From Public Assistance Institutions to 'Sunshine Hotels':

Changing State perceptions about residential care for elderly people, 1939–48*

ROBIN MEANS† and RANDALL SMITH‡

ABSTRACT

This article traces the development of residential care for elderly people in the period 1939 to 1948. It begins by looking at the nature of such institutions in the period just prior to the Second World War and then discusses the complex impact of war upon such provision. Particular attention is paid to how evacuation hostels, run by local authorities and voluntary organisations, changed notions about the role of the state in the care of elderly people. The paper concludes by looking at how such changed notions were incorporated into the 1948 National Assistance Act.

Introduction

The authors are presently engaged on a research project which is tracing the development of all those services that were eventually to be located in English and Welsh local authority social services departments in April 1971. One aspect of this work has been to study the impact of the Second World War upon welfare provision for elderly people and how this in turn influenced political thinking behind the 1948 National

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† Research Associate, School for Advanced Urban Studies, University of Bristol, Rodney Lodge, Grange Road, Bristol BS8 4EA, England.

‡ Senior Lecturer, School for Advanced Urban Studies, University of Bristol.

Assistance Act, which placed a duty on local authorities to provide 'residential accommodation for persons who by reason of age, infirmity or any other circumstances are in need of care and attention which is not otherwise available to them'.

Is such research merely an interesting intellectual exercise or does it have relevance to existing policy debates about the correct balance of family, domiciliary and residential care for frail elderly people in our society? We would argue that such work does have a contribution to make because of its ability to unmask the changing definitions of the welfare needs of elderly people and how these should relate to the balance of input from the state and the family. This is particularly important at the moment when a consensus seems to have developed in Britain about the complete failure of state residential care for elderly people and the need to seek alternative forms of provision. The present Conservative government in the United Kingdom appears to see this as a justification for an expansion of private residential care and an emphasis upon the responsibilities of relatives and neighbours. Critics[1] of the government call for a partnership between the family and the state in which a major increase in domiciliary services will be paid for by a shrinkage of the residential sector. The present debate seems largely to ignore two key issues. First, residential care does not involve the exploitation of female relatives in the unpaid care of frail elderly dependants;[2] but this is not to claim that residential care is the only solution to such exploitation. Second, many of the criticisms of past residential provision may reflect bad practices rather than a lack of potential and, in the words of Clough,[3] 'some old people may be loved and cherished in the setting of a residential home in a way that is not possible in any other type of care'. Clearly one influence upon the residents' experience of such care will not only be the internal practices of the home but also broader societal attitudes to residential care. If these attitudes stress all the disadvantages of such provision compared to 'your own home' then this is likely to have negative repercussions for the self-perception of residents. For this reason, it is important to explore whether such negative attitudes to residential care have always predominated or whether there have been periods when alternative views were strongly expressed. We will argue that more positive attitudes did develop in the period 1939–48 although this needs to be understood within a context in which state officials still treated frail elderly people as a low priority compared with other dependent groups.

Public Assistance Institutions and the 1929 Local Government Act

According to Engels, the 1834 Poor Law Amendment Act was 'the most open declaration of war of the bourgeoisie upon the proletariat',[4] with its policy of offering relief only to the able-bodied in the workhouse. More recent social historians have stressed the boredom[5] rather than the brutality of workhouse life, together with the extent of local variation in practice.[6] However, such research has also emphasised how elderly people often had little alternative but to live in the general workhouse. The fit elderly were treated the same as the able-bodied and so financial necessity often forced them to enter 'the House' during periods of unemployment. Institutional care was also seen as necessary for the destitute elderly who were very frail and sick; the 1832 Commission of Inquiry into the Poor Law had spoken of the need for separate institutions where 'the old can enjoy their indulgencies',[7] but these were hardly ever built for a variety of reasons.[8] Large infirmary hospitals for the acute sick were established but these rarely offered medical services for the chronic sick. Various U.K. government reports in the period 1890–1910[9] spoke of the need for cottage homes and small residential units for the frail elderly but few of these were built by local boards of guardians.

The first quarter of the twentieth century did see major 'reforms' that affected elderly people, especially in the field of pension legislation.[10] However, elderly inmates of poor law institutions were disqualified from receiving a pension unless they were admitted specifically for medical treatment. It was not until the 1929 Local Government Act that major organisational change occurred in the poor law system itself. This act provided that the powers, duties and assets of the 625 Poor Law Unions should be transferred to the county and county boroughs, each of which would be required to form a public assistance committee. The workhouse was to become the public assistance institution. But as Gilbert has pointed out:

> In effect the measure transferred the administration of the Poor Law to the major authorities but left any reform of the Poor Law, beyond certain useful but minor administrative changes, such as county-wide supervision of institutions, to the initiative of the local authority itself. Poor Law relief remained Poor Law relief and pauperism remained pauperism except for a few small modifications.[11]

Indeed, the law governing the granting of relief was merely consolidated into the 1930 Poor Law Act, Section 14 of which re-stated Elizabethan principles of family responsibility, namely:

It should be the duty of the father, grandfather, mother, grandmother, husband or child, of a poor, old, blind, lame or impotent person, or other poor person not able to work, if possessed of sufficient means, to relieve and maintain that person.

The principle of family responsibility was still to be upheld and destitute groups, whether elderly people or not, could only be offered relief after a test of their means; sons and daughters still had to make a financial contribution to the upkeep of any old person received into institutional care.[11]

Our own arguments about the impact of the 1929 Act upon institutional provision for elderly people must be tentative because our main research period does not begin until 1939. However, it does seem possible to argue that there is little evidence of reforming zeal from either central or local government. Some local authorities built separate units for elderly people, especially in the period just before the Second World War. Roberts,[12] for example, indicates that such reforms were discussed at some length at a major conference on Public Assistance in 1937. Birmingham had opened three such units although elderly people were carefully selected for these homes. One home was reserved for 'women of the gentler type',[13] while another was for men of 'the merit class'.[14] However, such reforms seem only to have affected a relatively small number of authorities.

Some pressure for a more general change in the internal running of the large public assistance institutions did exist. Olive Matthews, who was later to be very active in the Old People's Welfare Committee (see below), called for a general attempt 'to bring more colour' into the lives of old people in institutions 'through contact with visitors from the outside world, by providing occupations as well as entertainments, and by introducing more variety into their food, clothing and surroundings'.[15] In *Housing the Infirm* she made detailed proposals in all these areas about how the routine of public assistance institutions should be changed. Some liberalisation in these areas may well have occurred in many institutions although this remains to be denied or confirmed by future research.

One of the proposals of Matthews was for pocket money to be paid to elderly inmates on the grounds that:

Pocket money gives an added spice to life. It is one thing to be given weekly rations of sweets or tobacco – it is quite another thing to be able to choose and buy for yourself. Many of us remember the pleasure of receiving a small weekly sum when we were children... It is very much the same for old people in Institutions.[16]

A considerable campaign[17] built up around this one issue. Participants included Members of Parliament, trade councils and some individual local authorities placing pressure upon the Ministry of Health for a change in the regulations. The 1938 Poor Law Amendment Act enabled local authorities to pay up to two shillings pocket money per elderly person per week from their rates, although the Association of Municipal Corporations (AMC)[18] opposed the Act on the grounds that it would be preferable to withdraw the pension disqualification for those in Public Assistance Institutions (PAIs). In other words, the AMC did not wish to finance the scheme from the rates. The 1938 Act gave local authorities a permissive power rather than a statutory duty and as late as 1944 Samson[19] felt able to claim that many local authorities were not using these powers.

So far we have suggested that the period 1929–39 saw some improvements in the treatment of elderly people in public assistance institutions but that these were often fairly marginal. However, one result of the 1929 Local Government Act may well have worsened the position of many elderly people in poor law care. Councils were authorised but not required under the 1929 Act to transfer poor law infirmaries from public assistance committees to public health committees. The object of this innovation was to enable the standard of the work carried out in these hospitals to be improved and brought up to that which existed in the best of the voluntary hospitals. Amulree claimed such progress was soon attained by these appropriated hospitals but only at the cost of further extending their reluctance to offer treatment for the chronic sick. The end result was that 'the Relieving Officers had not the power to order the admission of such a patient into a Public Health Hospital, and so the statutory right of admission of the destitute, which was one of the most valuable features of the Poor Law, began to be lost'.[20] The result of such policies was almost certainly a shortage of beds for the chronic sick elderly. The remaining poor law infirmaries tended to concentrate upon them as a group but lacked sufficient beds and skilled medical personnel to cope with the overall demand. One solution to this problem was to force the chronic sick to live in public assistance institutions. McEwan and Laverty provide an excellent description of how this system worked in Bradford in the period just before the establishment of the National Health Service.

> In the Public Assistance Hospitals (The Park and Thornton View)... patients are discharged or returned from the chronic sick wards to the ambulant or 'house' section... In The Park, where the chronic sick wards were overcrowded, the most fit (but often frail) patients had to be sent to the ambulant wards to make room for admissions to the hospital section. There was, in consequence,

a proportion of sick or disabled people in the ambulant section, where they had to remain, often confined to bed, there being no room for them in the hospital.[21]

McEwan and Laverty were quite clear that this pressure on beds for elderly patients had been increased by the redesignation of several municipal hospitals in Bradford after 1929. As they explain, 'many of the new and aspiring municipal hospitals got rid of their undesirable chronic sick... sending them to Public Assistance Institutions to upgrade their own medical services'.[22]

To summarise this first section, it would seem fair to suggest that the residential care of frail elderly people prior to 1939 had severe limitations. The growth of pension legislation had eased the situation of some elderly people outside the institution and the bulk of elderly people remained in the community with or without such financial help. For a minority of those in residential care, smaller units were available although access to these was usually restricted to those considered to be socially above the average inmate. There was considerable confusion about the boundaries between sickness and frailty. Above all, as Roberts pointed out, most elderly inmates continued to sleep 'in large dormitories, sat on hard chairs, looked out on cabbage patches diversified by concrete, were separated according to sex and, except on one day a week, could not pass the gates without permission'.[23]

The impact of the Second World War upon residential care for elderly people

The 1931 census indicated that England and Wales had a population of 39,952,000 and that 7.4% of these or 2,962,000 were over 65 years of age.[24] Only a small proportion of the 65+ group would have lived in public assistance institutions. Poor Relief Annual Returns indicate that 59,600 persons 65 and over were receiving institutional relief in England and Wales on 1 January 1939.[25] This section of the paper argues that the Second World War (*a*) undermined the position of those already in institutional care, (*b*) increased the need of many frail elderly people for support from the state and (*c*) led to a reformulation of attitudes amongst officials towards residential provision for elderly people.

Titmuss[26] provides a detailed account of the planning for the Emergency Medical Service before the outbreak of the Second World War. This was dominated by a fear of the huge casualities that could be expected from air attack. Estimates of civilian casualities proved far

greater than ever materialised. A target of 300,000 beds for an Emergency Medical Service was agreed upon by the Ministry of Health, and this required the discharge of 100,000 patients from existing hospitals on the outbreak of war. When war was declared these instructions were rigorously carried out and 140,000 patients were discharged from hospitals in just two days. The exact age composition of the patients is not known but Morris indicated at the time that 'the people who fared worst of all were the chronically sick, the bedridden, the paralysed, the aged, people suffering from advanced cancer or from tuberculosis who were discharged in their hundreds from public institutions to their own homes, where they could get little, if any, care'.[27]

From this point on, many beds in public and voluntary hospitals were reserved for civilian casualities and the civilian sick were denied access to them. This created enormous pressures in the first twelve months of the war, especially in London, but the situation became much worse once bombing raids began during the autumn of 1940. Titmuss has claimed:

> The problem of the aged and chronic sick had been serious enough in peacetime; in war it threatened to become unmanageable. Thousands who had formerly been nursed at home were clamouring for admission to hospitals when families were split up, when homes were damaged or destroyed, and when the nightly trek to the shelters became a part of normal life for Londoners. Yet everything, except humanitarian considerations – which often take second place in war – spoke against these poorest and most helpless members of the community. Because they occupied beds for indefinite periods it was wasteful to admit them to specially equipped and staffed emergency scheme beds. To nurse them was not only uninteresting but often unpleasant; the work soon dampened the enthusiasm of newly enrolled V.A.D.s who had expected to nurse soldiers and not incontinent and senile old people. It was moreover argued in the jargon of the day that the emergency hospital service must give priority to 'potential effectives'.[28]

One method of coping with this situation was for the chronic sick patient to be transferred from a hospital bed to a public assistance institution; this led to a loss of pension rights.

As already indicated, the bombing raids of autumn 1940 greatly worsened the situation. These raids brought numerous stories of hardship among chronic sick and elderly people, especially those with nowhere to go but public air raid shelters. *The Lancet* indicated how:

> The shelter became a dormitory instead of a temporary refuge. To the most popular, people came from long distances, bringing their bedding, and friends found places for old people, the bedridden and infirm while the queues waited

outside. Gross overcrowding has resulted, and the lack of sanitation and sanitary supervision, of heating and ventilation, coupled with lack of sleep, nervous strain and improvised meals, has brought the danger of typhoid and dysentery, and, more menacing still, respiratory diseases.[29]

A committee under Lord Horder was set up to investigate conditions and recommended after only four days that certain groups such as 'the aged, the infirm and the bedridden' should be evacuated because their inclusion in shelters added to the difficulty of supervision, increased the risk of health and lowered morale, while they were perceived as 'a serious encumbrance in the presence of an incident'.[30]

Four thousand old and infirm people were transferred from London to emergency hospital beds in country areas in the next $2\frac{1}{2}$ months. However, the scheme was not a success. Many elderly people objected to being moved out of London. Others were not in need of hospital care. The overall size of the problem was too great for the Emergency Medical Service to cope with. The scheme was suspended in early December 1940 and never reopened. Instead, the Ministry of Health was redefining which elderly people it was responsible for. Increasingly, the Evacuation Division of the Ministry of Health argued that they should only have a responsibility for those elderly people made homeless by the bombing and not for the infirm elderly in general. As one senior civil servant explained to a colleague:

> It is difficult to provide alternative accommodation for old and infirm people for the major reason that the government are bound to come to the conclusion that this group cannot be included as priority cases under the Evacuation Scheme... I think we must start by seeing what can be done for the homeless people who are our own responsibility.[31]

Instead, elderly people were to be encouraged to make private evacuation arrangements, and billeting allowances were made available to the households where they stayed.[32] However, this was a more feasible option for reasonably fit elderly people compared to the more infirm and chronic sick. The latter had little alternative but to try and struggle on in their existing communities or to seek admittance to a hospital (if a bed could be found) or a Public Assistance Institution (PAI). It now has to be asked how PAIs were influenced by these renewed pressures from potential inmates, several of whom, Titmuss suggests,[33] came from a more middle-class background than had normally been the case in the past.

Two examples of the changing climate of opinion about PAIs will be given before the paper goes on to consider one of the main influences upon this change, namely evacuation hostels. The first example comes

from April 1944, when the Women's Institute complained to the Ministry of Health about a Northamptonshire Public Assistance Committee whose inmates were not allowed to wear their own clothing. The Chief General Inspector of the Ministry issued the following instructions to his regional inspectorate:

> As a result of enquiries it appears that there may in some areas be an impression that the use by the inmates of their own clothing while in an institution is contrary to Article 29(3) of the Public Assistance Order, 1930. That paragraph, however, requires only that such clothing as is 'taken from an inmate shall... be labelled and deposited in a suitable place for restoration to the inmate on discharge'. It does not require clothing to be taken from an inmate, and the Minister's view is that whenever this is practicable an inmate should be allowed to retain his own clothing if he so desires, and it is suitable.[34]

By the time of this internal memorandum, the whole issue of future residential provision was being considered by the Chief General Inspector through his role as adviser to the survey committee on the problems of ageing and the care of old people. The survey committee, set up in 1943, was financed by the Nuffield Foundation under the chairmanship of B. Seebohm Rowntree, and from the beginning the Ministry of Health argreed to offer full co-operation to its deliberations, including as already indicated a departmental adviser. This survey committee provides the second example of the changing climate of opinion towards Public Assistance Institutions.

The publication of *Old People: Report of a Survey Committee on the Problems of Ageing and the Care of Old People*[35] was in January 1947. The report claims it was set up following reports of 'cases of aged persons dying in circumstances of great squalor and loneliness because local authorities, although asked, have been unable to fulfil their legal obligations to receive them into an Institution'.[36] One section of the survey report looked at residential care for elderly people and pointed out that many PAIs were built in the early decades of the nineteenth century, were structurally inadequate and:

> Day-rooms in such Institutions are usually large and cheerless with wooden windsor armchairs placed around the walls. Floors are mainly bare boards, with brick floors in lavatories, bathrooms, kitchens and corridors. In large urban areas such Institutions may accommodate as many as 1,500 residents of various types, including more than a thousand aged persons.[37]

This part of the report received considerable press coverage.[38] An editorial in *The Times* on 15 January 1947 spoke of the 'Claim of the Aged'. The *Daily Herald* ran a feature on 'Old People Exploited in Homes', the *Daily Express* referred to 'Scandal of Old Folks' Homes' and the *Daily Mail* claimed 'Old Folks Live in Shadows'.

All this represented a significant shift from the earlier quotation from Titmuss about the need to give preference to 'potential effectives' before elderly people. The reasons for this shift, which seems to have taken place at the level of newspaper debate, ministerial utterances and day-to-day practice are complex, and we are still in the process of trying to unravel the various strands. This paper will attempt to aid this process by taking a detailed look at the development of one aspect of residential care during this period, namely evacuation hostels. These both reflected the changing attitudes of the war period towards elderly people and were also an important influence upon planning for the abandonment of PAIs. The Nuffield Survey claimed that 'all normal old people who are no longer able to live an independent life should be accommodated in small homes rather than in large institutions',[39] and these should cater for between 30 and 35 residents. This belief in the economic viability of small residential units had been greatly enhanced by the experience of the evacuation hostels during the war.

One problem with evacuation hostels is that it is very difficult to provide a neat definition of them. They were run by both government and voluntary organisations – some provided help for evacuees, some for the homeless, some for the frail and some for the completely bedridden. A hostel meant different things to different organisations and part of the debate between the public and voluntary sector, as already suggested, was over whether the frail and bedridden could expect any special treatment during wartime. However, the crucial feature of all such hostels was that people were seen as residents not inmates; they were not covered by any of the poor law legislation and they did not have to give up their pension.

The first hostels were set up by local government, as a response to the crisis created by the first bombing raids. Many elderly people were made homeless by the raids but were too fit to be admitted to a hospital bed under the Emergency Medical Service yet too frail to be placed in a normal billet. Unless alternative accommodation was found, they would 'block up' the Rest Centres that were designed to look after people only during the immediate disruption caused by an air attack. At first provision was very scattered,[40] but by July 1942 provision of local authority places had expanded to 1,885 beds in London and 4,945 beds[41] in the rest of England and Wales. However, nearly all these places were reserved for elderly people made homeless or evacuated as a direct result of the war rather than for the infirm elderly in general. A similar emphasis upon the war homeless and evacuated could be found in the work of the first voluntary organisation to enter this field. By July 1942

the Friends' War Victim Relief Committee had 27 hostels for the aged, with 305 places.[42]

A November 1941 pamphlet on the London County Council homes made it quite clear that this type of hostel was only for war victims, and the regime of such homes was to be very different from the average PAI. This pamphlet laid down the following conditions for admission:

1. They must have been rendered homeless by enemy action.
2. They must be without friends or relatives able to provide them with permanent accommodation.
3. They must be unsuitable by reason of old age or infirmity for normal billeting.
4. If infirm they must not be suffering from any specific illness necessitating their confinement wholly or practically wholly, to bed or continuous treatment from a doctor.
5. They must contribute to their maintenance if able to do so. Full cost is 30 shillings.[43]

Once admitted, residents were to be offered far more freedom than that available to most inmates of public assistance institutions. They could be 'visited by their friends at all reasonable times'.[44] They could also go out whenever they wished and could take up to fourteen days' leave without being considered to have left the home.

It has already been indicated that voluntary organisations were encouraged by the Ministry of Health to establish hostels for elderly people made homeless by the bombing. Indeed, a special Committee on the Aged and Infirm was set up by the Ministry of Health to improve liaison between the voluntary and public sector over hostel provision and voluntary billeting.[45] However, the National Council of Social Services (NCSS) representative on the committee consistently argued that there was a need for general hostel provision for the elderly infirm. As already indicated, such proposals were opposed by the Ministry of Health representatives; one Assistant Secretary argued that 'we have not available the resources that would enable us to undertake to provide for the aged infirm as a class'.[46] However, this theme was not dropped by the NCSS nor by its offshoot, the Old People's Welfare Committee (OPWC). The OPWC had been set up in October 1940 after a conference called by the NCSS on the Welfare of the Aged, and with considerable support from the Assistance Board.[47] The OPWC was able to persuade the Assistance Board of the necessity for an expansion of hostel provision by voluntary organisations because of the general need of the infirm elderly, and that that could only be achieved if each resident could be guaranteed a supplementary pension of 30 shillings.[48]

The Board proved willing to defend the new policy against the criticism of the Ministry of Health that it was wrong to encourage the indiscriminate growth of such hostels, especially since many would be in areas in danger of future bombing raids.[49] In December 1941 the Chairman of the Assistance Board announced to an NCSS conference that:

> The Board have had under consideration the position of pensioners who are not in need of continuous medical or nursing services but are nevertheless so shaky that it would clearly be in their interests that they should have special care and attention which may not be available in their homes. We have, therefore, arranged to facilitate the setting up of hostels for old people who cannot otherwise secure the attention which they need. We have agreed to increase the supplementary pension normally given to a sum which should be sufficient to provide the person with an income of 30 shillings a week.[50]

This was very different from the fate of the inmate of the public assistance institution. The inmate lost pension rights and the freedom to make decisions about a whole range of everyday things such as clothing and visits. The residents of hostels were no longer to be restricted to people disrupted by the war but they could now come from the group who would normally enter a Public Assistance Institution. Hostel residents would not only keep their pension but they would have the supplementary element of it increased. The one thread that seemed to link the two types of provision was the attitude to relatives; the 30-shilling hostel places were only to be available to those 'who, on account of infirmity or extreme old age, require special care and attention to an extent which, having regard to all the circumstances it is not reasonable to expect should be provided by their relatives'.[51]

Both the Ministry of Health and the local authority associations were at first hostile to the 30-shilling hostels. In April 1942 representatives from the public assistance departments of the London County Council, Surrey, Kent and Middlesex told Ministry of Health officials that:

> 1. Public Assistance Authorities in the Home Counties can, even in existing circumstances, provide for all old people requiring hostel treatment.
> 2. Local authority homes are superior to anything that a voluntary agency would provide.
> 3. The poor law stigma is over-emphasised.[52]

It is doubtful if Ministry of Health officials were completely convinced by such arguments. The Evacuation Division saw their main task as dealing with the homeless and so they claimed that the new hostels were nothing to do with them. The Poor Law Division of the Ministry of Health had a more ambivalent attitude. At one level, there was a feeling that 'the provision of homes for the aged is properly a function of local

authorities to be undertaken as a charge on the rates'.[53] There was also a feeling that the OPWC might be setting up a separate system of residential care for 'a privileged class of necessitous aged persons';[54] the working class were going to public assistance institutions and the middle class to voluntary hostels. At the same time, these hostels may well have been seen as good for civilian morale as well as a safety valve. They offered an alternative to PAIs which the Ministry's inspectorate must have known were out of keeping with the brave new world of Beveridge.[55] Evidence to be presented later does indicate that some officials in the Poor Law Division really did see PAIs as a landmine that could explode in their faces with newspaper scandal headlines.

By late 1943 and early 1944, complaints were beginning to 'pile up' at the Ministry of Health about conditions in PAIs. Articles were being written which contrasted the large 'workhouse' with the small voluntary hostel for 20 or 30 people. Rackstraw, in *Social Work* (*London*) for example, painted a picture of a hostel in Hampstead where 'crotchetiness and cantakerousness seem to dissolve in this calm'.[56] She concluded that 'if all the Poor Law Institutions could be turned into factories and these small hostels or homes peppered all over England, Scotland and Wales, what a much happier country it would be, not only for the old people themselves, but for their relatives and friends, and also for those not yet old who begin to look forward to the future with apprehension and dread'.[57] The relation between this type of article, individual complaints about PAIs, pressure group complaints about PAIs and the setting up of the Nuffield Survey is difficult to unravel. Certainly the hostels provided a yardstick against which to compare the PAIs to their detriment especially because (*a*) residents did not lose their pension rights and (*b*) such hostels showed the feasibility of much smaller units compared to most PAIs. Certainly, fifteen months before the publication of the Nuffield Survey, the Chief General Inspector of the Ministry of Health not only stressed the need for change to his inspectorate but also the key role that the voluntary sector might be able to play in this process. His memorandum stressed that 'voluntary agencies can help local authorities substantially by trying out various forms of institutional assistance for the "new poor"'.[58] It then goes on to consider the welfare of the aged in which 'the most prevalent disease is boredom' for those in PAIs and it argues their burden can best be lightened by keeping them active and interested through good diets, plenty of books, and suitable games while 'the term "resident" in place of "inmate" has advantages'. Such elderly residents 'would probably be best housed in small Homes and the experience of war-time emergency services and experiments such as Mrs Hill's[59] voluntary hostels in Middlesex and

East Ham Homes for bombed-out people suggest that small Homes can be not only more satisfactory to the residents but at least as economical in cost if a suitable unit is chosen'. However, the memorandum does admit that the two major obstacles to the development of hostels along these lines were lack of staff and lack of premises.

Over the next fifteen months, before the publication of the Nuffield Report, the Ministry of Health received a growing pile of complaints from pressure groups, local authority associations and professional associations about the inadequate hospital and residential provision for elderly people. The National Association of Administrators of Local Government Establishments, for example, stated they were seriously concerned at the prospect of unco-ordinated policy over hostels for elderly people.[60] In April 1946 the Association of Municipal Corporations informed the Ministry of Health of the following resolution passed by the Social Welfare Committee:

> That when the forthcoming legislation relating to the amendment of the poor law is under consideration provision should be made to enable local authorities to provide hostel or similar accommodation for aged persons who may not be capable of being entirely on their own, insofar as such accommodation and any domestic assistance that must form part of the provision cannot at present be provided under the Housing Acts.[61]

In July 1946 the National Old People's Welfare Committee (formerly OPWC) informed the Ministry of a resolution 'that old people requiring nursing care are often unable to gain admittance to hospital'.[62] In October 1946 the National Association of Local Government Social Welfare Officers attacked 'the present deplorable conditions whereby the aged and chronic sick are deprived of the necessary care and attention to alleviate their pain and discomfort'.[63] The publication of the Nuffield Survey followed in January 1947 and this encouraged an even greater volume of complaints from Members of Parliament, individuals and organisations.[64] The response of the Ministry of Health to such criticism was Circular 49/47 on the *Care of the Aged in Public Assistance Homes and Institutions*.[65] The circular drew the attention of local authorities to the Nuffield Survey and mentioned forthcoming legislation (i.e. the 1948 National Assistance Act) but stated that in the meantime, public assistance authorities should consider what action could be taken immediately to improve arrangements for existing elderly residents. The circular called for the resumption of the building of small homes and made it clear that the Minister would be prepared to consider schemes for the acquisition and adaptation of suitable premises for this purpose.

The daily routine of the larger homes should also be improved to provide more freedom, especially in the following areas:

(*a*) visiting hours every day of the week;
(*b*) residents to be allowed to wear their own clothes;
(*c*) each resident should have their own wardrobe, chest of drawers or locker;
(*d*) clocking in and out regulations under Article 70 of the 1930 Public Assistance Order should be ignored.

The circular also called for a general smartening up of the inside and outside of all public assistance institutions through better chairs, pictures, handrails, etc.

The issuing of the circular does not appear to have greatly reduced the concern of Ministry officials at the workings of many of the larger PAIs and how this could be open to scandal. On 9 October 1947, senior officers from the Poor Law Division met under the chairmanship of the Assistant Secretary who explained that:

> the purpose of the meeting was to consider methods of securing a more effective 'follow up' to the reports made by the Inspectorate of their visits to Homes and Institutions for old people. The care of the aged was arousing considerable public attention, and the Department must not lay itself open to charges of inactivity such as were implied in the Curtis Report[66] in regard to the supervision of Children's Homes.[67]

The officers agreed on the need for a careful filing of complaints from inspectors about homes and a follow-up system to make sure that the response of the local authority was known. The meeting ended with the compilation of 'a list of authorities considered likely to require stimulus, in order that the relevant administrative files might receive special and early attention'.

The 1948 National Assistance Act

The new legislation mentioned in Circular 49/47 was the 1948 National Assistance Act, Section 21 of which placed on local authorities the duty to provide accommodation to all who needed care and attention, regardless of their financial circumstances. The central message of Aneurin Bevan (Minister of Health) when introducing the Bill to Parliament was that 'the workhouse is to go' and was to be replaced for the elderly by 'special homes' for up to 30 residents to be run by 'welfare authorities' for the 'type of old people unable to do the housework, the laundry, cook meals and things of that sort'.[68] The whole tone of the debate in both Houses of Parliament reflected pleasure

at the official ending of the poor law; and Brown feels this created a situation in which 'they welcomed the new...welfare departments which were to replace it in a markedly uncritical way'.[69]

Is this a justified comment? At first glance this does not appear to be the case, especially if the issue of payment for accommodation is looked at. The Beveridge Report[70] had spoken of the need to abolish the poor law code but had not spelled out the implications of this in terms of local authority residential provision. In March 1946 the Social Services Committee of the Cabinet set up an interdepartmental committee on 'The Break Up of the Poor Law' under the chairmanship of Sir Arthur Rucker (Deputy Secretary, Ministry of Health).[71] The committee produced its report in July 1946.[72] Paragraphs 51–74 dealt with maintenance in institutions and argued that 'as a further step towards breaking away from the old association of parish relief and in particular the conception of an institution for "destitute persons", we think that a resident in a local authority's Home should keep charge of whatever income or other resources he may have and pay the authority for his accommodation and maintenance'. This 'conception of a "hotel" relationship' would work for most pensioners by them paying to the local authority 21 shillings a week from their 26 shilling pension and keeping 5 shillings for pocket money'. The Rucker Report suggested this reform should be combined with a sweeping away of previous rules about family liability towards those in institutional care. The Report asserted 'that the present extensive liabilities under the Poor Law should be brought to an end, and for the purposes of assistance under the Bill...there should be a simple liability of spouses in respect of each other'.

The 1947 National Assistance Bill followed these proposals and so it did contain real substantive reforms for elderly people in residential care. At the same time, media and parliamentary debate about the new 'hotel' relationship was extremely unrealistic in relation to the resources the state was willing to spend on new residential building. The newspaper reaction[73] on the publication of the National Assistance Bill on 31 October 1947 was one of enthusiasm, and the theme of 'hotels for the old folks' was almost universally taken up. The *Daily Mirror* spoke of 'state to build hostels for the old folk' while *The Star* spoke of 'hot and cold rooms for 21 shillings'. Bevan claimed in the second reading that 'the whole idea is that welfare authorities should provide them and charge an economic rent for them, so that any old people who wish to go may go there in exactly the same way as many well-to-do people have been accustomed to go into residential hotels'.[74] Bevan went on to express his uncertainty about what to call the new institution.

Speakers in the House of Commons had suggested 'Eventide Homes'[75] or 'Churchill Homes'.[76] The *Daily Mail* spoke of 'Wanted – Name for Old Folks Hotels' and went on to suggest 'sunshine hotels' while the *Daily Graphic* said 'Homes for Aged to be named like small Hotels'.[77]

A feature of hotels, of course, is that they conform to a market model in which customers are free to choose their own hotel and that the only eligibility criterion is ability to pay for the tariff. People are admitted on a first come, first served basis and one's stay at a hotel can be booked in advance, one is not denied entry because one has a daughter living in the same town. If there is a shortage of hotel beds in a particular area and 'no vacancy' signs become a common feature, new hotels are likely to be built by private firms to serve the unmet need. The experience of elderly people in residential care since 1948 has, of course, been vastly different from this. Could the likelihood of this be predicted from the material we have looked at for the period 1946–8?

Certainly, it is possible to argue that welfare services for elderly people were seen as a low priority compared to services under the 1948 Children's Act or Part III of the 1946 National Health Service Act. Local authorities received an exchequer subsidy for developments in both these groups of services. However, from 1944 to 1946 Ministry of Health officials had always opposed any system of exchequer grant for new residential buildings on the grounds that local authorities were not being asked to establish new services,[78] and the Rucker Report argued that 'our proposal under which such an old person will be put into a position to contribute 21 shillings to the cost of his maintenance is therefore in this respect more favourable to local authorities than anything they have been given reason to expect'. This advice was reflected in the National Assistance Bill despite protests from the local authority associations.[79] However, by that time, it was known that the Children's Bill intended to offer a 50% grant from the Exchequer on approved expenditure incurred by local authorities on those aspects of child care which were not already the subject of specific grants from the Exchequer. Ministry of Health officials decided to abandon their opposition to some form of central government support for new residential buildings. However, Treasury officials were not willing to share this changed perspective[80] and so the issue was 'sent up' to Ministerial level for resolution. The Chancellor of the Exchequer (Dalton) was at first not very responsive to the Minister of Health (Bevan). The former attacked the demands of the local authority associations 'which sometimes become quite shameless'[81] and spoke of the need 'to protect the sorely tried taxpayer'.[82] Eventually in October 1947 a subsidy system along the lines used for new council housing was

agreed[83] by Cripps who had replaced Dalton as Chancellor. However, this was only to meet about one-third of building costs compared to fifty per cent of running costs for children's services.

This subsidy system was less generous than that available for service developments for other client groups. However, the subsidy was only of value if a major building and adaptation programme was allowed by central government. From the beginning there were ominous warnings over this issue. On the publication of the National Assistance Bill, the *Glasgow Herald* warned that:

> the proposals in the Bill will remain no more than proposals until the present period of financial stringency is past. The new services and new buildings which will replace the old Poor Law system and institutions will make heavy demands on finance, building construction, and manpower, all of which are not only subject to restrictions but are needed for projects of more immediate importance.[84]

Such views were not completely rejected by Bevan despite the overall optimistic tone of his speech during the second reading. He did warn that 'the extent to which we can establish these new hotels for the old people will depend upon the development of our building programme'.[85] Several Conservative Members of Parliament echoed this point. Richard Law, for example, stated that 'this is a very good Bill' but that 'its results will depend, above all, upon the degree of economic recovery of this country for which we can hope'.[86]

The economic recovery proved slow to occur. The capital building programme, including new residential homes for elderly people, was severely restricted. Despite attempts to adapt older buildings into small residential units, the new welfare departments remained heavily dependent upon both poor law staff and poor law buildings, a situation that was to be so ruthlessly exposed in 1962 by Peter Townsend in *The Last Refuge*. With regard to former public assistance institutions, he found that:

> After 1948 they were going to be abolished. Yet in 1960 they were still the mainstay of local authority residential services for the handicapped and aged. They accounted for just over half the accommodation used by county and county borough councils, for just under half the residents and for probably over three-fifths of the old people actually admitted in the course of a year.[87]

The 29,600 elderly people in such institutions largely depended on staff who had given a lifetime's service under the old poor law as well as the new administration; Townsend claimed 'it would be idle to pretend that many of them were imbued with the more progressive standards of personal care' and that 'a few among them were unsuitable, by any

standards, for the tasks they performed, men or women with authoritarian attitudes inherited from Poor Law days who provoked resentment and even terror among infirm people'.[88]

Concluding comments

It is now appropriate to draw the paper to a close by considering what, if any, conclusions about state residential care for elderly people can be drawn from our review of the period 1939–48. Perhaps one of the most important points to make is the inadequacy of the paper's title which talks of 'state perceptions about residential care'. This wording reflects an acceptance that Britain is a market economy in which there is an inherent conflict between capital and labour and in which the state tends to function in the interests of the former rather than the latter. However, as Denise Riley has stated in relation to her research on wartime nurseries,[89] '"the state" fragments into internal government politics, dissensions between Ministries of Health, Education and Labour, reaction to pressure from industrialists, splits between central and local government authorities'.[90] The same situation can be observed in relation to the development of residential services for elderly people. It may be comforting for the researcher to think in terms of 'the Unified State' but this does little justice to the complex reality of how policies evolve and then become modified over time. This was best illustrated in the paper in relation to the '30 shilling' evacuation hostels. The Assistance Board was willing to introduce this reform. The Evacuation Division of the Ministry of Health expressed opposition but claimed it was for a group (i.e. the elderly infirm) who were outside their province. The Poor Law Division of the Ministry of Health were more ambivalent about the new scheme but were under pressure from the local authorities to express open opposition. There was equally a distinction between establishing a policy and getting it carried out. By 1945, the Assistance Board was paying the extra allowance to residents in only 26 such hostels.[91]

However, to say that there is no 'unified state' is not the same as claiming that all policy options are open or that British society is essentially a pluralist one, in which the strongest pressure group wins the most resources. Frail elderly people do not have a direct productive role and they are not involved in the reproduction of the next labour force. This is reflected in general ideological assumptions about the position of frail elderly people in society. Such assumptions are not static – they respond to changing economic and social pressures, as the

work of Phillipson[92] and Myles[93] among others has shown. However, a key aspect of these assumptions during the period 1939–48 was that frail elderly people should be a low priority for resources compared to the working population and children. Several examples of this attitude from Ministry of Health officials have been given in this paper; they were not 'potential effectives' and so could not expect much help. Even the Old People's Welfare Committee reflected these assumptions with the following press announcement:

> It may be said – and rightly – that the claims of the children must come first and that the aged are the least valuable lives. But the presence of the aged in bombed areas is both an embarrassment to the Civil Defence Services and a cause of anxiety by day and added danger at night to their younger relatives engaged in national service. Their removal to less dangerous neighbourhoods before next winter is an urgent need.[94]

Our point is not to deny the problems faced by a war economy but to underline the disparity of treatment of different dependent groups. At a time when a mass evacuation programme was being carried out to protect children, thousands of frail and sick elderly people were being expelled from hospital and residential provision without any chance of making alternative arrangements. Our comments on the 1948 National Assistance Act stressed the extent to which after the war frail elderly people were still seen as less worthy of resources (i.e. exchequer subsidy) than children.

At the same time, there is a danger in stressing the 'low priority' aspect so much that one returns to a monolithic view of dominant attitudes about the 'correct' role of the state in the care of elderly people. These attitudes clearly did change in the period 1939–48. The poor law system was ended in law, even if poor law attitudes continued to influence welfare provision. Pension rights were granted to those in residential care. How can this be explained? Clearly these changes are deeply embedded in the much broader restructuring of social services that was occurring at the time in the fields of insurance, health care and education. As already indicated, to attempt to draw out all the relevant relationships is beyond the scope of this paper. However, it is appropriate to stress the importance of civilian morale to state officials during wartime. The OPWC press announcement quoted above is hinting at the need to do something about elderly people because they could undermine the morale of younger relatives. The evacuation scheme introduced after the bombing raids of 1940 reflected a desire to improve morale in the air raid shelters. This concern with morale among many state officials seemed to open the scope for change, especially once the

initial danger from the German bombing had receded. In this respect, it is interesting that elderly people were treated more generously in the later flying bomb attacks,[95] when Britain was seen as winning the war. We would tentatively suggest that sensitivity to the morale of frail elderly people increased when middle-class elderly people became more likely to be in need of state residential care. Not only was their family support disrupted by the war but labour shortages in the middle forties meant that it was difficult for them to obtain domestic servants to do the cooking, cleaning, etc.[96] Many of them could afford to buy a place in a private home, but places here were also restricted and the OPWC casework service[97] reflected a massive demand from people trying to avoid PAIs. The perceived deleterious impact of this upon civilian morale was the major reason behind the extension of the home help scheme to include frail and sick elderly people in December 1944.[98]

Finally we wish to argue that this concern with civilian morale provided an important lever for certain voluntary organisations to develop experiments in both residential care (e.g. the evacuation hostels) and domiciliary care (e.g. home help service, meals on wheels, etc.). Our own concern in this article is with residential care, and perhaps the most important point to make about the evacuation hostels, despite their small numbers, was that they developed a positive view of residential care. State officials may have believed that PAIs were the right place for frail elderly people, but the authors know of no evidence that this view was shared by elderly people themselves. The smaller evacuation hostels, however, offered a very different image of residential care, as pictured through such articles as the one by Rackstraw.[99] They were to be small, homelike and represent no loss of liberty. This positive image of residential care was also presented by Bevan in the second reading of the 1947 National Assistance Bill, and he combined this with a view that places should be available on demand. There was no mention that access to such homes should normally be restricted to the very frail who lack family support. Indeed, the voluntary organisations after the war tended to stress that a key virtue of small residential homes was that they reduced the burden on the younger generation. For example, in December 1945 the Women's Voluntary Service (WVS) announced the building of a series of residential clubs because of the housing shortage and that 'provision of homes of this kind will also give many young people a chance to start or resume their married lives, interrupted by the war, without the additional pressure of elderly relatives'.[100] Our argument here is not that Bevan and the WVS were right to perceive residential care as virtually the only possible response of the state to the non-financial needs of elderly people. It is rather that

good residential care is an appropriate form of care for some frail elderly people and that Bevan and the WVS were right to emphasise the element of positive choice for both the elderly applicant and his or her relatives. In *The Last Refuge*[101] Townsend illustrated the extent to which positive choice was not turned into a concrete reality. Residential care remained a form of care for the frail isolated elderly often in large buildings that were years out of data or miles from the rest of the community. The interesting question is: did it have to be like that then, and does residential care have to be such a bad experience in the future?

NOTES

Much of the material referred to in this paper has been collected from the departmental files of the Ministry of Health. There are two main sources for this material. Much of the pre-1952 material is located in the Public Records Office. This will be referred to in the notes as PRO files and the PRO index number will follow. However, much of the relevant material is still located at the Department of Health and Social Security and these files are presently being processed prior to handover to the PRO. These files will be referred to in the notes as DHSS files and their original departmental index number will follow; these files will be given a new number on transfer to the PRO.

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30 Ministry of Health and Ministry of Home Security, *Recommendations of Lord Horder's Committee regarding the Conditions in Air-Raid Shelters with Special Reference to Health*, Cmd. 6234, H.M.S.O., London 1940, p. 3. For a more detailed account of shelter conditions and how this led to setting up of the committee, see Lord Horder, The Modern Troglodyte, *The Lancet* (19 April 1941), pp. 499–502.
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