**Faculty of Letters and Languages – M’sila**

**Department of English**

**Level:** Master 01

**Course:** British Civilization.

**Lecture**: Social Services.

**Lecture number**: 07

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**INTRODUCTION:**

State provision for social security, health care, personal social services and housing are very much taken for granted by the British today. They also feature prominently in lists of people’s concerns and directly affect the daily lives of Britons of all ages. But it was not until the 1940s that the state accepted overall responsibility for providing basic help nationally for all its citizens. Previously, there had been few such facilities and it was felt that the state was not obliged to supply social services. British social amenities developed considerably from the mid twentieth century as society and government policies changed. They are now divided between state (public) and private sectors. The state provides services and benefits for the sick, retired, disabled, elderly, needy and unemployed. They are organized by devolved and local authorities throughout Britain under the central direction of the UK Department of Health and the Department of Work and Pensions.

The costs of this welfare state are funded mainly by taxation and partly by a National Insurance Fund to which employers and employees contribute. In the private sector, social and health services are financed by personal insurance schemes and by those people able to pay for such facilities out of their own income or capital. There are also many voluntary organizations which continue the tradition of charitable help for the needy and depend for their funding upon donations from the public.

**Social Services History**

Historically, state social services were non-existent for most of the British population. The churches, charities, the rural feudal system and town guilds (organizations of skilled craftsmen) did give some protection against poverty, illness and unemployment. But this help was limited in its application and effect. Most people were therefore thrown upon their own resources, which were often minimal, in order to survive. Public health became an inevitable problem, and the poor conditions resulted in infectious epidemics in the nineteenth century, such as diphtheria, typhoid, tuberculosis and smallpox. Some diseases remained endemic in the British population into the twentieth century because of bad housing and the lack of adequate health and social facilities. The social welfare problems of the nineteenth century were considerable, and the state’s failure to provide major help against illness, unemployment and poverty made the situation worse.

Social reformers, who promoted legislation which gave some relief from the effects of nineteenth- century industrialization, had to struggle against the apathy and hostility of vested interests in Parliament and the country. It was intended that the system would be largely financed by a national insurance scheme, to which workers would contribute, and out of which they and their families would receive benefits when required. Although Conservative governments passed some of the legislation to implement these proposals, it was the Labour government from 1945 to 1951 that radically altered the social and health systems and created the present welfare state.

**Changing Family and Demographic Structures**

The provision of contemporary social services, in both public and private sectors, is conditioned by changes in family structures, demographic factors (such as increases in life expectancy and an ageing population), governmental responses to social needs and the availability and cost of services. It is argued that, as new social structures have emerged, the traditional British family is falling apart; failing to provide for its elderly and disabled; suffering from social and moral problems; lacking parenting skills; and looking automatically to the state for support.

The nuclear family (two parents and children living together) has been reduced, but it still accounts for a majority of households. Marriage has decreased in popularity in Britain and in 2000 it accounted for 55 per cent of the adult population. In 1998 there were 305,000 marriages (one of the lowest annual figures in the twentieth century) and two in five of these were remarriages of one or both parties. Only a quarter of first marriages now have a religious ceremony, while most remarriages are civil. More people are delaying marriage until their late twenties (average age twenty-eight for men and twenty-six for women) for a variety of reasons, such as career considerations. Statisticians predict that, for the first time since 1801, married couples will in future be outnumbered by those people who never marry. The number of married adults will fall from 55 per cent at present to 48 per cent by 2011 and 45 per cent by 2021. The proportion of unmarried men will increase more than the proportion of unmarried women.

**Social Security**

The Social Security system provides benefits for British people and is operated by Department of Work and Pensions agencies throughout the country. It is the government’s most expensive program (30 per cent of public spending – £101 billion) and is financed from taxation and contributions by employers and workers over sixteen to the National Insurance Fund. This means that Social Security gives benefits to workers who pay contributions to the National Insurance Fund; income-related benefits to people who have no income or whose income falls below certain levels and who need assistance; and other benefits which are conditional on disability or family needs, such as non-contributory Disability and Attendance Allowances.

The contributory system gives, for example, state retirement pensions for women at sixty and men at sixty-five (to be equalized at sixty-five from 2010); maternity pay for pregnant working women; sick pay or incapacity benefit for people who are absent from work because of illness or who become incapable of work; and a Jobseeker’s Allowance for those who become unemployed (dependent upon their actively seeking work).

**The National Health Service (NHS)**

A Labor government created the National Health Service (NHS) in 1947. It was based on the Beveridge Report recommendations and replaced a private system of payment for health care by one of free treatment for all. The medical profession wished to retain private medicine and opposed the establishment of the NHS. But this was countered by the Labor government. The NHS was originally intended to be completely free, and this ideal, to a large extent, has been achieved. Hospital and most medical treatment under the NHS is free for British and EU citizens.

The NHS provides a range of medical and dental services for the whole country based on hospitals, doctors, dentists, nurses, midwives, ambulance services, blood transfusion and other health facilities. But some charges are now made. For example, prescriptions, which are written notes from a doctor enabling patients to obtain drugs from a chemist, have to be paid for, as do some dental work, dental checks and eye tests. Such payments are dependent upon employment status, age and income. Children under sixteen, people on Social Security benefits and old age pensioners receive free prescriptions.

**The Personal Social Services**

The social services provide facilities in the community for assisting people such as the elderly, the disabled, the mentally ill, families, children and young people. Trained staff, such as district visitors, and social workers cater for these personal needs. The services are organized by local government authorities with central government funding (£10 billion in England). But it is argued that social services need extra money to address the problems that they face.

An increasing pressure is being put upon the social services, families and carers as the elderly population grows and the ranks of the disadvantaged rise. For example, the number of public residential and nursing homes for the elderly is insufficient for the demand, and some private homes close because of cost. In both cases, people may be forced to sell their homes to cover the expense. Care services for the elderly and infirm face a severe staff shortage unless higher pay and better training for care workers are introduced.

**Housing**

Housing in Britain is divided into public and private sectors. Of the 25 million domestic dwellings, the majority are in the private sector, with 68 per cent being owner-occupied and 11 per cent rented out by private landlords.

Some 21 per cent are in the public, subsidized sector and are rented by low-income tenants from local government authorities or housing associations (non-profit-making bodies which manage and build homes for rent and sale with the aid of government grants).

In both public and private sectors, over 80 per cent of the British population live in houses or bungalows (one-storey houses) and the remainder in flats. Houses have traditionally been divided into detached (22 per cent), semi-detached (30) and terraced housing (28), with the greater prices and prestige being given to detached property.

Public-sector or social housing in England is controlled centrally by the Department of the Environment and by devolved bodies in Wales, Scotland and Northern Ireland. Much of this housing has historically been provided by local authorities with finance from local sources and central government. But the provision and organization of such properties by local government has declined in recent years and more has been taken over by housing associations.

**EXERCISES**

**1-**Explain and examine the following terms

Rent- Mortgage- Taxes- Income- Demography- Life expectancy- Nursing Homes- Social Service- Flats.

**2-Write a short essay about:**

In a short essay explain the benefits and the disadvantages of a welfare state.

**REFERENCES**

Oakland, John. 2002. *British Civilization: an Introduction.* London: London University Publication Office.

Mcdowall, David. 2008. *An Illustrated History of Britain*. New York: The McGraw-Hill Companies, Inc.