THE LABOUR PARTY

Reports on
HOSPITALS AND THE PATIENT
and a
DOMESTIC WORKERS' CHARTER

To be presented by the Standing Joint Committee of Industrial Women's Organisations to the

NATIONAL CONFERENCE OF LABOUR WOMEN, BLACKPOOL

June 2, 3, and 4, 1931

Price 1*d.* *Post Free* 1½*d.* 1*s. per dozen*

These Reports will also be issued to Delegates with their credentials and the Final Agenda.

Published by the Labour Party,
Transport House, Smith Square, London, S.W. 1.

Hospitals and the Patient

Report to be presented at the National Conference of Labour Women, 1931

The following report has been prepared by a Joint Committee of the Standing Joint Committee of Industrial Women's Organisations and the Public Health Advisory Committee of the Labour Party. The Committee was presided over by Dr. Somerville Hastings, M.P., and its members were

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The Standing Joint Committee ask the Conference to adopt the report and to do their utmost in all their organisations to see that efforts are made to secure that its many useful recommendations and its final conclusions are carried out.

This Report deals only with hospital administration as the patient views it. At this moment, when 129,000 beds formerly under the Poor Law are just coming under the care of the Public Health Authority, in addition to the 200,000 beds already under their care, it is specially important to consider their position and future. Again, amongst voluntary hospitals, with their 65,833 beds, there are many which are finding it difficult to secure financial support to maintain full efficiency, and the system of payment by patients is quickly developing. We are clearly on the eve of important changes in the hospital system, and the purpose of this Report is to place before the delegates at the National Conference of Labour Women

some of the difficulties and the needs of patients, or, to put it in other words, to consider whether the hospitals are supplying what we want.

For this purpose we have considered mainly the general hospitals, not taking special account of the mental hospitals, whose administration differs in material features, nor dealing specially with the infectious disease hospitals or sanatoria for tuberculosis, where the particular needs of patients vary greatly from the general run of medical and surgical cases.

1. GENERAL NEEDS.

There are certain general questions which affect all patients.

A. **Waiting Lists.** Can persons needing hospital treatment secure it with the promptness that is requisite to ease pain and promote quick and satisfactory cure? We find that there are long waiting lists for hospitals, which sometimes means even a year or more before admission. This means, also, that urgent cases are admitted into overcrowded wards and that others are sent out before the proper time. Another result is that the out-patient department is compelled to do urgent work that properly belongs to the in-patient side. These evils arise partly out of the lack of co-ordination between hospitals, due to their separate administration, each voluntary hospital generally acting as an independent unit.

The facts, however, are clearly established that beds are insufficient, especially for operation cases. It may be that few deaths take place as a result, but it is certain that waiting lists cause much pain, mental, as well as physical, and must be detrimental to the patients who are kept waiting before admission or are hurried out of hospital too soon after treatment.

B. **Overcrowding.** In 1928 the Voluntary Hospitals Commission estimated that the voluntary hospitals in England and Wales were at least 10,000 beds short of what was reasonably necessary, while the Report on the Hospital Services of Scotland in 1925 stated that 3,600 more beds were required. A study of hospital statistics shows that many patients are sent home before they are ready, owing

to the lack of beds. The average for a patient in hospital is twenty-one days. Yet the average in some of the large hospitals is twelve days, the pressure on the beds having hurried the patients out too soon. Children should be kept in the wards for at least two days after such minor operations as the removal of adenoids and tonsils, but owing to the shortage of beds they are often put on mattresses in rows on the floor, for a short time, to recover before being sent home, and this regardless of the danger of bleeding coming on later.

Further, as each hospital acts as a separate unit, we find that some are overcrowded, whilst their neighbours have beds to spare. One hospital over a period of years had *more* than 100 per cent. of its beds occupied, and in 1928 the average was as high as 105.75 per cent. On the other side, we find that the small hospitals have an average of 62 per cent. This indicates a waste of nursing staff when it is so badly needed. In cases where a hospital shows an average above 90 per cent., emergency beds are being used in the wards.

C. **Shortage of Nurses.** Closely connected with the problem of overcrowding is that of the shortage of nurses. More beds and smaller wards would mean the necessity for more nurses. The demand for nurses is greater than the supply. The London County Council alone spends over £2,000 per annum in advertising for nurses and has a special recruiting officer at a salary of £500 a year. Yet London is always an attractive centre for this as well as other kinds of employment.

It is estimated that many more nurses are needed to form an adequate nursing service. Sometimes matrons of large hospitals, when asked the proportion of nurses to patients, give figures which look as though the supply is sufficient. Their ratio may vary from one nurse to 2.5 patients to one for 6, but it is usual to count every nurse on the staff, including those in the out-patient department and all the special departments, such as X-ray, light, etc. If the actual numbers in the wards were taken the number of patients per nurse would be very much higher. But overworked nurses cannot give the patients all the attention and kindness that they need.

Three main reasons cause nursing to be unpopular as a profession :—

(1.) The age at which probationers are required to start for training is eighteen (which is a reasonable age for such work), or even older, and there are waiting years after leaving school to fill in. This makes it difficult for a girl who has to earn her living. She must start on something else, and may not later on want to leave it.

(2.) The hours are very long.

(3.) It is impossible to provide for old age from the salaries paid.

D. **Paying Patients.** A distinction is now growing up between paying and non-paying patients in hospitals. The payments are sometimes for private wards, and may be as high as six guineas a week, with medical fees in addition. For others there are often graded payments, running from 2s. 6d. upwards, according to income. These payments may sometimes be done away with altogether, irrespective of income, if the patients can secure a subscriber's letter. In London there are about 1,100 beds in paying wards, and some of these have been taken from wards that were originally established for the sick *poor*. Thus the system is very unfair in its working, and is rendered more so by the fact that the patients in the paying wards, and occasionally even paying patients, side by side with non-paying, may receive more attention than others.

E. **Representation of Working Women.** There is a great need of working class representatives, and especially women, on the management committees of hospitals. This can be more easily met when they are under Public Health Authorities, but owing to the small number of working women on the Councils, is still far short of the need. It is often not realised that under the 1929 Act it is possible to co-opt women on to the governing bodies of municipal hospitals. On voluntary hospitals there are very rarely such representatives, and their need in supervising arrangements suitable to the patients is greatly felt.

2. NEEDS OF IN-PATIENTS.

A. Ward Furniture

Beds. The most important furniture in the ward is the beds. They should be of the right height (3 ft. 6 in.), with taut springs, and adjustable by turning a handle to four positions : raised head, raised feet, sitting, and raised knees. Large rubber wheels are a necessity on a ward bed. Curtains should be fixed round every bed to run at least half down its length. They can be suspended from the rod which goes round the four sides, and when not in use can be tied to the two rear corners. The use of these curtains does much to reconcile patients to a public ward, especially women. At washing times they give privacy and keep away draughts. At night time they help to shut off the patient from the other activities of the ward, and so induce sleep. They also make for economy in screens, which they could match. A pulley fixed over the head of the patient is certainly worth the cost in comfort to the patient and labour-saving for the nurse. The charts fixed on the curtain rail at the foot of the bed can be seen at once by the nurses but not the patient.

Bedding. The most convenient type of mattress is that used in the Army, which is made up of three "biscuits." The filling depends somewhat on the nature of the work of the ward, but hair and fibre is the best for all ordinary use. Most hospitals suffer from a scanty supply of sheets. The ideal number should allow of two changes per bed per week, with a few extra for emergencies. Patients vary so much as to their need of blankets that no definite number can be laid down, except that an allowance of three per bed in the winter should allow for adjustments, but the blankets must always be supplemented with hot-water bottles. The counterpanes used can add a cheerful note of colour. Rubber sheets should have calico fixed on both ends, at least, to allow for tucking under the mattress. If a ward has adjustable beds comparatively few pillows are needed, and an allowance of two per bed would be sufficient. Without these beds, four are often wanted for one bed. To the majority of patients an air or water cushion pillow is a necessity, especially after an operation. One to

every two beds is a good working number. In all hospitals water beds are available as the need arises. As a rule, they are not alocated to particular wards.

Locker. The details of the locker are matters of great importance to the patient, because a good locker will do much to take away the feeling of helplessness which a patient feels. Most of the lockers in English hospitals seem to be designed for inconvenience. The first necessity is that the locker should be higher than the bed, and washable, with a shelf on the level of the bed. It must have a ledge round three sides of it to prevent the fumbling movements of a patient pushing things off, and there should be provision for an adjustable soap dish and a towel rail at the back, and a tumbler. In some patterns there are adjustable bed tables fixed to an arm attached to the locker. These are better than no tables, but they are hardly firm enough for such processes as cutting up a meal. A wooden pocket on the side of the locker is a boon for newspapers and books, but it must be accessible to the patients.

Bed Tables. The patient's ideal bed table consists of a china-topped table with firm legs on the floor, at each side of the bed, and coming four inches above its level. When not in use this stands across the foot of the bed, and on it the patient may keep her own flowers, and perhaps a photo. This table is a favourite with nurses, especially when the patient has to have her own crockery. Failing such large tables, the small ones with four 4 in. legs are quite good.

Crockery. Whilst it is admitted that it is necessary to have thick china in a hospital, because of the rush of hospital life, yet there is no reason why it must be plain white. Even a coloured rim is better, but some kind of pattern makes just the difference to those who usually lack appetite. All feeding cups should be of such a pattern as can easily be cleaned. Spouts are taboo.

Screens. Screens must be light in weight, fitted with rubber castors and well covered with a pretty patterned

material matching the bed curtains, or plain to match the walls.

Furniture. Every ward should have a wardrobefor the clothes of those people who have come a distance and who have no one to take them away. This can be put outside the ward, or even in another part of the hospital. One of the most interesting pieces of ward furniture to the patient is the wheeled chair, which is used when first allowed up. This usually has adjustable leg rests, but rarely has an adjustable back, or a place for a tumbler. All ordinary chairs in use in a ward should be fitted with domes of silence. A few low stools would be of great use in a ward to assist patients to get back into high beds.

Lights. Apart from the usual overhead lighting every patient needs a light behind the bed, preferably at the side. This must fit in a socket, so that it can be taken down for use on the bed for night dressings, and night lamps should have green covers in place of the usual red ones.

B. WAKING HOUR

Sleep. Sick persons need much sleep and generally speaking, the more sleep they can get the better for them. Patients who are nursed at home or who have a room to themselves, usually drop off for a short sleep several times during the day, but in a hospital ward, where there is something going on almost the whole day, this is more difficult. Besides this, watching the general activities of the ward, which patients generally find on the whole interesting, and which makes a spell of sickness spent in a hospital ward much less boring than one in a single room, is, at the same time, apt to be fatiguing, so that a longer time of undisturbed quiet is necessary at night.

Present Practice. In most hospitals patients are awakened early. In a good many they are washed at 5 a.m.; in a few, even before this hour. There are very few hospitals in England in which the patients are allowed to sleep after 6 a.m. The reason for this practice is to be found in the fact that the hospitals of Britain have been evolved as

charitable institutions for the sick poor and that the demand has always exceeded the supply. In consequence, hospitals have had to be run as economically as possible. By beginning the important period of washing and bed-making very early in the morning a smaller staff of nurses has been made possible. The fashion having once been set in the voluntary hospitals, the nursing profession, the most conservative of all, has insisted on the same procedure in the municipal and other hospitals. That this explanation is the correct one is shown by the fact that in nursing homes patients are awakened at much more reasonable hours.

Evil Effects. The practice being established in this way the hospital authorities have been hard put to to try and justify it. They have pointed out that if all work is completed by 8 p.m. and the ward is quiet, nine hours' sleep is possible before 5 a.m. This is, of course, true, but, unfortunately, the wards are by no means always quiet by 8 p.m. The house surgeon or other medical officer usually makes a round at 9 or 9.30 p.m., and is liable to disturb patients. Moreover, many of our hospitals are situated in busy parts of towns and the streets do not often become quiet until 11 or 12 p.m., or later still. Further, not a few patients, after a restless night, drop off to sleep after 2 a.m., and for these an awakening at 5 a.m. is most undesirable, for only the very best sleepers can fail to be disturbed by the general turmoil necessitated in washing and bed-making.

It is also urged that most hospital patients are used to getting up at 5 a.m., or before, and therefore have formed the habit of waking at this hour. In the case of chimney sweeps and lamplighters, this is probably correct, but it may be pointed out that manual workers start work much later than was the practice some thirty or forty years ago, and that all classes now make use of the hospitals.

7 a.m. the Right Hour. The real reason why hospital authorities are unwilling to change the time-honoured custom of early waking is because they fear that an increase of nursing staff will be rendered necessary. Where the provision of nurses is anything like adequate however, the hour of waking patients can be changed to 7 a.m.

without any increase of staff, and has been in certain cases.*

The most obvious disadvantage of this system is that doctors and students do not normally enter the ward before 10 a.m., and if there is much to do this may be rather late. In practice, however, it is often found possible to admit them to part of a ward before this hour. Another alleged disadvantage is that patients are not washed before having their breakfast. But they are not washed before their other meals.

In addition to the increased comfort of the patients and the medical value of the possibi ity of l onger sleep, there is, not as under the old system, a wait before breakfast of rarely less than two hours in the case of those washed first. More important is the fact that under the new system patients are washed by day nurses who are fresh on duty instead of by tired nurses who have been up all night. They are washed also under the direct supervision of the Ward Sister, who comes on duty at 7.30 or 8 a.m. Thus the

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* At one infirmary the patients are given a cup of tea at 6 a.m., and their sanitary needs are attended to; but washing and bedmaking does not commence till 7 a.m., and breakfast does not start till 8.30. At another, the following time-table was introduced a year ago, and has been found to work satisfactorily:—

During the night, the Night Nurses do as much of the extra work as possible to relieve the Day Nurses—Clean slabs, prepare dressing trolleys, etc.

6.0 a m.—Only 4-hourly treatment and 4-hourly charts to be done.

6.30 a.m.—Women's Ward—Sanitary round and backs of helpless patients done, and mouth-washes given.

6.45 a.m.—Men's Ward—Sanitary round and backs of helpless patients done, and mouth washer given. Sanitary utensils collected.

No patient to be awakened before breakfast except for treatment ordered and necessary sanitary requirements.

7.0 a.m.—Lights on and breakfast.

7.20 a.m.—Clear away breakfast and give out bowls for patients who wash themselves.

7.25 a.m.—Day nurses come on duty and do all washings, charts, etc. (the patient is attended to, washed, bed made, etc., at one time).

8.0 a.m.—Night nurses report and go off duty.

10.0 a.m.—Ward tidy and open to House Officers, etc.

most important work of the day, from the nurses' point of view, is carried out carefully and under adequate supervision, and except in mid-winter by daylight. Consequently, symptoms, such as rashes, colour of skin, etc., can be more readily observed.

C. **Food.** Whilst it is realised that the actual diet of a patient must be decided by those in charge of the case, yet there is much room for improvement in general details concerning hospital food. The system prevalent in many hospitals of patients supplying some part of it, such as butter, tea and eggs, should be abolished, and the hospital should be responsible for providing all the food needed by the patients, allowing for a greater choice than is usual at present, *e.g.*, choice of white or brown bread. This would dispense with the practice of keeping food in lockers, though an exception might be allowed for fruit and sweets, or food that can be kept in a tin, such as biscuits.

Attention should be given to the necessity of serving hot food—*hot* and not warm. This is not a difficult matter, requiring only equipment to suit the relative positions of wards and kitchens.

Of late years the large hospitals have paid more attention to having trained women in the kitchen, but many of the smaller hospitals have not yet a trained kitchen superintendent.

D. **Washing.** It is customary to wash patients twice a day and to provide then only for teeth cleaning. Patients should be able to wash more often than this, especially their teeth, and it is important that a receptacle should be provided at night for false teeth if wanted.

E. **Noise.** Hospitals should not face on to noisy and crowded thoroughfares. Those which now do so should be be replaced as soon as possible by buildings on more suitable sites. The strain of continuous noise is a heavy one, and in a hospital so placed care should be taken to give the quieter wards to those cases needing them most, and not, as is done now, to reserve these for paying patients. Much unnecessary noise also could be avoided inside the hospital by substituting rubber or wooden floors for stone ones.

Another misery for patients is the presence in a large ward of patients who are troublesome to others. For these there should be some small side wards to utilise at need. There are often some wards of this type for paying patients, and they might be used instead for this special purpose. In any case, large wards are not desirable. Not only are they noisy, but they are difficult to quarantine on necessity. A day-room on each floor for the patients who are up in the ward on that floor would be a help to quick recovery.

F. **Visits of Friends.** The number of visits from friends and relatives must rest with the medical officer of the hospital. Numerous and long visits and a number of visitors at a time are certainly not to the advantage of the patient. Every floor, if not each ward, should have a waiting-room for them. Since it is wanted only a short time each week and space is valuable, the day-room previously suggested might be used.

It is a matter of great anxiety to relatives that they find it almost impossible to get reliable information about the patient, both concerning the actual illness and progress whilst in hospital. For this reason it should be possible for the next-of-kin at least to have an interview with the medical officer or other responsible person to ascertain the exact nature of the illness. There should also be some arrangement for obtaining genuine reports as to the condition of the patient on the days which are not visiting days. The usual formal telephone replies—"as well as can be expected," " comfortable," " satisfactory," " progressing favourably "—is of no use.

G. **Sanitary Rounds.** In many hospitals this duty is not carried out at frequent enough intervals. Some institutions have set hours and make no provision for other times. This is utterly wrong, especially in the case of children. A patient should have attention at request. The difficulty of carrying this out lies with the shortage of nurses, and where every minute is needed to get through the routine work patients are reluctant to claim the time of nurses for their needs. Further, if the necessary screens were the colour of the walls they would not be conspicuous when in use.

3. NEEDS OF OUT-PATIENTS

The greater use of the out-patient departments of hospitals by the public in recent years has led to many abuses of their functions and has created some of the problems of their administration, such as that of over-crowding. The main work of the out-patient departments should be for consultations and expert treatment by specialists and, when necessary, the after-care of in-patients. All other work can properly be undertaken by the general practitioners, especially the care of the chronic cases that at present are allowed to attend the out-patient departments of hospitals.

A. **Waiting.** The great need in the out-patient departments is a system that will do away with the long hours of waiting which out-patients now have to suffer. At present they often arrive by an early train, and spend many hours in uncomfortable seats and surroundings to wait their turn. This is largely due to the belief that as they get their attendance for nothing they must suit the convenience of the hospital. But even this inhuman argument does not fit the circumstances of to-day, since charges are often made. In our view there is no reason why a time-table for patients should not be drawn up so that waiting may be reduced to a reasonable minimum for each patient. In America it is the custom to have an office attached to the hospital where appointments are made for the out-patient department. This system has been tried with great success in at least one hospital in this country.

B. **Accommodation.** Accommodation for waiting is especially important if the period is to be a long one. To-day the cheerless discomfort is often such as to reduce patients to a pitiful state of nervous exhaustion. In some cases persons with skin diseases or some other complaint of an unpleasant or infectious character are packed closely together for a long wait, and sights and sounds of an unnerving character are a bad introduction to an interview with the doctor. There should always be a rest-room,

apart from the general waiting-room, for use after seeing the doctor.

C. **Buffet.** Simple food, such as milk, tea, biscuits and bread and butter, should be procurable at low charges.

CONCLUSION

We desire to draw the attention of the public to those needs of patients. It is clear that we require more hospital beds, more nurses, less overworked nurses, better equipment and service, and better provision for the patients' well-being whether as in-patients or out-patients.

The existence of isolated hospital units as we have now under the voluntary system is not, and cannot be, for the public good. Only a co-ordinated system can give full service.

The voluntary hospitals have long been conducted with special attention to the convenience of its honorary staff of doctors rather than to the comfort of patients.

Since the Voluntary Hospitals cannot and do not provide what is necessary, it is a matter of urgency to establish and develop a system of hospital accommodation under public control and paid for from public funds. We must do our best to see that all hospitals now under the Public Health Authorities give full attention to those needs which we have described. But we must not be content until there is a complete scheme which will give to every patient the fullest opportunity of speedy and full recovery.

Domestic Workers' Charter

It was agreed at the National Conference of Labour Women in 1930 that a series of questions on the subject of Domestic Employment should be drawn up and circulated as widely as possible. This was to form the basis of a general investigation into the subject with a view to drawing up a Domestic Workers' Charter to be submitted to the Conference in 1931.

After careful consideration an explanatory pamphlet, under the title " What's Wrong with Domestic Service? " which contained on a perforated page at the end a list of questions with space for replies, was prepared, and this was published by the Labour Party and widely advertised. At the same time a small Press conference was held, and was followed by very informative reports and correspondence in several newspapers. Some of this was serious, and valuable for the information it gave. Much of it was hysterical and violent in tone, treating us as fools and meddlers and, occasionally, as something even worse.

The pamphlet was placed on sale and circulated to all Women's Sections and Women's Advisory Councils in the Labour Party, and to all the Trade Unions and other organisations represented on the Standing Joint Committee, as well as to personal inquirers who read about it in the Press and to all women's organisations. The total number of these pamphlets distributed up to the present is 15,000.

The response in written questionnaires up to the end of February was rather disappointing. But it represents the opinions of a very large number of women. For example, many replies represent the views of a large number of Women's Sections which have discussed it in their meetings, and if we take the number of individuals whose views can be regarded as covered we reach an estimate of 20,000.

The majority of replies come from Women's Sections, Central Committees, and Councils of the Labour Party—representing some 16,900 women, many of whom have been or have daughters now in domestic service, and a small number of whom are themselves employers of domestic workers. Replies from Trade Unionists and Women's Co-operative Guilds are scanty. It is very disappointing

that we have only 119 replies from domestic servants directly, and 52 from employers. But we have been able —from various meetings and conferences which have been held in various parts of the country and have roused considerable interest, and from Press correspondence—to gain information on which we believe that we can, with considerable confidence, put forward a Domestic Workers' Charter which will be a sound basis for future effort.

In giving the results of our inquiries, we have counted the number of persons represented by each reply as well as the number of replies. The answers to the question " What do you think the chief reasons for the unpopularity of domestic service? " must be taken as our starting point. " Long hours " is easily first, but is followed closely by " Lack of Freedom " and dislike of the " Status " and " Loneliness " of the domestic servant. A small number (but one which includes twelve domestic servants) say the chief objection is " Inconsiderate Employers," a smaller number give "Low Wages," and fewer still " Living In." The last, however, is scarcely to be separated from " Lack of Freedom," " Status," and " Loneliness," and, perhaps, also " Long Hours." A smaller number refer to "Poor Food," "Bad Accommodation " and conditions generally, and five replies representing a considerable number of people give the non-insurability against unemployment as the chief objection.

It is, therefore, clear that long hours and the general conditions arising from the special status of an employment of this kind, with its lack of freedom and close personal relationship with the employer, are the main reasons why domestic service is unpopular. It is to be noted that " Low Wages," given as the main reason by a very few, is the only reason put forward which could equally well apply to some other employment. All other replies pick out some definite quality peculiar to residential domestic service.

It is therefore certain that if this work of caring for the house is to be an acceptable form of employment, the points enumerated above, in the order given, must be specially provided against. In the course of our inquiries we have begun to feel strong doubts as to whether, in fact, the demand for domestic workers is not met by the supply.

We think there is a danger that while the supply of young women under thirty may be less than the demand, there are many older women who are finding it difficult to get placed. This is a question into which we think the Ministry of Labour should make careful inquiry so as to assure themselves that young women are not being trained to oust older workers.

DOMESTIC WORKERS' CHARTER

Taking the results of our investigations and dealing with each separate point, we make the following proposals :—

1. Training

Training for domestic work should be given after leaving school in centres such as those of the Central Committee on Women's Training and Employment. This will always be best supplemented by training on the job itself, and a combination of these two methods is favoured by 59 persons, including 15 domestic workers.

2. Finding Jobs

Private Registry Offices should be replaced by special departments of the Employment Exchanges, free to both employers and employed. It must of course be understood that there must be considerable specialisation by officers trained for the work in any large centres of population, since the task differs a good deal from ordinary placing of workers because of the lack of business knowledge on the part of many of these employers and the fact that there is such a high proportion of employers to employed. We recommend that the Minister of Labour should appoint a committee to investigate the present methods and devise the best system of organising this work by the Exchanges for the future.

3. References

Confidential references are a source of great trouble and much injustice. It should be the business of an Exchange Officer to take references from both sides, but the confidential reference from mistress to mistress should be discouraged as it may become the "blacklisting" so well known in industrial life.

4. Maximum Working Hours

It is impossible without much further consideration to suggest a maximum whether daily or hourly. But it is important that a standard should be agreed upon, and it is one of the most important questions for decision. While so many regard long hours as a main difficulty of this occupation, the practical difficulties of organising the work are such as to need a carefully thought out schedule of hours, allowing reasonable elasticity. But the important point is that workers should have certain hours off duty daily and good uninterrupted hours for sleep.

5. Annual Holidays

The annual holiday should be a fortnight with pay and board-wages.

6. Other Holidays

There should be two half-days a week (*i.e.*, from the serving of the midday meal) and one full day (*i.e.*, from breakfast time) a month.

7. Bedroom Accommodation

A single bedroom should in general be provided for a domestic servant unless some special arrangement is acceptable to the workers concerned. The room should not be in the basement, and the window should open directly to the air.

8. Uniform

The wearing of a uniform is generally disliked, though it is clear that suitable clothing for housework is advisable in the interests of the worker. Special uniform should be provided, if desired, by the employer, but should not consist of any badge of servility, such as a cap which serves no purpose of utility.

9. Recreation

There is great need of clubs and social centres for recreation, especially for girls living away from home. These are often established by voluntary agencies but in their absence it should be possible to provide them in connection with the Training Centres of the Central Committee on

Women's Training and Employment, or the Employment Exchanges, or on the lines of the Juvenile Organisation Committees with assistance from Local Authorities. Experimental efforts in regard to these would be advisable. Employers should make it easy for their workers to attend evening classes. It it also important that workers should be allowed to receive visitors, including men friends.

10. Wages

In regard to wages, as in the case of hours, a minimum scale suitable to different ages, to learners and trained workers, for different classes of jobs, and for different districts, requires most careful working out. Our information shows some scandalously low wages, but on the other hand, four individuals (? employers) regard them as too high. Eleven are against any minimum scale, and 1,722 regard present wages as adequate. But the overwhelming opinion is in favour of a scale as suggested.

11. Daily or Resident ?

There is undoubtedly a preference for daily service "living out," except in country districts, especially those from which girls go to domestic work elsewhere. Experiments in hostels for servants and organisation on an hourly and daily basis at a wage comparable with that paid generally for other employment in the district should be encouraged. Local authorities in large cities might well develop these, and in co-operation with the Juvenile Advisory Committees, general hostels for young workers might be tried. The example of the Public Health Authorities, which have already established Home Help services, might well be followed by others, and gradually a large field might be covered for daily work.

12. Should Domestic Servants be Insured

The results of our inquiries are definitely in favour of bringing these workers, whether daily or residential, into unemployment insurance. We are, however, bound to point out that we have 55 replies against it, and that the Press correspondence showed a strong feeling against insurance. But it was still more against Trade Unionism.

It seems certain that at first there would be a very strong campaign against it, mistresses stirring up maids to opposition, as they did in regard to Health Insurance. But as we have found, when carefully argued out, the domestic worker sees the advantages and changes her view. The women already in insurable trades are unanimously in favour of the extension of the Act to domestic workers, whether working in an institution run for profit or not.

13. Trade Unionism

Lack of organisation makes any charter impossible of fulfilment. The domestic workers must be organised before they can make effective changes in the conditions of their employment. Such organisation should be carried out through the efforts of the Unions now catering for large bodies of general workers. We urge upon them the importance of setting up special sections and helping through special campaigns to bring in these workers. In the interests of women now unemployed, and of women in other trades, we hope that this great body of women workers may be brought into close relationship with other workers.

Through suitable literature and social clubs lies the simplest approach to these scattered and rather inaccessible workers.

By the development of the last proposals of our charter, we believe the problem of organisation will also be helped towards solution.

14. How to Enforce these Conditions of Work

We come now to the final problem. With a few exceptions the proposals we made in our pamphlet for Joint Councils have met with agreement.

Many industries have Joint Councils* in which representatives of employers and employed meet to draw up agreements as to conditions in the industry. These have not the force of law, but they become the practice of the workers and employers concerned. We want such Coun-

* Joint Industrial Councils have been set up in many trades since the War under a scheme proposed by a Committee over which Mr. J. H. Whitley presided, and so are popularly known as "Whitley Councils."

cils for domestic workers and employers in every district and a national one as well, just as in other trades. They would plan the conditions, wages and training for their areas. When the Exchanges received notice of a vacancy, it would be registered as under Joint Council conditions or otherwise. Organised domestic workers would only take jobs if Council conditions were given, and so employers would quickly find that it was worth while to give them.

Such Councils would require organisation of employers and employed.

Such a scheme is not untried. In Birmingham, for some years, mistresses and maids, who were organised by the Workers' Union in a special branch, had such an arrangement. They drew up conditions of employment and rates of wages and both kept their sides of the bargain. Unfortunately this small beginning came to an end, but there is need of a national effort to plan out a scheme of this kind. It should commence with a few districts and gradually extend. If the Ministry of Labour gave it support and took the lead in its administration, if the Exchanges undertook the finding of jobs, if the workers in this industry were placed on the same footing as others in regard to Insurance for Unemployment, and if the Trade Unions backed these efforts, as we are sure they would, we would be able to establish a system which would give freedom and dignity to the domestic worker, do away with the unpopularity of this form of employment and place it in its right position as work of genuine utility and importance.

We ask the Conference to adopt this charter and to authorise us to continue our work in making known these proposals and seeking their early adoption.

LONDON

CALEDONIAN PRESS LTD
SWINTON STREET LONDON W C 1

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