Introduction

The new law in 1970, the Chronically Sick and Disabled Persons Act, moved the legal responsibility for supporting disabled people away from hospitals and over to social services departments. The promoter of this new law was Alf Morris MP, supported by campaigning disabled people.

Prior to the Covid-19 pandemic, a number of events were planned to take place in Manchester in 2020 to celebrate the 50th anniversary of changes that Alf Morris made for disabled people, informed by his own family life experience of disability and his political friendships. Alf Morris was the Member of Parliament for the Wythenshawe area of south Manchester. Alternative online events are now being considered.

This paper seeks to add some political context to these discussions and events by exploring the campaigning for social change that disabled people and allies were organising in the 1960s leading up to and radically shaping this landmark Act of Parliament.

And in particular, this paper seeks to raise the previously neglected profile of the National Campaign for the Young Chronic Sick, which was led by disabled people with allies campaigning to escape from hospitals and to gain their own independent living in the 1960s.

This is emerging research so further details are welcomed.

Tony Baldwinson, May 2020
Credit was given to disabled people

Each time Alf Morris MP stood up in the House of Commons to make a speech asking for support for his new law, he was careful to pay tribute to the people and organisations who had informed and helped him. For example, at the Third Reading stage of the Bill in the House of Commons on 20 March 1970 he paid tribute, not for the first time, to:

“the National Campaign for the Young Chronic Sick, to its officers and to the help they have given [to me] from the outset in helping the Bill” (emphasis added).

He also paid tribute to the Disablement Income Group, DIG.

Probably his most important and wide-ranging speech was earlier, at the Second Reading of the Bill in the House of Commons on 5 December 1969. Even allowing for a few interventions and questions from other
MPs, the speech given by Alf Morris was four hours long and is 30,000 words in Hansard. He says then:

“We must also pay tribute to the Disablement Income Group, the National Campaign for the Young Chronic Sick and, perhaps I might add, the Chelsea Labour Party, which has done so much in this regard and shown that the Labour Party in that area has a soul in this matter, as it has in so many others.”

There are reasonable archives on the work of the Disablement Income Group, including photographs of their big marches in Whitehall and rallies in Trafalgar Square.

However, there is much less currently known about the National Campaign for the Young Chronic Sick, nor about the role of the Chelsea Labour Party in these campaigns. This research is ongoing, and this paper tries to summarise the current knowledge as well as inviting new contacts and suggestions.

Speaking to ask a long question during Alf Morris’ speech, Roy Jenkins MP said the following about one of his constituents in Birmingham, who we now know to be Pamela La Fane:

“I should like to make three short points. First, a constituent of mine wrote an article in the Guardian, in December 1966, which drew a great deal of public attention to this problem. I think that the consideration in particular of the young chronic sick and the growth of public concern dated from about that time.

That article performed a very considerable service. My constituent who wrote it had been in a geriatric ward for a considerable time — in fact, since the age of 16. At the end of the article, she said:

“I have revived painful memories that I would rather forget. But so long as there are young people normal in their minds and feelings lying imprisoned in crippled bodies, in geriatric wards, helpless and hopeless, one must remember so that the general public are not allowed to forget.”

That is an important statement and I am glad to be able to say that owing very largely, I think, to the efforts of the National Campaign for the Young Chronic Sick, my constituent is now in her own home in my constituency. She says, indeed:
“Thanks to the work done on my behalf by the Campaign for the Young Chronic Sick I have left the geriatric hospital behind me and am now living in my own home.”

The reason that my constituent is now in that happier position was due to chance reading of an article in the *New Statesman* by Mr. Marsh Dickson.”

Finally here, there is a further public credit given to the National Campaign for the Young Chronic Sick in the letter by four Labour MPs, published in The Guardian in early 1970 and reprinted in this paper. At the time Roy Jenkins MP was the Chancellor of the Exchequer in a Labour government, and his constituency was Stechford in east Birmingham.

**The National Campaign for the Young Chronic Sick**

So, we know from research that the constituent referred to by Roy Jenkins was Pamela La Fane, who used a pen-name (“Michele Gilbert”) to avoid reprisals when she wrote her whistle-blowing article in 1966 in The Guardian from her hospital bed.

Pamela La Fane was a disabled young woman who taught herself to be a writer and a journalist. This was her only way of making money and to draw attention to her campaigning to be released from a lifetime in hospital. A permanent bed in a hospital was the only ‘service’ the Welfare State offered disabled people in the 1960s.

In ways such as this, Independent Living was being invented by disabled people.

She was prompted to join the National Campaign for the Young Chronic Sick (NCYCS) when she read a letter by its Chair, Mr Marsh Dixon, in the *New Statesman* political magazine, published 18 March 1966. Having joined their campaign, she used her writing skills to produce a leaflet which so impressed the rest of the NCYCS members that they decided to offer it as an exclusive article to The Guardian newspaper, which was accepted and published on 23 December 1966. A copy of the letter and full article are included here as appendices.
The NCYCS was not a registered charity nor a non-profit company, so there are few official records of the organisation outside of the Hansard record of speeches in Parliament. Technically it was an unincorporated organisation, which meant the committee members accepted the risk of unlimited liabilities for their actions. It also gave them a great deal of freedom to do as they thought best.

**Chelsea Labour Party**

In his letter to The Guardian, 6 January 1967, Marsh Dixon says that the National Campaign for the Young Chronic Sick was started by the Chelsea Labour Party. This campaign had started in 1964 or maybe earlier.

This is confirmed by recent correspondence with Lord Owen, as follows:

“[On] the National Campaign for the Young Chronic Sick. I knew its chairman, Marsh Dixon, because if my memory serves me right we were both members of the Chelsea Labour Party when I lived on a houseboat off Cheyne Walk from 1960-64. He was the power behind the Campaign. I think it was a few years later that Alf [Morris] took up the cause. Also Jack Ashley [did].

I was due to present a Private Members’ Bill to the House of Commons [which would have set up a Disablement Income Commission] when I was appointed Minister for the Navy in July 1968 [and therefore I could not raise a Private Members Bill] and I passed the Bill on to Jack Ashley to present in the Commons and it was his first speech after having [become profoundly] deaf due to a viral infection.

I was there to listen to him and Alf almost lay on the bench in front of Jack putting his index finger and thumb up in the air moving apart to indicate to Jack whether to be louder or quieter. It was quite a performance from both of them.” (Owen, personal email, 27 April 2020)

Marsh Dickson might have first met Alf Morris when he was invited by Dickson to speak at a constituency labour party meeting.

“Marsh Dickson, founder of the National Campaign for the Young Chronic Sick, had prompted Alf to put parliamentary questions
about the need for legislation or ministerial action to tackle the plight of young people locked away in the geriatric wards of hospitals. This was one of the issues in which Alf was also very much involved ‘off the Order Paper’ in detailed correspondence with Richard Crossman [Secretary of State for Health].” (Kinrade, 2007, p154)

and

“Also influential was Marsh Dickson, who had a strong personal experience of disability. For years he had looked after his severely disabled wife [Dorothy Dickson] who but for him could not possibly have lived in the community. As a member of the Labour Party and President of the National Campaign for the Young Chronic Sick, he worked to draw public attention to the plight of young people with long-term illnesses and disabilities who were then routinely consigned to geriatric wards and old-people’s homes. Alf, who had spoken at one of Marsh’s constituency meetings, was able to include a clause in his [CSDP] Bill requiring local authorities to advise the Secretary of State of the numbers of people under the age of 65 cared for in premises accommodating people over that age.” (Kinrade, 2007, p159 - 160)

David Owen MP (later Lord Owen) was interested in these issues around independent living, along with his colleague Alf Morris MP. As well as being an MP, David Owen was a practicing medical doctor based at St Thomas’ hospital on the opposite bank of river Thames to the Houses of Parliament. His specialism was in neurology, and he was in contact with the work of the Lane Fox Unit there. He followed with interest their pioneering work in post-polio treatments and the ground-breaking work of the Responauts in achieving independent living outside of the hospital - mostly by having ventilators fitted to their powered wheelchairs. This group had a quarterly magazine, The Responaut, from December 1963 around 1988, edited by Doris Page (her pen-name was Ann Armstrong), herself a disabled woman and respirator user.
A 32-page report in the David Owen collection, Liverpool University

David Owen has his collection of papers archived in the Special Collections section of the Library at the University of Liverpool, where he was the University Chancellor. His collection includes a pamphlet produced by the National Fund for Research into Crippling Diseases (NFRCD) called, “At Home or in Hospital?” pictured above.

The NFRCD changed its name over the years and is currently known as the charity, Action Medical Research (AMR), which now focuses on disease prevention for babies and children. From enquiries, AMR unfortunately appear not to have an extensive collection of NFRCD papers.
A few years after 1970 when the Chronically Sick and Disabled Persons Act has had time to establish itself, radical disabled campaigners such as Paul Hunt (founder of UPIAS, the Union of the Physically Impaired Against Segregation) are voicing their doubts and criticisms. In a nutshell, the debate is whether top-down social reform like the CSDP Act work, or whether change has to be fought for on the ground, from the bottom-up?

For example, in 1973 Paul Hunt wrote an article called, Young Chronic Sick Don’t Want ‘Units’. This starts,

“Radical criticisms of current Regional Hospital Board plans for young chronic sick units, put forward by the severely disabled themselves, have been sent by Alf Morris MP to Sir Keith Joseph for his personal consideration. It was following Alf Morris’s Chronically Sick and Disabled Persons Act, which drew attention to the plight of younger disabled people living in geriatric wards, that Sir Keith Joseph allocated £5 million for providing 1,800 places in alternative accommodation.
But at a recent seminar held at the Centre on Environment for the Handicapped, a group of the severely disabled [people] confronted doctors, architects and administrators from eight regional hospital boards. They objected to the whole concept of the proposed units as being segregated, institutional, and medically dominated, and they maintained that except in acute illness (like anyone else) their needs were essentially social and not medical.”

Paul Hunt’s full article is reprinted in – Davis and Davis, 2019, p44 - 46.

Further research

I am indebted to Maggie Davis for our many conversations, and especially in this research for her recollections of Joan Dawe, Pamela La Fane, Margaret Wymer and Jack Wymer, all disabled people fighting to create their own independent living in the 1960s with minimal legal rights and incomes. Maggie Davis, and Ken Davis, were younger disabled people learning from these older campaigners.

All but Joan Dawe wrote books about their struggles, and these have been the essential bedrock in this research. Other disabled people were also writing in the 1960s, notably Paul Hunt with Stigma, 1966, which he edited; and the numerous disability magazines such as Responaut, Magic Carpet, and Cheshire Smile, which while not being radical they provided a means for isolated disabled people to share ideas and connections. There was a fantastic amount of interest in “gadgets”, home-made devices to help disabled people live independently.

We know from Pamela La Fane that NCYCS had a committee, and that she, Marsh Dickson and probably Dorothy Dickson were members. And we know NCYCS had close links to the Chelsea Labour Party.

So far, my searches in the usual archives of the labour movement, trade unions, and the like have drawn a blank, and any suggestions for further sources would be very much appreciated.

Also, if any of the BBC2 TV programmes from June 1968 survive (page 16) any details would be appreciated.

TB
Sir,

May I draw your attention to Mr Heath’s speech in the House of Commons in which he said: ‘The chronic sick could have a special benefit of one pound a week after the first six months, to deal with their particular problems’ (Hansard, 23 February)?

For sheer audacity this takes some beating. There are over 3,000 young chronic sick in geriatric wards in England and Wales. Unless conditions are changed, there are more than 3,000 living at home who will be going into geriatric wards. £1 a week cannot prevent a single one of these cases from entering a geriatric ward to spend anything from five to 40 years amid the aged and often the senile. I cannot see the young chronic sick patient or the very worried relative who is giving up everything to care for the patient touching his cap in gratitude for this magnificent charity handout.

M. Dickson
Chairman
National Campaign for the Young Chronic Sick
Growing up geriatric

by Michele Gilbert [pen name of Pamela La Fane, to avoid reprisals]

At the age of 16, in 1943, I entered a geriatric ward. There was nowhere else for me, it seemed. An acute attack of rheumatoid arthritis had left me completely incapacitated and in need of permanent care. As there was no one at home to give this the authorities had no alternative. So for 23 years the geriatric ward of the Chronic Hospital has been home to me.

During my first night in hospital I was awakened at 3am for a wash. I thought I must still be dreaming, but as I peered round the darkened ward I could discern that others were receiving similar treatment. I felt like a character in a Dickens novel, and in the days that followed I came to realise more and more that the social evils which aroused Dickens had not all been left behind in the darkness of the nineteenth century.

There were 26 patients in the ward, not all elderly. It was decorated in the usual institutional dark brown and green, relieved occasionally by dingy cream. Down the centre stood a long oak cabinet and this was the principal object of the nurses’ loving care. Every afternoon, regardless of staff shortages or patients’ immediate needs, that cabinet was polished for at least half an hour. When it was mirror-bright it was covered with a clean sheet (sometimes there was a patient who would have been glad of that clean sheet), and under the sheet, for extra protection, was a red blanket.

I witnessed the daily ritual from my bed. I had been put there on arrival and was told that as I couldn’t walk (in actual fact I could) or do anything for myself I would have to stay in bed permanently. The days were monotonous, the routine unvarying, and the rules and regulations in their number and inhumanity might have been devised for the punishment of criminals. My crime, and that of hundreds like me, was that of being a “young chronic.”
After the early wash came the early breakfast - at 6am. This was simply dumped on the locker and there it remained till someone had time to feed it to the helpless patient. Many a time I have fallen asleep while waiting and been rudely awakened by someone anxious to shovel in the congealed bacon and stone-cold tea as rapidly as possible and be done with the job.

It wasn't long before I was in trouble with the authorities because I wanted something to occupy my perfectly normal mind. They suggested I might, as I was so anxious, make an iron holder. I could get a piece of canvass and some wool from the woman who came to the hospital once a week. (She wasn't really an occupational therapist.) It amazed them when I made it clear that even this was not enough to satisfy me. I wanted books! And writing materials! I was cluttering up my locker and making the ward look untidy. I even had books on the window sill. What did I want them for? I could read only one book at a time, couldn't I? Didn't I realise I was in a hospital?

Yes, I realised that. All too well. I realised that this bed and locker were my home and would be for the next 50 years or more. I wanted to take correspondence courses, to learn. This meant more books, as well as papers. On one occasion an irate sister confiscated everything I needed for my studies and locked them in a cupboard. It was only my doctor's intervention that got them back for me. When after several years I at last managed to get a typewriter, the comment was: “And where do you think you are going to keep that?”

One day in 1949, just after the coming of the National Health Service, a group of doctors came round, examining everyone and making notes. We learned that our old Chronic Hospital was to be integrated into a regional hospital group with the local general hospital as the nerve centre. Dared we hope? The first and most important change that affected me was that I was ordered out of bed. “Whatever do they want to start getting you up for?” grumbled the nurses, as they bundled me into the wheelchair I’d had as a twenty-first birthday present and which had hardly been used. “You've been happy in bed all these years.” Fancy. I’d never known that my feelings “all these years” were what is known as “happiness.” Did it never occur to them that we could be human enough to feel despair and frustration at the barrenness of our existence?
Then those visiting doctors, appalled to discover how long I had been inactive in bed, wanted me to have treatment, and ordered that the newest methods should be tried in my case. “A waste of money,” grumbled the nurses, and every excuse was brought up for not getting me out of bed, for not giving me that treatment that had been ordered. I had to fight for it, and if I did get it I was deposited back in bed immediately afterwards - the naughty child who must be punished for some tiresome behaviour. One day a doctor came round and asked me if I wanted to go back to bed so early. After that, my time “up” was extended. For a long time the ward sister would not speak civilly to me because I had dared to say that I didn’t really want to go back to bed at two o’clock in the afternoon.

With the reorganisation of the hospital, which began in 1953, the young patients were split up and I found myself more and more in the company of old people. If they are not too senile and beyond being companionable, they tend to be very jealous of the extra attention I must have. Instead of being thankful that they can do things for themselves they can be heard complaining to their visitors: “She always has the nurses fussing round her; she’s a cripple, been here for years. I suppose that’s why. They don’t do it for me.” So the choice is between senile, rambling, incoherent companions and alert, sensible, but jealous ones.

But this is where we came in. I sit here, the elderly women around me. Many of the evils of the past have been eliminated. I can now go out whenever someone wants to take me, and the staff get me ready. Visiting times are relaxed from twice a week to twice a day (again, if anyone wants to come). There are more facilities for some kind of mental life. An enlightened matron has provided a cupboard for my things, as well as shutting her eyes to all the visible “junk,” realising that this is my “home.”

But we are still regimented and ruled by the clock, so that never for a moment do we forget that we are “lifers.” The slightest deviation from routine seems to set the machinery wrong and panic reigns. Members of the staff are continually bewailing the fact that it’s nothing like the old days now. Thank goodness it is not. I have revived painful memories that I would rather forget. But so long as there are young people normal in their minds and feelings, lying imprisoned in crippled bodies, in geriatric
wards, helpless and hopeless, one must remember, so that the general public are not allowed to forget.

**Text box:**

Throughout England and Wales there are:

- 230 contractual beds for the young chronic sick
- 432 beds in young chronic sick units.

There are in geriatric wards:

- 140 patients between the ages of 16 and 35
- 920 patients between the ages of 36 and 50
- 2,069 patients between the ages of 51 and 60.
Sir,

Some of your readers may feel that the conditions mentioned in Michele Gilbert’s article “Growing up geriatric” must be exceptional.

In the experience of many of the people we have come in contact with this is not so and in some cases the improvements she mentions have hardly begun to materialise.

As we have pointed out to the Minister of Health and his colleagues, unless proper services and financial assistance are provided to keep the majority of these cases at home, where it is generally agreed they should be, this dreadful state of affairs will continue.

Organisations such as ours, started by the Chelsea Labour Party, DIG and others can batter at Ministry doors, but in the long run it is the pressure of an awakened social conscience that rebels at the present treatment of the Michele Gilberts, and the growing number of potential Michele Gilberts, that will achieve positive action. It is up to all of us.

Yours faithfully,

[Marsh] Dickson,
Campaign Chairman

National Campaign for the Young Chronic Sick
93 Marlborough Flats
Walton Street
London SW3
Pamela La Fane, TV and Radio

**BBC2 television, Man Alive**, Thursdays 6, 13, and 20 June 1968

*A Life of Her Own*

(and possibly another single Man Alive programme earlier, in 1967)

From a newspaper listing about these 1968 programmes:

**Campaigning for the young chronic sick**

[This is] … a three-part series under the ‘At a time like this’ umbrella. Concerns Pamela la Fane, prone solid with rheumatoid arthritis in a side ward of a geriatric hospital in South London since she was 16. She’s now 40. The worst of it is, she’s not “ill” and she’s remarkably intelligent and buoyant on her own behalf.

The first programme is scenes from hospital life. Painful viewing. Man Alive editor Desmond Wilcox first became interested over a year ago, when he read a piece she wrote in *The Guardian*. Since then, producer Richard Thomas has followed her case regularly. Murmured remarks about “intrusion” get the short answer that Man Alive subjects invariably ring up afterwards to say they now feel much better. If they complain at all, it’s cosmetically: “You photographed me when my tie wasn’t straight.” Wilcox: “We not only find the stories, but cure the cases.”

In the second programme, on 13 June, viewers will see how Miss Fane [sic] campaigned to try to improve her circumstances and, on 20 June, whether or not she succeeded. “These programmes have been constructed as a series of cliff-hangers,” says Wilcox, “and I don’t see why one shouldn’t.” Valid new protest, or journalistic outrage?

The Observer, 2 June 1968, TV listings, page 22

**BBC Radio 4, Woman’s Hour**, Monday 14 September 1981

Listing: “Pamela La Fane, an arthritic patient, talks to Barbara Myers about her 30 years in hospital.” Probably to launch her book.
Pamela La Fane, biography

Born in southern England in 1927, Pamela La Fane developed rheumatoid arthritis from 1936 at the age of nine years. Her mother and grandmother both worked in the theatre and home was mostly in temporary digs and flats.

By 1940 aged about 13 years, she had begun her hospital ‘career’ in Oxford, mostly in children’s wards but at times in adult wards when beds were full. Aged 16 years in 1943 and no longer a child, she was moved to another hospital, this time in London, for geriatrics. When she arrived on the ward, another patient confided to her, “the first ten years are the worst” (La Fane, 1981, p59).

Later, aged 20 years she managed to get a free subscription for a freelance journalism postal course, and slowly managed to get paid small amounts for her published articles. She soon acquired a typewriter.

With the start of the NHS and social security payments, long-stay patients also were given an income for the first time, 12 pence a week (two shillings and sixpence). Hospital nursing staff began to be qualified. Before the NHS, only the ward sisters were trained and qualified (La Fane, 1981, p84). The rest of the staff were untrained and called nursing “assistants” and all the “walking patients” were expected to do all sorts of jobs including feeding other patients, and cleaning.

One of Pamela La Fane’s next articles was on her “gadgets” she had devised to feed herself, to put on lipstick, and so on. She wrote later in her book:

“You dark horse,” my physiotherapist greeted me some time later, “you didn’t tell me you’d sent an article to our magazine.” I didn’t tell her that I’d been paid £2 for it either! (La Fane, 1981)

The years pass by: various operations, various hospitals, and the occasional day trip out by a volunteer visitor. The medical system expected her to stay for life. She asked about alternatives. A council welfare officer told her, “the only places that look after the young chronic sick and disabled are the Cheshire Homes. And most of them are out in the country.”
In March 1966 Pamela La Fane noticed a letter in the New Statesman magazine, written by Marsh Dickson, a non-disabled man married to a disabled woman. The couple had been told he would have to give up his job and care for her at home, or she would have to go to the local geriatric hospital. He gave up his job, but feared what might happen to her if he too became disabled. He became the chair of National Campaign for the Young Chronic Sick, a lobby group for independent living.

Marsh Dickson persuaded Pamela La Fane to write a publicity leaflet for the campaign, but when the committee read it they offered it instead to the Guardian newspaper, and it was published on 23 December 1966. The pen name Michele Gilbert was used to avoid any reprisals. She only told two junior members of staff, both allies of hers.

This article led in turn to a mini-series of programmes on BBC2 in June 1968 in the ‘Man Alive’ schedule on Saturday nights.

It also led to a benefactor. There was a retired company director who ran a charity “which gives financial help to enable disabled people to live at home. And she wants to help you to live out of hospital,” she was told by the campaign people.

Pamela La Fane continued to push for independence, seeking out one of the first electric wheelchairs (made in Wales), and pushing the hospital and council authorities for a flat that could be adapted to her needs.

On 15 July 1968 she finally left hospital to live in a flat, along with a volunteer helper who would receive rent-free housing plus a small allowance. Later, this was modified to be a rota of two volunteers (La Fane, 1981, p156).

For the purposes of television she may have been filmed within the flat during early June 1968, as if already living there, for the Man Alive programmes made by the BBC and broadcast that month.

She had a new POSM (patient operated selector mechanism, “possum”) system installed in her flat with its remote controls for household items such as opening curtains, switching on lights, which she updated in the 1970s to extend the devices she could control.

(Reprinted from Davis and Davis, 2019, p 37 – 38)
Sir,

Mr. Alfred Morris’s Chronically Sick and Disabled Persons Bill is at present under discussion in Committee in the House of Commons. This measure, which won acclaim from both sides of the House during the debate on the second reading was rightly described as Charter for the chronically ill, and promises to be the most significant advance in social provision for the long-term sick and disabled ever made in this country.

Among its provisions are clauses which prevent the chronically sick being housed in geriatric hospital units; require local health authorities to inform them of their entitlements, and to provide certain basic services including access to public buildings, and provide for training and consultative functions in the planning of further legislation. It is important to all who care for the chronically ill that such humane and socially responsible Bill should become law.

In commending the Bill to you and your readership, we make an appeal to the public to lend it their support. The role of the public lies in providing the supporting evidence, and we ask that if your readers know of any case of hardship caused to person or family through lack of information; through inadequate Local Authority or medical services, or as result of accommodation in geriatric units, they send details to

   The Secretary, National Campaign for the Young Chronic Sick,  
   11 Domelton House, Iron Mill Road, London SW18.

Assistance of this kind will be invaluable and warmly appreciated.

Yours faithfully

   Lewis Carter Jones  
   John Golding  
   Jack Ashley  
   Laurence Pavitt

House of Commons

Source: As reprinted in Cheshire Smile, Spring 1970, p13
Sources and further reading

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Publisher: TBR Imprint (2019)
ISBN 978 191 314 8089 (free online)

Tony Baldwinson
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- a public record from private files
ISBN 978 191 314 8010 (free online)

ISBN – 978 191 314 8119 (free online)

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