Memorandum

on matters connected with the Administration of the Maternity and Child Welfare and other Acts directly concerning the Work of Health Visitors.

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Women Sanitary Inspectors' and Health Visitors' Association.

Memorandum on matters connected with the Administration of the Maternity and Child Welfare and other Acts directly concerning the work of Health Visitors.

During the last twenty years, the unprecedented amount of legislation dealing with Public Health, and especially with the health of mothers and children, has imposed ever increasing responsibilities upon Local Authorities.

The Midwives' Act, the Infant Life Protection Act, the Maternity and Child Welfare Act, and other enactments relating to the health of school children, to Tuberculosis, to Mental Deficiency and to Blind Persons, have, with ever widening scope, followed in swift succession. Local Authorities have been obliged either to assume direct responsibility for administration, necessitating the creation or increase of a staff of Health Visitors, or to delegate the details of administration to other bodies, who have themselves to appoint officers to carry out the work.

Methods of administration vary as markedly and as widely as the individualities of Local Authorities.

As an Association including some hundreds of Health Visitors working in all parts of England and Wales, we venture to suggest that even better results may be achieved, especially with regard to the prevention of maternal mortality, if full consideration is given to the following matters of principle and of detail :

A. THE DIRECT ADMINISTRATION OF THE MATERNITY AND CHILD WEFARE ACT, 1918, BY LOCAL AUTHORITIES.

For the following reasons, it seems desirable that the administration of this Act should be retained by Local Authorities rather than delegated to District Nursing Associations or to Voluntary Committees administering Maternity and Child Welfare Centres.*

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* In 1925, of 50 County Councils, 38 administered this Act directly, 5 delegated its administration entirely to County Nursing Associations, while 7 appear to have combined both methods. In the same year there were 1,356 municipal and 756 " voluntary " Centres.

(a) However efficiently the Public Health duties entrusted to these bodies may be performed, and whatever means are taken to co-relate their work with that of the Public Health Department, dual control is involved, and the principle of direct public responsibility for preventive Public Health work through elected Public Health Authorities is disregarded. The Council is no longer fully responsible to the electors, and the officers actually performing the work are not appointed by, nor fully responsible to, the Council.

(b) A nurse appointed by a District Nursing Association which receives a grant from the Local Authority in respect of her salary, on the understanding that she performs certain Public Health duties, has no direct means of appeal to the Local Authority on matters affecting her Public Health duties.

(c) A District Nurse's primary duty is midwifery and/or the nursing of the sick. In times of pressure, such as the occurrence of epidemics, her whole time may be given to nursing the sick. In this case, preventive work lapses entirely and the result may be a further and preventable increase in the number of persons requiring nursing. This entails further delay in the resumption of preventive work, and the results are cumulative.

(d) At all times it is difficult, if not impossible, for a person mainly occupied in district nursing not to regard her Public Health duties as of minor importance. In the absence of previous training or experience in purely preventive work, it is difficult for her to acquire the " Public Health outlook " which is essential to effective preventive work. Experienced Health Visitors who are fully trained nurses and have done district nursing endorse this statement.

(e) The administration of Maternity and Child Welfare Centres by voluntary committees, valuable as they are for experimental work and in some special circumstances, seems to involve serious disadvantages. The authority and influence of wealthy members of the committee may be paramount, out-weighing that of the Medical Officer, and in any case, full and direct control by the Medical Officer of Health is impossible. This we regard as essential. The Superintendent and Health Visitors attached to such a Centre are the servants of the voluntary Committee, and neither appointed by, nor answerable to, the elected Public Health Authority.

(f) The best conditions of service of Health Visitors appointed directly by Local Authorities (including relative security of tenure, sick leave with salary, and superannuation) are better than the conditions of service under District Nursing Associations or Voluntary Committees. Consequently, Local Authorities are in a better position to command the services

of the best qualified women. Would it not be wise, therefore, to improve, extend, and consolidate the services of Health Visitors appointed directly by Local Authorities? This will be involved in the direct administration of the Maternity and Child Welfare Act by Local Authorities.

B. CO-ORDINATION OF THE PROVISION FOR MATERNITY AND CHILD WELFARE BETWEEN PUBLIC HEALTH AUTHORITIES AND POOR LAW GUARDIANS.

Pending the verdict of Parliament on the recent proposals made by the Minister of Health for the abolition of Poor Law Guardians, we venture to suggest that Public Health Authorities and Boards of Guardians might co-operate in two ways, to secure a further reduction in the deaths of mothers in childbirth and of young children.

(a) Joint Provision of Maternity Homes or Hospitals.

Dame Janet Campbell, of the Ministry of Health, has recently pointed out that the two principal causes of maternal mortality are the lack of pre-natal care and of skilled attention at the time of confinement. While an increase in the numbers and efficiency of midwives would help to eliminate these causes, the daily experience of Health Visitors shows that there is urgent need for further provision of maternity homes and hospitals. Apart from the question of abnormal cases, the present acute shortage of houseroom makes a safe confinemnt at home difficult, if not impossible, in many instances. At the same time, the maternity wards in institutions belonging to the Poor Law Guardians are not fully utilised. We suggest that, in some districts, the Public Health Authority and the Guardians might make themselves jointly responsible for the provision of a small Maternity Hospital, quite apart from the Guardian's Institution, to which patients could be admitted without having to apply to the Relieving Officer and either with or without payment. An arrangement on these lines, in premises originally forming part of the Poor Law Infirmary, but now known as the Municipal or District Maternity Home, has already been made by several Local Authorities.

(b) The Administration of the Infant Life Protection Act, 1908, by Public Health Authorities, rather than by Poor Law Guardians.

This Act, which requires the registration of foster mothers and the systematic visiting of the children in their care, is at present frequently administered by Boards of Guardians, the home visiting being done by Relieving

Officers. The work could be better and more economically done if it were included in the duties of Health Visitors. They, by training and experience, are especially qualified to deal with matters affecting the health and social welfare of young children. A recommendatin to this effect was made by the Minister of Health in 1918.* In London, the Infant Life Protection Act is administered by the London County Council, an arrangement which, while effectively separating the work from that of Poor Law Relief, still involves the appointment of special officers by another Authority than that appointing Health Visitors.

C. CO-RELATION OF THE DUTIES OF HEALTH VISITORS TO :—

(1) QUALIFICATIONS.
(2) SALARIES.

The multiplicity of subjects included in recent Acts, Orders and Regulations relating to Public Health and the consequent multiplicity of subjects coming within the scope of Public Health Authorities has resulted in a great diversity in administrative methods.

County Councils are normally responsible for the prevention and treatment of tuberculosis, for the School Medical Service in the areas in which they administer the Education Acts, and for Maternity and Child Welfare work in the areas of Rural District Councils. On the other hand, the Councils of Boroughs, and of Urban Districts, administer the Maternity and Child Welfare Act in their own areas as well as the Public Health and Housing Acts. Generally speaking, each Local Authority is concerned with more than one kind of preventive Public Health work and, in the case of County and County Borough Councils, may be concerned with every kind. Frequently, two Local Authorities perform Public Health functions in the same district, in which other health activities (e.g. work under the Blind Persons and/or Mental Deficiency Acts) are performed by voluntary agencies subsidised from public funds. This being the case, it is not surprising that there is no uniformity in the duties required from Health Visitors. Even Local Authorities directly responsible for every kind of public health service differ fundamentally in methods of organisation, and consquently in the duties required from their staff. In one County, for instance, Health Visitors act as School Nurses, Tuberculosis Visitors, Mental Deficiency and Blind Persons' Visitors, and are responsible for all kinds of Maternity and Child Welfare work, some of it involving considerable training and experience in social work for its efficient performance, *e.g.*, enquiries and correspondence in relation to hospital and convalescent treatment, and to the provision of milk. In one very large County Borough, on the other hand, the work is strictly specialised. No Health Visitor performs more than one function, maternity and child welfare work being done by a staff distinct from that of the general Health Visitors. Elsewhere, in at least two cases, the staff attached to the Maternity and Child Welfare Centres or Clinics is subdivided into indoor and outdoor officers, the former never doing any home visiting at all. Generally speaking, intense specialisation is only practicable in closely populated districts, whereas in rural districts some combination of duties is inevitable. May we suggest two points for consideration in this connection :—

(*a*) No Health Visitor should be asked to carry out duties (*e.g.*, tuberculosis and mental deficiency visiting) for which she is not specially qualified.

(*b*) The cost of special training involved should be recognised in the salary offered. This consideration introduces a much larger one.

* Circular M. & C.W.4.

D. THE NEED FOR IMPROVEMENT AND STANDARDISATION IN THE CONDITIONS OF SERVICE OF HEALTH VISITORS THROUGHOUT ENGLAND AND WALES.

The following report, based on information obtained from 326 Local Authorities by this Association in May and June, 1925, leads inevitably to this conclusion.

Report on the Conditions of Service of Health Visitors in England and Wales, based on Information Relating to 326 Local Authorities, obtained by the Women Sanitary Inspectors' and Health Visitors' Association in May and June, 1925.

I. General.

The outstanding characteristic of the conditions of service of Health Visitors is " infinite variety." Whether the conditions required from a Health Visitor before appointment (*i.e.*, qualifications and experience), or the conditions affecting a Health Visitor after appointment (*i.e.*, salaries, allowances, sick leave, holidays, opportunity for promotion, and superannuation) are considered, the results of our enquiry show that there are hardly two Local Authorities in whose service exactly similar conditions prevail. Those who demand the same qualifications pay widely differing salaries, while those paying the same salaries are served by officers with widely differing qualifications. Similarly, a low salary may carry with it a high travelling allowance, a month's holiday, and no superannuation, or it may be combined with no allowance of any kind, ten days' holiday, uncertain sick leave and a superannuation allowance at the age of 65. Again, the duties of a Health Visitor may be

restricted to home visiting of infants under one year of age in a district in which she is forbidden to co-operate, even to the extent of a post card, with any other person or group of persons engaged in Public Health work or Social Service in the district. On the other hand, a Health Visitor may, and frequently does, include among her duties all those of a School Nurse, Tuberculosis Visitor, Mental Deficiency and Blind Persons' Visitor, Inquiry Officer or Almoner, together with some of those of a Sanitary Inspector, or of Health Visitor and Municipal Midwife.* The enquiry upon which this report is based, however, did not include the nature of duties nor the hours of work.

II. Scope and Method of the Inquiry.

Information has been obtained concerning the

(1) Qualifications
(2) Salaries
(3) Allowances
(4) Holidays
(5) Sick Leave
(6) Promotion
(7) Superannuation

of Health Visitors in the service of 326 Local Authorities, having a population of not less than 10,000. In 206 cases the information was supplied wholly or in part by the Councils, in response to a request made by the Association ; in the remaining 120 the information was obtained from other equally reliable sources, *e.g.*, the terms specified in recent advertisements for Health Visitors issued by certain Local Authorities, and statements of their own conditions of service by members of our Association, who are actually holding appointments as Health Visitors. It was not possible to obtain information under all seven heads in each case ; information as to promotion, salaries and superannuation was obtained in all 326 cases, and superannuation in 29 additional cases, in holidays in 261, as to uniform allowances in 255 (including 32 making no allowance), as to travelling allowances in 194, and as to sick leave in 147 cases. The 326 Local Authorities include :—

50 County Councils.
28 Metropolitan Boroughs.
79 County Borough Councils.
82 Municipal Corporations or Boroughs.
87 Urban District Councils.

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* In some rural districts, certain Public Health duties are performed by District Nurses, but as these nurses are not appointed by Local Authorities and are not Health Visitors, their conditions of service are not included in this report.

It will be noted, therefore, that the information obtained covers a large majority of administrative Counties and all the Metropolitan Boroughs employing Health Visitors.* Though the numbers are less complete in the other three groups, the conditions of service of Health Visitors in County Boroughs, Boroughs and Urban Districts are fully illustrated by the 248 examples given, these Councils being responsible for every type of town and district in all parts of England and Wales.

(1) *Qualifications.*

Owing partly to the comparative newness of the profession†, partly to the frequent changes in the requirements as to training made by the Ministry of Health, and partly to the individual preferences shown both by Medical Officers of Health and Councillors, there is a complete lack of uniformity in this respect. Our inquiry revealed that 1,974 Health Visitors had between them 22 different certificates‡ or varieties of experience, held in 88 combinations. The number of certificates held by individual Health Visitors varies from none to five, and the duration of previous training and/or experience from nothing to eight years. (See Appendix 1.)

(2) *Salaries.*

Salaries bear no relation either to the qualifications of the Health Visitors, or to the nature, population, acreage or geographical position of the district administered by the Councils under whom they serve. For instance, one Municipal Corporation pays a Health Visitor possessing the certificate of the Central Midwives' Board only (obtainable prior to June, 1916, after three months' training) a salary rising from £214 to £236 a year, plus a uniform allowance of £15, while an Urban District Council pays another, having a certificate of a three years' general hospital training, in addition to that of the Central Midwives' Board, a fixed salary of £120, plus an allowance of £5 for uniform. Similarly, one Health Visitor possessing a Diploma obtained under the Board of Education Regulations for the training of Health Visitors 1919, and the Certificate of the Sanitary Inspectors' Examination Board (necessitating two and a half years' specialised training and costing at least £225, in addition to the cost of clothes and holidays) was in the service of a County Council paying from £150 to £180 a year, while another, possessing only the Health Visitors' Certificate of the

* The City of London appoints no Health Visitors.

† The first County Health Visitors were appointed in Warwickshire in 1903 but Health Visitors were not generally appointed in London before 1907 or throughout the country before 1918.

‡ In this calculation all certificates of three years' General Nursing Training are considered as one certificate.

Royal Sanitary Institute (obtainable after attending a part-time evening course lasting nine weeks), was in the service of a County Council paying £225 as a maximum salary. In June, 1925, there were still 37 Local Authorities paying minimum* salaries of less than £150 a year, one of them (a County Borough Council with a population of 131,103) giving a minimum salary of £125. Of 30 Local Authorities in the London area (not being Metropolitan Boroughs), 14 pay minimum salaries ranging from £160 to £199, while 16 of them give minimum or fixed salaries varying from £200 to £280. Similarly, 22 of these give maximum† salaries varying from £180 to £249, while in eight of them the maximum salary varies from £250 to £377. In London itself, salary conditions are both more uniform and more satisfactory, none of the 28 Metropolitan Boroughs paying less than £200 (while in 12 of them the minimum is between £230 and £240). In 11 Metropolitan Boroughs the maximum salary is £350 or more.

It is in the service of County Councils that the variety of duties performed by a Health Visitor is greatest, and that the work involves the physical strain of covering long distances on a bicycle in all weathers. Nevertheless, the minimum salary paid by three County Councils is actually less than £150. In 13 Counties the minimum salary varies from £170 to £220, in four cases being £200 or over. In five cases, too, the maximum salary varies from £240 to £280.

In addition to the need for a general improvement and standardisation of the scales of salary attached to the appointment of Health Visitors, we suggest that the principle embodied in the Local Government and Other Officers' Superannuation Act, 1922, *i.e.*, that years of service under one Local Authority should be taken into account on transferring to the service of another Authority, should be extended to salaries. At present a Health Visitor is obliged to accept the minimum salary of the scale in force in the district to which she transfers. This frequently involves an actual decrease in salary which coincides with the expense of removal‡. (See Appendix

* Minimum (1) The minimum salary in a scale or (2) a fixed salary where there is no scale. (In cases in which a cost-of-living bonus is paid in addition to a basic salary, the amount of bonus has been based on the index figure for May 1925, viz. 80, the salary given being the combined sum of basic salary and bonus.)

† Maximum (1) The maximum salary in a scale or (2) a fixed salary where there is no scale. (In cases in which a cost-of-living bonus is paid in addition to a basic salary, the amount of bonus has been based on the index figure for May 1925, viz. 80, the salary given being the combined sum of basic salary and bonus.)

‡ Where removal from one part of the county to another is required by a County Council, we suggest that the expenses of removal shiuld be borne by the Council and not by the Officer. Payment of removal expenses is general in the Civil Service.

(3) *Allowances.*

Allowances in addition to salary may be made in respect of one or all of the following :—

(*a*) Uniform.
(*b*) Travelling.
(*c*) Subsistence.

(*a*) *Uniform.* Of 255 Local Authorities, 32 do not concern themselves with the clothes worn by their Health Visitors. Forty-seven, including 19 County Boroughs, give uniform in kind, two of the latter including boots and one providing laundry. The remaining 176 Authorities pay 28 different money allowances, varying from £1 10s. 0d. to £20 a year.* Eighty-seven Authorities give £10 a year, while 25 give more. We have no information as to the kind of uniform the Health Visitor in the service of the Urban District Council is required to provide at a cost of 30/- a year. The cheapest and least attractive uniform in kind comprises a dark blue alpaca dress, starched collars, long coat and a hideous hat. Some Local Authorities insist merely on a badge.

(*b*) *Travelling.* The travelling allowance made by 194 Local Authorities vary from nothing (20 cases, including 2 County Councils), to £40 a year (paid by one County Council). Between these extremes there are 30 variations in the amounts paid, one Borough paying £1 a year, and one Welsh County £35. One wonders if this apparently generous travelling allowance, coupled with six weeks' holiday in the year, is to salve the conscience of Councillors paying a minimum salary of £130 a year. Of the 194, 60 re-pay out-of-pocket expenses.†

(*c*) *Subsistence.* Fourteen County Councils give subsistence allowances, varying from 2/6 a day in a northern County to 4/6 in South Wales (if both lunch and tea are taken away from home). In two counties additional allowances are paid for each night spent out of the district, the amounts varying from 9/- to 25/-. (See Appendix 3).

(4) *Holidays.*

The length of a Health Visitor's holiday appears to be a matter of pure chance : it may be ten days or it may be six weeks. Of 261 Local Authorities, 93 give a holiday of a month or more (24—34 working days), while 95 give three weeks (18 working days) or less, and one only gives 11 days.‡ Experi-

* One County Council pays up to £60, but this amount includes the travelling allowance.

† In one Administrative County, real hardship is caused to Health Visitors, whose salaries vary from £160 to £200, by what appears to be unnecessary delay in the repayment of the out-of-pocket expenses from the County Hall.

‡ This Council is one of two paying the lowest salaries in London.

ence shows that holidays and sick leave vary in inverse proportion. (See Appendix 4).

(5) *Sick Leave.*

Among 147 Local Authorities, there are 31 variations in the practice of payment during sick leave, seven Councils varying the amount paid according to years of service. One Borough pays no salary during sickness unless the Health Visitor has worked overtime without extra pay. In 69 cases of these 147 full pay is given with no definite time limit (National Health Insurance benefits being deducted in 21 of them). Generally speaking, Health Visitors (compared with other Local Government Officers) fare better in sickness than in health. (See Appendix 5).

(6) *Opportunities for Promotion.*

Compared with other professions, *e.g.* teaching, opportunities for promotion to higher posts are practically non-existent. Only 42 Local Authorities out of 326 appoint Superintendent, Assistant Superintendent, or Chief Health Visitors at a higher scale of salary than other members of the Health Visiting staff. The amount of additional responsibility and of scope for initiative and administrative capacity in some of these appointments is considerable, though the highest salary scale paid to a Superintendent of a staff of 76 is only £328—£378. Is it surprising that there is a continual leakage from the ranks of Health Visitors every year into other professions offering greater opportunities for promotion?

(7) *Superannuation.*

As with other conditions of appointment, there is no uniformity in the practice of Local Authorities with regard to superannuation allowances. Nearly half of those from whom information has been obtained (157 out of 355) had no superannuation scheme at all.* Even where a superannuation scheme has been adopted, the percentage of salary deducted, and the amount of superannuation vary. In any case, as the usual rate of pension cannot be more than two-thirds of the maximum salary after 40 years' service, and as the length of training and previous experience demanded from Health Visitors, combined with the arduous nature of their duties, makes it impossible for them to have completed the specified number of years service, few, if any, Health Visitors under present conditions will receive a pension upon which they can exist. Pending substantial and general improvement in salaries, we suggest that this hardship can only be avoided by allowing ten years' added service to compensate for the late age of entry, and making retirement compulsory at 60 and optional at 55 years of age.

* Prior to June, 1925.

E. THE NEED FOR A REGISTER OF HEALTH VISITORS.

A Register of Health Visitors compiled by the Scottish Board of Health already exists in Scotland ; we suggest that a similar register of Health Visitors in England and Wales should be compiled by the Ministry of Health. The formation of such a register is urgently necessary, in order :—

1. To Safeguard the Position of Health Visitors already working in the Public Health Service.

Although the Minister of Health has stated that the new Certificate of the Central Examining Body will only be required from Health Visitors appointed *for the first time* after 1st April, 1928, we believe that preference may well be given by Local Authorities to candidates possessing this qualification, thus affecting adversely those Health Visitors who were qualified and appointed prior to the inception of the new certificate. The principle of protecting by registration those actually employed in any profession when the standard of qualification is raised for new entrants, has been recognised in the case of doctors, dentists and midwives. We regard this protection as especially necessary for existing Health Visitors, in view of the multiplicity of certificates and variety of experience possessed by them, and of the many changes made in the requirements of the Local Government Board and of the Ministry of Health in the last twenty years. If a register were instituted, and all Health Visitors whose appointments had been approved prior to the formation of the register entitled to registration *and no appointment of unregistered Health Visitors were approved after that date*, much avoidable hardship could be prevented.

2. To Strenghten the Position of the New Entrants to the Profession after 1st April, 1928.

We suggest that all those who qualify in accordance with the requirements of the Minister in Circular M. & C.W. 101 should be entitled to immediate registration. This would assure their professional standing both as compared with those already in the Public Health Service, and in the event of any modification or alteration in the requirements of the Ministry at a later date. Incidentally, the institution of such a register might well stimulate the supply of candidates for the new Certificates.

3. To Simplify the Examination of Credentials by Local Authorities.

In the event of such a register being formed, the verification of credentials would be the responsibility of the Ministry of Health. Local Authorities would merely have to satisfy them-

selves that a candidate's name was actually on the official register. We suggest that copies of the register might be prepared by the Ministry and supplied to Local Authorities.

F. CONCLUSION.

We suggest that the consideration of the various matters included in this memorandum points to the desirability of a greater measure of standardisation. Some progress towards improvement and standardisation has already been made in two respects, viz : (*a*) qualifications ; (*b*) salaries in the County of London. While welcoming in principle the adoption of a uniform qualification for Health Visitors, we suggest that an adequate supply of suitable candidates for the training specified by the Ministry of Health cannot be expected unless there is a reasonable certainty that the salary obtained after appointment in any part of the country will suffice to cover the cost of living of a professional woman, and will also bear some relation to the cost of the specialised training involved. At present the average salary is miserably low, and the actual salary attached to any particular appointment appears to be a matter of pure chance.

Proposed Informal Conference.

We suggest that the first practical step towards improvement and standardisation would be an informal discussion between representatives of Local Authorities and of this Association. Possibly the following questions might be included among the subjects for consideration :—

A. The direct administration of the Maternity and Child Welfare Act, 1918, by Local Authorities.

B. Co-ordination of the provision for Maternity and Child Welfare between Public Health Authorities and Poor Law Guardians.

C. Co-relation of the duties of Health Visitors to
   (1) Qualifications.
   (2) Salaries.

D. The need for improvement and standardisation in the conditions of service of Health Visitors throughout England and Wales.

E. Registration.

APPENDIX 1.—QUALIFICATIONS.

CERTIFICATES AND VARIETIES OF EXPERIENCE HELD BY THE 1,974 HEALTH VISITORS ABOUT WHOM INFORMATION WAS OBTAINED.

1. Certificate of 3 years' General Nursing Training.
2. Certificate of 3 years' Children's Nursing Training.
3. Certificate of the Central Midwives' Board.
4. Fever Nursing Training.
5. Certificate of Queen Victoria's Jubilee Institute.
6. Royal Sanitary Institute Certificate for Health Visitors.
7. Royal Sanitary Institute Certificate for Sanitary Inspectors.
8. National Health Society Diploma.
9. Hygiene Diploma.
10. Infectious Diseases Certificates.
11. " Infirmary Training " (Nursing).
12. " Partial Training."
13. " Social Training."
14. First Aid Certificate.
15. Home Nursing Certificate.
16. V.A.D. Experience.
17. " *Crèche* Training."
18. District Nursing Certificate.
19. Scottish Health Visitors' Certificate.
20. Certificate of the Sanitary Inspectors' Examination Board.
21. Social Science Diploma—King's College.
22. Board of Education Diploma for Health Visitors.

These 22 certificates and varieties of experience are held in 88 different combinations. The combination of certificates held by the largest number of Health Visitors is the Certificate of 3 years' General Nursing Training and the Central Midwives' Board Certificate, these two certificates being held by 431 Health Visitors. A Certificate of 3 years' General Nursing Training, the Central Midwives' Board Certificate and one of the Certificates of the Royal Sanitary Institute are held by 206 Health Visitors. The Board of Education Diploma, either alone or combined with other certificates, is held by 44 of the Health Visitors about whom information was obtained.

APPENDIX 2.—SALARIES.

(*a*) Minimum Salaries.

(In cases in which a cost-of-living bonus is paid in addition to a basic salary, the amount of bonus has been based on the index figure for May 1925, viz. 80, the salary given being the combined sum of basic salary and bonus.)

Salaries.		County Councils.	Metropolitan Boroughs.	County Boroughs	Municipal Corporations	Urban District Councils	Totals
£120—£129	...	1	0	1	0	1	3
£130—£139	...	1	0	1	5	3	10
£140—£149	...	1	0	16	4	3	24
£150—£159	...	16	0	23	18	16	73
£160—£169	...	18	0	13	18	12	61
£170—£179	...	4	0	10	16	10	40
£180—£189	...	2	0	9	11	11	33
£190—£199	...	3	0	2	2	5	12
£200—£209	...	2	10	1	5	17	35
£210—£219	...	2	4	3	2	7	18
£220—£250	...	0	14	0	1	2	17
		50	28	79	82	87	326

(*b*) Maximum Salaries.

Minimum (1) The minimum salary in a scale or (2) a fixed salary where there is no scale.

Salaries.	County Councils.	Metropolitan Boroughs.	County Boroughs.	Municipal Corporations.	Urban District Councils.	Totals.
£120—£129 ...	1	0	0	0	1	2
£130—£139 ...	0	0	0	2	3	5
£140—£149 ...	1	0	2	1	3	7
£150—£159 ...	5	0	6	9	8	28
£160—£169 ...	3	0	4	8	8	23
£170—£179 ...	1	0	7	12	4	24
£180—£189 ...	9	0	10	15	10	44
£190—£199 ...	7	0	14	4	8	33
£200—£209 ...	12	0	18	17	16	63
£210—£219 ...	2	0	4	3	6	15
£220—£229 ...	3	0	7	5	5	20
£230—£249 ...	5	0	3	4	8	20
£250—£299 ...	1	7	1	1	4	14
£300—£377 ...	0	21	3	0	3	27
	50	28	79	81*	87	325

* In one case house, fuel and light were provided in addition to the maximum salary. This case has therefore been excluded.

Maximum (1) The maximum salary in a scale or (2) a fixed salary where there is no scale.

APPENDIX 3.—ALLOWANCES.

(*a*) Uniform.

Amount	County Councils	Metropolitan Boroughs	County Boroughs	Municipal Corporations	Urban District Councils	Total.
Nil	4	2	2	11	13	32
£1 10 0	0	0	0	0	1	1
£4 0 0	0	0	0	0	1	1
£5 0 0 (incl. trav.) ...	0	0	0	1	1	2
£5 0 0	5	0	6	9	8	28
£6 0 0	1	0	0	0	0	1
£6 13 4	0	0	0	1	0	1
£7 0 0	0	0	1	1	0	2
£7 10 0	0	0	5	0	2	7
£8 0 0 (incl. trav.) ...	0	0	1	0	1	2
£8 0 0	7	1	3	1	2	14
£10 0 0 (incl. trav.) ...	1	0	1	0	2	4
£10 0 0	20	0	28	25	14	87
£10 0 0	0	0	1	0	1	2
£10 10 0	0	0	1	0	1	2
£11 0 0	1	0	0	0	1	2
£12 0 0	0	0	1	1	1	3
£12 5 0	0	0	0	1	0	1
£12 10 0 (incl. laundry) ...	0	0	0	1	0	1
£14 0 0 (incl. trav.) ...	0	0	0	1	0	1
£15 0 0 (incl. trav.) ...	0	0	0	2	0	2
£15 0 0 (incl. laundry) ...	0	0	0	2	0	2
£15 0 0	1	0	2	1	2	6
£16 0 0	0	0	0	0	1	1
£20 0 0 (incl. trav.) ...	1	0	0	0	0	1
£20 0 0	0	0	0	0	2	2
£28 0 0 (incl. laundry) ...	1	0	0	0	0	1
£10—£60 (incl. trav.) ...	1	0	0	0	0	1
In kind	6	1	19	7	14	47
	49	4	70	65	67	255

APPENDIX 3.—ALLOWANCES (*continued*).

(*b*) Travelling.

Amount	County Councils.	Metropolitan Boroughs.	County Boroughs.	Municipal Corporations.	Urban District Councils.	Total.
Nil	2	0	2	9	7	20
Mileage Basis	7	0	0	0	0	7
Out-of-Pocket Expenses ...	9	4	26	12	19	70
Cycle provided and maint'ed	5	0	4	4	8	21
£1—£5	3	0	12	4	3	22
£5 (incl. uniform)	0	0	0	1	1	2
£8 (incl. uniform)	0	0	1	0	1	2
£5—£10	15	0	2	5	8	30
£10 (incl. uniform)	1	0	1	0	2	4
£10	0	0	1	1	0	2
£10 (plus fares)	1	0	0	0	0	1
£14 (incl. uniform)	0	0	0	1	0	1
£15 (incl. uniform)	0	0	0	2	0	2
£10—£60 (incl. uniform) ...	1	0	0	0	0	1
£20 (incl. uniform)	1	0	0	0	0	1
£25 (incl. subsis.)	1	0	0	0	0	1
£26 (incl. subsis.)	1	0	0	0	0	1
£35	1	0	0	0	0	1
£40	1	0	0	0	0	1
£30 (motor cycle)	0	0	0	0	1	1
Amount not stated	0	0	0	0	3	3
	49	4	49	39	53	194

(*c*) Subsistence.

Amount.	No. of County Councils.
Amount not known	4
2/6 per day	2
3/4 per day	1
Lunch, 2/6; tea, 1/-	1
Lunch, 2/6; tea, 1/3	1
Lunch, 3/-; tea, 1/6; night away in County, 12/-; night away out of County, 25/-	1
Away for 6 hours, 3/-; away for night, 9/-	1
£20 per annum	1
£25 per annum	1
£26 per annum (including travelling)	1
	14

APPENDIX 4.—HOLIDAYS.

Amount	County Councils	Metropolitan Boroughs	County Boroughs	Municipal Corporations	Urban District Councils	Totals
10 working days ...	0	0	0	1	1	2
11 ,, ,, ...	0	1	0	0	0	1
12 ,, ,, ...	2	1	23	15	21	62
14 ,, ,, ...	0	1	1	0	0	2
16 ,, ,, ...	0	0	0	1	0	1
18 ,, ,, ...	14	13	24	21	23	95
20 ,, ,, ...	0	0	0	0	1	1
21 ,, ,, ...	0	0	0	1	0	1
22 ,, ,, ...	0	1	1	0	0	2
23 ,, ,, ...	0	0	1	0	0	1

APPENDIX 4.—HOLIDAYS (*Continued*).

Amount			County Councils.	Metropolitan Boroughs.	County Boroughs.	Municipal Corporations.	Urban District Councils.	Totals.
24	,,	,, ...	17	2	18	27	20	84
27	,,	,, ...	0	0	1	0	0	1
28	,,	,, ...	0	0	1	2	0	3
30	,,	,, ...	1	0	1	0	0	2
32	,,	,, ...	2	0	0	0	0	2
34	,,	,, ...	1	0	0	0	0	1
			37	19	71	68	66	261

APPENDIX 5.—PAYMENT DURING SICK LEAVE.

	County Councils	Metropolitan Boroughs	County Boroughs	Municipal Corporations	Urban District Councils	Totals
No fixed rule	6	0	4	8	10	28
Full pay—no limit given	5	5	8	13	17	48
Full pay (less benefit under N.H.I. Act) ...	1	0	13	3	4	21
7 mos. full pay, 1 month half pay	0	0	0	1	0	1
7 mos. full pay, 16 weeks at £1 per week ...	0	0	0	0	1	1
6 mos. full pay, 6 mos. half pay	0	0	0	1	0	1
6 mos. full pay, 3 mos. half pay	0	0	0	0	1	1
6 mos. full pay in 1 year	0	1	1	0	0	2
3 mos. full pay, 3 mos. ¾ pay, then half pay...	0	0	0	1	0	1
3 mos. full, 3 mos. half	0	0	2	1	0	3
3 mos. full, 3 mos. half, then 5/- per week ...	0	0	1	0	0	1
3 mos. full pay	0	0	3	3	2	8
3 mos. full pay (under 10 yrs. service) 4 mos. full pay (over 10 yrs. service) ...	1	0	0	0	0	1
2 mos. full pay, 3 mos. half pay (under 5 yrs 3 mos. full pay, 3 mos. half pay (over 5 yrs.	0	0	0	0	1	1
2 mos. full pay, 2 mos. half pay	0	0	0	2	1	3
2 mos. full pay, 2 mos. half pay, 2 mos. ¼ pay	0	0	1	0	0	1
2 mos. full pay, less N.H.I. Benefit	2	0	1	0	1	4
Under 3 yrs. service nil, over 3 yrs. service 3 mos. full pay...	0	0	0	1	0	1
6 wks. full, 6 wks. half	1	0	0	0	1	2
6 wks. full, 6 wks. half (5 yrs. service) ... 8 wks. full, 8 wks. half (5-10 yrs. service) .. 10 wks. full, 10 wks. half (10-15 yrs. service)... 12 wks. full, 12 wks. half (over 15 yrs. service)	0	0	1	0	0	1
6 wks. full, then considered	0	0	1	0	0	1
4 wks. full, 4 wks. half (under 5 yrs.)... 6 wks. full, 6 wks. half (over 5 yrs.)	0	0	1	0	0	1
1 mo. full, 5 mos. half	0	0	3	0	0	3
4 wks. full, then considered	0	0	1	0	0	1
1 mo. full, 1 mo. half	3	0	1	0	1	5
4 wks. after 1 yr., 1 extra wk. for each yr's. service	1	0	0	0	0	1
3 wks. full, 6 wks. half (more after 6 mos. service)	0	0	1	0	0	1
4 wks. full, 22 wks. at 12/- per week, then 7/6 per wk	0	0	1	0	0	1
2 wks. full, extra subject to consent	0	0	0	0	1	1
Pay according to years of service	0	0	1	0	0	1
Pay during sickness if H.V.'s work overtime without extra pay	0	0	0	1	0	1
	20	6	45	35	41	147