

The Committee have also informed the Minister that they have considered the appropriate salary where a midwife gives part-time service only, in the domiciliary midwifery service. They now recommend that a midwife who gives service as a domiciliary midwife for not more than 30 hours per week shall also be paid on the mean of the appropriate salary scale (*i.e.*, under Table III of their Report, as amended by Part 1B of Midwives S.C. Notes No. 3) increased by 12½ per cent., the payment again being made *pro rata* to a 48-hour week. This gives hourly rates as follows:—

(a) Outside the County of London and the Metropolitan Police District:—District Midwife, S.C.M., and S.R.N., or R.S.C.N., 3s. 5d.; District Midwife, S.C.M. only, 3s. 4d.

(b) Within the Metropolitan Police District, outside the Administrative County of London:—District Midwife, S.C.M., and S.R.N., or R.S.C.N., 3s. 7d.; District Midwife, S.C.M. only, 3s. 5d.

(c) Within the Administrative County of London:—District Midwife, S.C.M., and S.R.N., or R.S.C.N., 3s. 8d.; District Midwife, S.C.M. only, 3s. 6d.

A part-time domiciliary midwife who is regularly employed for not more than 30 hours per week but is required, on occasion, to work for a few hours in addition should be paid for any hours in excess of 30 on the mean of the appropriate scale without the 12½ per cent. loading. The payment of a domiciliary midwife who is regularly employed for more than 30 hours per week remains a matter within the discretion of the employing authority.

The Committee intend that the method of payment set out in paragraph 4 and 5 should be used only to cover hours when the midwife is actually at work, *e.g.*, on nursing duties during the puerperium. Where, however, a midwife is prepared to relieve a district midwife by undertaking all duties during a straight period of off-duty time of not less than 24 or more than 96 hours, the Committee recommend that she shall be paid at the rate of £1 1s. for each period of 24 hours.

The Committee further consider that, whilst it would not generally be desirable to adopt a method of payment on a case basis, there may be certain areas where such a method might be convenient. Where this method is adopted, they recommend that payment should be at the rate of £5 per case, subject to the number not exceeding four in any one month and to the midwife accepting full responsibility for them including ante-natal and post-natal care.

The Committee further recommend that the employing authority shall provide part-time domiciliary midwives with all necessary equipment; that protective clothing shall be provided and laundered free of charge or, where this is not possible that an appropriate allowance should be made; and that, as in the case of whole-time midwives, the employing authority shall either provide the part-time midwife with the means of transport which they require her to use, or shall reimburse the approved travelling expenses incurred by her in the discharge of her duties.

The Minister has accepted these further recommendations of the Committee and commends them to employing authorities for adoption. The Minister hopes thereby that women with midwifery qualifications, who are unable to give whole-time service on account of other ties, may be encouraged to give part-time service; and that employing authorities in their turn will be encouraged to use services thus made available.

He wishes, however, to make it clear that he has accepted the recommendation as to the provision of free transport where necessary for institutional midwives, on the understanding that this will be provided only where there are unusual circumstances such as awkward hours of work, or in rural areas the absence of public transport, which make it impossible for the part-time staff to use normal

means of transport, and where therefore it is necessary to make special arrangements for them.

Subject to this, the additional expenditure incurred in adopting the recommendations in respect of midwives employed in hospitals, institutions or maternity homes, will rank in the usual way for the Exchequer grant which the Minister is prepared to give to employing authorities to assist them in giving effect to the Committee's proposals. It is a condition of payment of grant that employing authorities adopt in their entirety the agreed findings of the Committee and (where appropriate) of the Nurses Salaries Committee and the Mental Nurses Sub-Committee.

Since part-time domiciliary midwives employed direct by local supervising authorities will not be whole-time servants of the authority within the meaning of Section 2 (2) of the Midwives Act, 1936, expenditure on their employment will not attract Exchequer grant under Section 4 (2) of that Act. Grants will however be available towards the expense of employing such midwives on the same basis as grants under Section 4 (2) of the Act, and will be paid on the additional expenditure incurred as from May 10th, 1946. Where other authorities or voluntary nursing associations with whom a local supervising authority has made arrangements under the Act employ part-time domiciliary midwives and are involved in additional expenditure, the local supervising authority will no doubt make a proportionate increase in its payments to them, and this additional expenditure too will attract grants as indicated above. Instructions with regard to claims for grant in respect of the additional expenditure resulting from the employment of part-time domiciliary midwives will be issued as soon as possible.

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The Minister of Health has stated that it is the Government's intention to round off the social service provision made by the National Insurance and the National Health Service Acts, 1946, by the introduction of legislation to break up the Poor Law and to institute a comprehensive system of national assistance. The final plan which is envisaged will have an important bearing on the many and increasingly urgent problems of providing adequately for the well-being of old people in their widely differing circumstances and needs.

Some time has yet to elapse before the Government's plans can be brought into operation, and, pending the introduction of the new services, under which the responsibility for providing residential care—but not medical treatment or nursing—is likely to continue to rest on county and county borough councils, the Minister is keeping under constant review the question how far the existing services for which he is responsible in connection with the welfare of the aged can be improved and developed.

The welfare of old people has many different aspects. The needs of those, for example, who are capable, in spite of advanced age, of living in a home of their own present special problems of which housing is one of the most important, and the Minister has already made a number of suggestions to Local Authorities in regard to the methods of meeting these special needs in their schemes for new housing. There are, of course, many who are sick and whose care, so long as they require medical treatment or nursing in an institution, will become the responsibility of the Regional Hospital Boards set up under the National Health Service Act.

Old People's Homes

The Minister trusts that Authorities will find it possible to resume the process, interrupted by the War, of establishing small homes for the aged, and he will be prepared to consider schemes for the acquisition and adaptation of suitable premises for this purpose.

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