

# *Bulletin of the* Social Work History Network

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*Clockwise from top left: Peter Beresford, Jill Manthorpe, Donald Forrester, Judith Niechcial, Pat Thane, Bob Holman, Peter Simcock and Joan Baraclough.*

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## **Bulletin of the Social Work History Network**

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*Photo of Bob Holman: Murdo MacLeod*

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## *About the* **Social Work History Network**

The Social Work History Network (SWHN) exists to explore the nature and growth of social work in order to inform contemporary policy and practice.

Founded in 2000, it is an informal network of social workers, historians, archivists, researchers, educators, students, and social work policy makers.

The Network meets three or four times a year in the UK to discuss papers given by invited speakers. Meetings are open to all.

To join the SWHN mailing list or to confirm your attendance at a meeting please contact: [stephen.martineau@kcl.ac.uk](mailto:stephen.martineau@kcl.ac.uk)

The Social Work History Network is supported by The British Association of Social Workers (BASW), The Open University, the University of Chester, and the Social Care Workforce Research Unit at King's College London.

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# Welcome

## Sarah Matthews

Editor, *Bulletin of the Social Work History Network*



I am delighted to introduce this, the inaugural issue of the Bulletin of the Social Work History Network (the Network). When I was appointed as Coordinator just over two years ago I was delighted to join a group that was interested, not just in learning lessons from social work as it was practised in the past, but in using this knowledge to inform current policy and practice. As a qualified social worker with a first degree in history these two personal passions were therefore conjoined! I have both thoroughly enjoyed this role and learned much from the passion and firsthand accounts of my Network colleagues. It is this learning method that I bring to my current role as an educator of future social workers and one which this bulletin also seeks to capture. At a time when the education and fitness of social workers is under close Government scrutiny there seems no better opportunity to seek to influence such decision-making.

In arguably the timeliest fashion, this first bulletin opens with words from both the outgoing and incoming Chairs. I know that the Steering Group would wish me to take this opportunity to thank Keith Bilton for the fourteen years 'service' he has given. Keith's leadership through his firsthand accounts of social work policy and practice set an admirable tone and it is our fortune that, while relinquishing the role of Chair, he is

continuing to support the Steering Group. It is also pertinent here to reflect Keith's words concerning the other founding members. The continuing development of this Network is a testament to you all. We trust it remains in safe hands and look forward to Terry's 'reign'.

When first considering what might be included in a bulletin, the Steering Group concluded that it should seek to capture a number of elements:

- the collation and dissemination of the knowledge of its members;
- the provision of an arena for discussion and debate about topics as relevant today as they were at the time when they first affected social work policy and practice;
- the provision of a forum for the bringing together of developments in the history of social work, both in the United Kingdom and elsewhere.

To that end, we hope that this first issue meets those objectives.

Learning lessons from the past in order to look forward is the focus of Peter Simcock's article, here the circumstances of Beverley Lewis. Peter relates some of Beverley's story and the practical difficulties he experienced in accessing such a sensitive case history and subsequent review. He describes the formal, and what is considered the normal, academic search of sources. This, he recounts, was balanced with the serendipitous, including

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meeting at a Network event, people who either remembered the case, or were able to provide information not otherwise available. Indeed, shortly after Peter's talk to the Network I came upon, perchance, a newspaper cutting about the Beverley Lewis case among my own records; one that I had obtained during my training as an Approved Social Worker. Such use of historical record mirrors the aim of the Network and we endorse Peter's reflection upon the poignancy of his personal lessons learned from the past and a desire to see such tragic circumstances inform current and future policy, in this instance adult safeguarding.

Seeking also to capture the lessons learned from a wider context, this bulletin also includes [Jane Miller's article](#) which compares and contrasts the current status of the social work profession in Australia, the United Kingdom and the United States of America. This work arises from a doctoral research project on the establishment of social work education at the University of Melbourne and in particular on the influence of its founder Jocelyn Hyslop. A focus on such personal history brings life to this narrative and again reflects the purpose of the Network.

In a revised version of a paper first presented at the Network in December 2011, [Keith Bilton's intriguingly entitled piece](#) challenges us to consider the relationship between cash and care. Providing an historical résumé of law and policy with regard to this relationship, Keith asks that the arrangements for providing and paying for care be reviewed. This is necessary, he argues, both for those paying and for those providing. This thought-

provoking article orientates the reader by using the past to consider the current.

Last, but certainly not least is [the account of the launch of WISEArchive](#), a truly outstanding resource of recorded interviews with twenty-six social workers as collected by Alan Cohen, now transcribed, edited and available online. I would encourage all students of social work including those in training to access these and reflect upon the comments therein. Research-mindedness is a requirement of the Professional Capability Framework for today's social workers in England. This collection indicates that this is not necessarily a new attribute.

This bulletin is of course an inaugural one. This issue also includes information updates and links to other sources of information which we hope will be of interest. It is our intention, however, that future editions should be driven by the members of the Network. We would like to continue, for example, to provide responses such as the recent one to Jeremy Clarke to capture the knowledge in the Network and retain it for future use. We therefore welcome any feedback and suggestions for additions and contributions. Do please consider writing a piece, however short. Perhaps consider a letter to the editor? All contributions welcome! Please contact me on [sarah.matthews@open.ac.uk](mailto:sarah.matthews@open.ac.uk) | [@sao\\_sarah](https://twitter.com/sao_sarah)

*Sarah Matthews, Coordinator of the SWHN, is a qualified, registered social worker and currently heads the Social Work Degree programme for the Open University in the North West of England and in Yorkshire.*

## In brief:

### What became of mental health social work?

Network members were asked by Jeremy Clarke of the Ministerial Advisory Group for Mental Health, Department of Health earlier this year for their views on the development of the social work profession *vis-à-vis* mental health in recent decades. Network coordinator, Sarah Matthews collated responses and the [discussion paper](#) is now available on the SWHN website.

The Network welcomes, and responds to, queries from those involved in the development of the social work profession with a view to helping shape contemporary practice in a way that is informed by past experience.

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### Working with History and Policy

Mike Burt, member of the SWHN steering group, recently represented *History and Policy* in making a presentation to the Department for Education about the historical development of social work with children, including the history of responses to child abuse.

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### Social work and its moment

Professor Ray Jones, who spoke at the [SWHN in 2008](#) about Seebohm, reviews the ways in which social work has been defined over the last sixty years in the [April 2014 issue of \*British Journal of Social Work\*](#). The piece has provoked a response from Caroline McGregor, also in [BJSW](#).

### At the Wellcome

The Wellcome Library has digitised the annual reports of [Medical Officers of Health \(MOH\)](#) in London Districts 1848-1972.



*Clark's Cottages, Woodford Bridge, now demolished. MOH report for Wanstead and Woodford 1949 (Wellcome Library)*

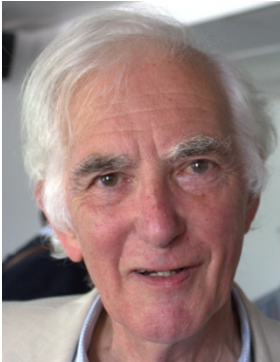
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### History of CCETSW: a podcast

The SWHN event on the history of the Central Council for Education and Training in Social Work held at King's College London on 25 June was audio recorded—a podcast will be posted shortly on the [CCETSW event web page](#).

# On the origins of the Network...

## Keith Bilton



Co-founder Keith Bilton describes how the Social Work History Network came about

Sometime in the 1980s, in the coffee queue at a social work conference, I overheard two young men in conversation. One was explaining that social work had not been created to meet the needs of social services departments, and had a history which predated them. The other listened with considerable interest, and wanted to know more.

In the early 1960s, as a social work student and then as a new and raw child care officer, I thought I already knew something about the history of the child care service: the Curtis Committee, the death of Dennis O'Neill and so on. I knew less about the history of social work, except that it seemed the USA must figure significantly, because our social casework textbooks were American.

In 1970, when the setting up of the British Association of Social Workers (BASW) meant that my job as general secretary of the Association of Child Care Officers ended and I joined the staff of BASW, it was borne in on me that some familiarity with the history of our profession was going to be at least as important as knowing the history of the services in which we had worked and the development of the social policies which had given rise to them.

It seems to me that, without such knowledge, we find it difficult to be clear about where we belong, or about the relationship between social work and agency function. So, shared exploration of history seems important, though at times it is not easily distinguished from collective myth-making to reinforce our prejudices.

In 2000, walking back from a memorial meeting in honour of Kay McDougall, I shared with David N Jones, and subsequently with Joan Baraclough, the idea that we should set up a social work history network, with the aim of helping to bring people together to share common historical interests. They agreed; and we did.



*Signing the Memorandum of Association of The British Association of Social Workers in 1970 with (left to right): David Jones, Margaret Dobie, Kay McDougall, Enid Warren and George Pratt.*

SWHN has always been a very informal group, and I have never been appointed to chair it, but it has become necessary to invent the office so that I can vacate it. By the time you read this, Terry Bamford will have succeeded me in the chair. I look forward to seeing SWHN flourish under his leadership—*Keith Bilton, 8 June 2014.*

# ...and a message from the new Chair

## Terry Bamford



Terry Bamford took over from Keith Bilton as Chair of the Network in June 2014

It is a great pleasure to be taking over the Chair of the Network from Keith Bilton whose contribution to the foundation of the Network and guiding its progress has been immense. I am making something of a habit of succeeding Keith. Shortly after he left BASW in 1972, I joined the Association in Birmingham. When he became Controller of Social Services in Harrow I succeeded him as Assistant Controller, and now it is happening again, despite the fact that he is a hard act to follow!!

This bulletin shows just how far the Network has come and the relevance of its work. William

Faulkner wrote, 'The past is never dead. It is not even past'. Certainly much of current policy on welfare has resonances of the Poor Law categorisation of deserving and undeserving poor.

The founders, in 1869, of the Charity Organisation Society were concerned about what today would be termed welfare dependency. Its full title was Society for Organising Charitable Relief and Repressing Mendacity. Many of its early pamphlets bear an alarming resemblance to Iain Duncan Smith's approach.

Social work has a rich history. It is a global profession. It needs to value and honour its past but also to use it to learn lessons from mistakes. We live in dangerous times for social work and its values. The Network can help by providing a longer term perspective on many current issues, as this bulletin demonstrates. I look forward to working with social work colleagues old and new in that task.

The [Steering Group](#) of the Social Work History Network, of which Terry Bamford is now Chair, arranges the Network meetings. Other members of the Group are: Joan Baraclough, Keith Bilton, Thomas Bray, David Burnham, Mike Burt, David N Jones, Jill Manthorpe, Sarah Matthews, Judith Niechcial, Barbara Prynne, and Peter Simcock.

The Social Work History Network is not a membership organisation and has no subscription, though donations are welcomed at meetings to cover costs. At present, there are over 300 people on the Network emailing list. SWHN also has a [LinkedIn page](#), where debate can continue between meetings, and a growing following on its recently established Twitter account, [@SociWorkHistory](#).

# Revisiting adult safeguarding cases: challenges and lessons

Peter Simcock



Peter Simcock describes his approach to researching the case of Beverley Lewis

As an academic within a University Social Work Department, I spent the first few weeks of 2014 preparing my teaching sessions for the forthcoming semesters. One of the key areas of my teaching responsibility is adult safeguarding, and there has therefore been much to consider: the Care Act 2014 heralds a statutory footing for adult safeguarding, and an increasing body of case law is emerging from the Court of Protection.

However, I have not only been 'looking forward' to the implications of these contemporary reforms, but also 'looking back' at adult safeguarding and adult abuse over the last few decades, to determine what lessons are there to be learnt. I am currently reading John Pring's 2011 book entitled *Longcare Survivors: the biography of a care scandal*, which offers a detailed and disturbing account of abusive practices in the 1990s at two care homes for adults with learning disabilities in Buckinghamshire. Recently, I also led a session on Serious Case Reviews in adult safeguarding, exploring what lessons can be learnt about inter-agency working and best practice, by revisiting safeguarding cases.

Learning from past cases can be challenging, not least because gaining access to information about them is not without difficulty. As Manthorpe and Martineau (2011, p. 2013) observe, even where the case has resulted in the commissioning of a Serious Case Review, such documents are not in the public domain nor is there a national system for their collation, analysis and dissemination. The challenge became very real to me most recently when I sought to revisit the case of Beverley Lewis as part of my PhD studies. In this short article, I hope to discuss the approaches taken to gather information on the case, the challenges posed and the lessons learnt. However, I start with a brief overview of the Beverley Lewis case.

Beverley was born in Gloucester in 1966. As a result of congenital rubella syndrome, Beverley was deafblind and had additional learning disabilities. Beverley and her mother, Thelma, with whom she lived, were known to a range of health and social care services: Beverley had an allocated social worker and a named community nurse. However, it is reported that the relationship between Thelma and professionals was strained and that she was reluctant to receive support in caring for Beverley.

Over time, visits from professionals reduced and there appeared to be confusion amongst welfare agencies about who was actually visiting. On 17 February 1989, Beverley, then aged 23, was found dead in squalid conditions



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and weighing less than four stone. Thelma was formally admitted to psychiatric hospital on the same day. A coroner's inquest and joint internal inquiry by the Health Authority and Gloucestershire County Council Social Services followed, which resulted in a number of recommendations. Since then, Beverley's death has been recalled and rewritten into the history of Gloucestershire's local safeguarding policy.

Gathering information about Beverley's case took me beyond my usual formalized academic approaches and resulted in finding a range of data from a range of sources. Searches of academic databases, such as Applied Social Sciences Index and Abstracts and Social Care Online, identified a few academic texts and journal articles on the topic, but it was extensive liaison with colleagues at the British Library, which helped uncover a number of newspaper articles on the case.

Searches of non-academic search engines, such as *Google*, also led me to very useful information, such as a podcast of a radio interview with Beverley's sister immediately after the coroner's inquest. Finally, a search of *Hansard* identified numerous references to the case, the recommendations from the inquiries and the subsequent debates about the existing legal framework in relation to adult social care and mental health.

Whilst this data provided academic, national and local media, personal and political perspectives on the case, detailed information about the direct practice of the social workers involved was lacking. I believed that such information would be contained within the internal inquiry. British Library, university

library and online searches did not locate any details of the inquiry and therefore, a 2000 Freedom of Information Act request was made to Gloucestershire County Council for access to the information.

The local authority confirmed that the information was held; however, the request was denied on the grounds that the report was exempt from disclosure on the basis of Section 44 of the Freedom of Information Act 2000: the information contained in the report was covered by Schedule 12a Local Government Act 1972. No further information was provided and on reflection, it is a decision I could have challenged.

Whilst being unable to access the inquiry was frustrating, unforeseen success was achieved via networking and what can only be described as serendipity. There is certainly a lesson here about 'sowing enough seeds'. For example, following a presentation at a [Social Work History Network meeting](#) and a chance conversation with an external examiner during a revalidation event, I received further articles on the topic, a DVD of a 1990s documentary about the case and engaged in conversations with people who had been in practice at the time and recalled the impact of Beverley's death. Such interactions and information were invaluable.

A further important aspect in the approach taken to revisiting the case relates not only to the range of material gathered, but also to the angle I adopted. I decided to revisit the case through the 'lens' of deafblindness rather than in general terms. Whilst congenital rubella syndrome is widely known as a cause of deafblindness (Dalby *et al.* 2009) the fact that Beverley was deafblind, and the implications

of this impairment, do not appear to have featured explicitly in the outcomes and recommendations of the inquiries, inquest or media reports.

Indeed, it appeared that this was a feature that was largely overshadowed; as such, lessons could be learnt by revisiting the case from this perspective. These lessons are explored further in the article published on the research (Simcock & Manthorpe 2013) but include: the need for greater understanding and awareness amongst practitioners of the particular vulnerability of deafblind adults; improved access to specialist assessment and services; and, improved multi-agency responses to deafblind people's needs.

For me personally, revisiting the Beverley Lewis case has been a poignant experience. Social workers can learn much from the tragically short life of this deafblind woman and I hope she will become part of the wider history of adult safeguarding policy and practice, and not merely a ghost in the welfare system. However, I have also learnt lessons about the challenges of accessing information about past cases and how networking and serendipity can prove as useful as formal academic literature search techniques.

*Peter Simcock is Senior Lecturer in Social Work (Staffordshire University) and PhD Student (King's College London). He is on the SWHN Steering Group and spoke about Beverley Lewis to SWHN in 2013.*

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# Understanding the why and how of the development of social work in Britain, Australia and the U.S.A.

## Jane Miller



Theory and practice across three different systems of social work education

In 1977 the American social worker, Verl Lewis, who was the first Professor of Social Work at the University of Melbourne, argued that an understanding of social welfare history can add to social workers' understanding of themselves and of the why and how of the development of their profession (Lewis 1977, p. 38).

The British Social Work History Network plays an important role in contributing this perspective to social work in Britain today. Currently, neither Australia nor the United States of America has an equivalent group. America's Social Welfare History Group which started in the 1950s no longer exists (Fisher 1999, pp. 191-217), although America does have a well-supported and scholarly historical website, namely the [Social Welfare History Project](#).

In July 2013, I was fortunate to have the opportunity to present to the Social Work History Network a paper on some preliminary research findings for a doctorate on the history of the establishment of social work education at the University of Melbourne, Australia. Background research to date has

thrown up some interesting contrasts in the current status of the social work profession in Australia, Britain and the U.S.A.

Social work is, arguably, most highly professionalized in the U.S.A where the professional association, the National Association of Social Workers (NASW), has 140,000 members (NASW website), and where the accepted minimum qualification since 1952 has been the Masters of Social Work (MSW). In the U.S.A. the profession has a clear single identity.

Australia is well on the way to such professionalization. The minimum standard of education since the mid-1970s has been a four year Bachelor of Social Work degree (BSW), and Australia is now moving increasingly to embracing a Masters of Social Work (MSW) as a qualifying degree. The professional association, the Australian Association of Social Workers (AASW), has 'more than 7,000 members' (AASW website) and there is a clear social work identity, distinct from less well-qualified occupational groups that are known by various titles such as 'welfare officer', 'youth worker' or 'community development worker'.

In Britain, a three year Bachelor's degree became the minimum standard for social work qualification in 2003. A Masters qualification is also offered. (Orme *et al.* 2009, p. 161). The British Association of Social Workers (BASW) now has 'over 14,000

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members' (BASW website). However, another 'voice' of social work, The College of Social Work is emerging and the effect of the dialogue between it and BASW is yet to be seen. It will be a shame if this fragments the British professional social work voice. To an outsider like me, the workforce itself appears less unified than in the U.S.A and Australia and the use of the term 'social care' for the broad field of social work and other welfare and caring activities obscures the unique role and identity of the social work profession. Some British social workers have expressed concern about this situation (Pierson 2011, p. 207; Trevithick 2010, p. 1), while others see it as unremarkable and talk of social work being 'up for grabs' (Cree 2011, p. 9) and of 'social work occupations' (Burnham 2011, p. 11; Burt 2008, pp.749-62).

How has this come about? In the early twentieth century, up until 1912, social work education in the U.S.A. and Britain had much in common. In particular, both valued a strong emphasis on practical training in the field. By the late 1920s, however, clear differences had emerged. These differences were discussed at the first international conference on Social Work held in Paris in 1928 (Kendall 2000, p.106).

The first Director of Training for the University of Melbourne, the charismatic London School of Economics and Political Science graduate, Jocelyn S. Hyslop who had observed social work education on both sides of the Atlantic, summarized her view of the differences when interviewed by a Melbourne newspaper reporter in 1934

' in comparison with the training given in England, in the university schools of social service the American work stands out as avowedly professional...

the practice of social work...is taught and much of the classroom material is provided by the students from their day-to-day experience in the field (Director of Social Studies Arrives 1934, p.13).

Under Hyslop's influence, the model adopted for social work education in Melbourne was that of teaching for the actual practice of a profession, similar to the American approach rather than the social science orientation followed by British social work in the 1930s. For example, both America and Melbourne committed 50% of training to practical work.

While some writers have considered the different approaches to teaching social work to be the result of cultural and societal differences (Payne 2005, p. 232; Woodrooffe 1964, p. 137), there is an argument that a series of chances and deliberate decisions set the profession in these countries on different paths. An important turning point in Britain may well have been the 1912 incorporation of the London Charity Organisation Society's practically oriented social work course into the London School of Economics, which eventually became far more theoretical (Smith 1953, p. 52). In the same year (1912) New York's Mary Richmond rejected a move to have social work taught by 'university men', successfully arguing that only social work practitioners could teach social work students and that theory must be developed from practice (Dore 2000, p. 18). Olive Stevenson's recent memoir contains a comment on the social work and social science divide in the 1970s at the London School of Economics: 'I was not then aware of the awkward boundary between social work and social policy academics epitomised at the London School of

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Economics where the twain rarely met (separate tables in the dining room were usual)' (Stevenson 2013, p. 58). Hyslop helped to direct Australia to the American style of practice oriented teaching.

As Jonathan Dickens pointed out in the British Journal of Social Work in 2011 the final report of the Social Work Task Force described social work in England as being at a 'watershed'. He argued that 'change is always a work in progress, never a task achieved' and that England has had other 'watersheds' (Dickens 2011, p. 22). In this new iteration of British social work surely understanding some of the journey to date will help with the task of building the safe and confident future predicted by the Task Force.

*Jane Miller (BA, Dip Soc Studs, MSW) is a retired social worker undertaking a doctorate on the history of social work education at the University of Melbourne.*

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# Care arrangements: Who cares? Who pays?

## Keith Bilton

Keith Bilton, outgoing Chair of the SWHN, argues that we need to re-examine the way we pay for care

*This paper is a revised version of a background paper prepared for an SWHN meeting on residential care for adults held on 5 December 2011. The original paper also contains reflections on the Law Commission's report on adult social care. I have removed these and added a postscript.*

### Cash and Care

Following publication of the Beveridge Report in 1942, the years immediately after the Second World War saw significant changes in the law relating to welfare, or social security, in the United Kingdom. The Family Allowance Act 1945 was implemented in 1946. It was followed by the National Insurance Act 1946, which brought together the state contributory insurance schemes such as Sickness Benefit, Retirement Pensions and Industrial Injury Benefit, administered by the Ministry of National Insurance. The National Assistance Act 1948 separated the cash and care functions of the Poor Law. Those not entitled to contributory benefits or whose benefits were deemed to be inadequate could receive a means-tested allowance, known as National Assistance, administered by the National Assistance Board (NAB), a Central Government

Agency, while Care remained the responsibility of Local Authorities (LAs) under Part III of the National Assistance Act.<sup>1</sup> These provisions were implemented, together with the National Health Service Act 1946 and the Children Act 1948, on 5 July 1948. The functions of social security benefits and of care were then distinct. People who needed care were to be provided with relevant services, and not with cash to purchase their care.

The introduction of new benefits specifically related to disability, e.g. attendance allowance (1971), invalid care allowance (1975), mobility allowance (1976) and disability living allowance (1992), changed the picture. These benefits were intended to meet or contribute towards the extra costs of living with a disability, and they therefore blurred the distinction between the functions of cash and care. The state at national level was now providing cash for the purchase of care. Then, in 1996, the Community Care

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<sup>1</sup> Whereas the NHS Act 1946 had set up a health service free at the point of use (subsequently eroded by the introduction of charges for teeth, spectacles and prescriptions), residential care was to be charged for with a means test. Confusingly, both free health treatment and chargeable social care were introduced to avoid the stigma of charity and to break the link between public provision and indigence.

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(Direct Payments) Act gave local social services authorities the power to give service users cash with which to buy services instead of directly providing or commissioning services for the user.<sup>2</sup> Thus the state at both national and local level can now provide cash with which to buy care, and the 1948 separation of cash and care between the national and the local state has now been more or less replaced by a division between the public sector, which provides the money both for basic living costs and for the purchase of care, and the independent sector, which largely provides the care.<sup>3</sup>

### Care for whom?

In the 1950s, normal daily life was more arduous than it is now, and the physical limitations which at that time more often accompanied ageing were more likely to make it impracticable for people to look after themselves at home. By the early

1970s, as a result of technological advances, improvements in housing, better domiciliary services and the development of sheltered housing, many of the circumstances which had in the past led to admission to residential care no longer pertained. It became possible to speculate that residential care might be replaced by sheltered housing with additional communal facilities, supported by individualized community care services. What such speculation ignored was the increase in the number of older people suffering from various kinds of mental confusion, probably resulting principally from increased longevity, and the NHS's progressive withdrawal from continuing care. There has therefore been a significant change in the nature of the residential care population.

### Who pays: central or local government? And who provides: local government or the independent sector?

In 1966 the NAB was replaced by the Supplementary Benefits Commission (SBC)<sup>4</sup>, as part of an attempt to make non-

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<sup>2</sup> Direct payments are to be distinguished from personal budgets or self-directed support, in the latter where the eligible person is informed of their notional personal budget which is held and spent by the LA (managed budget) or passed to a provider of the person's choosing (individual service fund). Both direct payments (which may be seen as a sub-set of personal budgets) and personal budgets may be varied at the discretion of the LA to reflect either the beneficiary's changing needs or the LA's changing financial circumstances. Compared with social security benefits, they have the advantages and disadvantages of greater flexibility. The King's Fund has, however, suggested that Attendance Allowance should be integrated into LA personal budgets.

<sup>3</sup> But most LA money still passes straight from the LA to the provider without passing through the hands of the service user, for example for care home fees.

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<sup>4</sup> The Supplementary Benefits Commission was set up under the Ministry of Social Security Act 1966 as the body to administer the new system of social security entitlements, in conjunction with the new Ministry of Social Security. Together with this Ministry it inherited the functions of the former Ministry of Pensions and National Insurance and the National Assistance Board. The Commission was responsible for determining the rights of applicants to pensions and allowances and the amounts payable and for advising the government on social security benefits policy. Its powers and responsibilities were consolidated in the Supplementary Benefits Act 1976. In 1980 the Commission was abolished. Its advisory role passed to the new

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contributory means-tested benefits more of a right. These benefits were no longer to be 'applied for' but to be 'claimed'. There was to be more entitlement and less discretion. Some discretion was, however, essential, and its exercise became a focus of contention as a new profession of welfare rights advisers sought to establish new rights based on a 'case law' of officers' discretionary decisions. An important development of this kind was the extension in 1980 of Supplementary Benefit (SB) board and lodging payments to take in payments for residential care. This had several consequences:

- People were moving into residential care on the basis of a test of means

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Social Security Advisory Committee and its executive functions were taken over by the Department of Health and Social Security (DHSS). The DHSS had itself been established in 1968, merging the former Ministries of Health and of Social Security. Its cabinet minister (initially Richard Crossman) was designated Secretary of State for Social Services. The title reflected the assumption of a co-ordinating role in relation to the broad range of social services which had previously been exercised with considerable difficulty by a succession of 'overlords' (including Douglas Houghton, Michael Stewart and Barbara Castle), who usually did not carry any departmental responsibility. Health and Social Security continued to function very much as two separate departments, each headed by a Permanent Secretary. The Department also had an Office of the Secretary of State for Social Services to handle the coordinating responsibilities. In 1970, when an issue arose as to whether the DHSS or the Home Office should assume responsibility for the LA personal social services, Harold Wilson observed to Crossman that he thought they had merged the wrong two departments.

without an assessment of their need for care.

- There were now two sources of public funding of residential placements: LAs and the SBC.
- Private, as well as local authority and voluntary, homes could now receive public funding (from the SBC but not yet from LAs).
- Because local authority homes became the only establishments whose residents (if they had insufficient means) were not eligible for SB funding, the effect was to drive local authorities out of direct provision (via an intermediate stage of provision by 'arms-length' companies).

### Curbing the expansion

As discretionary decisions were consolidated into rights,<sup>5</sup> SB expenditure

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<sup>5</sup> The SBC's funding of residential care at a time of increasing pressure on local authority expenditure, which arose from a growing elderly population and from the NHS's increasing concentration on medical treatment and progressive withdrawal from illness-associated care, enabled that sector to grow, mainly in the private sector, more rapidly than Government might have allowed local authorities to expand it. Local authorities were able to make considerable savings on their residential care budgets and to redirect this money into domiciliary services and into looking after mentally-ill and learning-disabled people, from whose care the NHS was withdrawing (from long-term care in the case of mental illness and from all residential provision in the case of learning disability). Although machinery was put in place to transfer funding from the NHS to LAs to accompany patients discharged from long-stay hospitals, there was no similar funding



grew uncontrollably, and this in turn led to two further developments:

- Supplementary Benefit was abolished in 1988 and replaced principally by Income Support, which was means-tested but entitlement-based and without flexibility to respond to exceptional needs and circumstances. Discretionary power to respond to needs and circumstances for which Income Support could not provide was vested in the Social Fund, which was, however, subject to tight budgetary control. When money was available, it dispensed both grants and loans.<sup>6</sup>
- Social security funding of residential care ceased, and responsibility was passed back to the LAs who had been accidentally relieved of it, where it could more readily be controlled.<sup>7</sup>

Thus, the upshot of the SBC's involvement was that payment reverted to the LAs, but provision largely moved into the independent sector, a move facilitated by the National Health Service and Community

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arrangement to help LAs provide for those who were no longer being admitted.

<sup>6</sup> Loans could be, and were, refused on the grounds that the applicant could not afford to repay them, but they became an important part of the Social Fund's work as they made its budget go further, with repayments financing further loans. The loan system meant in effect that the state was limiting public expenditure by setting up a system through which its poorest citizens lent to one another. This was of course better than resort to loan sharks. The Social Fund was abolished with effect from April 2013.

<sup>7</sup> There was a subsequent transfer of funds from central government to local authorities.

Care Act of 1990, implemented in 1991, which for the first time empowered LAs to finance residential care in the private as well as the voluntary sector. The National Health Service and Community Care Act also provided that residents' own contributions to the cost of their care should be paid direct to the provider and not, as before, collected by the local authority, a change which altered the nature of this triangular relationship.<sup>8</sup>

### **Who cares who pays?**

Through the 1950s and 60s, the issue of who pays presented few problems. Few residents had owned their own homes or amassed sufficient savings to require them to pay for their own care, so that, although indigence was no longer a condition of admission, the state was still meeting the great bulk of the cost. A few better-off elderly people lived in LA homes, paying the full cost of their care, but most of them still tended, as they had in the past, to go into nursing homes (not then eligible for public funding) or, if less unwell, into small private hotels, although some did use private elderly persons' homes.<sup>9</sup>

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<sup>8</sup> The two changes mentioned here are in the 1990 Act itself. Most of the other changes associated with this Act result from ministerial guidance and directions. Under the Local Authority Social Services Act 1970, local social services authorities had been required merely to act under the general guidance of the Secretary of State. The 1990 Act gave the Secretary of State a new power to direct them. This reflected the way in which relations between central and local government had changed during those twenty years.

<sup>9</sup> Peter Townsend's *The Last Refuge* (Routledge, 1964) records that in 1960, of a total number of about 111,000 places, 74,000 (two thirds) were provided by LAs, half of them

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But this situation changed. Poverty came to afflict the elderly less and families with children more. The sale of council houses and the promotion of a property-owning democracy produced more elderly owner-occupiers and fewer elderly tenants. For many adult sons and daughters, the chance of inheriting a parent's home came to depend on whether the parent needed residential care. The feeling of unfairness that this has generated has been exacerbated by the lack of public understanding of, and *a fortiori* of support for, the different financing arrangements for National Health Service and social care services, and by the progressive withdrawal of the National Health Service from the provision of illness-associated care. There was a common erroneous belief that a full National Insurance contribution record would carry an entitlement to free residential care in old age. Many people now care very much who pays. Dissatisfaction has reached such a point that both the current and the previous governments have tacitly accepted an obligation to safeguard sons' and daughters' hopes of inheritance, although no actual 'right to inherit' has of course been proposed.

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in former Public Assistance buildings. Of the remaining one third (37,000), only 11,600 were in the private sector. They were in much smaller establishments, averaging about ten places, compared with 120 in former Public Assistance homes, 35 in other LA homes and 30 in voluntary homes. (I have rounded Townsend's figures.)

### Dilnot

The Dilnot Commission was set up to propose a way out of this problem. Its recommendations, made in July 2011, included:

- Capping service users' lifetime contributions to the cost of their care at £25,000 to £50,000 (with £35,000 as their preferred amount);
- Raising the threshold below which service users' means are not assessed from around £23,000 to £100,000;
- People in residential care should pay £7,000 to £10,000 a year to cover general living expenses;
- People whose need for care arises before they are 40 should not have to contribute towards the cost of their care (as distinct from their general living expenses).

The estimated cost of the proposals to the public purse was £1.7 billion, rising to £3.6 billion by 2025/26. The proposals were widely welcomed, by bodies as diverse as The Joseph Rowntree Foundation, The King's Fund and The Association of British Insurers. Nevertheless the additional cost of forgoing some of the income currently received from service users seems a substantial amount to add, particularly at a time of public expenditure reductions, to the public cost of a service which is already underfunded.<sup>10</sup> An alternative approach of

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<sup>10</sup> Residential care has generally been viewed as expensive, compared to domiciliary support, despite the obvious relative inefficiency of the latter in increased staff travel time and costs and concomitant loss of

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recouping these extra costs to the public purse through a change to inheritance tax would mean that any increase in public expenditure could be devoted to improving the care provided.

### The ideas behind the care arrangements

Ideas and values underlying the provision of public residential services in the 1950s, 60s and 70s suggested that efficiency, effectiveness and propriety in their delivery should be achieved through:

- Local democratic control under the guidance of central government;
- Audit of expenditure by finance professionals and inspection of services by experienced members of the relevant professions;
- Integrated planning, management and delivery of services;
- Developing professional knowledge and skill for use in the service of the state.

The fitness for purpose of these values and arrangements came under scrutiny in the 1980s, and the introduction of 'community care reforms' in the 1990s meant that these more traditional values had to coexist with, and to some extent were replaced by, a rather different set of beliefs:

- That costs are best controlled through the operation of markets;

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productive working time. Residential care is expensive to adult social services because the great bulk of its public costs falls on them; whereas the total public costs of maintaining disabled people at home are more widely spread, and are not often quantified.

- That, if those in need of services cannot fulfill the role of customers in a market, and can only be 'consumers' or 'users' (because they lack the money to buy the services), then surrogate purchasers should be invented for them, so that a market can be set up (even if the purchasers and providers in this quasi-market are two parts of a previously integrated LA department, that is, an 'internal market');
- That the private sector is more efficient than the public sector, and that outsourcing the provision of services to the private sector is even better than setting up an internal market within the public sector;
- That direct provision of public services is tainted by 'provider self-interest'. In other words, that public officials run their organizations' affairs to suit themselves rather than those whose needs they are employed to meet;
- That the inspection and regulation of independent sector services by democratically accountable public sector organizations providing similar services is unacceptable because it involves a conflict of interest;
- That the regulation of a profession should be undertaken by people skilled in regulating, rather than in the practice of the profession in question, and, similarly, that the inspection of services should be undertaken by people with generic inspection skills rather than the skills required to provide the service.

A convenience survey of 230 social workers conducted by the British Association of

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Social Workers (BASW) in 2011<sup>11</sup> found that:

- 81% had seen instances of abuse in care homes;
- More than half had seen 'extreme abuse';
- 70% thought that residential care was not fit for purpose;
- Half had come across homes they thought should be closed;
- More than 65% had reported a care home for failings;
- More than half said they would not place one of their own relatives in a care home.

It is time to look again at the arrangements for providing, paying for and inspecting residential care and at the principles on which these arrangements should be based, and at how best to translate a statutory duty to give primacy to individual well-being into its actual achievement.

### Postscript

Taking out insurance to cover the possibility of incurring care costs is not currently an attractive proposition. The Association of British Insurers' positive response to Dilnot's recommendations reflected some confidence that they would lead to a viable insurance market and a workable sharing of the costs of care between public expenditure and the private insurance market. This confidence has ebbed away. First, the government in

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<sup>11</sup> *Professional Social Work*, September 2011, p.9.

February 2013 set the cap on lifetime contributions to care costs at £72,000, some way above Dilnot's preferred and maximum figures of £35,000 and £50,000. Then it became clear that the cap would be placed, not on what a person has actually spent, but on what a local authority would have paid for the care which they would have commissioned. While this might be regarded as a reasonable move to ensure that people do not, as it were, take the state for a ride by choosing care in an unnecessarily expensive or luxurious establishment, most people in need of residential care will in fact not be able to buy it for themselves at the rate which a local authority, with its powerful position as a block purchaser, can secure from providers. As Dilnot recommended, the 'board and lodging' element of charges will not count towards the cap. It is, therefore, not surprising that, as Jackie Ashley reported,<sup>12</sup> 'The insurers, taking a long hard look at what their putative clients will actually be having to shell out, have taken fright...As of this month very few of the leading insurers have any plans to launch the new products on which this system so heavily depends.' It is also reasonable to question whether decisions about people's need for residential care should be handed over to insurance companies. Despite Dilnot, it still remains necessary to look again at the arrangements for paying for care as well as those for providing it, and at the underlying principles.

*Keith Bilton is co-founder of the Social Work History Network and a member of its Steering Group.*

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<sup>12</sup> *The Guardian*, 27 January 2014.

# The WISEArchive Cohen Interviews: conversations with social work pioneers

Katie Graham

A remarkable work of oral history is now available online



*Participants at the launch of the interviews at King's College London, 28 November 2013 (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), Professor Jill Manthorpe (King's College London)*

The Social Care Workforce Research Unit at King's recently hosted the launch of [The WISEArchive Cohen Interviews](#), a fascinating collection of conversations with 26 social workers reflecting on the early days of the profession. We heard how Alan Cohen during the 1980s had sought out social workers he felt to be pioneers of the profession charting social work activity as early as the 1930s including well-known members of the profession, such as Clare Britton (later Winnicott), Eileen Younghusband, Rose Mary Braithwaite, Enid Warren and Margaret Simey amongst others. These tapes have thankfully been revived, transcribed by volunteers at [WISEArchive](#) and edited by Tim Cook and Harry Marsh after 30 years in storage.

Maggie Cohen, herself a social worker, Alan's partner, shared Alan's journey through social work, Family Service Units, social work lecturing and returning to full-time social work before retiring in 1996. Alan Cohen undertook the interviews with the intention of developing a book, but this did not materialise. Tim Cook described how he and Harry Marsh were invited by [WISEArchive](#) to edit, annotate and add context to the interviews with the aim of beginning to realise Alan Cohen's vision. This work, along with all of the interviews, have now been archived by the [Modern Records Centre at the University of Warwick](#) and published online together with the original tapes.



*Alan Cohen in the early 1980s*

One of the first questions Alan Cohen asked of his interviewees was how and why they chose social work. At the launch event, Pauline Weinstein, the Director of

WISEArchive, posed the same question to Barbara Prynne. The answer given by Barbara, as I suspect to be the case for many social workers both now and then, is not entirely straightforward and prompted many questions and comments from the audience—remembrances of social work's foundation as a negotiation between common sense, practical social work and the 'psychoanalytical fringe' and the cycles of policy making and changes in perceptions of 'good' and 'oppressive' practice. These interviews narrate the forming of 'Social Work' as a profession from the formative social sciences course at the London School of Economics (amongst others) and disparate professions of Psychiatric Social Work and Almoners. The coming, going and perhaps coming again (in Scotland at least) of community work, genericism versus specialism in practice, as well as more foundational perspectives of the social work role and analysis of the individual and of structural inequalities were also areas of discussion and comment.

Listening to some of these interviews whilst writing this blog I would urge social workers and anyone interested in social work to play the tapes (very easy to do). When Alan Cohen

asked Enid Warren why she became a social worker she described it as, not an active choice, but the result of a 'process of elimination'. Geraldine Aves said, 'I had no intention of being a social worker', but became a social worker 'very much by the backdoor' and Clare Winnicott took a long pause before she cited her family's influence. Although the route into social work may not have been clear, there seemed to be a common thread amongst the interviewees of a determination to do something that could be useful.

Entry into social work is probably rarely uneventful and neither is the career. For myself, the daughter of two social workers, my choice may have been unimaginative. As a social worker who has experienced ambivalence about statutory social work practice this event and these archives offered the opportunity to look back, hear social workers talk about their experiences and dilemmas, and reflect on them in our current situation. The history of social work is a history of change, within, outside and hopefully because of the profession. Drawing on this history during the introduction to the launch of the archives Professor Jill Manthorpe of the Social Care Workforce Research Unit at King's College London, the host of the launch, positioned this as its strength, adding her personal view that 'all social workers are pioneers', members of an evolving and hopefully responsive profession. I left this event in a reflective mood, keen to listen more and would like to thank all involved in making these archives accessible to us all.

*Katie Graham is a practising social worker and Research Associate at King's College London.*

# Book review

## Dave Burnham



Our book review re-examines classic texts. Here, Dave Burnham discusses *Common Human Needs* by Charlotte Towle

Charlotte Towle's *Common Human Needs* (1945) focuses on how social workers might interpret the behaviours and motivations of people coming to them for help. In this brief text Towle offers careful explanations of emotional development, looking in turn at infancy and childhood, adulthood, old age, disability and finally the supervision of workers.

Towle's observations in *Common Human Needs (CHN)* are in the mainstream of mid-century social work writing and my younger, naive, bearded self, lumped her together with Hollis and Perlman, middle-aged, middle class traditionalists interpreting every circumstance in emotional terms. Re-reading this book though, the analyses of behaviour and the potentially beneficial impact of the worker's developing relationship with the client, are explained with real clarity. Towle uses case studies to confirm her arguments and much of the content still has resonance today. Not surprisingly *CHN* was taken up enthusiastically by the social work and US public service community as soon as it was published.

But the real story of *CHN* goes beyond its content, for there are two notable features

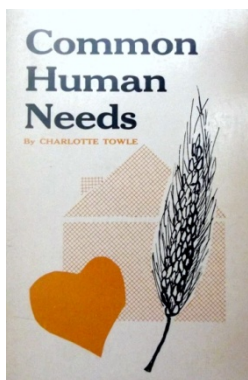
about the publication. First, *Common Human Needs* was commissioned by the US Federal Security Agency (FSA) in 1945, at a time when there was a determination by government to offer a safety net to the unemployed or incapacitated. The purpose of *CHN* was to advise Public Assistance Workers, who assessed eligibility for public welfare under the 1935 US Social Security Act. So *CHN* was directed at people whose UK equivalent was the National Assistance Board; not people today we would regard as social workers. But Towle argues that these workers, using social work ideas, could help individuals and families more effectively than if they operated only at a financial level. This advice was taken on across the public service community.



Charlotte Towle

But, of course, the very idea of Public Assistance conflicts with the US ideal of individualism. This tension between social versus individual responsibility is reflected by Towle in the text as she confirms again and again that Public Assistance is a right and that workers, some of whom it seems found that idea challenging, should regard it as such.

(contd. over)



(contd.) And this tension relates to the other notable feature of the *CHN* story. After Truman was re-elected President in 1948 he considered introducing compulsory health insurance. Many Americans were

opposed, not least the American Medical Association (AMA). As part of their opposition they attacked the head of the FSA, Oscar Ewing, a supporter of compulsory health insurance and, in effect, the publisher of *CHN*. The AMA picked out a phrase used by Towle in *CHN* suggesting that Public Assistance was essential for the creation of a 'socialized state'. By this she meant people being socially competent and integrated. The AMA however interpreted this as proving that the FSA and Oscar Ewing were aiming for 'national socialism'. Several McCarthyite Republican politicians took up the cry, accusing Ewing of being a socialist fanatic.

In the end, as the attacks on him became ever more personal, and after at first stoutly defending the book, Ewing buckled and ordered all copies and plates to be destroyed. Outraged, the American Association of Social Workers (AASW) referred to his action as 'book burning' and followed up this defence by reprinting it themselves in 1952. Towle herself had remained silent during the furore, but remained a figure of suspicion to US Cold Warriors, so much so that she, at first, had difficulty getting a passport for a trip to the UK in 1955. Not surprisingly, Towle is a hero of US social workers and should be for us too. After all, despite my naive 1970s dismissal of Towle's work as mainstream traditionalism, I am hard pressed to name any overtly radical social work commentator who has had a book 'banned' by the government!

*Dave Burnham's latest book, The Social Worker Speaks: A History of Social Workers through the Twentieth Century was published in 2012.*

## Upcoming SWHN meetings

### Gerontological Social Work

**16 September 2014 1pm – 4pm**

**at the University of Chester**

**Professor Robin Means**, University of the West of England: 'Meeting the welfare needs of older people, 1939-71: In search of the origins of gerontological social work in the UK'

**Professor Malcolm Carey**, University of Chester: 'Brief encounters: From peripheral service to newer forms of neglect in social work with older people'

### World War I, social work and women

**27 November 2014 1.30pm – 4pm**

**at King's College London**

*Speakers to include* **Professor Vivienne Cree**, University of Edinburgh

[www.kcl.ac.uk/scwru/swhn](http://www.kcl.ac.uk/scwru/swhn)

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