

The 'invisibility' of work with
older people living with
dementia in social work
histories 1940 /50s and
touching on the 60s ...

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STUDIOS
Home Entertainment

THE GREATEST ROMANTIC FILM OF ALL TIME
(THE GUINNESS / CASINO FRANCHISE) (1992)

DAVID LEAN'S
BRIEF ENCOUNTER



CELIA JOHNSON / TREVOR HOWARD / STANLEY HOLLOWAY

DVD
VIDEO



Possibly the best
known social worker
from the 1940s? (also played
by Sophia Loren with Richard Burton)

Looking for dementia -

- Senility
- Arteriosclerosis
- Elderly mentally ill
- Elderly mentally infirm
- Elderly severely mentally infirm
- Confusion
- Alzheimer's

See Parker, J. and Penhale, B. (1998) *Forgotten People: positive approaches to dementia care.*

Forgotten People: Positive Approaches to Dementia Care

JONATHAN PARKER
BRIDGET PENHALE

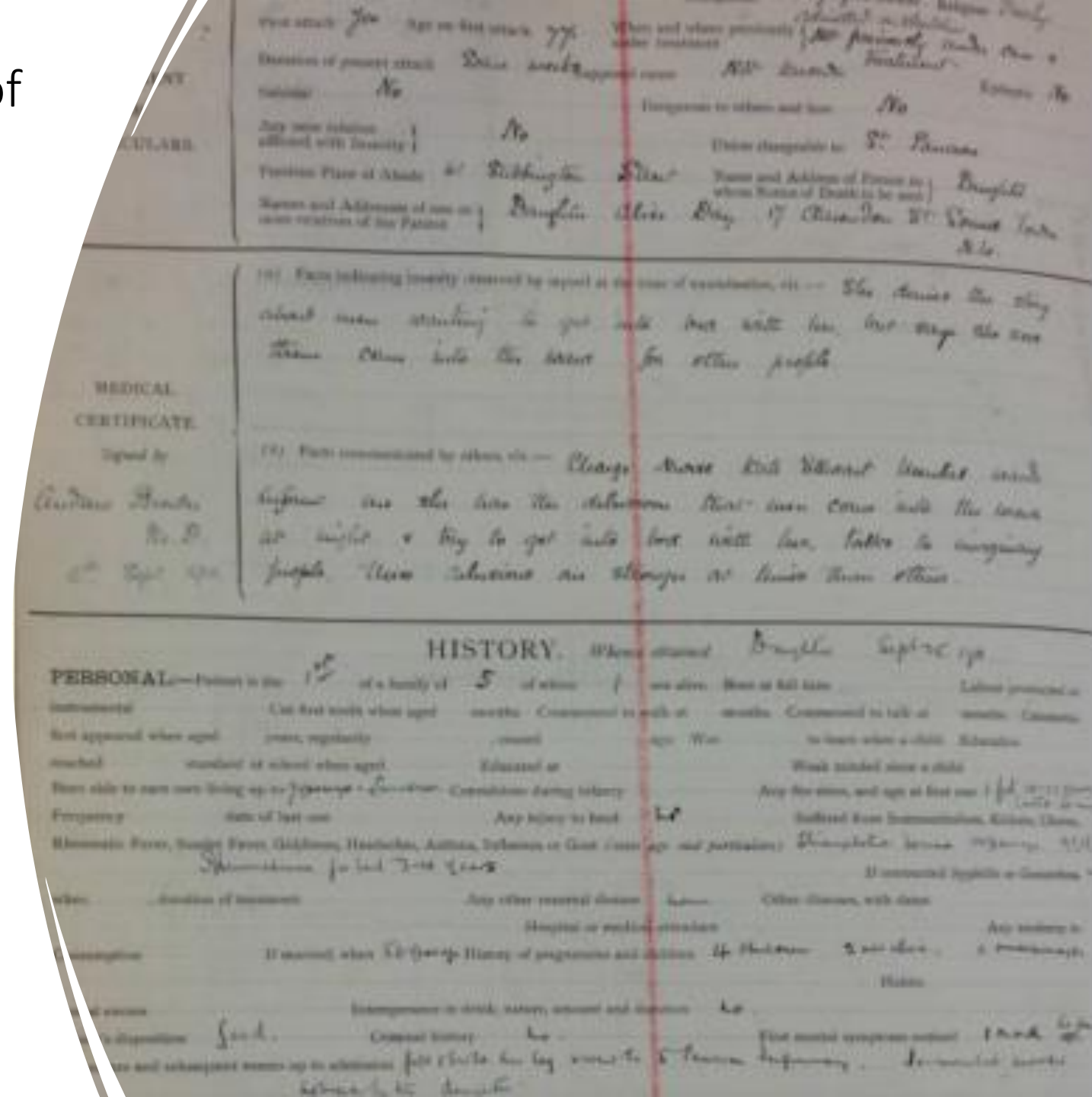
Early 20th century 'emergence' of the senile patient & efforts to increase exclusion from Asylums (doctoral analysis of Hanwell Asylum records)

- ... the **senile patient** was defined by the criteria which legitimated their exclusion from the asylum: as physically feeble, essentially manageable, and inherently and irreversibly aged. ... Over this period, insanity *in* old age became, to a far greater extent than before, insanity *of* old age...

- (Emily Andrews, page 190

https://wrap.warwick.ac.uk/65690/1/WRAP_THESIS_Andrews_2014.pdf)

- Illustration of case record of Jemima Burns aged 77, 1911.



'British social workers in wartime'

Stuart Jaffary, June 1942, The Compass

More evidence from children focussed work, eg evacuations, refugees, displaced, adoption/fostering, children's homes, etc – little mention of ageing

Outside Welfare Work – supporting employment /communities

Case Work – various imperatives, hard to meet



'One is impressed by two major needs in British social work. The first is for a strengthening of work social work machinery by means of closer coordination of the voluntary societies themselves, and of all voluntary work with the areas of governmental activity, old and new.'

The second and more difficult task is the strengthening of the profession by the upbuilding of a strong professional organization based on individual membership of specified qualifications, and clear professional purpose.'

However, WW2 impacts



WW2:

(a) 'undermined the position of those already in institutional care' (evacuated, eg to hostels),

(b) 'increased the need of many frail elderly people for support from the state' (eg through women working, general dislocation, less domestic service) so development of home helps, and

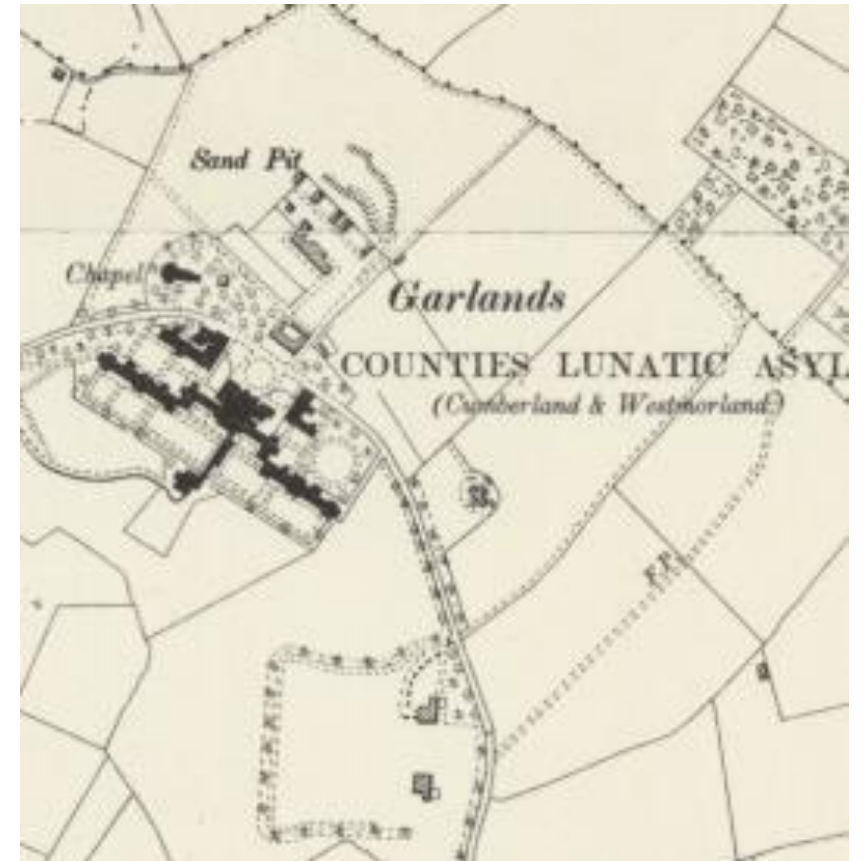
(c) 'led to a reformulation of attitudes amongst officials towards residential provision for elderly people' – the sunshine hotels ambitions (+ wish to uphold civilian morale).

'Yet everything, except humanitarian considerations — which often take second place in war — spoke against these poorest and most helpless members of the community. Because they occupied beds for indefinite periods it was wasteful to admit them to specially equipped and staffed emergency scheme beds. To nurse them was not only uninteresting but often unpleasant; the work soon dampened the enthusiasm of newly enrolled V.A.D.s who had expected to nurse soldiers and not incontinent and senile old people. It was moreover argued in the jargon of the day that the emergency hospital service must give priority to 'potential effectives' (Titmuss 1976)

Source: Changing State perceptions about residential care for elderly people, 1939–48' (Means & Smith 2008 A&S)

Post WW2 mental health hospitals

- ‘By the early 1950s, two-thirds of patients were voluntary and not under a compulsory order. As people became more willing to be admitted to a mental hospital, increasing numbers led to overcrowding. Yet services were far from comprehensive, and were poor or non-existent for the elderly who were mentally infirm, for mentally ill offenders, and for adolescents’.
- <https://www.nuffieldtrust.org.uk/chapter/1948-1957-establishing-the-national-health-service>



Money matters in new NHS – 1950s partial austerity

Here the ‘bed-blocking’ stand-off was enacted within a single institution as the local authority pleaded with the HMC (Hospital Management Committee) for **separate accommodation for residents with senile dementia**, and the HMC pleaded with the Ministry for more resources for domiciliary care (North East Somerset Hospital Management Committee 29/4/1950, 26/3/1954, 25/6/1954). (Gorsky, A&S, 2012, economic analyses)

- Image: Somerset Foundation Trust 2023



Dementia care practice – described with younger people in 'the community'

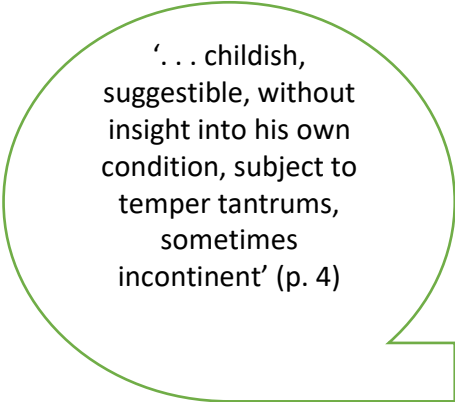
PSW Miss M (Muriel/Molly) H Bree worked with patients with neurosyphilis ('dements') who had been discharged from hospital (Epsom) back to live with their families between 1942 - 1952 through consideration of 275 case records and 7 illustrative case studies.

A feature of untreated /untreatable Syphilis infection is growing loss of cognitive ability. Hence use of the term 'dement'.

Miss Bree provided 'after-care' visits once assessment, treatment (not generally successful), or certification (move to long-term mental hospital) was decided upon.

Source: Bree M (1960) *The Dement in the Community*, London, Horton Group Hospital Management Committee.

Miss Bree described two-thirds of the patients leaving the Mott Clinic as permanently disabled, characterised by being:



'... childish, suggestible, without insight into his own condition, subject to temper tantrums, sometimes incontinent' (p. 4)

Sans Everything (1967) Sans social work?

Early in a scandals series around long-term hospital care

Limited social work involvement

Looking for social work ... does feature in policy recommendations/imperatives



7th Age Sans Everything, Stockport Heritage Services, painting by Helen Houlston, born 1927

Diary of a 'Nobody' who knew a somebody ...

'In the autumn of 1963, Miss Amy Gibbs, a retired seamstress in her mid-70s, was admitted to Friern Barnet Psychiatric Hospital at Southgate in North London. Her condition deteriorated and she was transferred to a long stay ward for confused elderly people (then classified as psychogeriatric) and, apparently in anticipation of her remaining there, her furniture and household possessions were "sold up".' (Cochrane 1990)



Data: The primary, original source (of Cochrane's thesis) = records at LSE

Source: The AEGIS Campaign to Improve Standards of Care in Mental Hospitals: a Case Study of the Process of Social Policy Change

<https://etheses.lse.ac.uk/2825/1/U615774.pdf>

DA. Cochrane (1990) PhD thesis.

AEGIS = Aid for the Elderly in Government Institutions, chair Barbara Robb

'This is an extensive and remarkable collection of correspondence, briefing and policy papers, structured evidence to Ministers, and the two committees of inquiry she was involved in, as well as her own observations and notes of phone calls. The AEGIS record fills over 120 A4 ring binders.

In the last few months of Mrs Robb's life, she began a detailed classification of her papers to trace the step by step events of her campaign and support her own interpretation of events. She managed to finish about twenty percent of this enterprise before she died, and the major initial methodological task was to complete her work by cataloguing and classifying the papers into broad themes and writing them up.' (Cochrane, 1990, p25)

Cochrane also analysed official dox and undertook interviews

Sans Everything – small mentions of Social Work

- Extract from Index of Dramatis Personae from Clare Hilton's open access book

Geoffrey Tooth, Principal Medical Officer, Ministry of Health

Friem 'Cossett' Hospital staff, pseudonyms

Dr Aix, consultant psychiatrist

Miss Cloake, social worker

Dr Giddie, ward doctor

Journalists and editors

Anne Allen, *Sunday Mirror*

Yvonne Cross, *Nursing Mirror*

Anne Robinson, *Sunday Times*

CH Rolph (Bill Hewitt), *New Statesman*

David Roxan, *News of the World*

Ann Shearer, *Guardian*

Hugo Young, *Sunday Times*

Prior to Sans Everything, 1st inquiry re Friern Hospital in response to letters from Robb et al

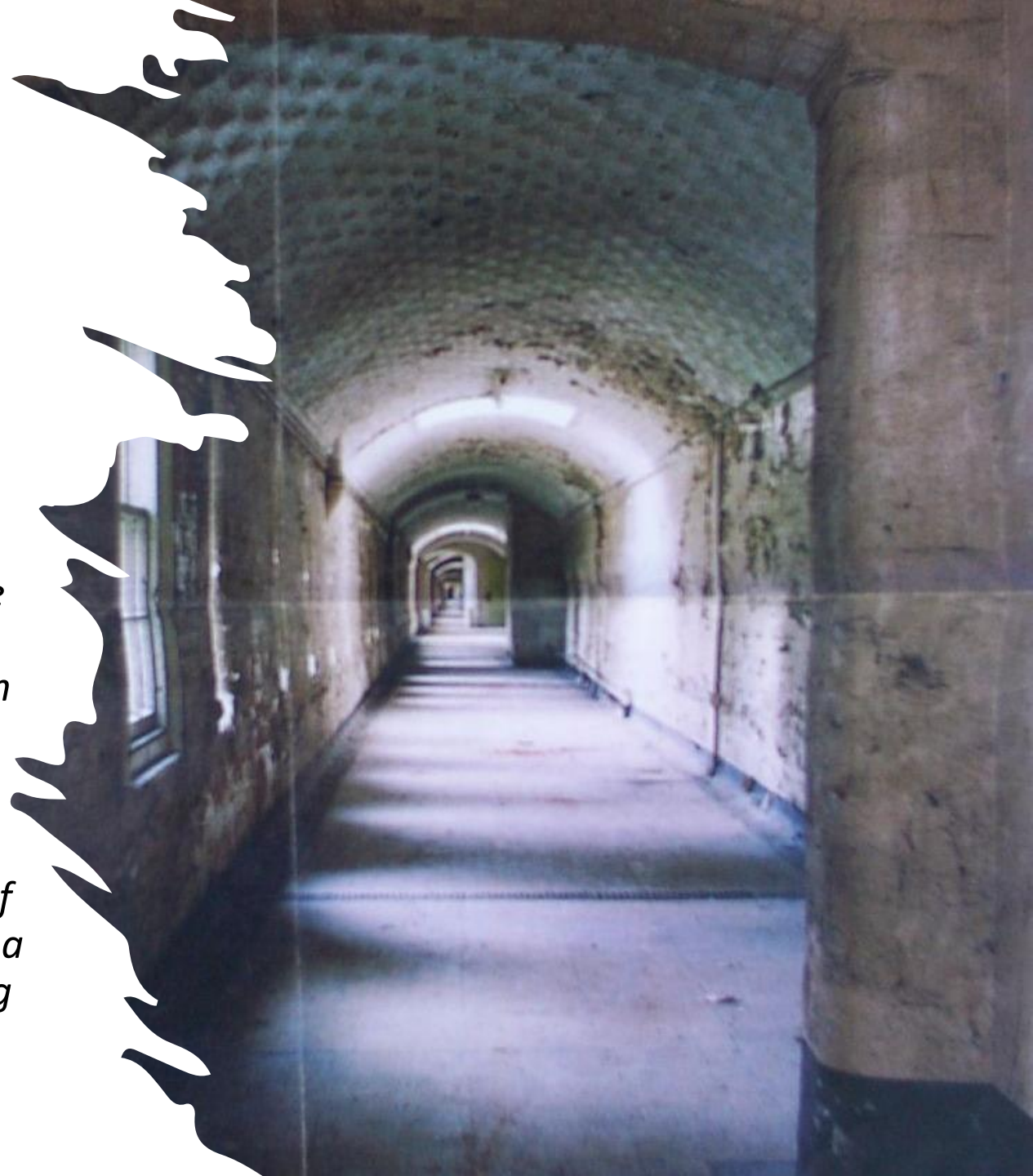
‘Compared to similar hospitals, Friern also **lacked social workers** to assist with arranging discharge: it had one qualified and two unqualified social workers with high rates of staff turnover (Ministry of Health (MoH) 1968, p. 49), creating an impossible workload’. (Clare Hilton 2017, Improving Psychiatric Care for Older People, Mental Health in Historical Perspective, DOI 10.1007/978-3-319-54813-5_4)



Friern social workers as witnesses (others mainly nurses) contributing to Sans Everything (Hilton 2017)

'Social workers were, to some degree, outside the rigid hospital hierarchy so somewhat protected from the victimisation experienced by the nurses.

- *Roger Moody, trainee social worker, criticised the way older people were placed in mental hospitals, 'society...far from honouring old age, tries to banish it completely from the mind' (Moody 1967, p. 68).*
- *Dorothy Crofts (Elizabeth Tasburg) social worker described care of her elderly father, (cf Barbara Robb's experiences of visiting Amy) including lack of visitors, bed-time by 7pm., patients fearful of staff, a struggle to obtain his discharge and staff describing her father as confused, contrary to her perception'.*



Example of DHSS recommendations spanning MI & MH hospitals

Set of Interim Standards sent out for consultation ..

‘ also required the provision of personalised clothing on a daily basis, the upgrading of poor standard wards to provide a domestic environment, and the provision of adequate recreation, occupational therapy, education and training and **social work support**’.

DHSS, Circular HM(69)58, 1969, DHSS, RHB Chairmen 10/69

See also Ministry of Health (1963) *Health and Welfare. The Development of Community Care*. Cmnd 1973, London: HMSO.

Cited in Cochrane (1990)



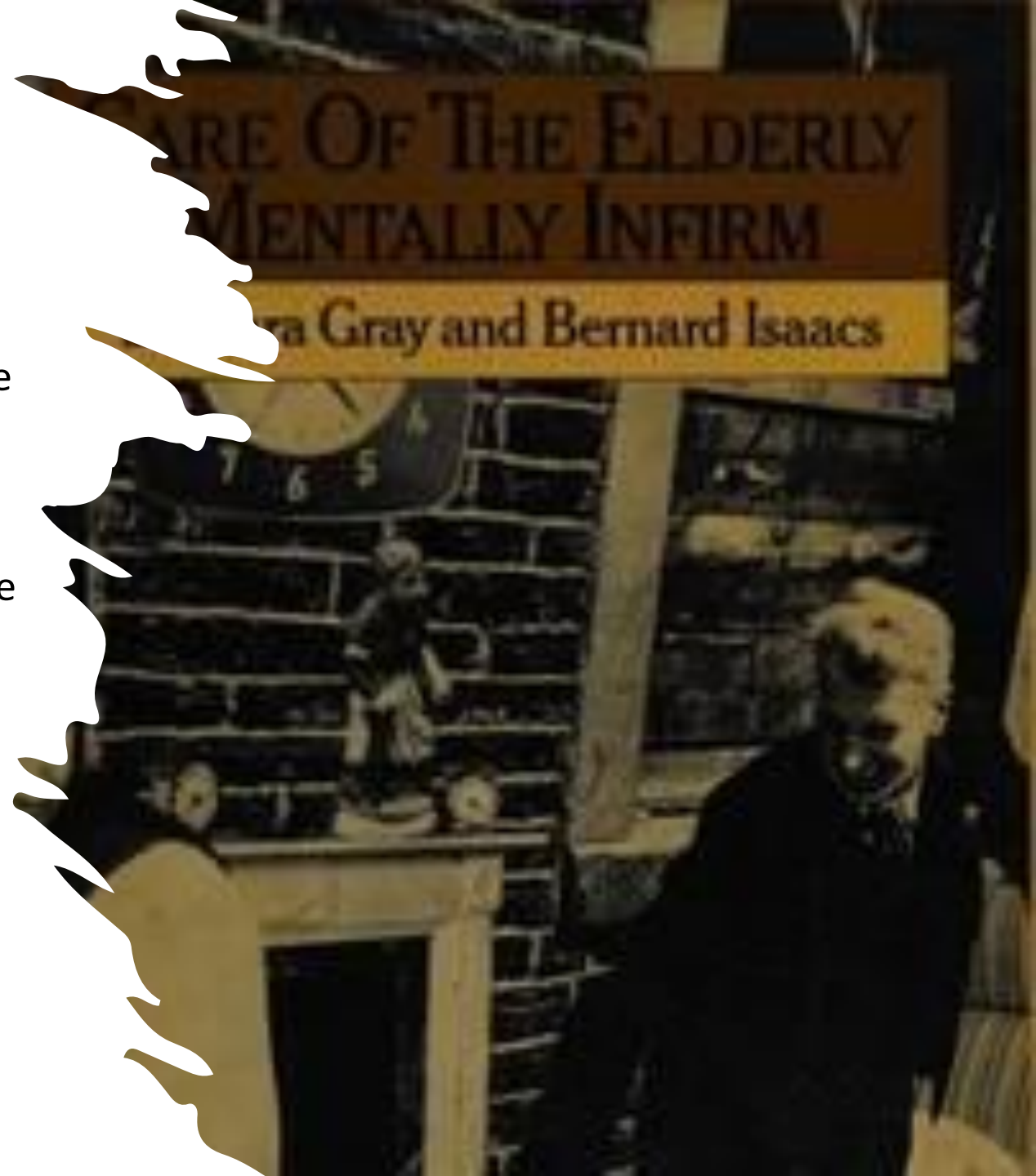
Continued themes ...

'The term "elderly mentally infirm" is undefined and extraordinarily plastic. It is sometimes limited to people with dementia, sometimes extended to other mental illnesses.

Homes for such patients are more highly staffed and can demand higher fees than other homes, but they are rare, and often full. Elderly mentally infirm patients wait in hospital beds longer. Social workers tend to imply that elderly mentally infirm means, additionally, having behavioural problems. Patients with quiet dementia are thus excluded from specialist care'.

Macdonald A. & Denning T. (2002) *Dementia is being avoided in NHS and social care*, BMJ

See also Gray and Isaacs 1979



Mary Marshall talking of 1967

“The prospect of working with older people appealed: “There was the richness of their history, the importance of relationships and the complexity of it (housing, social services and health) – and I like older people. It was also a neglected area, offering new challenges. There were fewer standard procedures than in children’s services and primary care and work with older people was then very much an untenanted area.” (Community Care 8/9/05)



A note on data sources

Huge value of:

Cook, T., & Marsh, H. (Eds.) (2013). The Cohen interviews, eg Molly Bree - Interview no 5. Wise archives.

<http://www.wisearchive.co.uk/home/The%20Cohen%20Interviews:%20conversations%20with%2026%20social%20work%20pioneers/>

Launched 10 years ago, 9 December 2013

Participants at the launch on 28 November at King's (left to right): Olwen Gotts (volunteer transcriber), Harry Marsh (editor), Maggie Cohen, Tim Cook (editor), Barbara Prynne, Helen Ford (Modern Records Centre), Pauline Weinstein (WISEArchive), Jill Manthorpe (King's College London)



21 century histories... more needed

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A social work career in mental health

Nick Hervey¹

Abstract: This piece is intended to show how with a commitment to continuous professional development, changing trends and practices in a profession can be reflected in the work of an individual practitioner, and in turn the study of individual careers can provide a wider understanding of the way change has been interpreted and implemented. A single career will see many structural changes of direction and emphasis, and if a practitioner is staying abreast of the twists and turns in policy, these should be reflected in their practice. This

Loud and Clear!

Exploring two decades of
involvement, voice and
activism by people with
dementia in Scotland

Philly Hare, *Innovations in Dementia*
June 2020