Leach, *Charge Nurse*

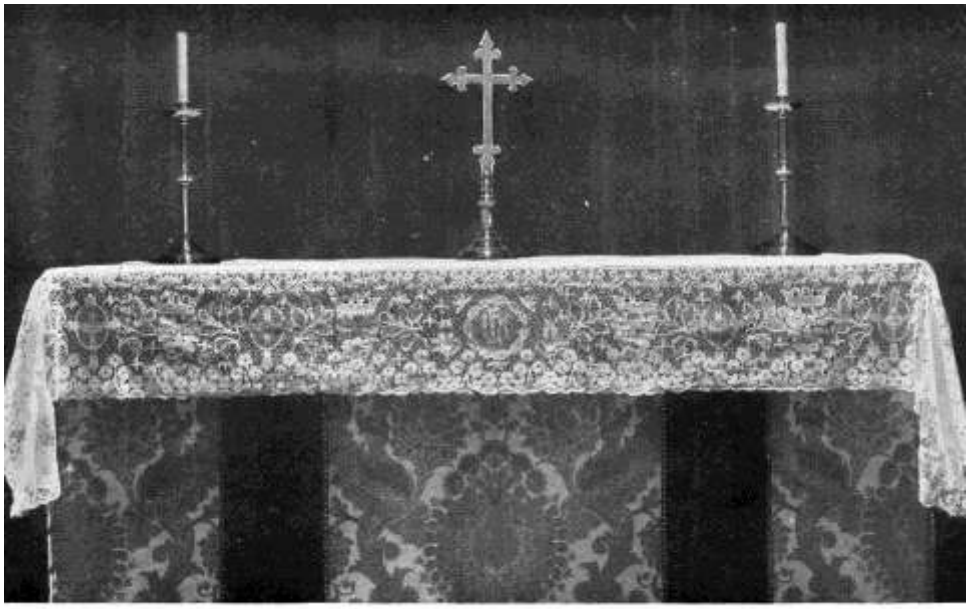
When I walk round Dawlish now [where a number of former patients had been living in private accommodation for some years], it's "Hullo, Doc." My old friends I call them… and they still greet me. So it can't have been a too repressive regime, because they still have a very warm welcome for me. Dr Prentice, *Medical Superintendent*

There was, I feel, a better social life with the clients [back then]… I felt we were on more intimate terms because a group of patients would actually work in the kitchen, and it got to the stage where perhaps one or two would identify with you, so they worked with you for quite long periods of time… it seemed to be a more family atmosphere. Frank Lovell, *Catering Officer*

I think in the ward situation there was a very solid, decent staff. They were local, they were very caring people and had a long tradition of care. Nigel Pyart, *Adult Tutor Organiser*

People said they would never close it, it has been a wonderful place. But you see I think they were very much living with a dream. They had an old idea, living with old memories… If you talk to the new staff coming in, the youngsters would say: Oh, it's too big, it's so impersonal, and I agree with that really. Tom Bush, *Nursing Tutor*

On the last day of the hospital's existence, the gardeners cut the front lawns, out of pride and to leave it in good shape. David King [2]



Honiton Lace Altar Frontal

"… most of the rood screens in the churches around Starcross were made by the patients. They did beautiful lace-making and a lot of creative crafts …"

Aspects of the way of life

Christmas at Starcross

Many of those interviewed – residents and staff – recalled Christmases at Starcross with fondness, or perhaps in contrast to the rest of the year.

Free Christmas hampers back in the old days. Every member of staff had a Christmas hamper and a bottle of wine in my time, before the war. I used to… help pack them up. We used to thoroughly enjoy Christmas… the Christmas pantomime, and… the annual staff dance and that was always a big occasion, and carol concerts. DC Hammond, *Acting Treasurer*

To start with, in the old days, it was a hard and fast rule that Christmas Day was the patients' day. And we'd get one Christmas Day off in six…As the years went by… it worked out alternate Christmases. Len Vaughan, *Charge Nurse*

Mr Ward, the schoolmaster, at Christmastime – that was a wonderful time down there – oh, months before Christmas, it would literally take months. He would select patients of a higher grade and probably could read, and he would get them all acting in a play which they would produce at Christmastime for the other patients and staff and their wives used to go… and they had a band there… cornet and violin and piano… Stormy Adams, *Hospital Mechanic*

They never had a roast dinner except Christmas Day – then it was beef… But we had a lot of fun. I remember one Christmas, we had Christmas pudding and someone said what about brandy sauce – we took out half the brandy from the medicine cabinet and filled the bottle up with water… Mrs Price, *Nurse*

I remember one Christmas, on Christmas Day Matron always had a party and Christmas Day was really quite a high day, everybody would let themselves go and that included the sort of professionalism bit, and a member of staff … picked her up and whirled her around and said: Oh Matron, I love your blue eyes… Tom Bush, *Nursing Tutor*

Christmas reminds me of the many hours of work by office staff at Starcross writing to the families of those patients from West Devon and Cornwall to arrange their Christmas holidays at home…. On the wards the staff were busy packing cases, helping the patients buy and wrap presents… Then there were the staff who were to travel with the patients…
On one memorable occasion the train from Penzance [bringing patients back] failed to stop at Starcross station… and went on to Exeter amid great cheering from the patients on the train.
Peter Nutley, *Hospital Administrator, writing in the Health Service Journal December 1986*

The last Christmas we were there, the [Health Authority] Chairman came to the hospital, he gives us a Christmas card each of [the] hospital. Stan, *Ex-resident*

Outings

On Sundays, in the morning after church, they weren't allowed to go out for a walk, they had to walk all round the blocks.
During war time I would say we had as good a time as anybody. I used to [go] into the kitchen and say: Any hope of sandwiches tomorrow? Yes, how many? Oh 40, and a couple of staff… We would be out all day… We used to walk up… to the Obelisk, have our lunch up there, get back in time for tea. Picnic - lovely! The dear old dodderers used to go around the Powderham road, take it up into the park. They loved it.
They used to abscond but never on the walks… We used to get baskets and baskets of blackberries, used to supply the whole hospital. Sybil Sivyer, *Nursing Officer*

One day I asked if I could take the [school] boys to the Warren [by the sea at Dawlish] for a picnic and the message came back: Unheard of, never had children go out before. But they changed their minds… Mr Sprague with his mini brought the dinner out… They had a lovely time, they went in the sea with their trousers on. Dorothy Davey, *Teacher*

We went to Exeter [with a group of boys] and visited the museum… and we went into the cathedral and one of these children went in every Lady Chapel… we ended up in Lyons restaurant… we were all scattered around… the waitress was coming along emptying ashtrays so [one boy] started turning out all the rubbish out of his pockets. He thought this was what the waitress was for… We got off the bus and one boy… said I think we should thank Mrs Davey for a lovely day out… I thought that was so nice. After that it was a sort of regular thing to take them out. Dorothy Davey, *Teacher*

[We] had a holiday camp at Brixham. Really it was tents in a field with permission of the farmer. Gradually, other accommodation became available. Twenty at a time would go plus staff, a separate tent for staff, and [they] would stay a week. Peter Nutley, *Hospital Administrator*

Patients' holidays were a big thing. Because they came from such a wide area – as far as the Scilly Isles – it was up to us to pressure relations to take them on holiday. We used to write to them three times a year – Christmas, Easter and summer – telling them the period of the holiday, how much the fare was and asking them to send it if they could, and sometimes we used to pay it. Then extra coaches would be put on the train stopping at Starcross… Peter Nutley, *Hospital Administrator*

During the summer… they used to have a special train that would take them home for their summer holidays. They would go down as far as Penzance… Then we used to take [the patients still at Starcross] to the beach and things like that.
We used to go to the Warren, they would send down a hamper of food. Quite often, we would walk down and have a great time on the beach with them with a picnic. Mary West, *Nursing Officer*

We would take out one-to-one… very rarely took a big trip because it was fractious for the residents… far better if you could take one person in a taxi down town, give them your undivided attention for three hours. Jean Waldron, *Nursing Sister*

Absconding

Some absconded in the night, in the winter's night, from the farms because some of the farms were terrible that they worked in [on licence, after initial training on the farms at Starcross]… isolated farms… The farmer and his wife, they always gave the boy the coldest bedroom… they'd miss the companionship from the hospital… transported out to North Devon… no wireless or TV or anything then… the police would pick them up perhaps 10 miles away.
It would be probably once in two months, either by day or by night, because when one had come back, they'd have another one and he'd get fed up and out you'd go again [to collect him].
One man... he used to work in the kitchen… I've been all over picking him up, absconded… I used to go through the kitchen… I'd say: You'm still here then? This would be November or December… in the winter he'd work down there in the warm. Then I used to say: Won't be long then? No, no, he'd say, wait for the cuckoo. He'd wait for the advent of spring and he'd be gone. Been to Wales to pick him up… Stormy Adams, *Hospital Mechanic*

They often had fights. They often absconded. You'd go and find empty beds…. One night I heard some of the girls were going to abscond and that they'd hidden their clothing. So after they had gone to bed I went around the grounds and collected all their clothing, all in carrier bags in the hedge. I had to leave Elm Court to do my rounds… when I went back there were five empty beds… they were picked up [by the police]… The local constable said: I told them they had to sit on the kerb until they were fetched, but they said they couldn't because they hadn't got any pants on…
We used to have [absconding] during the war, they used to go to Plymouth… I think it was a case of bravado… the type of girls I am talking about would go to… meet the servicemen and go out for a spree. Mary West, *Nursing Officer*

People that weren't involved in the hospital moaned about it. When residents or patients escaped – one or two more active ones – running down the road with nothing on – they used to get a bit agitated.
There was a few absconders on Teignmouth Ward. The boys run off occasionally… There was one gone off absolutely naked, pushing a wheelchair in the centre of Starcross. He did that quite often. Night nurse

Pregnancies

We were keeping some maternity homes busy with our patients who would go home on holiday and come back pregnant. I don't think there was any talk of abortions… [The babies probably went for adoption] but… they should have been careful… I hope they told the would-be parents the danger. DC Hammond, *Acting Treasurer*

A fair amount [of illegitimacy]. We kept the girls until they were nearly due, and then they used to go to the Salvation Army at Bradninch… The babies went for adoption. No policy of sterilisation*? Not really, there was one girl who was due to be sterilised but she refused and she wasn't. She wasn't forced to.* Mary West, *Nursing Officer*

We used to arrange that the Salvation Army maternity unit would take them, I think it was usually Plymouth. A few weeks before they had the baby they would do their best to persuade them not to try and keep the baby and allow it to go for fostering or adoption. If they were very disturbed and the Salvation Army couldn't cope with them, we would keep them until the last minute, then they would go into the RD& E [the general hospital in Exeter]. But certainly once… we missed completely and we mercifully had arranged a back up with the local midwife… We got a good old River Exe fog just when a woman was having I think her third illegitimate child, decided to go into labour and the ambulance couldn't get through… and between us, the district nurse, myself and everybody else, we duly delivered this good soul and set the baby up in the drawer of a cupboard.
They would accept fostering, they wouldn't normally accept adoption, and then… they would trade on it. You often felt they hadn't got all that concern for the baby but it was a wonderful excuse for trips down to Plymouth or wherever the baby was being fostered, and they would fight like mad not to be separated completely. You had your doubts after about two or three years how much interest they had got.
Everyone was a bit fearful about [a policy of sterilisation] because it was rather an irrevocable sort of move and everybody else lived in hope that they might be sufficiently able to marry one day and be able to look after a child. There was no policy and I do remember one occasion where the consultant quite adamantly said no. Dr Strange, *Medical Officer*

In later times:

I don't think there ever were [pregnancies]. If any of the residents were that way inclined, they were on tablets, on the pill. It didn't generally happen. I can't remember anyone getting pregnant while I was there. Night nurse

Not as much as you'd expect, possibly because patients at high risk were put on the pill. What really made me angry – the parents of a very severely sub-normal but attractive girl wanted her sterilised… but no! Dr Mary Kemp *GP*

Most people felt it [sex] *wasn't something that concerned people with disabilities at all. The staff had quite a lot of hang-ups of their own within the training area, sex education was put in… and it caused a lot of problems. Quite often our main problems were with Administration in the sense of trying to set up policies – the idea of actually having a room where people could go to be private, those sorts of issues. Well, what would the Dawlish Gazette say if they knew we were allowing this to happen? I thought to hell with what the Dawlish Gazette says! It was never resolved. It still isn't resolved!* Viv McAvoy, *Nursing Officer*

Side rooms

If they were troublesome, running away… they would have no privileges for a while, most of them amenable to it, but those that weren't would be troublesome with other patients and cause fights and you would have to deal with them, put them in the side room to keep them calm for a while. And if they were noisy… and upset others, they would have a dose of medicine, which was Paraldehyde in those days. It depended how they behaved as to whether they were locked in [the side room] or the door could be open. Sybil Sivyer, *Nursing Officer*

We had side Rooms in those days and if you had a couple fighting vigorously you had to split them up quickly. If they ran away then you would put them in a side room when they came back… It was to cool their heels more or less. It might be a couple of days sometimes, if they were really still aggressive they would stay until they calmed down. Mary West, *Nursing Officer*

I hits 'em [staff]. [Then put] In the side room. Marion, *Ex-Resident*

In my view the side rooms were very valuable and very essential – for a multitude of reasons. First of all, if someone got disturbed it wasn't just they who were disturbed but all the residents on the ward with them… So a side room at least separated them…
I am sure the psychology people would say that the fact of confining someone who is disturbed is grossly adverse, and I wouldn't argue with them… Yes, had we had the staff, had we had the space… two or three staff could take a patient away out onto a nice peaceful lawn or something for whatsoever time it took, but you hadn't.
They did run a risk, that everybody knew about… there was a tendency not to let them out in a hurry, because you just knew the battle would start all over again, so there was a danger that they would be left too long.
*[*Much abuse*] no, no, no, very rare indeed and it usually stuck out like a sore thumb if it did happen.* Dr Strange, *Medical Officer*

The side rooms are a very emotive sort of subject. Quite frankly, I can't see any alternative to it at times. I can't say I like it but, for someone who's gone berserk, you can't reason with them… possibly a black eye, it's difficult to know what else you could do. Dr Mary Kemp *GP*

On my introduction to the service, I thought the side room was a very attractive deterrent in terms of ensuring good behaviour in the "high grade". In hind sight I see the stupidity of it… Some patients, I know, did many tens of days in solitary confinement…. I believe one gentleman did several months… regularly in and out of the single room by virtue of awkward behaviour. He currently is a fairly healthy member of the local community. Trevor Buckler, *Senior Nursing Officer*

Occasionally, we would have people taken from the [recreation] department to spend some time in the side room. Not often. Mixed feelings. Sometimes it was really what they needed for their own sakes. They would thump all hell out of the walls and they would feel better. I have known people to put themselves in the side rooms and say: Please shut the door. They knew they wanted to kick out against something…. Others didn't like going in. Certainly I think when people were put in forcibly it was not a pleasant experience for them or the staff concerned… Some people did go through periods when they were… very dangerous to themselves and to others. Then of course the actual options open to you in that situation are few. Viv McAvoy, *Nursing Officer*

Side rooms were used really as a punishment… but sparingly… I could almost tell you the names… in the six years I was there.

They would be written up by the doctor, and then they went in. You had to keep a regular eye on them.
I remember a chap… who was constantly running away… more mentally ill than mentally handicapped … he got out… From that point onwards, the side room usage disappeared [late 60s]. *Tom Bush, Nursing Tutor*

I have locked myself in the side room, once for10 minutes, and I hated it. Just to see what it was like. They have done something wrong, alright they should be told… not to be put in the side room. I put them in the side room only for their own safety. Last resort… Some of the staff did put them in the side room for their own convenience and that has happened many times. I'm sure these people didn't mean anything nasty… *Mr Khadaroo, Deputy Charge Nurse*

All it really was, was a little room about six by eight [feet], windows shuttered, the door was little, little peephole, just a bolt. Until they were quiet. It could be 10 minutes, it could be all day. *Night nurse*

Seclusion – have you talked to a lot of patients about how seclusion was used and why it was used? Put in the side room. A couple of ladies who are in the Exeter Road cottages spent a lot of their lives in side rooms. One lady – that was exactly what she wanted! And the way she got it … by playing up… and she would actually get a bit of peace and quiet for it… So you have a vicious circle established… She was then considered "mad"… psychotic. *Dr Chris Williams, Psychologist*

*I didn't like side rooms, they were a necessary evil I'm afraid to say. .. There wasn't so much known about new drugs. The new drugs were tried, I think a new drug called Epilim [*for epilepsy and mania*], which was an anticonvulsant… and it was prescribed but occasionally. [Paraldehyde] was lethal stuff… it used to have horrendous side effects, caused abscesses on their buttocks… it has to be given in a glass syringe. I hated the stuff… that was the medicine and it did save lives. [Drugs have developed only] this last five, ten years.*
The consumption of medication dropped if you'd got people with meaningful occupation, not sort of colouring all day long or sitting tapping a tambourine … their quality of life improves and they feel better. *Jean Waldron, Nursing Sister*

Drugs

They would get us in a cold bath, give us the needle. Marion, *Ex-Resident*

*There was drugs – Paraldehyde [*for treating seizures*] and Bromazepam [*a relaxant*], that's all there was. The only other drugs we used were for controlling epilepsy etc. [The needle"] was latterly. There wasn't a lot of injections used years ago. Paraldehyde was drunk. How they drunk it I don't know. It was terrible stuff… Some of them loved it!* Mary West, *Nursing Officer*

They became so addicted, especially on the villas, they wouldn't go to bed unless they had their medicine… terrible stuff. It used to burn their throats as they drank it. Very painful injections…. You could smell it in their wee… It would knock them out for hours. They used to become so addicted, they would have to have more and more. But with the coming in of better tranquillisers… you wouldn't have this zombiness. Jack Leach, *Charge Nurse*

Paraldehyde was absolutely marvellous, smelt like hell. It was superbly safe. The only thing that it did adversely, periodically produced some very nasty abscesses on the buttock if you didn't get it deep enough…it never sort of depressed respiration and it would flatten everybody even the most violent… It never solved anything because the moment it wore off they came up fighting fit again, but it gave everybody a breather… Dr Strange, *Medical Officer*

If you've got a very disturbed patient come in, it helped settle them down and you hoped to be able to wean them off. [Patients remember Paraldehyde] partly because it's such a big injection, horrible. In one way it's a good drug because it has no sort of hangover effect, once it's worn off, and you don't get habituated to it… and it's foul stuff to take [by mouth]. Dr Mary Kemp, *GP*

*[Giving rewards] doesn't mean it always pays, they still play up, but there is one thing I must be thankful for is drugs… It did calm them down… At that particular time it used to be Largactil Syrup and Melleril Syrup [*an antipsychotic*]. One thing I didn't like was Paraldehyde. It has to be used if they had too many fits. It was used appropriately, it was never abused. When you've got 60 patients and only three staff you had no choice, they would smash the place up… Yes, the needle, used to sort of calm them down once you mentioned the needle.* Mr Khadaroo, *Deputy Charge Nurse*

When I joined the service in 1965 the use of medication was very liberal. I think it was a fairly recent innovation… and during the 60s … was vastly in excess of anything administered today. The medicine trolley played a very important part in not helping patients, but helping staff. On one ward we were able to more or less stop administering medication whereas in most all patients were at one time receiving medicines… we maintained the anti-convulsant therapy for those epileptic patients but tranquilisers just disappeared. Trevor Buckler, *Senior Nursing Officer*

The major tranquilisers, when they became available in the early 50s, must have brought about amazing changes to the institutions. I wasn't around! I have always had very mixed feelings about drugs… I did feel that very often the reviews of medication weren't done often enough and for a lot of people they really could have come off the medication quite happily. Eventually we put a stop to [drugs] that actually was for sexual drive, but some of the drugs you used to keep people calm and alter their behaviour in some ways. My own view on drugs is that a minimum is required. Viv McAvoy, *Nursing Officer*

When I came back in 1980, the ward sizes had shrunk to 20 and tranquilisers were hardly used. Tom Bush, *Nursing Tutor*


Why can't I live in a house like everybody else?

The inspiration for a radical new approach

I went into these things in all innocence, believing that trained professional staff would not have anybody in hospital who didn't need to be there and so, for many years, I never questioned that. *David King [3]*

David King describes a reorganisation into a larger hospital group in Taunton, in which he found himself at Sandhill Park:

… drifting around… affably saying hello to everybody and feeling concerned that so many children needed to be in the place…[3]

Then on the first Christmas, going round the wards, traditionally for a sherry or mince pie:

… this was a hideous shock, because there in the wards, overcrowded, were swarms of hyperactive and excited children with, at best, one or two nurses attending them, so you'd go into a ward and they'd grab you and really it was quite a relief to leave the ward but a worry at the thought of what the nurses could possibly do. [3]

He describes how they were:

… constantly trying to improve the hospitals
but a realisation came that *that was a waste of time…*
by 1979/80 I realised that we were never going to reform the hospitals. [3]

When you've got eighty per cent of people with learning difficulties in the community and we'd got such able people in the hospitals, it began to look ridiculous. [3]

King makes the point that the idea or philosophy of community care was not new by the time Starcross was closed:

By the time we did it, it was about thirty years old. It was simply that no-one had ever approached it with any conviction and so I knew that to do it we needed the hospitals out of the way, because they held all the resources and they held the main gravitational pull for more resources. [3]

It was said at a Starcross meeting, by a patient on the team:
Why can't I live in a house like everybody else?
And it's when you try to answer that question…
It was Ken, who now lives in his own house in Plymouth.
It exposes the bizarre fact that we were in the guise of treatment and hospital care.
It becomes more and more apparent now, from a different perspective
from where we stand now, looking back, we ask:
How could we do those incredible things? *Dr Chris Williams, Psychologist*

The feelings about closure

Great advantages had accrued [with the coming of the National Health Service] through Government funding, public accountability, social and political awareness but, for residential establishments like Starcross the writing was on the wall and in1987 came its demise. Arthur Mortimore, *Hospital Secretary*

A lot of us older staff reckon we were sold down the river… because there was no need to close it. I blame a woman who wrote… the Jay report. I went to a couple of her meetings in Exeter… The RCN [Royal College of Nursing] threw it out, but, insidiously, it crept back in… They will all be back before long [in hospital]. Jack Leach, *Charge Nurse*

There was no argument about it, we were told emphaticially there was going to be closure…What I do wonder is if a form of Starcross won't reappear, but in a much smaller refined form in 10 to 15 years' time. But the whole mechanics of community care has been based upon closing the institutions and using the revenue, the capital money, to finance the development of community services.
I had, and have, considerable misgivings about the absence of any form of hospital for the mentally handicapped as a long stop and as a last resort and as a basis.
Starcross was a fine old place, but no, it had served its purpose. I think they have made a thundering mess of … the place [the site]. The major thing I am sorry about is it had some superb trees. I feel the developers ought to have preserved those trees… Dr Strange, *Medical Officer*

I thought it was a shame… if we have been here, like me, nearly 40 years, it was my home… we had no choice whatsoever… I didn't believe it, not first. No, it will never come off, but they kept on and kept on. Stan, *Ex-resident*

I can remember the staff morale deteriorating when they heard of the closure… and some of the patients too… a lot of them… knew they were expected to want to go out and said they wanted to go, to please you, but an awful lot of them were really terrified of it…
…In the early days, they did have quite a lot [of preparation]… as there were more and more going, there just wasn't the opportunity to do it because there were so many of them. Dr Mary Kemp, *GP*

I was glad that it closed. When I think of the 600 people there – it was a happy time – but, as the closure came nearer, the sooner it went the better because people got very apathetic at the end, they got very bitter and it did nothing for the clients at all. Once they decided to close it they should have done it quickly. I know they couldn't do it quickly but people's morale went down terribly because an awful lot of people thought it would never shut. Jean Waldron, *Nursing Sister*

It [deteriorating staff morale] was the insecurity really, of not knowing how long their jobs were going on, really a sort of financial worry more than anything. There was quite a lot, particularly of the ward sisters and charge nurses, who were worried about what would happen to their patients when they went out, they knew their patients so well and they said: We don't know how so-and-so is going to cope… Dr Mary Kemp, *GP*

I found management and colleagues were overtly supportive [of the move to community] but they were going through a traumatic period of having to realise, of having to change their views and almost fighting a rearguard action at the same time. Dr Peter Easby, *Consultant*

I think one is naturally conservative and I know, speaking with S. A. who was at Exminster [psychiatric hospital] and retired about 1960, we often used to say: "Well, they'll never close Exminster" and I would say: "You can take it from me that despite their 10-year plan they won't close Starcross either." I think we were too conservative in our views. In fact they have closed, they are managing. I never thought they would. Dr Prentice, *Medical Superintendent*

We had a lot of opposition from Dawlish… every week, the Dawlish Gazette had something to say about Starcross, albeit that we only had 32 residents in Dawlish, which had a population of about 10,000. Nobody would believe us, but we knew we only had 32.
…And the group in Dawlish… just mixed with the public and they weren't recognised… but the local Gazette – very anti. Shelia Easby, *Nursing Officer*

The press have often been most unhelpful, in that some of their headlines have been, to say the least, an insult to the handicapped and I have actually seen patients in the hospital who were able to read feeling very, very upset indeed by some of the things that have been suggested in some of our local newspapers as being things that they would do. Peter Nutley, *Hospital Administrator*

The attitude of the public has changed dramatically… Instead of insisting that the mentally subnormal should be taken out of the community and put safely under lock and key in a big hospital, the public now, especially in your Mencap societies and so on, are very insistent that it is the community that should care for them rather than put them out of sight in some distant hospital. Dr Prentice, *Medical Superintendent*

A beautiful building, all steeped in history, it should never have closed down. Jack Leach, *Charge Nurse*

The sadness one feels at the closure of an establishment like Starcross, especially as its fine buildings disappear under the demolition hammers, is coupled with the pleasure of seeing former patients now living happily in the community.
One such small group has recently visited Starcross from their new home to see for themselves that the hospital is actually closed and the buildings disappearing. For my part, I am lucky enough to still be able to have contact with many of the former patients and to see for myself that there is a better life "after the hospital". Peter Nutley, *Hospital Administrator, writing in the Health Service Journal, December 1986*

Why had it taken so long?

After the end of World War II, reformers of social and health policy… became convinced that confinement… in large institutions is both dehumanising and anti-therapeutic…
Yet despite the inclusion of community care in the 1959 Mental Health Act… action to provide it was desperately slow. Nearly 30 years passed before the government was publicly committed…
Without farsighted managers and practitioners who, like David King, were prepared to take risks and introduce community care in their own areas, without waiting for official endorsement, the concept would have been even slower to take hold. *Edith Morgan, Founder President, European Regional Council, World Federation for Mental Health [1, Foreword]*

To the silent majority this was nothing new nor very threatening. There had been enthusiasts before. They had set out to do much and achieved little. The asylums stood impassive and daunting as unscaled mountains, apparently unaffected by mere human aspirations.
… we had to find a way to convince the world we meant business. *David King [2]*

There have been mutterings from way back, from the 1950s, from the beginning of the health service that Starcross would be going and there were one or two 10-year plans. I knew damn well it was futile to speak like that and in fact it's not until now, 30 or 40 years later, that it has happened. *Dr Prentice, Medical Superintendent*

I think it was decreed after the Jay Report was published and we really didn't have any say in the matter…
… For some of the patients, it was obviously a good thing. In the early days of the community service, we were matching patients to the homes where they were going and you could be choosy and make sure that the prospective landladies knew what they were doing and that they got a good back-up, that the patients who needed training got it and obviously we were dealing with, to begin with, the more able patients…
… You felt you were doing something worthwhile at that time and some of the gaps caused by the ones who went out, you could begin to start the community care and have people coming in from the community to give their families a break and that was an extremely worthwhile thing to do….
… That I think was one of the best things that we did, giving temporary care...
… Usually, I think it was through the social workers, who were visiting the family anyway, they'd ring up and say "Could you find a bed for a couple of weeks, while Mum has a holiday?" – that sort of thing…
… They'd always done it to a slight degree, but it was when the community service started really… it must have been somewhere about '74 or '75, perhaps? *Dr Mary Kemp, GP*

The return to the community programme had been gaining momentum since the early 1970s, and there was a team of dedicated staff committed to this course of action. As the number of patients fell in 1983 the closure of Starcross and a plan for the patients' resettlement was agreed, which culminated in the hospital's demise at the end of May 1986. *Peter Nutley, Hospital Administrator, writing in the Health Service Journal, December 1986*

The enormity of the task and the obstacles

It is one thing to state brave intentions and quite another to deliver them. David King [2]

It to a great extent depended on good will and effort of … all the other health authorities who had to receive patients back from us. And to this end the unit team, together with the other members of the working party, met all of the teams from the other authorities on an informal basis over lunch at Starcross to discuss with them our plans and to make sure they knew how vital it was that any guarantees they made to us were fulfilled, because once we had gone so far along with the programme it was unstoppable. Peter Nutley, *Hospital Administrator*

There were people around the place who seemed to think they could "get some people out into the community", as they said, but they were endlessly finding all sorts of reasons for delaying the moment of departure. David King [3]

We had done all the assessments… and we made them available [to charitable bodies willing to set up housing] but I doubt they used them to choose [who they would take]. I think they would go round and ask for people who just didn't cause major problems, who were the most compliant… and staff would [say]: Oh no he can't move 'cos he still wets the bed at night, he can't move because he sometimes tips the chairs over, he can't move because he doesn't talk, he can't move because he can't tie his shoelaces up…Then they'd complain that all their best patients were going. Dr Chris Williams, *Psychologist*

Discharges came through… joint consultation… the social worker, the community nurse, the hospital… and the consultation, of course, with the patient…. You had to temper your enthusiasm to discharge into the community with a fear, a danger, of pushing them. Dr Peter Easby, *Consultant*

And you also had staff undermining, even in the community [saying]: You don't really like it out there, do you? … They were all settled in the community – they didn't want to come back. Shelia Easby, *Nursing Officer*

There were one or two patients for whom we found it very, very difficult to find a suitable placement… this was perhaps not so much due to the patient but obstacles that were put in our way by members of the family who…, didn't want [the patient] to go anywhere we might suggest. There were those who still felt that their relative who was handicapped ought quite definitely be locked away… "so many years ago Johnny came into hospital and that's where he stays"…. We did have one or two approaches from MPs about this but we were always able to satisfy them that there was no justification to the family's objections, especially as the patients themselves had seen and chosen to go where we had sent them. Peter Nutley, *Hospital Administrator*

I think we forget that staff also become institutionalised, also learn dependency, and in good faith sort of go through the metamorphosis of becoming dependent in a strange sort of way, and they actually do need skilled help to make the transition. Nigel Pyart, *Adult Tutor Organiser*

The people who were left [at Starcoss in the final months] were either people who weren't from Exeter [district] at all, to be placed in other districts, or they were more difficult to place… The staff were often temporary because the DP17 [job transfer policy] process had "creamed off" the most willing and able and competent staff to staff the Local Support Units and the homes. Dr Chris Williams, *Psychologist*

The belief in the need for institution

Even those who played their part in achieving the closure, had thought that an element of institutional care would continue to be needed:

It's going to take a long time for community care to work, years and years of educating the public.. When I was at Franklyn, we allowed the local children to use the pool there. One little girl – one of the staff was saying – wasn't using it because her mummy told her she might catch mental handicap! Sheila Easby, *Nursing Officer*

I think you have got some patients with multiple defects – sometimes they're physical, like epilepsy. You get the type of biochemical illness… where they require the specific treatment that can best be afforded in hospital….
… you are going to get no research done in these little family units… how are we going to find out the causes, the genetic influences, which bring about mental deficiency… unless you have the hospitals where that is done. Dr Prentice, *Medical Superintendent*

While most defectives are docile, well-behaved, amenable, no trouble whatsoever, there are a certain number who are impulsive… it's not a licence to be anti-social… I don't think the hospital can be entirely replaced… especially with your very low-grade child, your severely retarded – or idiot as we used to call them – who have to be fed, who excrete onto the bed, doubly incontinent. There's no home can look after that sort of patient… the odd devoted parent who will do it, but parents die in time - and no stranger is going to do it. Dr Prentice, *Medical Superintendent*

As patients get older and get into trouble, as many of them do, I mean a lot of the patients are in with some kind of behavioural disorder, they are going to be a definite nuisance to the community… Mental hospitals are closing, handicap hospitals are closing, what happens to them? They throw their "wobblies" in the street and landladies won't want them back, what happens to them? Dr Mary Kemp, *GP*

I remember X [a key player in the closure] coming back from where he'd heard Alan Tyne of the Campaign for Mental Handicap saying there is no need for hospitals in the mental handicap service, and X saying he'd heard this incredible nonsense being spoken and: This man is a fool, saying there is no need for hospitals. Dr Chris Williams, *Psychologist*

It is not unfair to say that community developments were perceived as acts of disloyalty to the mother hospitals… David King [2]

In some ways I felt quite sad and again I felt quite glad. The whole thing is a conflict of emotions and still is. Viv McAvoy, *Nursing Officer*

There is a rumour going around that there is a member of staff still somewhere in the middle of the playing fields saying: They'll never close this place! I have not found him but I know who he is! Tom Bush, *Nursing Tutor*

I don't think anybody really was expecting it to happen… At the outset, Tom Grady [Director of Nursing] and I went and saw all the staff and told them, but I think there were many of them, they'd heard it all before. David King [3]

Disbelief that the hospital would close

They talked about it, I didn't think it would happen. It has happened, and the hospital has gone and nobody would ever know it had been there. Nobody is even bothered. Mary West, *Nursing Officer*

A strategic hospital plan (a concept very much in vogue at the time) drawn up in 1975 contained no hint or prospect that within a decade they would no longer exist. David King [2]

I thought it would eventually [close], it was on the cards for many years that they were pressing to send the patients out into the community. This has been the trend for ages, although many of us didn't think it a good idea. Mind you, it came much more quickly and suddenly than I thought. I didn't think it would happen so soon. I was quite surprised and the closure was rapid and the disappearance of the building was rapid too. DC Hammond, *Acting Treasurer*

I never had any feeling that Starcross would close. I was convinced it would never close. That's why I stayed there, because I was happy. Mr Khadaroo, *Deputy Charge Nurse*

I was [surprised], and I actually started thinking about one question I was asked at interview by Dr Easby…what my views were on patients living in the community and they weren't very good at that time… those were my views but I'm not so sure now. Peggy Cordell, *Volunteers' Co-ordinator*

When I first went there… I could see it going on for ever and a day because there was no other alternative. But when community care started, I could see there would always be a hospital for the more physically and mentally handicapped, but then as that started to develop I started to realise in fact there is no need for a large institution, provided the support structure in the community is there. Tom Bush, *Nursing Tutor*

During the 1960s I believed that Starcross Hospital must close, but I believed that Langdon Hospital must get much bigger. That opinion soon changed in the early '70s because I was lucky enough to have just 18 months away from the institution [working at the district general hospital in Exeter] and upon return I could see the gaping holes in the entire system. Trevor Buckler, *Senior Nursing Officer*

I did [feel that there would always be a hospital at Starcross] when I first went there. I think when I first started there, the story that went around was that they had been thinking of closing it for 20 years – whether true or not I really don't know. I really believed that the hospital would go, I suppose, probably during the last four or five years there. Viv McAvoy, *Nursing Officer*

I presume I did [feel that there would always be a hospital at Starcross], I didn't have any forward thoughts at all. No, I didn't like it, and I will try to make it as best I can, I'm glad it's gone, and I was involved in the actual closure of it as a union rep. Jean Waldron, *Nursing Sister*

The response was far less hostile than we had feared. I suspect this was because they had heard similar predictions before, none of which had come to pass. In any case, there were still 330 residents in the hospital and a long way to go. David King [2]

They'd say to me: Don't come in with these ideas, we've heard all this before… Dr Chris Williams, *Psychologist*

Once we had made the announcement that closure would go ahead in 1986… we felt the staff didn't really believe it was ever going to happen. And initially, as we tried to fill posts out in the community units, there was very considerable reluctance on the part of the staff to apply… we were worried that when it came to closure we would perhaps have a large number of staff who had not been adequately placed… Peter Nutley, *Hospital Administrator*

You would set up something and say: now try it like this, look at it and see what happens. And they'd say: That'll never work, he's never going to be like that, you can't teach him to do that. Dr Chris Williams, *Psychologist*

The staff could not believe that they could close the hospital… So they had it very firmly in their heads and the act that made them change their minds, or made them think about it, was the demolition of the old wards at Starcross – Topsham Ward, Exmouth Ward, Sidmouth Ward – as we moved. Dr Chris Williams, *Psychologist*

Once staff saw we had closed another ward and opened something else in the community… suddenly they started to apply for jobs out in the new community services… eventually so many people were applying for jobs away that we began to have concern about being able to keep the hospital open… so we wrote to recently retired staff who lived in the area to come back and help us in the remaining months up to closure. Peter Nutley, *Hospital Administrator*

Topsham [Ward] was an horrendous shed with about 30 of the most difficult women – or they were then, but seeing them now..
…the way it was closed, we'd sort them into other wards basically and when it was empty, demolished. You saw on a Friday, there it was, and went home at the weekend and came back on a Monday and there was a tiny piece of grass where these 30 women used to be. That was a major demonstration of the seriousness of Starcross closing. Dr Chris Williams, *Psychologist*

When the first ward closed at Starcross Hospital and was demolished, the patch of grass which replaced it was so small that the gap hardly noticed. It was very far from being the dramatic signal for change we had intended. But the programme rolled on and gradually the message was communicated. David King [2]

The first time I became fully aware that Starcross was running down was when I suddenly realised… around three wards have been closed since I have been here. Such a big hospital, and because I hadn't been here for the years that some people had at that time, it hadn't dawned on me that it was a running-down situation. Wards closed very gradually, first the schooling… in the grounds of the two wards that could be described as special care. Then the wards went, then a ward in the hospital and… the penny dropped. Peggy Cordell, *Volunteers' Co-ordinator*

A lot of people [staff] who perhaps aren't as flexible as they might be move from Starcross either to Micklewright [a unit in Exeter] or to Langdon and you've still got a lot of staff at Micklewright who think it will never shut and that community care doesn't work. Jean Waldron, *Nursing Sister*

Everybody was committed to an idea that they never expected to be realised. David King [2]

How closure was achieved

It was essential to show that it was possible to transfer services from hospital to community and – although the policy is based on better care, not saving of money – that it is financially feasible. *Edith Morgan, Founder President, European Regional Council, World Federation for Mental Health [1 Foreword]*

Closing a hospital to leave oneself and others on the scrap heap holds no attraction, but to modernise services and move them to a more appropriate setting is something positive and engenders enthusiasm. *David King [2]*

I suppose the major adjustment was the realisation we could do this, we could actually build up a community service and that was an important revelation and what we weren't doing was closing hospitals – we were building up community services. *Dr Chris Williams, Psychologist*

The initial planning was: How do we plan to close the ward and then move patients… It was a closure plan and the realisation that it wasn't a closure plan, it was an opening plan, a development plan… *Dr Chris Williams, Psychologist*

Tiverton Round Table got [a] house from the council and were doing it up. They offered it to the mental health sector and [they] had said: No, sorry, we don't have anybody… they all require hospitalisation, they couldn't possibly live in an ordinary home, in an ordinary street. They asked me if we'd got any in the mental handicap sector and I said: I'm sure we must have three somewhere out of the thousand people we'd got in the hospital… selected the three people from Western Hospital, Crediton [part of the Western Counties Group and only a few miles from Tiverton], against all the advice of the staff who said this was cruel, people wouldn't survive, they couldn't look after themselves. But we pushed it through and out they went and they're still there… quite independent. *Dr Chris Williams, Psychologist*

We became aware that we'd never have enough money to run a decent community service unless we closed quickly, and then we would have to close, so that overcrowding would remain to the end, because the last ward would be overcrowded. *David King [3]*

They say we didn't plan with Social Services. I don't know what you have to do to say that you ***do*** *plan with Social Services – having them with you seems not to be sufficient. Anyway, that's never been a criticism of the Social Services here.* *David King [3]*

It was quite clear to everybody concerned that they had to [have] the full consultation of staff, the full consultation of families, the full consultation of the people involved, the people, the residents of the hospital. *David King [3]*

Once you make the decision to close, you make this time span as short as practicably possible. If we had made it 10 years, for example, we would have been struggling for several years to keep the place running. *Peter Nutley, Hospital Administrator*

If you wanted to make the community side work, you had to make sure you had the best staff, young staff who maybe were disillusioned with the institution, who thought community would be a better way of working.
… They were young staff that we knew and were interested, and we started as a very small, close group because it's quite a big responsibility, working in the community, so staff support was very important. *Sheila Easby, Nursing Officer*

I'm never quite sure what my role [as a manager] in all that was but, I think, a kind of "backstop of confidence" to them all [the professionals] that they could get on with it and they'd know they'd have support… Even if they were doubting, I'd slip in and stop the doubt. Dr David King [3]

We had done a complete survey of every patient in the hospital group… a guide as to what each individual patient's special needs might be… we then looked in depth at what patients' needs might be for the future. And we invited in the teams from all the other health authorities to… assess their own particular groups of patients. Peter Nutley, Hospital Administrator

We set up… a Rehabilitation Programme… people would come from the wards initially on a daily basis, to do social and domestic training… with some opposition, people saying: They're not suitable, these patients, for doing that sort of thing… mainly nursing – the traditional charge nurse, staff etcetera on the ward - and there would be underhand sabotage: Sorry, Mary can't come today, had to go and have her teeth done… eventually we got people to be resident and nothing drastic occurred.
We eventually said they don't need night staff to look after them, patrol the building, again nothing drastic occurred, so it was a slow revelation really. They actually could sleep in their beds at night, without a major disaster. Dr Chris Williams, Psychologist

We did a major survey… that gave me some data which was very powerful data about the rate of closure but showed me, if we carried on doing this rehabilitation process, we would still be running in the year 2000. Dr Chris Williams, Psychologist

The Development Team Report really said: Things have got to change there, and the way to change them is to move forward into the community. But we were discussing that at these Joint Care Planning Teams – the parallel care planning teams – and they never really planned any care, they seemed to delay it… I think David [King] was the one who took the greatest initiative to make the big leap out of the slow, erosive process, saying: Here's four more people we've now got ready to live in the community, we've only got 980 people to go! Dr Chris Williams, Psychologist

[There had been] minor tinkerings with the system and it was satisfying, it was typical rehabilitation strategies that go on and on and on. The revelation that we could actually build a brand new service using some bridging money, and the effect of that would be to make the need for Starcross no longer… shifted gear in our thinking… for the traditional thinkers as well. They suddenly saw that if they weren't going to run with us, they were going to be left behind. Dr Chris Williams, Psychologist

You have to get extra staff, and one of the ways we got extra staff to set up staff training programmes … opened nationally, so we'd more or less double the number of nurse-therapists… have the time to do one-to-one work and we'd document it all, show it to everybody, and they'd say: Well, I never knew he could do that. .. You begin to see what you've got is not a problem over a mental disorder, it's a learning difficulty… we treat the learning difficulty by giving people learning experience, but it needs more skilled staff and resources. Dr Chris Williams, Psychologist

Another critical element in Exeter was the allocation of that pot of money as bridging funding, which was capital … so we, as I understand it, borrowed the capital, and paid it back when we sold off the site. They had to double-fund during the transition phase. What we were doing before was trickle-funding, as people moved out… Dr Chris Williams, Psychologist

I would say it was finance aided *– that had we not had the help from the Treasurer's Department [of the District Health Authority] we would have been held back. We were never at any time worried that if we felt we needed to go forward with a particular project that it was going to be frustrated by lack of funds and albeit on one or two occasions it was suggested we might slow down a bit, we were never forced to abandon any project or hold it off beyond a reasonable time. I think that's a great credit to those who were dealing with the finance for us.* Peter Nutley, *Hospital Administrator*

We have benefited from the diligent attentions of a treasurer who has kept us on the rails as we changed the use of £25 million during the course of 10 years… not found endless reasons to frustrate or impede the activities of clinical staff and managers. David King [2]

It seemed to me that it was very much a management task, that there were objectives set elsewhere, that there was a hidden script. That word, hidden script, is I think important to the feeling that, at times, some of the leadership at the hospital was so confident about where it was going, looking back one appreciated that certain key figures on the management side knew, and had a different script to the rest of us… a group that had eyes half-covered. I think the speed of the change was part of the management task of closure…
… I think therefore it was probably done in a sense… it was a necessary task, it had to be done in some way, and, having only experienced that from the side-lines, it seemed reasonably carefully done. Nigel Pyart, *Adult Tutor Organiser*

Talking other people into being pioneers as well… I couldn't do any of it single-handed. I had to go round and see who was prepared to take some risks in doing these things, how we'd find the resources to do it, and basically the establishment allowed us to get on with it… we didn't do anything foolhardy or embarrassing to anybody. Dr Chris Williams, *Psychologist*

I was very closely involved in a clandestine sense with some of the… leading exponents of not closing. I was seen as someone worth talking to, who was at District [the Heath Authority headquarters] and [who] could really get some sense talked into these folk who wanted to close hospitals… The degree of anxiety was absolutely massive. Their whole working, social, domestic life was being changed beyond all recognition, and most of them had established working patterns, duties, that were entirely compatible with their activities of daily living. To a person, I am still in contact with all of them… only one believes the change was wrong… entrenched individuals change beyond all recognition… in a position now to know that Health should not be responsible for mental handicap [care]. Trevor Buckler, *Senior Nursing Officer*

[Going in] as a tutor, you are seen as somebody outside the system, therefore people would talk to you, and they did talk. A lot of anxiety about closure… You used to have to… hold people's hands and say: It is dreadful, it is closing. Tom Bush, *Nursing Tutor*

Many of the foremost defenders of the old order are among the keenest enthusiasts for the new style of things. In one sense, they have not changed because they always wanted the best for their patients. David King [2]

The proof of the pudding's in the eating, and if you go and see former patients now living normal happy lives in the community, there is the justification for what we've done. Peter Nutley, *Hospital Administrator*

We've a very close involvement in this area with the Social Services, where in other parts of the country they didn't talk to them. We started together and, through difficulties quite often, stuck with one another. Sheila Easby, *Nursing Officer*

The ground was set, the soil was made ready for a joint collaboration, a joint organisation between the Social Services and the Health Service. Dr Peter Easby, *Consultant*

We had regular parents' meetings… and we gave the parents all the assessments that we had on their sons [young men] and we got them to agree that it was appropriate to invite females to be resident [in the home]. They said: Why don't we run this place ourselves? …we have a charity that now runs it, and it paved the way for independent charitable trusts to hire staff from the health authority. Discharged former patients then paid their DHSS money as the running costs and that hostel now runs itself quite independently.

When others doubted the legality of setting up hostels largely funded by social security benefits, the Department of Health supported our action and though they subsequently withdrew it, they supported our solution, Home Care Trust… a charitable trust to manage the accommodation and the directors were drawn from members and senior staff of the authority…. The members were insistent that their responsibilities extended… to ensure that former hospital residents were appropriately catered for in the community. David King [2]

Without some of the charitable organisations that we have used and, in some cases, that we've actually set up ourselves – or helped set up – we would not have been able to chieve the end result. The amount of patients who have gone out into charitable trust type accommodation did amount to perhaps something between 50 and 100… Peter Nutley, *Hospital Administrator*

I think there were times when it would almost have been better… not [to have] spoken at all to the neighbours… when we talked to some neighbours they seemed on the face of it to accept everything we said and welcome us with open arms, but then afterwards would then start writing the letters and raising objections… in one particular situation we actually invited them into the hospital to watch a video film… of the group of children… this was a totally abortive exercise, albeit their houses were less than 300 yards from one of our well-established children's units. We decided not to proceed – we felt the neighbours were not suitable to live next door to our children. Peter Nutley, *Hospital Administrator*

The proof of the pudding's in the eating, and if you go and see former patients now living normal happy lives in the community, there is the justification for what we've done. Peter Nutley, *Hospital Administrator*

Focusing on the people

Although hospital care was supposed to be beneficial, release from hospital has been as good as a cure for so many who were thought to be beyond hope. David King [2]

I know some of the patients… felt concerned that Starcross was closing down. But I think we've been able to make sure that those particular patients went with some of their friends… and any feelings they might have had about the buildings themselves perhaps would be outweighed … in a place that was nicer than the old hospital and… some of their friends and some of their staff still with them. Peter Nutley, Hospital Administrator

We looked at the 100 hearing impaired patients and found 10 who were not mentally handicapped at all, they were just badly deaf, and that got quite a lot of interest nationally and from the RNID… We set up the Communication Training Programme and sign language… and our first graduates were three deaf men – one profoundly deaf man and two moderately deaf men with Down's Syndrome. These three men now rent their own flat… Dr Chris Williams, Psychologist

Sometimes it became apparent that for very good reasons particular patients weren't going to be able to go back to their home authority and in some cases we realised they had friends who were going elsewhere in the Exeter District and it would have been very unfair to move them away and split up certain partnerships.
One very good example of this… we had six flats, each able to take two people, but we had one group where it was essential that three people, not two, went. Therefore we arranged with the district council that that particular flat was slightly adapted so this patient group could move without disruption, and that group is working very well as a trio. Peter Nutley, Hospital Administrator

Many of the patients who were discharged, particularly those going outside the health authority were allowed initially to spend a day at the place they might be moving to, then if they liked what they saw and wanted to go back, we arranged for them to have a trial period, sometimes for as long as a month… there was always the proviso that if in the first few weeks [of the permanent placement] things went very much wrong, we would be prepared to have them back. Peter Nutley, Hospital Administrator

We took out things like occupational therapy some time before the hospital closed, but we substituted that with sessions from people like Artshare and Magic Carpet [a local arts group specialising in working with handicapped people] so that those patients who needed activity were able to get it almost until the last day. Peter Nutley, Hospital Administrator

We'd taken nine of, apparently, the most difficult individuals from Langdon and turned them into nine rather benign, genteel ladies and men. It's [in a] well-staffed unit with people that have had good experience in behavioural nursing. Dr Chris Williams, Psychologist

How different it must have felt for those who had been in hospital, some for many years, to be able to live more normal lives in the community instead of living in wards of 20-30 and, before 1959, being certified and legally detained. Peter Nutley, Hospital Administrator, writing in the Health Service Journal, December 1986

Learning to dry your own hair at 50, going out alone to a café for a cup of tea after being locked up for many years, and tending to a patch of garden for the first time are the small but humanly significant new experiences this work has opened up for some. David King [2]

There was one… patient… who was to go back to Cornwall to live. He had been at Starcross for many years. He went down on the date arranged but the following weekend was back at Starcross… and waiting to see me…. He wasn't sure whether he was going to like where he was supposed to be going to live… he still loved Starcross. I explained that as long as Starcross remained there was always the opportunity to come back to see us… he ought at least to give it a reasonable chance… he went back on the train and reappeared… for several weekends… gradually this coming back became less and less… he needed a period in which to settle down. Peter Nutley, *Hospital Administrator*

I think it's an important thing to realise that people didn't ask to come back and we documented that. They realised that – although there was lots of fun – it was all regimented and it had to go… you had to eat what you were given and you didn't have a choice whether you had sugar in your tea or not. Dr Chris Williams, *Psychologist*

If you think that life in a mental hospital is a happy existence, it is probably because you have never lived in one. I have come to know scores of former hospital residents who have made the break and never wanted to return to the wards or even talk about the old days. David King [2]

Could it have been done better?

Oh I thought it was a disgusting thing to do and the number that died on being moved, I think was shocking. There was one girl… she was a big problem to us when we first had her and she settled down and she was lovely… she was only out a week and she died… heartbroken I was… It is alright for some, but not for them all, because for some it is the only home they have known since they were little children. Mary West, *Nursing Officer*

The closure, yes, preparations for that, there were so many people being taken up that you couldn't match the patients to the home any more and … it was a matter of finding someone who'd open a large house and say "I'll take 20". They didn't always have enough training, either, because, I think it's quite a responsibility and a lot of them never realised that you need to lay-on things for the patient to do. I keep saying patient, I know the popular word is client, I think of them as patients because they are people who need care after all. Dr Mary Kemp, *GP*

We were discussing with the Town Council of Dawlish, who were grumbling about the number of people who'd been put into boarding houses there, and I think with some justification because it wasn't done with a great deal of planning… David King [3]

Some things were wrong, some clients, who were difficult, when they shut the ward and, I can remember a particular individual, he got moved to another ward and when that ward got moved, he got moved on… eight times… in the space of two years and it totally disorientated him, he became increasingly worse, because he didn't know where the hell he was. And there are other clients at Langdon, that they don't know where to place. There's a lot who got moved from Starcross to Langdon. God knows where they're going to go! Jean Waldron, *Nursing Sister*

We still haven't done it [completely], there are still people in the hospital [Langdon] and there are still people in local mental support units that ought to have been settled. It's getting harder and harder. Christine Elliot's work on finding houses for people was very important. Dr Chris Williams, *Psychologist*

Was it working? Mixed feelings and doubts…

Many, many people are still convinced that the handicapped male is an out and out rapist and aggressive type of person. And they seem to be very worried about the safety of other members of the family and particularly their daughters. We have tried to explain that their fears in this respect are unfounded but it is very difficult to change people's longstanding beliefs. Peter Nutley, *Hospital Administrator*

I don't agree with what they're doing now [1987/8] – wandering around Dawlish [the nearby seaside town] like lost sheep. I think you need to know something about them to look after them properly. Mrs Price, *Nurse*

Some of them [the residents] should not have stayed there [in the hospital]. I am a little sceptical of the new system. I say this with tongue in cheek, I haven't any up-to-date information, only what I perhaps see and read, but I do think quite a few of the patients that are being sent out in these hostels would have been better off still staying in a hospital of some kind where they are properly looked after… I think some of them must be very lonely.
It was like a school, they all enjoyed one another's company and now they are all stuck in little houses of four to six patients all over the place. I am not so sure. I haven't any grounds for really saying this as I haven't seen any patients lately to find out how they are doing. DC Hammond, *Acting Treasurer*

It was the only home they had ever known… They were very keen for Plymouth to have their own patients back. Now they never ever had any patients until this community thing….They didn't stop to think that over the years the parents or the brothers and sisters they had in that area have died. Now, when it is too late, they put them back to where they came from….I know a lot have gone out and wouldn't want to come back to a hospital but that is now. I don't know if they will feel like that later on because… whatever they want has to be paid for, whereas in hospital they had their dances, their pictures once a week, they had outings and they were taken on holiday to Blackpool, a party of them to Llandudno, Bognor Regis, Rhyll, ordinary hotels for holidays. Mary West, *Nursing Officer*

I don't think they have enough to occupy them and also I see a lot of them wandering around aimlessly… I think… they also need a club or something in the area they can go to… I know a lot of the community homes have staff in there but of course they are finding things a lot different. Mary West, *Nursing Officer*

There must be a limit to [health service] funds but one feels that everyone is fighting for a slice of a cake that is too small… at time I feel square pegs have been rammed into round holes, purely and simply because there is nowhere else and they are always under pressure of closure of these hospitals against a time schedule… the final closure of Starcross was bordering on a disgrace… because Plymouth hadn't got its act together at all and we simply shovelled a large number of people from Starcross into empty wards at Langdon because it was no longer viable to keep Starcross going… we were asking [staff] to come back… Because the staff go you have got to close… if you haven't got the facilities available… you have to put them into something, so nobody is to blame, it is the very process itself. Dr Strange, *Medical Officer*

Some of them [community care homes] are absolutely excellent… The patients who go there are fortunate, they're usually small groups of not more than, say, half-a-dozen or so, to get a really friendly, homely atmosphere and, if you've got somebody who knows what they're doing,

preferably an ex-member of staff, it's a very good thing, because they are looked after and get a better quality of life.
Some of the larger ones… they're like the worst of the old people's homes – they sit around the wall to watch television, or tell them to go out and not come back to such-and-such a time, maybe they can't even tell the time, you see them wandering around town, thoroughly lost. Dr Mary Kemp, *GP*

I had a lad who was on the ward I was on [at Langdon Hospital?] who worked in the kitchen. All he did was wash dishes, but he did it very slowly and it would take him all day but he didn't want to go… half an hour later he'd come back in … he was quite happy doing what he was doing, all day, every day….
… Unfortunately, some of the patients I worked with now live in Dawlish. My personal view is that they tend to wander around aimlessly and I don't honestly feel that their life is any better than it was. Frank Lovell, *Catering Officer*

[At Starcross when] the patients used to go out for a walk, there would be practically 20 patients and three staff, one at the front, one in the middle and one at the back, and they would be route-marched down a country lane – it wasn't quite like that but, you know, they were kept in a group. All that is gone, and they can come and go, more or less as they want now. There's a lot of things that are better for their way of life… [that] outweigh the things that aren't. It concerns me that… some of them are sort of at a loose end a lot of the time. Frank Lovell, *Catering Officer*

One of the things parents complain about is they cannot have access to services sometimes. What parents want… for their children is somewhere that is going to be home for life, and they will know people will care for them, and they will have good quality of care… a life that is enjoyable and full. Now you see the institution provided that, very much, and what we have to do in the community is to make sure they do have access … services accessible by all… What worries me a little bit is the restrictions that have been put on spending by the Department [of Health]…
Certain things are going over to non-charitable organisations which are profit-making and therefore the quality of care is going down. Exeter is still doing a good job; compare that with Torbay… [and] in Plymouth. Tom Bush, *Nursing Tutor*

On one of the units we had a lot of fairly young children and a lot of the time all they really wanted is somebody to talk to, somebody to relate to, and in some respects, now they're going back into family units out in the community, perhaps it's a good thing. Frank Lovell, *Catering Officer*

I think it's very sad – it's nice to think the Institution's gone but that's all. I've worked, I suppose, 25 years in the health service, a lot of it in Royal Western Counties… It's a very personal view that perhaps a lot of the clients are much better off now where they are but there's still a number that need the security of the hospital. Like, I miss seeing nurses in uniform! Frank Lovell, *Catering Officer*

It didn't mean someone was ready for discharge because Starcross was closing… We had all these other places and they were moved and the reactions of some when I visited, and they recognised me, almost reduced me to tears… And yet I don't know what the answer was. Peggy Cordell, *Volunteers' Co-ordinator*

There is a need [for the role of volunteer]. Whether that need can be met, I am not too sure because the kind of needs that seem to be emerging are mainly for a supportive role of friendship to individuals who are not necessarily living in a supervised unit…. Professional help [for the volunteer] to call on… doesn't exist in many situations now. Then... the legal aspects…

the handicapped person is vulnerable… but the volunteering situation can be very vulnerable like in handing money, the advice they give might be the wrong advice… Befrienders: if you stop and think about that, you can't command friendship… it is important to setup situations where people can meet naturally and form their own friendships…. It is very hard to be sure you are getting the right person because you are not in a position to supervise in the same way as you could in a hospital… the only feedback you get is biased. Peggy Cordell, *Volunteers' Co-ordinator*

I think, in many respects, a lot of the patients possibly should never have been in an institution, so for them it's what it should be. A lot of them have been in for so many years, they're finding it difficult to adjust. Some of the ones in Dawlish, you get to the stage where you avoid them, I mean they'll tie you down, natter on for ages… the family atmosphere is not there… I think they've probably lost something… perhaps it would be a good idea for some of them to come back and work. Frank Lovell, *Catering Officer*

These people have taken orders from other people all their lives… All right… they are very comfortable here [in the community], I am not denying that, but they still have isolation. It doesn't do them any good… you see, they miss their Open Day, their pantomime and different things… I would still like to go back to the hospital. Mr Khadaroo, *Deputy Charge Nurse*

A lady in Exeter said: I keep moving the chairs around and when I come in, they're all in straight lines again, because they [the ex-patients] kept putting them back. She had two sitting rooms and they ended up as Men and Women, because they had done it themselves. We have really done a good job of institutionalisation. Sheila Easby, *Nursing Officer*

I'm so glad it [the institution, Topsham Ward particularly] went, I just hope that the money is there. Things are falling down I'm afraid, I have seven beds here [Knightshayes], there are five going to open up at Treetops, but there are certain clients here not getting the service that they ought to, and there is an awful lot of clients living at home with their parents because of the [condition of the?] old hospital wards who are being environmentally handicapped by their parents…
… we have ladies who come to us for the weekend who are in their fifties and they can't even pull their pants up. Jean Waldron, *Nursing Sister*

Originally the groups that went out into sort of small hotels thought they were going into a different sort of institution but, at that time, it was better than the institution they came from.
… it started with some places in Torquay. It was quite successful. I always remember Elsie, she was going round with a lovely old gentleman and she said one day: One of the nice things about being out, I can go to the bathroom and I can have a bath and I can lock the door. She said: I haven't been able to do that before. She had her own bedroom. Alright, we ended up with 50 residents in this sort of hotel but, for them, they came and went when they liked and it was tremendous freedom. Shelia Easby, *Nursing Officer*

I think [respite care] was one of the most useful things [when community care started] and this is what worries me ... about.. the closure… there are far fewer beds for this kind of release… you should see what some of the families have to put up with and how they manage, it really is amazing they keep going at all…
… even with a sort of "happy Mongol" in the home, it's still hard-going because you've got to be there all the time, very often there's extra washing and things, it's like having a child around all the time…
…parents, especially when they get up in their 60s and 70s, they find it's terribly hard-going. Dr Mary Kemp, *GP*

We have a lot of clients whose parents are in their seventies and eighties and their children are still at home and they are being, I'm saying this nicely, handicapped by being at home. If there were smaller units and not big wards, like there was, I mean it was like worse than a prison in some respects, they could be trained to be more independent, and gradually ease away from the family home, because it becomes a traumatic experience if anything happens to Mum and little Johnny has to come in, and I've seen that happen a lot. *Jean Waldron, Nursing Sister*

I did enjoy the community work very much, particularly in the early days when we were building up the department. We had a marvellous team of nurses and all of them really interested in it and, I mean, they had to be because they got no overtime if they worked in the community. If they worked overtime they got time off in-lieu, so they were worse off moneywise, so they'd got to be interested in it. *Dr Mary Kemp, GP*

Here [in the community units] you have to stand on your own two feet. A lot of people, and I think people agree with me on this, a lot of people [staff] have gone under. I can think of quite a few staff, senior staff, who have had nervous breakdowns because they couldn't handle it…. Five in two years… *Jean Waldron, Nursing Sister*

I think of all the expertise that has been lost… it was a very professional place… it has been redistributed in many cases but I think its professionalism was being part and parcel of a very big organised body… people would have to change their jobs in many cases and they would say: Well I am lucky to still have a job. In some cases… people have switched to a more interesting job. *Peggy Cordell, Volunteers' Co-ordinator*

I would like to see small units, but small units with access to other units… I always considered Starcross to be more homely – I could be on the phone and the toilets would be mended within half an hour… I could have extra sheets… Here [Knightshayes] you have to be at your own resources. Some people who are now in the small units, they are very isolated… they haven't got a back up… we were propped up at Starcross. *Jean Waldron, Nursing Sister*

I miss the companionship … at Starcross… people cared about people and you were actually part of that all the time. That's a really nice feeling, one of the good things about the institution. Having talked to people that have moved out more independently, I think… they probably feel the same way, miss that companionship within the institution, their friends. A lot of them find it difficult to make friends, whereas within the hospital setting you always had a friend you could turn to. *Viv McAvoy, Nursing Officer*

Community care here is fine, it is developing, I think it is doing the right sort of thing. But what worries me always about community care is that it will be done on the cheap. *Tom Bush, Nursing Tutor*

Was it working? Positives and lessons …

[Starcross] was the test bed that the government used to develop community care. It is the place where people were told to come and look. Tom Bush, *Nursing Tutor*

I have not on the whole had anybody who wants to go back, whether that is personal pride or not I don't know. I think the majority are getting a better deal. It is not as good as it might be, it is different. It is almost impossible to compare – it is rather like comparing two concertos – they are different. Dr Strange, *Medical Officer*

I live very close to a group of ex-patients who are regularly deemed [by the local community] to be having a worse time since their discharge. It is my opinion that they are having a significantly better time in that they are walking around the town… and that is no different than when they were in the institution because the drill was "get out", so they walked around the institution… now they are walking around the town. Ask any one of the group who live close to me: Would you like to go back in? And not one wants to know, thank you very much….
If they miss anything… they probably miss the opportunity to socialise… because no-one goes dancing with them or plays football with them. Trevor Buckler, *Senior Nursing Officer*

You take Knightshayes, where Sister has a chequebook, she buys all the groceries, a Team Leader as she's called, and they all get involved in what they're having to eat, it's all cooked on the premises, so it's home-made cooking….so there's a tremendous difference. They go and sit and have coffee and chat to people, parents are in and out, a busy little unit. Sheila Easby, *Nursing Officer*

The good things of the Community [Service] – we've had quite a few clients admitted who were unknown to Social Services, living at home. We had one lady who was admitted who lived in a calf shed for years with the calves. Jean Waldron, *Nursing Sister*

I think in Exeter we've got it just about right… Twice a week we're available for all the staff, even for staff to say: Look, I'm not sure I'm doing this right, you know, I've got a difficulty, can I talk it over with you. Sheila Easby, *Nursing Officer*

The spontaneity that is possible in a community centre is great… We are still very embryonic… we have achieved quite a lot, but there is so much I want to do. People are very enthusiastic, I have a super staff. They are all… very different which is good because it means we can tackle a whole variety of things…. I hope we get a really good service and if we don't it won't be through lack of trying. Viv McAvoy, *Nursing Officer*

In my job as a tutor, we have actually moved out of the Training School, all the tutors in mental handicap are working in localities. That is a revolution. I see this as part of my job, actually working in units; you go and talk to my colleagues in Swindon or Plymouth or Torbay and they are all still in training schools and think they are way ahead. Tom Bush, *Nursing Tutor*

I'm most impressed, in retrospect, at the progress that has been made in the Exeter district when I look at another district and how disappointing [it is there where] everything's deemed to be resolved, by discharge and admission to private units and joint-funding units. Dr Peter Easby, *Consultant*

We have gone out into the communities and seen how the patients have settled….one particular gentleman who had a very close attachment to his family but, because they lived at the far end

of Cornwall was only able to see them a couple of times a year when he went down on holiday, on Open Day, and perhaps once or twice more if his sister was able to make the long journey… is now happily living in a small hostel on the northern Cornish coast, he's able to go and see his sister whenever he wants to, he's involved in a lot of the local activities in the village, and is leading a very happy life, whereas when he was back in the big hospital here he was often very miserable… I think this is a classic example of how moving the patients into the community does work. Peter Nutley, *Hospital Administrator*

I think the programme is working pretty well. It's a great delight to see people that I knew at Starcross and… I worked with at Langdon being moved well and happily, and without too much fuss and bother, into situations where one feels they're much better off. We have a number of day students in the Education Day Care Centre [who] are well-placed and good messages… Nigel Pyart, *Adult Tutor Organiser*

The institutions make life very difficult. You've got to simply help people to move and then support them, and I think they, the Exeter Health Authority, have done that. I think that whilst there might be cases where both the staff, by the way, and the patients' support may not be appropriate or on-going enough, caring enough, the great, general mass will probably be a success. It certainly has been a success for residents in terms of small group living. Nigel Pyart, *Adult Tutor Organiser*

The things that are better are the sort of attitudes of the new staff, the staff that have … never probably set foot inside an institution. It's lovely, they do look upon people with disabilities as equals, as a normal human being, and they treat them like that naturally. That is absolutely superb, some of them could show me a thing or two on how they communicate. Viv McAvoy, *Nursing Officer*

Travelling around the country, I think you will have to go a long way to find a comprehensive system as in Exeter. Tom Bush, *Nursing Tutor*

I am in contact with at least 20 folk who now live in the community and they are just so much better off. Trevor Buckler, *Senior Nursing Officer*

One of the big advantages in the Exeter district is the appointment of the day service managers, because what they will be doing is not looking for somewhere for 60 people to go and be occupied, but… the sort of activities and perhaps training and education which the former patients need to enable them to lead better lives in the community. If you look back on the occupations… in the hospitals, they were not really of any benefit to the patients – they just kept him ot of mischief… they did no good materially… to his well-being or his education… to better survive in the outside world. Peter Nutley, *Hospital Administrator*

Apparently derelict lives have found new meaning and purpose. People, silent for years, have after a short time of the new life spoken, and gone out to buy the papers. Families and carers, formerly conditioned to lonely and dedicated lives of constant duty, have discovered fellowship, support, advice and practical help. So far as the customers are concerned, the programme has been successful. David King [2]

Closing hospitals does not equal Care in the Community

Achieving the hospital closure was not sufficient in itself. Community care had to be established, but also needed to continue to develop.

I think it was misleading to assume that the hospital was a steady state and we were moving to another steady state.
It's a garden and, with care, it can go on being charming – without it, it becomes rank with weeds. David King [3]

Care in the community as its title implies assumes there will be support and help for people where they live… more effective if it is dispersed and available throughout the community. David King [2]

Central to the philosophy is that it should be more than community service in name alone. Its intentions are to cater for individual needs and to respond, as far as possible, within that community and linking into the network of the resources to be found there. David King [2]

For so long in rural communities the story has been of centralisation, the closure and withdrawal of local services to large urban centres…. Initially, the offer of more local services… was so unexpected that it was regarded with suspicion… but the change has been welcomed… David King [2]

One thing about Community Care, you do need procedures and you need monitoring systems. Sheila Easby, Nursing Officer

There were no guidelines or patterns to follow except those we found for ourselves and this is where we had to rely on the imagination and ingenuity of the staff we were releasing from the hospitals. It was like taking an army trained in conventional manoeuvres and converting it into a guerrilla force… whose success depended on the skill of local commanders. David King [2]

Within the confines of the system [at Starcross] we had an extremely good social side put on which is a thing which is probably now lacking in the community with people now [1988] going out into small group homes, I hear when some of the clients come in here [the Knightshayes unit in Exeter] for day care and we take them out. Jean Waldron, Nursing Sister

We try and raise money here [Knightshayes] but most of the money goes to mentally handicapped kids, but, you see, mentally handicapped kids grow up and become mentally handicapped adults, and mentally handicapped elderly are even worse off – they forget people get old… there are far more mentally handicapped adults in England than there are kids. Jean Waldron, Nursing Sister

They've got to build specialised units for people with severe physical problems. Say you have a mentally handicapped person with multiple sclerosis… Where do they go?
I have three ground-floor beds [at Knightshayes], they are at a premium, I could fill 10 ground-floor beds. Jean Waldron, Nursing Sister

You get some parents that will abuse the system [carers' breaks] and there are some who will only use it in a dire emergency and I'll phone up a particular client's mother, he is very difficult, and I'll say "It's time he came in, I expect you need a break?". We started that about two years ago and it's now a regular thing – he come in once a month for three days and she has some time to herself. Jean Waldron, Nursing Sister

A lad who lives at home with family who aren't particularly bright but who see him as an income… he stays in here three days a week, lives at home which he shouldn't do really because his behaviour is not good… he lives up in his bedroom. He would be better placed in a unit for young adults. *Jean Waldron, Nursing Sister*

[The services] are more consumer-orientated and acceptable… Which is not to suggest that if you float above Devon you will only hear a purr of satisfaction from the ground, that would be impossible. But there is nobody who wants the clock turned back. *David King [2].*

"The proof of the pudding's in the eating, and if you go and see former patients now living normal happy lives in the community, <u>there</u> is the justification for what we've done."
Peter Nutley, Hospital Administrator

No going back

It seemed like a permanent institution and I think it fulfilled a definite need. I think closure is a great mistake. I think we shall find, as the Americans did that, sooner or later, we shall have to start building again. Dr Mary Kemp, *GP, speaking in 1988.*

Surely, there will be no going back to institutional care? No re-centralising of services? No more "care" at a great distance? Could things slide back?

History shows how things can cycle back and how, as memories fade, sentimentality for times gone by can take their place. History has an important role to teach and remind us why we moved away from the institutions.

The questions to ask ourselves include: How much resource did the hospitals absorb? Did they meet the needs that existed beyond their walls?

A few years ago, television documentaries concentrated on poor conditions in mental hospitals. Now they point to the inadequacies of community care. This is often taken to be a vindication of the hospitals and an argument for their retention: not a case for increasing the resources available for community care. David King [2]

Proof in the pudding

The success of the pioneering community mental health care services established in Devon proved beyond doubt that they could be provided, and that the people who use them find them infinitely preferable to the large old institutions they replaced.
Edith Morgan, Founder President, European Regional Council, World Federation for Mental Health, in the Foreword to David King's book [1]

On the following few pages, five articles are reproduced which describe some of the community care provision that had been established by summer 1988. They are taken from an issue of Health For All, a newspaper which was published by Exeter Health Authority to mark the 40th anniversary of the NHS. I was the author and editor.

These free newspapers were widely circulated, including through door-to-door deliveries and through supermarkets. The inclusion of these articles not only illustrates the pride which the health authority had in the new community care provision, but the readiness to engage the public in a new, welcoming attitude to people who would otherwise have remained in the institutions.

This article was about a home for nine people in Exeter:

Good practice makes for perfect homes

How do we know that people with handicaps living in private registered residential homes are getting a fair deal? And what makes for a good home? I went along to a registered home in Exeter, where nine people, aged 18 to 55 live, and asked the owner, Geoff Howard, to explain the inbuilt safeguards and also the high standards he sets himself. First, he told me what is most important in running a home:

"Top most is the training of your staff. Hopefully they'll pick up from us, but in a small home you can't afford to do training as such. However, we get back up from the health-authority's community team. What I like is that they offer courses for private sector staff.

"You've got to have two people on 24 hours a day in a private home — and a cook or a domestic does not count as a care assistant. We have two girls who live in. Social services don't let people work more than 40 hours and I think that is right.

"Activities are the next most important thing. I think it's lovely for residents to know what's around Exeter — there's so much and if it's not used it's very sad. My main aim is to get everyone into a part-time job. Once you've got a job, you feel you're somebody. I'd like people to come and after six or 12 months move on to their own bedsit.

"It's giving them their indepedence really and being in the background to give support. One girl here helps at a nursery and works at St. Loyes in sheltered employment in the afternoons. Someone comes in in the evening and does budgeting, handwriting and spelling.

Facilities

"There's the drop-in centre at St. Davids, and we want to use local sports facilities — The Plaza is popular with residents. There's occupational therapy and lots of evening classes, the Tuesday club, bingo. One resident has been with the YTS programme. And there are shopping expeditions with a member of staff to choose clothes. One helps the next door neighbour cut her grass.

"Residents are all referred through the community team and the social workers working with the team. Some come from families and after bereavements, and a few are referred through emergency accommodation provided by the health authority. Often the family is getting on in age and would like to see their son or daughter independent before they pass on.

"The community team gives excellent back up. We work hand in glove — they make you feel part of the team. They do a lot of good work. If you want any advice or there are any problems...and they get people involved in helping residents develop, like arranging for someone to go to an evening class in art or pottery — I belong to them as well!

"I think they've screwed it right down. The visits are incredible. Everything has to be just so. There are annual checks when they see staff rotas, accident and fire logs, pocket money books — most important, medication records, residents' contracts. They make sure it's all in good decorative order, talk to the residents and set the alarms off and check the call system.

"It's tightened up so homes don't push residents out during the day. And then there's health visitors coming in, fire officers knocking at the door...

"I like to keep records, like their weight. I see it as an indication of how well they are. All the meals are provided, and all but two of the residents — who asked to share a room — have single rooms. We have held barbecues with the children along too, and we have a couple of allotments which residents are free to use. We have our own minibus to use for trips.

Pocket money

"We give as much as we can give. We're very involved with the people here. We've cleared it with the DHSS to increase the pocket money. We couldn't have a place with people sitting around looking at one another."

Geoff is very involved in improving residential care and in health service planning. "I belong to the local planning team for mental handicap, the registered care home owners group and the carers group. I got involved in the local planning team to be a representative of the private sector — the majority are from Mencap and the health services or parents. Parents have had the opportunity to come and see a private home."

Geoff gave up the career he had, first as a qualified baker and confectioner and then as a foreman bricklayer, to provide a registered residential home with his wife Christine and their young daughter, six years ago. "If your heart can't go out to these people — because they're so nice, they're very sincere and they appreciate everything you do. There's a lot of sincere people in it now, running homes, and there's never enough good said about well-run homes."

He summed up: "Good practice is being involved in what the residents are doing and passing on your good practice to other homes."

This article described how much life had changed for a long-term hospital resident:

A fair way of life

Denis is Frank's right hand man, caddying for him on the beautiful Crediton golf course. What better, he says, than taking in the fresh air here, hopefully seeing Frank win his match, and then having a drink in the bar.

Denis lives at Brooklyn House, on the edge of Crediton, and regularly gives a hand off-loading deliveries of vegetables at the local post office stores. He's very active, always on the go, looking for odd jobs to do.

It's hard to believe, as we sit talking over a pint in the local pub, that he has spent nearly all his life, from the age of 13 to 63, in hospital, including 12 years at Western, before moving into his new home last November.

Each day now, he explained, there's "plenty to do — I just get on and do it." Most of all, he enjoys going to the golf course, regularly with Frank, who is one of the staff at Brooklyn.

Altogether, five people live here, with three rabbits and two cats as pets. Tiger, one of the cats, is Denis's particular favourite.

Among his other activities, on Wednesday nights Denis has been playing skittles at the youth club. He can also play darts here. "I won the other night," he told me.

Sundays are busy days for him, as he goes to church in the morning with Lady Mills, the wife of the former local MP Sir Peter Mills, and in the evening he goes to Chapel.

He may be 63, but he's still fit enough to play football — if he can find an energetic enough member of the support staff at Brooklyn to join him. The chocolate cakes that they make and that he loves don't seem to have made him put on weight. Perhaps it's all the exercise he gets!

Denis may not have been used to having a place of his own until now, but he's certainly houseproud. How many other men, I wonder, are as keen as he is to vacuum up and to wash the kitchen floor. He's also one of those rare people who can make a really good cup of tea.

Opportunity

Life must seem different now that he is no longer bound by the regulations of life on a hospital ward, seeing the same four walls day in day out, apart from running the odd errand to the shops. Certainly, there were things to do in hospital, but now he has the opportunity to go out and pursue his own interests.

For example, he recently visited Longleat, where he was particularly impressed by the factory where sweets were machine wrapped — more so with this than the animals, although he is an animal lover.

On another trip, with John, another member of the Brooklyn team, he visited the Tamar lakes and saw the salmon there.

What does he think of living at Brooklyn? "I like it down Brooklyn — it's lovely down there," is his answer. And John added: "There has been a change in him since he moved from Western." Denis is certainly much freer to plan his own life, yet he has the security of knowing that there are always three members of staff at hand.

He can treat them as personal friends now, especially Mary, whereas before there were only four staff to 18 or 20 people on the wards. And through them he can meet other people, as he does when he goes with team leader Frank to the Golf Club.

As John commented, as we finished our drinks, if you can measure success or failure by the quality of life, then Brooklyn is a success.

Life had changed dramatically for a group of three:

A COTTAGE TO CALL THEIR OWN

Life has changed over the last five months at an address a few miles from Exeter.
There's a sense of humour around.
There's a collection of single bedrooms.
Nobody shouts or screams if a cup is accidentally broken.
There's a cup of tea whenever you want to make it.
Of course, no-one's perfect, and the same goes for the people here.
Vegetables are growing in the garden.
There's a darts board on the wall — someone round here's also keen on snooker, canoeing, fishing and swimming.
Of course, that means a few trips to the pub and other places. Perhaps window shopping.
Breakfast is optional. Relations stop by for coffee.
There are three people living here. They can rely on each other.
There's give and take.
The house feels like home.

Nothing so extraordinary in that...normal, really.

But there is what is so extraordinary — because five months ago things were very different.

I mean, would you feel OK about living with 160 people, where the furniture is bolted down, the glass is armour plated. Would you like having to ask before doing anything? Not having the chance to decide for yourself? What if every time you disagreed with the choice of TV programme it was just seen as another example of you being a problem?

What if everything you did was regulated, written up on a notice board? What if you'd never had your own room? What if you'd been able to choose the things you have around you, choose colours, choose clothes? What if you were an adult and received only pocket money — and had it docked for doing things wrong? Or were put in seclusion for hours on end — even if it was for your own protection?

That's what it used to be like for the people who live at this house now. These three had once been written off as aggressive, self-injurious or destructive. Assessments showed them to have multiple problems. Between them, they had spent more than a lifetime in hospital care.

But their lives have changed dramatically. Being away from claustrophobic situations, able to talk out anxieties, losing the unsocial habits learnt in an institutional environment, being told "next time do it it this way" instead of "don't...all this has helped the three to atune to normal life.

You see, it's not just their surroundings which have changed. Even be accepted assessment criteria, these people themselves have changed and score far, far better. In a few months, gains have been made that even optimistic staff had thought would take two years.

They now also benefit from the care of a local GP and from the sort of health checks and other medical care that anyone else would expect. Each day is new — full of opportunities to pursue new hobbies, with staff on hand to share and to learn them too.

More involved

They've shown that even after 40 years of hospital care and not being able to count, for example, it's not too late to learn, especially if there's a good reason to. And it's not too late for families to feel able to be much closer and more involved.

Says one of the team of eight staff who between them provide 24-hour support, about the release from rules and regulations in hospital: "We've learned a lot in five months. It's like living on a different planet." There's plenty of care but it's "just in case care" not "doing it for you care". And the difference shows.

● This project has been the recipient of an Exeter Health Authority staff enterprise award. There are now three houses like this, each with three residents and at least two staff at any one time — a far cry from four staff covering a hospital ward of 14 patients. Many more staffed homes exist throughout the district for people with different needs and backgrounds, who would otherwise have found themselves in mental handicap hospitals.

● A front room that could feature in Ideal Homes — all created in the last few months with little expense and plenty of imagination by the talented residents and staff of this cottage. They and their next door neighbours had never had their own home before and had spent years in Langdon Hospital

There was a real family home for three ladies:

Sidney and Toni — caring and sharing

Living in a beautiful residential area of Alphington, there are three ladies who need plenty of personal car and love. And they get it.

Instead of being in a hospital or a large residential home, they are "like sisters" to Toni and Sidney White. Ever since an accident forced Sidney to retire from his civil engineering business, he and Toni have made their home a family home for these ladies.

Visitors exclaim that it is like living in a five-star hotel. The 4 bedroom, 2 bathroom bungalow has carefully tended gardens and a conservatory, overlooking the adjoining quiet countryside.

The three ladies share Sid and Toni's life to the full — they go with them to family weddings and christenings, and Toni's friends know that "her ladies" always come wit her — they're "part of her".

SOCIAL SCENE

The local community seems to have taken them to their hearts — chatting in the shops, neighbours joining in their parties, sending many birthday cards and presents, and including them in the local social scene.

In fact, they're hardly ever at home. Besides taking a walk around the estate in the mornings, frequent trips into town to do whatever they like there, and visits to relations and friends, there's the Over 60s, Bright Hour, church outings, Church Fellowship, trips to the moor, to Paignton Festival, pantomimes each year, picnics...

One lady finds walking difficult, another has poor sight, and the third is very nervous. None of them could look after themselves without help. But being with Toni and Sidney has transformed them — as one health worker put it, "They've blossomed."

Toni doesn't like to see them have to struggle on to buses, and she chauffeurs them around to the hairdressers, the chiropodist and so on.

The community mental handicap team had no qualms about approving the Whites' lovely home and referring the ladies to them. Members of the team have a standing invitation to drop in any time — Toni doesn't believe in them having to make special visits or telephoning to warn her.

The team gives her back-up and was on hand to give her advice when the mother of one of the ladies died recently.

To Toni and Sidney it's a fulfilment of their ambitions. Toni had been a night nurse at Exminster Hopsital for 21 years and had spent 26 years in nursing. She had always intended to visit elderly ladies in her retirement, to bring some happiness into their lives. "Now I've this satisfaction", she said.

Sidney too is, he admits, a sentimentalist, and it moves him to tears to see anyone living out their lives without the best being done for them. To him, "It's worth it, to see the smile on their faces." So he has been more than happy, even after years of both he and his wife working, passing each other in the door as he worked days and she worked nights, and even after bringing up their own three children, to make his home their home.

DEDICATED

"We are dedicated to them," they said. "We think these small homes are ideal."

Toni and Sidney do get a break — when a friend steps in and has the ladies to her home in Exmouth. But Toni is glad to get back — she misses her ladies so.

Sharing their home, their lounge, their meals, their celebrations, seems to come naturally to them both. Perhaps it is because they both come from large families.

Certainly they feel it's only right that people who need care should be able to have it in a home setting like this. And it is a great comfort to the elderly relatives of ladies like these three, as they've told Toni, to know that they've found a new and devoted family.

● Toni is just one of half-a-dozen carers who meet monthly in Exeter, to share their experiences of looking after one, two or three handicapped people. They have held a sponsored slim and jumble sale to raise money for a barbecue and dance for "their people" and they have also put on Christmas parties for them in the past, with Sidney as Father Christmas!

Support was there for parents:

PARENTS KNOW BEST — IN THE WEST!

Parents are increasingly involved in planning and developing our local mental handicap services. I went to Okehampton to talk to parents and Mencap representatives there, to ask them what difference their involvement had made. Mrs. Audrey Vincent, Mr. Lawrence Draper, Mrs. Kathleen Grainger and Miss Marianne Fulford told me about the great strides forward they had seen over the last three years and what that means to West Devon people.

In 1984, apart from the local Mencap society, there were few services. Robin Oliver was working as a community nurse from Crediton and there was a social worker, Stella Hudson. The only day services were at Tavistock — a long journey away across the moor.

Clearly, services had to be developed for Okehampton and the surrounding, far-flung area. The key to doing this proved to be the input of local Mencap representatives and then parents themselves. A questionnaire was sent out to 47 families (when they had been traced) and more than 30 replies came back. Now, there are 76 people known to be either using the services or coping well at hope but maybe thinking about future needs.

Said Robin: "From day one we worked together. Mencap had a wealth of information, knowing the families." And, at the same time, as Exeter Health Authority developed its community care programme to Mencap it was "Wonderful when the community team appeared out of the blue — all sorts of things started happening then."

There were three clear needs, from the answers given by the families. What they were crying out for was a short term relief care, much closer day services and recreation.

The local Mencap branch had been fighting for about 10 years by then, since its formation, writing to county councillors and pressing social services directors — but nothing had materialised.

The new group, plus parents, began meeting in 1984, and as many as 20 people would be brought together at times, including invited representatives from housing and other services right across the spectrum. And the Development Group began actively pushing for the three things they now knew local people wanted. They had clear priorities to work for.

Relief care was the first of the three to be achieved — in the shape of the Bartons, funded by Exeter Health Authority, with up to six places for people staying overnight or for up to a few weeks.

The Community College was approached about its Friday sports nights and an affiliated club was formed with the support of Mencap and the Rotary Club. It seemed sensble to use the existing facility, being members of the local community. It saved the expense of setting up a separate club, and it meant members could join other sportspeople in the many activities on offer there, like badminton, and wouldn't have to copmete by themselves. They have their own self-run coffee bar where parents and Mencap members can sit and chat.

Familiar and well-liked

The day centre, The Leaze, is now 18 months old. It saves hours of travelling time for its 13 students, who used to have to go to Tavistock. It recently held an open coffee morning, selling its own produce, and the students, who shop in town and attend adult courses at the college, are becoming familiar and well-liked faces around the place.

Just after Christmas, the community team moved into its base in Okehampton, at The Cottage (telephone Okehampton 3802), and Robin now has the help of another two full-time community nurses, an occupational therapist, a physio-therapist, a psychologist, some speech therapy time, a half-time social worker and more — plus a part-time secretary to keep them all in order.

So what is there left to do? The group still meets every four to six weeks.

Playschemes are already in full swing after starting in the summer of 1986 with six children. There were 18 this Easter. The Open Door Group, Young Farmers, the school and playgroup people have all been involved, and the Community Centre is the base. Most days there are outings — to the zoo, to see the Marines and so on.

And for the elderly there is a Tuesday afternoon group, run by the team's occupational therapist and community nurse, which is hoped will expand. A fifth former from the school comes to help and visitors are welcomed.

But the question of where people will live long term, as their parents get older, is next to be tackled. There are hopes that a permanent home will have been found for three people later this month (July) and that sheltered housing can be established with the help of West Devon Borough Council.

A parent relief scheme has been launched, where relief parents are paid — at no cost to the parents getting the break — to have young mentally handicapped people come to them for a few hours or a day and so become an extended family for them.

The first parent to use this scheme said: "It's marvellous. We use it up to the hilt. It's of tremendous benefit to us. We can't give our daughter 100 per cent of our time, and she looks forward to it."

He went on: "I think all the parents feel there have been tremendous steps forward in the last for or five years."

- A booklet titled "Community services for people with a mental handicap" was produced by the group before Christmas. It shows what and where the new services are and how to become involved. It is available at health centres and the library, C.A.B. etc.
- There are parent representatives on planning or development teams all over the district since Exeter set the trend.

"You feel you're wanted now — included.

Before all this we felt we were a voice crying in the wilderness.

The team is so progressive now — it has brought US on a bit...There's always something still to do but we wouldn't have got half so far without them.

People are beginning to offer to do things for us...It's easier now there are specific projects.

The phone calls we've received were nothing but praise and people offering to help projects along.

We came from Manchester and we've found everything here was just so much better — we think it's fantastic.

Certainly any comments one makes as a parent are taken note of.

Communities had to be self sufficient here...I don't think the team gets the support it ought to have from the customers — the parents. You can't lose anything by getting involved if people are prepared to listen, which it seems they are — it can't do anything but good.

Holidays, camping,, canoeing and sailing, all sorts — in the holiday periods we hardly ever see our daughter (nearly 15) — she's off somewhere, doing something. She's got no memory — she does something and forgets it. But she does look forward — so life's all excitement while there's something for her to do.

We used to get up at 6.30 a.m. so my daughter could get to the Tavistock centre. Handicapped people take a long time in the morning — time doesn't mean so much to them and they can't be hurried.

She really does enjoy her sport — badminton, canoeing, riding — it gives her much more confidence. She's not handicapped in that way - sport is one of her things - she can go out and achieve."

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PART III In Their Own Words

The following pages contain more of what each interviewee had to say. Again, these are extracts and not the full interviews.

The extracts appear mostly in an order that reflects the progress of the interview.

They have been selected because of the extra insights they bring to the story of Starcross Hospital and its closure, and to the personality and attitudes of the interviewees themselves.

A short biography introduces each interviewee to indicate the time period when they were involved with Starcross Hospital and their role within it.

This section starts with those whose memories go back furthest, and ends with those who were involved in more recent years.

The interviewees:

starting with those with memories back to the 1930s and ending with those in the 1980s, including the closure of Starcross Hospital:

Len Vaughan……	Charge Nurse
Miss Ford…….……	Dressmaker
Mrs Price……..……	Nurse
Arthur Mortimore….	Hospital Secretary
Stormy Adams……	Hospital Mechanic
DC Hammond……	Acting Treasurer
Marion & Pamela……	Former residents
Sybil Sivyer……..	Assistant Matron
Dr David Prentice…..	Medical Superintendent
Mary West….....	Nursing Officer
Dorothy Davey……	Teacher
Jack Leach……	Charge Nurse
Lady Mary Courtenay..	Governor
Elderly Group members	Former residents
Stan ……..	Former resident
Dr David Strange……	Medical Officer
Frank Lovell……	Catering Officer
Trevor Buckler…….	Senior Nursing Officer
Viv McAvoy……	Nursing Officer
Geoff Bird……...	Parent Representative
D Khadaroo……	Deputy Charge Nurse
Sheila Easby……	Nursing Officer
Dr Peter Easby……...	Consultant
Dr Mary Kemp……..	GP
Tom Bush……..	Nursing Tutor
Peter Nutley……..	Hospital Administrator
Tom Harrison……	Director of Nursing Services
Anon……..	Night Nurse
Peggy Cordell…….	Volunteers' Co-ordinator
Dr Chris Williams….	Psychologist
Jean Waldron……	Nursing Sister
Nigel Pyart…….	Adult Tutor Organiser
David King…….	District General Manager

THE INSTITUTION IN 1876.

Len Vaughan, Charge Nurse

74 year old Len Vaughan worked for more than 40 years at Starcross, before he retired at 60 in 1972. He became a charge nurse "in charge of the top flat" and was secretary of the hospital football club (Starcoss was elected into the league in 1936).

During the war, he spent nearly four years in the army. He had been born in Starcross village. At six years old he moved with his family to Alphington, Exeter, to live, and when he was old enough to start work it was with his father – market gardening.

But Len's mother had worked at the hospital as a nurse. And at Len's interview to join the hospital staff, the hospital superintendent, Captain Mayer, apparently told him: "If you're half as good as your mother, we've got a catch!"

Len recalled that he had only one Christmas Day off in six – that was the "patients' day", and the patients had to be treated well – "they would take the patients' word before yours".

But the work gave him great pleasure. "I loved my work. Nothing pleases me more than to go into Exeter now, see them now, working men, some married, stop me and say hallo." One told him: "They made a man of me at Starcross."

Yet, Len added: "I've got an open mind – I don't think they should be shut away."

He had a clear memory of the hours he worked during his career, and that he had one day off a fortnight: *A fortnight's holiday a year, full stop.*

The patients that had no family ties – the schoolboys not the seniors – went off to Whitcombe farm for the whole of August, Whitcombe camp. The ones had parents able to have them home, they had them home. They all used to assemble on Starcross station… one woman, she was a little bit of a complainer. There was another chappy there, said: Each time you complain you should get down on your knees and thank God there is a place like Starcross.

You'd find the odd parent couldn't come to terms with little Johnny, after he'd been home a few days, wanting to come back. I remember one… a schoolteacher… she said: It hurts me – I get him home for a fortnight and then after two or three days he wants to go back. I said: Well now, think, the thing is this, he's got his pals back there, that's his home, whether we like it or not.

They stopped the [camp] at the farm, and then they started the camp at Brixham. That was for all male patients to start with… on a volunteer basis. You were asked whether you wanted to go… You'd go down on the Monday, come back the following Monday. You were allowed one day off during the week to come home if you wanted to… but quite a few, they got their wives to come down. In all, it was quite a pleasant week.

Group therapy came into it a lot [after the war]. The patients were sorted out and they were trained according to their abilities… We had one typical little exercise which worked very well for a while… Whenever there was any spare timber lying around, somebody used to get this timber on a lorry and put it in a shed in one of the yards. And this boy and two others had a little saw, used to cut it up into little bundles, and they used to sell it and that was their little activity.

He also described other activities such as handbell ringing. *On one occasion they went up to Kenton when they had a concert up there and they really brought the house down – to think that these sort of people could ring bells so effectively.*

In the early days, I suppose you could say that, at a rough guess, about 50 per cent of them were employed. The number of people that were employed outside the hospital on the local farms, gardens, hotels, cafes… There was one little lad in Dawlish now, I very often see him, been down there for years, he works in one of the cafes washing the dishes and so on. He's as happy as a duck. He's doing a worthwhile job….

People say to me now, now it's all shut down: Cor, I'd love to get hold of a lad….at the big house over here, he employed several boys over the years. He could go away and leave them to it… one works permanently up in one of the big farms. That was the sort of patient that formed the majority in those days. There was 600 odd. You had your 120 schoolboys… we had two of our own farms in them days, staffed by our own staff and patients.

I had a little discussion with one of the new chiefs… not very long before I left… He said: You know your trouble, Mr Vaughan, you treat this job too personal. I said: Well, that was my training… If that boy speaks to me, I speak to him, even if I have to say Good Morning a dozen times a morning. What does it cost you? I hope the day doesn't come when these patients are just a number on a piece of paper.

Miss Ford, Dressmaker
Mrs Price, Nurse

Miss Ford and Mrs Price, of course, saw the "other side" of life at Starcross Hospital – the female side – which was strictly divided from the male side.

Miss Ford was a dressmaker and Mrs Price a nurse. Miss Ford began at Starcross in 1923, Mrs Price joined eight years later in 1931. Mrs Price worked there until 1938, returned part-time in 1947 for seven years, and then "as long as they made me a Sister, and they did" worked full-time for 15 years, retiring at 60 in the mid '70s.

They spoke at Miss Ford's home in Starcross which she shared with her sister who was married to the late Mr Ted Sant – another of the long-serving staff at Starcross. Miss Ford's parents had both worked at Starcross.

Their reminiscences together about the old days were noted rather than recorded on tape. Being younger and more extrovert, Mrs Price took charge of much of the conversation.

However, **Miss Ford** described her time at the hospital and that of her parents:

Mother and father worked there, they married in 1900. My father was working there before that – he was a basket maker. He used to go with a pony and trap and sell baskets, brushes and mats round the villages… Mother [Emma Shepherd] gave up nursing when they got married… Father was there for 44 years as the deputy chief male nurse.

I learnt dressmaking… then I went down the hospital. I went down the basement and made shirts for a time, and then I went up to the dressmaking room when the person there was leaving.

We had a school there and we used to have a pantomime at Christmas, and I used to dress the girls and my sister Mrs Sant used to dress the boys. Mrs Sant had a home in the grounds of the hospital – Institution Cottages – so the children used to come out to her to be measured…

And the committee used to see the best of the boys and girls. They dressed in cotton in the summer and tweed in the winter – they used to make their own tweed. [The dresses] were navy and white, thin stripes, all the same. They buttoned through down the front. In the summer short sleeves, in the winter long.

The patients used to use the sewing machine. There were six patients and two staff – me and a nurse.

We used to take the patients out for walks, down the Warren [Dawlish Warren, by the sea] and we used to have days down there. The patients walked and a horse and cart came with the food and tents and he [the driver] would have made a lovely cup of tea for the staff.

We used to have black serge dresses in the afternoon and the nurses objected to them. Cotton dresses in the morning. Black serge was not very comfortable. We used to be proud of our uniforms.

Mrs Price recalled the "show dormitory", Dormitory One:

We had 24 [patients]… there were plants, we showed people round. They put me in a side ward. There was a floral curtain round the bed. If you heard a noise you had to see to it. You had to deal with [epileptic] fits.

You had to sit [on night duty] anytime they needed night nursing – there was no night shift – if they had pneumonia… You had to be locked in – I was only 18… It would have been a scandal if the night man could come over to the female side [of the hospital].

There was only one night man, Mr Lang – little brass locks everywhere that registered on a graph in the visitors' room… He only went through the basements on the female side.

The girls that worked in the laundry had raw hands… I left to get married in 1938 and it was after that that they put toilet rolls round. I went back in, part-time, after I was married – I went back in '47.

She also remembered the girls' dresses and the days on the beach at Dawlish Warren:

They had different colour [dresses] Sundays to weekdays, I think it was red for the schoolgirls anyway. Later they chose their own patterns. The van used to come down from London. It used to depend how much money they'd got whether they had one dress or three.

[On the beach] they all used to be covered in olive oil and they used to blister in the sun. They just paddled – they didn't have costumes…

Until later years, when we had to take out some that were troublesome and didn't want to walk, people used to stop their cars and say: You shouldn't make them walk. But Miss Sivier [assistant matron from 1938] wouldn't allow a pushchair.

They never had an egg to eat – the only time was Easter Sundays when we nurses used to buy one… every child had an ordinary [hen's] egg for their tea. They never had a roast dinner except Christmas Day – then it was beef… Porridge Monday mornings and Friday mornings – with beetles in the bottom of the can! Beautiful thick soup – still with beetles in the bottom of the can… Even at Dawlish Hospital they had beetles…

They ate well. I don't say there was nothing fancy. On Sundays they always had a large slice of doughcake, nothing on it. And they had lots of venison. We didn't like it. Used to say it was a stew. The food came from the centre of the building on big wooden trays. We used to say it was "Wait and See" or "Mind Your Own Business" for pudding!

In Elm Court, they had a cereal and cooked breakfast, three course lunch and high tea and at eight o'clock a pan of milk. Lots of OAPs couldn't afford it. They really lived well – you could never say they were short of food. They were nursed if they weren't well… they had their friends and had their free time, trades and occupational therapy… and TV – they didn't always agree with the programmes they wanted to see.

You had a cubicle – just room for your bed and a washstand. We didn't have a wardrobe… you had a maid… to put out your clothes… We wore uniform on duty and our own clothes when we went out. White caps and blue veil when we went out and a navy blue serge coat. I thought I

was the cat's whiskers. You had to have permission to wear your uniform out to have your photograph taken.

It was cold in the bedrooms, but the corridors had radiators. The year we all had 'flu – the year the house in the village caught fire – all of us on Dormitory Three, we were absolutely frozen. I don't think I have ever been so cold. And the blankets were hard.
…They weren't allowed cardigans over their dresses until it got really cold.

There was a huge table in the basement, piled high with black stockings and we stayed all days Mondays mending stockings…. If they weren't finished Mondays, then we did them Tuesdays, and then we mended knickers and made chemises and calico nightdresses. Some of the girls [patients] used to do beautiful buttonholes…

The very young ones went to bed at six. Their shoes were taken off to be cleaned by certain girls, and we used to have to look at their socks and if they had holes mend them, even if they'd been on their feet all day – yes, smelly socks.

Pictures on Wednesday and a dance on Thursdays. Church Sunday mornings and evenings… If someone had been naughty – no dance tonight!... It caused quite a lot of… rows and jealousy. Some of the boys who were higher grade used to come and ask the staff to dance…

I used to save my 4/7d to go home [to Wellington] once a month… We had a free pass to the pictures – the nurses. On Sunday afternoons when you were off you had to be careful. I was told you don't mix with domestic staff even off duty.

Mum couldn't afford to keep me at home. My mother nursed and father – that's how they met… My father was a nurse then in the First World War he was gassed – it affected his lungs and he was buried on my 10th birthday.

Mrs Price summed up the hospital care:

I don't think anyone ever said they would like to live with their own family – they missed the company if they went home on holiday and their parents always used to say they couldn't wait to come back.

ELM COURT.

The Nurses' Home, "Staplake," Starcross.

Arthur Mortimore, Hospital Secretary

Mr Mortimore preferred to give a written contribution instead of a recorded interview about the events of 47 years, up to 1971.

He wrote in a covering letter:

As for Starcross Hospital, the physical edifice has crumbled; its spirit has passed into history and I feel there can be little merit now in raking over the ashes, except to be thankful for its lengthy contribution to those less fortunate than ourselves.

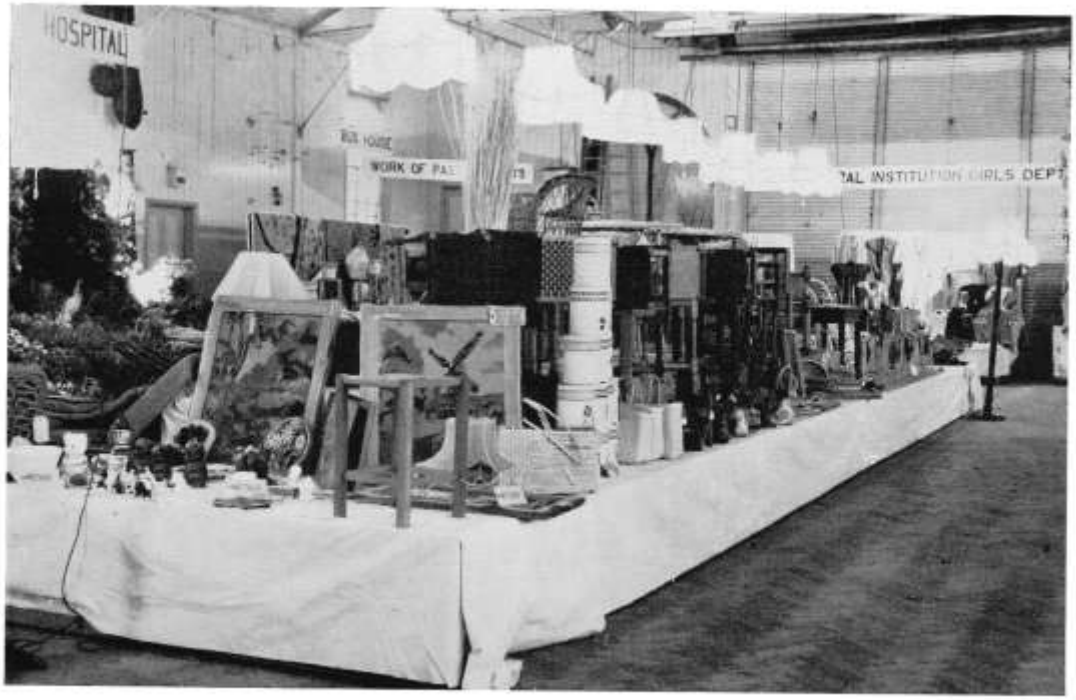
His memories included a life "varied by many therapeutic occupations":

For the children in the residential Special School under the Education Acts, a headmaster, headmistress and staff taught 100 boys and girls. Those over school age, approximately 300, worked on the three farms and gardens; at trades and handicrafts such as basketry, shoe making, mat making, laundry, needlework, Honiton lace (even the Royal family graciously accepted such gifts on special occasions), glassware, repousse work and knitwear, as well as normal routine household duties in the dormitories, classrooms, kitchens and grounds. Additionally, the children engaged in Scouting and Guiding activities and, for the young men, a uniformed brass band of no mean quality comprised up to 25 musicians who enjoyed a tremendous reputation at fetes and other open air functions around the neighbourhood.

It should be remembered that male and female patients were admitted from every part of the country… and many of those known as "high grade" were Poor Law children without caring relatives and who would never have been certified under the Lunacy or Mental Deficiency Act had it been possible to place them in a less competitive environment…

Throughout the history of this pioneer institution, with its specialised care for the mentally handicapped, especially prior to the National Health Service, a strange affinity, relationship or sense of "belonging" prevailed between "them" [the residents] and "us" [the staff]. But the doubtful title of "hospital" had brought with it a professional rather than communal atmosphere; many departmental "experts" appeared and too many qualified nurses became unqualified administrators to ill effect.

A Display of Handicratts.



Section of Handicraft Exhibition.

"Stormy" Adams, Hospital Mechanic

"Stormy" was an attendant initially and then became the hospital driver and mechanic, and he was known among the patients as "Chief". Part of his job was to drive a van to collect "absconded" patients from the police.

The nickname "Stormy" came from a book about World War I, loaned to him by his boss, which included a fighter pilot nicknamed Stormy Adams.

"Stormy" Frank Adams was born in Dawlish. His father was a labourer and his brothers were craftsmen. He joined the Starcross staff as an attendant in 1931, aged 21, and worked there 43 years, retiring in February 1975.

Aged 77, he was living in a bungalow in Kenton – the next village to Starcross on the road to Exeter. His two sons and daughter were all living locally, and the sons were both working in the health service.

He said he'd been "born with a silver spoon in my mouth". When he started work at Starcross he said he had "entered a strange world of institutional life" – "It scared me out of my life."

To him, his late wife had been "a gem" (she died just before he retired). He would give her his wage packet always, and she would pay all the bills and she gave him two florins [four shillings] on a Saturday night. One of those he'd give to his brother-in-law, a forester who couldn't afford to go out for a drink at all otherwise.

He explained how he came to work at the hospital:

I was coming up to the age of 21 and we [him and his friend] decided that we would like a change of occupation – I having served an apprenticeship as a motor mechanic and he having worked in the wet fish industry… so he said to me: Here, I understand they're looking for two male attendants. They were called attendants in those days, not nurses…

I hadn't any idea [what to expect]… it was such an enclosed thing that you very rarely saw the patients outside the hospital, in so much as if you came from Dawlish… You wouldn't say: Oh, there are institution lads. Because you wouldn't know. I had no idea what they lived like, not a thing.

We – the staff – used to get out [of bed] before half past six and were ready for the whistle to go. [The head attendant] used to have a refereee's whistle with a pea in it that would be very shrill.

They used to say amongst the staff: The wages of sin are death and the wages of the Western Counties Hospital are worse than that…. And the patients used to say: God made the bees, the bees make the honey, the Boys do the work, and the Staff get the money.

It was in the transitional period between horse-drawn vehicles [for coal, salt and the farm]… and motor vehicles. I finished up in charge of the repair and maintenance of the motor vehicles… there was an awful lot – a coach, ambulances, lorries, vans… when I commenced there, there

was a bull-nosed Morris Cowley van and a Morris one-ton open truck. The van was used for taking patients to the hospital in Exeter, on a stretcher, on a mattress in the back.

[Starcross] hospital was up two flights of steel steps. It was situated in the most awkward of positions because every patient had to be transported up if they were ill, on a stretcher, up the steps, and transported down the steps if they had to go to [the Royal Devon and Exeter] hospital.

Starcross Hospital acquired a limousine. *That was a beautiful, beautiful vehicle… It was owned originally by the thermometer and barometer makers called Nigretti and Zambra … it was a dream car. It was hand-painted green and black and it had two spare wheels, one on either wing. Of course [the hospital] had in mind the Committee… They were very, very good people, dedicated to the welfare of the hospital… You wouldn't have a ride, you'd have a glide. The upholstery was real leather… It was divided off between the driver and the passenger by windows… It was mainly for the transportation of members of the Committee for their meetings… but also if they were to attend the meeting in London – the Ministry of Health or something… then one would have to drive them from their home to…[the] station…. Or down to St Columb [in Cornwall] or have a meeting in Axminster.*

There was a mat shop, where they used to make coir mats for sale to the public… I used to take them up the station every day for transport by rail… Visitors used to come there and say: Oh, I'd like a mat like that, would you make me one….

… Then there was the boot repairing section and making of boots… they were hob-nailed boots in those days… The leather used to come from Exeter city by rail and I used to transport it into the shop….
… I have taken hundreds of brushes up the station for the Devon County Council, for the road men to use… they used to manufacture those in there. The staff used to teach the patients how to make them. In the end they were equally as efficient as the staff at making brushes.

There used to be in the annex [at Langdon] low grade villas, see, there were galvanised huts erected and they housed about 40 very low grade patients, and there were two men in charge. They worked in pairs… they were all men of good understanding and super men, there's no doubt about that…. Some of these poor patients could neither speak or hear or understand which day it was…

Where I think they made a mistake, on reflection, was having juniors and seniors in the same building, both male and female. That was a sad thing because when the young patients – they would be eight or nine years old – came into the institution life it was a terrible thing…. Their parents used to bring them or a social worker from, say, Plymouth on the train… and just throw them in at the deep end….

He spoke about bringing the children back from home visits: *Naturally, the Mum and Dad would have given them an evening meal, fed them up well, and tears used to start. Then they used to give them parcels of cakes and sweets, bananas and oranges… and then the diplomacy and psychology used to come into it, because there was tears on both sides. Johnny wouldn't want to go, the mother wouldn't want to let the boy go…*

… Nobody didn't lock the door against me… I'd say: It's unavoidable, I'm sorry. Then I used to coax them into the van: That's alright, you've had a good meal. Then of course, because the seating was [front to back], very often I used to take a vomiting bowl and sand.

I remember a lad from Somerset… a tiny lad…one day I was sent to take him [there]. It was an old lady, her husband had died, and it was her son. And she hadn't seen that son for I think about 18 years and he didn't know her. That was a very traumatic experience… but I think after that he went home quite a lot.

You wouldn't say junior patients or senior patients, they'd say: Oh, you're with the small boys, you're with the big boys, see. So I always thought that was something wrong.

Smoking was taboo because of the fire risk they said, but of course the fire risk was the same when the National Health took over, when they were allowed cigarettes, buy sweets… and they were paid. So in some respects, smoking relieved the tension a lot amongst the patients… That made life much happier for the patients… When they weren't getting anything for it [work], it was a defeatist sort of business – 'twas a world without end for them, they had nothing at all, not financial.

As time went on, especially under the National Health… they used to take them out on trips in the coaches, all over Dartmoor. It became much more relaxed because they had their cigarettes and pipes to smoke… The patients were 90 per cent happier because of those conditions.

I'm sure [some] could have [lived ordinary lives], because they did prove afterwards… The staff used to talk … and they'd say: Fancy sending Harry out into the world and to do shopping on his own – it's impossible… That was proved to be wrong, because today I see them… and they're living in their own environment in homes and they've got their own shopping bag and they know their own money.

The Hospital Coach.

The Administrative Block, Langton Extension

Mr DC Hammond, Acting Treasurer

Joining the Starcross administrative staff in 1931 straight from school as a junior aged 16, he was appointed by the then Hospital Secretary Mr Hedger and Superintendent Captain Mayer.

He worked on the development of the hospital's extension, Langdon, compiling the building schedules.

After six years in the army, he returned, and worked on the preparations for the establishment of the NHS.

Later, following a further re-organisation, he became Acting Treasurer for a short time before taking early retirement in 1975 when the finance role moved to the area health authority.

In the 1948 stage we took over all the mental handicap hospitals in Devon and Cornwall, and that was really a headache because they were all different kinds of hospitals… most… were run nothing like as well as the Starcross Hospital was… we poured all the money that we had got, a lot of it went, channelling into these hospitals to upgrade them… these hospitals we took over were Victorian, Dickensian, they weren't up to our standards, and ours weren't perfect… we could only make the decisions in the light of money forthcoming from the Ministry… We never really got what we wanted, it was always a struggle.

Up to not so many years ago, the patients in those hospitals were a lot better off then so-called normal people outside. They had everything. The dormitories were quite good latterly, they were improved enormously. They had good food… The patients had everything found for them, they had their cinema once a week, they had dances once a week, pocket money, not a care in the world!

Most of them were educable… Latterly, they were very low grade, pretty helpless. The others could certainly be trained and they were trained. You could talk to them. Quite latterly… so many of our hospitals were so very low grade. Franklyn [in Exeter] for instance, cot cases, pathetic cases. Any member of the public that wants to be brought to their senses, just get them to walk around those wards.

One or two hostels that I used to visit, patients would show me round and I was absolutely impressed the way the matrons were so devoted to their patients. These cot case who couldn't really appreciate a doll, they were absolutely marvellous. That has just disappeared, there aren't many of those matrons around now.

A thing that has died out, and I think very important in the hostels, like Steepway, Paignton… we used to have very good housemothers, another grade that has died out and they were irreplaceable. They were like mothers to the patients and that was what the patients needed. Some of them have got charge nurses but it isn't the same. Middle age women, motherly, just the right sort.

They were respected. I think one has to have discipline in all walks of life, don't you agree. The patients didn't have it all their own way.

The Unions did improve conditions, but there are a lot of things – demarcation, there used to be handymen, used to work beautifully… they'd turn their hand to anything – they'd do the gardening, maintenance, repairs… The Unions came along and put a stop to that. In the end, you got to the ludicrous stage where having to send from Starcross a maintenance van to Exmouth to put a new fuse in the plug… I used to go mad as a finance man.

They used to give us a lot of headaches. Up to '48 I can't remember a union bloke coming in the office but after '48, sure enough, more than once a week there would be some union man in our corridors waiting to see someone or other.

My memories are happy ones on the whole. The only unhappy ones are interference by government with all this re-organisation.

Centralisation didn't suit me one little bit. Today… administrators don't understand the workings of the hospitals. They are too remote.

In the 1948 stage we took over all the mental handicap hospitals in Devon and Cornwall… all different kinds of hospitals… all different rates of pay for staff… Most of the hospitals we took over were run nothing like as well as the Starcross Hospital was before 1948. From '48 of course the funding was different… we took over a lot of things that needed upgrading and the government took over the funding… It was always a struggle.

Going now to this re-organisation in '75… I was in charge then as Acting Treasurer of the finance department… we were all going to be split up… I either had to go to Plymouth or Exeter… everything was centralised, the finances were mostly going to Area [the Area Health Authority]… We were a group management committee up to that time.

I still say, to really appreciate what is going on in hospital and what the problems are, you need to be living near it and be a part of it.

Former Starcross residents

Marion was a teenager when she first became pregnant. She said she had been at three other Devon institutions as well as Starcross. At the time of the interview, she was 52 and had been in Starcross on and off for some decades. She had previously "absconded" from at least one of the other institutions. While at Starcross, she became trusted to look after some of the children there.

She described how she had been married twice and had children between spells in Langdon and Starcross having fallen pregnant several times, and suffered a miscarriage. She said: "*I took a load of tablets, they put me back to Moorhaven* [the Plymouth Borough Asylum, Ivybridge] a*nd that was the end*". She then returned to Starcross and that was where she had remained until moving to community care. She had photos of her two sons which she was keen to show.

I wasn't allowed to mix with the boys, keep by ourselves, and after that we had to mix with the boys and I went with a boy and they told me off… They went and put me in a bath of cold water.

I was unhappy, but I didn't run away [from Starcross]. We went to school… they learned me to read and write.

*Dancing, club, disco and all that. I played cricket, tennis, netball [*but she only watched the teams*].*

There was always rows and fighting. The staff as well. They would get us in a cold bath, give us the needle. She later seems to admit to hitting the staff, and being put in a side room, but Dr Prentice "*would find out who started it.*"

All of us together [to sleep]. It was crowded, that's before Margaret [her best friend] came up to Starcross. You have anything and they go to pinch it.

Working in a place with children. I had the children, feeding them and that. [They were there because] they didn't have nowhere to go.

The food? *Oh my god it was horrible. It was roast potatoes, roast meat, cabbage. I might turn you off your tea if I tell you [why it was horrible]. Earwigs in the cabbage. There was enough for everybody. This is better meals than we had at Starcross.*

My family come and visit me. They couldn't see me before when I was at Langdon because I was very ill at Langdon, so they didn't come near me. I was proper bad I was. They put me in this place by myself, nobody was allowed to come near me. Tablets, yes I was proper ill then. Oh, a long time. A week.

She said she liked her current home a lot more than Starcross. *Here we can go out with no staff.* When she was told the hospital was going to close: *I was happy. I am happy here.*

Pamela said she was a "*big girl*" when she went to Starcross before WWII, and had been at other institutions too. She believed her parents had sent her to Starcross because she had screaming fits, but her mother visited her every week. During her years at Starcross, she was given the responsibility of shopping for the nurses.

She knew the date of her birthday but didn't know her age. She remembered having a gas mask in wartime. Her mother had visited "*every Christmas, every summertime and my birthday time, I had a lovely mother.*"

But her mother had since then died and Pamela was very anxious to find out where her sister was living.

Like Marion, she had been taught to read and write – seemingly at Starcross.

She recalled that her mother brought her: *Cardigans, jumpers, all that. They put it in the linen cupboard, knickers with your names on it.*

Nice dinners, lovely food. I have been on a diet. Gall stones, I can't have tomatoes, I can't have baked beans, I have got gas stomach. I had that at Starcross.

Dancing and concerts. Torquay pantomime, after Christmas.

Used to go out by myself, do all the staff shopping, post office, chemist shop. Nurses give me money for shopping.

Busy, I make all the beds. Big beds, in a dormitory. A lot of girls, no boys.

Nice trips, on the minibuses, went Longleat.

I go to bed any time. Some girls go to bed, I stay up and look at the television, and make a cup of tea for the night nurses. Put the kettle on.

I had a nice time, really. Happy there. But she remembered being punished for screaming, and put in the side room.

Down Langdon, I ran away down Dawlish once. I went right down Dawlish once. Doctor came to fetch me. It upset me down Langdon.

She said she didn't miss anything about Starcross: *I like it here, better than Starcross, and better than down Langdon. Go out to town.*

Asked about the closing of the hospital, Pamela said: *Nurses talking about it says be shut up. Should have been shut up a long time ago, letting the girls out. Glad.*

Sybil Sivyer, Assistant Matron/Nursing Officer

With a career at Starcross spanning the years 1938 to 1967, she had had previous experience dating from the early 1930s, starting at a mental hospital at Chichester, and then at Bodmin. She had started nursing because she had friends who were happy doing it. When she came to Starcross she had responsibility for the main building, and deputised for the matron and her deputy. She had a bedroom and sitting room in the centre of the main building.

Having been born in Sussex, she didn't feel accepted in Devon, or by the local community:

I was aggrieved over the fact that local people treated us with scorn really. And it annoyed me because Starcross, the hospital, they were the biggest provider of employment. The hospital and the railway kept them going, and [coming back from Exeter on the train] they didn't show any interest in me or the patient, or supply anything to the patients. And we've had… marvellous pantomimes. The place used to be full. But nothing was ever proffered in thanks… I thought it was a very mean attitude. We had quite a barney on that train!

Talking about the patients:

Children up to the ages of 50 or 60! It was a mixed assortment of course.

I enjoyed it. Of course, working with those was like being a nursemaid really. You didn't have all the sicknesses you normally get in the normal [general hospital]. Of course, it was nothing like an ordinary hospital… not really, It was taking care of people more than [nursing] I mean, petty sort of things to deal with, but minor things that possibly you would deal with at home.

Low grades…. They can be very trying. You've got to do almost everything for them. Also quite a lot of deformed and not all that pleasant to look at to some people. You've got to really enjoy them. They are good. They are real fun.

The higher grades… those are the ones that are on the brink of being more or less normal. Very normal in some respects, very low grade in others! Very over-sexed quite a lot of them… In many cases being more troublesome because of their tongues. Whooping up trouble with others.

Then, of course, schoolchildren. [The school] was marvellous, because quite often a child would come in that had been very erratic and troublesome, but would settle into the school because it was a routine. It was nine o'clock to four o'clock. It was a Devon day school. And they had lessons of sorts. Not what you would know as a lesson, but they were sat at desks and it made quite a lot of difference.

When they were 16, if they had parents who cared, they could have them at home, but so often they would come into the flow of the others you see…

Some were very frequent, visiting, but some didn't even bother writing letters. Because the child couldn't read, was the answer, because there was nobody could read it to them… Oh it used to make me wild: let them have a card or something, keep in contact. It didn't enter their heads. A lot of the parents were worse than what we had.

One child we had, had lived in a hen house. That was its home. A very sad situation. The child was very disturbed of course at first. Never seen a bath… but she went home eventually and she was quite a nice child… Moderate success, from the fact that she could live amongst normal people…. We didn't know the full story there but I gather she had been a restless, disturbed child and that was where they could confine her.

One or two girls worked at one of the farms, local jobs. Well, I used to cut their hair… I couldn't do it if they were working out, so I used to do it on a Sunday. And any job I hadn't been able to keep in touch with during the week, such as cutting out sheets, menial tasks… But I had to go to the Superintendent's office [Captain Mayer] on the Monday morning for doing it… Because it was a Sunday… I used to be reprimanded for working on a Sunday.

It was very crowded accommodation because [patient] numbers were quite high and lacking in facilities for the older girls to have a bit of peace and comfort. They weren't allowed to smoke, that wasn't the thing in those days, that didn't come along for years… We eventually got a sort of room open for them… we organised it for evenings so they could have an armchair to sit in.

*There wasn't an awful lot of change in my time, the changes were coming in slowly. The Langdon Hospital [*an overspill for Starcross*] was already built and was in full swing. But… they were allowed more freedom…they were allowed out more, on parole as we called it. They had always, mind, been allowed to go to Exeter. Ten shillings was their allowance [for] their meals and their fares and what else they could get for 10 shillings was their business. What else they paid for I am not going to say!*

[I liked this] but I think they went just a little bit over the top. What I mean by that is that all the "do-gooders" decided they shouldn't work…. They sat about more than ever. They weren't any happier for that.

I thought [de-segregation] was a very good thing, because it was a natural thing. It was up to you to be alert, that was all. I thoroughly enjoyed it the same as they did. It was always a beautiful thing to be able to say, if they had been misbehaving again… no dance. That meant an awful lot, would keep things in check. If you haven't anything to give, you have nothing to take away.

Another improvement she described was the clothing, which she had thought was very poor and old-fashioned when she arrived at Starcross:

Most important. We had a wonderful idea… a firm in Exeter. They used to come every summer and winter… and the children were allowed – because quite a few had quite a bit of money, they were paid for their work and [had an] accumulation of what parents used to send – oh, they did enjoy that, being able to buy.

Her view of mental handicap was:

As a general thing, you can't rise too high. You hope you will but you don't really. You can't put a brain where it isn't, you can train what is there and it is lesser than most.

There were a lot of misfits, that's why they came to be there.

Dr David Prentice, Medical Superintendent

Dr Prentice had retained his Scottish accent although he had come to Starcross in 1938 and was living in retirement on the South Devon coast at Dawlish, near Starcross.

He had been educated at Glasgow University and worked at the "largest mental illness hospital in Europe".

Starcross was his first venture into working with "the subnormal", but he remained there 30 years until his retirement in 1968 at the age of 65.

That year, a new unit was opened at the nearby "sister" hospital site, Langdon, and named Prentice Villa.

He was glad to be interviewed and it seemed that he wanted to put some views on record. At the outset of the interview, however, he was nervous that he couldn't recall the detail well enough, especially without references to hand. But Dr Prentice had a reputation as a good talker, and talk he did.

In fact, he was so quickly finding plenty to say that the tape recorder had to be hurriedly switched on…

The area from which they were drawn to Starcross was far too large – from the remote tip of Cornwall right to Dorset. Therefore the patients lost contact with relatives, friends, home. And I do not think it's advisable to have such distant care – no matter how well they're cared for there or how efficient the hospital is or how comfortable… I think that the care of patients should be nearer their own home.

Dr Prentice drew my attention to a paper which he thought was read to a medical society near the end of his career, which he had titled: *Supervision, Control and Restriction*. It analyses the changes over the years and starts:

Just as society in general has become more permissive and standards of tolerance have altered, so the attitude to behaviour and discipline within the hospital has mellowed over the years. It is fair to state that from the beginning the staff of the hospital were imbued by high ideals and any form of ill-treatment was neither condoned nor allowed, but patients were regarded as children and thus subject to a regime which owed much to Victorian tradition.

When the whistle was blown, the children playing in the courtyard or ward garden ceased their activities instantly, formed up, and filed quietly to the dining room where conversation during a meal was forbidden. Obedience was a virtue and patients were expected to adhere unquestioningly to the rules, regulations and mode of life of the hospital. Any infraction of those rules had to be dealt with promptly, both for the individual good and the welfare of his fellows. And if reprimand proved ineffective, then loss of privileges, deprivation for a period of pocket money, sweets or tobacco, and in recalcitrant cases putting to bed in a dormitory even a side room ensued.

Legislation, which applied to staff and patients, went further than instilling obedience, and was designed to maintain control. Dr Prentice explained:

The drafters of the Acts were concerned with social considerations such as crime prevention, eugenic factors, and the growth of problem families and, if they did not deem mental defect to be permanent, at least had in mind that they should be excluded from the community for a protracted period of time…

Human nature is such that restrictions invoke rebellion, and as every patient… had to be legally detained… it is not surprising that those of higher grade felt resentful and demanded their "freedom" or absconded. Their recollections of their period of residence not unnaturally are tinged by a sense of dislike at what was in effect a long spell of compulsory detention.

He saw a change after the 1959 Mental Health Act:

…nearly 90 per cent of the residents … became informal. This in itself had a salutary effect on the atmosphere of the hospital, improved the attitude of patients to treatment, and brought about a new and better phase in patient/staff relationship.

Talking about the early moves to community care and the effects in Dawlish where he was living, he said:

I have seen a good deal of it. I can't walk along the street without my old pals saying: Hullo Doc. [How they are faring is] on the whole – mixed… Here, some of them in the early days anyway, were put into lodgings. And all that they [the proprietors] were interested in was the money. After breakfast, the patients were out and they didn't want to see them again until the evening, which I think is a wee bit cruel…[Now] the local authorities are certainly doing a first class job and they are gradually making provision for day activities… for the ex-patients.

Asked at the interview if Starcross could have gone on, he gave an emphatic "No":

The attitude of the public has changed dramatically… Instead of insisting that the mentally subnormal should be taken out of the community and put safely under lock and key in a big hospital, the public now, especially in your Mencap societies and so on, are very insistent that it is the community that should care for them rather than put them out of sight in some distant hospital.

There would have been an outcry. I feel certain that we will not revert to the big hospital, except where research is done… I find difficulty in assessing how progress will be made in the various biochemical and genetic background[s] as to which is causing mental defect until you have a team of scientists working together.

Mary West, Nursing Officer

She started as a probationary nurse, aged 15 rather than the usual 16, at the Royal Western Counties Hospital in 1940. She had been keen to work with animals and trained as a kennel maid, but when war broke out her mother wanted her back home in Starcross.

Working at Starcross ran in the family – her great-great grandfather Robert Roy had worked there and so had her grandfather, a Taylor, her grandmother, her uncle and her parents.

She went on night duty in 1947 until the late 1960s when she married. This was only after the male and female sides of the hospital were integrated. She was a night sister and her husband-to-be was her deputy.

By the time she retired, in 1979, she had worked her way up to being a Nursing Officer.

Sheila Easby (Principal Nursing Officer) described her as: The last of the Westlakes. If a patient died, she would attend the funeral. She was devoted to everybody at Starcross.

My first day, I worked at the holiday home at Dun Esk [in the seaside town of Teignmouth]. They used to go there for holidays during the summer, they changed every week. In the winter, there was a resident group there and of course I was there during the Blitz on Exeter. I remember that night very well. I remember the matron left me and went on to the high garden but I kept going around, making sure the girls were alright, letting them know there was somebody about.

I think it was about 20 there at that time. It was a terrifying night… I remember going out in the garden the following morning and seeing all the burnt paper around and picking it up and reading the bill heads of different shops in Exeter. It had travelled all that way, there was a strong wind that night.

[At Starcross] the thing that used to get me down [in Captain Mayer's day] was on a Sunday. The patients used to out for a walk in a long, long crocodile. He used to stand by the gate… and the patients used to file out. Now if … their shoes weren't done up or clean, he would pull him out and the attendant would get a rollicking.

[At night] If you were in the main building you would have 154 [patients to look after, only one staff]. Half of those would be schoolchildren and they always slept at the top of the hospital. And of course you had to raise them three times a night, to avoid incontinence. It did work. It trained them.

Some patients helped out with the children:

Especially those that were on the Villas…. They were very good with them. They helped the nurses… There used to be a girl who used to do night-duty with the nurses on one of the villas. She was a much higher grade than they were latterly. They used to be a much higher grade.

Asked about patients absconding, she said:

If they want to get out they will get out. I think it was a case of bravado… and of course the type of girls I am talking about would go to Plymouth and meet the servicemen and go out for a spree. [There was] a fair amount of illegitimacy. We kept the girls until they were nearly due and then they used to go to the Salvation Army at Bradninch… The babies went for adoption.

The type of patient we had in those days was dead crafty. They would wait until the train was going by and cut the sash-cords of the window… the nurse that was sleeping up top wouldn't hear with the train rattling through.

Referring to the nursing staff working in the community homes:

They are having to do all the things we used to do. In a way it has gone back full circle… Before I retired all they were mitherducking about was non-nursing duties. In my opinion, if there is anything that needs doing for the comfort of a patient it is a nursing duty, whatever it may be. Now I was quite amused, I was asked for a reference and they sent me the job description… it was like reading a description of what I first did, when I first went into the job, where you cook, you clean, you scrub… In training school they were more or less trained to supervise only.

Mrs Dorothy Davey, Teacher, and Mr Jack Leach, Charge Nurse

Dorothy Davey worked as a teacher at the Courtenay School at Starcross Hospital.

She had started on night duty with "the girls", but after four years went to work in the Occupational Therapy Department.

Because she had previously worked with children and could "do" music, the headmaster at the hospital's school asked her to apply to work there. She was there from the late 1950s to the 1980s. The interview infers that her husband was already working at Starcross.

Education took over the school in 1970, and she became deputy head, and later the head. The school was later transferred to Stoke Lyne in Exmouth.

Jack Leach's career at Starcross dated from 1940 when he started as an attendant aged 19 on six months' probation.

The superintendent, Captain Mayer, broke the news to him that he had been called up for war service, but reassured him there would be a job for him if he wanted it when he came out of the services. He had had no intention of returning, but after becoming a Company Sergeant Major in the Commandos, and leaving the service in 1946, he went into nursing. He worked for a while on nights as a charge nurse. The interview seems to suggest that his wife had worked at the Courtenay School with Mrs Davey.

Interviewed together, they had detailed memories of individual children and patients from over the years, which give an insight into the sort of problems that brought them to Starcross. Names have been removed:

Mrs Davey:

*I didn't get a lot of problems [in the Courtenay School] only from the really wicked ones that were out to cause trouble… like a boy called **. He would break his pencil, look at me, break it again and I would try to ignore him. Then you would give out the milk and he would pour his milk all over the floor… with him I never found an answer. His leaving the school was because I was playing the piano with my back to them, which I learnt never to do after that. He came up and punched me so hard in the back that I couldn't breathe… he was taken to Langdon… I think they said he ended up in Moss Side, he really was bad trouble.*

*But a boy like **, he was wicked but lovely… you would give out the lemonade in the afternoon and he would keep a mouthful and when you passed he would spit it right in your face. I knew what he would do so I would… do the same to him, but right in his eye. He would kick you in the shin as you passed him. Or if you were in the playing field he would get a stinging nettle to sting you on the back of the leg but he was lovely… He would steal anything. He would go to my locker and take things out of my handbag. His mother and father used to come most weeks. They would bring him a diary, he used to love diaries. So I used to say to him: You steal from my handbag and I am having your diary… It worked with him… his mother asked: What do you do when he spits and kicks at you. I said: Well, I do the same – forgetting it was a parent. She*

said: What a super idea, I never thought of that. He loved pulling the paintings off the wall that the other kids had done and he loved to paint, so I gave him a piece of wall of his own. I said to the other boys: If he takes one of your paintings, you can have one of his, so he soon learnt not to tear paintings off the wall… He was always worse if you told him he was naughty, he would be naughty. He would come in in the morning and say: I am a good boy. And I would say: Yes, you are a good boy.

[Another boy] is still in Exeter. A man took a particular interest in this boy, found him a job, and he is repairing watches, because he was always interested in mechanical things…. Years ago, all the higher grades should never have been put in [to the hospital].

Mr Leach:

*The Mental Health Act [came in]… and a lot of [the higher grades] were just discharged… There was one school boy there called ** and… he went to [Somerset], and a retired policeman said: I am going window cleaning, I can do with a lad to carry a ladder. **comes down quite often, he is grown up now, he brings his wife and family… and he always looks me up. He has taken over that window cleaning business.*

A lot of the Plymouth boys were in there [and left after the Act came in]. They were likeable, artful rogues, but they were put in the hospital.

There wasn't a lot wrong, they were just a little bit educationally sub-normal. But if you showed them they could do it and they did a damn good job of it.

Mrs Davey worked initially in the Occupational Therapy department:

I had about 40 patients… you got the high grade girls… who lived at Elmcourt [a house owned by the hospital]. They used to … tell me their escapades, when they went off to Teignmouth and spent a week on board with a sailor and came back and gave themselves up… They could do beautiful embroidery and knitting, then come in and say: I'm going to smash your windows today. I used to say carry on, and if you said that they didn't break them… They would cut their wrists… and then they would sit there and pick all their stitches out.

When she started at the school:

They put me with these high grade boys. Boys in from the courts, most of them. We didn't see the records but we used to hear things like one boy had taken his girlfriend behind a bush and said if you don't submit I will burn your eyes out with a cigarette… although they were… mildly subnormal, nowadays they would be in a normal school… probably end up in Borstal. But they would never be in a residential hospital and probably be in there for the rest of their lives.

The teacher in the next room had the younger boys… the more sort of severely sub—normal child… building bricks and dexterity… We used to join together for music, learn the hymns for Sunday.

Three classes were for boys, and on the other side of the hospital were three classes for the girls.

Numbers fell over the years to about 75 children in the school. *They decided to send all the children to Exmouth… Stoke Lyne which had a certain amount of children… The policy was*

never to refuse a child… any child [other special schools] couldn't manage, they sent to Courtenay School.

They got worse, more low grade, more troublesome…. Even if you got them toilet trained, that was a big thing, eating, table manners, to make them socially acceptable… you could understand you wouldn't want to see them outside with their screaming and making horrible noises.

I used to complain – you would get a child in, you didn't know if they were epileptic, if they were going to run away… When we felt strongly enough we would put in a protest and then it used to come along in a little note.

*If a child was sent to us with problems, they were sent to us for six weeks… and we had to assess them... But it was a laugh really, because once they came they never went back, because the other schools would say we are not having them back… only one… this boy was put down as an arsonist, he smashed things… he was well spoken… and his mother really cared for this boy… My daily records were the evidence… there was nothing wrong with that boy… some cleaners had left some polishing rags on the top of the cooker, the cooker was switched on by ** fiddling around. They caught alight… He had seen some workmen screwing screws in a mirror on a wall and one had got loose, he thought he would hammer it in. The mirror got smashed. That was all.*

We didn't have much equipment under Area Health. When Education took over in 1970, we were well-equipped then… there was an allowance of so much a child… And we had some charities that would look after us… We eventually got a minibus through… one of the dads belonging to the Moose Lodge. They said to me one day: Come out and see your present and there was this brand new minibus.

We introduced a four term year. We had a three-week holiday in June and a three-week holiday in August. The parents [who] had the children home for the holidays, they loved this because … they got [time] with their normal child[ren] without the disruption of the mentally handicapped child… Then they could have them on their own for three weeks in June. Because it was surprising how many used to go home for the holidays. We admired the parents that took them home… Sometimes they would phone up to the hospital and say: Can I bring my child back? Yes, we understand.

She described the integration between the school and the hospital: *We all went to the same canteen, we all told the same jokes. It was super. We couldn't survive without the nurses.*

*I remember **, when he went berserk… all the boys used to run and you were left alone with this boy and they used to go and fetch the nurses.*

The head had to write a report about four times a year for the governors. Lady Mary was the chairman of our governors. She was a lovely person… Between each meeting you had visiting governors and they used to … sit with the children. There was only one ever came with note paper and pen and I thought: Oh, he is one of those, "go away if you have painty hands". But we didn't get many like that. Lady Mary would go in and cuddle them all you know.

When children left the school at about 19: *Most of them in the last 10 years will go to the hospital or places like that because they are low grade and couldn't cope outside. But years ago, a lot of the children went home.*

Mr Leach:

I found when I went back after the war, it definitely needed changing… then they got the integration [between male and female patients] which went too far. [They needed to change] the discipline, the hard life… the higher grade ones used to get a bit fed up so they would clear off.

They were put in a room called 6A which… got padded in the end. This was just a pure punishment room and there they were left for a week…. under the old system. A fellow like John Hamilton said: Well, this has got to change. But he had a hell of a job to change anything… they had so many people on the board of governors that had no connection at all with the mentally deficient, until you got people… like Lady Mary Courtenay.

I remember John Hamilton saying: Well, these kids need a holiday. We will take them down to Brixham. I went to Brixham for 29 consecutive years. It was great.

You had a good snooker and rifle team. If you were a good shot… you were in… There was nothing else for the staff to do in those days. There was no television so you used to go down in what was called the private rooms… and have a game of whist or rummy. You used to be paid monthly and some months there was a five-week month and it was never over £4 (£3 19s), it wasn't a pound a week.

But I was lucky living down there because I knew the farmer and if I had a bit of time off he would say: Got a bit of mangel hoeing. He paid about 8d an hour – enough to get your beer money.

It all needed changing and luckily it changed with one or two blokes like old John Hamilton – and then you got young fellows coming along who were certificate hunters – their RN and their SRN…

They didn't have any experience at all of a patient, they had it all on paper… they changed it far too fast… you couldn't trust the people on the nursing side, these young executive types, because they didn't know anything.

I mean, I was a charge nurse on a ward for years and I had one Nursing Officer, old Ken Harris, who used to say: John, you know how far you can go and I don't want any further than that.

From about '78, when all the… red tape came in, all the go-getters, they were all making jobs for themselves… The Salmon Report was a great report, it really let the light in. I sometimes think that the reason for the closure of these hospitals is only the staff's fault, we have allowed it to happen. They are so greedy, the Unions are the same, they want more and more.

We had the best years, I am sure we had the best years.

Lady Mary Courtenay, SRN, Governor

Lady Mary had post-war and childhood memories of Starcross.

The Courtenay family's home was Powderham Castle, in Kenton, close to Starcross. Lady Mary was the daughter of the 16th Earl of Devon.

Dr David Gladstone and Pam Freeman (both from the University of Exeter) met up with her to discuss her memories; this was not an interview like the others, but was recorded and transcribed as part of the oral archive collection.

Also there during the conversation was Lady Gabrielle Courtenay.

In her role as a Governor, Lady Mary was involved in appointing staff and was able to visit the institution:

Every now and then we would have lunch, when Mr Bell was cook. It always seemed interesting because you saw how the place was running and you saw the people and the staff You could go there whenever you liked, pop in and visit whenever you liked.

I got hit over the head once by a child in the school. She suddenly up with the board which she was sticking pegs in and cracked me over the eye – I have the scar now!

It was passages, all passages. There were some large rooms, large wards really, there were some smaller ones at the top, boys' dormitories, girls' dormitories, men's and women's … downstairs, they had various, great many workrooms, where they sewed… they were all warm. It never struck me as a cold place.

Some of the rooms downstairs and the wards upstairs were very high and very airy. They had a very big room, which could have been a big hall, this could be divided in two, they had a very good stage which could be shut off completely when the place was used for church services, and the kitchens were improved as time went on…
… The chaplain was the vicar of Starcross.

There were improvements going on. The people had ideas and they tried them out and, if they were successful, they were carried on… the whole thing was geared to the care of the people … and their welfare.

Wherever you went [in the Western Counties hospital group] the [boys and girls] were proud, it was their home and they wanted to show it to you and anything they'd got… if they'd got a new dress they wanted you to see it… make a fuss of them, admire their knitting.

They used to go out into domestic work, especially… in the towns where there were hostels… They did go out and integrate, a lot of them were in places for years and some of them slept-in and some came back to the hospital at night… and the boys went out on farms or to work as carpenters or joiners or anything of that sort, learned their trade, then went out with the general public much more. Some were, of course, living-in with the people they worked with and some couldn't and were in the hostels, there was somebody in charge but, on the whole, they were freer…

Ideas for improvements were presented to the Governors to comment on. Dr Prentice was the medical superintendent at the time, but Lady Mary also remembered his predecessor as superintendent, Captain Mayer. She thought Dr Prentice was very popular, and Captain Mayer was "more strict", and "we were scared of him as children". She commented:

You have to be strict. They have to do what they're told. All children like discipline, I mean, yes is yes and no is no, then they know where they are.

First of all, they were completely segregated and then, when they had dances and they got mixed, they became a little wild and uncontrolled and had to be very firmly treated. They had to keep a very strict, much stricter, eye on them than they had to before.

I found that some of them had rather extremely weird and unpleasant backgrounds. Some of their case histories were, well… one feels sorry for them.

The Courtenay family involvement with Starcross Hospital went back to the early days of the founding of the institution, which depended on philanthropy before the days of the National Health Service:

It was Western Counties and the people of the Western Counties who all used to subscribe and do things for the hospital. There were sales and the sales of what they produced and what they made and they had, still have, every year a fete… and pantomimes and things.

Regarding the sources of funding and representation on the hospital committee, she said:

It's never been very political, it's been a much more philanthropic attitude… The people who were asked to be governors are the people who accepted, I don't think anybody ever… accepted to be a governor from a political point of view. They did it because of the work.

They seemed pleasant and nice and all pulled together for the hospitals without any thought of doing it for … any other reasons. Right through the whole hospital, from the top to the bottom, the welfare of the patients was the prime object of the exercise. There was no-one with an axe to grind on that score.

I don't remember hearing any reports of harshness or discipline coming before us [the governors]. All handled by the staff… I think they were absolutely marvellous, and the hard work that they do for these unfortunate people… the devotion of the staff to their patients.

The Courtenay name was reflected in the naming of the school at Starcross Hospital and Lady Mary took a keen interest in it. [See back, to Mrs Davey's memory of Lady Mary visiting the schoolchildren.]

Lady Mary commented that the numbers of children at the Courtenay School had greatly reduced which she put down to fewer children being born with handicaps and some being integrated into mainstream schools, but she had concerns about provision for children of school-leaving age.

Former Starcross residents

Four former Starcross residents attending the Littleham Elderly Group, reminisced together (January 1988) for 45 minutes about their time in the hospital. Three were living in Exmouth, a seaside town across the River Exe estuary from Starcross, and one, aged 76, was living at Stallcombe House Farm.

First, the four spoke about what they did at Starcross:

Made beds. I was at Langdon and Tamar [wards]. Went on pro [probation] once a month. Went on a train once. To Teignmouth on pro. I done cooking on Sundays – the nurses' canteen – in there, in the kitchen. Did cakes, put jam on it. Do all the nurses' shopping in the village.

Worked in the stores, evening meal for staff. Made purses, handbags, mats. Did embroidery. I was sent shopping sometimes. I used to have new ones to look after – four – by yourselves, down Dawlish for walk, shopping, walk down Warren by sea wall to Dawlish. New one – policeman found her – she went to the toilet, I waited for her.

30 years. Been at Stallcombe House five years. Worked a little in the garden but had asthma. Used to cut wood up. Used to look at brushes where they made them.

Did dusting down and knitting and so on. 1960 first went there. On 23rd December. Just before Christmas.

They talked about Christmases at Starcross:

Lovely. And the holidays. We had parties and fancy dress.

Concerts. Dancing. And go church.

I liked Christmas.

Presents in a hamper – a dip. Went to have a meal in Exeter and do shopping.

What about visitors?

Every Christmas, my Mum, called Donna, gone heaven now. Brought me knickers, apron, cardigans – all new clothes. I had a lovely mother. I'd buy my Mum presents every Christmas. Used to go and stay, by bus, on my own [remembered asking for fare].

*Don't remember parents but had a brother, Bert **, used to visit. Never had anyone come up to see me except Bert. Nobody now [brother died], only my friends.*

Auntie Foster and Aunty Gracie, and … and Cynthia. But she don't come up now. Used to have visitors once a month, Saturday.

My brother don't worry about me [got married?], my sister was a nurse – she's retired now. My sister-in-law nursed at Exe Vale [psychiatric hospital].

Did you have holidays?

Yes!! [in chorus] Newquay, Weymouth…

Used to go on holiday.

I used to go camping out…

Dun Esk, next to the Abbey [in Teignmouth], next to the nuns, used to ring bells. Closed down now. Spent a week there – go out all day, to the beach, out to town.

Had all our own clothes. Had names on them.

[One remembers a shop visiting from Exeter, bringing shoes and clothes to Starcross for them to pick out clothes.]

Got a bank book. Put money in Starcross Post Office, draw it out to spend on pro [probation], go to Exeter [for example to buy shoes].

My aunty in Plymouth always used to buy clothes because I didn't have no mother and father, so they were very good to me.

What didn't you like?

Yes – treated you. Ill-treated.

Terrible. Give us an injection needle. Put you in the side room. Thick brown nightdress like a sack…

Why? *Played up!*

What's that? *Scream out. [She's done this once at Littleham and run outside.]*

Make you clean the boots, do your hair, all line up – he used to look – he said to one of the boys "Have you cleaned your shoes", "No", he said go back and do it, gone back, said if you do that again…

If boys' teeth bad, go to the dentist – very rough. [They seemed to remember teeth being pulled.]

I used to go to church. I don't go now. Didn't like that.

Staff knocked you about, got blamed for lies. One night at supper, fried egg and bacon and fried egg … one of the others ate it [the toast?] and I got blamed for it.

I can't remember anything I didn't like. I got on very well up there.

Were you in a dormitory?

Dormitory 5, Dormitory 3, Dormitory 2. There were 12 in a dormitory I think.

Twelve in one, 14 in another, 18 in others.

Did you sleep well, were the beds nice?

Yes.

Night staff, someone had a fit, they were having supper, went to tell them.

I used to sleep well. Nurses in the day room, and thick cases next door, night nurses look after them.

Someone dying, went to tell the night sister.

Were you upset when anyone died?

No. Don't know why. [Earlier she had said how sad she was when told her Mum had died – she lived in Torquay.]

Do you know why you were in Starcross?

I was ill treated. My money, couldn't have it see, sister took money. Uncle Bert hit me with belt strap [she signed across her back]. He went to prison and I went to Starcross.

My Mum was left in the house all by herself – a council house.

At a further reminiscence session the following month, two of the group were joined by another ex-resident who had some physical disabilities – apparently due to polio - and had plenty to say about her time at Starcross:

Went when 10. Mum and Dad refused first, then said yes. Didn't like Starcross. Got pulled around, pull hair, got blame, dragged around, slapped by nurses. Caught bus, was slow so other girls created, got told off.

Went on stage once, in a play. Matron had nice retirement, gave her flowers, lived in cottage near Starcross.

Get up 6.30 am. Washed at 6 pm, bedtime 7 pm. Had good wash down every day. Bath once a week.

Nurses cruel. Fingermarks all over me. Slapped me…In report book all the time. Given drugs, went to Elm Court side room. Said I was bad-tempered. [As well as having physical disabilities, recorded as being epileptic.] Had to stand with hands on head outside duty room.

Learnt A,B,C. Can write my own name. Fed up being there so long. Used to go on holidays. Dun Esk [holiday home in Teignmouth].

Lots of knitting. Sold it.

She spoke about her brothers both visiting her, and recalled names of her friends at Starcross – including one who had married and was living with her husband at one of the community homes. She went on:

Not keen on opposite sex. Never wanted to get married. Chose your own clothes from big van that came. Don't like make-up.

The other two, who had been at the first session, added a little more:

Visitors on Saturday. Very happy at Starcross. Didn't want to go but Mum and Dad had died. Can read and write. Parents taught me.

Went when I was 10. Was a Cub. Went for walks with other boys. Happy at Starcross. Meals? *Good. Had to sit down until everybody had finished. Not fussy. Nice meals. Good diet. Bedtime 9 pm. Leant to read, write.* [Showed interviewer his pre-school book.] *Big classes. Mother and father visited me. I liked writing, reading. Sawed wood. Got pocket money. Half-crown, doing jobs. I used to watch other boys fighting. Didn't fight. Mr "Basil Brush" – nice nurse. Called him that.*

Did anyone run away? *Tom ran away before the War. Went abroad. Got married to an outside girl. Came back to Starcross.*

A class in the Courtenay School, Starcross

Former hospital resident

Stan, 57, had grown up in North Devon where he'd attended local schools but said he had been a "damn nuisance" and his mother couldn't control him. He had gone to Starcross aged 15, taken there by a social worker near the end of WWII, and had attended the Courtenay School for about six months. He was offered employment experience working in the hospital bakehouse.

When interviewed, he was living in a community home and a fellow resident, Gerald, was with him. Gerald attended a day centre in Exeter where he made pottery. Stan was missing Starcross and had felt a part of the village community - he felt he had more laid on for him by the hospital and that time was hanging heavy for him now, but he had a job working for Exeter City Council.

It was suggested by one of the other interviewees that Stan was the only person to ever ask to go back to Starcross – and that was because: *When you live out in the community, you have to wash your shirts and do your cooking. If you live in the hospital, the nurse will do it for you.* The suggestion was that Stan shouldn't have been at Starcross in the first place, but having been there until his fifties, had got a niche which suited him, and had now lost this. We were told: *We tried to rehabilitate him, but he was smarter than we were.*

Stan was certainly articulate and had a good recollection of dates and details and the names of staff and teachers:

I went there August 31st 1946. After three or four years, I had more entertainment there than I would have had at home…. Football, cricket, concerts, dances… I know for certain we would never have afforded it if I'd been home.

The sleeping accommodation – there was 15 or 20 in a room. I had never come across anything like that before in my life. There, I settled in and as long as I got my food, bed, I was happy.

He explained he was: *a happy-go-lucky chap. When I went there first, you had the dances, the chaps would be on one side and the girls would be on the other side, be across the floor like a rocket. And then in my days you had to be in bed by 7.30, fold clothes up in a basket and that was it 'til next morning.*

We had an orchestra and everything. I mean, Frank (undertaker and part-time nurse) - he had a silver band… the patients could play in the band, there could be 30 of them. We used to have a board with a light behind it and you used to press for whatever you wanted – a quickstep, waltz, foxtrot – and you would see the board light up, whatever it was. Then, after he finished, the staff made up their own orchestra.

I never went much on pantomime, it's too much acting, bit silly, isn't it. I used to have Sunday football. It was Starcross United and they all lived in Exeter. I helped them with the teas after the match.

When I went there first of all there was no smoking. We had a sports field and they decided we could start smoking. You wondered what had happened. The food as well. We used to sit on three-each-side benches for your food and when the food came along you would take one [an extra portion] and lift it on your lap so no-one could see it. Loosened up after the war.

There was always bread and they would throw it down like playing cards. Stan and Gerald both told how they would behave "like seagulls".

Two or three of you may go out together, arrange it on a Monday for Thursday, say. You used to have 7/6d to go out with, catch the quarter to twelve train and you used to go down the café, down Teignmouth, always used to go in there. Cup of tea.

I could do what I wanted. I was trustworthy and that. There was one member of staff who never used to like me because he thought I used to get away with "blue murder". I never used to take any notice of that.

When there were fall outs: *You get it sorted out in the yard … Knock hell out of each other and that would be it.*

He had fallen out with his family in North Devon, and didn't go on home visits.

We used to go down to Brixham camp. Holiday of a lifetime, under canvas. You would have your breakfast and go in the office and say: Me and Joe's going to Paignton for the day. What time will you be back? Oh, about 9pm. Do you want sandwiches or do you want to take some money? You [would come back] and say: I'm back and now I'm going off for a drink to the pub.

He said among the nicest things about Starcross were: *Christmas parties, because with the League of Friends, the work they put in for the hospitals… All over the South West but they put a lot of tremendous work in – they go and arrange these open days and having coffee days for money…*

Stan was unhappy with his community placement. He hadn't seen some of his hospital mates for *"ages"* and felt sorry for those in a community placement which overlooked the hospital site*: It must be terrible for them to see it coming down.*

I miss Starcross because you knew all the people, always something going on, but here, you are just here and that's the end of that… If you got fed up with "Joe Smith" on your ward, you could go over somewhere else and see "Bill Brown" for a minute. Here, you are enclosed, no outlet! … You used to get parcels from the League of Friends. You don't get that now. Well, once you are out in the Community, the League of Friends has gone.

The only two things I think is better is the food and there is less in a room. There is only me and C. in our room. In the hospital, there were gangs of you. That's the only things I find any good here, privacy and cooking, but other things has gone haywire. Nothing laid on for you. There is no entertainment…. You could go up on the pier and watch people fishing, felt more in the community there… Ever so often there was a trip.

Stan was also unhappy with the financial arrangements. *They say you are going to be better off in the Community – it's nonsense.*

Dr David Strange, Medical Officer

Dr Strange worked at Starcross Hospital for more than 30 years.

Having qualified as a doctor, intending to go into psychiatry, he worked briefly as a House Surgeon, before National Service in the RAF. He began his career in psychiatry at Fulbourn Hospital, Cambridge in 1950.

After a spell at Mendip Hospital, Wells, he went for a more senior "medical officer" post in 1954 at Starcross, working there as a "sub consultant" looking after the psychiatric and physical care of patients. He had no previous experience of mental handicap care, but wanted to take a job where he would be able to take a personal interest in each patient.

He continued full-time for nearly 30 years, then part time for a further three, until 1986. During these last few years he assessed residents for places in the community.

I think one had a sub-conscious role of being father to the family, and they looked upon you as such…

On the whole, the majority [of patients] had a strong sense that I was a combination of their local GP and father figure. There were of course one or two that were extremely difficult to deal with and you either looked upon them as a stimulating challenge or a blasted nuisance – depending on how one's liver was on the day!

[After working in the community on licence they were] usually discharged to guardianship. We were always terribly cautious, so that there was always a legal means of bringing them back.

We had basic fears when [informality] first came in … that everyone would run straight out the gates and we would have a mass exodus. That didn't occur at all and very rapidly we took courage…

When I am showing people around the hospital, I have said: Look upon this place as a rather bizarre public school. It's a boarding school and it is where we are doing our best to care for those who have never got a hope of standing on their own in the community, and guiding those who have and just as much manipulating the environment which they are going to go into.

Another sort of analogy is to try to get someone to play the best concerto they can on a one-string violin. All the other strings have snapped, there's one string left, and see how good we can play on that.

There was a steady improvement in conditions … They were upgrading the internal part of the building the whole time until [it closed]. It was really a tragedy, because thousands of pounds had been spent on really making the place into a very superb hotel. In fact, often some of us thought that was what they would do with it, turn it into a hotel…. There was only one very small part of the place that wasn't upgraded.

A tremendous amount of the calibre of staff is personality; if they are good basic tolerant, loving personality, then if they have got the capacity and intelligence on top of it to learn the intellectual know-how of nursing, that's fine. But if they have an abrasive, up-tight personality, then no amount of intellectual, knowledgeable training is going to really help.

He commented on the relationship between the hospital community and the village:

It was very much more of the patient going out into the community than people outside coming in. We had the hospital open day; I don't think much of the local community used to come in for those. It always struck me it was far more social workers and people attached [to the hospital] that came along to support it… Residents went out to the local shop. In later years we allowed them to go into pubs, taboo to start with. But there was always the local shop and the post office. It was always acceptable in the village.

The [hospital] community was the thing that really mattered because if the community was happy then everybody in it was. If the community was at loggerheads with itself, then everyone suffered… I suppose the thing I aimed at most was to keep the whole outfit on an even keel. I had a life apart [outside the hospital]. I had a very extrovert and active wife community-wise… I always rather felt that my community was within the hospital, and hers was outside it…

He had been involved in moving residents into the community but felt that institutional care was needed for some:

We were able to find out what they could do and couldn't do and to develop what they could do… The whole of this community care is just a further development of what has been going on… The danger I see, frankly, is I think they have thrown the baby out with the bath water. There is a hardcore of people who do require an institutional environment, make it as nice as you like, but they are sufficiently either unable to fend for themselves or anti-social.

Frank Lovell, Catering Officer

Born in Dawlish, the closest town to Starcross, he went to work as a painter and decorator, until his father-in-law – a nurse - suggested becoming a cook in the hospital. His own mother had been a nurse and a cook, and his uncle had been a senior nurse, and his sister also became a nurse and was still working at Langdon (between Dawlish and Starcross).

So he became a trainee cook in 1963, aged 19, then a pupil cook, then after gaining college qualifications became Head Cook, working at a sister institution at Axminster, and then Assistant Catering Manager at another hospital linked to the Royal Western Counties group, Hawkmoor Hospital. He subsequently became Assistant Manager at the much larger Exminster Hospital, until it closed, then Digby, Wonford House and finally the Princess Elizabeth Orthopaedic Hospital in Exeter to complete his 25-year career.

Although he only worked about a year at Starcross Hospital, the family lived in the village and were very involved with the social life of the hospital. He also had a spell working at the nearby "sister" hospital site, Langdon Hospital.

We [the family] came into close contact with the patients and with the staff, Social Club, and we were involved in a rifle club, pantomime, all that type of thing…

I suppose because it was part of the village, I mean, Starcross, the difference between the hospital and the village – there wasn't anything. Starcross was the hospital and the village all in one. Whatever happened in the hospital, to me reflected in the village as well…. If it wasn't for the hospital, Starcross wouldn't have been there… At that time that was very apparent, whereas as the years have come on and people have moved away 'cause they've got better cars, they live further away.

Starcross [had] originally a massive dining hall with double-bank hot plates in strategic positions and a lift from the kitchen up – a modern electric one – and the meals used to go up in bulk and the nursing staff dished up. I think there were some dining room staff who assisted but, basically, the Charge Nurses from each ward would take their patients in to the first sitting – perhaps three or four wards in – then they would clear away and then the next lot would come down.

I remember a time when… we were told we had more money to spend on food but it was very difficult to get rid of it because we had been so used to, you know, it was ox hearts and tripe, and suppertime it would be bread and dripping and margarine – dare I say it was coloured up a bit with egg colouring just to make it look more like butter – because you didn't use butter.
… it took a long time for us to be able to spend the extra money. You know, the patients liked bread and dripping, they liked ox hearts, they liked when we used ox liver…

Asked if the patients were generally healthy on such a diet:

I think so, yes… things like colds and flu, considering [some of them] used to go through the dustbins and eat anything and were never ill… if it was not locked away you had to expect that type of thing.

I used to make apple pies and I always decorated the tops with little flowers and things and, if we made a cottage pie, I used to always pipe the potato on top and write the ward name in [it]. [This may have been at Langdon Hospital, not Starcross itself.]

I found that at Starcross the cooks were always referred to as "Pop". Similarly, at Langdon, they were all "Pop". I've no idea [how it originated], but obviously it identified the cook. You could identify the nurses because they wore brown uniforms, white shirt, black tie, black shoes, and the Sister wore the traditional blue uniform.

A Despatch to London from the Horticultural Department

Trevor Buckler, Senior Nursing Officer

At the time he was interviewed for the Starcross oral archive, Trevor Buckler was a Locality Manager, based in Exeter. His experience of Starcross was as a child in the village and then periods of work in the hospital through the late 60s and at the "sister" hospital at Langdon in the 70s.

Born in Brixham, his family moved to the Starcross area when he was four. His father, his brother and his mother all took jobs at the local institution in the early 60s, and he followed in 1965, aged 16 and fresh out of school.

As a male cadet nurse his work was essentially collecting and delivering messages and supplies – especially cigarettes – between wards and offices. He followed his brother into nurse training aged 18, gaining experience across the Royal Western Counties Group of hospitals, returning to Langdon Hospital as a staff nurse, then charge nurse (when he worked with Viv McAvoy, trying to improve living conditions), and later senior nursing officer, leaving in 1978.

Village children very often accompanied the schoolchildren who were living in the hospital on Sunday School trips and the like because it was a cheap day out. The [hospital] recreation field… that was our playground… but we were segregated… there was no integration.

My interview was arranged by my father with the Chief Male Nurse. He knew me as a village lad. This was some 12 months before I left school…pre-arranged pending the vacating of a cadet nurse post. There were no other options open whatsoever because the proper jobs went to lads from the Grammar School and were in the front offices. The prime emphasis for my appointment was a) the family connections, b) I was an active sportsman and a musician…. [Staff] ran a hospital dance-band.

At 16 years of age it was entirely satisfying. It appealed to all the things that I loved – sport, entertainment, working in a man's world… A good velvet-lined rut, plenty of opportunities for manly pursuits… On a Sunday morning, iron the staff snooker table, and my perk was to play a game of snooker with the Assistant Chief Male Nurse…. The opportunity was there for career advancement… at the age of 40 or 50 I might have been Charge Nurse…. For the male, there was a distinct advantage in that we were able to control female wards, which obviously allowed the male nurse to encroach into the promotion stakes on female wards.

I never lived in. I had many friends who did, particularly female nurses in the Staplake nurses' home…. under the very careful custody of a Home Warden… one of my jobs as a cadet nurse was to carry the meals for the nurses down to Staplake.

[Male and female] segregation was the order of the day and people like me believed in it. I believed it totally inappropriate for male and female patients to be integrating in an unsupervised manner. I believed that folk that had absconded deserved to go into some sort of penal custody. I had no education or understanding that led me to believe that the regime I was working in was wrong… I had grown up living in and around it. I was used to being bossed by teachers, I moved into the institution where I was used to being bossed by charge nurses.

My entire life socially involved folk who were working in the institution… a totally incestuous group… geared to the fact we worked unusual shifts we had privilege in terms of social

activities… sports facilities, snooker halls, regular dance bands… that led you to stay inside rather than go out.

At the time, it was very secure, very safe.

There could be a dozen staff who were related through marriage.

The local community would try and get tickets for the New Year's Eve ball, and other than that the two [community and hospital] didn't mix. Certainly, some folk living in the community would hire patients to work for them … gardening… but there was little positive association.

As a cadet nurse, after the morning routine work… distributing post, collecting patient information, collecting condemned clothes, issuing new clothes and cigarettes… normally we accompanied patients on out-of-hospital activities, normally related to sport and activities which the charge nurses preferred not to join in… swimming, football, gooseberry picking, escorting work parties in the field to pick up swedes…. Supervisory work of large groups of fairly able people.

The institution ran on patient labour supervised by a handful of staff, and we saw the advent of cleaners, porters… and the like. Care in the community started to become a reality. Increasing numbers of fit and very able healthy folk – patients – were discharged back into the community. Which then led to significant numbers of staff being employed… an increase in general standards of care, change of attitudes among some of the newer entrants into the service… the more profoundly handicapped started to get a caring service as opposed to a custodial service.

I believed institutional care was a style of service appropriate to the mentally handicapped. I believed that social inadequacy was a fair, legitimate reason for admission into institutional care. I believed that the grouping of folk with like-disorders was the best means of treating folk. I now disagree totally with all of those principles. I have gone absolutely full circle.

I now no longer believe that mental handicap is a problem of health. And I certainly feel that - except for a very small number of, perhaps, hyperactive adults – there is no need for central services of any shape or form.

The changing service at the end of the 60s saw senior staff being recruited from without, breaking the traditional career progression and the reliance on a hardcore of long-serving members of staff.

There was a belief that those coming in from outside knew more than those that were already in. Some folk might say that they needed an external catalyst to shake up the system… What they brought with them was nothing new except a new face and… opportunity to upset existing regimes.

Clothing was not personalised, footwear was either heavy shoes or boots, possessions were kept in a wicker basket under the bed…or tin lockers with no locks on…. No personal possessions were safe. The Day Rooms… were invariable laid out like a cinema – folks sat in lines…smoking was the law… three times a day trek to an abysmal dining hall with iron chairs and iron tables. And I didn't see very much wrong with it!

After this, in the early 70s, as a charge nurse at Langdon Hospital, he worked on special care areas:

50-plus very profoundly handicapped and/or hyper-active male adults… we were very keen that they shouldn't be continually sat on the ward… I now hear that three of that 50 are living in a house, with probably as many staff as we had looking after that 50.

When I started in Starcross: You are alright, most of ours are fit and well, if you go to Langdon you have to work with the more profoundly handicapped. I had absolutely no problems in Starcross because I grew up with the regime. At Langdon, I almost saw it as a challenge… we would steel ourselves… in the main it was just a hard-labour regime of washing, dressing, feeding, mopping floors… most of the profoundly handicapped patients were in bed.

Within a two-year period, we were able to get every patient out of bed… it made the staff feel better… patients who I worked with who spent many years in bed, now propelling themselves in wheelchairs… some significant changes in the quality of life for some individuals.

By the end:

No longer was it the politics of containment… Historically, if everything is quiet, everything is fine.

We certainly started to get a great deal of encouragement from organisations like the Community Health Council, like David King who was a significant feature in giving folk a chance.

Tom Harrison, I think, allowed us our heads.
[See on for contributions from Tom Harrison and David King.]

A typical Dormitory in the Langdon Extension.

Viv McAvoy, Nursing Officer

Viv McAvoy arrived at Starcross in her 30s, working there for several years before pioneering community care in mid Devon.

She had been born in Hertfordshire, grew up in London, then chose to train as a nurse, securing a place at Frenchay Hospital in Bristol where she met her husband, also a nurse. It was because he took a job at the sister hospital to Starcross, Langdon Hospital, that Viv found herself living at Dawlish, near Starcross, and seeking a job in 1973.

They showed me around, particularly around the special care unit, Torridge Ward [Langdon]. I shall never forget [it] if I live to be a hundred… 26 people being cared for on one side of the ward… profoundly physically handicapped. 26 on the other side… very behaviourally disturbed, ambulant, and I came away… feeling how on earth could human beings be cared for in such an awful environment… terrific admiration for the staff… I went home and cried.

Of course the inevitable happened… that was the ward I was put on … I just felt we must make it better… Trevor Buckler was a charge nurse in the unit… he was tremendously supportive. Prior to working at Langdon I had worked in a private nursing home… it couldn't have been more of a contrast.

But *some of the staff were really so dedicated. Really tremendous loving feelings with the people they looked after, and that is reciprocal with the mentally handicapped people themselves and also how caring the mentally handicapped were themselves to each other.*

When I first started there was just two sponges to wash people with, no personal flannels or toothbrushes… working with Trevor… we gradually introduced their own sponge bag with their toilet[ry] things.

In my year on Torridge… we had it cleaned properly… pictures on the wall and plants… We had divided the nursing care into groups so people were being cared for in an individualised way… They had some of their own personal belongings…

I made links with the Outward Bound School at Ashburton… and we used to take groups.. and have picnics there.

I remember one of the lads we took out on a boat from Totnes to Dartmouth, he had a seat right on the edge of the boat, and in the ward he never really looked at anything at all, but he was smiling watching the water go by.

After a year, she moved to the Activity Centre, working with people from other Special Care Unit wards, completed 18 months training, and in 1976 became Sister in charge of recreation at Starcross Hospital, and then Nursing Officer for the training and recreation unit.

I have worked with youth groups, I ran a Brownie pack and Cubs. I have always had an interest in outdoor pursuits and that … was why I was interested in taking the recreation jobs because I feel the environment we live in is very important. But I feel more passionately that it is very important what people do with their time.

The department was social education, recreation area, occupational therapy… so we were very much involved in the assessment of new people… Not all of the residents had a [personal programme] but those we were able to work with did, and those that were referred with particular problems… and the others joined in the general activities.

We had some instances of aggression, but not a lot, because a lot of the activities were geared to getting rid of aggression. They were physical and that's really how we coped with people who had a lot of energy that could be diverted… and also teamwork training.

[There were] 500 people still living at Starcross… We gradually increased the activities… music and craftwork… music and movement… in the early 80s we started developing the outdoor pursuit work… it took me two years to persuade management that it was a good idea… great risk activities as they saw it.

People who didn't work in the hospital – there were a few visitors that would befriend us, but that was very few… They would come in to some of the hospital activities, pantomimes, and bring all their kids… about nine years of pantomimes… The Ivy Crofters group that we started… and we used to have special social events. Some of the Royal events and Jubilee and the Open Days… I could tell you a few tales… In a way, for the village and certainly for the hospital, they were big days.

I think some of the actual training for sports… that we had going was good. Some places [institutions] would pick a team at random. We actually taught people how to play.

You had to modify equipment sometimes. For example, one of the gentlemen was blind, but he loved to get involved and he was tremendously brave… he would stand under the [netball] net and if somebody scored a goal the ball inevitably hit him on the head and he would blow his whistle!

I can tell you a very funny story about [the use of] drugs. We had a cerebal palsy gentleman who lived at Starcross. Intellectually, he was probably brighter than me, nice man, and he had the same feelings in terms of lady friends as anybody else. At one time he had a particular lady friend who he was very fond of, and she was very fond of him, they used to like to get away together and sort of explore each other… they were caught by the laundry one night… A great hue and cry… the outcome was they put [him] on drugs to suppress his sexual feelings. I knew him very well, and I said to him a couple of weeks after: How do those drugs make you feel? He said: Well, Viv, it is like this, I don't really feel any different at all but the good effect is that the staff have stopped watching my every move! That I found amusing and so did he.

One area that proved to me that people can do much more than you ever thought they could do is working in outdoor pursuits. Some of the people that I have had the pleasure of being on activity holidays with have achieved that, even with my attitude and feelings, have exceeded anything I have expected of them. These experiences have been tremendous…. If they can achieve, climb those rocks, paddle that canoe, a long walk on Dartmoor… going out and taking up a challenge. I can see how it can change people and their attitude more and more… to other areas of their life… when it comes to mastering some other kind of skill.

She felt that the lack of privacy and the lack of choice in what and when they ate could have been improved for residents:

It was just that the system didn't allow it… the catering department was the catering department, the laundry the laundry… they all had their jobs to do. People's work came first and they probably never considered the purpose, why they were there… I felt if we could have got those [two areas] right, the institution could have been a very nice place to live because it was supportive, and people had their friends and a nice social life within the hospital… things that were looked forward to. Social Club. Dances.

What she thought was not so good was the way that people spoke:

You would have a different way of communicating with staff and… of addressing mentally handicapped people… That wasn't fair. That took quite a long time, actually, to get some of the established staff out of that habit. Also… bad language, because a lot of the residents in the hospital were well-used to being sworn at. One of the saddest things I can remember, one of the gentlemen… when I first started, he had a vocabulary of about half a dozen words, some of them very foul.

The banter that went on between staff and some of the mentally handicapped people… if it happened in the High Street, it would be awful. So some of those things took quite a long time to change.

My last two years from '82 to'84, [before] I moved here [Tiverton in Mid Devon] to start the new community service… probably the most difficult of my nursing career. Yes, it was the emotional strain of it all. There were so many problems with the families and all sorts of anxieties on the move out of the hospital. You had the staff… changing their employment, their place of work…. You had handicapped people… most of whom regardless of their disabilities knew something was happening and for a lot, not sure what, which caused them anxiety. Then you had the people in the village, anxious what was going to happen to the hospital site and jobs. Being the only female Nursing Officer… lots of people would want to come and talk about their family problems of moving… are we going to have something that is much better. Personally, I found that a great challenge and tremendous hard work and stress.

My staff used to call me mother. I learnt a tremendous amount in those two years about counselling and listening… My own personal situation was quite difficult… my youngest son was still doing his A-levels in Dawlish… my husband… my mother also needing support. So the move to a different locality was going to be difficult.

For the first six months, I lived-in here, before I could actually move from Dawlish. I was in the flat one night… and they had been out and they came back and they had brought me some fish and chips back, and I thought this is great. This is what you would do if you were at home… they had had a nice walk along the canal, the things a family would do perhaps. A pint in the local, gone and got fish and chips, all sat up chatting… that wouldn't have happened in the living unit of the hospital… it was so difficult to organise. The spontaneity couldn't happen in a hospital…

I always felt there was a need for some kind of protective living environment for some and I still do. I always felt that Community Care was an ideal and if it is done right and if people receive the right amount of support… then it will succeed. If they don't, then Community Care will be a human disaster. I made a statement at the official opening of Post Hill [Tiverton] much to the horrific looks of the Health Authority… and will say it again and again if we are not funded … the trauma that goes on within a family when they have a person who needs support and care can destroy people.

As an ideal, I have a vision of what it could be like and it could be marvellous but then you have to take into account the people that make up the community…all of us with failings and different.

We have achieved quite a lot [in four years], but there is so much I want to do… I do feel we are in a position now to speak with some experience … I hope we get a really good service and if we don't it won't be through lack of trying.

Geoff Bird, Parent Representative

Mr Geoff Bird was the first ever parent representative on the Hospital Management Committee, joining in 1968 or 69. His handicapped son Christopher was seven when they moved to Exeter in 1961. Mrs Bird was from Devon, Mr Bird from Kent, and they were just beginning to think about what would become of their son when he was older.

Mr Bird had already joined Mencap in Bristol, and was chair of Mencap in Exeter when he was invited on to the HMC – a hospital management committee that he found to be made up of "county" and "farming" people who had no personal interest in mental handicap. (Mr Bird had made his own career in Customs and Excise.)

The HMC was disbanded in 1974 at the time of health service re-organisation. He was later appointed to the Community Health Council (the health watchdog) and became its chairman, and later was appointed as a visitor by the Area Health Authority. He used to keep the visitors' reports so that a few years later he could look them out and see if the recommended changes had been made.

His son attended Ellen Tinkham School (a special needs school) for which he and his wife raised funds for the pool. Mr Bird was a governor of the school at the time of the interview for the oral archive (July 1988). Then, as Christopher would be too handicapped [the terminology of the time] to attend the Nichols Centre, they found the land (from the health authority) for Treetops and raised the money to build it, having persuaded social services to staff it. He was awarded the MBE for his services.

Mr Bird said that Christopher was a day attender and used to stay overnight to give the Birds a holiday. He was now (at the time of the interview) living at Knightshayes (where Jean Waldron was in charge) so the Birds could holiday when they liked and know that he was in good hands. Because Christopher suffered from fits they felt it was important that consultants were available.

Mr Bird said:

It has been a personal axe to grind. It was my suggestion that they change the name "Low Grade Ward" to "Special wards".

… At the first meeting of the HMC [Hospital Management Committee] I ever went to… I was appalled when one old chap stood up – he retired soon after – and said "They eat pretty well here. I visit once a year, at Christmas." I think he should have gone round [at other times of the year] before they upgraded the dining rooms. We saw it a different way.

He also spoke of the "*long day*" – the 12-hour-plus shift, worked three days a week, which he said meant that staff could have another job on days off, but were too tired, in his opinion, to nurse properly all that time. But, he said, the suggestion of change in the shifts met with resistance from staff.

Mr Bird donated papers from his days on the HMC, CHC and as an AHA visitor, including a report on Langdon's Special Unit (by then the Low Grade Wards). In these

papers, there are mentions of the number of men that one female nurse might find herself responsible for, on her own. They also include the working group's criticism of uniforms and the level of medical and therapeutic care.

He attributed the start of government thinking on Community Care to the scandals at the large hospitals and the inquiry reports on South Ockendon and Farleigh. His comment was: *Starcross was better than some.*

At the time of the interview [July 1988], Mr Bird was on the Local Planning Group in Exeter, a health forum. Parents were still using him as an information point, and he had just had a hand in producing a booklet describing the services that were now available in Exeter. At that point, he believed that the city could benefit from more day services.

His view on the transition from hospital to community was: *When you compare what it might have been 25 years ago to what it is now, it makes all the work as amateurs worthwhile.*

In 2018 and aged 101, Mr Bird spoke on a video for Devon Partnership NHS Trust, made to mark the 70th anniversary of the NHS, about his involvement in improving services.

He reiterated the appropriateness of having a parent on the HMC, how he took exception to the use of the term "low grade", and described how he had chosen to visit a ward during the night shift: *I took the view that we were looking after these people 24 hours. I was the first member of the management committee to visit for years.*

The care of the mentally handicapped has improved enormously. On the whole, very much better accommodation with their own room.

Exeter Health Authority was well in advance. The mental handicap hospitals went on in some places long after. I take credit for some of it because the Mencap Committee was a very lively affair and we put pressure on the health authority whenever we could. I was friendly with Murray French, the chairman, and Peter Jackson, the treasurer, and they listened.

Mr D Khadaroo, Deputy Charge Nurse

Born in Mauritius, he studied agriculture (which his family was involved in) in France then went into general children's nursing aged 19 in Kent, and later into nursing "subnormal" patients in Wales, before training at Starcross in the mid 60s.

He was 44 and had been married 21 years at the time of this interview (1988). His wife was a cadet nurse at Starcross when they met. Because of the male/female segregation rules, they had to send notes to each other.

He worked for many years on Bude Ward where patients had severe physical handicaps as well as mental handicaps, and also carried out clinical work on the hospital unit. He was a keen footballer, successful badminton player, and played snooker.

He left the health service for two years (1985) to open a restaurant, then returned, but found things had changed a lot. Nevertheless, with 23 years of nursing experience, he was working as a community care nurse – although he had to avert his eyes when driving past the hospital site after its demolition.

I got in because I was a very good footballer… Mr Lockyer, which was the Nursing Officer… He said: Well, you can form a team. And this is how I started to mix with people… No matter whether you are black or brown, if you have the right attitude they learn to accept.

I used to play football with the patients… Starcross team used to play Bristol and Wales, and we used to play badminton together and skittles… After we finished work, we would take them in a pub.

There was quite a good social life. It was lovely because there was so many sports, snooker table, table tennis, we had a laugh, winding each other up. They used to call me every name under the sun… all in good fun.

I will give you a typical day on Bude Ward. You go in 7.00 am, have a cup of tea, you start getting your patients dressed, take them in the bathroom, washroom, wash and shave them. Then we strip the bed, every day routine. 8.00 breakfast for about half an hour… Then after that we have so many to make the beds, so many to do the bathing… after coffee we go back to our work, then about 11.30… we take them to the toilet. [After two lunch shifts] we take them for a walk…once tea finishes, we take them to the washroom… then from about 6.00 we have to write our report… Set routine.

Changes came when the Salmon Report came. It changed almost everything. We had a Matron who was in charge … she really cared, but when the Salmon Report came you had Nursing Officers… it changed all that respect. …

The initiative was gone, the trades gone.

He described the change as a "hurricane".

I would have liked it to have been exactly the same, like we were, with the Matron. That was the best part of Starcross, really, because the patients were so happy, and we used to produce a lot

of things, work in the garden. I worked on Bude and we used to produce a lot of things, mop and stools which we made… and still being used today. Crafts, marvellous crafts that these people made. I mean, they were really good at it and they were happy. They were a lot happier because they had something to do, They worked in the garden, dug the potatoes.

Pantomimes… the Hall used to get packed…. Dances twice a week which they miss terribly today. It makes everybody happy to have a full social life.

There was one or two things which sometimes makes you feel for them really. I can recall one day I took them in a pub and somebody refused to serve us… I won't say they were ignorant, no, they don't know. If they knew what kind of people these were and they visited the place [Starcross] probably they would understand. You see, that is why it is good to have open days in hospitals where members of the public come and have a look what kind of people they are. Then they could accept them in a community.

I would have liked it to [stay] that way… I would go as far as to say it was a tragedy, not for my benefit, I am thinking of the people who lived there. The resident people, you know. I mean, after all we are there not for us, but them. Everything we do is for them.

I feel if you enjoy their company, they are just as human as we are, there is no arguments. We must treat them a little better, I mean better than we treat ourselves… it is not their fault what they are… I care for them but I couldn't love them like I love my children…I've never made an attempt to treat them like an adult… because they act like children. If we thought a bit deeper, we should have treated them like adults so they could act like adults. I will give you an example, G, he is well over fifty. I speak to him like an adult, but we still have a bit of fun like I would with a child, a bit of teasing, Not to hurt their feelings… They know themselves as "schoolboys", in fact you tend to speak their language all of the time.

We had a lot of people who had no relations. There was a … lovely lad… We never knew what his family was and I had written to his people, no answer at all. Eventually we found out he had an Aunty who lived in Exeter, so I went and [asked] has he any brothers. Yes he has, but in Australia, and one day there is a visitor, it is his brother… just out of the blue. Burst out crying, the brother did. He was telling me they left him when he was 11 years of age because children at school were taking the mickey out of him. He visited once more and we never saw him again.

In the early years when they were young, 16, 18 years of age, some of them were little bit misfits. They should have gone to a place where they could have been rehabilitated and go back into the community. They tend to have just been put in there and more or less just rot. I don't mean that in a nasty way. Parents didn't want to know at all, unfortunately…. Generally they were well-behaved, I would say, some better than normal people. Far better.

What I would like to see, to improve them, I would have liked Starcross, instead of closing, is opening Starcross as a little village, strictly for sub-normal people… the community for these handicapped people like they have their own bank, own restaurant, own hotel…Own post office, then you could train them… and then once you see they are capable… put them out.

Mrs Sheila Easby, Nursing Officer
Dr Peter Easby, Consultant

Sheila Easby came out of the army in 1968, into social work in Devon. She didn't like that, and was attracted by an advert to become Sister at Stoke Lyne, which looked after children with mental handicaps, starting in January 1969 "*with 73 children who had numbers and responded to somebody shouting out their number… no way can you say that that's the way to bring up somebody to be an individual.*"

She soon went to Starcross as Principal Nursing Officer and remained based there until 1985, by which time she was developing community care.

We had 501 beds in 1970, Brixham Ward had 76 beds, there weren't enough chairs for everyone to sit down, it was like Picadilly Circus… In Torbay Ward, if you fell out of one bed, you could have fallen into the next bed, they were just overcrowded.

Her husband Peter Easby had been a prison medical officer in Exeter and had an interest in the development of the offender and potential links between mental illness, mental handicap or learning difficulties and petty crime.

He became a consultant in mental handicap but for Cornwall, in order to start a unit for behaviour disorder at St Lawrence's at the end of the 1960s, transferring back to Devon after a year.

At one point he was responsible for an area which had 1,900 beds, stretching from Axminster, on the Devon-Dorset border in the east, to Land's End, at the far end of Cornwall.

Sheila Easby spoke of the early moves into the community:

Originally, the groups that went into sort of small hotels thought they were going into a different sort of institution but, at that time, it was better than the institution they came from.

I remember one resident… she said one day: One of the nice things about being out, I can go to the bathroom … and I can lock the door… I haven't been able to do that before.

When I first started, the chief nursing officer was very supportive. He encouraged me to do community work.

We were responsible for the whole of Devon… divided into the four districts… one nurse for each district.

It was multi-disciplinary, really, so we were all part of one team… the psychologist, the social workers… It started with nothing, no systems, so we had to devise all our own systems… how you monitor, how you decide whether you are giving good care, and this is the right way to go. So, we got together with Social Services in 1975, something like that, and devised all our own procedures.

There was a lot of opposition [from within the hospital]. I can't remember when it stopped, but originally senior staff were paid by the number of beds.

If you wanted to make the community side work, you had to make sure you had the best staff, young staff who maybe were disillusioned with the institution, who thought community would be a better way of working.

We started as a very small, close group, because it's quite a big responsibility, working in the community, so staff support was very important.

Staff were [in the Training Programme for community care] and talked to students, and we had students working with us as part of their training… Eventually, all the students came through the community [service] and we ended up with a big department where students were just linked to a team, and they enjoyed being in the community, and it gave them a new way of thinking and looking at things.

You worked very closely with them… and you knew by taking [them] out visiting the families, the reaction to families, you just knew when you had somebody who potentially was a good community nurse.

We felt it was exciting, but the poor old institution was sitting there, not going anywhere.

Community-wise, we were the first in the country really that did it very seriously. At the end… I think we did it better than most as community wasn't a cheap option and… you have to have very good monitoring procedures, otherwise you could end up with… nobody looking after them, get into trouble, and have to bring them back into the institution which isn't there.

We had lots of visitors constantly to see how we did community [care].

I don't know whether they'll keep the Local Support Units or whether they'll get rid of them because they are expensive… in the local community so that you were still near your family, you could book yourself in and out.

If you take, say, Knightshayes, which is a Support Unit, compared to the routine of the old-fashioned ward at Starcross… the unchanging routine… there's a tremendous difference. They go and sit and have coffee and chat to people, parents are in and out, a busy little unit.

She warned: *If there isn't short-term care for young people, the family aren't going to cope.*

We've a very close involvement with Social Services. Peter Easby agreed: *The ground was… made ready for a joint collaboration… a joint enterprise.*

Seeing the early move to community working from his perspective as a consultant with an interest in behaviour disorder, Dr Easby said:

It was all very much an unknown quantity… Gerry Simon was very interested in the work we were doing and … very supportive and helpful. He found that other hospitals in other parts of the country were being directed to come and see us.*

They [in the hospital] were perhaps… feeling the writing was on the wall… And this went right up to the management – the management suddenly found themselves very insecure.

I started with an open mind and a lot of my interest was in fact in offenders because I had been a prison medical officer… I was particularly interested because it [was] surprising the number of slightly backward offenders that were coming through the prisons not in serious crime, petty crime. So we eventually evolved this… now they've got a full-time consultant in mental handicap… and [one for] forensic work.

I really saw the change from the [days of the] Medical Superintendent … they ran the hospital in a very autocratic manner… family fashion…

I came in at the end of the 60s from the prison world. This was the time when a Medical Superintendent retired and I think this is a critical point in the… development of Starcross.

The clinical role of medical staff was comparatively minimal compared with its advisory role and the [size of] the area to be covered… There was a time… that I was involved in the area from Axminster down to Land's End… To my surprise I was technically responsible for 1900 beds… this meant I was galloping up and down, attending management committees, and having an occasional clinic… Therefore the nursing staff had a very considerable role to play, which might not otherwise have been the case.

Sheila Easby spoke of the change for nursing after the Salmon Report:

Before Salmon came in, the matron of Starcross, a very nice lady but she really had no authority, she didn't sit on Management Committees. Afterwards: *the Chief Nursing Officer could go into the Management Committee and demand changes.*

Dr Easby added:

As far as I could ascertain, thinking back, there were very few cases of deliberate mismanagement or even cruelty, very few. There were certain instances when nurses were misguided or their judgement was perhaps at fault… or the over-use of drugs.

Speaking about the closure, he said:

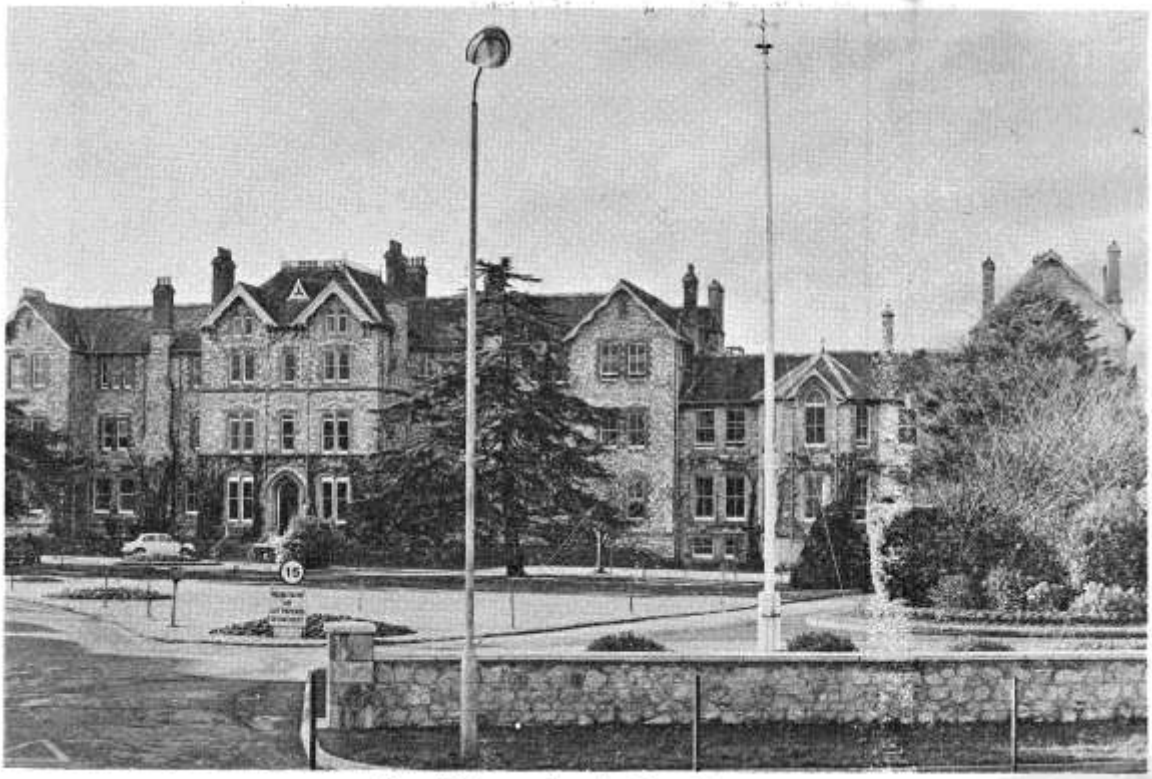
You were having to follow the inevitable and see it all happening – but not too quickly – and the danger was that everything was going to go rushing along and on the other hand you didn't want it to drag.

The District Administrator, I suppose, was the one who ultimately put the date and I think this was a critical decision for him to make… he didn't rush it or vice versa. He probably got it about right.

*It was very sad in many ways when they eventually pulled it [*the Starcross Hospital building*] down because it represented so much history.*

Shelia Easby added: *It was right to close at the end.*

*Dr Gerry Simon, Director of the National Development Team, an advisory agency set up by the Department of Health in 1974.



Royal Western Counties Hospital 1974

Dr Mary Kemp, GP

Born in Surrey, Dr Kemp trained at the London School of Medicine for Women. Her mother's family had come from Devon, and she chose to move to Kenton, the next village to Starcross, working part-time in the local doctor's practice and as a clinical assistant in Radiotherapy at the Royal Devon and Exeter Hospital.

At Dr Easby's request, she began carrying out physical examinations of all the Starcross patients in about 1970. She continued her work at Starcross until she retired in 1984.

She did ward rounds, but very soon started a community service, providing assessments for families needing support. Yet her views were more in favour of the institutional care than care in the community.

Dr Kemp recalled changes over the years:

Quite a lot really but particularly in the patients' surroundings and social life. It improved no end… They tried to get rid of some of the overcrowding and the surroundings were made more pleasant, I mean the décor, curtains and carpets and more comfortable chairs. There was plenty of social life for the patients. They had dances and pictures [films] once a week, outings in the coach… They had school and they'd got their own WVS [Women's Voluntary Service] canteen out the back, and they had games and there was occupation for quite a lot of them, particularly in the gardens.

Speaking about whether people in the local community were involved or visited:

Unless they actually worked there, not much. I mean, Starcross, rather like Exminster [the village a few miles away with a psychiatric hospital], was sort of centred around the hospital… about 80 per cent of the working population of Starcross – and I don't think that's an exaggeration – was down there – cooks and bottle-washers and nurses and administrators and gardeners, I mean almost anything you can think of, it was like, well, a small village community in a way and there was everything, they had their own driver for the coach. But those who weren't involved with it, they rarely set foot in the place.

Asked about control methods, Dr Kemp said:

If drugs are used sensibly and not for too long, I think they are very useful, particularly if you have a very disturbed patient come in. It helped to settle them down and then you hoped to be able to wean them off, or at any rate keep them on a very small dose… I don't like sedating patients very heavily but occasionally, of course, you have to. If someone went berserk and started throwing the tables about, you hadn't any choice.

… Side-rooms are a very emotive sort of subject. Quite frankly, I can't see any alternative to it at times … you can't reason with them… possibly a black eye… They'd even wreck a side-room with nothing in it… I think the old padded room was kinder, quite frankly.

Did her views of mental handicap change?

Probably, yes, actually in training I never even saw a mental handicap patient. We only had three half-days to cover the whole of psychiatry. This is back in, I suppose, '45/'46…

…It was a bit of an eye-opener, particularly when you came to those who were both physically and mentally handicapped, you never would have believed that so grossly handicapped people would ever survive… It [the survival rate] became better as time went by. The nursing staff were marvellous…
… And this is one reason why I feel the community idea is wrong for this kind of patient and also it's going to cost the country a lot more, the small-group-system is going to need as many staff if not more…

I think, before they started emptying the hospital, they'd got it about right. I mean, there … was a large amount of freedom, there was nothing to stop them going into the village if they wanted to but the grounds were extensive and mostly they didn't want to, perhaps just to the shop round the corner but they'd got the canteen to buy sweets and soft drinks and things and I think they had a very reasonable existence.

We had one chap who was a "flasher" and whenever he was picked up he would be brought to the hospital and he got away with it, as he wasn't living outside…. No landlady's going to put up with that! I honestly don't know if he is still in the hospital or not. He was reasonably intelligent, so I would think he would probably have gone out…. More [on section] at Langdon than Starcross but we still had a few on section.

When you've got an IQ that's stuck fairly low down, anything you've learned slips out of mind again…
I sat in the school hall at one or two sessions out of interest and I think everything went in one ear and out the other, for the majority anyway. They had their training in housewifery and things, hoping that they would be able to look after themselves and the higher grade patients would learn enough to get by but they still found it hard going.
We had a couple who actually got married and were living in a flat in Torquay and they were alright as long as they could collect their dole money, but the paper [form] for the rates had come in and it threw them into absolute pandemonium – they didn't know what to do and they went into a decline. Luckily, the community nurse who was with me found out what it was all about and was able to fill it in for them and show them what to do … they need someone around, a social worker or a nurse they can refer to.

I've seen patients whom we'd thought were fit to go out on their own in groups of two or three and I've been really sorry for the nurses who had to keep them together. There'd be a terrific strain on them because they'd lurch from one crisis to another, that a normal person would take in their stride and think nothing about but, to them, it's an insuperable obstacle.

I don't think it was a bad place at all, I mean, you mention Starcross and people who don't know tend to say "Oh, how awful", but when you are actually there, you find that it's not awful at all….
… All the hospitals [including psychiatric] got a lot better and I think they provide a very real need for someone who is disturbed.

I did enjoy the community work very much, particularly in the early days when we were building up the department, we had a marvellous team of nurses and all of them really interested in it.

Tom Bush, Nursing Tutor

Having trained as a nurse in the Royal Western Counties Group in the late 1960s, Tom Bush returned in 1980, after a few years working elsewhere, to become a tutor in the Starcross training school and had continued as Nursing Tutor in the community.

It was after trying a career in singing with touring companies such as Sadlers Wells, and for a time wanting to go into the church, that he was interviewed at Starcross by Matron Ferrier and began his training there in 1967.

His mother had worked at a Bristol children's hospital, and as a boy he had played with the recovering children on a ward, but hadn't been allowed upstairs to where mentally handicapped children were being assessed; having discovered them and then later having decided on a more permanent career than singing, he chose mental handicap nursing.

His training took him to other parts of the Western Counties group as well as Starcross – Franklyn (children with physical disabilities), Stoke Lyne (children with mental handicaps), the Prentice Unit at Langdon, and he became a charge nurse at Stoke Lyne aged just 21, in 1971.

His wife had also worked as a nurse at Starcross, in charge of recreation, and together they were running a Scouts group in Dawlish and a Sunday School. An active church member, he was also a lay preacher.

I knew I wanted to care for people… the job was just everything I wanted…I loved children and still do. I could see these were children you could do something with... I also enjoyed teaching.

One of the boys… he was a Down's Syndrome… taught me a lot about mentally handicapped kids. Before, I had always seen them as different from ordinary children, but I realised he enjoyed the same things as my nieces and nephews.

I initially went in with the idea of these poor unfortunate people needing caring for, but I soon realised… what they actually wanted was to have somebody to share things with. Also to help them come to new experiences, and I used to enjoy taking them out and putting them in the same situations as other adults and other children, and in groups of one or two rather than groups of ten or twenty.

One of the things that Starcross was about was actually educating them. It was set up originally as a school anyway and that philosophy was never lost.

In 1973 he went to work at the Royal Earlswood, Surrey:

That was a dreadful shock. I expected it to be like Starcross and it wasn't, it was ten times worse. The wards were dreadfully overcrowded, very dreadful, under-staffed, morale was very low. There wasn't the sense of community and fellowship that there had been at Starcoss and Langdon.

After two years at the Royal College of Nursing and another year at Royal Earlswood, a job at Starcross came up and he returned in 1980.

The local vicar was also the hospital chaplain… he came and did a hospital service and then walked across the road and did a church service. It was about 100 yards between the two – why couldn't we have gone over to the church?

It was a left-over from the 30s when you had the closed institution. But… the snooker team was made up from people at the hospital and village, and when the hospital had a band, it was mostly hospital staff but there were a few people from the village that came in. In fact, the village economy couldn't survive without the hospital.

In about 1970/71 was the start of moving out the more able residents… and you had this great shift of people. I remember the first community nurse that was appointed in 1971… His job was to "decant" residents from the hospital – awful term – that was his sole job. He worked with the Employments Officer… At Dawlish at that time Bed and Breakfast holidays were disappearing so you had these huge three-storey houses… The landladies used to take them like mad and so you had mini institutions.

Dawlish hated it. The local community were dead against it. Quite rightly too, because where these people had been in hospital, they had a structured, occupied day… Suddenly they were going in groups of 12 and wandering the streets, walking along the beach. They got a lot of bad publicity at that time.

They were the more able ones that could look after themselves and the churches started taking them in… and the WRVS and some of the hospital staff opened up a day centre on the playing fields. But because they weren't at permanent addresses they couldn't use social services, they couldn't go to the Adult Training Centres. Disastrous for them. They were coming back to the hospital and asking if they could come to the dances in the evening.

I was very anti community care at that time, because of what I saw. Then I went to Surrey and saw… they were doing exactly the same thing but on a bigger scale… thousands of people down on to the south coast to places like Broadstairs. In fact, Panorama *made a programme about it.*

Staff used to sleep in the wards… they had a curtained off area. It is interesting now that in group homes we are actually talking about sleeping-in. It has gone full circle. At one time [in the institution] the staff used to eat with the residents, when it first opened. Now you can see the sort of circle of thinking.

Probably by 1980 I was very much in favour of the closure of hospitals because the hospitals had had their day. That philosophy had had its day. Particularly here in Exeter, because the support structure was good.

He identified the appointment of Sheila Easby as Principal Nursing Officer as a turning point. He recalled her at Stoke Lyne, just before that:

I remember her… looking at the 70 children, saying: Isn't it a pity they can't stay with their parents – that's where we ought to be going. That stuck in my mind.

Within a year of her being there [at Starcross], you had the Community Charge Nurse appointed, she was very keen on the Community Teams… That one change, if you look back… was so crucial.

Peter Nutley, Hospital Administrator

Peter Nutley was the hospital administrator for about 18 years, and it was he who saw the hospital closure right through to the end, and locked the door finally on the empty building.

An interview with him was conducted on July 17, 1986, soon after the hospital had seen the last of its patients (in May) and when Peter had almost finished tying up the last of the paperwork and was staring early retirement in the face.

On this occasion, rather than look back at the early days of his work at Starcross, the questions put to him attempted to pinpoint how he and the team went about closing the hospital and tried to reveal his attitude to the sort of criticism that might have been thrown at the closure plan.

I became… sometimes very concerned about the quite horrific things people were saying about the handicapped… I think that the press and the television could perhaps have helped more than they did and I found on more than one occasion, although I gave them quite clear statements, that they chose to publish what they believed rather than what I told them.

If anybody raised issues… that what were doing was wrong, and I must confess… one or two of them on the staff, but many more from outside, my comment to them all was: Come with me when I visit a group who are now living happily in the community… see what they're doing, then make your own judgement… We should never have expected patients to live in 30-bedded wards in groups of 500 – as legislation and everything else expected us to do in the past.

The proof of the pudding's in the eating, and if you go and see former patients now living normal happy lives in the community, <u>there</u> is the justification for what we've done

Earlier, in a short interview in March 1986, he had recalled his early contacts with similar institutions:

I don't suppose there's another hospital administrator who has spent his whole career [42 years] in mental handicap. In 1944 [aged 16], towards the end of the war, it was a question of getting a job. [This was at the Pewsey Colony Certified Institution in Wiltshire.]

I can remember going into the hospital as a very young boy [in the 1930s] riding on the horse and cart delivering goods with my father. Hospitals were communities in those days. You built the staff houses with them and they became insular. What happened inside was like what might happen in an average village.

In his time working at Starcross, he recalled a patient whose home was in Northern Ireland:

He came here on holiday. We didn't want to keep him over here but everyone felt he should be in hospital. It was agreed eventually to admit him to a hospital in the province. There was the problem of how to get him there – it would take several days and several staff via Hollyhead [by ferry]. I decided to see if I could fly him. The airline agreed to hold the aeroplane so the staff could return on the same plane. A week or so later, the CID visited (he had come through the courts so had a criminal record) suggesting I had aided and abetted a man with a criminal record to leave the country!

Writing in the Health Service Journal in December 1986, he said that when the 1959 Mental Health Act ended the use of detention orders: *To most of them [the patients] it made little difference as they still remained in hospital informally, although I recall one patient stopping me to tell me his "freedom papers" had arrived. However, it was not all bad in the institution… great efforts were made by the staff and friends to make life for the patients as happy as possible.*

In the same article, he wrote that during his time at Starcross, there were regular open days, in the form of hospital fetes with star attractions – celebrities, parachute displays, and even helicopter flights: *Both visitors and patients were able to buy flights…. The patients who went on the flights… thoroughly enjoyed themselves, although some people had said they should not be allowed such pleasures.*

Also in the Health Service Journal of December 1986, he wrote:
Having worked in the "custodial" environment and lived through the many changes that have taken place in the past 40-odd years, I am convinced that the right place for the handicapped is in the community. Certainly, if one asks any of the former patients if they would like to go back to hospital, there is never any hesitation in their reply of "No".

assembled crowds that the three person team would all land in the centre circle of the football pitch and, because they were experts, would probably hit the centre spot.

The moment came and the three parachutists appeared from the aircraft at about 6,000 feet. As their parachutes opened, I read from the prepared script but, as they dropped, I could see all was not as it should be. All three parachutists were drifting not only away from the pitch but away from the hospital. Two of the parachutists landed in fields near to the hospital but the third dropped in over the top of a bungalow on the outskirts of Dawlish and surprised a lady hanging out her washing. The next year in another hospital fete the same team made a perfect landing.

Parachutists at the hospital fete… one surprised a lady hanging out her washing.
Reproduced courtesy of the Health Service Journal.

Tom Harrison, Director of Nursing Services

Tom Harrison worked as Director of Nursing Services based at Starcross and had been there for 18 years.

He previously worked at the Royal Albert, Lancaster – one of the handful of institutions that had had been established across the country and built at much the same time, around 1850, for the purpose, he said, of "collecting idiots". He had started there as a cadet in the 1950s, so had seen institutional life for 33 years by the time he was interviewed for the oral archive in 1986.

When he came to Starcross there were about 600 beds.

When I first walked into Starcross [about 1968]… you walked in through a tiny green door, into a very narrow green corridor, into the main corridor of the hospital. I thought: My God, where have I come. It really was terrible. They hadn't then even moved as far as the Royal Albert [hospital] that I had left much earlier.

He described how institutions like Starcross had evolved over the decades:

At first, staff were all living-in, a part of the same community, and that bred the idea of self-containment. The staff, or rather attendants, wore peaked caps like prison officers. Every door was locked. They were chosen for an individual skill, like football… or they played a musical instrument… or they did woodwork or had a trade. That gave the staff status. They developed a social life within, and so they were likely to remain for many years.

They were very regulated, time-wise and that was your day for ever.

He drew a contrast between Starcross and Langdon when it was built in the 1930s:

The move was from a large close community living together to dotted houses. [In an institution] everybody saw everybody… Very custodial, very restrictive. It was very productive, moulded on self-sufficiency. I suspect the emphasis was not on training the individual but on producing what was needed to keep going.

We [now] query whether they need to live anywhere different to other people.

He pinpointed changes over time:

I suspect that for 40 or 50 years the same thing was going on – the gates were there, were closed, nobody saw inside unless they happened to work there.

In 1948 [when the NHS was established], they started to move things slightly, for example hospital schools… possibly everyone travelled with the slowest. Then you found more children there.
…[Staff] conditions became more standard… becoming part of something national instead of small and enclosed, people will have begun to say we don't have to do that if they don't elsewhere.

This shaped a period of nothing… just containment – feed them, protect them… It was a training to be incapable… Imagine spending 40 years not doing anything for yourself, so evn the brightest would have appeared quite dim.

even in the 50s there were ghettoes in institutions – an area where the hopeless, the "idiots" lived – the people you could do "nothing" for. If you do nothing for them, they just get worse.

When I started [in institutions in the 50s], there were the "feeble minded" who perhaps with proper teaching were borderline, or perhaps were deaf but thought [to be] handicapped. Few people wanted to work with the "low grades", no-one sought to improve it, so it was a vicious circle. It was stressful, so people asked not to be there and perpetuated the problem.

Since the review took place for better services, in the late 70s, suddenly we woke up to the fact that nothing had happened about the 1971 better services policy document. Ministerial reviews put teeth into it… meeting with regional chairmen six-monthly to set plans or veto them.

He highlighted the political involvement in the recent decade:

They [ministers] appoint chairmen of health authorities and now general managers as well… they have real sanction now. For example fixed-term contracts.

Unfortunately, the interview ended there, probably with the intention of conducting a second interview at a later date.

It was Tom Harrison who was given credit for providing an environment where improvements could take place – as Trevor Buckler [see his interview, earlier] put it: *Tom Harrison allowed us our heads.*

Night nurse

This member of staff wished to remain anonymous. His mother, father, sister and wife all worked at Starcross. He worked there throughout his 20s between 1974 and 1984 and after his training became an SEN on nights.

He had trained to be a chef but the money was poor and working at Starcross Hospital was just something that lots of people from the village did.

He and his wife worked opposite shifts after they had children, and he said the disadvantage of moving to community care was that they weren't going to be able to go on doing that. He was missing the comraderie of the hospital.

He was critical of the way that patients were accommodated when wards were being closed, but also of the regime there had been on the wards. Perhaps he was finding it difficult to adjust and was struggling with very mixed feelings?

It was a bit of a shock going on to a ward and seeing hardly any furniture, and what there was was pretty rough, no carpets on the floor, the telly bolted to the wall. Some of the windows had plastic instead of glass. Once you worked there it was fine, exactly the way it had to be.

They'd upgraded a lot of the wards and they'd been decorated quite nice. At one stage, they had open fires and the whole of the top floor was one big ward.

Bathing males and females was a bit strange. When I did my training I was on the female ward. There was always a female [member of staff] present.

When I first went to Starcross, I worked in Teignmouth Ward and all the clothes were locked away in a particular cupboard. Some of the Boys shared clothes, they didn't have their own, because they used to rip things up. Those sort of things could have been changed.

I think perhaps they could have been left in bed a bit longer, rather than getting them up at 6am. Most were in bed by 7pm when you came on duty at 7.30pm.

The only time they used to get visited was Open Day and then not a lot. You're talking about youngsters from 15 to 25 and it seems to me the parents were glad they were there and not at home because they were so badly behaved.

You [could be] looking after very physically and emotionally disturbed youngsters. All we were really doing was just controlling them – you couldn't do anything, only very basic things, feeding them, keeping them clean… I suppose trying to inflict on them our good behaviour, possibly reward although you shouldn't have done, certain people went without meals perhaps, put into side rooms… until they were quiet. It could be 10 minutes, it could be all day… It didn't work.

You tend to plod on. It wasn't until they said it would shut that you suddenly think that perhaps there were other things than Starcross, apart from just spending your life at Starcross.

More could have been done. More training and more encouragement, to make it more individual. It was impossible. They were on wards, slept in one big room, instead of having a couple in a room.
…Perhaps instead of taking 60 or 70 on a trip, could have taken 10 or five. A bit more personal attention.

I think sometimes you can bring in a patient that was quite jovial and happy, sit them in a certain situation, just stuck there for 24 hours a day, and [they] deteriorate – a bit sad. It hasn't changed a great deal now in the community, they haven't done a lot for some of them.
… Probably more [public] hostility now that they are in the community – they are there all the time, not just occasionally. They've not been out that long.

Where I'm working now, I'm on a geriatric ward, you've got males and females together, there's no privacy whatsoever. The only reason they've put them there is to shut Starcross. Some of the things they've done to shut wards was shabby. Just a case of being put out in the Press – they hadn't really closed a ward, just put two under one name, which was a bit naughty.

They call people different names – now it's a houseparent or a team leader, and they're not patients any more, they're residents or clients…. Imbecile to mentally subnormal to mentally handicapped – it hasn't changed anything.

I think it was too regimented. You've got your own little groups now which perhaps you could have done then [on the wards], and be responsible for certain residents. Now everybody's got their own little group everyone gets on better. Much more job satisfaction, helping them much more.

I don't know what's going to happen now the big hospitals are shutting.
… I'm not saying it should have stayed open, such a big hospital, but before they used to have a lot of activities, dances, cinema, sports teams. They open all these houses and you find there aren't any day care facilities at all, so there's nothing going on. They're in a house. It's up to the staff to do everything, take them out. There is none of that comraderie – that's what's missing. Like a little village. They had all they wanted – they felt secure there. They knew what time the canteen was opening…

For the majority, it [Community Care] is very good. Obviously the minority are going to suffer. You've had a lot of old people put in little units… been in a big hospital all their lives and you've suddenly taken them from where they are secure and happy. It's bad. For the young ones, it's a good thing. I think there is a lot of stress if you are doing the same mundane things.
… Certain patients, those that are that mentally handicapped, you cannot do anything with.

It's alright for the younger staff who have not known anything else. The older staff, that have worked there three-and-a-half days a week, not one agrees with it.

I think for the staff it will be quite good, because you'll have to do a lot of different things, cooking… involved in gardening and the general running of the place, and getting out rather than being stuck in the hospital. On the ward, you did the same thing every day.

Peggy Cordell, Volunteers' Coordinator

Mrs Cordell arrived at Starcross in1975 "quite thrilled" to take up a fairly new post, to recruit and coordinate volunteer help – not just at Starcross but also across 10 units stretching from Axminster on the Devon-Somerset border to Paignton on the south Devon coast.

She had experience as a home help organiser for social services and had previously spent four years working at an adult training centre for mentally handicapped people.

She worked closely with the recreation and training departments and those wards that could benefit from voluntary input.

She was past retirement age when she finished at the end of 1985, when the hospital was near to closure, but took on a short contract to improve children's holiday playschemes in the community.

The interview for her post included a dinner attended by senior staff but also by the Chairman of the League of Friends:

The League of Friends was a very powerful voluntary body in the establishment and it goes without saying that they were going to have to be involved with me in my work.

[The job involved] liaison with the League of Friends who still continued right through my time to do their own thing as they had always done it, but I was very much the link person between management and the League… also I had to find volunteers for specific requests and innovate new situations which would include volunteers. Things like… getting a volunteer to start a club.

I used to regard it as a bit of a selling job [to ward staff]… when they got to know me, they would ring… and ask me if I could help them.

The police at Middlemoor [constabulary headquarters in Exeter] that did cadet courses for the under 18s used to use Starcross for part of their training, on the premise that these lads would eventually be on the beat.

Sometimes you would get a request from a school teacher who had a particular project going and would like access to the hospital.

I can never remember a time when I didn't have students [from Exeter University] coming in… a student that was a very good swimmer to … help in the physiotherapy pool [at Langdon Hospital]… occasionally a volunteer who would be a natural for the Courtenay School…

I understood that Starcross [village] is a small place. A high percentage… either worked at Starcross Hospital or had families that worked there. It figures they weren't interested in coming back, in their own time, I am sure they did voluntary work somewhere, somehow, but it didn't include Starcross [Hospital]. The nearer the address, the less likely you were to get them as helpers.

I have met people who say: What's the NHS for, why do they need volunteers?... I think people in an institution need volunteers to bring the outside into the hospital a bit. However normal you try

to make life, and Starcross tried very hard to make things normal for the residents, it isn't normal, it's far from it.

[Volunteers] may observe something that has been under everybody's nose for years… Also, the residents liked volunteers very much… they enjoyed hearing about family… When I first started patients would be interested in what family you had, did you have a husband, had you got children, were you an auntie, where did you live…

They very much provided individual attention… for instance, the Red Cross beauty care which gave us wonderful service over a number of years on a weekly basis… you can't just give somebody a facial or do their nails without touching them and that was a personal bit of pampering when they had undivided attention.

I have seen nurses cuddle them and make a fuss of them, but it is that business of somebody from the outside, you see.

For every good volunteer you got, you had the other kind as well. That was another one of my difficult jobs, to say no, or to remove them… not often but it did happen…. I think you get a bit of a feel for it as a parent yourself…

As the hospital was beginning to diminish a little bit, the voluntary thing was probably more important in some ways, especially when staff started reducing. Not that we could replace staff… it is a written thing that a volunteer must not be left alone with patients.

The WRVS canteen at Starcross was still struggling along when I left although they had very few patients, but those ladies were very loyal. They were really determined to see them out because they knew how important it was that people had somewhere off the ward… to wander across to… it was the kindness… people coming from the outside world… bringing in their dog and things like that.

… part of the joy of handicapped people is for those that give the service – the givers get a lot back.

Nothing as big as [Starcross] could be without any faults but they had such a jolly good staff overall who beavered away at many of these things that needed rectifying. We had a sister who was very interested in deafness in the handicapped. And with the psychology department they really got into this… We had a volunteer psychologist at that time… they did a big research… and quite suddenly patients were appearing with hearing aids… they were so thrilled with them… little boxes they could tune in… It was acknowledged that many of the handicaps… were made much worse because of deafness.

Anybody who needed glasses and treatment would obviously get it, but you see deafness is a harder thing to diagnose.

I remember when the Community Unit first started – it was just kicking off when I first went to Starcross.

Because of my age [closure] didn't affect me too much because I should have been finishing at some time anyway.

A lot of it was good, because I saw patients go out into new homes who I did feel could cope… We have Stallcombe Farm near here… I see some of the residents from there that I have known when something is happening in the village like a fete and… my impression has been that they look awfully well… if they were unhappy they wouldn't look well, would they? They come and speak to me so excitedly and we chat about old times.

I think there were a certain generation… too old to undertake such a tremendous change in their lives and I felt it was almost cruel. They were what I would call the casualties of the re-organised service… But if you take that percentage out of 400-odd patients, it is probably a very low percentage.

These hospitals did serve and fulfil a wonderful purpose, but change comes about, doesn't it? Also… the incidence is falling rapidly of mental handicap. The powers that be have to look ahead.

I do remember… a very valid point that the District Administrator made… what the heating costs were in a place like Starcross… and half… weren't directly going on the people. It is claimed that the new service isn't cheaper anyway, that it is costing more, so if that's true, we hope it is better, it has to justify itself.

"They'd say to me: Don't come in with these ideas,
we've heard all this before…"
Dr Chris Williams, Psychologist

"… our first graduates were three deaf men – one profoundly deaf man
and two moderately deaf men with Down's Syndrome.
These three men now rent their own flat…"
Dr Chris Williams, Psychologist

Dr Chris Williams, Psychologist

Having worked for about 10 years in the Midlands, and for 10 years with consultant psychiatrist Gerry Simon*, they together founded the "British Institute for the Mentally Handicapped", setting up projects such as rehabilitation programmes and lecturing across the country.

Around 1976, he said that the Devon Area Health Authority and Social Services invited the National Development Team to review the services. Uninterested in going to Exeter, he was nevertheless persuaded to be involved in innovating and arrived in December 1977 to be Principal Psychologist, with a patch that stretched from Axminster on the Devon-Somerset border to the Isles of Scilly.

He organised training and rehabilitation and became involved in establishing houses for people to move into from the hospitals.

Basically, I'd never heard of Starcross, although I probably knew every other mental handicap hospital. It's largely because there was never a scandal there, and there was never really anybody pushing it in terms of innovation, so I guess it was simply doing its job.

Following the invitation to the National Development Team:

Gerry Simon spoke to me and he said: If you want to go somewhere where there is going to be some major innovations taking place, and you want to be part of this major change, go to Exeter. And I thought: What on earth would I want to go to Exeter for, it's miles and miles from anywhere! But I did. I eventually got talked into coming here.*
… I met the District Psychologist, who was Jim Drury at the time, and… David King, and they both worked very hard I guess, in retrospect, in trying to encourage people to come down.

I arrived… in the cold and the wet and I thought I'd come to the end of the world!

When I got there, there were still [school] children on the Starcross site. They were children of any age between 14 and 40. They were attending the little sheds called the Courtenay School, which were then demolished, so the education system was moved off the Starcross site to Langdon [Adult Education Scheme] and concentrated at Franklyn and Stoke Lyne, where the true chronological children were admitted and lived.

The only sort of psychology that I can track down before my time there… were one or two people who were hired in for short periods of time to do some projects… The group that I was interested in because of my background were the more profoundly handicapped, the behaviour disturbed. I'd done behaviour modification training programmes for nurses and we'd set up the only course that, as far as I know, is still [1988] running in the country for Behavioural Skills Training for Mental Handicap Nursing.

… we worked with those [staff] who wanted to do it… because they could see it was relevant.

*Dr Gerry Simon, Director of the National Development Team, an advisory agency set up by the Department of Health in 1974.

[The job was] not very clearly defined…
… I knew what job needed to be done because I'd been doing it for 10 years in Lee Castle and Lee Hospital, so to me the job was about establishing rehab programmes and… establishing some staff training particularly dealing with their most difficult individuals and looking at the re-settlement as best we could. As I understood it, in those days it was a "creaming off" exercise… with the most able, and they graduated to being discharged, so it was a very traditional treatment-based model.

It became clear to me that we were running a residential adult education institution.
… Reading, writing, shopping, using money, cooking, sign language, basic social education skills, sex education programmes.

We set the social education centre up in the hospital to give people the opportunities to learn how to do cooking for themselves and to handle money… We believed it was a sort of "university for slow learners"…

When we felt they were fit and ready, we would then try to establish a house for them on the outside.

The other innovation, I suppose, was the setting up of the Local Support Units, first of all as a transition phase for people to move to and then out of… and for those Support Units to do the proper work of supporting the care network.

He introduced Behavioural Modification Training, by giving nursing staff behaviour skills:

There's very little psychology in it, just nursing skill…
We took quite a large number of staff through these courses. They are now run entirely by the nursing staff…

I set up a conference on Materials for Sex Education, which is looking at what there was available – all benign stuff but the rumours around the conference about what we were doing – you'd think we were pornographers!

Medication was used as a form of behaviour modification quite extensively, and I've got some interesting data on the amount of drugs that were used… and how we managed to reduce that down as we increased their skill level…. Give the major drugs and their behaviour diminishes and that confirms your belief that that's what you're treating…

We also did a special project on hearing impairment…. We found 10 who were not mentally handicapped at all… we set up with [adult education], speech therapy and the communication training programme and sign language…
…Our first graduates were three deaf men – one profoundly deaf man and two moderately deaf men with Down's Syndrome. These three men now rent their own flat [because of a council's innovative housing manager making housing stock available].

Jean Waldron, Nursing Sister

Jean, 41, had left Starcross in 1984, two years before the closure, to open the new unit at Knightshayes.

As a child, she had passed Starcross on the train but had never thought of working there, going into accountancy when she left school. After marrying and moving to St Columb in Cornwall, she wanted a job (1969) and there was one as a nursing assistant at the "mentally handicapped hospital" there.

She worked as an Occupational Helper at Langdon in order to do her nurse training in 1974, before moving to Starcross as a staff nurse in 1977.

Promoted in 1978, she took over Topsham Ward at the hospital in a temporary building put up in 1935, and closed it in 1979.

I was always led to believe [as a child] that people in Starcross had three heads and four legs and it never entered my head to go into mental handicap nursing at all.

You had to conform to the system. When I went to Starcross [1978], there were 600 patients there on 16 wards I think and you couldn't kick the system too much because they had to run it, you know, and therefore the trolley came across at 8 o'clock so you had to have your patients out of bed.
… the meals were designed by someone in the catering office… one menu to me was a written disaster for the elderly, which was beef stew and rhubarb crumble [for all the wards] and if you've got ladies with dodgy tummies…!

Topsham Ward was "a tin hut" put up in 1935 to last 10 years… I closed it – thank God – and then I moved to Kenton [ward]…. I was so pleased it shut… [It was] dreadful! My father was a farmer and I wouldn't have kept animals in those conditions! That was how I felt – people know how I felt – it was appalling.
… the heating was absolutely abysmal. It was constructed of galvanised. It was for 16 severely disturbed individuals, no wonder they were severely disturbed, the conditions that they lived in.
… it was a locked ward, we didn't have visitors at all because, to put it bluntly, the hospital was ashamed of it. Through the winter of '77 the temperature went down so low [that] technically all the nursing staff could have gone off duty because it was below 60 [degrees Fahrenheit]. I think during the night it got down to about 40 in the bedrooms and I caused a big fuss… we actually got emergency heating put in. I was told by senior management "well, keep their coats on" but if you have got someone who is severely disturbed, they are liable to take their coats off all the time.

The toilet arrangements – they were absolutely barrack-like. When I left Topsham [ward], I went to Kenton Ward and this was a ward of elderly ladies; they slept in bedrooms of eight to a bedroom. I always used to maintain that nothing would be better for some of my ladies to actually have a bedroom of their own.
Some of them had been in hospital care since they were in their early teens and they were in their 80s now and they had never had a bedroom of their own. Unbelievable!
… when you are elderly, you usually have problems with your waterworks first thing in the morning, now, they literally had to go about 50 yards to get to the nearest loo and, to me, that was absolutely atrocious.

…We had no sluices… when you had 28 ladies, four toilets, no sluice and you had to wash out bed pans in the bath, I am afraid it was not hygienic!

One lady, 50 years of her life shut away in Rampton… we took her out shopping and it was marvellous and we took her down to see, to the theatre at Torquay, the "Tommy Steele Show" and job satisfaction is watching a client watching a show for the first time in her life – she was absolutely over the moon – now job satisfaction to me is being able to take my ladies out.

There was a fuss about the Queen Mother's cousin being in a mentally handicapped hospital, that did us the world of good. I'm all for openness, not hiding behind things.

She paid tribute to her colleague Viv McEvoy (whose community post was at Post Hill, Tiverton), for having boosted the recreational and social activities at Starcrooss:

She would spend hours and hours arranging trips, like pantomimes… The consumption of medication dropped – if you've got people with meaningful occupation, not sort of colouring all day long or sitting tapping a tambourine - that might be good but not usually - their quality of life improves, they feel better and you can drop the medication.
… I used to try to latch into any activity that was going, whether it be music therapy or swimming, even for the elderly ladies.

The first Sister to come off long days and do flexi-shifts, she said:

Doing long days… you work from 7-7.30 and you get around to 4 o'clock and, it is maybe your second day on and you are short-staffed, you are short-tempered and who is going to suffer? The clients do and your staff does…

Critical of aspects of institutional care, she was also concerned about people who had never received that care:

…sexually abused, physically ill-kept, money non-existent, not been outside the door in years… Yes, the Institution's care's awful but it was perhaps a safety net… It tried to do the best it could within the confines of money and the system, but there are still people outside the system who really are not living, they're existing, they don't go anywhere… people were admitted [to Starcoss] that were found… there was one whose Mummy died, [she] was a recluse and nobody ever knew that she had a mentally handicapped son. One day the milk wasn't taken up and Mummy was found dead and there was a boy in the bedroom – but you see I presume, years ago, they feared the Institution.

Nigel Pyart, Adult Tutor Organiser

Nigel, 49, was based at Langdon in the 1970s, working with the Forensic service there, but as Adult Tutor Organiser was also expected to contribute recreation provision for Starcross, and was interviewed there, and employed by the Local Education Authority.

Born in West Wales, he studied at university, and was accepted as a national trainee in the health service. However, he taught for a year in a private school, and then did a post-graduate diploma, becoming an assistant teacher at a technical high school in Buckinghamshire.

He gained wide experience in technical colleges, the Open University and Portland Borstal, and then was invited to interview for a new job as tutor-organiser for the Royal Western Counties Hospitals.

The part-time [education] provision was paid for initially by patients paying their own fees for any classes or activities I arranged, but fortunately, with some structural changes within the hospital, I was able to support the idea of changing that, so that it was just part of their training and rehabilitation. I began to develop quite a big department, mainly at Langdon Hospital and also at Starcross, before it closed.

I was working to the Social Education Department and the Recreation Department…
I saw the whole area could be added to… [with] workshops in music and movement.
… we had someone who was the Chairperson of the Keep Fit Association, so I was using all the time normal Adult Education provision, not specialist workers, but by linking them to the nursing staff, [they] gave support, knowledge and information and helped them safely relate to residents, safe on both sides. They were able to use their skills here at Langdon and we tried that at Starcross and, again, we found the same co-operation there, albeit that one felt, I always felt, alienated being at Starcross.

By the late 70s … that was when my own services really developed. I think the Recreation staff were then supported in a new way and looking back… I realise that [psychologist Dr Chris Williams] was a background enabler.

My experience of closure [of] Starcross was as a bystander, rather like standing on the opposite side of a railway line, while all the suffering and change is going on on the other side of the track. So it's within reaching distance but you're really at a tremendous distance…[Now] At Langdon Hospital, I'm actually on the same side of the track, within it, and having, therefore, seen it now experientially.

My task was a very limited one, deliberately and quite rightly so, of offering a service. I delivered that but of course I was at a distance from it, I wasn't within it… I could walk away. I did see the closure, without really appreciating the tremendous effect it must have had on staff.

He thought that behavioural psychology facilitated the changes:

The behaviourists, represented by Chris Williams… that was where it took off and Starcross… was therefore quite rightly able to look to the move to the community in a very positive way, highlighting behavioural needs…

[With the speed of closure] comes no experience of trauma, because the events simply go along, and as staff already feel dependent in their roles within the large institution, the whole thing is very manipulatable, if it is done speedily and if there is, therefore, no coherent sense of the individuals… as alienated beings they can be shifted in train-loads, very quickly, into the community, to be done with whatever the management wishes in support of public profiles, public messages and meeting, crucially, the public's perception of the change as a political event. That must have given them a lot of buzz in management and maybe a lot of reward.

Within the situation, the amount of pain, the amount of anxiety generated, is differential across different roles, different personalities…

The revolution, because it was a "quiet revolution" that took place at Starcross, as representing … all the other closures, really was a revolution.

David King, District General Manager

David King had worked in the NHS in Somerset - where he had been Deputy Group Secretary of the General Hospital Group in Taunton - before taking up the appointment as District Administrator in Exeter after the 1974 reorganisation.

The following extracts are taken from David King's unpublished work 'Recycling the Mental Hospitals – better care, better value' written in 1989 [2]. Extracts from the interview conducted earlier, in 1988, have been quoted in Part II.

My first experience of long term patients moving out of hospital to an ordinary life in the community was… in Somerset where I was working at Sandhill Park, a mental handicap hospital. Members of nursing staff were convinced that there were six men and women who could live independently if a house could be found… I would get it furnished and decorated, and they would train the patients to shop and keep house. Somerset Social Services offered to support the group… in their new life. We all set about it with a degree of excitement and energy as if we were preparing them for a moon landing.

It is a chilling thought for anyone aware of the grim hospital conditions to realise that these six people and many others like them were ensnared in a regimented institutional life when they could be enjoying the freedom of life in society.

Sheila Easby came to see us and to see what we were doing and I realised there was something rather special there, so I asked if I could go to Starcross and I did, long before I came to work in Exeter – and got ticked off for daring to make that arrangement with a "mere" member of the nursing staff and not through the Group Secretary….
So I was longing to come to work here. It seemed they were miles ahead.

On my appointment in 1974 as the Exeter District Administrator, I became acutely aware of the endless problems… Nobody seemed satisfied with any of the plans to increase staff, or improve conditions… Hanging over it all was a constant worry that at any time some harassed member of staff or fellow resident might ill treat an unfortunate patient on the overcrowded wards.

King decided to involve paediatrician Freddie Brimblecombe, after realising that medical care was lacking for disabled children within the mental handicap system. He also involved statistician Alec Glaskin, to understand the numbers.

Nobody could explain the constant reduction [in patient numbers at Starcross] nor could they easily shrug off the possibility that the hospital might one day close of its own accord…. We decided it was better to plan our own moment of closure, rather than leave it to the fates…
… far better to see what the future had in store and prepare for it.

We were constantly trying to improve the hospitals and [there was] a realisation that that was a waste of time… By 1979, '80, I realised we were never going to reform the hospitals.

It became apparent that 80 per cent of people with learning disabilities were already living in the community and that a steady flow of former hospital residents were moving to ordinary living conditions in houses and hostels. Families who wanted to keep their disabled sons and daughters at home no longer found themselves under pressure to have the child "put away".

The concern was that the attitudes and customs of the old hospital services were so endemic that in dividing up the hospitals [into smaller units] we would do no more than recreate them in smaller form, like someone scattering dandelion seed on the wind. In fact, the new services have been far more self-critical and open to change than almost any other of those for which the Authority is responsible, and they continue to grow in their understanding and response to public need.

All this stress and change might easily have resulted in a totally demoralised staff, but not so. They are now the centre of attention for a stream of international visitors, eager to see the new services and learn from them how they, by their own efforts, regenerated… services which had fallen on hard times.

His urge to transform mental handicap and mental health care was not a criticism of those who had striven to make hospital care work:

Institutions were designed to give their inmates a settled... life… Institutionalisation was well-motivated and intended for people considered to be incapable of fending for themselves in the hurly burly of life.

The squalid and overcrowded conditions with which the Victorian mental hospitals are popularly associated were not features of their early days when they offered standards of accommodation far superior to those in work houses and most poor people's homes.

[In the 1960s] a new attitude emerged: that people with mental handicaps were capable of treatment and rehabilitation and should not be compulsorily separated from society but given the opportunity of remaining within it.

The job at District was really very simple: to give the managers and staff every support and to maintain sympathetic and effective channels with all the Health Authorities and many other agencies involved. It was also a key task to prepare and maintain reasonable levels of public acceptance to the radical changes.

In his interview, King summed up:

I have nothing but praise for what they've managed to achieve here. I'm never quite sure what my role in all that was but, I think, a kind of "backstop of confidence" to them all that they could get on with it and they'd know they'd have support.

Even if they were doubting, I'd slip in and stop the doubt.

I thought when we started we might win by a short head [move to community care ahead of other parts of the NHS]. I now realise [1988] that we're something like one or two decades ahead of the field…

David King has contributed further, looking back 30 years with "2020" vision – please read on, in the Epilogue.

Epilogue

From grim institution to real homes

"We shall find a good home for every resident – close to where they came from, their family, the people and places they know – so we can shut the hospital and use the savings for activity centres and support teams for them, and also for disabled people already in the community who never dared come near the hospital."

That idea was put to me on a sunny day in 1983 in the hospital car park by a nurse, a clinical psychologist and a manager, and though not even scribbled on the back of an envelope it was of such vision, humanity and good sense that I – General Manager of Exeter Health Authority at the time – had no hesitation in saying yes, especially as they were the people with the resolve to make it happen.

Thus was the Royal Western Counties Hospital Starcross's fate sealed and make no mistake about it: the idea came from within the hospital, not orders from anywhere above or government policy.

Exeter Health Authority backed them every step of the way through to completion in 1986, with the enthusiastic co-operation of health authorities in Devon and Cornwall, and County and Local Councils who made valuable contributions: a new block of flats in Tiverton, group homes in Cornwall – just two of the many examples – a positive happy time.

From the road, the elegant façade of Royal Western Counties Hospital, with its collar of manicured grounds, had an olde worlde charm that was exactly skin-deep, for once through the door Starcross revealed its true self, an overcrowded slum. All those years and nobody ever asked the question: *Why bring disabled people from all over Devon and Cornwall for residential care – for that's all that it offered though called a specialist hospital – in a slum, when something better could be given them in smaller, happier places closer to their homes and families?*

There were those who claimed it wrong to close the only home many of the residents had ever known. I recall a psychiatrist expressing that opinion about a long-term patient who helped train medical students at St Lawrence's, Caterham, the biggest institution of them all. So I asked the woman concerned who replied wistfully: *I would so love to have a front door of my own.* And there was a man I knew in Starcross who told me he'd never been called by his given name because on arrival the charge nurse said: *We already have a Norman, so you'll be George*, the name used ever since.

Many staff did their utmost to give residents some happiness and meaning to their lives, but it was an impossible task in what started life as a Poor Law institution whose designers had no intention of creating a happy, homely refuge.

And so it came to pass that in 1986 Starcross Hospital closed and the savings were re-invested in community services – the first big mental handicap hospital to be shut down that way, for improvement. Other part-filled institutions had been closed by emptying the residents into vacant beds in other so-called hospitals; emptying and filling is why they were known as "bins".

It is often claimed that we were acting on government instructions to close. Not so, as I've said before, the idea came from within the hospital. Had central government thought about closing hospitals, national vested interests would have hindered any such proposals in endless negotiation and, in any case, only Enoch Powell had ever talked about closure and that was in 1961 about mental illness hospitals: closing mental handicap hospitals was never ever brought up, even in private conversation by the most far-sighted reformers.

There was no government "closure" policy for mental handicap hospitals. The idea and putting it into effect could only come from ground level and it did – for the first time – at Starcross.

Now for the myth of cost saving. Even professors and other academics – who really should know better – assert closure was an example of "Thatcherite cost-cutting", so if anyone says that in your hearing, please tell them this….

Closing Starcross didn't save a penny; it cost more for the simple reason that each resident discharged received a full disability benefit denied them all those years in hospital where they'd only received a pittance of pocket money. A friendly senior Department of Health official took time out on a fact-finding visit to Exeter to instruct the local office to pay top level benefits. And the Exeter Health Authority mental handicap budget remained protected – "ring-fenced" as they used to call it – to be spent only on services for people with mental handicap.

I support the idea of a memorial in Starcross - one that commemorates the first time that closure led to improvement and benefit for people with learning disability previously condemned to institutional life, a memorial expressing sympathy for all those who suffered in the century of Starcross Hospital's existence and the staff who tried hard to give their lives some meaning. It should be a memorial of the kind used around nuclear-contaminated sites to warn future generations:

Institutions like Royal Western Counties Starcross Hospital
harmed human life and must never be repeated.

David King, July 2020

The Western Counties Idiot Asylum was opened in1864 and the building closed in1986.
This memorial stone was placed in Starcross churchyard in 2014 and reads
Remembering all who lived and worked at the Royal Western Counties Hospital, Starcross…

Appendices:

David King:

After overseeing the closures of the Exeter health district's Victorian asylums (Starcross, Exminster and Digby), David King was asked to head the Auckland Health Board, responsible for a third of the New Zealand population's healthcare. He returned to England to lead a Mental Health Task Force for the UK government, to close the last of the old asylums. He now lives in New Zealand.

The Editor and Interviewers:

This compilation of material relating to Starcross Hospital has been brought together by Caroline Hill. It was after graduating in History from the University of Exeter, and while training as a journalist, that she witnessed how newspapers had until then actively avoided publishing photographs of anyone with a disability or condition which they thought their readership might not wish to see. She was, however, encouraged to search out human interest stories, which created the opportunity to feature people overcoming disabilities.

Having become a news editor, she was invited by David King to pioneer a public relations role in the local NHS, working at the health authority headquarters in Exeter from 1986 – the year that Starcross closed. She was then also asked to create an oral archive about Starcross Hospital. She continued to work heading communications for NHS organisations in Devon until 2010.

Funded by the health authority, she set the project in progress, including carrying out the early interviews. A grant from the Northcott Devon Medical Foundation made possible a combination of archival research and further interviews to be carried out by two academics from the University of Exeter, David Gladstone and Pam Freeman.

Pamela J Freeman was mainly responsible for conducting the later interviews. Afterwards, in 1989, she moved on from the University of Exeter's Department of Sociology to the University of Bristol, in the Department of Health funded Dartington Social Research Unit and the Social Policy Department. She spent many years as a full time researcher in child protection, and then in teaching at the School of Education and Lifelong Learning in Exeter. Thanks are due to her for assisting in gathering together the interview transcripts and sharing her notes made at the time.

David Gladstone moved in 1990 from the Department of Sociology at the University of Exeter to the Department of Social Policy and Social Planning (later the School for Policy Studies) at the University of Bristol. Whilst there, inter alia, he published a study drawing on the history of Starcross Hospital (please see on to Publications). In his public valedictory lecture, remembering Starcross, Dr Gladstone said:

It is salutary that as researchers we remember the privilege of listening to other people's stories, of being admitted to share something of their lives. Who knows what memories our questions may have evoked, what consequences may follow once the interview is over, the door is closed and the researcher has moved on elsewhere. But there can be an aftermath for the researcher too, as I remember all too vividly: especially after I had interviewed some people who had spent all their adult lives in institutions for those with learning difficulties.

The transcripts

Sincere thanks are also due to those who painstakingly transcribed the tape-recorded interviews – a lengthy task.

Transcripts were included in the document archive that was lodged with the University of Exeter and later handed on to the Devon Record Office.

They contain much greater detail and more extensive comments and memories than it has been possible to include here. Anyone wishing to understand the full context of the extracts that I have selected, and how they have been edited, is advised to request to view the full transcripts at the Devon Archives.

The transcripts also reveal the different kinds of questioning used during the course of the earliest and later interviews.

An unconnected project in 1989-90 collected interviews with health professionals, but focused on the implementation of community care 1975-90 involving the Royal Western Counties and the Plymouth district. Written up in 2006 by Julia Neville, the transcripts are housed in the University of Exeter's Special Collection archives.

Written archive

As well as the oral archive, a document archive was collected together at the time of the closure. It was stored for a few years in the Ice Room in the basement of Dean Clarke House in Exeter (the former Royal Devon and Exeter hospital) where it was catalogued and researched. It enabled some families to ask if relatives in previous generations who had been patients at Starcross could be traced.

It was then placed in the care of the University of Exeter's Old Library Special Collections, with the oral archive transcripts. The Devon Records office did not have sufficient storage space at that time, and it was anticipated that the collection would be a useful resource for the university's social historians.

It is understood to have been transferred in 2005 to the care of the Devon Records Office, after its storage capacity increased, and has been incorporated with other hospital records from across Devon at the South West Heritage Trust.

At the time of its collection, the archive was thought to be the most complete run of documentation to have survived from an institution of this kind. It included:

- Annual Reports – an almost complete run from 1873 to 1968.
- Photographs of staff, residents, buildings and activities - dating from the turn of the century.
- Record books of admissions, discharges, deaths, licences, absconding, medical reports, clothing and holidays, guardianship and visitors.
- Minutes and agendas of the Management Committee – many verbatim, 1863-1955.
- Other committee reports (Staff, House, Building) – 1940s, 50s and 60s.
- Correspondence – especially from the 1920s, including letters from residents on licence and families.

- Board of Control official visit reports – 1926-1956.
- Finance records – accounts 1887-1948, 1951-1956; wages 1884-1928, 1943-1944.
- Finance committee 1887-1948; notes 1931-1961; superannuation 1924-1948; insurances and more.
- Extensive files on the planning and building of the Langdon extension in the 1930s – including plans and maps, tenders, materials and suppliers.
- Records from across the Western Counties group - mainly 1920s to 1950s – Box House, Botchell, Courtenay, Deerswell, Dun Esk, Elizabeth Barclay, Exeter hostels, Franklyn, Good Shepherd, St Columb Major, Steepway, Stoke Lyne, Western, and Withycombe.
- Mental Deficiency and Education Committee reports covering the south west region -1930s to 1950s, from Bristol to Cornwall.
- Other local institutions – eg. Plymouth Voluntary Association 1934-1948.
- Other hospitals – eg. Royal Eastern, Earlswood, Rampton, Sandhill Park, mainly 1930s and 1940s.

Some of the collection relates to national, professional bodies and the law, and also reflects the thinking of the time, for example the debate about patients out on licence.

Material relating to the 1960s up to the closure in 1986 continued to be held on file within the mental handicap sub-unit, not least because of the need for patient confidentiality.

In 1996, a survey of Exeter and Devon hospital records, conducted by Joseph Melling, Gillian Falla and Robert Turner for the Exeter Hospitals Heritage Trust and the University of Exeter Medical Archives Project, listed sources and research materials, including those relating to the Royal Western Counties Group. It detailed what type of records could be found where. It confirms the records then held in the University of Exeter's Old Library.

Artefacts

A number of artefacts were donated or loaned to local museums because they illustrated the high standards of craftsmanship achieved by hospital residents.

Records from the time of the closure show that efforts were made to find good homes for items, and indicate that several pieces of decorative, carved furniture were offered to Dawlish Museum on permanent loan, and accepted.

Teignmouth Museum also received items on permanent loan: a carved wood lectern dated 1924, a shillings and pence ready reckoner teaching board, two wooden stools with embossed leather seats, a stool with a needlepoint or tapestry cover, a plain stool and a small table.

A note says that artefacts and portraits were recorded on film. Some beautiful pieces of lacework had also been given to South Devon churches.

A brass plaque, engraved at Starcross, dedicated to, William Locke, superintendent, was accepted in 1987 by the Rev William Cowlan, as chair of Kenton Parish Council, to display in the newly renovated Starcross Sports Pavilion.

Publications relevant to Starcross

- The transition from institutional to community care is described in *Moving On from Mental Hospitals to Community Care – A Case Study of Change in Exeter*, written by David King, and published by The Nuffield Provincial Hospitals Trust, 1991.
- A history of the Royal Western Counties Institution was written by local man Tony Rowland in 1984.

Academic studies of the history of institutional care have drawn on some of the Starcross document archive, for example:

- *Training for Work: domestic service as a route out of long-stay institutions before 1959*, written by Dr Pamela Dale and published in the Women's History Review, Volume 13, Number 3, 2004.
- Dr David Gladstone published *The Changing Dynamic of Institutional Care: the Western Counties Idiot Asylum 1864-1914* in *From Idiocy to Mental Deficiency: Historical perspectives on people with learning disabilities*, edited by David Wright and Anne Digby in the Social History of Medicine, Routledge (1996).
- *Starcross: Out of the Mainstream* by John P Radford of York University, Ontario, Canada (G Allan Roeher Institute, June 1988, pub. Fitzhenry & Whiteside Ltd., was advertised in 1989 as having drawn on manuscripts "unearthed" from the Victorian building before it closed. I had noted at the time of the closure that I had been told that there was interest in the surviving documents among academics, including in Canada.

The Western Counties institutions

Starcross was the "Central Hospital" of the Royal Western Counties Group.

Langdon Hospital was built as an overflow facility for Starcross in the mid 1930s. Unlike Starcross, which was built as one large hospital building, the "Langdon extension" was built as a group of villas. These were large houses on one site, with 60 people per building, each with its own kitchen.

Further institutions formed the "Group" from 1948:

Box House, Axminster
Western Lodge, Crediton
Franklyn Home, Exeter
Home of the Good Shepherd, Exeter
Stoke Lyne, Exmouth
The Retreat and Treleigh Hospitals, St Columb Major, Cornwall
Elizabeth Barclay Home, Bodmin
Steepway Hostel, Paignton
Oakley Hostel, Exeter
Dun Esk, Teignmouth
Langdon Farm and Botchell Hostels

By 1974, due to overcrowding at Langdon, Hawkmoor Hospital (formerly a TB hospital) was being used as an overspill.

Timeline of Starcross's history and patient numbers

Milestones through 122 years		**Patient numbers**	
1864	Foundation stone laid		House for 40 children
1877	Central section built		60 boys and 40 girls
1886 onwards	Wings added, then training rooms and workshops		
1914	Courtenay School established		
1919	Stoke Lyne opened		
1921	Elm Court opened for up to 38 young women		
1924	Superintendent Mr Locke died	1925	482 Almost 2:1, male to female ratio
In the 1920s	Workshops and laundry on north side, farm at rear Superintendent: Captain Mayer. Chairman: Rev Courtenay		
	Hostels set up in Exeter and Paignton, holiday home in Teignmouth	1928-33	Over 50% growth in 4 years
1931	Royal Charter granted		
1934/35	Staplake acquired for nurses' home		
1936-38	Langdon extension		Over 1000 patients
		1937-45	About 70% growth in 8 years with the addition of Langdon
		1945	Closer to 3:2, male to female ratio
1948	Nationalisation		
		1951/2	Peak occupancy of 1793 (with 2174 on their books). Almost 1:1 male to female ratio
		1963	Number on books dips to match number in residence: 1721
1968	Prentice Villa opened at Langdon	1964-69	Numbers plateau for men, and then women.
		1970	600
1986	Closure		

Heartfelt thanks to my husband Gary Brine for his endless patience and support, and for proof-reading.

I am grateful to David King for his great encouragement, to my friend and former colleague Tony Day for his useful suggestions and to researcher Pam Freeman for her ready co-operation after more than 30 years.

And finally…

Deep gratitude is owed to all those who gifted their time and memories in order to paint a picture of Starcross Hospital in their own words.

I feel privileged and humbled to have had the opportunity to hear what they had to say.

Through reproducing some of their words, this has been an attempt to represent how people felt around the time that Starcross closed and capture their memories before they faded.

It is for you and others to judge what their words, and different perspectives on Starcross, tell us about institutional care.

Would the people who were interviewed have the same views and recollections if they could speak now? Have all the lessons been learned?

Now, more than 30 years on, many of those who were institutionalised will no longer be with us. The generation following them will have had different opportunities, difficulties and experiences.

Did people's fears about the closure and the move to community care come to pass? Has the range of care in the community improved or regressed? Has it served people well? Do we have a more integrated society?

The answers to those questions lie in a project other than this one, which could give voice to the people of today.

Caroline Hill, November 2020

Starcross Hospital: What the voices tell us

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