That Sensitive Indicator of the World

An Historical Perspective on Children as Agents of Change in the Field of Health and the Environment

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INTRODUCTION

The theme of this research paper is to examine the ways in which children have, in the past, acted as catalysts for changes in policy and practice related to health and the environment. In particular, have these changes ultimately benefited the wider community?

The paper is divided into two main sections. Section 1 provides a detailed context for the ways in which children in different societies and at different times could have acted as agents for change. Section 2 contains a range of case studies on acute and chronic health and environment impacts on societies. They attempt to show how children played a leading role in any action that was taken to soften those impacts and how other members of those societies eventually benefited.

Research Design

A number of points need to be made clear at the outset. The overall theme appears to have been rarely addressed in an historical context. Much has been written about action taken to help children but little specifically on the wider consequences of this action. As a result a broad range of secondary material has had to be searched, piecing together scattered references to the theme. Some primary material has also been used for certain case studies but the study has been based principally on authoritative academic books and journal articles written in English.

The scope of good quality academic works in English inevitably means that there is a bias towards evidence from Western Europe, Britain and North America. Searches in university libraries and the Wellcome Library for the History and Understanding of Medicine in London did not produce detailed historical studies related to our theme in Eastern Europe, Russia and some parts of Southern Europe or for many other parts of the world. This bias reflects a problem common to many studies. Coverage does not pretend to be exhaustive but rather illustrative of the overall idea.

The time scale adopted was long. Although much of the material is from the nineteenth century; the sixteenth, seventeenth, eighteenth and twentieth centuries are also represented. It was felt that taking the long view on the subject would add depth to understanding the processes at work. A study of post-1945 welfare states would generally show variations in policy rather than different historical contexts.

The inclusion of a detailed context section is important. From the outset it was felt that simply providing a set of isolated case studies would serve little purpose. Standing in an ahistorical vacuum they would raise more questions than answers. Thus an attempt has been made to link the case studies back into the more fundamental reasons of why and how children may have been levers for action.

The value of an historical approach in the general field of public health has recently been discussed by Fee and Brown (1997) in the American Journal of Public Health. They note
that history helps us identify “deep structural impediments” to progress and those “social forces and cultural trends over which we have little control”. Their overall case is that:

Historical inquiry may be helpful in discovering positive trends amid the confusions of the present. A broad historical perspective can help us shrink specific disappointments to size and show them in context as only temporary setbacks. Historical case studies may be able to teach us useful lessons about successful strategies used by public health reformers in the past. They may assist us in identifying patterns and deeper continuities beneath the surface shifts.

(Fee and Brown 1997:1763)

Fee and Brown, however, also point to a basic problem that is found in the aim of this paper. They note the different professional cultures of public health personnel and historians. Public health practitioners wish for change, they believe they can shape the present and the future for the better. Historians are sceptical of evidence and resist explanations outside specific contexts. Thus there can be a division between:

The conventional understanding of history and the quick and easy lessons from the past that people sometimes desire.

(Fee and Brown 1997:1764)

Similarly Berridge (1997) has recently observed the way in which new public health developments “have…..been justified by history”. She points to the simplistic use of nineteenth century public health reforms which create a “packageable and mythological past”. Berridge urges the “particular set” of circumstances which underlay developments and warns of overlooking the complexities of issues. She too points to the differences between historical analysis and the desire for useful historical ‘lessons’ to justify the present.

Because of this, the research paper does not provide a set of examples that can be pulled off the shelf to strengthen present day arguments. What it tries to show is that by a better understanding of different constructions of childhood in the past and how this prompted action, we can see how our particular construction of childhood can enable us to make more effective use of the claims of children to a better life today and in the future.
Society assessment of impacts as acceptable/unacceptable risks/hazards

Unequal social impacts:
- vulnerable, lacking power
  - women
  - poor

Uneven locational impacts:
- rural/urban
- home
- work
- leisure
- travel

CHILDREN

Structure & organisation of society:
- social, economic, cultural, political, environmental

Scale of organisation of society:
- local, national, international

ACTION/INACTION TO REDUCE IMPACTS

POSITIVE OF CHILDREN AS AGENTS OF CHANGE

Social construction of childhood:
- social - family
- economic - child labour
- cultural - literature etc
- political - utilitarian, idealistic
- environment - health of children

Health & environment impacts on a society

- Chronic
- Acute

Physical health
- Mental
- Moral/spiritual

HEALTH & ENVIRONMENT IMPACTS

B SOCIETY

A CONTEXT DIAGRAM

C
SECTION 1 – THE CONTEXT

Introduction

This section outlines the context within which the theme of the paper is explored. It provides a framework for the various examples of children acting as catalysts for change in various societies over time. The section is structured around the context diagram (Figure 1) and attempts to show many of the factors that have a bearing upon the theme and the processes by which health and environment impacts on a society could lead to action through the agency of children. A number of the themes discussed here also form part of more detailed case studies that will be outlined in Section 2. The following discussion takes the reader through the context diagram from part A, Health and Environment Impacts, to part B, Society, and part C, The Position of Children as Agents of Change. In part D, Evaluation, Interpretation and Intervention aspects of the context are discussed.

A. Health and Environment Impacts

The particular nature of the health and environment impacts faced by humans has varied over time, from the hunger, disease and injury suffered by many in rural, pre-industrial societies to the health burdens created by urban-industrial structures. Specific health problems will emerge from the examples provided but they can usefully be categorised as either acute or chronic in nature (Barss et al 1998; Noji 1997). Acute impacts are the extreme events: plague, war, food crisis etc., often considered as disasters or catastrophes. The impact is concentrated in time and space and the shock effect has often been to create a loss of confidence within a society and lead to calls for change (Cooter 1997: 107; Hewitt 1997: 35). Chronic impacts are the routine events ever-present in societies, such as poverty, disease, poor diet, sanitary conditions, and injury. Throughout history, both types of impact have generally fallen on the most vulnerable, and very often the chronic impacts have tended to be accepted as part of everyday life (Lupton 1997; Thomas 1971). For instance, in the waste tip disaster of Aberfan, Wales, in 1966, 116 children were killed. In that same year, 879 children were killed on British roads (see case study, section 2.5).

The attitude towards which impacts are considered acceptable and which result in calls for action changes over time in different societies. This is partly related to perceptions of the causes of health and environment impacts. When nature was seen as beyond control, then impacts were more likely to be considered inevitable and providential. When nature became de-mystified and secularised, then impacts became viewed as capable of some form of preventive action (Douglas and Wildavsky 1983; Luckin 1993; Lupton 1997).

Children have always had a particular vulnerability to health and environmental hazards. But whilst we can summarise these, it is important to remember that action taken to protect children will depend on how a society values them. Different societies in the past could equally have drawn up a list showing how adaptable children were to certain environments e.g. small body size, quick learning, adaptable, – and this is discussed in part C, Position of Children as Agents of Change.
Children’s Vulnerability to Health and Environmental Hazards

(from Tamburlini:2002)

**Biological factors:**
1. Increased vulnerability during growth and development, nervous system developing in first few years.
2. Metabolism – immature – ability to detoxify and excrete chemicals different from adults
3. Greater exposure – more exposed per unit of body weight
4. Longer time at risk – more time to develop chronic sicknesses

**Age-specific vulnerability:**
1. Exposure varies with each developmental stage

**Economic and social factors:**
1. Environmental hazards bear more on the vulnerable and poor
2. Children are exposed to hazards in specific environments

**B. Society**

**Physical, Mental and Moral Health**

The various acute and chronic health and environment impacts have created physical, mental and moral/spiritual problems for men, women and children. Most of the material assembled here is concerned with physical health as this has, historically, dominated welfare action. But physical health was often bound up with moral and spiritual issues. England’s first Factory Act of 1802 was entitled the “Health and Morals of Apprentices Act” (Hopkins 1994: 74), and German nineteenth century welfare policy was partly to protect children from crime and vice (Dickinson 1996:11 and section 2.3). Children, through their perceived innocence, were sometimes recruited as part of a moral crusade against a corrupt adult world and to help achieve a new “moral economy” (Avery 1965; Behlmer 1982: 193). In the case study of children in Florence in the fifteenth century (section 2.1) the focus was on the reform of the moral bankruptcy of the city-state rather than its physical health. Although there is a growing literature on the history of mental health, such as suicide, so far, no good evidence for the child agent theme has been detected (Anderson 1987; MacDonald and Murphy 1990; Murray 1998).

**Structure, Organisation and Scale of Society**

Health and environment impacts have affected different groups in society through a complex web of relationships. At the widest level there lies the structure and organisation of the society with variations in the distribution of wealth and opportunity. Most of the societies examined here had the vast mass of the population in relative poverty with small wealthy elites dominating power. Until the early nineteenth century most of the population was rural/agricultural in organisation. Urban/industrial economies brought new work disciplines and demands for cheap labour, often supplied by women and children.
This introduced a new range of health and environmental hazards and it was often this transition to the urban/industrial world that made more visible the wretched conditions of children. Hence the touch paper was ignited for demands for labour and welfare reforms (see the case studies for nineteenth century France, Germany, USA and Britain, section 2.3).

Political structures have also shifted. In the medieval world, power and responsibility largely lay with the ruler and the church. Health care for the vulnerable was often through charities organised by the church (Grell et al 1999). The state was relatively weak in its ability to intervene to cushion health and environment impacts and most action was taken at the local town or city scale, especially in the welfare reforms of the early modern period (Cunningham 1995; and section 2.1).

Much of the material in this paper is related to the rising power of the state in the eighteenth and nineteenth centuries (section 2.3) and its willingness to intervene in the health of the mass of the population. A significant concept was that of “mercantilism” – the idea of the ruler as the “father to his children” (Rosen 1958:93). Thus we find a number of examples in the eighteenth century of states attempting to improve the conditions of society and children played a key role in this process.

Seventeenth and eighteenth century developments in science and statistics helped the movement by increasing understanding of health and environment impacts and changing them from external problems, to those which could be addressed by forms of action (Lupton 1997:85). We also see the emergence of what Foucault has termed “governmentality” (Foucault 1991) – the rise of the administrative state which saw citizens as “a body requiring intervention, management and protection so as to maximise wealth, welfare and productivity” (Lupton 1997:85). During the nineteenth century, many of the reforms outlined in the case studies reflect a state structure able to intervene, legislate and enforce protective policies in a variety of situations including the workplace and later the home. In the twentieth century, we find that willingness to intervene extended to the international stage, with supra-national organisations setting standards to improve health and environmental conditions on a world scale (see section 2.7).

Unequal Social Impacts

Health and environment impacts have never fallen equally on the members of a society. Certain groups seem always to have suffered most from health-related problems and the chief factors are vulnerability and powerlessness (Blaikie et al 1994; Hewitt 1997). It has been the structure of a society rather than ‘external’ forces which determines who is most likely to be exposed to danger. Age, gender, ethnicity, caste, disability and social class have formed the creation of vulnerable groups. Children and the old have inherent vulnerability to hazards but social disadvantage intensifies that vulnerability. Associated with these factors is the political dimension of powerlessness. Women and the poor in general have had little control over the influences on their lives but children, again, emerge as especially powerless. They, above all others, have always “lived in a world in which they have little power or control” (Towner and Towner 2001:403). Boys and girls could face different exposure to hazards (Towner and Towner 2000) but poor children of both sexes seem to have had equally hard lives.
Yet, paradoxically, it has been poor children, those with least power, who chiefly form the agents of change in our theme. It is a measure of their small numbers and sheltered lives that the children of the wealthy do not seem to be part of this story. After all, the wealthy might be expected to take decisive action over problems for their own children. Those with power took action when the conditions of poor children impinged on their conscience, comfort, security and well-being.

Uneven Locational Impacts

As well as health and environment impacts falling unequally within societies, they have also always fallen unevenly in terms of location. Although hazards have existed in rural, urban, workplace, leisure and home environments, the significance for our theme is that impacts in certain locations have stimulated more calls for change than others. One very clear distinction that runs throughout this study is the difference between urban and rural environments in terms of provoking action.

Child labour in the countryside was a feature of the traditional pre-industrial world. Children were exposed to many dangers in their everyday lives. As well as infectious diseases, they faced the hazards of work – girls fetching water from wells and rivers for the home, boys working in the fields or tending animals (Towner and Towner 2000). The overall conditions for children and adults in the countryside remained wretched right through the nineteenth century (Mingay 1990). Furthermore, despite urban/industrial growth, agriculture remained a major employer of children in Britain (Horn 1995; 12), and would have been even more extensive elsewhere. But these problems never raised calls for action. In France, as in other countries, children would be working in the fields by the age of 10 years but their conditions were never a political issue (Heywood 1988: 60; Weissbach 1989:1). In Britain, years of effort to improve conditions in factories were not replicated in the countryside. Here, it was not until 1873 that the “Agricultural Children Act” forbade work for those under the age of 8 years (Hopkins 1994:20; Therborn 1993:107) – although the 1870 “Education Act” had already moved many children from the fields into the classroom.

What was remote and diffuse from the gaze of reformers would receive little action. (Even today, rural injury patterns for children in developed countries remain little researched (Department of Health 2002; Ward and Christie 2000). Indeed, those reformers who wished to highlight the miseries of the industrial child could, to suit their own purposes, create a myth of rural bliss in a pre-industrial world. Engels, in his, *The condition of the Working Class in England* (1844) maintained that:

> Children grew up in the open air of the countryside and if they were old enough to help their parents work this was only an occasional employment and there was no question of an 8 or 12 hour day.

(in Fraser 1984:11)

In addition to a basic urban/rural difference in response to health and environment impacts, there have been variations in degrees of action between home and domestic settings, the street and travel, the workplace and leisure worlds.
Children and women have faced more health-related problems in the home setting than men. Far from being a “haven” or refuge from a dangerous outside world – a concept created in the nineteenth century, a home presented a range of challenges, especially for injury (Hanawalt 1977; Hanawalt 1986). However, it was the industrial setting that attracted more attention. In the USA, action for home safety emerged in the early twentieth century with concerns over gas and fire safety and yet the major successes were workplace related rather than in the home (Tarr and Tebeau 1997: 221).

The street in large towns and cities has not only been the setting for many traffic injuries but also a setting for social disorder. In the street, the impacts of health and environment problems became visible and disturbing. In the pre-industrial town and city, poor children on the streets could be a result of migration from the countryside in times of acute crises such as war and famine and children constantly formed a large percentage of street beggars and vagrants (Cunningham 1995; Slack 1988). In Venice in the mid-sixteenth century, concern was expressed over:

The enormous increase in the number of child beggars, who wander round the squares of San Marco and Rialto and sleep at night in doorways.

(Cunningham 1995:114)

Lyons faced similar problems at this time (see case study 2.1) and orphanages and foundling hospitals were often the first major efforts that towns and cities made in welfare provision (Boswell 1988; Cunningham 1995:115; Grell et al 1999). The problem of the street was still a major setting for social action in the nineteenth century. In Britain, poor children running about the cities caused a moral panic amongst the middle and upper classes and fuelled calls for children to be put into schools (Goldson 1997:5). In Charles Dickens' time, there were estimated to be around 30,000 street children in London and much of the author’s fiction and journalism was directed against this (Andrews 1994:31; and case study section 2.4).

Injury from traffic was a considerable hazard in the street and the involvement of children could provoke strong reactions. In Rye, England, in the 1650s, there were two cases of drivers of carts being charged with murder after they killed children (Towner and Towner 2000:104). But it was the urban complexes of the later nineteenth century onwards that intensified the issue. Deaths and injury to children in New York in the early twentieth century stimulated huge protests in the streets and calls for action (Zelizer 1985 – and see case study 2.3). In Britain during the 1930s, child deaths and injury on the road reached crisis point and within: “the sphere of official propaganda and rhetoric, child deaths loomed large” (Luckin 1997:237).

The workplace was the setting that stimulated the most action over the welfare of children and the arena that saw most activity to improve the lot of the wider population. (See case studies section 2.3). With industrialization, women and children became a major resource for society as workers. In the early nineteenth century, 70% of the labour force in the Ghent cotton factories were women and children aged 6-16 years (Lis and Soly 1979:162).
Over time, children across Western Europe and North America were removed from workrooms and placed in classrooms. Gradually women were also removed from certain workplaces such as mines, and ultimately men received better protection during their working day. But it was a slow process. For example, it took the terrible fire in the New York garment factory of Triangle Waist in 1911, which killed 146 workers – mainly young women – to change fire safety regulations there. This was a cause for which reformers had been struggling for decades (McEvoy 1997:68; Rosen 1958:410).

Factory and mine work concentrated attention on child conditions in a more intense way than elsewhere. It is difficult to demonstrate that industrial working was imposing new hardships on children (Thompson 1988:75), but labour disciplines were creating very long hours of work, removing children from their families and exposing them to industrial diseases and dangerous machinery. In addition, the large factory and mine was seen as a centre of vice, corrupting the purity of young children (Weissbach 1989:11). Moral health was as important to reformers as physical health.

The leisure worlds of children do not seem to have led to any great anxiety until the later nineteenth century. General play exposed them to many hazards such as drowning or street accidents and this could lead to calls for action at a local level (Shahar 1990:142; Towner and Towner 2000:104; Zelizer 1985 – and see case study 2.1). But the urban-industrial processes of the nineteenth century could concentrate children in large complexes for mass entertainment, such as theatres, halls or pleasure boats (Hutchinson 1997:161; Luckin 1993). Disasters in these leisure environments did result in calls for health and safety improvements (see case studies 2.5).

The final point above emphasises one other aspect of uneven impacts in the field of health and environment. This is the uneven application of knowledge and technology. Whilst the nineteenth century urban-industrial society could create large public buildings for the mass entertainment of the public (including children), it generally failed to apply technology for the safe exit from those buildings. The past 150 years is full of cases of acute impacts due to fires and panics in theatres and halls with only patchy response to improve matters after the event (Firenet 2003).

**Society Assessment of Impacts**

Before the concern for health and environment impacts could lead to any form of action, these impacts had to be assessed by members of a society as either acceptable or unacceptable. This issue has been considered at length by Haskell (1985), who wondered why, at certain times and places, sufficient support builds up within a society to “push the humanitarian sensibility over the threshold and into practical activity” Hutchinson 1997:160). Part of this aspect can be related to changing attitudes to risks and whether it was thought that any action could be taken to reduce them.

In the Middle Ages, the idea of risk and hazard was seen as a natural event, external to society rather than the outcome of human actions. Therefore, little could be done about them. Systems of belief, not only religion but astrology, witchcraft and magic helped codify and explain misfortune.
As Thomas (1971:5) points out: “There can be no doubt that these concerns reflected the hazards of an intensely insecure environment.” He also notes the apparent “careless stoicism” with which the poor coped with health and environment impacts. Thus, many risks and hazards were considered ‘Acts of God’ and it was not possible to change conditions (Lupton 1997). But there were other cultural attitudes to add to this. For the wealthy in these societies, the plight of the poor and poor children was taken for granted (Slack 1988:17). The poor were simply the opposite of the rich. The rich had obligations of charity and hospitality and were thus stimulated to practice virtue (Boswell 1988). However, there was no urge to change society and its inequalities and, as long as there was no social unrest, the condition of the poor was acceptable.

In the fifteenth and sixteenth centuries these attitudes began to change in Europe. Humanism stressed the responsibility of governors for the welfare of their subjects, as did the doctrine of mercantilism (Rosen 1958:86). The growth of towns focused the problems of the poor and destitute whilst scientific and statistical developments meant that these concerns could be identified and quantified. Once this was achieved, problems could, to some extent, be tackled (Lupton 1997). And so over time, what had seemed inevitable and uncontrollable became unacceptable and required attention. This is graphically illustrated by the comments of a Rector in the USA in 1903 after a road vehicle killed 8 children:

……. The will of God is not shown in the death of these children, for God did not take these children out of the world. They were thrown out by those responsible for the crime.

(Zelizer 1985:43).

**Action/Inaction to Reduce Impacts**

The reasons behind taking action in cases where children have been the stimulus for change have always been complex. Philanthropy, compassion and humanitarianism have been blended with utilitarianism and fear in ways that are difficult to disentangle. There can be no doubt that many reformers were urged into action from a desire to help the vulnerable and needy for the best of unselfish motives and this should never be underestimated. Whether it was a priest or a wealthy merchant or a social liberal, compassion and a desire to do good were always a reason for taking action. The ‘kindness of strangers’ has a long history (Boswell 1988). But equally, other forces were at work.

In his study of nineteenth century philanthropy, Prochaska (1990) uncovers many of the motives listed above. In what can be broadly termed a “history of kindness,” he finds evidence of middle class control of the workers, fear of social unrest, and paternalism, but also a wish to help others. He notes that philanthropy was strong amongst members of the same social class, with the poor often helping each other, especially in times of crises.

Utilitarianism emerges as a strong motive for action to help children and later adults.
Healthy, trained and educated children have long been seen as a resource for the future of a society. Austria’s welfare policies in the eighteenth century included the spread of education. For some, like the minister Kaunitz, education was seen as a good in itself, helping the individual reach their potential. But for others, the education of children meant an obedient workforce in agriculture and industry (Beales 1990: 174). Similarly, the Danish law of 1814 on compulsory education for children was “to form them into good, law-abiding people” (Cunningham 1995:123). Health reform, for the famous Louis Villerme in nineteenth century France, was to preserve children for work to benefit the state:

> Life had been preserved; a better worker had also been produced. Economic benefits appeared to pour on all parties concerned.

(Coleman 1982:255)

This basic motive, which saw children as an economic resource to be nurtured, runs through many of the case studies. And in the twentieth century, utilitarianism continued to run strong. The national health and welfare programmes in Canada after World War I focused on children, with the need for strong, healthy citizens to replace lost lives. Doctors there stressed the idea of children as a ‘national asset’ in order to pursue wider health policies (Comacchio 1992: 107). The utilitarian motive often subtly underlay other efforts for change. In England in the 1830s and 1840s the ‘Society for the Promotion of Christian Knowledge’ (SPCK), produced stories by authors who “concentrated all inventive effort on representing the poor child’s interest as coinciding with what their employers required of them” (Bratton 1981: 52 – and see case study section 2.4).

Closely linked to the utilitarian motive were political reasons. As the power of the state expanded in the eighteenth and nineteenth centuries so child welfare reform provide a vehicle for extending that power (Cooter 1992: 12). In eighteenth century Prussia, Frederick the Great used aspects of child social policy to assert his power over local elites (Rosenhaft 1994: 22), and this idea was pursued in many of the smaller German states (Ingrao 1990: 238, - and see case study 2.2).

Another important motive for taking action to help children was fear. We have already noted the concern that children in the street could create, but fear also came from elsewhere. Towards the end of the nineteenth century, fear informed much public health effort with a feeling that poor conditions were creating a “race of degenerates, physically stunted and morally inferior” (Berridge 1997: 37). Great power rivalry at this time led France, Britain and Germany to worry about the overall health of their populations and they embarked on further welfare schemes that in time would benefit the wider mass of people. (see case study 2.3).

Fear of worker’s militancy could also provide a motive for child welfare reform. In early twentieth century France, family allowance systems were often introduced by employers to help create a contented, stable workforce. Credit was gained by a show of philanthropy. But control was also present – family allowances were conditional on worker’s good conduct and could be withdrawn for strikes, absenteeism or lateness (MacNicol 1992:251).
We find much the same in Germany where: “motives of economic and industrial control took precedence over pronatalism, anti-poverty strategies or consideration of the position of women, children and the family” (MacNicol 1992:270). Child welfare reform helped to mask other plans in Australia in the 1920s. Here, a strong militant union movement had grown up with much industrial unrest. Federal and state governments responded at first by fixing minimum wages but when this failed they targeted family allowance schemes at children under 14 years as a way of placating a restless working class. As McNicol (1992:271) concludes about the family policies of France, Germany and Australia at this time: “Though introduced in the name of the child, they served other purposes”.

Using children as a way of controlling other forces can be traced in attitudes to women. Charity work, especially that for children, was often encouraged for women as it was seen as ‘politically safe’ during the time of rising women’s consciousness (Cunningham 1995:136). The introduction of the Sheppard-Towner Act in the USA in 1921 was the outcome of studies of infant and maternal mortality. It was the first time Federal funds were provided for health and social welfare purposes. During its short life (to 1929), the measure was widely opposed as state interference in the family and for giving women more flexibility and assisting the women’s suffrage movement (Meckel 1990: 208). Similar concerns fed into the early twentieth century home safety schemes in the USA that stressed the role of women as managers of the home environment (Tarr and Tebeau 1997).

The various motives discussed above ranging from philanthropy to social control, were shaped by how different societies viewed their children and childhood. And it is this social construction of childhood, which is covered in the next part.

C. The Position of Children in Society to Act as Agents of Change

The Social Construction of Childhood

The idea of childhood as a social construction is perhaps the key factor in determining whether children have, at different times and in different places, been agents of change. What a ‘child’ means has altered over time and although young children have always been physically and mentally vulnerable with few rights, the boundaries of childhood have shifted through the ages. It would be quite wrong to take a modern western notion of what constitutes childhood and project this backwards in time as a measure of the adequacy or inadequacy of how children were treated in other ages and societies.

Since Philippe Aries ‘L’Enfant et la vie familiale sous l’Ancien Regime’ (Centuries of Childhood), appeared in 1962 there has been a growing historiography of childhood. This cannot be covered here and there are excellent summaries (Anderson 1980; Cunningham 1991; 1995). The main point, however, for our theme is that ‘childhood’ is a relative term. James and Prout (1990:8) summarise the essence of this:
Childhood is understood as a social construction. Childhood as distinct from biological immaturity is neither a natural nor universal feature of human groups but appears as a specific structural and cultural component of many societies. Comparative and cross-cultural analysis reveals a variety of childhoods rather than a single and universal phenomenon.

Thus at any historical moment, childhood will be constructed around a complex interplay of social, economic and political factors. And it is worth reflecting that this variation in childhood continues to exist beyond the contemporary western view.

Children perform many tasks from which they have been excluded in the west (Belote and Belote 1984; Matthews 2001; Scheper-Hughes 1987). Features of societies which have helped shape their construction of childhood have included (Goldson 1997):

**Child-Adult Relations:**
The degree and length of dependence on adults within the family and extended family.

**Childhood as a Structural Division:**
The extent to which children have been exposed or sheltered from work, participation and influence in a society.

**Intra-Structural Divisions:**
The disparities between children in a society (social class, poverty, gender, race, education) will influence extent of vulnerability in a society.

**Degree of State Intervention:**
At what age and in what ways the state structures childhood through compulsory schooling, age at which work is permitted, extent of intervention in family life.

**Childhood and Gender:**
Children have, historically, largely been the responsibility of women – what policies and actions have reflected children have generally affected women.

**Economic Dependence:**
The degree to which children contribute or have been excluded from work and earnings.

We can roughly trace in outline the shifting boundaries of childhood through time to serve as an indication of how children would have been able to act as agents of change. Of the ancient and classical worlds we have, unfortunately, little information to help us. The life of the child in antiquity remains mysterious. There is the impression that children were marginal to society, treated no less affectionately, but in no position to influence events (Weidemann 1989). Legal rights emphasised the authority of the father within the family (Cunningham 1995:24; Pattison 1978:5) and Plato supported the idea of the state intervening in family life to ensure the future welfare of the republic (Archard 1993:133).
In the mediaeval world, Shahar (1990) has argued that there was a concept of childhood. Children were closely involved in adult society but they were treated as a distinct group. There was also a view that children represented the future of society; that treating them well would bring wider benefits. Philip of Navare in the thirteenth century ‘Les Quatre Ages de l’homme’ wrote:

Childhood is the foundation of life. On good foundations one can build great and good edifices.

(Shahar 1990:6)

The power of children to influence and change others in society was clearly recognised by the church in Europe (Sommerville 1982:67). Wishing to extend its influence and authority in family life and beyond, the church found it could use the child image in this task. As Sommerville (1982:67) notes:

........ There was sympathy for children which could be generalised for use on behalf of all the weak and needy.

The small child embodied the idea of Christ – innocence and purity, and figures such as St. Bernard of Clairvaux in the twelfth century promoted a sentimental view of childhood with the infant Jesus and his mother featuring prominently in his works. In art, the image of the Madonna and child was an important symbol for influencing the conduct of the populace (Sommerville 1982:68).

The tragic ‘Children’s Crusade’ of 1212 reflects the recognition at the time that children could be catalysts for change. Exploiting the massing of 30,000 children in Europe who felt called to embark for the Holy Land, church figures saw them as a political device to encourage others into military action. Pope Innocent III observed that: “The very children put us to shame. While we sleep they go forth joyfully to conquer the Holy Land” (Sommerville 1982:71). The complete failure of the enterprise does not detract from the evident potency of the child as a lever for action.

An enduring legacy of the mediaeval construction of childhood was the fundamental polarisation of two attitudes about the nature of children. One was a belief in the innate sinfulness of all humanity, which for children meant constant discipline and training to control moral weakness. This was the doctrine of St. Augustine in the fifth century AD. His contemporary, Pelagius, put the opposing view forward. Pelagius held that a child at birth had sufficient grace to lead a perfect life. The child was innocent and needed protection from the adult world (Pattison 1978). These two ideas have influenced the ability of children to act as agents of change. The Augustine philosophy has underpinned the desirability of child labour as a form of training, moral as well as physical (Horn 1995). Pelagius’ view, on the other hand, has fed through into the eighteenth and nineteenth century Romantic view of the innocent child (Cunningham 1995). Rousseau’s concept of childhood shown in Emile (1762) was innocent and, crucially, it cut across social class and gender. In Britain, poets such as Blake and Wordsworth projected an ideal of childhood as a separate and distinct stage of life to be shielded from the corrupt adult world.
Consciously or unconsciously, these differing philosophies would influence much of a society’s views on child welfare reform. Childhood as a time for moral correction and training for adulthood supports a work ethos, childhood as a time of innocence and purity separates children from adults and insists on their protection. It also means that childhood becomes a special case requiring action by others.

The boundaries of childhood have also been shaped by the increased intervention of the state from the later eighteenth century onwards. Therborn (1993:106) notes that two of the most important definitions of childhood have come from legislation on education and labour. In northwest Europe the process began in the early nineteenth century in Prussia, other German states and Denmark. In Belgium it was not complete until 1914 and, in parts of southern Europe, it was a post-1945 development. The most concentrated period was the 1870s and 1880s, when primary school legislation was introduced in Austria 1869, England 1870, Australia (Victoria 1872, New South Wales 1880), Scotland 1872, Switzerland 1874, Sweden 1878, 1882, and France 1882. Labour definitions of childhood can be traced through England (1833 Factory Act), France (1841 Child Labour Law), Sweden 1846, Prussia 1853, Denmark 1873, Netherlands 1874, 1889, Switzerland 1877, Austria 1885, and Belgium 1889 (Therborn 1993: 106-107). In the USA, Pennsylvania was the first state stipulating a minimum working age of 12 years in 1848 (though this was not enforced). For the southern textile states of Alabama, the Carolinas and Georgia, minimum age laws (12 years) for work did not come until 1903-1906 (Therborn 1993: 107).

A further state boundary for childhood has been the fixing of ages in penal law. In Britain, between 1801 and 1846, 104 children were sentenced to death (although not implemented). During that century, there was increased leniency for children and an international momentum built up from the 1870s. Scandinavia led the way with the Norwegian Child Welfare Act of 1896 creating the first juvenile courts. Sweden followed in 1902 and Britain in 1908. Criminal responsibility was increasingly seen as being above 14 years. Other boundaries of childhood include age of sexual consent, voting age and protection from abuse and maltreatment. In the latter, the state has sought to intervene in the family. But with maltreatment, children were not always the agents of change. In Britain, the protection of children in 1889 followed that of animals who had been protected since 1823! (Therborn 1993).

From the conception of childhood as a separate phase of development requiring protection from the wider world, we have the idea of children having rights as children (Cunningham 1991). Stemming from nineteenth century child labour protection, explicit claims to rights came from the League of Nations in 1924. This has been followed in the twentieth century by many declarations. More recently there has been the concept of ‘environmental justice’. Growing in the USA in the 1980s, environmental justice arose from opposition to the siting of hazardous industries in black areas and native reservations. Declaring the right of people to a healthy environment, children with their particular vulnerability, have been spearheads in this argument (European Environment Agency 2002:190). For Knutsson (1997:139), the rights of children can now be used to benefit all:
If such linkages between the rights of the child and the interest of society can be convincingly demonstrated, the grounds for influencing policies can be dramatically strengthened.

**D. Elaboration: Evaluation, Interpretation and Intervention**

Having outlined the context within which children as agents of change might operate, we need to consider how the process could be evaluated and interpreted and how it can be seen as a form of intervention.

**Evaluation**

Are there particular ways in which we can evaluate changes induced by concern for the child? How are we to detect change? One way, if the historical data allowed, would be to relate change to mortality and morbidity patterns. For, as Arigoni and Himes (1993:7) claim; the reduction of infant and child mortality is ‘the measure of all things’ because it is:

Directly affected by the income and education of parents, the prevalence of malnutrition and disease, the availability of clean water and sanitation, the efficacy of health services, and the health and status of women.

However, it has proved extremely difficult to explain the decline of infant mortality in Europe over the last 200 years. The well-known McKeowan thesis; that public health improvements were the key, has been modified (Thomas McKeown 1976, *The Modern Rise of Population*) and the authoritative reflection of Schofield and Reher (1991:2) that even now “it would only be a small exaggeration to say that our understanding of historical mortality patterns, and of their causes and implications, is still in its infancy” cautions us against confidence in this area. Seeking a clear causal link between child-centred policies of health and welfare and their wider effects on mortality patterns is not realistic.

Another measure we might consider would be the sheer volume of legislation passed; a crude form of quantification. But we know that many forms of legislation, for instance the 1841 French Child Labour Law – (case study 2.3), were ineffective. We would need to build in an assessment of how well laws and regulations were enforced. Even then, claims that law A led to clear improvements in conditions for children, which in turn improved life for adults, must remain a matter of judgement. We have encountered similar problems of matching legislation to national variations in injury patterns today (Towner and Towner 2002). Performing this exercise in the past is fraught with difficulties. What we can probably claim, however, is that the very task of campaigning and introducing measures has been part of a process of changing hearts and minds. At the very least, it has been the acknowledgement of a problem, even if not always measurable in outcome.

Part of evaluating change relates to the time scale chosen. There has generally been a considerable lapse in time between the awareness of a problem, decisions made to act, and any clear results in improvement. One of many examples can illustrate this.
An early awareness of the lethal effects of inflammable nightwear was shown through its impacts on children. The Revd. Patrick Bronte, father of the literary sisters, was writing to the ‘Leeds Mercury’ in 1844 in the following terms:

You know ……… that all garments made of cotton or linen are particularly inflammable and that clothes of woollen or silk are much less so and cannot be ignited at all without the most careless and wanton neglect ……Having been at Haworth for more than 20 years, I have performed the funeral service over 90 or 100 children and on enquiry in every case the poor sufferer had been clothed in cotton or linen.

(Jackson 1995:4)

And yet, it was not until the research of the Colebrooks in the 1940s (Colebrook and Colebrook 1949) that action was initiated in Britain, and even this took until 1967 with the ‘Nightdress (Safety) Regulations’ law (Jackson 1995: 4). Historically, Britain likes to consider itself as being in the vanguard of child and adult welfare reform but it took 70 years from the 1802 ‘Health and Morals of Apprentices Act’ to the 1870 ‘Education Act’ to move children from workroom to schoolroom. Even this was not a clear-cut achievement. In 1897, the ‘Women’s Industrial Council’ showed that many children were still working long hours before and after school (Cunningham 1991: 13).

Finally, we have to recognise that evaluating action and results in one place (typically the western nation state), can overlook the process of shifting dangerous trades to other places and people. Generally this has been from the developed world, with its panoply of protection, to the less protected developing world. Success in one society may be bought at the expense of another. Although beyond the scope of this paper, we can imagine that many of the historical problems identified here can be replicated in many parts of the world today.

For our theme, the evaluation of the process of child-induced action will have to be a judgement based on a range of authoritative sources. We cannot show that action A clearly led to result B, but we can show evidence of a slow and gradual change in climates of opinion that eventually brought benefits to a wider population.

**Interpretation**

How do we interpret the processes discussed above and outlined in the case studies, section 2? Do we see the actions detected as evidence of the onward march of progress? Or do we see these actions as an uneven, contested process; a patchwork of improvements reflecting struggles between different groups at different times?

Jordanova (1989) notes two popular misconceptions in interpreting the past. In the first case, “the past is often idealized and the present depicted as a decline”. In the second, “the past becomes barbaric and exploitative [and] the present enlightened”. The historical trends presented here have often been interpreted within the second of these misconceptions.
Indeed, the ‘progress model’ of history stemmed to a large extent from the health reforms of the nineteenth century (Fraser 1984). And this version of history, as Berridge (1997:38) points out, fits rather well with justifications for today’s public health where, “the heroic model of nineteenth century public health provides a rallying point”. Interpreting history can easily become an exercise in propaganda and one has to avoid a “packageable and mythological past” (Berridge 1997:37).

An alternative view of our theme could, however, be that actions reflected control and discipline in societies. Improving conditions for children and then adults was bound up with class relations and the demands of capital. Thus it is useful to list a range of different perspectives on the history of welfare (Fraser 1984) to help avoid an uncritical interpretation of children acting as catalysts for change.

**Progress model:**
An interpretation often adopted for the history of health and welfare. It portrays a simple linear view of change from darkness to enlightenment and tends to judge the past by the standards of the present.

**Pragmatic model:**
Here, evidence is related more to the conditions prevailing at the time. Change is seen more as ad hoc, unplanned; a series of erratic responses to particular conditions. A stress is placed on viewing policies as short-term decisions in particular eras rather than part of a long-term policy evolution.

**Bureaucratic model:**
Especially in the nineteenth and twentieth centuries, much social welfare policy was made within the workings of government. As much of the surviving historical record is of an ‘official’ nature, it is easy to have a history of policy and legislation divorced from actual effects.

**Conspiratorial model:**
This is a class-based interpretation of events. Policies adopted to benefit children and others were a way of strengthening the hold of certain groups on power and the economy. A number of the case studies (section 2) show social control as a concern. Bismarck's welfare reforms in nineteenth century Germany have been termed ‘killing socialism with kindness’ (Fraser 1984:xxvii).

**Capitalistic model:**
Social welfare policy and action can also be viewed historically as serving the needs of capitalism. Therborn (1993:110), argues that changes in child policy, removing them from labour, was able to take place partly because industry became less dependent on cheap unskilled labour and more demanding of an educated workforce. Furthermore, the costs of capitalism have increasingly been born by welfare provision through health and education.

**Democratic model:**
A final perspective on welfare reform is that it has increasingly reflected a growing consumer demand for change. Thus in the nineteenth century, the growth of trade unions and adult suffrage created a powerful voice.

These perspectives need to be born in mind when considering our theme. They underline the complexity of the issue and how it is not possible to present simple conclusions.

**Intervention**

The material presented in this paper can be thought of as forms of intervention in the social system of the time. Here we briefly consider where the pressure for intervention came from and where in the social system most intervention took place.

Hill (1997) has identified three main areas from which policies may arise. They can come from different groups in society, they can be propelled by wider structural changes such as demographic and economic pressures or they can arise from those in power identifying needs and problems. We can see instances of these different sources in our theme. Much of the material has arisen from forms of advocacy, putting pressure on political and economic leaders. This pressure may be broadly – Britain in the nineteenth century, or narrowly – France in the nineteenth century – based (see case study 2.3). But in other cases the pressure for action came from the top rather than below. A number of child-derived policies developed by eighteenth century despots fit this model (case study 2.2). Often the barriers to change came from the groups the measures were intended to help. In Austria, Joseph II wished to move much faster in reform than many of his subjects (Beales 1990:53). A similar picture obtained elsewhere. In Hohenlohe-Ohringen the pastor lamented that “the towns people and peasants do not always recognise the good intentions of the higher authorities” (Ingrao 1990:242). In general, reformers seem to have been more successful when they worked with the grain of society rather than trying for rapid and radical change (Cunningham 1995:135).

The question of who was applying pressure for change (and this of course was virtually never children themselves), influenced where in the system intervention was applied. Much of the material assembled here can be considered fairly ‘downstream’ in its approach. Conditions were to be improved in a piecemeal way through health and working conditions for the poor. Very few reformers were considering radical ‘upstream’ reforms of society and its basic inequalities. It is true that education schemes and basic health provision for children were often portrayed as laying the foundations of a future society, but the extent of this education was generally to train a workforce not liberate minds. Only a small group of reformers called for more radical intervention – and they were often ‘outsiders’ of society such as writers and intellectuals. Marx and Engels are well-known but we also find campaigners like Margaret McMillan in Britain in the later nineteenth century, who came to “believe that working class children could be rescued from deprived circumstances, made whole, well and strong, and educated to become agents of a new social welfare” (Cooter 1992:35). Even powerful voices like Dickens held back from major social change – “he never sympathised with those who tried to create a revolutionary movement in England” (Ackroyd 1990:344).
As a number of our case studies make clear, nineteenth century reformers in Britain, France and Germany intervened in the social system to prevent radical pressure. However, by the twentieth century we do find instances of organisations trying to intervene to restructure systems to prevent problems. Some of Oxfam’s work falls more into this category (see section 2.7)

Thus most of the interventions we have studied were attempts to soften the health and environment impacts on the vulnerable in profoundly unequal societies. Very rarely were reforms aimed at fundamental changes to basic inequalities. Improving the conditions for children and later others, seems to have come from a patchwork of piecemeal interventions whose cumulative effect whilst clearly beneficial, can seem more dynamic now than was intended at the time.

**United Nations Convention on the Rights of the Child**

The human rights of children and the standards to which all governments must aspire in realizing these rights for all children, are most concisely and fully articulated in one international human rights treaty: the Convention on the Rights of the Child. The Convention is the most universally accepted human rights instrument in history – it has been ratified by every country in the world except two – and therefore uniquely places children centre-stage in the quest for the universal application of human rights. By ratifying this instrument, national governments have committed themselves to protecting and ensuring children's rights and they have agreed to hold themselves accountable for this commitment before the international community.

Built on varied legal systems and cultural traditions, the Convention on the Rights of the Child is a universally agreed set of non-negotiable standards and obligations. It spells out the basic human rights that children everywhere – without discrimination – have: the right to survival; to develop to the fullest; to protection from harmful influences, abuse and exploitation; and to participate fully in family, cultural and social life. Every right spelled out in the Convention is inherent to the human dignity and harmonious development of every child. The Convention protects children's rights by setting standards in health care, education and legal, civil and social services. These standards are benchmarks against which progress can be assessed. States that are party to the Convention are obliged to develop and undertake all actions and policies in the light of the best interests of the child.

The Convention on the Rights of the Child is the first legally binding international instrument to incorporate the full range of human rights – civil and political rights as well as economic, social and cultural rights. Two Optional Protocols, on the involvement of children in armed conflict and on the sale of children, child prostitution and child pornography, were adopted to strengthen the provisions of the Convention in these areas. They entered into force, respectively on 12 February and 18 January 2002 (UNICEF 2004).
SECTION 2 - THE CASE STUDIES

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1. *Oases of Reform: Towns, Children and Social Welfare in Pre-Industrial Europe*

A) Social Welfare Reforms in Europe from the Fifteenth Century

Children played a significant part in attempts to lessen the impacts of health and environment hazards in towns and cities in pre-industrial Europe. Effective action could only really be taken at this scale as most states lacked the power to impose health policies across their territories (Beales 1990). Routine problems were dealt with by town statutes and, at times, we can assume that wider benefits to the inhabitants flowed from particular concerns for children. Thus, we find in York the town statutes included instructions to people leading horses to water to keep proper control of them “lest they injure children playing outdoors” (Shahar 1990: 142). In London in the mid-1650s, an inquest required all wells and cellar hatches to be closed at night because they were “very dangerous for children to fall in” (Griffiths 1996). In the Netherlands, carters and coachmen could be prosecuted if they injured a child in a traffic accident (Schama 1987).

It is not surprising that children could be in the vanguard of action to ameliorate welfare problems. Children comprised a large proportion of urban populations; poor children in particular. In Louvain, the Netherlands, over half of the people qualifying for poor relief in 1541 were children (Cunningham 1995: 1120). Furthermore, in the fifteenth and sixteenth centuries many European towns and cities were facing increased levels of poverty. In 1498 one third of the population of Leiden was considered poor; by 1550 this had risen to 40-50% (Lis and Soly 1979: 78).

A turning point in this chronic health problem was reached around 1520-1535 with a series of major harvest failures. Widespread unrest, such as the peasant revolts in Germany and the ‘communeros’ in Spain, followed. The traditional response to this problem, charity provided through churches, was no longer sufficient and the civil authorities at town and city level were forced to introduce a series of social welfare policies (Lis and Soly 1979: 87; Slack 1988: 8). Between 1522 and 1545 some 60 towns in Northern Europe took action including: Nurnburg 1522, Strasbourg 1523-4, Zurich, Mons and Ypres 1525, Venice 1528-9, Lyons, Rouen and Geneva 1531-5, Paris, Madrid, Toledo and London in the 1540s. There were even some central government decrees that had to be instigated to combat health problems: the Netherlands in 1531, England 1531 and 1536, France 1536 and 1566, Brandenburg and Castile 1540. All these attempts amounted to what Slack terms a ‘European phenomena’ (Slack 1988: 8).

These welfare reforms, found in both Protestant and Catholic Europe, were related to two important themes: humanism and the nature of the urban environment. The growth of humanistic thought stressed the responsibility of governors for the social welfare of their subjects. The poverty and health problems in overcrowded towns were all too evident to decision makers, in a way that problems in the countryside could not impinge on their senses. It was the secular urban institutions that responded to the issue and in many cases it was children who were the first to provoke action.
B) Lyons and the Aumone-Generale

A notable example of the link between children and urban welfare projects comes from the French city of Lyons in the 1530s. Here a major scheme known as the Aumone-General (aumone = alms) was established.

Poverty was the chronic health and environment problem in Lyons but it began to reach acute proportions by the 1530s. The population had grown rapidly from the 1490s and doubled by the 1550s to around 40-45,000. There was much immigration to the city whose prosperous businesses drew in the poor. An important aspect of this was that poverty was highly visible. Soon complaints arose of:

The great number of little children crying and hooting with hunger and cold day and night through the town, making a marvellous racket in the churches, disturbing the devotions of the people …….
Oh, what confusion, heartbreak and scandal.

(Davis 1975:24)

Indeed the presence of so many children among the beggars “was an important factor in welfare reform and humanist interest in poor relief” within the city (Davis 1975:24). The old pattern of charitable donations was evidently failing and the acute crisis of a famine in 1531 left people dying in the streets. There was a fear of plague and threats to public order.

The response to this health and environment impact was the establishment of the Aumone-Generale in 1534; formed by a group of businessmen and lawyers. Begging in the city was prohibited and instead a survey was made to identify the homes of the poor and to target relief there. The education of children was considered vital if the vicious circle of poverty and ill health was to be broken and so orphans were taught to read and write. The reformers were partly motivated by concern for disorder on the streets and were “especially aware of what happened to children who were badly educated by their life as permanent or occasional beggars” (Davis 1975:61). Apprenticeships were provided for boys and dowries for girls getting married.

There was some success. Between 1534 and 1561 over 5% of the city’s total population had a weekly handout of food, the number of street children declined, as did infectious diseases. Furthermore, the appeal of children enabled the Aumone-Generale to break through the vicious religious divisions of the time. The cause of needy children meant that the organisation survived the change from Catholic to Protestant city government in 1562-63 and both religions donated money. As Davis (1975:59) observes: “……they thought that misery was a greater danger than heresy in the life of Lyons.” An early verdict on the impact of such action in Lyons came from Erasmus after a visit in 1539. He found that the city was: “compared to past times, almost a true monastery and congregation of good brothers” (Davis 1975:62).
The Aumone-Generale’s emblem was of a seated woman with three children clinging to her. In her free hand money is pouring out of a purse. Borrowed from the Italian image of Charity seated with children, this was evidently a potent symbol.

Nevertheless, the achievements of this urban welfare project were limited. There was no fundamental change in the causes of poverty and ill health. But within the context of the time, it was a notable scheme. No doubt there were a whole range of motives behind the creation of the Aumone-Generale but the plight of children did inspire action to be taken and that did reduce suffering amongst the wider population of Lyons.

C) Florence in the Fifteenth and Sixteenth centuries: Children, Health and Moral

Welfare

Humanist ideals played an important role in the Renaissance Florentine state and attitudes to children reflected this:

Renaissance Florentines perceived that charity, tenderness, and compassion toward children were crucial to personal immortality, the survival of families, and the salvation of the state.

(Gavitt 1990:273)

We can detect during the fifteenth century a move from wealthy Florentines giving money to religious orders, to giving instead to secular institutions that addressed social problems. The increase in municipal involvement in the state was symbolised by the founding in 1419 of the ‘Ospedale degli Innocenti’; the state’s foremost charitable enterprise. This action was maintained into the next century with Cosimo I de’ Medici’s welfare reforms which placed children at their heart. His Edict of March 1542 spoke of:

The misery and calamity in which we find the poor little children of 3,5 and 7 to 10 years old, impotent and totally abandoned by their fathers, mothers, relatives, and depend on any other human and spiritual support.

(Henderson 1999:64)

A boy’s hostel, the ‘Broccardi’, was founded as well as conservatories for abandoned girls. The state’s charitable system deliberately sought to protect certain groups in society who were regarded as particularly vulnerable to poverty and children were the catalyst for these measures (Henderson 1999:78).

The welfare of children was therefore a central concern of Florentine welfare policy. And it was the appreciation of this fact that inspired an attempt to bring children centre stage in an attempt to alter the moral health of the state’s population.
Florence faced an acute political and military crisis. In 1491 the Medici were overthrown and a republic created. This was followed by a French invasion under Charles VIII in 1494. The state was on the verge of collapse. It was at this time that a friar from Ferrara, Giralamo Savonarola, came to dominate Florence’s affairs. His message was that only through spiritual and moral regeneration, leading to social and political reform, would the city regain its power. A vulnerable society looking for solutions was especially susceptible to this idea (Sommerville 1982:96; Weinstein 1970:116). Although Savonarola was a political conservative with no wish to change the existing social order, he saw that children, so important in Florentine culture, could be used as a mechanism for changing the moral base of the state. In his ‘De simplicitate Christianae vitae’, the friar wrote:

We ……know from experience that the actions of children delight everyone, because they have neither artifice nor duplicity, but proceed naturally from their pure form.

(Gavitt 1990:297)

Accordingly he mobilised the children and youth in Florence into a series of processions to urge action for reform. He sought to “shame those who were too cynical to support his efforts at social rejuvenation” (Sommerville 1982:96). The Palm Sunday celebrations of 1496 involved 6,000 children and were a prelude to his appeal for a communal loan fund, the ‘Monte di Pieta’(Weinstein 1970:278). Old festivals were turned into pious processions with laws quickly passed to suppress immodest dress and conduct. Children were asked to inform on their parents if necessary. In one carnival, the commentator Cinozzi observed white-robed children marching through the streets carrying olive branches and red crosses, singing hymns and dancing, so that it seemed that:

The angels had come down to earth to rejoice with the children of men.

(Hibbert 1974:192)

The heady atmosphere of those child-inspired events is shown here:

‘Blessed bands’ of children, their hair cut short, must march through the streets, singing hymns, collecting alms for the poor, and seeking out those rouge pots and looking glasses, those lascivious pictures and immoral books, all those ‘vanities’ which were the Devil’s invitation to vice. These children must shame their elders into abandoning the gambling table for the confessional box; they must report to the authorities all infractions of the law, all examples of unbecoming and ostentatious dress, all other children who throw stones.

(Hibbert 1974:192)
Savonarola’s use of children as agents of moral change was short-lived. Although a brief conversion was achieved (Weinstein 1970:374); his dream of a new moral order failed. As the state re-assessed itself, his unsettling actions led to his execution in 1498. What this example does show, however, is that a particular social construction of childhood, placing them in a central position in a society, meant that they could be used politically to alter adult’s behaviour. When circumstances changed and that construction of childhood was seen as too uncomfortable, then children’s power to change hearts and minds receded.

2. The Enlightened State and Health: Children as Agents for Reform in Eighteenth Century Europe

The Nation State and Enlightened Despots in Austria, Prussia and Smaller German States

The social elites influenced by the ideas of the Enlightenment in the eighteenth century, a belief that problems could be solved through human understanding and reason, had a particular interest in child health and welfare. The condition of children had medical, moral, political and demographic implications for a society (Morel 1977:48). Supporters of enlightened thought saw progress, rational reform, education, orderliness and humanitarianism all feeding into schemes for public health (La Berge 1992:11). At the same time, the notion of ‘mercantilism’ – the duty of the ruler to act as ‘father to his children’ (Rosen 1958:93), was allied to the growth of the authority of the central state itself, with a shift in policies from town and city to a national scale. Greater activity in the condition of people reflected Foucault’s idea of ‘governmentality’ (Lupton 1999:85). These were autocratic states but ones that had some concern for the health and well-being of their people. We should note, nevertheless, that the practical effectiveness of the state to apply welfare policies was, in the eighteenth century, still fairly limited (Beales 1990:53).

Viewing children as a vital resource for the state was becoming increasingly appreciated. A century earlier, in the new Dutch republic, Jan van Beverwijck observed in his ‘Schat de Gesontheyt’ (Treasure of Health) 1656:

> Republics that set most store by their good citizens give most attention to the upbringing of their children

(Schama 1987:495)

At Gotha, the government official Veit Ludwig von Seckendorff (1626-1692) focused public health on the care of children first as they underpinned the size and strength of the state. The health programmes he created included a midwife system, care of orphans, food and water inspection, sanitation and poor relief (Rosen 1958:94).

During the eighteenth century, health policy in the German states was developed through the concept of ‘medical police’; that is the creation of medical policy and its implementation through administrative bodies (Rosen 1958:137). Particularly notable was the work of Johann Peter Frank (1748-1821).
His ‘System einer vollstandigen medicinischen Polizey (1779-1817), was based on Enlightenment thought and the notion that the health of the people was the responsibility of the state. Childcare was a major focus with help for expectant mothers and assistance for the first few weeks after delivery. Child health was linked to education with accident prevention and the lighting and heating of schools all included. The need for good housing, water and sanitation and waste disposal all extended public health from the child to the adult world. Although his ideas related to authoritarian regimes, Frank’s ideas on tackling child health as a continuum to the health of others was influential in the later nineteenth century policies in France and Britain (Rosen 1958:142-143).

The urge to apply reforming policies to the health and welfare of his subjects led the Emperor Joseph II of Austria to move rapidly ahead of those he wished to help. Attempting to introduce schemes from the top down on to an uncomprehending population meant that many of his measures failed. By trying to go too far too quickly, he failed to work with the grain of the existing social and political climate. In addition, the eighteenth century Hapsburg empire was not structured to enable policies to be uniformly enacted and enforced (Beales 1990). Nevertheless, it is interesting to see that children were a focus for a number of welfare schemes. Education was a central part of reform. Von Sonnenfels, advisor to Joseph’s mother, Marie Theresa, wrote:

> Observe the major goal of education, the true source of love for the fatherland: to instill into the hearts of children the certainty that their welfare is inseparably joined to the welfare of the state, and that the laws are wise, the trespassers unfortunate and foolish people.  

(Cunningham 1995:122)

Educated children would produce a better workforce and, from the 1770s there was school for 6-12 year olds for 5 days a week. This ‘General School Ordinance’ was extended to other parts of the Austrian empire so that by 1790 elementary school provision was greater than for any other major continental state. It was this that formed “the most enduring legacy of the reform era” (Scott 1990:176-177). If children were in school they could not be facing hazards in the workplace. And Joseph attempted to move even further – by trying to abolish child labour altogether in 1781. But this was a step too far in the context of the times and his efforts were ignored, revealing the limitations of state power (Scott 1990:184).

The many small German states of the eighteenth century were also involved in formulating child-centred welfare policies as the foundation of a healthy and productive population. Wurzburg, for example, forbade parents from giving children heavy work to do and its schoolrooms had minimum space and lighting requirements. Parish priests were required to give instruction on infant care and there was a system to help the poor (Ingrao 1990:236). State-run orphanages attracted particular attention from rulers. They often involved themselves in the minutiae of running these institutions; in the case of Hohenlohe-Neuenstein, the orphanage formed part of the palace.
Evidently there was political capital to be made out of being seen to be on the side of the angels. Another advantage was that child-focused reforms helped extend the power of the state across society. His was certainly a motive for Frederick the Great in Prussia (Clasen and Freeman 1994:22).

But not all reforms merely served state and class interests. The Austrian minister Kaunitz felt that education of children was a good in itself, helping the individual reach their potential Scott 1990:174). In the Bishopric of Fulda, education for the masses was introduced because “education gives a person worth [and] can enhance human happiness” (Ingrao 1990:240).

Although social reforms in these German states lacked depth and breadth by modern standards, the influence of the ideas of the Enlightenment helped lay the foundations for action in later periods. For instance, when these ideas reached Denmark after 1750 they inspired the growth of philanthropic societies who were concerned with health and morality and who had a special concern for children. The first state health provisions were for foundlings but benevolent policies then spread to other sections of Danish society (Bonderup 2002).

3. Industrialization and Public Health: Changing Policies in Europe and North America in the Nineteenth and Early Twentieth Centuries

The health and environment impacts that stimulated action in the nineteenth century came from the consequences of rapid urbanization and industrialization. It was not that rural areas and small towns had been havens of good health before then (Mingay 1990), but the problems became concentrated and more visible to those in society who were most likely to agitate for improvements. Much of the action taken to soften the effects on children came from regulating child labour. From the first hesitant steps to limit their employment in particular activities to the later widespread introduction of education instead of work, it was labour reform which was the fulcrum around which improving conditions for children, took place. And it was the momentum created by helping children that slowly led to improvements for women and later men. The following case studies trace various aspects of child labour, health and welfare in France, Germany, the USA and Britain in the nineteenth and early twentieth centuries.

A) France: Child Labour, Reform and Public Health in the Nineteenth Century

Legislation on child labour played a critical role in welfare reform in nineteenth century France. Through this issue the nation grappled with questions of how far the government should regulate economic activity and intervene in family life. The national consensus on child labour legislation that was largely reached by the 1870s “paved the way for a widening array of regulatory measures touching upon the child and his family and upon the industrial worker” (Weissbach 1989:xiii).

Child labour was, of course, widespread before industrialization.
Children were expected to work from an early age in agriculture but this was never a political issue (Heywood 1988:60). Public health was operated at a local level and social elites had little idea of the living conditions of the rural poor (La Berge 1992:10; Morel 1977). It was when poor children were crowded in towns and went \textit{en masse} to work in factories that their plight became noticeable.

**Bourcart and Villerme**

The first enterprise in France to use child labour on any scale was the textile industry and it was the textile industry in Alsace where the first concerns over children were raised. Long hours of work, separation from their families, poor working conditions and new physical and moral hazards, combined to create a new social problem. The response of Jean-Jacques Bourcart and the ‘Societe Industrielle de Mulhouse’ is particularly notable. This was very utilitarian in concept; stressing the dangers of a weak and morally corrupt youth for the nation. In 1828, Bourcart published his views on reducing working hours for children:

\begin{quote}
The principal advantage to be drawn from this law will be the health of the children and all the workers in industry as well as their greater moral development. The master will have a choice of robust workers; he will have workers who are more intelligent and easier to guide. France, when necessary, will find men amongst them, defenders of the fatherland, whilst if she fails to take energetic measures, she risks only finding in our working class, after a certain number of years, miserable wretches, feeble and depraved creatures, incapable of upholding the glory of their country. \\
(Heywood 1988:231)
\end{quote}

This message struck a cord with the privileged classes who were concerned about social stability and France’s position in relation to the other European powers. Bourcart also used precedent in his argument, pointing to British child labour legislation and he attached a copy of the 1819 Factory Act as a supplement to his paper. The ‘Societe Industrielle de Mulhouse’ initially proposed that the working hours of all workers be limited by law. But this was too radical for the times, and in 1833 their proposal was a minimum working age of 8 years and a ban on night work for children.

Another reformer was Louis Villerme, also a social conservative and also adopting a utilitarian approach to child labour and welfare. After touring the textile areas Villerme published his ‘Discours sur la duree trop longue du travail des enfants dans beaucoup de manufactures’ (1837), arguing for limiting hours of work for children. He felt that the state needed to protect children but, as an economic liberal, he was opposed to legislation to protect adults. He wanted to save the child to produce a good worker. Ironically, he could not foresee that state intervention in the name of the child would pave the way for protection for adults. Moreover, protecting children wore down his own prejudices and he came to appreciate the hazards faced by adults in the workplace.

The proposals of Bourcart, Villerme and others were part of a build up of pressure on the government. The response was an enquiry into child labour in July 1837. It revealed little support for reform amongst business (Weissbach 1989:43). Nevertheless, pressure continued with articles stressing the moral corruption of children at work (for instance: H.A. Fregier 1839, ‘Des classes dangereuses de la population dans les grandes villes’). But, unlike in Britain, the reformers lacked a broad base of support and the whole political process was much narrower. However, success of a kind was achieved in 1841.

**First Attempts at Legislation**

The ‘Loi sur le travail des enfants’ of 1841 was the first instance of the French state intervening in the relationship between employer and employee (Heywood 1988:231). It was heavily influenced by the British 1802 ‘Health and Morals of Apprentices Act’ and the 1833 Factory Act. This revealed a growing international dimension to the child labour cause. In the French law children under 8 years were banned from certain factories, between 8 and 12 years they could work for 8 hours a day and from 8 to 12 years for 12 hours a day. School was introduced for children under 12 years and night work banned for children under 13 years (Heywood 1988:231). Inspectors were recruited to enforce the legislation but, crucially; they were voluntary and not paid as in Britain. This was absolutely vital and lack of enforcement meant that the 1841 law was largely symbolic. By and large it was ignored. In 1849 the Department of Rhone had no inspectors and only in Nord where an inspector was paid, did the law work effectively (Weissbach 1989:127). Factory owners would avoid the legislation by reducing the workforce and putting the work outside.

It was not only the technical details that meant that the 1841 law failed. It did not fit the prevailing work culture of people. Those in favour of legislation were the reforming social elite but neither employers nor parents supported it. In the family economy children were seen as daily wage earners not the future salvation of the French state. Also the political climate was changing. After the unrest of 1848, conditions for reform became moribund under the Second Empire (1851-1870). There was no impetus for change from the centre.

Renewed pressure came in the late 1860s. Increasing industrialization was raising the concern of the middle classes for the condition of working children and their families. There was also a changing cultural attitude to childhood in France with a “more sentimental and protective” construction prevailing (Weissbach 1989:141). The middle classes saw a protected childhood as necessary to develop the character of their own offspring and to increase control and guidance of poor children. Children, especially factory children, were portrayed in a sympathetic light in literature (see section 2.4). Furthermore, political power was shifting from religious traditionalists and laissez-faire liberals to republicans believing in state intervention. Another factor was a growing philanthropic concern for the poor.
In 1866 the ‘Societe de protection des apprentis et des enfants des manufactures’ was founded, focusing on child labour and moral values. And, unlike earlier periods there was a growth in worker involvement in labour conditions.

A further impulse to take action to support child welfare came from rivalry with other European powers, especially Germany. The trigger event, one might say the acute impact, was the catastrophe of the 1870-1871 Franco-Prussian war. Contrasts were made with the success of Prussia including its school and welfare system. Children were the key to change. This led to a more forceful state intervention into French society. The 1874 ‘Loi sur le travail des enfants et des filles mineurs dans l’industrie’ was far more robust than the 1841 effort. Critically salaried inspectors to enforce regulations were created. As one deputy pointed out in the debates over the law, it was “the only article that can make the law work” (Weissbach 1989:201). For our theme, the 1874 law can be seen as opening the way for improvements on a wider front. There was support for banning women from night time work and reducing the working day for all adults. Adult women were excluded from working underground in mines, and health and safety measures followed in the 1892 Factory Law that extended protection to adults as well as children and limited the working day for women. Ten hour working restrictions came in 1900 and 1904 and in 1906 there was no work for all employees on a Sunday. Regulations introduced in 1875 tried to make factories safer for all workers by stipulating that workshops should be clean and well-ventilated and the moving parts of machinery covered (Heywood 1988:302). An 1884 enquiry by the Ministry of Commerce revealed that concern was widening from the field of child labour to encompass all workers.

By the mideighties, problems such as industrial safety ceased to be viewed primarily from the perspective of young employees and became matters related to the protection of all workers.

(Weissbach 1989:222)

Perhaps it is significant that the government inspectors changed their name from ‘Inspecteurs du travail des enfants’ to ‘Inspecteurs du travaux dans l’industrie’ (Weissbach 1989:222). Possibly there was also a greater safety culture amongst industrialists. As a result of the 1874 child labour law, Rouen created a ‘Society for the Prevention of Accidents’ that persuaded large industrial premises to install preventive measures in their works (Heywood 1988:302).

We must not paint too rosy a view of achievements. Conditions of life whether at work or at home for poor people were not transformed from darkness to light by a series of reforms. But a wall of resistance had been breached, which very slowly led to improvements. In this process it is clear that children acted as catalysts for change:

……..for it was the child labor legislation of the mid-nineteenth century that laid the foundation for the myriad laws subsequently passed for the protection of children, the policing of families, and the regulation of industrial labor.

B) Germany: Child Welfare and Social Reform in the Later Nineteenth and Early Twentieth Century

As with France in the nineteenth century, German society was also being transformed by the twin forces of urbanization and industrialization. And, as in France, these forces produced a whole series of health and environment impacts whose negative effects were first raised in the case of children but which later led to reforms for adults.

Industrial growth began in Germany in the 1830s and its large-scale use of child labour soon began to raise concerns. In 1839 a Prussian royal decree restricted the employment of children in industry to those over 9 years old. This was partly due to worries about the quality of army recruits. Bavaria and Baden followed in 1840 and Prussia then tightened its decree in 1853, raising the working age to 12 years. The ‘Industrial Code of the North German Confederation’ in 1869 placed further restrictions on the use of children and included inspectors for mines to safeguard all workers. The code was adopted by Wurttenburg and Baden in 1872 and in Bavaria in 1873. Compulsory factory inspection in Germany eventually arrived in 1878 (Rosen 1958:245-246).

Broad public health concerns motivated reformers such as Virchow, Neumann and Leubuscher in the 1840s (Rosen 1958). They felt that society had an obligation to protect the health of its members and this health involved social and economic conditions. Leubuscher for example, proposed limiting child labour to over 14 years, protecting pregnant women and ventilating workrooms. After the failed revolution of 1848, however, these reformers saw their ideas become restricted to sanitary reform. But there were other interests moving welfare forwards: conservative forces and the state itself.

As we saw in 2.2 above, many German states under autocratic rule in the eighteenth century had experienced state interventions in social welfare. In the nineteenth century the eventual consolidation of these states into one meant more effective and uniform imposition of policy. In addition, as in other countries, the process of urban and industrial growth was leading to uneasiness amongst the elite and middle classes over social order. The ‘social question’ became an issue just as it did in France and Britain. Fear of unrest and the effects of factory work on women and children became motives for reform (Rosenhaft 1994:23). Thus much welfare policy emerged out of the transformation of society. By having to migrate to towns and adopt new lifestyles, the working classes were felt to be left without the protection that traditional support networks had provided. Both physical and moral health were threatened (Dickinson 1996:11).

Many reformers were conservative Christians who wanted order in society and there was widespread fear over the spread of socialism. They urged the state to impose this order and welfare schemes were part of this process. Bismarck introduced the world’s first public health insurance scheme in 1883 and it has been seen as an attempt to control workers by making them dependent on the state (Rosenhaft 1994:28). It was a policy termed ‘killing socialism with kindness ’(Fraser 1984:xxvii).
Nevertheless, versions of Bismarck’s scheme were taken up throughout Europe: Austria 1888, Hungary 1891, Norway 1901, Switzerland 1911, Britain 1911 and France 1928.

In Germany it was child welfare that became the centre of policy and action:

It was often a leading sector in the development of welfare policy generally. Because intervention for the protection and disciplining of children involved abridging parental rights, child welfare raised the issue of the relationship between state and society with exceptional clarity, and was the field in which the conflicts over the philosophical foundations of the grand aims of social policy were often most explicitly formulated.

(Dickinson 1996:3).

As economic and social pressures continued, so did the cause of reform, leading in 1891 to a child labour law. Great power rivalries also fuelled the drive for improving social welfare. In 1906 the first national centre for infant health was created. But as the Director, Arthur Keller pointed out ruefully in 1909:

[Concern] has less to do with protection of the child than protection of the nation. People speak much less of nationalistic motivations than of children’s rights and other ethical duties, but the former are, even if not spoken loudly, considerably more attractive.

(Dickinson 1996:3)

The needs of the state were paramount. As Weindling (1989:188) points out: “The infant health movement was a means of saving the nation’s resources and strengthening its vitality.” Infant mortality in Germany in the later nineteenth century was higher than in Britain and France and rapid industrial growth was producing a huge demand for labour. Imperial and industrial concerns focused on infant health and helping infants meant improving conditions for others. Thus we find family health drawn into child policies with campaigns in the 1890s for domestic hygiene and campaigns for orderly and sober home environments, for instance the 1900 national message for ‘volkshygiene.’ Other environmental health measures were established to secure the health of future generations (Weindling 1989:204). There was also a change in attitude towards illegitimate children. From being largely neglected by the state, by the early twentieth century they were termed by Max Hirsch ‘staatskinder’ and regarded as a valuable national resource (Weindling 1989:189).

The German state intervened in the health of its people in a decisive way in the nineteenth century. The dislocation of society caused by urban and industrial change together with a fear of social unrest and rivalry with other European powers lay behind much of what was done for children. And although many reformers were doubtless motivated by a genuine concern, the quality of the people as a basic resource for the state was always a major factor behind social welfare action.
C) The USA: Child Welfare in the Nineteenth and Twentieth Centuries

The federal structure of the USA has meant that many responses to health and environment impacts have occurred at the state level. This has resulted in a highly variable map of action. Nevertheless, broad trends are apparent and, in general, the processes at work and the role of children were similar to those found in Europe.

The coming of industrialization in the USA employed many women and children. In the Rhode Island textile mills by 1820, 55% of the workers were children. Later in the century, 33% of workers in the mills in the southern states were children (Zelizer 1985:59-60). And, as in Europe, it was the working conditions of women and children that stimulated most of the limited regulations introduced between 1830 and 1880 (Rosen 1958:247). Child labour legislation was first introduced by Pennsylvania in 1848 and in 1849 New York introduced a law prohibiting the employment of children under 10 years. By 1860 a number of northern industrial states had some form of child labour legislation in place. However, as there was no enforcement through an inspectorate, these laws were fairly limited. The unevenness of regulation in the US federal system was clear. The southern textile states of Alabama, the Carolinas and Georgia, did not introduce laws banning children under 12 years from working until 1903-1906 (Therborn 1993:107). Furthermore, many regulations were not concerned with workplace conditions. This came with Massachusetts in 1852 whilst general factory inspection ultimately came in 1888. Again, improving workplace environments largely centred around conditions for women and children (Rosen 1958:248).

Progress was very slow. Between 1870 and 1900 the number of children working in factories increased and the legislation introduced earlier in the northern states was largely ignored. (Rosen 1958:404). By 1900 the number of children under 16 years who were in employment stood at 1,700,000, with the worst conditions existing in manufacturing industries. Concern for worker’s health was even slower to emerge than it had been in Europe (Rosen 1958:402).

A notable effort to improve life came from the Chicago area of Illinois. Florence Kelley was Chief Inspector of Factories and her surveys revealed men, women and children as young as 3 years toiling in appalling conditions in tenement sweatshops. From this stemmed the first factory law in Illinois that limited employment for women to an 8 hour day and prohibited children in factories under 14 years. Kelley vigorously sought to impose the new regulations. However, the state supreme court intervened, not to reinforce the regulations but to declare limiting women to 8 hours work a day was unconstitutional. Kelley was removed from her post but she moved on to become head of the National Consumer’s League, which championed the protection of women and children (Rosen 1958:404-405).

A degree of momentum had been built up by the early twentieth century by the formation of the National Child Labor Committee in 1904. Between 1905 and 1907 about two thirds of states had some protective legislation and in 1912 the Children’s Bureau was created; the first of its kind in the world (Zimbalist 1977). And it was during this era that occupational health for all workers began to emerge.
In 1908 a Presidential report on health hazards in industry was published, and at the same time F.L. Hoffman’s influential ‘Mortality from Consumption in Dusty Trades’ appeared. In 1910 the first National Conference on Industrial Diseases was organised (Rosen 1958: 407-408).

**Children Are Levers for Action**

Thus, during the early part of the twentieth century child labour initiatives were leading to improvements for other workers. Infants and children were also levers for action in the wider public health field. Infant mortality was a case in point. Meckel claims that:

> Infant mortality was central to the development of American public health policy….it came to be regarded as a particularly sensitive index of community health and well-being and of the effectiveness of existing public health measures. It also came to be seen as an emotionally and politically powerful issue, strategically useful in securing government funding for related health and social assistance measures.

(Meckel 1990: 5)

Health campaigners in the latter part of the nineteenth century found that they could use the infant death rate “as a more sensitive and politically useful” measure than the crude death rate in their campaigns (Meckel 1990:5). By the 1870s many municipal and state boards of health were supplying newspapers with weekly counts of infant and child deaths as part of their overall health campaigns (Meckel 1990:31). They were also able to make use of evidence on an international scale as ideas increasingly crossed national boundaries. For instance, the British 1842 Poor Law Commission ‘Report on the Sanitary Conditions of the Labouring Population of Great Britain’ had a major impact across the Atlantic. However, whereas in Britain health and welfare reform was operating within the context of a powerful and centralised government, in the USA reformers faced the patchy response of individual states (Meckel 1990:17).

An interesting example of infant health being used as a lever for wider action can be seen in the campaigns for female rights. The 1921 Sheppard-Towner Act provided funding for education and supervision services to women and infants. There was much opposition to this Act; it was seen as a socialist, European inspired interference in family life and was repealed in 1929. Nevertheless, the campaign provided a focus for women and Roosevelt revived aspects of the Act in the 1935 Social Security Act. The image of young infants was also used in campaigns for women’s suffrage. Posters appeared with babies declaring ‘Give mother the vote – we need it’. Votes for women came in 1921.

Another theme that illustrates the role of children in trying to change policies can be found in transport-related injuries. By the end of the nineteenth century large towns and cities saw the growth in use of tramcars and motor vehicles. Deaths and injuries to children on the streets led to widespread protests. After 8 children were killed in Newark, New Jersey in 1903, the Rector at the funeral observed:
…… the will of God is not shown in the death of these children, for God did not take these children out of the world. They were thrown out by those responsible for the crime.

(Zelizer 1985:43)

In 1908 500 children marched on 11th Avenue in New York protesting at the New York Central Railroad turning the street into what was termed ‘Death Avenue’. In 1922 15,000 children paraded on 5th Avenue and in Central Park a ‘Child Memorial’ to injury victims was unveiled. There was indeed a huge rise in street accidents. Overcrowded housing meant many children played in the street and by 1914 60% of New York traffic victims were children under 15 years (Zelizer 1985:35). There were cases of crowds mobbing drivers who caused deaths. The fact that children were the victims was a powerful instrument and there was also an early recognition of a social class divide between the killed and injured and the owners of the transport systems. In 1893 the ‘New York Times’ noted:

If it were practicable to confine the loss to the families of stockholders in the hugely profitable trolley companies it would ……… be a terribly cruel measure, but it might bring home to the Directors their own heartlessness.

(Zelizer 1985:44)

As the first cars appeared the attacks on those involved in deaths and injuries reflected class divisions – the wealthy driver versus the family and friends of the victim. Recognition that the children of the poor suffered most was again picked up by the ‘New York Times’ in 1913 when it protested that the victims were:

the immature, the unprotected ….. just those classes of society which civilization boasts that it most protects.

(Zelizer 1985:37)

Such pressure led some transport companies to take forms of preventive action. In 1913 the Brooklyn Transit Company launched a ‘Children’s Safety Crusade’ with badges and leaflets. Between 1913 and 1920 there were a series of national ‘Safety First’ campaigns and May 1st 1926 was declared ‘No Accident Day’ for children in the USA.

Gauging Success

Although there was much anguish at child deaths through urban transport, it is not clear whether any really decisive action followed. Zelizer (1985:52) suggests that the decline in child deaths that did occur was due mainly to parents moving them off the streets and indoors to play. It seems more likely that children played a symbolic role in raising awareness of the problem. Certainly safety campaigners were aware of this.
The ‘Journal of the American Medical Association’ commented in the 1930s on the “more marked sentimental” public response to child accidents and urged the collection of better statistics for that age group “as a strategy to obtain public support for general safety programs” (Zelizer 1985:49).

The clear failure of children to inspire action can be seen in the very limited provision of childcare in the USA. Childcare measures obviously have great implications for the health and welfare of mothers; childcare constitutes a form of ‘social citizenship’ (Michel 1999:2). Despite this, the USA remains one of the few advanced democratic market societies not to have a comprehensive system of childcare. Michel (1999) has puzzled over the fact that there has been a long history of women working in the USA and a long history of concern over child welfare, yet neither has produced universal childcare as a social good.

What childcare system has evolved has been on an ad hoc basis. Philanthropic institutions such as the 1798 Philadelphia ‘House of Industry’ helped widows and single mothers to keep their children and this type of assistance was fairly typical. The political system, fragmented amongst states, and a general dislike of government interference may help explain weaknesses. Certainly in this instance, the emotive agency of infants did not result in major action to help their mothers and the rest of the family (Michel 1999:20).


The story of the campaigns and legislation in Britain to improve the conditions of children and the overall life of the working class in the nineteenth century has been often told. Not only has it inspired the ‘progress’ model of history with its emphasis on an inexorable move towards a more enlightened age, but also the story itself has assumed something of a ‘national myth’ (Cunningham 1991:8). A series of legislative reforms can read like an onward march of reform – each step inevitably following its predecessor. Factory Acts of 1802, 1819, and 1833 prohibited children under 9 years from millwork. Acts in 1950, 1853, 1864, and 1867 extended regulation to other work places, culminating in the 1870 Education Act that prohibited all children under 10 years from being employed (Hendrick 1994:24).

But it is useful to adopt a critical perspective on these achievements in the name of the child. For instance, many of the statutory controls implemented in the 1830s had very limited overall effects. Few working children came into the age or occupational categories that were becoming banned. The Factory Act of 1833 excluded children under 9 years from textile factories but they comprised only 0.03% of the cotton labour force and only 1.02% in wool (Horn 1994:35). Most working children were in farming or domestic work. Indeed, Hare (1982) warns of:
The danger of writing the history of nineteenth century childhood solely in terms of chimney-sweepers, ..... cotton factory piecers and such tiny minority groups – while ignoring the vast majority of children who were in agriculture, in trades, in less dramatic occupations in new industries, at school or at home.

(Horn 1994:36)

Nevertheless, aspects of the story will form the focus of this section not because it does tell the full story but because selected items have inspired further efforts at reform. Certain aspects of child conditions encouraged British society to accept that the state had a responsibility not just for children but also for other vulnerable sectors of the population (Horn 1994:45). Furthermore the symbolic role that a selected view of history has provided, helps form a rallying point for public health and welfare action right through to the later twentieth century (Ashton 1991; Berridge 1997). Propaganda to sell a particular message should not distort history, but when used with caution history can have the power to invigorate contemporary health debates.

Despite such apparent landmarks in child labour legislation as the 1802 ‘Health and Morals of Apprentices Act’ and the 1819 Factory Act, significant labour reform did not really get under way in Britain until the 1830s. The 1833 Factory Act focused on textile mills but it has come to be regarded as important symbolically for its “insistence that the central government can regulate private enterprise for the public’s welfare” (Roberts 1960:38; Cooter 1992:12). And, although we tend to think of the poor conditions of workers as a chronic outcome of health and environment impacts, the pressure to move on labour conditions became more acute in the 1830s with considerable social and political unrest.

Pressure for change, in which the plight of children was a major element, came from five main directions (Horn 1994; Nardinelli 1990). The first sector was the mill operatives themselves, of whom Richard Oastler was the most well known. As Horn (1994:36-37) has emphasised:

[They] used the debate over child labour both as a way of exposing the hardships of children and as a means of seeking a limitation on the working hours of adults. In the laissez-faire atmosphere of the day, any direct attempt to achieve State regulation of the hours of adult males was doomed to failure. But because juveniles aged 10-13 were an essential part of the factory labour force it was hoped these restrictions on their hours would percolate through to the rest.

Thus, for this pressure group, children were not their prime concern but were clearly seen as the catalysts for wider action.

The second group pushing for reform were the social conservatives who were driven by not only humanitarian concern but also a profound fear of social unrest. The pre-eminent figure here was Anthony Ashley, Lord Shaftesbury.
By focusing the debate on children, innocent apolitical figures in the social construction of the time, Shaftesbury hoped to move factory reform above the radical arguments that were developing. Indeed for him, child labour fuelled the “two great demons in morals and politics, Socialism and Chartism” (Cunningham 1991:86). In 1830 J.M. Cobbett remarked that Shaftesbury was “putting himself very forward as the children’s friend” and that he was distancing himself from the more combative politics of Oastler. By engaging in the rescue of children, Shaftesbury realised that one could “raise yourself above politics” (Cunningham 1991:10). Factory legislation could then be characterised not as a class struggle but as the saving of children. In 1840 he called for the setting up of a commission into the employment of children not covered by the factory legislation, e.g. mining. This led to the 1842 Mines Act that removed not only children under 12 years but also women from underground work. The legend of Shaftesbury was so strong that the efforts of workers for reform slipped from history and was only revived in the 1970s (Cunningham 1991).

A third group were the ‘romantics’ such as the poets Wordsworth, Blake and Southey (see section 2.4). Essentially, they saw (mistakenly) the pre-industrial era as a golden age before the exploitation of children by industry’s thirst for productivity and profit.

Fourthly were the reformers of the 1840s who supported capitalism but who saw children as a special case. People such as Macaulay wished to restrict child labour for the utilitarian motive of improving the future workforce. They were economic liberals who felt that employer and employee should decide their contracts without government intervention. However, as Macaulay made clear:

To this general rule there is an exception. Children cannot protect themselves and are therefore entitled to the protection of the public.

(Fraser 1984:21)

Finally, the government itself. From the 1830s a whole set of Select Committees and Royal Commissions examined child labour and enacted a series of measures to control it. Government inspectors, by seeing conditions on the ground, became part of the pressure for change themselves. For instance Leonard Horner a factory inspector, pointed out the problems of omitting the silk industry from child labour restrictions in 1833. This led to modification in 1844. Also, school inspectors exposed the problems for children in the Staffordshire pottery industry, which became covered by legislation in 1864 (Horn 1994:38).

Certain groups of child workers assumed great symbolic importance in the reform campaigns. The climbing boys employed by sweeps are a notable case. In the eighteenth century the social construction of childhood was such that these boys were seen as disorderly troublemakers. Some children were sold to the sweeps by their parents. Small children were particularly favoured as they could ascend narrow flues. From the 1760s however, figures like Jonas Hanway began to change perceptions. He claimed that climbing boys were treated worse than dogs (Horn 1994:16). Another way of securing sympathy for them was to link their plight to the growing concern over slavery.
In the ‘Gentleman’s Magazine’ in 1797 Hanway contrasted the concern for slaves with the “miserable chimney sweepers in England” and Charles Lamb portrayed them as “young Africans of our own growth” (Cunningham 1991:68). The great anti-slavery campaigner William Wilberforce was keen for the two groups to work together and the abolition of the slave trade in 1809 helped fuel the climbing boy campaign. Literary figures joined in. Charles Dickens’ Oliver Twist (1838) and Charles Kingsley’s The Water Babies (1863) were famous pleas for help. The 1834 Act limited the age to 10 years; raised to 16 years in 1840. Shaftesbury joined the pressure but it was always difficult to enforce measures. In 1875 the police were required to enforce the various acts (Horn 1994:17).

Although the numbers of climbing boys were always small – about 4,000 in 1854 – they were a notorious case. And even here as Horn (1994:17) emphasises, legislation could not change the situation alone. Builder’s changing chimney construction methods meant that the boys were less in demand anyway.

The history of Britain’s legislation to control child labour and introduce regulations to improve the conditions for other workers was not a simple story of a few reformers winning the argument for a better world for their fellow citizens. Humanitarians, workers, social conservatives, economic liberals and government officials were all involved in a series of often short-term changes whose cumulative effect was to help the vulnerable in society. In this hesitant process children were often at the heart of changing the culture of the nation in accepting that decent work and living conditions for people did not impede the workings of the economy. And, there can be little doubt that the notion of the child agent developed in the nineteenth century has influenced reform right down to today. In an editorial on public health, the ‘Guardian’ recently observed:

…… politicians are more likely to tackle an issue concerning children than adults. Ministers are too inhibited about tackling the bad health of adults, perhaps for fear of the ‘nanny state’ charge. To begin with children and then widen out the programme to adults may make a lot of sense.

(Guardian editorial, 10th December 2003)

History would seem to uphold this sentiment.

4) ‘Those Unacknowledged Legislators’: Changing Hearts and Minds Through Literature

The purpose of this section is to provide examples of how literature has helped provide a powerful language and reference point in the movement for reform through children. The works of influential writers have helped change the cultural attitudes of a society by throwing a light on problems that the usual language of the concerned can rarely match.
The title in this section comes from Shelley’s ‘A Defence of Poetry’ (1821), in which he wished to place poets as central to the political process of shaping people’s hopes and desires. For our purposes we can extend the phrase to authors in general, whilst reminding ourselves that for Shelley the term ‘legislator’ did not mean a lawgiver but a representative or delegate of the people (Dawson 1980).

Coveney (1967) places the emergence of the child as a focus of literary interest in the later eighteenth century. We have seen earlier (section 1 – construction of childhood) that children were important subjects of debate at other times but as a central object of writing an important landmark was Rousseau’s ‘Émile,’ which appeared in 1762. Childhood was presented as the period in life when humans were most in a ‘state of nature’ and adult society corrupted this state. Rousseau’s influence was very great; many writers in Europe adopted a more child-centred approach in their works and there was an increase in the number of medical texts focusing on childhood (Morel 1977). In Britain he had a major influence on the Romantic poets such as Blake and Wordsworth and later Dickens – all of whom saw childhood as a period of innocence. Children were symbols of purity in a world that these writers saw as increasingly ugly – physically through industry and growing cities and morally through impersonal and harsh conditions for the vulnerable (Sommerville 1982). Disraeli’s ‘Sybil’ was directly inspired by the 1842 ‘Commission on Employment of Young Persons and Children’. Some parts of the book were taken verbatim from the report (Coveney 1967:92).

These ideas informed the burgeoning literature which had children as their central characters in the nineteenth century. Many of these works were issued by religious societies who wished to influence adult’s behaviour and beliefs through the image of the child. In the so-called ‘Sunday Literature’ of the ‘Society for the Promotion of Christian Knowledge’ (SPCK), and the ‘Religious Tract Society’:

Children are not only shown as better than their parents, but are frequently the instruments of their parent’s salvation.

(Avery 1965:81)

For their anti-drinking campaign SPCK issued ‘Nellie and Alice’ (n.d.) and ‘Whiter than Snow’ (n.d.). In the latter Nell stops her father’s drinking before she dies of consumption. The anti-smoking campaign featured ‘Sabbath Tales with Little Children’ (n.d.). These stories had enormous appeal to a society that had constructed an increasingly sentimental image of childhood (Avery 1965).

The child as an agent for redeeming adult society also began to appear in the more substantial social novels from the 1840s. Elliot’s ‘Silas Marner’ (1861) has the child reforming the miser.
Dickens used the child as a moral lever in many of his works. Tiny Tim in ‘A Christmas Carol’ (1843) changes the views of Scrooge, Jenny Wren struggles to help her father in ‘Our Mutual Friend’ and Little Dorritt copes with a wayward parent in the novel of that name. But whilst Elliot and Dickens had wider messages for society, most works had a limited vision of moral reform. Reform was for the poor and the stories aimed at creating model workers not radical agents for change (Bratton 1981). In these productions poor children rarely rose in society despite their virtue; most became good servants and clerks. In the more open society of the USA, however, heroes like Horatio Alger’s ‘Ragged Dick’ (1867), rose to fame and fortune. Fear of encouraging social unrest and radical ideas lay behind much of what was written. The 1830s disturbances inspired many writers to use children in setting limits to what a just society required. Frances Trollope in her 1840 novel ‘The Life and Adventures of Michael Armstrong, the Factory Boy,’ was deeply troubled by the implications of the demands of the radical Chartists. Thus she ended her novel with Michael still a child because: “no misconstruction of principles, no misconception of motives can exist with regard to an attempt to ameliorate the lot of infant labourers” (Cunningham 1991:10). Conditions could be improved but the structure of society should remain unchanged.

Charles Dickens and Others

Charles Dickens stands as a major figure in the use of literature as a campaigning device to change hearts and minds. Moreover, his influence and reputation was international. He was no social radical and feared the unrest that doomed childhoods could create (Ackroyd 1990:344;429; Andrews 1979:143). In London he was surrounded by 30,000 street children. Like many others he wished to assuage the impacts of a harsh world on children and thus many of his works have a child as the centre of concern. ‘Oliver Twist’ (1838) was the first English novel to have a child hero and in his works he not only makes children heroes of personal struggles with adults (see above) but he attacks structures and institutions through them. In ‘Nicholas Nickleby’ (1839), boarding schools are the target; in ‘Hard Times’ (1854) it is industrial conditions. And he could be very effective. A number of boarding schools closed down after Nickleby (Ackroyd 1990:272) and, on reading ‘A Christmas Carol’, one American factory owner was said to have immediately given his workers a day’s holiday. The ‘Tiny Tim Guild for Poor Crippled Children’ was a further result of the book (Ackroyd 1990:435). Thackeray called him “a national benefit” and Karl Marx wrote to Engels that Dickens had:

Issued to the world more political and social truths than have been uttered by all the professional politicians, publicists and moralists put together.

(Ackroyd 1990:757)

Dickens in his writings powerfully conveyed the plight of the vulnerable and so much of his material was taken from what he learnt around him. The crossing-sweeper, Jo, in ‘Bleak House’ (1853) was based on the examination of a 14 year old boy who earned his living sweeping mud and manure from the London streets (Ackroyd 1990).
By seeing the child as a “sensitive register of the world” (Andrews 1994:113), Dickens was able to make a whole range of comments on the social, economic and political condition of society. In ‘A Tale of Two Cities’ (1859), he uses the instance of the killing of a child in a road accident to make a whole range of judgements. He emphasises the unequal distribution of power under the *ancien régime* in France with the helplessness of the child and his family in the street made clear, as is the value placed on the lives of the poor. And the assumption that the vehicle user has precedence in the street is a message that carries through to today. The Marquis Evremonde drives through Paris in his carriage:

\[
\text{The complaint had sometimes been made in that deaf city and dumb age, that, in the narrow streets without footways, the fierce patrician custom of hard driving endangered and maimed the mere vulgar in a barbarous manner. But, few cared enough for that to think of it a second time, and, in this matter, as in all others, the common wretches were left to get out of their difficulties as they could.}\\
\text{……… the carriage dashed through streets and swept round corners, with women screaming before it, and men clutching each other and clutching children out of the way. ……… swooping at a corner by a fountain, out of its wheels came a sickening little jolt}\\
\text{….. “What has gone wrong?” said Monsieur calmly looking out.}\\
\text{…… “Pardon, Monsieur the Marquis ……… it is a child”.}\\
\text{“Why does he make that abominable noise? Is it his child?”.}\\
\text{“Excuse me Monsieur the Marquis – it is a pity – yes”. ……… “It is extraordinary to me, that you people cannot take care of yourselves and your children. One or other of you is for ever in the way. How do I know what injury you have done my horses?”}.\\
\]

(Dickens 1859:140)

How much influence did Dickens’writings have on public opinion and policies? We have noted some possible influences above and he was always active in supporting humanitarian causes and whipping up support for them in his speeches. Both Collins (1964) and Pope (1978) believe that he helped shape the cultural attitudes that enabled reform to take place. At his memorial service in Westminster Abbey, the Dean spoke of the lessons taught to society by Oliver Twist, Tiny Tim and Little Nell and said that the grave of Charles Dickens:

\[
\text{Would seem to those who crowd around it as though it were the very grave of those innocents whom he had thus created for our companionship, for our instruction, for our delight and solace.}\\
\]

(Donovan 1967:3)

It was not just Charles Dickens, of course, who helped change the hearts and minds of nineteenth century societies. The French historian Jules Michelet speculated on his own childhood in ‘Le Peuple’ (1846). He wondered what would have been his fate if he had been forced to work; “should I have been lost?” (Weissbach 1989:101).
Victor Hugo in “Melancholia” (from the ‘Contemplations’, 1846) condemned the urban economy, which he felt was based on the exploitation of children:

Evil work which takes the tender youngsters in its claws, which produces wealth while creating wretchedness, which uses a child like a tool.

(Kuhn 1982:76)

As in Britain, children moved to a central role in French literature in the nineteenth century, especially by the 1860s. Literature helped to produce a new construction of childhood (Weissbach 1989:141). The lives of factory children were portrayed in works such as Mme Bourdon’s “Marthe Blondel” (1863), which was set in Lille and Emile Bosquet’s “Roman des ouvrieres” (1868), which was set in Rouen. Especially influential was Alphonse Daudet’s “Le Petit Chose” (1868). Over time wider social problems became the object of the social novel in France so that by the time of Zola’s “Germinal” (1884), child labour was but one part of the plight of the vulnerable that the novelist was attacking (Weissbach 1989).

We cannot clearly demonstrate that writers such as those referred to in this section changed policy and action through their use of the child image. Rather we should see them as one part of the process that was pushing society to construct childhood in a particular way. Through that construction children were then able to become agents of change that slowly improved the lot of other members of society.

5) Acute Impacts: Catastrophes in the Urban-Industrial Environment in the Nineteenth and Twentieth Centuries

The first three examples of acute impacts involving children come from the world of leisure in late nineteenth century towns and cities. All three were manifestations of the ability of those societies to harness technology to provide venues for mass entertainment. But in each case, far less attention was paid to the technology that enabled people to escape if problems arose.

The fourth example relates to a major catastrophe in a coal-mining environment. Here the by-products of economic activity were neglected, creating a hazard that eventually engulfed the vulnerable – a school full of miner’s children.

A. Victoria Hall, Sunderland, England, 1883

The tragedy of the deaths of over 190 children in the Victoria Hall, Sunderland in 1883 is credited with quickly forcing the introduction of outward opening doors in public places in Britain and beyond. As so often, the reality of this process is not quite so clear but there seems little doubt that the catastrophe was influential in eventually having this basic safety feature provided on a wide scale.

In summary, the disaster was as follows. On Saturday afternoon, June 16th 1883, a children’s show took place at the Victoria Hall in the shipbuilding town of Sunderland.
Amongst the attractions was the offer of free toys at the end of the show. About 2,000 children attended but there were very few adults. At the end of the show children upstairs rushed down to collect their prizes but found an inward opening door blocking their way. The stairway became a trap and children were crushed by those behind them. One hundred ninety one children died, largely from suffocation and crushing.

The tragedy caused an outcry in Britain. Local and national newspapers carried dramatic accounts of the events and comments appeared in the medical press: the ‘Lancet’ and the ‘British Medical Journal’. Much was made of the loss of ‘innocent’ life. Queen Victoria and the German Empress sent messages of condolences. There were immediate calls for more stringent regulations for public buildings (‘Lancet’ June 23rd 1883, 1093). Glasgow City Council ordered an inspection of its public buildings only two days after the event. The ‘Lancet’ was especially robust in its comments. Under the heading “New Massacre of the Innocents” it railed against the vested interests of business and “the fear of putting capitalists to expense”. It concluded that “we all know that our buildings are unsafe” and that the law was defective.

The coroner’s inquest in July 1883 called for all doors in public buildings to open outwards. However, legislation did not come immediately. A Bill was presented to Parliament only 12 days after the event, entitled ‘Public Buildings [Doors] Act’ making it compulsory for all doors on public buildings to open outwards. But it had to be withdrawn for being too general (HCPB 1883 vol 8, :677). After that, the exact way in which regulations became law is cloudy but it seems that by 1892 it was law because a Select Committee Report makes clear it should be enforced. This report also notes that in theatres in Berlin and Paris “all doors must open outwards” (Report of the Select Committee on Theatres and Places of Entertainment 1892).

Safety in large public buildings was not fully addressed however by the door issue. Fire was a major hazard (see next example). A theatre fire at Exeter in 1887 killed 186 people. A Bill was again introduced rapidly but again failed to make headway. In Paris in 1897, 124 people died in a theatre fire and as late as 1929, over 70 children died in a cinema in Paisley, Scotland (Firenet 2003). Acute catastrophes involving children could bring instant calls for action but action always seems to have been slow.

B. Chicago Theatre Fire, 1903

The tragedy of the Victoria Hall, Sunderland may have helped introduce safer doors but as we have seen, fire hazard remained.

The Iroquois Theatre in Chicago was the venue for a post-Christmas matinee on the 30th December 1903. The audience was mainly children. Contrary to city regulations many of the exit doors were locked. Thus poor enforcement rather than simple legislation was a factor here. Furthermore the theatre possessed all the necessary fire certificates. When the fire did break out there was panic and out of 1300 people, 587 died, many of them children.
The ‘Chicago Daily Tribune referred to the “sacrifice of children” and the ‘New York Times’ wrote that “laws are of little value if those hired and paid to see after their enforcement content themselves with being quietly blind”. However, the trauma of the incident did lead to the tightening of fire regulations. An examination of theatres in Chicago and New York to see if they were complying led to over half of them being closed down (Jones 1976).

C. New York Pleasure Cruise Fire, 1904

One year after the Chicago theatre fire, the USA was again confronted with a failure of its urban-industrial technology to protect the vulnerable. This time it was a pleasure cruise trip off New York City. The ‘General Slocum’ was taking a party of around 1,300 children and their mothers on a Sunday School outing. When fire broke out, the speed of the ship swept the flames rapidly through the vessel. By the time the ‘General Slocum’ was beached it was too late. About 1,020 lives were lost and once again it was child deaths that inspired calls for action. Although there were 3,000 life belts available and all had passed inspection, most of them were found to be unusable. This time action came at the Presidential level with a federal inquiry. This exposed a corrupt system of safety inspection. The system was overhauled and in this way, children by their deaths on a catastrophic scale, induced a small step forwards in ensuring safety.

D. Aberfan, South Wales, 1966

The word ‘Aberfan’ has a particular resonance in Britain. The collapse of a waste tip on a school in October 1966 killing 116 children still evokes an image of intense tragedy. This disaster sent shock waves around the country and led to immediate calls for the removal of waste tips from the British landscape. We can judge the power of such acute impacts when we reflect that in the same year, 879 children were killed on British roads (Mclean and Jones 2000).

In summary, the event was as follows. At 9.15am millions of tons of mine waste, unstable due to an underground spring, slid down the hillside and engulfed the village school. Overall, 144 people died, including 116 children. Several thousand rescuers joined the local inhabitants, including the miners whose children were buried, in a vain attempt to rescue the victims.

As so often, the tragedy is about the vulnerable and marginal in society. The coal-mining village of Aberfan lies in the South Wales valleys; socially, economically and politically remote from centres of decision and power. A hazardous environment was accepted as part of everyday life. The local MP complained that if the waste tips had been near London they would have been removed long ago. And recently released records: “show the mutual incomprehension of a Welsh village and the world of Westminster and Whitehall” (Mclean and Jones 2000:223-225). There had been many mining disasters in the area before 1966 but when the waste slurry ran down the hill and buried the school it was another matter:
Miners accepted the dangers inherent in their occupation. Aberfan however was different. This time it was their children who were killed, and by implication, a part of the future was lost.

(Mclean and Jones 2000:85)

The dangers were long known. Fifty years earlier a Commission of Enquiry into industrial unrest in the area observed:

Of recent years the houses in the valleys and on the lower slopes are still further overshadowed by the huge coal-tips which are being piled on the breasts and upper slopes and which, besides making the landscape hideous, will in time endanger the very lives of those dwelling in the valleys below.

(Mclean and Jones 2000:84)

A catastrophe of this magnitude prompts immediate reaction of some kind. The Prime Minister flew to the area promising that no limits would be placed on assistance and instigating a Tribunal of Inquiry. A disaster fund was set up and which rapidly raised 1.75 million pounds. But, as so often, fundamental action was slow and contorted. Pinning down responsibility for what happened is especially revealing. The National Coal Board (NCB) who owned the tip claimed that the spring under the tips was unknown and that the incident was “an unforeseeable” event (Mclean and Jones 2000:39). The NCB used technical arguments to avoid blame. Under the ‘Mines and Quarries Act’ of 1954, regulations applied only to the workforce – and none of them were killed. Therefore the incident was not reportable and the inspectors annual report for 1966 made no mention of Aberfan! No one was ever prosecuted for the disaster and the NCB felt that the government should pay for the removal of the tips.

Furthermore, despite the certainty that the tips should be removed, if only for their continuing reminder of tragedy, this took some time. Eighteen months later villagers had to resort to storming the Welsh Office in Cardiff to demand the tips be removed. This was eventually agreed in July 1968. Particularly shameful was that some of the disaster fund was used to meet these costs (Mclean and Jones 2000:38).

Part of the reason for denial of responsibility and subsequent inaction can be attributed to the prevailing culture of the time. In 1966 Britain was at the height of post-war corporatism. The NCB was government owned and part of a “producer dominated culture” (Mclean and Jones 2000:50). There was little in place for dealing with corporations who behaved badly. Information was restricted. Although the press quickly uncovered the fact that the spring was the proximal cause of the slip, all comments were forbidden as being in contempt of the Tribunal. This effectively gagged press comment on the events.

Aberfan did, however, have some positive effects. A land reclamation scheme (Welsh Office Derelict Land Unit) was started right across Wales to deal with the consequences of industrial activity.
All redundant tips in Britain are monitored for their safety. This monitoring has gradually spread to other countries – but only slowly. The 1972 Buffalo Creek disaster in West Virginia, USA had echoes of Aberfan. Liquid mining waste killed 125 people yet an inspection had taken place as a consequence of the South Wales incident. Legislation in the USA following Buffalo Creek cited Aberfan as a factor in drafting controls (Mclean and Jones 2000:235).

There were also local effects. The District Council became far more vigilant in demanding that the NCB met all its safety obligations; from tip inspection to clearing colliery waste from the roads. Aberfan also inspired a more active community involvement in local affairs. Complacent councils found pressure put upon them to improve conditions. Yet the tragedy did not transform the area. As the mines closed other social problems arose and Aberfan is still a poor area.

Aberfan was one of the most traumatic events in post-war Britain. Because children were the main victims there was a great flurry of activity and pious words. Children were clearly a lever for action but even after an event such as this progress was slow and contested at every stage.

6) Environmental Hazards

The vulnerability of children to neurotoxicants has been a matter of concern for some time. There are greater exposure and absorption rates in the young than for adults and the central nervous system is especially vulnerable to toxic effects during early development (EEA 2002:67). Some of the dangers of lead, arsenic and phosphorous have long been known and yet action has always been slow. And although presenting a greater hazard for children, other groups in society are also vulnerable.

Lead

In 1991 the US Secretary of Health and Human Welfare, Louis Sullivan, declared:

Lead poisoning ……is the number one environmental threat to the health of children.

(Millstone 1997:1)

Given this perceived threat, what has been the history of action to ameliorate the impact of lead on children and the rest of the population?

The benefits and disbenefits of lead for humans has been known for a long time, although it is only fairly recently that the particular vulnerability of infants and young children has been understood. In ancient Egypt lead was known to have excellent antiseptic properties, as it is toxic. It was used as an eye salve in pre-dynastic Egypt, possibly 6,000 years ago and lead compounds were used as plasters in Babylon (Nriagu 1992:4). Lead was widely used for therapeutic effect in the Roman and Arab empires. In sixteenth century Europe, lead was taken internally and it is still widely used in traditional medicines in Asia, Africa and South America (Nriagu 1992).
At the same time, the dangers of lead have long been recognised. In fact, as Lin-Fu (1992:24) says:

Lead poisoning is an ancient disease uniquely neglected by modern medicine. It is perhaps the only preventable man-made disease allowed to remain pandemic for centuries.

Hippocrates in the 5th century BC and Galen in the 2nd century BC noted that slaves in lead mines suffered neurological and kidney damage and Pliny the Elder in his ‘Natural History’ recognised that some applications of lead were extremely risky (Nriagu 1992:18). However, the dangers were largely seen as an occupational disease for adults and it was not until the later nineteenth century that the particular hazard for children was recognised. Even so, action during the twentieth century has been very slow, even when children have been the focus of attention.

Major developments in linking lead poisoning to children came from Australia in the 1890s. A.J. Turner in Brisbane ascribed paralysis in young children to lead in their homes (Turner 1897). A similar finding of Lockart Gibson followed this, that lead paint in homes was poisoning children (Gibson 1904). Despite calls for legislation it was not until 1920 that the Australian Medical Congress pushed for action. This led to an Act in 1922 – but this was limited to Queensland. Furthermore, the published findings were largely ignored elsewhere in the world. Even when action was taken, it was only at the local scale. In Baltimore, USA, in 1932 a city regulation was introduced after lead poisoning of a 7 year old black girl was traced to the practice of burning discarded battery casings amongst the poor (Lin-Fu 1992).

It was not until the 1960s that lead poisoning was seen as a serious child health problem and the work of the Australians was rediscovered (Hays 1992). This built upon the work of Byers and Lord in the 1940s, which had argued for the likely long-term effects of lead on mental development (Byers and Lord 1943). In 1967 the US ‘Children’s Bureau’ issued ‘Lead Poisoning in Children’ which was the first time a Federal agency had publicly acknowledged lead poisoning as a needless cause of death for children. Eventually, after much public pressure, the US in 1971 enacted the ‘Lead-Based Paint Poisoning Prevention Ac’ – 74 years after Turner’s paper appeared in Australia.

A further lead poisoning issue revolved around petrol. By the 1980s vehicle emissions accounted for 90% of lead emission in the environment. Control of lead in petrol was introduced in the USA in 1923. However, the US Surgeon General’s Committee decided it posed no great risk and so lead in petrol resumed. It was considered that lead exposure for workers could be treated by chelation therapy and this could also be used for children (Hays 1992:272). A paper by Kaye and Reznikoff (1947) highlighted the increase of lead in the atmosphere in New York and it was gradually acknowledged that inhaling as well as ingestion of lead was a problem. By the 1970s the US ‘Environmental Protection Agency’ was opening up research findings to a wider public debate although the Reagan administration tried to slow down the process of lead reduction in the early 1980s. In this debate, as Hays (1992:270) points out, the role of children was crucial in changing policy:
Especially important was the issue of whether or not indicators such as minor malformations or changes in blood chemistry in young children had larger health meaning.

The battle to reduce lead exposure in the population has been marked by the important role of children’s particular vulnerability. When it was seen as largely an occupational disease for adults little real progress was made. In 1899 lead poisoning was made a notifiable disease in Britain and the work of Alice Hamilton on lead exposure had some influence. But what stands out is the extremely long time lag between research findings in Australia and real progress in the 1970s. Even when children become the focus of concern, here is another example of the inertia in policy and practice to actually achieve results.

**Arsenic and Phosphorous**

These two environmental toxicants had a particular effect on young girls and women in nineteenth century Britain. They were employed in the artificial flower industry where arsenic was widely used. For much of the time a laissez-faire attitude prevailed towards excessive exposure; using the argument that workers could always look elsewhere for employment. However, an exception was ultimately made for those under 18 years who were banned from working in direct contact with the flowers.

An interesting feature of arsenic exposure, however, is the likelihood that market conditions influenced work practices more than legislation and inspection. Consumer demand for safer goods in the later nineteenth century led to changes in production methods that ultimately helped the workers (Bartrip 2000).

Very young children and young girls were employed in the phosphorous using matchmaking industry from the 1840s in Britain. This was work that tended to employ the very poorest in society. Research in the 1860s on industrial diseases showed the prevalence of necrosis of the jaw (phossy jaw) in match workers in Britain and Germany (Rosen 1958:250). The 1864 ‘Factory Acts Extension Act’, which removed children from a range of industries, removed the very young from match factories – but this was a general measure rather than a concern for phosphorous effects. It was not until the 1908 ‘White Phosphorous Matches Prohibition Act’ that the problem of necrosis of the jaw was finally addressed. A similar law in the USA was passed in 1912 (Rosen 1958:409).

These three examples of chronic environmental hazards in which children’s exposure was a particular concern reveal that, yes, children did prompt the action taken but the process was extremely slow.
Chemicals and Air Pollution

The OECD Environmental Strategy for the First Decade of the 21st Century, adopted by Organisation for Economic Co-operation and Development (OECD) Environment Ministers on May 16, 2001 identifies the following as a national action by OECD countries: "take specific measures to limit exposure to hazardous chemicals and air pollution, including from indoor air pollution, of particularly sensitive groups in the population, such as children" (OECD 2001).

Measures to limit exposure to hazardous chemicals and air pollution are usually taken to protect workers, consumers or more generally the population, with the assumption that safety factors are sufficient to take into account specificity of sensitive groups such as children, pregnant women and elderly or sick people. For children, safety factors are expected to include their smaller size, ongoing development, and higher exposure due to relatively higher inhaled air volume, "hand to mouth" activity and crawling on soil.

Among the few countries that have taken specific measures, the US adopted in 1997 the Executive Order Protection of Children From Environmental Health Risks and Safety Risks. In line with this order, a technical paper Age Group Recommendations for Assessing Childhood Exposure and Adequacy of Existing Exposure Data for children was issued by the US EPA in October 2001. The US also supported a Voluntary Children’s Chemical Evaluation Program in 2000, which includes 20 chemicals.

Since 2001, research and monitoring are encouraged or ongoing in many countries to increase the knowledge of impacts of contaminants on particularly sensitive groups. Some countries now recognize the need for additional margin of safety; for example, an infant and children specific margin of safety, ten times greater than otherwise applicable, is included in the new 2004 Canadian Pest Control Products Act.

Although endocrine disruption impacts may have impacts on the population in general, intrauterine and postnatal development of infants is recognized as especially vulnerable to endocrine disruption (malformation of the reproductive system and development delays). Many countries are involved in International Programmes on endocrine disrupters or have research programmes and national or regional strategies on Endocrine Disrupters. All rely on development and validation of tests, ongoing in the OECD.

Actions focused on specific chemicals have been taken by many OECD countries in the past and recently to protect children: in the EU, a ban of two brominated flame retardants will enter into force by August 15, 2004 due to concerns regarding environment and infant exposure via breast milk and a further use restriction of arsenic compounds for wood treatment will enter into force by June 30, 2004, in particular to reduce children exposure from playground equipment. After renewed provisional bans, the European Commission also proposes to permanently ban the use of certain phthalates in PVC toys and childcare articles intended to be placed in the mouth of children under three years.
7) Beyond the State: International Aid and the Role of Children in the Twentieth Century

The twentieth century was notable for the ways in which health and environmental impacts became matters of international concern and action. In a number of significant cases it can be argued that children played a major role as spurs to action:

The image of the suffering child is one of the most potent images of the twentieth century. The child in distress is often used as a visual symbol of far larger issues: war, famine, pestilence, catastrophe, poverty, economic crises.

(Black 1996:6)

Here we outline the creation and efforts of two major international aid organizations. Both had their origins in acute crises; one from the effects of the First World War, the other from the effects of World War Two.

‘Save the Children’ (SC) was founded in 1919 as a response to the widespread health problems in Europe immediately after the First World War. The Allied blockade of Germany and Austria was continued after the Armistice and hunger and illness were rife, especially amongst children. Eglantyne Jebb, her sister Dorothy Buxton and others in Britain had already documented the problem in Europe during the war. Jebb had an understanding of the widespread suffering caused by conflict because of her work during the Balkan Wars of 1912-1913 (Last 1994). Articles in the ‘Cambridge Magazine’ and ‘Manchester Guardian Weekly’ emphasised the plight of women and children and the old. Effective messages were used with headings such as “Our Blockade has Caused This”. The driving principle of Jebb and other campaigners was that children were innocent victims. As Bernard Shaw wrote in support: “I have no enemies under seven” (Last 1994:194).

The most striking feature of the SC campaign was its ability, through the medium of children, to break through seemingly impenetrable barriers – principally helping those who had recently been enemies. Thus Germany and Austria received aid. Conditions in Berlin and Vienna were especially severe. Dr. Hector Munro of SC wrote from Berlin in 1919:

Conditions were indeed terrible. Children were actually dying in the street. I saw in the Allgemeine Krankenhaus 38 women who were suffering spontaneous fracture of the hips, their bones having lost all solidity. The children’s bones were like rubber. Tuberculosis was terribly rife. Clothing was utterly lacking. Children were wrapped in paper, and in the hospitals there was nothing but paper bandages.

(Save the Children Archives 2003)

Other barriers could also be crossed.
The 1921 famine in Bolshevik Russia followed harvest failures but there was deep suspicion of aid both from the West and from the Soviet government. However, using effective campaigns based on child images SC and the Red Cross managed to get aid to the Russian people. Jebb noted:

> Feeling runs very high over here in regard to the relief of Bolshevik children – almost higher than in the case of German children.

(Breen 1994:226)

The American Relief Administration, plus Sweden, France, Ireland and the Netherlands all joined in the effort. About 650,000 people managed to be fed. In the Balkans, whole communities were helped with the resettlement of villages and the provision of land, tools and seed. Eglantyne Jebb went on to be an influential figure in child rights campaigns and her ‘Declaration of the Rights of the Child’ 1923, was adopted by the League of Nations. The present UN Convention on the Rights of the Child stems in great part from her work.

But not all barriers could be broken by the child image. After Stalin came to power in the USSR most contacts were closed down. The famines of the 1930s were denied although millions perished (Breen 1994: 236).

(It is worth noting, however, one small example of the Cold War barrier being broken through the agency of children. In divided post-war Berlin, the GDR owned the waters of the River Spree but the west owned the riverbanks. When people fell in it was very difficult to help them. But the cause of children drowning led to a rare agreement between East and West in 1975 to cooperate in rescues. – source Checkpoint Charlie Museum, Berlin 2002).

The acute crisis of World War Two created Oxfam. Again, it was the effects of blockades on innocent victims that inspired action. The British government adopted a policy of ‘total war’ and this included supplying food to countries occupied by the Nazis. Churchill was adamant about this, as he believed terrible conditions in Europe could help the Allied cause.

In September 1941 the International Red Cross in Athens contacted their HQ in Geneva:

> Food situation in Greece extremely grave. Mortality increased sixfold in last two months. Catastrophe inevitable unless outside help arrives quickly.

(Black 1992:5)

By January 1942, 2,000 people per day were dying in Athens and the infant mortality was 50%. The Red Cross, Sweden, Canada and the USA tried to persuade Britain to let ships through to Greece but to little avail. 200,000 Greeks died of starvation in the winter of 1941-1942.
There was a gradual reaction to this catastrophe in Britain. In May 1942 the ‘Famine Relief Committee’ was created to try and change government policy. The secretary, Edith Pye “devoted herself to dispelling British indifference towards hungry women and children in occupied countries” (Black 1992:9). Similar problems to Greece were appearing elsewhere. In Belgium, 80% of children in some towns had rickets.

Momentum for change grew. The Archbishop of Canterbury pronounced in October 1942:

> It is intolerable that Christian people should be forced to acquiesce in the slow starvation of their fellows, and particularly of children and nursing or expectant mothers …… Neither can we justify, from a purely humanitarian point of view, the mental and physical mutilation of a whole generation of European peoples.

(Black 1992:12)

In that month, the ‘Oxford Committee for Famine Relief’, Oxfam, was founded. Aid to Greece was sent via the Red Cross. However, the British government made few concessions and a two-year campaign by Oxfam to reduce the blockade of Europe was largely a failure (Black 1992:21).

But out of failure came some success – in the sense that a major aid organisation was created. And Oxfam had success after 1945. Campaigns were started to relieve the conditions in Germany and other parts of Europe and Oxfam was part of the ‘Save Europe Now’ scheme that lasted until Marshall Aid in 1948. Again, images of starving children were a powerful weapon in raising support for the innocent victims of war. The Oxfam organisation spread to Canada, Australia, USA and in parts of Europe.

Although Oxfam’s overall philosophy has not been geared to age, sex or faith, there is no doubt that the child has been an effective lever for their efforts. In the Korean War another blockade was in place and children, women and the old were once more the main victims. Between 1954 and 1956 more Oxfam grants went to orphanages in Korea than anywhere else (Black 1992:49). But perhaps it was the conditions in the Congo in 1960, which brought the child image to centre stage. This tragedy “burnt the image of the starving African child” (Black 1992:63) onto the conscience of many people.

This symbolic image was highly successful for Oxfam in raising funds, although their work was increasingly moving towards a wider concept of ‘development’ for whole communities. By the late 1960s the organisation was more concerned with interventions that would prevent crises rather than responding to them afterwards. They ran posters with headings such as: “Help Oxfam STOP feeding hungry children” and “Oxfam HATES hungry children”. Inevitably, a deeper involvement with underlying processes brings controversy. In Biafra 1967, Oxfam ended being used by both sides in their campaigns for outside support and suffered as a consequence (Black 1992). Also, the message that development is a slow and complex business became less appealing as a message than the short-term fix of feeding starving children (Black 1992:154).
Trying to balance effective response to both acute and chronic health and environment impacts has been a continuing debate within the organisation.

An important feature of the work of SC, Oxfam and other major charities and aid agencies has been the adoption of the so-called ‘principle of first call’ (Last 1994). The 1923 ‘Declaration of Geneva’ from the Save the Children International Union stated “The child must be the first to receive relief in times of distress” (Last 1994:193). This view was adopted by the League of Nations in 1924. Setting children apart in a special category has problems (see next section) but this device “transcended the nationalisms that divided adults so destructively” (Last 1994:193). Putting children first has been a great success:

Without the focus specifically on children, on all children irrespective of race, nationality or creed, the barriers that prevented international cooperation would never have been surmounted to the extent that they were.

(Last 1994:192)

In 1990 UNICEF re-stated this principle, that children must come first in receiving aid in its ‘The State of the World’s Children.’ The maxim ‘children first’ has been an inspiring call that has motivated and united people across social, economic and political divides.

8) “Using Children” - Illustration or Exploitation in Aid Publicity and Policy

Using child images to convey particular messages has a long history. The Aumone-Generale in Lyons (see Section 2.1) used the women and child symbol as part of its work in the sixteenth century. In the early 1840s the ‘Children’s Employment Commission Report’ on conditions in mines used a series of illustrations of women and children working to maximise the effect of their findings. They realised that the pictures would catch the eye of MPs “too busy” to read the contents carefully (Rosen 1958:242). More recently one of the most powerful images to emerge from the Vietnam War was of the burning child Kim Phuc in 1972. She came to symbolise the terrors of napalm bombing and the direction that the war was taking. She has gone on to found the ‘Kim Foundation’.

But the success of the child image has raised problems. Oxfam was finding in the 1970s that:

In this over-simplification of the world poverty problem, such images perpetuated an inaccurate and offensive picture of day-to-day life in the Third World. However, advertisements with more educational messages did not yield as well ...

(Black 1992:164)
Burman (1994:238) has noted how easily the adult/child relationship can map on to the north/south relationship. The Western world’s later nineteenth century and twentieth century construction of childhood emphasises dependency and thus the vulnerable of all ages, by being dependent, are seen as helpless and childlike. Echoes of colonial paternalism run through this image (Beinart 1992) and the export of a Western-style ‘childhood’ to which all children everywhere are entitled raises many issues. Thus UNICEF points to “stolen childhoods” in other regions of the world (Burman 1994:242) and international policies and legislation advance the ‘rights of the child’ everywhere. Yet, as we have seen throughout this paper, the social construction of childhood has varied through time and the last 150 years in the West cannot be assumed to lay the foundation to which all should subscribe.

The US aid for Ethiopia in 1984 was carried on the message that “a hungry child has no politics” (Burman1994:243). By implication the adult culture and politics in the area had failed them. But abstracting children from culture and politics can place a culture in a very vulnerable position. After all, the middle class philanthropy of the nineteenth century in France and Britain suggested that the poor were unable to help themselves and were thus dependent on others.

Cassidy (1987) is particularly concerned with the Western ideal of the individual child being transposed to other cultures. Individual survival may conflict with wider social values – the West can place “individual life above social survival and even above human happiness and general well-being” (Cassidy 1987:301). Imhof (1985) links this to the fall in infant mortality in the west leading to an increasing concern for the individual child. For other cultures the adults may be seen as the socially and economically productive members of society and children the least productive. This is nothing to do with the ‘love’ of individual children but the social good of a society where resources are scarce. Furthermore, campaigns to remove children from work, continuing the Western tradition, do not always work in societies with a different construction of childhood (Belote and Belote 1984).

But although we need to remember that our view of childhood has arisen out of certain historical processes and cannot be taken to represent the universal ideal, it would be foolish to deny the power for good that the child image can project.

9) The Environment and the Future: Children and the Sustainability Debate

The child and its needs, now and in the future, have played an important role in the arguments revolving around environmental issues in the past 30 to 40 years. This is perhaps most evident in the emerging concept of ‘sustainability’ as a key argument (Redclift 1987; World Commission on Environment ‘Brundtland’, 1987). And for our theme the most significant part of the sustainability concerns ‘intergenerational equity’. Briefly, this asserts that the present generation should pass on to the next an equal share of the earth’s resources. ‘Brundtland’ in 1987 put it as meeting: “the needs of the present without compromising the ability of future generations to meet their own needs”.
For Anand and Sen (1994), “distributional equity within and across the generations constitutes the core principle of sustainable human development” – a view recently endorsed by the Regional Director of WHO Europe (EEA 2002: foreward). For Knutsson (1997:125), it is children who lie at the heart of this by forming “the human bridges across nations”. Concern for future generations also feeds into the ‘precautionary principle’ of sustainability. This argues that if there is uncertainty about the impacts of a development then there is a need to show that future damage will not result. Present activities should not discount the future by shifting cost burdens on to later generations and the European Environment Agency (2002) urges this approach as part of its concern for environmental pollution.

Thus the ‘future generations’ argument extends the time horizon for economic thinking from short and medium-term impacts to the longer term - children and grandchildren Pearce 1989:2). However, although there is an intellectual basis for the intergenerational equity concept, it is the emotional appeal of the child image that has been used so forcefully. ‘Brundtland’ (1987:166), felt that it was the responsibility of adults today to address environmental issues because: “our failure to do so will not be forgiven by future generations”. Other phrases used in the debate include: “we hold the world in trust for our children and their children” and: “the world is on loan to us from our grandchildren.” Thus, as yet unborn children become an emotional lever for action today.

And there is a history to this form of approach to the environment and health. We can see it in the late nineteenth and early twentieth century worry amongst the European powers of a future generation of sickly soldiers and feeble workforce (see section 2.3). In the same era, however, it was also applied to the conservation of nature. The US 1916 National Park Service Act stated that its purpose was:

…… to conserve the scenery and natural objects and the wildlife therein, to provide for the enjoyment of the same, in such a manner and by such means as will leave them unimpaired for the enjoyment of future generations.

(MacEwan 1982:4)

In Britain the late nineteenth century campaigns for conserving open spaces used similar appeals and a contemporary cartoon of reformer Octavia Hill shows her surrounded by poor infants and children (Blunden and Curry:1989:15). Children have formed a simple and appealing message of the plight of the world in the future, just as the starving child has been used to symbolise the plight of the developing world of today.

J.R. Himes of UNICEF recently put the child image, present and future, at the heart of concerns for many of the world’s ills:
We are surely against children – including future generations of children – when we poison our air and our rivers and demolish our forests, when we foment or tolerate racism, ethnic hatred, terrorism or societal violence, and when we spend obscene sums on weapons of personal or mass destruction at the expense of the simplest interventions needed to overcome hunger, malnutrition and fatal or disabling diseases attacking children.

(Knutsson 1997:xii)

A number of examples of children acting as catalysts for change in the field of the environment and sustainability conclude this section.

Since the 1979 ‘International Year of the Child’ the Mazingira Institute, Nairobi, Kenya, has developed learning packages for children on environmental issues. These have stimulated wider knowledge and action in the rest of the community. As Lee-Smith and Chaudhry (1990:27) observe, “children are important agents for change” in a two-way process with children taking information back to their communities and coming back with insights into environmental issues at the local level. An annual competition of essays has covered topics such as: health and safety, immunisation, occupational and environmental hazards and water and sanitation. Through the Institute there are links to policy makers so that there is some influence via children on environmental action.

In Thailand environmental education began in the 1980s. The ‘Thai Environmental and Community Development Association’ has tried to stimulate conservation efforts by focusing on children. TV cartoons aimed at children began with the problem of litter before moving on to water pollution and forest destruction. A comment on the scheme emphasised that: “reaching children effectively can be a means to reach adults, thereby changing the behaviour of two generations at once” (Dhillon and Philip 1994:89).

Finally, we find children participating in decisions themselves to improve their lives and, by extension, the lives of those around them. In October 1996 over 2.7 million Colombian children aged between 7 and 18 years, took part in a special election in which they were asked to choose which of their rights were most important to them. The right to life and peace was chosen overwhelmingly and the nation’s adults were obliged to take notice. The ‘Children’s Movement for Peace’ has been credited with “being the catalyst for turning the country in a new direction” (Bartlett 1999:150). Whether this will prove to be the case is another matter but it shows how far the position of children in societies has changed that they should now be directly consulted about their own future.

CONCLUSION

This paper has tried to piece together evidence to show that taking action to help children has, in the past, ultimately benefited a wider section of the population.
This is not a causal chain that can be demonstrated clearly – what episodes in history ever can? However enough material has been gathered to suggest that children have helped to pave the way for changes that gradually spread to other members of society.

Perhaps the principal element that emerges is that it is the changing social construction of childhood that provides the key for understanding if and how children can be levers for change. A society at a particular time and place has to put a particular valuation on its children for them to be in a position to instigate action. And these children have usually been the poor and vulnerable. We cannot properly understand change or lack of change in the past if we simply project backwards our present construction of childhood. Children have always been especially vulnerable to health and environment impacts because of their physical and mental stage of development. But in many societies in the past their size and compliance suited them to certain tasks.

Most of the changes presented here in the field of health and environment revolve around two main themes. One was simply ameliorating the conditions of the poor and destitute. The other was changing working conditions. Poor and destitute children provoked measures in many historical periods, although we find little in the way of radical action. Measures to improve work conditions or remove people from certain kinds of work stemmed from the changes to society brought by the urban/industrial revolution. Here, action in terms of legislation and enforcement really gathered momentum in the nineteenth century in Europe. Much of that action was concerned with taking children away from the health and environment hazards of the workplace and sending them to school. In time, work conditions for adults improved because state regulation of labour had been accepted. More general hazards such as lead pollution took a considerable time to be acted upon.

Therefore, certain locations have provoked activity more than others. Conditions in rural areas gave rise to little action, whereas concentrating problems in towns, cities and factories could be decisive. Social disorder in the urban street was a catalyst in many periods but injury from traffic could give rise to protest but little real action. Hazards in the home required acceptance of intervention in domestic affairs, more difficult to control than the workplace.

Another distinct element that the paper reveals is that change, when it did occur, could take place for many reasons. Some motives were philanthropic; others were driven by fear of unrest in society. Social conservatives could urge action just as much as social radicals. Much was achieved through purely utilitarian motives – the desire for a healthy and well-trained workforce. Some change came partly because of changes in the economy – there was less demand for small, unskilled workers.

That change was slow. For people concerned at lack of progress in changing policy and practice today, it might be some slight comfort to reflect on how lengthy the process of change was in the past. Even major acute impacts rarely led to rapid change.

And change was contested. It is difficult to see the past as shown here as some smooth linear progression from darkness to light.
Most change seems to have been piecemeal and patchy, reacting to particular problems rather than being part of some grand plan to help the vulnerable in society.

One clear trend over time has been the change in scale of activity. Until the nineteenth century most activity was at the town or city scale; the state was unable to impose forms of change between its boundaries. And in the nineteenth century we see signs of international influence coming. Legislation in one country could have an influence on another (e.g. Britain and France). The twentieth century has seen activity move beyond the state – the child can be a lever for change on a wider stage. In fact, the role of the child in the creation of international aid organisations provides some of our clearest evidence for their critical role.

Historically children have been catalysts for change. Once societies view childhood as a period of life to be protected then a measure of protection seems to permeate into other sections of society. Children can break down the barriers that inhibit change in many areas of life even if that change is very slow at coming. The very task of campaigning for improvements and introducing legislation has been part of a process that has helped change hearts and minds for a better life for all citizens.

**Summary of the Main Themes for Policy Development Today**

**The Social Construction of Childhood (pp 14-17)**

This historical survey of children acting as catalysts for wider change emphasises the key importance of viewing childhood as a social construction. Each historical era and society undertook child-induced change within the terms of its own construction of childhood. Child-centred policies today therefore need to make explicit the assumptions upon which their campaigns are based. Notions of childhood that underpin today’s western policies are recent and culturally specific.

Furthermore, we should not project back in time our construction of childhood as some form of yardstick for measuring “progress”. The boundaries of childhood are always shifting.

**The Context (pp 5-21)**

The diagram and discussion underpins what is discussed later. It tries to show the processes by which the various health and environment impacts, chronic and acute, may ultimately lead to child-induced policies. Within societies, these impacts have always fallen unevenly. Those vulnerable and lacking power seem to have been the main victims: notably children, women and the poor in general. Impacts have also fallen unevenly in locational terms so that some environments have generated more calls for action than others. Thus, problems in urban areas seem to have provoked more response than rural areas and the workplace has, from the nineteenth century, been a major focus for calls for reform. Even today, rural areas are neglected and child labour remains an issue in some areas.

Over time, it has become generally accepted that those with power, autocratic or democratic, have a responsibility for the welfare of their citizens.
This has grown from action at the town-city scale to the national and international scale. But, again, extending western-based child-centred policies across national and cultural frontiers needs to be done with care. We can hardly claim as universal, a view of childhood so narrowly and so recently formulated without an appreciation of other social constructions.

If the context section has validity, then it should help in teasing out processes that operate today. Do responses to impacts follow a similar path in present times?

Motives

Motives for taking action through children have ranged from the philanthropic to the utilitarian and to a basic fear of social disorder. This action has come from those in power across the political spectrum – from conservative to liberal to radical. Very often, there has been a concern for moral welfare as much as physical health.

Interventions

Few of the interventions were radical or “upstream”. Most sought to soften particular impacts in particular situations rather than form part of some grand strategy. The long-term view has rarely prevailed. Moreover, the whole process of change was slow and highly contested at every stage.

Summary of the case studies

Pre-Industrial Europe (pp 24-28)

Even in this early period, children were involved in wider welfare changes. Action was taken at the town-city scale. Children were a major element of the poor and were highly visible. Secular town authorities increasingly took action to soften the burden of health and environment impacts, e.g. Lyons pp25-26. In societies that had a social construction of childhood that highly valued them, children could be used to try and lever major social change, e.g. Florence pp26-28.

Enlightened States of the Eighteenth Century (pp 28-30)

There was an increasing idea of the ruler-government having a responsibility for the welfare of all the population. A healthy productive people was generally seen as a major resource for the nation state. Many measures were limited in extent as the power of the state to enforce its decrees was weak. But what welfare programmes existed often had their origins in action for children.

Nineteenth Century Industrialization and Urbanization (pp 30-42)

The forces of industrialization and urbanization propelled major welfare reforms. Children in workplaces were often a focus for the initial steps in change and this led to wider benefits in society. Fear of social unrest was a major factor as well as philanthropic concern. The utilitarian need for a skilled and educated workforce was also a spur to action.
Clear examples of this process can be found in nineteenth century France, Germany, USA and Britain. However, the process was slow and contested and often short-term in aim.

**The Role of Literature (pp 42-46)**

It is clear that in the past, writers have successfully used children as a device for changing hearts and minds. They were an important part of the process of change, helping to alter the climate of opinion. Writers could speak to people more effectively than policy makers and legislators. Convincing powerful writers of a cause seems to be a useful tool for policy and action, with some historical precedent.

**Acute Health and Environment Impacts (pp 46-50)**

The examples show that even major catastrophes involving children only led to very slow progress. There was much emotional output (conspicuous compassion?) but only fragmented action. One doubts if the situation is any different today.

**Chronic Impacts (pp 50-52)**

Again, the main message appears to be only very slow progress although children were often the levers for what change was made.

**International Aid (pp 52-56)**

Here the evidence seems to be much clearer and could perhaps be used to influence policy makers. Children in this particular sphere have broken through the barriers of war, political hostility and cultural division. The material assembled appears to point to strong support for the theme.

**‘Using’ Children (pp 56-57)**

Despite the successes noted immediately above, the child image of vulnerability and dependence (a western construction), has historically created problems. Other cultures have been projected as uncaring or weak because their construction of childhood did not match that of the west. An historical perspective again emphasises the difficulties of assuming a universal condition for childhood.

**Environmental Sustainability (pp 57-59)**

The child analogy has been an important part of the environmental debate. As well as an emotional appeal of caring for the as yet unborn, the analogy has helped reinforce the need for longer-term planning and policy.

**Public Health Practitioners and Historians (pp 3-4)**

This historical research does not provide a set of examples that can be pulled off the shelf to strengthen present day arguments.
Public health practitioners wish for change, to shape the present and the future for the better. Historians are sceptical of evidence and resist explanations outside specific contexts. But the above summary and the research paper does provide a whole range of material that points to the validity of the idea that children have often been the levers for wider change.

Finally, Ashton (1992:9) points to a useful idea: “A city’s own public health history is itself often a powerful focus for debate and learning”. As long as that history is not distorted, this seems to have some potential.

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