# ANALYSE ET COMMENTAIRE DE TEXTES OU DOCUMENTS EN ANGLAIS

Durée : 6 heures

Analysez et commentez, **en anglais**, les documents suivants :

## DOCUMENT 1

### *Social Insurance and Allied Services. A report by Sir William Beveridge*

The main feature of the Plan for Social Security is a scheme of social insurance against interruption and destruction of earning power and for special expenditure arising at birth, marriage or death. The scheme embodies six fundamental principles : flat rate of subsistence benefit; flat rate of contribution; unification of administrative responsibility; adequacy of benefit; comprehensiveness; and classification. Based on them and in combination with national assistance and voluntary insurance as subsidiary methods, the aim of the Plan for Social Security is to make want under any circumstances unnecessary.

(...)

THE NATURE OF SOCIAL INSURANCE

20. Under the scheme of social insurance, which forms the main feature of this plan, every citizen of working age will contribute in his appropriate class according to the security that he needs, or as a married woman will have contributions made by the husband. Each will be covered for all his needs by a single weekly contribution on one insurance document. All the principal cash payments—for unemployment, disability and retirement will continue so long as the need lasts, without means test, and will be paid from a Social Insurance Fund built up by contributions from the insured persons, from their employers, if any, and from the State. This is in accord with two views as to the lines on which the problem of income maintenance should be approached.

21. The first view is that benefit in return for contributions, rather than free allowances from the State, is what the people of Britain desire. This desire *is* shown both by the established popularity of compulsory insurance, and by the phenomenal growth of voluntary insurance against sickness, against death and for endowment, and most recently for hospital treatment. It is shown in another way by the strength of popular objection to any kind of means test. This objection springs not so much from a desire to get everything for nothing, as from resentment at a provision which appears to penalise what people have come to regard as the duty and pleasure of thrift, of putting pennies away for a rainy day. Management of one's income is an essential element of a citizen's freedom. Payment of a substantial part of the cost of benefit as a contribution irrespective of the means of the contributor is the firm basis of a claim to benefit irrespective of means.

22. The second view is that whatever money is required for provision of insurance benefits, so long as they are needed, should come from a Fund to which the recipients have contributed and to which they may be required to make larger contributions if the Fund proves inadequate. The plan adopted since 1930 in regard to prolonged unemployment and

sometimes suggested for prolonged disability, that the State should take this burden off insurance, in order to keep the contribution down, is wrong in principle. The insured persons should not feel that income for idleness, however caused, can come from a bottomless purse. The Government should not feel that by paying doles it can avoid the major responsibility of seeing that unemployment and disease are reduced to the minimum. The place for direct expenditure and organisation by the State is in maintaining employment of the labour and other productive resources of the country, and in preventing and combating disease, not in patching an incomplete scheme of insurance.

23. The State cannot be excluded altogether from giving direct assistance to individuals in need, after examination of their means. However comprehensive an insurance scheme, some, through physical infirmity, can never contribute at all and some will fall through the meshes of any insurance. The making of insurance benefit without means test unlimited in duration involves of itself that conditions must be imposed at some stage or another as to how men in receipt of benefit shall use their time, so as to tit themselves or to keep themselves fit for service ; imposition of any condition means that the condition may not be fulfilled and that a case of assistance may arise.

Moreover for one of the main purposes of social insurance—provision for old age or retirement—the contributory principle implies contribution for a substantial number of years; in the introduction of adequate contributory pensions there must be a period of transition during which those who have not qualified for pension by contribution but are in need have their needs met by assistance pensions. National assistance is an essential subsidiary method in the whole Plan for Social Security, and the work of the Assistance Board shows that assistance subject to means test can be administered with sympathetic justice and discretion taking full account of individual circumstances. But the scope of assistance will be narrowed from the beginning and will diminish throughout the transition period for pensions. The scheme of social insurance is designed of itself when in full operation to guarantee the income needed for subsistence in all normal cases.

Her Majesty's Stationery Office, 1942


# DOCUMENT 2


## *The NHS at 60*


"60 years ago, in 1948, one of the great British institutions came into being.

The National Health Service - like the BBC or Parliament itself - fulfils a practical function: but it also binds the nation together.

The 5 July 1948 - the day the NHS began - must have been an enormously exciting time for anyone working in medicine.

And people here in Trafford - the place where Nye Bevan symbolically inaugurated the NHS that day - by receiving the keys of the hospital on behalf of the state - know it more than anyone.

I'd like to take this opportunity to extend an invitation to a celebration this summer, for anyone who was working in the health service in 1948.

(…)

There are many things that Conservatives would want to improve about the NHS. But, I believe that Conservatives should never attack an institution which so many of our fellow countrymen and women look to as one of the great achievements of our past. It's an institution which embodies, in its very bricks and mortar, in its people, in its services, something which is great about Britain.

That something is equity, the founding value of the NHS: the spirit of fairness for all, of dignity in age and in pain and weakness the idea of our equality as human beings and the equal right of everyone to care and comfort when they are born, when they are ill, and when they are dying.

A system which strives for equal access to healthcare is not a dream of socialism. It is not a hideous Marxist intrusion into the pure beauty of the free market. It is an institution I acknowledge and respect as a Conservative - and for that matter, an institution I am happy and proud to use as a father.

(…)

The NHS is suffering from the shoddy jargon-ridden schemes served up on powerpoint and swallowed whole by the people who are supposed to be custodians of the health service and custodians of taxpayers' money.

So let me spell out, in black and white policy, my party's support for the NHS as an institution, and our commitment to its founding principle of equity.

First, George Osborne and I have committed ourselves to delivering rising resources for public services - using the proceeds of growth to fund investment. That means more money for the NHS.

Second, we will do what, surprisingly, has never been done - properly establish the NHS as an institution.

(…)

That's especially true in light of the most profound change of all: our ageing society.

This means more treatment, for longer: proportionately less of the sophisticated interventions that happen in hospital, and more of the long-term care and social care that happens in primary care settings and in the home.

Progress in medical science. An increase in personal responsibility. A shift towards life-long healthcare. Changes to medicine, to patients, and to healthcare professionals.

I have described the 21st century in Britain as the 'post-bureaucratic age' we are in the moment when monolithic, centralised structures, with a monopoly of knowledge and power, are giving way to decentralised, open systems, where knowledge and power are diffused and democratised.

Instead of the national mainframe, we are entering the age of the local network. This applies especially to health and healthcare.

(…)

So these are the trends in healthcare: increasing technological sophistication; growing recognition of the personal responsibility of patients themselves for their own wellbeing; a shift in the role of the medical profession towards providing lifelong care to an ageing

population; and lastly, a new and extraordinary development in human communications and the dispersal of knowledge.

These trends help explain why the founding principle of the NHS - equity - is more elusive than ever. NHS patients still suffer the inverse care law defined by Julian Tudor Hart in the 1970s: the people who need the most care, get the least, and vice versa.

And these trends also explain why Britain is below the European average in terms not just of equity, but of overall health outcomes: people don't get the standards of care they need.

I have put on record my commitment to equity, the founding principle of the NHS. A Conservative Government will pursue these in two ways: empowering patients and empowering professionals.

The best way to enhance the power of patients is through the mechanism of choice.

Quite simply, the option of gaining or losing patients is the most effective spur to improvement on the part of doctors, hospitals and other care providers. So we will give people a choice of GP.

We will allow patients to choose, in consultation with their GP, where they get their secondary care. And we will ensure that hospitals and clinics and other care providers are paid according to the results they achieve.

(...)

That's quite an aspiration - but I believe it is our duty to live up to it. To be the party of the NHS is an honour that must be earned.

So I pledge today, here at the place where the NHS began, that I and my Party will work tirelessly this year to earn that honour to deserve the trust of the patients and staff of the NHS and to be what I believe we should be: the party of the NHS."

<p style="text-align: right;">Keynote speech to mark the sixtieth anniversary of the NHS<br>after visiting Trafford General Hospital in Greater Manchester, David Cameron, 2008</p>

## DOCUMENT 3

### Remarks made by First Lady Hillary Rodham Clinton
### at the Democratic National Convention

« Thank you. Thank you. Thank you. Thank you, Tipper. Thank you all so much. Thank you. Thank you all and good evening. I am overwhelmed by your warm welcome.

I decided to do tonight what I've been doing for more than 25 years; I want to talk about what matters most in our lives and in our nation - children and families.

I wish - I wish we could be sitting around a kitchen table, just us, talking about our hopes and fears, about our children's futures. For Bill and me, family has been the center of our lives. - But we also know that our family, like your family, is part of a larger community that can help or hurt our best efforts to raise our child.

Right now, in our biggest cities and our smallest towns, there are boys and girls being tucked gently into bed, and there are boys and girls who have no one to call mom or dad, and no place to call home.

Right now there are mothers and fathers just finishing a long day's work. And there are mothers and fathers just going to work, some to their second or third jobs of the day.

Right now there are parents worrying: "What if the baby sitter is sick tomorrow?" Or: "How can we pay for college this fall?" And right now there are parents despairing about gang members and drug pushers on the corners in their neighborhoods.

Right now there are parents questioning a popular culture that glamorizes sex and violence, smoking and drinking, and teaches children that the logos on their clothes are more valued than the generosity in their hearts.

But also right now there are dedicated teachers preparing their lessons for the new school year. There are volunteers tutoring and coaching children. There are doctors and nurses caring for sick children, police officers working to help kids stay out of trouble and off drugs.

Of course, parents, first and foremost, are responsible for their children.

But we are all responsible for ensuring that children are raised in a nation that doesn't just talk about family values, but acts in ways that value families. Just think - as Christopher Reeve so eloquently reminded us last night, we are all part of one family - the American family. And each one of us has value. Each child who comes into this world should feel special - every boy and every girl.

(...)

Progress depends on the choices we make today for tomorrow, and on whether we meet our challenges and protect our values. We can start by doing more to support parents and the job they have to do. Issues - issues affecting children and families are some of the hardest we face, as parents, as citizens, as a nation.

But today, too many new mothers are asked to get up and get out after 24 hours, and that is just not enough time for many new mothers and babies. That's why the president is right to support a bill that would prohibit the practice of forcing mothers and babies to leave the hospital in less than 48 hours.

That's also why more hospitals ought to install 24-hour hotlines to answer questions once new mothers and fathers get home. That's why home nurses can make such a difference to parents who may not have grandparents or aunts and uncles around to help. We have to do whatever it takes to help parents meet their responsibilities at home and at work. The very first piece of legislation that my husband signed into law had been vetoed twice - the Family and Medical Leave Law.

That law allows parents time off for the birth or adoption of a child or for family emergencies without fear of losing their jobs. Already it has helped 12 million families, and it hasn't hurt the economy one bit.

(...)

We all know that raising kids is a full-time job and since most parents work, they are, we are stretched thin. Just think about what many parents are responsible for on any given day. Packing lunches, dropping the kids off at school, going to work, checking to make sure that the kids get home from school safely, shopping for groceries, making dinner, doing the laundry, helping with homework, paying the bills, and I didn't even mention taking the dog to the vet.

(...)

Now the country must take the next step of helping unemployed Americans and their children keep health insurance for six months after losing their jobs.

If you lose your job, it's bad enough, but your daughter shouldn't have to lose her doctor, too. And our nation still must find a way to offer affordable health care coverage to the working poor and the 10 million children who lack health insurance today.

The president also hasn't forgotten that there are thousands of children languishing in foster care who can't be returned home. That's why he signed legislation last week that provides for a $5,000 tax credit for parents who adopt a child. It also abolishes the barriers to cross-racial adoptions. Never again will a racial barrier stand in the way of a family's love.

Parents are their child's first teachers. Not only do we need to read to our children and talk to them in ways that encourage learning; we must support our teachers and our schools in deeds as well as words.

Thank you very much. »

<div align="right">Chicago,Tuesday, Aug. 27, 1996</div>

## DOCUMENT 4

### *Hunger and Homelessness Survey*

Requests for emergency shelter by homeless families with children increased in 78 percent of the survey cities during the last year. Charleston, San Francisco, Cedar Rapids, Louisville Metro, and Philadelphia said that the number of requests by homeless families declined during the last year. Kansas City reported that the number remained the same.

Across the survey cities, the average increase in request for emergency shelter by homeless families with children was 7 percent. The percentage on increased requests ranged from 50 percent in Santa Monica, 23 percent in Salt Lake City and Detroit, 22 percent in New Orleans, 15 percent in Nashville and Norfolk, 13 percent in Los Angeles, 10 percent in Chicago, 6 percent in Providence and one percent in Boston.

Among the comments from the city officials on requests for shelter by homeless families with children:

Boston: There were 2,366 homeless men, women and children in families in emergency shelter, domestic violence and transitional programs this year, as compared to 2,328 in similar programs last year. Many families denied or terminated from shelter become statistically invisible, but are living in the city in very precarious situations. This includes families that are doubled up with another family or split up among various relatives or friends.

(...)

Among the explanations of the city officials on the duration of homelessness: Boston: The length of stays for families living in shelter continues to be a complex picture. While advocates had projected longer shelter stays for families unable to obtain vouchers, it appears instead that many families are finding the system discouraging and are exiting more quickly.

For more than a year, families living in shelters have had enormous difficulty accessing federal Section 8 housing subsidy vouchers. As a result, the majority of families leave shelter without obtaining housing. Overall average stays in shelter decreased to less than 4 months. In the past, Boston families waiting for housing had average stays that had been as high as 9 months, but with Section 8 funding frozen, families experience myriad difficulty staying in shelters without a light at the end of the tunnel. The Section 8 crisis has made it impossible to predict how long homeless families may have to wait to secure an affordable housing unit. This has increased the possibility of administrative discharges for violations of increasingly restrictive state shelter policies. Fewer than half of Boston families exit shelter for permanent housing. This may suggest a kind of "creaming" and "silting" phenomenon, where those families best resourced to exit to housing may be better served, while other families with less capacity are exiting shelter but not to affordable housing. These families often split up or double up.

The length of time for homeless adults has also been affected by the Section 8 crisis and consequent stalling of affordable housing units available to disabled chronically homeless unaccompanied adults. Estimates of chronic homelessness among single adults reach as high as 35-40 percent. Availability of SROs* or other low-income rental housing is extremely limited. A major loss of 50 percent of acute substance abuse treatment beds in Greater Boston continues to adversely affect the prospects for chronic alcoholic and drug-abusing individuals to break the addiction cycle and access transitional programs and housing. Many participants in transitional programs cannot find rooms to rent at prices they can afford, and remain homeless even though they have found employment.

(...)

Salt Lake City: Data from The Road Home, Utah's largest shelter, show that for women and families the number served increased, while the length of stay decreased. For example, the number of family members served in the last year increased by 23 percent, while the length of stay in the Family Shelter decreased by 4.9 percent to an average of 65.14 days. For single women the number of women served increased by 21.9 percent, while the length of stay decreased by 11 percent for an average length of stay of 49.7 days. This could be due to the practice of placing people into housing as soon as possible after entering shelter. For single men, the average length of stay increased by 8.1 percent to 57.2 days while the number of men served remained basically the same, with 0.9 percent increase over the previous year. Overall, the average length of homeless for all three populations is 57.6 days, or approximately 2 months. The length of time increased slightly for the domestic violence women's shelter to 20 days.

<div align="right">Emergency Shelter Requests by Families, December 2004</div>

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* SROs : Single Rooms Occupancy Units

# DOCUMENT 5

## *Drinking Places. Where People Drink and Why*

Granted city status in 1911, Stoke-on-Trent is the sum of six distinct towns, Stoke- upon-Trent, Burslem, Tunstall, Fenton, Longton and Hanley. Together with the nearby, but administratively separate borough of Newcastle-under-Lyme, with its population of 110,000, the area has traditionally been called 'the Potteries' and is the eleventh largest conurbation in the UK. Known throughout the world for the production of ceramics, the city experienced high levels of poverty, ill-health and physical scarring associated with the worst impacts of the industrial revolution and over the past thirty years global economic restructuring led to dramatic de-industrialisation, factory closures, unemployment and dereliction. In this part of the report we briefly show the ways in which alcohol has been bound up with the profound economic and cultural changes that have affected the city of Stoke-on-Trent and its people.

Along with other cities in the UK, Stoke-on-Trent grew rapidly during the late eighteenth and early nineteenth century. However, the domination of the city by the ceramics industry and the fragmented nature of the distinct Potteries towns have had a legacy arguably unlike that of any other city in the country. Due to the nature of the ceramics production the city has never had a large representation of middle-class or ethnically diverse residents – capital was tied up in the production process and there was little need for significant administrative, financial, banking institutions or retail infrastructure because goods were exported around the world but people did not come in significant numbers to the city to purchase ceramic products. Moreover, the spatial configuration of the city has ensured that there has never been a dominant city centre. Prior to unification in 1911, for example, each of the Potteries towns had developed its own cinemas, shopping streets and squares, markets, town halls, political structures and infrastructure for utilities provision. Each town also developed a significant number of venues selling alcohol, and a reputation for rowdy, alcohol fuelled nights out. While Hanley eventually edged ahead of the other towns and was officially designated as the 'city centre', the combination of the dominant working- class production and consumption cultures with the dispersed spatial configuration has ensured that the social geographies of alcohol consumption have unfolded in particular ways.

Described as the 'alcohol-drenched potteries' (Edwards 1997: 25), drunkenness, alcohol related disorder and related social problems have always been a prominent element of political debate and everyday life in the city. The late eighteenth century saw a rapid rise in the number of places to buy alcohol. For example, in 1850 there were over 800 alcohol outlets and in 1857 a magistrate concluded that between 80–90 per cent of all crimes were related to drink (despite relatively low levels of actual arrests for drink related crimes). In 1896 the number of venues had increased to 1,500.

Unlike elsewhere in the UK, the Temperance Movement in the Potteries was small, fragmented and only had limited success in influencing local politics and social life. One of the key issues relating to the relative failings of the temperance movements was the lack of a dominant middle class and reformist agenda, but also the weakness of paternalistic activity amongst local industrialists, the local authority, the church and other bodies. The pottery owners and other local industrialists were slow to end practices such as paying workers in pubs, stamping down on absenteeism and on-the-job drinking. Similarly, public debates at the time represented an understanding that the very poor quality of health and worklife for workers in the potteries and associated social problems were so acute that drinking was

perhaps an understandable response to the living conditions in the city. Indeed, political ineffectuality, poor working conditions, low pay, unpaid holidays, and the availability of cheap alcohol ensured that rowdy and drunken behaviour dominated the city's street culture. Moreover, the leisure opportunities for the population of Stoke-on-Trent were overwhelmingly dominated by excessive drinking, which perhaps explains the wide-held attitude of 'a picturesque, muscular, breezy old chap, a packer, at Powell's potbank, who, when asked why he regularly got drunk on the weekend, answered that it would not be weekend if he did not get drunk' (*The Evening Sentinel*, 1978).

In 1896 a report in *The Evening Sentinel* suggests that while Hanley had begun to dominate the drinking landscape of the Potteries, each of the Potteries towns had a thriving number of drinking venues – 'The state of crown bank, Hanley was, after dark a scandal and a disgrace. The spirit vaults which thickly stud the border of the square were nightly filled with most abandoned characters – whose discordant shouts, obscene gestures and brutal violence often made the place a perfect pandemonium'.

Alongside this depiction of alcohol related disorder are contemporary accounts of the 'The Monkey Run', a circuit walk of central Hanley streets by thousands of people that took place around the theatres, cinema and the concentration of pubs on Friday and Saturday nights. The monkey run offered (mainly) young people the opportunity to promenade around the city centre, enjoying the crowds, and the chance to 'see and be seen'. This turn of the century 'pub crawl' bound up with depictions of a night- time economy dominated by drunken disorder and violence has obvious resonances with contemporary concerns.

From its heyday in the 1900s, the ceramic industry and the city itself have struggled to be competitive, and the Potteries towns have been in a steady decline since that time. However, despite a fall in the number of alcohol venues throughout the city excessive and public drinking has continued to be a dominating feature. Although relatively slow to respond to the recent rapid and dramatic economic and social change associated with de-industrialisation, Stoke-on-Trent has, over the past decade, embarked on a range of attempts to undertake regeneration and instigate economic development strategies. Throughout the conurbation urban regeneration programmes have led to the reclamation of derelict and contaminated land and the proliferation of out-of-town retail and business parks. While the majority of the Potteries towns have lost much of their vitality (and the associated busy night-time activity and rowdy drinking), the city centre (Hanley) and Newcastle-under-Lyme have managed to maintain healthy numbers of pubs, bars and clubs. Moreover, in seeking to reinvent the economic and cultural life of the city, the promotion of the night-time economy has led to a proliferation of drinking venues in both the city centre and Newcastle-under-Lyme over the past five years, and issues and problems with an historical resonance have come to the fore.

Joseph Rowntree Foundation, University of Leeds, 2007