Welfare Provision for the over 50s in Limerick City, 1875 to 1925

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Introduction

The mortality rate and life expectancy among those aged 50 and over in Limerick City changed dramatically between 1875 and 1925. In 1875, a 50-year-old had a 60 per cent chance of living to be 60, while in 1925 a 50-year-old had an 80 per cent chance of living to be 60. This improvement was most likely due to a 'cocktail' effect of implemented initiatives and social policies in the areas of health, housing and social security throughout this period: the combination of the successful policies and measures would have improved living conditions and hence life expectancy. In our contemporary era of re-examination of the form and scale of welfare provision, this study aims to demonstrate the importance and power of carefully planned and administered welfare provision on the lives of ordinary people. Over the last century, Ireland has certainly changed and improved drastically as a place in which to live and grow old, but the connection between social policy and quality of life is as strong now as then.

The objective of this study is to identify which of the many developments in social policy can be associated with identifiable direct and indirect changes in the life experience of Limerick people, primarily reflected by their life expectancy, supplemented with available contemporary lifestyle data. Study of the character of what worked and what failed 100 years ago has the potential to offer valuable lessons for modern social policy formation. Mount Saint Lawrence Cemetery in Limerick City provides a unique longitudinal cross-section of society at this time. During the period 1875 to 1925, it was the main graveyard in use and the vast majority of people were buried here regardless of religion or social class. Using the transcribed burial records of this cemetery it is possible to observe the changes which occurred for the study cohort (people aged 50 and over) in terms of mortality rates, changing age at death and the place of death. One of the distinctive aspects of the Mount Saint Lawrence burial records is that the place of death was recorded rather than the home address. For example, if a person died in a hospital or institution, this is what was recorded. This aspect of the burial records allows for a measurement of the uptake of available provision, including hospital and workhouse care.

Rationale

The decision to choose the over 50s cohort rather than all age groups as the focus of study was driven by a wish to concentrate on general welfare and quality of life as opposed to purely medical considerations. These are the people who survived infant and child epidemics, maternal mortality, political uncertainty, unsanitary and overcrowded living conditions and crippling poverty to reach an age at which they were above the average life expectancy for the time. Focussing on this cohort alone will lead to more nuanced and clear indications of the impact of welfare improvements on the general quality of life. Over the 50 year timeframe covered in this study, there were changes, not just in general life expectancy (the over 50s experienced an estimated additional five years of healthy life) but also in the management of terminal illness, as indicated by the place of death of the people being studied.

The areas of welfare which would have affected the over 50s population of Limerick most were three of William Beveridge's five 'Giant Evils' — squalor, disease and want (housing, health and social security). According to *The Health and Sanitary Reports of the City of Limerick,* a total of 3,054 people lived in tenements in Limerick City, with an average of three people per room. Of that, 515 one room tenements were occupied by more than four people on average. In an attempt to address the problem, Limerick Corporation established an initiative in 1887 for the 'Housing of the Working Classes'. Between 1887 and 1925, 255 houses were built at a cost of approximately £32,000 which the corporation borrowed from both the Treasury and the bank. Unfortunately, in 1925 it was reported that, at a low estimation, 3,000 additional houses would be needed to address the issues of overcrowding and tenement living.

Place of death plays an important role when examining the impact of welfare measures. In Limerick City between 1875 and 1925, there were only two main hospitals — St. John's Fever and Lock Hospital and Barrington's Hospital. St. John's Fever and Lock Hospital provided care for people suffering from a variety of fevers or sexually transmitted diseases and was frequently overcrowded. Barrington's Hospital was established in 1831 to 'serve the poor and sick of Limerick City'. Entry to Barrington's Hospital was on the basis of a ticket from the dispensary. Neither hospital provided general care as we would know it today. The combination of minimum healthcare, precarious housing situations and virtually no social security (apart from charitable), meant that for many people the only recourse was the workhouse. The workhouse was at this time the closest approximation to what we today would consider general care. Most people could not afford to pay a doctor and many of the health issues would not have been treatable in either of the hospitals, therefore the workhouse was where people sought treatment. In examining place of death of people over 50, the importance of the workhouse can be clearly observed. The below graph indicates the proportion of people aged 50 and over who died either at home or in the workhouse between 1875 and 1925.

Figure 1: The proportion of people aged over 50 who died either at home or in the workhouse and were subsequently buried in Mount Saint Lawrence. Source: AuthorAs can be observed in Figure 1, the 'workhouse' and 'home' lines mirror each other almost exactly. The two lines together total 90% or more of all deaths (aged over 50) through the period, clearly demonstrating the restricted role of places such as hospitals, the mental hospital and religious institutions. It shows the huge social importance of the workhouse.

Impact of Initiatives

During the period 1875 and 1925, a number of initiatives were introduced to tackle the problems of 'disease, squalor and want', both locally and nationally. For example, the Limerick Borough Housing Order in 1922 allowed for the construction of 64 houses and received substantial government funding for the scheme. It should be noted that money was always an issue. The previously mentioned 255 houses which were built by Limerick Corporation were let at an average of 3 shillings and 6 pence per week. This represented about 18% of the average working income of 20 shillings a week, and would compare with a weekly rent of about €110 in 2015. At this rate, the very poor could not afford to avail of the newly built houses but it was thought that over time it would balance out, since the people who could afford to rent the new houses would vacate their old houses, which in turn would become available for the poorer in the society.

Of the legislation passed between 1875 and 1925 that addressed the problems of health, housing and social security, arguably the most well-known is the Old Age Pensions Act 1908. The introduction of old age pensions was a much needed development in social policy. However, it did not introduce pensions in the way we think of them today. It was not universal provision. Most of the conditions of payment were expected and standard, for example, to be aged 70, to be a British subject (Ireland was not yet independent) and to meet the means test requirement. Other conditions, however, were contentious. For example, if a person was in receipt of poor relief or had been in a workhouse prior to applying for a pension, they were disqualified. Therefore, it would appear that those most in need of a pension were disqualified because they were in need. Such arbitrary regulations were unfortunately commonplace. Amendments to this Act subsequently ensured that the pension became available to everybody who reached the age. It had an enormous and lasting effect on the quality of life for elderly people in Ireland, in that people could now be assured that they would not be classed as 'paupers' in their old age.

It is clear that social policy initiatives had a positive effect on changing mortality rates and quality of life. The introduction of measures to alleviate overcrowded and unhygienic housing conditions reduced the spread of disease and re-infection. Public healthcare policies led to the widespread availability of medical interventions regardless of monetary status, thus meaning that curable diseases and infections would not necessarily lead to premature death. Improved infrastructure such as functioning sewerage systems, paved

roads, footpaths and eliminating the 'pail system' ensured a marked reduction in rampaging infections such as typhoid fever. Social security provision in the form of pensions and workers insurance meant that people no longer feared abject poverty, the prospect of eviction and hunger in their old age. All of this led to markedly improved quality of life and mortality rates.

Figure 2: Cumulative Percentage of people, aged 50 in 1875, 1900 or 1925, by the age at which they subsequently died and were buried. Source: Author The policies and initiatives that were introduced during the timeframe 1875 to 1925 helped to improve the quality of life and life expectancy generally. Overall life expectancy is affected by many factors, particularly by the likelihood of surviving childhood. However, the percentage of people living beyond 85 remains very small, despite dramatic progression in average life expectancy. For this study, the concern is with quality of life rather than statistical life expectancy, so a study cohort was defined as "*those aged 50 in each year, who died at or before age 85 and were buried in Mount Saint Lawrence cemetery*". Because of the dominance of this cemetery (>90% of Limerick burials), this is a reasonable approximation of Limerick, and the age 85 was taken as a limit because detailed statistics are available only up to 1960. The effect of defining the study cohort in this way is quite striking. The Central Statistics Office estimates the life expectancy of people aged 45-55 rose by about two years in the period 1871 to 1926, while Figure 2 indicates an increase of 4 to 5 years in the study cohorts' average age at death after 1900.

Conclusion

The influence of social policy initiatives in this very significant improvement in quality of life for the middle aged will be thoroughly explored during this study. Future work will focus particularly on the disaggregation of data and study of variations from the overall pattern by area of dwelling, by circumstances of death (home versus institution), by gender and by age. Using the disaggregated data will enable links to specific documented welfare initiatives and will ultimately indicate the key characteristics of a successful welfare intervention.

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