CABINET

RESPONSIBILITY FOR THE CARE OF DEPRIVED CHILDREN

MEMORANDUM BY THE MINISTER OF HEALTH

1. I regret that I cannot agree with the proposals made in the Memorandum by the Lord Privy Seal (C.P. (47) 80). When the question of central responsibility first arose I did not press the claims of the Ministry of Health, for it seemed to me then that the interests of the children—and they are the paramount consideration—would be equally well served whichever Department had central responsibility. But on reflection, and as a result of enquiries I have made both in Parliament and outside it, I have been compelled to change my view.

2. I am convinced that the political consequences of placing responsibility on the Home Office would be grave. There would be widespread indignation throughout the country generally and among Government supporters in particular. I am sure that the Home Secretary would discharge his duties with humanity but, none the less, it would be represented that the Government had handed over the care of those unfortunate children to the Department which looked after delinquent children and that they would come under the police.

3. There would be less political objection to selecting the Ministry of Education. But I really think it is pushing the claims of Education too far to suggest that it should look after deprived children. The aim and object of our care for those children should be to provide them with something which goes beyond the confines of education, however liberally education may be construed. The children should be found homes and people who will look after them as parents or guardians, or they should be placed in institutions run on home lines. The teacher and the educational system have a definite and a very important place in the life of a child but it is a different place from that of the parent.

4. It might be said similarly that it is pushing the claims of health too far to suggest that the health authorities should have this duty of guardianship, but this is to ignore the welfare side of local authorities and of the Ministry of Health—welfare which starts with the babies and extends to the aged and infirm. Under the National Health Service Act and the National Assistance Bill, those general welfare functions will be widely extended. This is part of a comprehensive welfare scheme which will cater for all those who are unable adequately to look after themselves, through misfortune, infirmity or age. I stress the comprehensiveness of this welfare service and I will return to this point.

5. I believe that to give this task to the Home Office or to the Ministry of Education would be much less economical than to entrust it to the Ministry of Health. Under the Home Office there would have to be created what is virtually a new service, and the Ministry of Education could not leave the responsibility locally to School Attendance Officers. This is an important factor at a time when we are all so much concerned with the growth of national and local government staffs and have a special duty to keep the numbers down. In the case of the Ministry of Health all that would be necessary would be to supplement the existing Health Visitors' Service by the appointment of some specialist children's
officers, by arranging special courses for the existing health visitors or some of them, and by the enrolment of some additional women of commonsense and experience.

6. Under the Ministry of Health, the local organisation of this job would be simpler and more natural. The basis would be the existing Child Welfare Sub-Committees of the Health authorities with co-opted members from other appropriate committees, including the Education Committee. Thus the expansion of machinery and staff which is apt to accompany the creation of new local government forms would be avoided. The Health Visitors go into the homes of nearly 97 per cent. of the babies born in this country every year. No other service, therefore, has such intimate knowledge of British homes and parents, or such opportunities of effective, educative and preventive work, or is so well placed to recruit suitable foster-homes; and for the deprived children boarding-out, with foster-parents carefully selected, is much to be preferred to maintenance in an institutional home however good.

7. An outstanding virtue of an arrangement of this sort is that the deprived children are not segregated and are not dealt with separately from the other members of the community, as will tend to happen where specialist services are set up. If the Health Visitors and their colleagues are already in touch with all the homes, no-one is to know for what exact purpose visits to the homes are being made, and therefore no-one can point the finger at any particular home or at any particular child and make reflections upon their misfortunes. The children themselves, who should be our first thought, will thus grow up in a much sweeter atmosphere than has been possible for all too many of them in the past. This is a matter to which I attach the utmost importance.

8. The Home Office should in my view retain their present responsibility for juvenile courts, remand homes and approved schools; those are the necessary penal, quasi-penal and remedial arrangements for the delinquent children. But I hold as a matter of principle that those children who are merely the victims of misfortune should be separated from the delinquents. The true function of the juvenile courts should be to ensure that while any necessary and appropriate reforming influences are brought to bear on delinquent children and those who are beyond their parents' control, ordinary homeless children are passed by those courts back to the care of the comprehensive welfare authority.

9. I am not anxious to lay additional burdens upon the Ministry of Health which already has so much to do. The Ministry of Health, however, has a responsibility for a larger number of deprived children than any other Ministry. It has a tradition of co-operation with the local authorities. I do not claim that it has always in the past discharged those responsibilities conspicuously well, though much fine work has been done. Where there has been failure it has been due in part, at least, to having to work under the old Poor Law. That code is about to be abolished. It will be replaced by a new code with a new spirit and I believe that it will be easier for the Ministry of Health to bring about the awakening of the new spirit in the local authorities and to direct their efforts more vigorously along modern lines of thought. The title of the Ministry of Health is apt to mislead us: it is quite wrong to suppose that our business is confined to health services in any narrow sense. I think it is constitutionally important that a new general welfare service, to be run by local authorities, should be the responsibility of this Ministry, with its old traditions of friendly association with local government over a wide field of activity.

A. B.

Ministry of Health, S.W. 1,
12th March, 1947.