

Industrial Relations and Social Security

The Administration of the English Poor Law

By T. S. SIMEY

THE legislation controlling the relief of the poor in England has remained substantially unaltered since 1834; an examination of the Act of 1930, the existing poor law code, will only show differences in detail rather than in principle from the Acts which preceded it. Nevertheless the last 25 years have seen more fundamental changes in poor law administration than in perhaps any other local government service. The changes have been in what may be termed the philosophy rather than the law of poor relief, and they have been introduced by administrative rather than legislative action. The present situation therefore cannot be understood properly unless it is examined from the historical point of view.

The goal for which the poor law administrator of the nineteenth century strove was the stamping out of poverty by forcing the ordinary citizen to depend on his own exertions and his own initiative rather than on assistance from the community at large. To some, that ideal might appear mere bare-faced cynicism, to others, the best kind of practical wisdom. But the early poor law reformers were unfortunate in their methods, for the "workhouse test"—the "principle of less eligibility"—can only be put into practice with success if the industrial organisation of the country can carry on its back the burden of providing all working-class families with a decent standard of living. And that was a manifestly impossible task for it to perform.

The first statement of the modern method for the treatment of destitution was contained in the reports of the Royal Commission on the Poor Laws of 1905-

1909. Logically, no doubt, the idea of *preventing* destitution rather than *relieving* it can be found much further back; the poor law administrators of the nineteenth century found themselves forced by the pressure of events to advocate the building up of an elaborate preventive mechanism in the field of public health. The "environmental" public health services were, of course, provided by the special authorities whose creation the Poor Law Commissions advocated so eloquently in the 1830's. The "personal" services (such as hospital treatment), on the other hand, were provided by the Boards of Guardians themselves, the extent of the provision rapidly extending from the 1870's onwards. The system of State education, again, has its beginnings to a large extent in early attempts to educate pauper children so as to fit them to earn their livings outside the workhouses. Administrators with humane sympathies were always reluctant to apply the "principle of less eligibility" to the aged, the mentally defective, the sick and the unemployed.

The Minority Commissioners, therefore, had a very secure foundation on which to build when they recommended the development of preventive services outside the poor law, and the acceleration of the process of "breaking-up" that had become apparent during the preceding thirty years. In their view, the cure of the sick should be entrusted to the health committee of the local authority, that of the children to the education committee, and that of the mentally defective and the aged to other appropriate committees. The Majority Commissioners, on the other hand, recommended a concentration of functions in the hands of a public assistance committee to be appointed by the county and county borough

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councils. Coupled with this, they desired to see a State-subsidised system of insurance for the assistance of the unemployed. Progress in the intervening period between the publication of the reports and the present day has been along lines constructed out of a blend of the recommendations contained in each.

The development of what are now termed the "social services" entered on a phase of rapid growth round about 1905. In the first place, the public health services received added vigour from the passing of the Education (Administrative Provisions) Act, 1907 which authorised education authorities to make arrangements for the medical inspection of the children under their care, and to provide a few simple forms of treatment. In the same year was passed the Education (Provision of Meals) Act, which allowed education authorities to feed the children who were incapable of benefitting from the instruction provided for them. This line of growth was followed up by a succession of Acts relating to public health, of which the most noteworthy are the National Insurance Act, 1911, which created the the National Health Insurance scheme, the Maternity and Child Welfare Act, 1918, and the Public Health (Tuberculosis) Act, 1921.

This was but one stage in the break-up of the old poor law. Removing as it did one of the main causes of destitution, it relieved the poor law authorities of a great part of the burden they were carrying before the war. Another portion of this burden was dealt with by the passing of a succession of Acts of Parliament designed to assist specific classes of persons who usually were a perpetual drain on Union funds. In 1908 pensions were granted to all persons of seventy years of age and upwards who were left on the borderline of poverty. This scheme was linked with National Health Insurance in 1925, when State pensions were introduced for all insured persons at sixty-five, irrespective of means, as well as for orphans and widows. In 1913 the Mental Deficiency Act laid the foundations of yet another social service,

and in 1921 local authorities were given powers to deal with the blind.

Perhaps the most striking application of the new principles came in the field of unemployment. In 1905 the Unemployed Workmen Act called in the local authorities to assist in the problem of providing work. In 1909 the Employment Exchanges Act sanctioned the establishment of a network of labour exchanges, the object being twofold—to make it unnecessary for a person to tramp from place to place in his search for work, and to prepare the way for a State system of unemployment insurance. This further innovation came in 1911; at the outset in only seven industries subject to abnormal fluctuations in employment, but extended after the war to cover virtually the whole working-class population (with the principal exceptions of agricultural and domestic workers).

This trend of development found its culmination in the Local Government Act, 1929, which abolished the Boards of Guardians, and handed the administration of the Poor Laws over to Public Assistance Committees appointed by the County and County Borough Councils. These authorities were encouraged to provide assistance whenever possible under the various special Acts which have been described, rather than under the Poor Law. General "declarations" may now be made that assistance will be given to the sick under the Public Health Acts, to the blind under the Blind Persons Act, and the like, whilst individual "appropriations" of poor law institutions for public purposes are also permitted.

The situation in which we find ourselves placed at the moment is obscure. The "break-up" of the poor law advocated by the Minority Commissioners is taking place, but nevertheless the poor-law still remains undissolved. The Act of Parliament passed in 1930 to consolidate poor law legislation is called the *Poor Law Act*, though *public assistance* authorities are empowered by it to relieve *poor persons* and not "paupers". The intention is patent in the Act to take the

"moral stigma" out of what remains of the Poor Law, and that has very largely been achieved. But a Poor Law remains nevertheless.

The reason for its continued existence is not far to seek. In the first place, some authority must exist with a general responsibility for relieving any primary needs which do not come within the scope of the education, public health, or other functional authorities. It is probable that the wit of man will never be able to split the whole range of human necessities up between a neatly arranged series of pigeon-holes; new needs will continue to arise from time to time, which have been and continue to be, dealt with under the almost infinitely flexible head of "destitution." And a great deal remains to be done in the way of extending functional services before the public assistance authorities can be put out of business.

The problem of breaking up the poor law has, again, been made infinitely more difficult by the flood of destitution which submerged even the best-conceived plans after the War. This disaster, which was the result of industrial dislocation and unemployment was far too large in scale to be dealt with by the Insurance Scheme alone. Consequently, poor law authorities have for some 18 years had to deal with hundreds of thousands of unemployed persons and their dependents, and the cost of relieving them has run into millions of pounds. Attempt after attempt has been made to create a functional unemployment-relief service, and success has only been partial. The Ministry of Labour caters for most of the short-term unemployed; the Unemployment Assistance Board looks after some of the remaining short-term unemployed and most of the long-term unemployed. The remainder "out of scope" of the Unemployment Assistance Act 1934, are left with the public assistance committees. Why is this so?

It is no easy task to answer this problem, since it is so highly technical. But there are two associated factors with which we have to deal. The first is the failure on the part of the poor law

authorities during the period 1920-1934 to develop constructive methods of dealing with the unemployed by way of training or other schemes directed to the restoration of employability and maintenance of moral. They had successfully overcome a similar problem in the field of "personal" health services during the preceding 50 years, with the result that a well-defined function had come into existence which could be handed over without difficulty. But how far can it be said that the relieving of persons destitute by reason of unemployment is a separate function of government? Until its scope is accurately defined it cannot be separated from the relief of destitution in general.

It is quite possible, of course, that the practical (but not the theoretical) dilemma will be resolved by the transfer of the poor law from local to central control. The basic justification for the creation of the Unemployment Assistance Board was the impossibility alleged by the Government of reconciling national policies and national financial responsibility with local control. Whether or not these allegations were justified is not now the point, but it is certain that there is little prospect that the relief of the unemployed "within scope" will be handed back to the public assistance committees, if only for the reason that they would strenuously resist such a step. It is quite possible, then, that the future will see the creation of a national Public Assistance Board.*

Then, again, we are becoming gradually more aware that the operation of another factor is opening up a new line of development for the public assistance authorities. Every step in the direction of "breaking-up" the poor law makes it more difficult to deal with the relief of destitution as a single object, and to tackle the unique problems that are associated with each separate individual. It remains to be seen whether sufficiently ingenious machinery can be devised to co-ordinate the social service with each other, and to administer them with efficiency and economy. It can be argued with much force that there is such a problem as basic destitution, that the fact of grinding

poverty, however it arises, is in a multitude of cases single and indivisible, and that, if it is to be attacked successfully, a single authority must bear the ultimate responsibility for the adequacy of the treatment meted out by the organs of the State to the individuals concerned. In other words, the public assistance department has a possible future before it as an agency for co-ordinating and supplementing the specialised social services.

Relief and Apprenticeship Training in Nova Scotia in 1937

The fourth annual report of the Deputy Minister of Labour for Nova Scotia contains some interesting statements about the extent to which unemployment aid was granted in the province. Conditions have improved considerably. The amount paid for relief shows a reduction of 28.5% and the number on relief a reduction of 33%, the lowest amount since the first year of relief payments, 1930-31. Perhaps a better picture of true conditions may be gained from the fact that in the month of November, 1936, seventeen municipalities paid \$56,655.81, while in the month of November, 1937, this was reduced to seven municipalities paying \$22,842.89.

Continued close attention to employment in mining districts has resulted through co-operation with the operators and unions in the placing in employment during the year of 1,143 men, so that the time is fast approaching when relief payments will altogether disappear in these sections. The necessity and desirability of maintaining local responsibility for care of necessitous persons in normal times has been demonstrated by the absence of disruption or distress in municipalities where relief was terminated during the year.

The Report also states that definite progress has been made in apprenticeship training. The mine apprenticeship project at Chester Basin has been operated successfully and many young men already have been placed in employment. Household training classes have

been established in Sydney and in Halifax and surveys conducted in New Glasgow and Amherst.

New Brunswick Forest Operations Act

Order 11 of the New Brunswick Forest Operations Commission which come into effect April 1st continues until August 15th, 1938, the scale of wages for the logging industry set out in Order 9 of April 19th, 1937. Under that Order, no employee on piece-work may receive less than \$34 a month with board, and the average amount paid is not to be less than \$40 a month with board. Wages of foremen, bookkeepers, clerks, cooks, tractor operators and truck drivers are not to be included in the average.—From *The Labour Gazette*.

New Brunswick Workmen's Compensation Act

By order in council of April 14th, regulations under this statute were amended to make certain industrial diseases compensatable: acute bursitis of the elbow (miner's beat elbow), carbon monoxide poisoning, conjunctivitis and retinitis due to oxy- and acetylene welding and cutting. Radio broadcasting stations were added to the establishments which are excluded from the collective liability system of workmen's compensation unless more than two persons are employed.—From *The Labour Gazette*.

A New Public Health Policy in the United States

On President Roosevelt's initiative a national health conference was recently held in Washington which observers think means a turning point in the health policy of the United States. The conference, at which all the groups interested in the problem were represented, had been called to discuss a comprehensive national program of public health worked out by an interdepartmental committee of government experts. Such a program,

as was stated in a letter of President Roosevelt read at the conference, was needed on account of the fact that millions of citizens lack the individual means to pay for adequate medical care. In a study prepared by the interdepartmental committee which formed the basis of the discussions for the conference, it was explained that deficiencies in the present health services of the United States fall into the following four categories:

1. Preventive health services for the nation as a whole are grossly insufficient.
2. Hospital and other institutional facilities are inadequate in communities, especially in rural areas, and financial support for hospital care and for professional services in hospitals is both insufficient and precarious, especially for services to people who cannot pay the costs of the care they need.
3. One-third of the population, including persons with or without income, is receiving inadequate or no medical service.
4. An even larger fraction of the population suffers from economic burdens created by illness.

The committee submitted a program of recommendations to meet the deficiencies it outlined, but emphasized that it would not be practicable to put into effect immediately the maximum recommendations. The committee was of the opinion that it would take at least ten years to develop health facilities along the lines it projected.

One recommendation, dealing with expansion of general public health services in states and in local communities, called for an increase in Federal participation in order to equalize the health program throughout the country.

The expansion of activities would be aimed at infectious diseases, maternal and child health services. The committee recommended that one-half of the cost of the expanded program should be met by the Federal government.

Because of the increasingly important part which hospitals are playing in national health, the committee said there was need to increase these facilities, which at best in certain sections of the country are "ill-adapted to the varying needs of people living under different social, economic and geographical circumstances."

The committee was impressed with the evidence that "one-third of the population which is in the lower income levels is receiving inadequate medical services." "This applies to persons without income and supported by general relief and to those being supported through old-age assistance, aid for dependent children, or work relief, and also to families with small incomes."

As a solution to this problem the committee recommended that the Federal government, through grants-in-aid to the states, implement the provisions of public medical care to two broad groups of population:

1. To those for whom local, state or Federal government, jointly or singly, have already accepted a certain responsibility by granting them some form of relief;
2. To those who, though able to obtain food, shelter and clothing from their own resources, are unable to procure necessary medical care.

To finance the program two sources of funds could be drawn upon, according to the committee: (A) General taxation or special tax assessments, and (B) specific insurance contributions from the potential beneficiaries of an insurance system. The committee recommends consideration of both methods, recognizing that they may be used separately or in combination.

For insurance against loss of wages during sickness, temporary disability insurance was suggested along the lines of unemployment compensation; also, development of permanent disability insurance through the system of old-age insurance.