

## **Phyllis Willmott**

Phyllis Willmott qualified as a medical social worker (then called almoner) in 1948 but after a brief period temporarily retired to domestic life. Later she worked for two years as research assistant to Professor Richard Titmuss, examining developments in social security benefits since 1914, and for five years at the Institute of Community Studies, Bethnal Green, where her work included a small-scale study (published in *New Society*) of problems of people receiving sickness benefit. With Alan Hancock, she edited a recent BBC book, *The Social Workers*, and she is the author of a 'consumers' guide' to the social services, to be published later this year by Penguin Books.

She is married to Peter Willmott, the sociologist, and has two sons.

## **APPENDIX**

**(In Hunt, P. (ed.) 1966: *Stigma: The Experience of Disability*, London: Geoffrey Chapman).**

PHYLLIS WILLMOTT

### **Social Security and disablement**

As the essays in this book make clear, the present services for people who are severely disabled are in many respects far from satisfactory. First, they are more often than not inadequate both to total demands and individual needs. Secondly, so many of the services which in theory exist are, in practice, uncoordinated, variable and, because of this, difficult to make sense of. The result is that it is often largely luck or persistence that determines the help a particular person will receive. My task is simply to describe what help, in particular what financial help, is available for severely disabled people.

Little more than fifty years ago the only outside help a disabled person could hope to draw on was from charitable or mutual-aid funds. Those eligible for such help were few; the extent of help was in general short-term and limited. In Britain today it is true to say that anyone who might normally be expected to support himself and his dependants, but who is prevented from doing so by ill-health or disablement, can now obtain regular financial assistance from the State. This general statement, however, blankets the complex of social security schemes which have grown up in the past half-century and which are riddled with anomalies. One or two of these anomalies have already been referred to in this book and, in a brief essay like this, it is only possible to draw attention to a small number of others.

An outstanding anomaly should be mentioned immediately. You might reasonably expect that how much help a severely disabled person gets would be related to how permanently and substantially he was disabled. The reality is more complicated. Most important are the circumstances (inevitably fortuitous) in which the disablement occurs. It is only secondarily and in some instances that the degree or severity of disablement is taken into account.

This brings us straight up against the problem of defining disablement. Obviously, a man who has lost both legs is very markedly disabled, yet he may still be able to work full-time and lead in most ways an adequate and 'normal' life. A woman in the early days of suffering from multiple sclerosis may be only slightly disabled although she may eventually be severely so. This problem of definition makes for difficulty in enumerating the disabled, and no satisfactory statistics are available at the present time.<sup>1</sup> I shall concentrate here largely on those people who are so severely disabled as to be unable to support themselves.

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<sup>1</sup> A research study, now in progress, by the Research Unit of Bedford College should help fill this gap

Apart from savings and private pensions, the income of a severely disabled person is likely to come from the following sources:

*Sickness benefit and allowances* under the National Insurance scheme

*National assistance allowances* under the National Assistance Board scheme

*Injury benefit or Disablement benefit and allowances* under the National Insurance Industrial Injuries scheme

*Disablement pensions and allowances* under the War Pensions scheme.

The local offices of the Ministry of Pensions and National Insurance administer all the above with the exception of national assistance which is the responsibility of local National Assistance Board offices.<sup>2</sup>

To illustrate the range and variation in the financial benefits available through different schemes is not an easy task. In order to make comparison easier the details of allowances are in the main given for a married man who has a wife and two children to support and is so severely disabled as to be (a) unable to work and (b) in need of permanent personal attention. I have had to ignore single people who without the devoted services accorded to most married men by their families have special, often insuperable, problems. Similarly, the married woman who is severely disabled has special difficulties, but these are merely touched on in a later paragraph.

How does it happen that people with different but equally incapacitating illnesses or injuries receive different allowances? Something of the variations is shown in this table:

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<sup>2</sup> If, as proposed, a Ministry of Social Security is created this administrative division will, outwardly at any rate, disappear

## BASIC WEEKLY INCOMES COMPARED

Title of scheme	For a married man with a wife and two school age children <sup>3</sup>	Possible cause of disablement
Sickness benefit	£8 15s 0d	Rheumatoid arthritis
NAB (ordinary)	£9 6s 0d	(plus rent allce. and possible discretionary grants)
NAB (higher)		
Industrial Injuries	£18 5s 0d	Pneumoconiosis from work in mines or quarries
War Pensions	£19 12s 6d	Multiple injuries from war service

### Sickness Benefit

Now to look more closely at the various schemes. First, sickness benefit. Roughly based on insurance principles, the scheme ensures that, for those who satisfy the contribution conditions, sickness benefit can be paid 'as of right'. The present full weekly rates are:

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<sup>3</sup> All amounts take into account the Family Allowance of 8s paid for a second dependent child. In certain circumstances the benefits paid under Industrial Injuries or War Pensions can be higher

For a married man	£4 os. od.
His wife	2 os. od.
First child	1 os. od.
Second child	14s. 6d.

Sickness benefit at the above rates can be paid indefinitely once at least 156 contributions have been paid, and at least 50 paid or credited in what is called the 'relevant contribution year'. Those not entitled to indefinite benefit may, according to their individual record, get sickness benefit for up to one year; or at a reduced rate; or not at all.

Two examples will illustrate how this 'as of right' benefit works in practice. The young man who is struck down early in life by some crippling illness such as rheumatoid arthritis or who has a congenital disease like muscular dystrophy or cerebral palsy (a 'spastic') might never achieve a stable or prolonged period in insured employment. He could thus never fulfil the contribution conditions which would entitle him to full and indefinite sickness benefit. The man who has worked regularly for 20 years or more and whose health then breaks down is, on the face of it, better placed. He will undoubtedly be entitled 'as of right' to indefinite sickness benefit. His problem is that it will not provide him with an income sufficient to live on. Ironically then, for the young man or woman born with a severe disablement and the older man to whom misfortune comes later, the end result is likely to be similar. Unless they have private means, both will be forced to look for financial help from some other source. They will most likely join the army of 'long-term sick' people who have no choice but to turn to the National Assistance Board.

National Assistance

Unlike sickness benefit, national assistance involves no contribution conditions or insurance principle. The right to allowances is decided upon a test of means.

The question of what, if any, help can be granted is worked out according to set scales laid down by Parliament. These scales are intended to be adequate for all basic day-to-day needs (though there has been increasing discussion in recent years about whether they are).

The present weekly scales for national assistance are:

#### Ordinary scales

Married couple	£6 5s. 6d.
Each child aged 11 but not 16	£1 13s 6d.
Each child aged 5 but not 11	£1 7s. 0d.

#### Higher scales

(for a blind person or anyone who has given up work to take treatment for respiratory tuberculosis)

Married couple where one is blind or tuberculous	£7 10s. od.
Married couple where both are blind or tuberculous	8 6s. od.
Children <sup>4</sup>	as above

#### *Rent and other allowances*

In addition to the basic weekly scales, an allowance to cover rent is usually made. Other help for special or exceptional needs is also available and details about these are given below.

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<sup>4</sup> NAB scales for children vary according to the child's age

It is important to get clear that the above scales are a guide to needs, not fixed allowances paid to every applicant. Although with few exceptions anyone over 16 not in full-time employment and without adequate means of support has the right to apply for national assistance, they are not entitled to the allowances 'as of right'. What an applicant gets depends on what he needs; in each case an assessment has to be made by an NAB officer to find out how much income is needed (assessment of needs) and to adjust the help actually given to the income the applicant already has (assessment of resources). The incomes of a man and his wife (unless they are separated or divorced) are assessed as one.

The very term 'means test' carries unpleasant overtones of parsimony and humiliation, and perhaps this is why one of the commonest misconceptions about applying for national assistance is that one must be virtually penniless to qualify for it. In fact, a couple living in a house they own could between them have capital assets of over £6,000 and yet still be eligible for some help from the NAB if their weekly income is small. However, as a simple working rule, anyone who has [600 or more in actual savings, other than 'war savings' which can be disregarded, is unlikely to be eligible for any national assistance.

### Rent and other allowances

I have already mentioned that, as well as the weekly allowances for basic needs, an additional amount can be granted to cover rent. A man who is living in a house that he or his wife are buying on a mortgage is allowed the amount of interest payments and other outgoings, though no allowance is made to cover capital repayments.

Further allowances can be made for either special circumstances or exceptional needs at the discretion of the NAB officer. Single

grants can be made, for example, to buy a large item of household equipment such as beds or blankets; or there can be regular additional weekly payments to cover the expense of a special diet, necessary domestic help or, theoretically, any 'requirement' other than a medical one. Some people feel discretionary payments give too much responsibility to the NAB visiting officer and that it would be better if these too were regulated and set down as are the scale allowances and 'disregards'. On the other hand, the NAB visiting officer does have the opportunity to provide for almost any kind of special need, and thus carry out one of the stated purposes of the National Assistance Act, 1948: to provide help in 'such a manner as shall best promote the welfare of persons affected'. However, the NAB officer is a civil servant, not a trained social worker. It seems likely that often discretionary allowances which could be justifiably made are not, either because of the civil servant's fear of being over-generous with public funds, or simply because of a failure to find out about a person's special problems and needs.

For those whose income is only at or a little above national assistance levels, financial help can be given towards the cost of going to or from hospital. Patients themselves, and sometimes relatives accompanying or visiting patients, can get this help. In similar circumstances, grants can also be paid towards the costs of dental treatment, or for spectacles; even to those who do not get regular weekly national assistance.

Men on national assistance cannot be paid more than they were able to earn when in employment. Nearly 15,000 men (and their 60,000 dependant children) were known to be affected by this so-called 'wages stop' in 1964-65.

### Injury and Disablement at Work

The weekly contribution stamp to National Insurance which provides for sickness benefit (as well as, of course, retirement



pension, unemployment and other benefits) also includes a fixed amount payable towards a separate fund covering the National Insurance Industrial Injuries scheme. Everyone working for an employer must contribute to the industrial injuries scheme, including married women who work (even if only part-time) although these can choose not to contribute to the main scheme for sickness benefit etc. Self-employed people, on the other hand, who must contribute to the main scheme and are eligible for sickness benefit, cannot contribute to the industrial injuries scheme or, therefore, benefit from it.

To qualify for benefits under the industrial injuries scheme the disablement, either by accident or a 'prescribed industrial disease', must arise out of insurable employment (that is, virtually all regular paid work under an employer). In common with sickness benefit the scheme is based on an 'insurance principle'. Unlike sickness benefit, however, no contribution conditions have to be fulfilled. This means that it is possible for anyone unfortunate enough to have an accident at work to claim 'as of right' any appropriate benefits under the industrial injuries scheme from their very earliest days in insurable employment.

There are three main kinds of benefit: injury benefit; disablement benefit; and (for relatives and dependants of those who die from the industrial injury or disease) death benefit. Briefly, injury benefit is a flat-rate allowance paid for a maximum period of 26 weeks from the time the accident or disease prevents employment; disablement benefit is the pension (or, for less serious disablement, the gratuity) paid after injury benefit ceases.<sup>5</sup> Disablement benefit, unlike other benefits mentioned so far, is related to the extent and permanency of disablement. The maximum rate is paid to those who are assessed as having 100% disability; lesser amounts are paid for lesser disability down to the minimum weekly rate of [1 7S. per week for 20% disability.

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<sup>5</sup> It is not essential to have claimed injury benefit first, in order to get disablement benefit later

People with less than 20% disablement are usually paid a lump sum gratuity in scale with the degree and permanency of disablement. Disablement benefit can be increased by various supplementary allowances. The present rates are shown below. Marked with an asterisk are those normally payable simultaneously to a married man (with a wife and two children) who is living at home; so disabled as to be unable to work; and also in need of some personal attention.

Injury benefit  
(for first 26 weeks) £6 15s. od.

or

Disablement benefit\*  
(for 100% disability) £6 15s. od.

Possible additional allowances

a) Unemployability supplement  
(for those permanently unfit for work) £4 15s. od

b) Constant attendance allowance  
(for those 100% disabled who need  
personal attention) £2 15s. od. (less for part-  
time attendance)

or

(for those nearly or completely  
helpless) up to £5 10s. od.

c) Special hardship allowance  
(for those who cannot continue  
in their old job, or one of similar  
standing, after the accident or  
illness) up to £2 14s. od.

d) Hospital treatment allowance  
(raises a disablement pension up  
to the maximum rate if hospital  
treatment is needed for the disability)

e) Dependants' allowances.  
Wife £2 10s. od.

First child	£1 2s. 6d.
Second child	14s. 6d.

Several points are worth emphasizing about these allowances. First, whereas sickness benefit is substantially lower than that required (according even to national assistance scales) for basic day-to-day needs, disablement benefit can amount to more than present average weekly earnings of an industrial worker. Secondly, disablement benefit pays some regard to the severity of disablement. Thirdly, it can be paid to those who are still, despite disablement, able to work. In other words, not only can men with equally severe disabilities be entitled, through comparable insurance schemes, to unequal incomes, but a man who is less severely disabled can enjoy a larger income than one who is more severely disabled simply through the fortuitous origin of his disablement. This can be illustrated by comparing the married man (with a wife and two children) who is bedridden by an incurable disease like multiple sclerosis with another who, although receiving 100% disablement benefit because of an accident at work, is able to follow full-time employment after rehabilitation. In normal times the latter will receive £6 15s. per week plus his earnings; if he falls ill he will receive £6 15s. (disablement benefit), £4 (sickness benefit), plus dependants' allowances (for wife and two children)-a total of £15 2s<sup>6</sup>. The man who is permanently invalided and on sickness benefit alone will get £8 7s. or, if he is on national assistance, less than £10 a week, plus a rent allowance.

## War Pensions

Disablement pension and the supplementary allowances for war injuries are similar in many respects to those paid under the

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<sup>6</sup> Family Allowance not included

National Insurance Industrial Injuries scheme. They are awarded to either sex where disablement is attributable to service in the Forces, or where some condition not due to service is aggravated by it. Some pensions are also payable to civilians (men or women) who were injured through enemy action during the 1939 war. As with the industrial injuries scheme, war pensions vary according to the seriousness of the disablement; but they are also related to previous earnings-allowances increase according to service rank. There are no contribution conditions and no insurance principle is involved. The pensions are paid 'as of right' on proof of a disability; there is no means test. A confusing array of supplementary allowances can be paid in addition to the basic disablement pension. For a man who held the rank of private, or its equivalent, present rates are as follows:



Disablement pension (100%) <sup>7</sup>	£6 15s. 0d.
Possible additional allowances:	
a) Unemployability supplement	£4 7s. 6d
b) Constant attendance allowance <sup>8</sup> (normally)	£2 15s 0d. (less for part-time attendance)
(exceptionally)	£5 10s. 0d.
c) Comforts allowance (minimum)	10s. 0d.
(maximum)	£1 0s. 0d.
d) Allowance for lowered standard of occupation up to	£1 0s. 0d.
e) Severe disablement occupational allowance	£1 0s. 0d.
Age allowance (for those over 65 and 100% disabled)	15s. 0d.
g) Treatment allowances (various)	
h) Clothing allowance (for wear and tear by artificial limbs)	£7 10s. 0d. (annual)
i) Education allowance (for pensioners children)	£120 0s. 0d. (annual)

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<sup>7</sup> Family allowance not included

<sup>8</sup> Allowances normally paid simultaneously to a severely disabled man who cannot work, needs personal attention and has a wife and two children to support

## j) Dependants' allowances

Wife	£2 10s. 0d.
First child	1 2s. 6d.
Second child	14s. 6d.

(Lower rates are allowed for dependants of those entitled to 100% benefit but who are able to work)

## Married Women and Severe Disablement

Despite the variations and anomalies in these schemes, a man whose health breaks down can be sure of obtaining some financial assistance from one source or another. Often, he can also rely on the continuing, unpaid services of his wife and family. It can sometimes be even more of a disaster if a wife is the victim of disablement. If a married woman, working part-time or full-time, has an accident at work (or develops an industrial disease) she will be entitled to disablement benefit just as her husband would. If she pays full national insurance contributions she can claim sickness benefit (although usually at a lower rate than for men). Similarly, if her disablement is the result of a war injury or war service she can also count on some financial assistance. If she is non-employed - a housewife - she will get nothing; not even national assistance, since she cannot apply for this, however hard-pressed, if her husband is in full-time work. Thus, severe disablement for the wife, in a family whose income is moderate or small, means the breadwinner must then not only strive to provide for the inevitable 'basic day-to-day needs', not only cover the cost of his wife's special needs as a disabled person, but somehow also provide for her normal household tasks to be carried out. Where a wife is so disabled as to be completely bedridden, a last desperate solution might seem to be to reverse roles-for the husband to stay at home and look after his wife, and for the family to rely on national assistance. Even this is almost impossible, however, for the NAB does not normally expect to help in this way where the breadwinner is below retirement age. It is not, in fact, impossible to get national assistance in such circumstances-simply that as a rule the Board would expect other arrangements to be made; for example, by friends or relatives helping, or by using the



intermittent services of a home help and the brief visits of the district nurse.

## Other Sources of Help

Finally mention should be made of other services which, although not usually providing direct financial assistance, can sometimes be helpful to those who are disabled.

## Voluntary Organizations

For almost every kind of major disability or chronic illness there is now a voluntary organization of national standing, and much of the increased awareness of the difficulties faced by disabled people has been due to the pressures and activities of such specialized voluntary groups. Though some of their activities may be open to criticism, many of them do most useful work. The Disabled Living Activities Group,<sup>9</sup> for example, has recently begun to pioneer an Information Service about aids and equipment; in the not too distant future this consumer-oriented service could prove of great value.

It seems worth pointing out too that a common interest—even that of disablement or illness—can provide not merely individual practical help and advice but also group strength.

## Local Health and Welfare Services

For the severely disabled person who is living at home the local health and welfare services (of counties and county boroughs) should be a source of support. Again the irony is that they are mainly of use to the less severely disabled. My mother, for instance, benefits enormously from having the services of a home help twice weekly since a bad leg, and increasing stiffness through age, made housework difficult for her. But four hours help a week would not be much use to the family with a bedridden member; though in some districts any disabled person would be lucky to get even this. Because local authorities enjoy a good deal of autonomy and often ignore

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<sup>9</sup> An offshoot of the Central Council for the Disabled

permissive powers altogether, the number and extent of their services vary greatly.

Useful services which can or must be provided by the Health Department (county and county borough) include: home nursing; domestic helpers; laundries for the incontinent; nursing equipment; ambulances (which can be made available for transport other than simply between home and hospital). Charges according to means can be made for some of these services and, although they are seldom available to meet needs adequately, because they are part of the national health service anyone whose medical condition justifies it can apply for them.

Local welfare services for the physically handicapped (most often provided through the separate Welfare Departments of counties and county boroughs) are a much more recent development. Since 1960 it has been the duty of major local authorities to appoint welfare officers to visit and advise severely disabled people in their own homes. Besides advice from these workers on aids and appliances (many of which can be provided free through the NHS), other services can include: meals and laundry services; adaptations to the home; recuperative holidays; recreational activities and so on. Again, charges adjusted to means can be made; and although in some places rapid progress is being made, in many others services remain minimal. For welfare services, unlike health services, it is necessary to be registered as a 'substantially and permanently handicapped' person with the Welfare Department. About 90,000 people (excluding those who are disabled by blindness or deafness) are at present registered. It is generally assumed that many others who could be are not, because they are either disinclined or unaware of the scheme. This Welfare Register should not be confused with that, of the DRO (Disablement Resettlement Officer) run by the Ministry of Labour and which is restricted to disabled people who are, or will be, fit enough for paid employment. Several of the services briefly described above have been touched on in the essays in this book, mostly to be criticized for their inadequacy. For example, two workers—the medical social worker and the occupational therapist—usually associated with hospitals (though some are employed in the

local services or by voluntary organizations) have each been criticized as being ineffective or uninterested. Although obviously true to the experience of the individual essayists, isolated examples like this can give a misleading impression. There are inefficient workers in the health and welfare services, as in any other field of employment; this should not obscure the fact that the experienced medical social worker can in general be expected to know a good deal about the extent-and the limitations- of services available. Similarly, most occupational therapists know about equipment and devices for the disabled-'not merely how to make baskets! Unfortunately, however well-qualified such workers are, their effectiveness is limited as long as there are too few of them and other services remain inadequate.

*Note: As this book went to press., various important changes in the National Insurance schemes were proposed. The main effects upon what has been described above are that there would be 'wage-related benefits' for up to six months for sickness and industrial injury, and that people with 'exceptionally severe disablement' through industrial injury or war service would get an extra allowance. Though these increases are to be welcomed, they would actually increase anomalies of the kind described in this Appendix. For one thing, some people who were ill ,or disabled for a short period would get much more each week in sickness or industrial injury benefit than those disabled for longer than six months. Secondly, the gap would widen between some of those disabled by industrial injury or war service and other permanently or chronically disabled people.*

*A further important proposal was to combine the National Assistance Board with the Ministry of Pensions and National Insurance into a new Ministry of Social Security. This would make it easier for those in financial need to get help more easily and with less risk of humiliation. The fact remains that this limited administrative change would not end the distinction between 'as of right' benefits and those based on a 'test of needs'. Nor will it abolish the variations in benefits for different kinds of disablement.*