Bulletin of the Social Work History Network

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'Children's Homes: What were they really like? Have they a future?' was a joint meeting between the Social Work History Network, the Child Care History Network and the Centre for Social Policy in London, July 2018. Pictured, left to right: Peter Charlton, David Lane, Roger Bullock, Peter Higginbotham, Lisa Cherry, Ray Jones and Jim Hyland.

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The poem, ‘Poverty’, from *Dancing with Big Eunice* (Luath Press, 2010) by Alistair Findlay is reprinted with permission. Alistair Findlay’s new book, *Mollycoddling the Feckless: A Social Work Memoir*, is published by Luath Press this month.

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 policymakers. The Network meets three or four times a year in the United Kingdom to discuss papers given by invited speakers. Meetings are open to all. The *Bulletin of the Social Work History Network* is an e-journal: it is available on the Network website and via email to those on the mailing list.

To join the SWHN emailing list or to confirm your attendance at a meeting please contact: stephen.martineau@kcl.ac.uk

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Editorial

Sarah Vicary

Editor, *Bulletin of the* Social Work History Network

It has been a while since our last edition of this Bulletin, but I am sure you will agree it has been worth the wait. We begin with our first poem, with thanks to Alistair Findlay, and a reminder of those 1970s fashions. Recollections from the Bradford social work class of 1978 are bound to be a good read. Not only was the Network delighted to have Nicholas Timmins speak last October, but he has kindly provided the transcript of his talk. The advent of residential home fees as a growth area in public expenditure seems to have happened by chance with huge consequences, and not just financial. It has long been suggested that community care has not been a success, Nicholas provides a valuable insight of the context in which the National Health Service and Community Care Act, 1990 was enacted. I wonder what Sir Roy Griffiths might now advise today's government in relation to a national care service?

Our next piece, also a transcript, comes from Peter Beresford's talk the following month in which he argues for more involvement of social work practitioners in the production of social work knowledge, not, as Peter accepts, his usual topic. He particularly recommends that the experiential is brought to the forefront and laments that social work academics, whether researchers or teachers, tend not to be in practice, nor do practitioners get involved in research. I do accept that this is the case but only in in part. I am sure I am not alone in working in a University that uses current practitioners as lecturers. In addition, a recent hugely successful practitioner led research informed conference was held to explore the role of the Approved Mental Health Professional and I am aware of others. I agree that more of this is needed and welcome any movement that enables this. By way of confirmation, Suzy Croft, recounts her frontline experience and belief that practitioners tend not to be involved in the framing of policy and knowledge developments. She provides positive examples of when this does work.

Moving on to a paper by the late Vera Hiddleston over ten years ago, with additional footnotes and an appendix provided by Keith Bilton, we have an opportunity to explore the development of legislation as it relates to children in Scotland. Of note, given Peter's call, the circumstances that are described did involve practitioners in the development of social work policy, not least the influence exerted on the Social Work (Scotland) Act 1968. Keith goes on to discuss the Children's hearing system, still in place and unique to that country. Interestingly, our next piece by Jill Manthorpe and Carl Purcell outlines the Ministry of Health, now largely forgotten, and its later iterations. The authors go on to describe the growing social work role in relation to health and hint at the influence that social workers had in policy development. It concludes with a focus on the impact that the central-local relationships have on social work. Our last piece is provided by Steve Rogowski and includes comments from current social work practitioners in relation to the negative impact of the national government drive for austerity on local services. Steve debates the impact on the profession of social work alongside the role poverty plays and so we turn full circle to our poem.

Last, our book review provided by Mike Burt explores Joyce Rimmer's detailed account of the Birmingham Settlement. As Mike states this is a valuable book about the history of social work. Of especial current interest to me, its contents will I am sure help to inform the forthcoming edited collection on Settlements which has come about following a joint pre-conference event the Network held with the ESWRA Special Interest Group in Edinburgh, first reported in the last edition of this Bulletin. A proposal based on most papers heard that day has been accepted by the publisher Policy Press and should be available in 2020. I am delighted to report this development and want to thank my colleagues John Gal and Stefan Köngeter. The Network continues to strengthen. The Steering Committee still chaired by Terry Bamford has provided engaging and wide-ranging seminars over the last year. I would urge you to visit our website provided to get a flavour of these if you have been unable to attend in person. And finally, a plea. This bulletin relies on the input from its members and speakers and I am sure you will agree is both a helpful insight and resource. I urge you to consider submitting a piece for our next edition. My thanks, as always to Stephen Martineau whose sub-editor skills are unsurpassed. Alas, still no photograph of him but a new one of me and on our front page one capturing the joint event held with the Child Care History Network.

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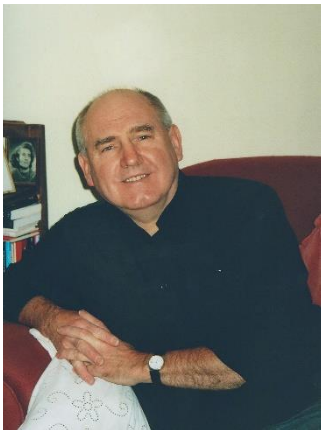
States of change?

SWHN member, Viviene Cree, has just published an article on the Joint University Council for Social Studies.

Cree. V. (2019) 'States of change'? One hundred years of the JUC, Social Work Education.
Abstract: The Joint University Council for Social Studies (JUCSS) was formed 100 years ago at the end of the First World War in 1918. Its expressed aim was to coordinate and develop the work of social study departments across the UK, as part of the larger project of post-war reconstruction. In October 2018, an event entitled 'States of Change?' was held in London to celebrate this history and to explore what, if any, kind of future the JUC (as currently constituted) should have. At the event, I gave a short historical presentation that examined social work education's history in the context of the JUCSS's origins and development. This paper picks up some of the key ideas from this presentation in more detail. It will be argued that tensions which existed in the formation of the JUCSS in 1918 still exist today, not least because they are emblematic of the ambivalences and complexities that are at the heart of social work and social work education, then and now. Furthermore, it will be suggested that social work as an academic discipline must pay heed to these tensions if it is to survive—and thrive—in the academy today.

Poverty

Poverty has a smell, it's kind of dank
and musty, like you find gathered underneath
a leaky sink, in cramped, airless, overheated
rooms, bare floorboards, carpets strewn with
debris, but no toys, clutter, the junk that no one
bothers to remove for no one notices the stink,
the crunching under foot, or calls growling dogs
to heel, Alsatians mainly, that do quite literally
steal the food from out the mouths of babes,
whose sticky fingers point and stare and clamber
over strangers' knees and poke your hair like
you are long-lost cousins, not social workers
only there to inspect the premises, motivations,
a new lodger, lying on a chair, not yet wakened


Alistair Findlay

Reproduced with permission from *Dancing with Big Eunice* by Alistair Findlay (Luath Press)

Bradford applied social studies course: lessons from the class of '78

Children and Young People Now have published the recollections of members of the class of '78 at the University of Bradford applied social studies course.

They went on to be leaders in children's services, inspectorates, NHS services and in developing international welfare systems.

Among the alumni looking back at their time in Bradford are Mary Beek, Sir David Behan and Alison O'Sullivan.

The 1990 NHS and Community Care Act

Nicholas Timmins

Nicholas Timmins spoke at the Network's 'Campaigning for Change' meeting in London in October 2018

All stories have to start somewhere. For this one, I guess as good a place as any is in a single benefit office, somewhere in England, back in 1979 – although, alas, I have never been able to find out precisely which benefit office.

Back then, 40 years ago next year, the bulk of residential provision for the elderly and disabled was in local authority run homes. There were, of course, private homes, although back then they catered mainly for the better off, and often the decidedly better off. There were also voluntary and charitable providers. But council run homes dominated.

But this was the 70s. Capital to provide and indeed maintain these had in large measure dried up as a result of the IMF crisis of 1976 – with Tony Crosland having already, the year before, famously told local government that, financially speaking, "the party's over."

Cash strapped councils were increasingly unwilling to buy places in the private and voluntary sectors, preferring to concentrate what resources they did have on their own provision.

In 1979, however, a voluntary home somewhere in England persuaded the local social security office to meet its fees. Others followed suit. This arrangement began as a series of, one off, strictly local agreements. But they spread rapidly. They came to embrace private homes as well as voluntary ones, and in 1983 such payments became agreed national policy – although with consequences that it is unlikely anyone at the time fully foresaw.

Pretty much (though this is a slight over-statement) the only test was the means-test. Was someone's income and capital resources low enough qualify? There was no real assessment of whether an individual might be better cared for at home, and at a lower cost.

Thanks to the policy becoming national, private operators suddenly saw a revenue stream. Charities and voluntary organisations expanded their role. And with the population already ageing, residential home fees soon became one of the fastest growing areas of public expenditure.

The costs rapidly reached the stage where they were pretty much doubling every year. The bill rose from a mere £10m in 1979 to £500m by early 1986, and to a mighty £2.5bn by 1992, the year before the 1990 Act took effect. The numbers covered rose from 11,000 in 1979 to more than a quarter of a million by 1992. Unwittingly, the Conservative government had created a new state-financed but privately and independently run industry.

Other important parts of the background were that the Thatcher government, from 1979 on, found itself increasingly at war with local government as it sought to constrain council spending as part of its broader attempts to limit public expenditure overall.

Local authorities, favouring the preservation of their residential homes found too little money to provide much cheaper, and often better care, in people's own homes. And, at the same time, more than twenty years after Enoch Powell's famous "water towers" speech, the giant long stay mental hospitals were being progressively run down – in favour of what was then known as care in the community. The first fully to close was in Devon in 1986.

Their closure, to use the judgement of *1066 And All That*, was undoubtedly "A Good Thing" in the long run. But there was huge collateral damage on the way.

The big savings from shutting the asylums did not come until they were fully closed. Thus, the NHS had trouble creating its own services outside hospital, and in transferring resources to local government to make care in the community a reality. The problems of the mentally ill were becoming increasingly evident on the streets not just of London but other big cities.

All of the above was clinically exposed in December 1986 in what is arguably the most influential report the Audit Commission ever produced. People in need of care were failing to get it. Money was being spent both inefficiently and in the wrong places. And "the one option that is not tenable," the commission said, "is to do nothing." The government, it said, must launch a review.

The responsibility for all parts of this equation lay with Norman Fowler, the Secretary of State for Social Services, a post that then covered not just all of health and community care but also the community care budget. Launching a review was one of Fowler's favoured responses to almost any problem. So just ahead of the June general election of 1987 he did precisely that – whistling up Roy Griffiths, the prime minister's personal adviser on health care management, to conduct one.

Griffiths, the managing director of Sainsbury's at a time when Sainsbury's was clearly the country's pre-eminent grocer, was a wily operator, one for whom I came to have enormous respect. He'd already delivered in 1983 his report on NHS management which substituted general management for the failed "consensus management" of the 1974 NHS reform – its most famous phrase being that if Florence Nightingale was walking the wards of the NHS in 1983, she'd be looking for the people in charge. It was a report that in many people's eyes had rescued the NHS.

But not long after Griffiths started his community care review, the NHS tipped over into its own major financial crisis. The one which led in January 1988 to Margaret Thatcher launching her own full-scale review of the NHS – a review that many feared would lead to its dismantlement.

Griffiths asked essentially the same question about social and community care that he had of the NHS. "Who should be in charge?"

The answer was not simple. There were eight or nine possibilities, given that community care, in Griffith's own words, was "everybody's distant relation but nobody's baby." It was scattered around both central and local government. It involved health, social security, local authority social services departments and housing services. And it involved voluntary organisations and the private sector to boot. The options, Griffiths was later to say, in the end boiled down to three. Give the job to local authorities, give it to the health service, or create some new organisation.

Griffiths was no lover of organisational change. He once remarked that re-organisation is that thing that you *absolutely* should do, but *only* when *everything else* has failed. So, he ruled out the upheaval that would have been involved in creating a new national care service.

The NHS was itself under review and clearly in no fit state to take the task on. And anyway, Griffiths recognised that the core issues in what we would now call social care – meals-on-wheels, home helps, accommodation, health visiting and some limited nursing care – were not medical. And he did not want a medical, or even an institutional, model to dominate.

So, his answer became local authorities – organisations for which he had considerable regard, but for which he knew the government did not.

Before completing his report in February 1988, he went to see John Moore, Fowler's replacement as social services secretary – essentially to ask whether local authorities would be an acceptable recommendation.

Accounts of the conversation differ. As one senior civil servant put it, “Roy could be very allusive. If he did say ‘are local authorities acceptable?’ he may not have said it clearly enough. If he did say it clearly enough, John Moore did not understand him. Whatever happened, when the report came in, Moore was beside himself. He knew that Mrs Thatcher would not want it.”

The government published the report the day after Nigel Lawson’s spectacular, tax cutting, 1988 Budget, offering it up merely “for consultation” – in a move that Griffiths saw as an attempt to bury it. An inter-departmental committee of civil servants was set up to crawl all over it, only to conclude that Griffiths was broadly right.

Moreover, it turned out to chime with the times. Context is always important in understanding how legislation comes about. But for the 1990 Act it is all important.

The mid-to-late 1980s saw the rise to prominence on both sides of the Atlantic of what came to be dubbed “the new public management”, the ideas eventually set out in Osborne and Gaebler’s famous book “Re-inventing Government,” which had the concept of “steering not rowing”. That governments should shape services, and fund them, but not necessarily provide them.

As Griffith’s report was published, Nicholas Ridley, the arch-Thatcherite environment secretary, was piloting through Parliament a bill that made it compulsory for councils to put out to tender refuse collection and street cleaning – an approach some Tory councils such as Southend and Wandsworth had already piloted.

Ridley was no fan of local authorities. He saw them as expansive, expensive and inefficient. His favourite council was said to be a possibly mythical one in the mid-West of the US which met once a year to award its contracts for all services to the private sector. The same month he published a pamphlet called *The Local Right,* subtitled “enabling not providing” which argued that local authorities should be stimulators, enablers and monitors – but not necessarily service providers.

With this, Griffiths’s recommendations chimed. While local authorities should have the key role in running community care, he said, they should by no means attempt to provide it all. They should buy it in from whoever offered the best value – deliberately stimulating the private and voluntary sectors to provide “a mixed economy” of care. “This,” Griffiths said, “is a key statement. The role of the public sector is essentially to ensure that care is provided. How it is provided is an important but secondary consideration and local authorities must show that they are getting and providing real value.” Ridley was to prove an unlikely ally for Griffiths.

All that came as Kenneth Baker, at education, was creating the idea of grant-maintained schools and City Technology Colleges, operating outside local authority control and competing for pupils via a funding formula. The NHS review later that year was to settle on the purchaser/provider split, with semi-independent NHS Trusts created to compete for the funding from health authorities and the so-called GP fundholders.

In other words, Griffiths was to form part of what David Willetts was later to dub the “annus mirabilis” of Conservative policy. The year in which a distinctly Thatcherite agenda for running key welfare state services emerged. One in which, at least for now, services would remain publicly funded, but with an element of market forces applied to them.

Despite what in hindsight – and it is easier to see in hindsight than it was at the time – the development of a coherent agenda across much of public services, and despite the inter-departmental committee being in favour, the report continued to languish in the corridors of power.

Kenneth Clarke took over from John Moore as Secretary of State for Health. Clarke had a heart-felt hostility for local government that even his biographers find difficulty explaining. He, too, believed that Thatcher would never accept the local authority solution. So along with John Major, the chancellor, he attempted what he later admitted was a "ding bat" solution that is thought to have essentially consisted of submitting those seeking social security payments for residential and nursing homes to a new medical and social work test – something that would have done nothing to improve services to people in their own homes, or shift mental illness and other money out of hospitals and into social care.

He got close enough, however, to having his "ding bat" solution adopted in the summer of 1989 for him to persuade the prime minister that she really ought to see Griffiths to tell him that his solution was being rejected. Entirely by coincidence, but at virtually the same moment, Griffiths put in a note to the prime minister arguing that the Clarke/Major solution would not work. Thatcher did indeed see him. His half hour with her became an hour and a quarter as he went through all the arguments again. "I didn't think I had persuaded her," he later said, "although I had answered all her questions."

The following Wednesday, there was a Cabinet committee. At the end of it Griffiths received a call asking if he wanted to know the result. "Not particularly," he said, having seen the depressing minutes of previous meetings. "Oh, don't be like that," the official replied. "She came back from Luxembourg last night about 10 o'clock and said, 'Get me the papers on community care.' She spent three hours going through them, read your report again, and walked into the committee this morning waving your report about and said, 'Give me one good reason why we can't implement this?' And they all just stared back at her – they thought she was the one good reason."

Thus it was that in July 1989, eighteen months after Griffiths reported, the government finally backed a scheme that by the mid-1990s would make social services, not education, the most powerful and sought-after committee chair in local government.

But if that was the high politics of the story, what was happening in the rest of the world? Well Peter Westland, who is here, could tell you far more about that than me. But the essence of it was that local government – and a on a cross-party basis – was lobbying for Griffiths all along.

As already noted, local government had been under fire from central government since 1979. Attempts to control its expenditure had multiplied. The war – and it became a war – had intensified as decidedly left-wing councils got elected in Liverpool, Brent, Lambeth and a few other places. Rate capping had arrived in 1985. The legislation for what became the poll tax was being drawn up. Councils were being forced to put some services out to tender, and Kenneth Baker's plans for grant-maintained schools, had they ever become as widespread as intended, were set to massively reduce the local authority role in education.

So Griffiths' recommendations – aside from their intrinsic merits – provided the chance for local government to live to fight another day.

A new role, as old ones were being stripped away. Support came from both the Conservative councils in the Association of County Councils and the Labour controlled Association of Metropolitan Authorities – although the AMA's strong support served only to heighten Clarke's suspicions of the plan.

The country was thus faced with the sight of Labour nationally bitterly attacking the purchaser/provider split in the NHS as that became the outcome of the NHS review, at the same time as Labour locally – and nationally through the various local authority associations – was pleading for its adoption in community care. Although it is fair to say that other elements of the Griffiths recommendations also appealed to it.

There is no doubt, however, that local government's consistent and persistent support – its desire to take on the task – did in the end play a part in Griffiths Two finally being adopted.

Not that it was in whole. For the quasi-market approach, the purchaser/provider split – was only one part of Griffith's original package. He had recommended that there should be a specific social care minister. A formal planning mechanism, with cash attached to plans. The huge sums that were to be transferred from the social security budget to councils should be ring-fenced, Griffiths said. But none of that happened.

And it was those decisions which contributed to community care's postponement.

Originally the new system had been due to start in April 1991. But that too was the start date for the massive NHS reform that had flowed from Thatcher's health service review. By June 1990, doubts did exist if all local authorities would be ready in time, and whether it was wise to transform two such huge undertakings on the same day.

In addition, without the ring-fencing of the cash, the new system looked more than likely to push up the bills for the newly introduced – and monumentally controversial – poll tax. The most politically sensitive issue in town.

Thus it was that the NHS changes survived, but the community care reforms were pushed back to 1993. More than six years after the Audit Commission's report had burst upon the scene, with its stark message that the only option that was not tenable was "to do nothing".

Nicholas Timmins is the author of 'The five giants: a biography of the welfare state.'

This is a transcript of the talk he gave at the Network meeting on 'Campaigning for Change', 4 October 2018.

Hamlet without the Prince? Challenging the exclusion of practitioners from social work's development

Peter Beresford

Peter Beresford OBE spoke at the Social Work History Network meeting, 'Voices from the frontline' in London, 30 November 2018

My focus here is on the role of current social work practitioners in the production of social work. By social work practitioners, I mean those social workers who routinely work face to face with service users as a central part of their job. This does not exclude social workers who may also have other responsibilities, which could include educational, management, research, organisational or policymaking responsibilities. But it would mean that they would still also be spending a meaningful measure of their time working directly with service users.

I raised this issue for consideration with the Social Work History Network (SWHN) because there seemed to be growing evidence that the perspectives and contributions of such current practitioners were increasing marginalized in social work discourse and development and relatively little attention seemed to have been paid to the possible consequences of this.

Having first raised this idea in 2016, I am really pleased that the SWHN have picked it up and made this discussion possible. I think the wider interest in the subject is reflected in both the large attendance at the meeting and the wide range of stakeholders attending, including both social work practitioners and students. I hope very much it leads to more discussions and more work on the subject because there can be little question that it is a very important but neglected one. This is a theme that has emerged over the years in Suzy Croft's and my work – her as a face to face social work practitioner and me as a service user and academic. While my focus here is particularly with the UK, I think a number of the issues I am highlighting apply internationally, indeed globally and all this would benefit from more study. And we should also remember that history is not just about making sense of the past; it is about learning from it to change the future and I believe there is an important need to do that in relation to this social work issue.

Of course this focus – on practitioners and their involvement in social work – isn't my usual one. I have mainly been concerned in my work with *user* involvement – with the involvement of people as service users in social work and indeed other policies and politics – their conceptualization and development (Beresford, 2016). This is now seen as an appropriate concern and their absence as problematic. We have seen major shifts and advances in this over the years, lots of talk and discussion about the importance, the necessity of involving service users and carers. Social work has been in the vanguard of this development in my view and it is one of the many things it has a right to be proud of.

Central to this is the introduction of and valuing of what has come to be called *experiential knowledge*; that is to say knowledge based on people's subjective and lived experience, rather than professional training or research and experiment. Such experiential knowledge has been granted less value and credibility under the operation of traditional research values and principles. Instead a hierarchy of knowledge has developed. However, service users have turned these arguments on their head. They have argued that by devaluing experiential knowledge we lose a key knowledge source, as well as reinforcing discrimination against those with such lived experience.

At the same time, the devaluing of experiential knowledge is increasingly coming to be seen as problematic. This issue of marginalising the knowledge of particular groups has begun to be talked about in terms of "epistemic violence" (Liegghio, 2013) or "epistemic injustice" (Fricker, 2010), meaning devaluing and marginalising knowledges of disempowered and devalued groups.

If we might call such experiential knowledge, 'first hand' knowledge, then this concern with experiential knowledge also highlights important issues about the involvement of *practitioners* in knowledge formation. One survivor researcher Jasna Russo, has developed this discussion. She argues that it is essential in the interests of the service user to foster their *first person* perspective and sees talking in the third person – about 'they' and 'them', as the privilege of the non-service user, non-abused or oppressed person. But Russo has also worked as a social worker and while she believes it is crucial for accounts from the first person (the service user) to be valued and prioritised, she has also introduced the *second person* into the equation – the *you* – and for her, here, the you is the social worker. This rings obvious bells for those of us who believe that at the heart of good social work is the relationship between the service user and social worker – you and me – me and you. If there is to be work and a meaningful, equal relationship between service user and practitioner, she suggests, the practitioner must recognise themself as the second person in the relationship; they must be aware of themselves and bring themselves to it (Russo, 1997, 1999, 2013).

Thus as a person has their unique experiential knowledge as a service user, so does the worker as a practitioner. This has also been described as 'practice wisdom' – what you learn from doing the job – and it should not be substituted for user knowledge, but it is an experiential knowledge of its own – underpinning the other half of the relationship between service user and practitioner. In addition, just as service users argue that they are much more than passive recipients of care and support; they may be parents, partners, students, volunteers, community activists, workers and so on, so social workers are much more than the sum of their professional learning. We all of us have complicated and multiple identities. We only have to think of all the different roles and relationships we each may have. None of us has monolithic or uniform identities. Identities are complex, although sometimes we are made to simplify them. Thus social workers are much more than their professional socialisation and learning. They have their own subjectivity, their own experiential as well as professional knowledge – in short, their own identities.

This highlights for me the value of social workers drawing on all of themselves, not to have to deny parts of themselves in their work. Reducing themselves to a narrow understanding of their professional role and status is only likely to increase the gap between service workers and users, risks of alienation, "othering" and inequality. As has been evidenced, we should remember that there isn't a specific or discrete group of "service users". While we may be in many different places and relations to it, needing help and support is something that in our increasing harsh and unequal world, can happen to anyone, including social workers. Moreover, another of the valuable benefits of user involvement has been that people with lived experience of hardship, loss, abuse and using services, are now increasingly being recruited to become social workers, with that experience coming to be seen as a strength, rather than a weakness.

Yet having highlighted these crucial points about the social work practitioner; that they are the key second person in the social work relationship; that they bring to their role all of themselves; their diversity, their experience, their whole identity, what do we find on looking closely at social work?

The social work practitioner seems to be marginal in its social construction and this appears long to have been the case. This is reflected in a wide range of ways – for example:

1. Many of the most high profile, highly visible, influential international writers and commentators who have dominated social work discourse and literature like Malcolm Payne, Lena Dominelli, Neil Thompson, Joyce Lishman; with regard to their own practice and being face to face practitioners, these appear to have been minimal, for a very limited period, or not referred to at all in their biographies. Olive Stevenson described as the 'leading social work academic of her generation' after just four years as a practitioner 'felt she needed to move on' and that was effectively the end of her practitioner experience, which is covered in just nine pages in her autobiography.

The much-respected late Bob Holman was an influential exception who proves the rule, resigning his professorship to work long term locally in a disadvantage community in Glasgow.

2. Most social work educators are not currently in practice. There are still few joint appointments despite the recommendations of the Social Work Task Force and it is not easy for educators to continue in practice. The closest contact many educators may have with social work practice is often through their students. Similarly, despite efforts to encourage it, practitioner research is also still very limited in its extent.

3. Most middle to senior management roles in social work are out of practice. It is difficult for managers beyond the level of team leaders to maintain a practice role and direct contact with service users. No wonder we see a widening gulf of understanding between the two.

4. Social work gatherings; conferences, seminars, workshops, especially national and international ones, tend to have very limited involvement of current practitioners, especially in their planning, organisation and as main speakers. The structuring of most international events around academic papers reinforces this. While social work educators and researchers may be supported by their academic departments to take part in these, this is unlikely to be the case for practitioners, who may only be able to take part by taking time off work and paying for themselves. The Social Work Action Network has been a conspicuous exception to this tendency.

5. Social work practitioners are also frequently discouraged from anything but anonymous public or policy comment by employers who do not allow them to contribute to public media debate or comment and many practitioners are wary of offering their views except anonymously.

6. While social work practitioners have very limited presence and influence in the construction of social work, the role of senior managers and of politicians in shaping practice and learning (e.g. current accelerated/elite courses) has extended under long-term new managerialism and neoliberal politics.

To sum up, the discourse and development of social work is and has long been dominated by non-social work practitioners; by policymakers, educators, researchers, politicians, managers, consultants, non-practising 'expert witnesses', academics and so on. It is a worsening trend. Now many directors of children's and adult social work and social care services also come from other professional backgrounds. I am not suggesting that these knowledges don't have contributions to make, but they cannot compensate for or justify the exclusion of practitioner knowledge.

Steve Rogowksi, the long-term practitioner and writer, prepared a presentation for the seminar at which this presentation was given, but he could not be there to give it. However, it reinforces many of the concerns which I have sought to raise. He reports surveying social work practitioners to find out what they see as the impact of the current political and economic situation on practice. He says his limited survey highlights first, social work with children and families is limited to rationing services/resources and assessing/managing risk with intervention only occurring in relation to child protection. Cuts to preventative services mean that, in a risk averse culture, managers tend to ensure that care proceedings ensue quickly and often prematurely, leading to 'forced adoption' which could, of course, have been avoided if appropriate help and support had been offered to families (Garrett, 2018). Second, social work with older people is often simply limited to policing ever tightening eligibility criteria. Bureaucracy and privatisation are major concerns. Much of current practice is questioned by practitioners but there is nothing to suggest they have any say or control over it. Steve concludes that the way forward will have to be relational and community-based approaches to practice.

Are we really saying all this is unproblematic? Can it be unproblematic, for discussion of social work to be dominated by people with limited direct knowledge of its practice as practitioners? Are we really saying it is unproblematic for those with such knowledge to be marginalized and excluded in the production of social work? I hope not. And if we are not, then clearly we have a problem, a big problem I think. It seems to me likely that there will be losses because we are denied current practitioners':

- Diverse perspectives
- Their experience and experiential knowledge
- Their insights and understanding

How many of us would want the services or a plumber or motor mechanic who practised for a couple of years after qualifying in the long-distant past? Speaking as someone interested in old motorbikes, I know what my answer is. Are we really saying that we think that social work is less demanding of hands-on human skills and understanding than those important trades? I don't think so.

We should not assume that this situation of social workers' withdrawal from practice signifies any lack of interest or commitment among past practitioners to maintain face to face practice with service users. What seems more the case is that social work as an institution makes it difficult and puts significant barriers in the way of them doing this.

Service users internationally highlight the skills and qualities they value from good practice and practitioners and I doubt these are honed, developed or well communicated by those whose practice lies in the distant past or had to be given up early.

Research now provides us with a clear picture of what people seem to value from their contact with public services, particularly from helping services. They highlight a range of qualities and skills that they associate with good practice and good practitioners. This holds across a range of services and of service users. Repeatedly people highlight the importance of practice that offers respect, credibility, empathy, a commitment to confidentiality and privacy, reliability and continuity, as well as practical skills and a sense of judgement about 'risk' (Harding and Beresford, 1996, 24; Beresford et al, 2011, 225–8). They place an emphasis on communication skills and 'listening' to what people say. Service users repeatedly highlight a range of human qualities which they value. These include:

- warmth
- empathy
- respect
- listening
- treating people with equality
- reliability
- being non-judgemental.
  (Beresford et al., 2007)

People often talk about these as personal characteristics or human qualities. They can also be seen as hard-earned skills, gained through careful training. They also emphasise the importance of the *relationship* between the service worker and service user if public services and support are to be helpful and successful. A study of the views of young people about their experience of educational social work highlighted this broader issue. It concluded that: 'The most important finding... was the central importance of their relationship with their educational social worker and the associated practical help and guidance, which was so highly valued' (Pritchard et al., 1998, p930). Social work practitioners have paid particular attention to this relationship, arguing for practice which is both relationship-based and which supports rather than undermines people's relationships (for example, Featherstone et al., 2014). This contrasts strongly with the emphasis in neoliberal social policy on technical and organisational issues, as though the experience of services and support could be reduced to a series of bureaucratic or mechanical transactions. This trend with user-controlled support towards more humanistic provision is at some odds with prevailing approaches to services. Here reliance on regulation and guidance based on bureaucratic standards seems to have the effect of depersonalising relationships between service users and workers, making them risk averse and restricted (Andrews, 2014a; 2014b).

It is not as though all health and care professions have accepted the same exclusions of current practitioners as social work and therefore that these have to be regarded as inevitable. We know, for example, that many medical academics are still involved in regular direct practice even as senior consultants. How many directors of social care services can meaningfully say that? Instead, more often, what we learn about are the antagonisms between senior managers and grassroots practitioners. We know that there are more joint nursing appointments and more high-level nursing roles that entail continuing and significant practice. We can also only expect that knowledge transfer will be improved if practitioners are actively involved. We may also wonder to what extent the exclusion of practitioners from the making of social work and indeed the making of their own roles contributes to the increasing problems of recruitment and retention in the profession, particularly local authority social work.

I have actually come to the conclusion that in some ways at least the viewpoints of social work practitioners may be more marginalized in social work and social work learning than those of service users.

We need to do much more to include the knowledge and experience of social work practitioners. We must explore this problem more determinedly. We have to reach out to include that knowledge in all its diversity; in terms of the diversity of the workforce along equalities lines, as well as the diversity in terms of the different kinds of social work practice that has developed, from different sectors and with different groups.

I am not sure what it says about national differences and I don't know the reasons for it, but there seems a greater awareness of this as a problem and an issue north of the border. This is reflected in the work of Viviene Cree (2013) and Jean Gordon (2018), both of whom have highlighted the problems of not including and taking account of the knowledge and expertise of social work practitioners in developing social work policy and practice and who have made their own efforts to challenge this. Scottish BASW have shown a similar concern and I am pleased to report that I have encountered a similarly positive concern from the British Association of Social Workers in England.

We are currently witnessing several key regressive developments in social work, particularly in England, but also with international implications. These include its increasing marginalization, contraction and association with social control. Increasingly, there is official pressure to restrict the formal roles and tasks of social work to its regulatory rather than supportive roles. Already in England social work with adults is looking like an endangered species.

It is difficult to see what positive future social work has without the active involvement of current practitioners in its discussion and development. We need as Suzy Croft and I propose, to do much more to find out how this issue feels to them; how they are experiencing their role in social work and what changes they want to see for the future.

It behoves those of us who feel that social work has an important and unique role to play in support of social justice and anti-discrimination, our human and social rights; our wellbeing and relationships, to challenging social exclusion and impoverishment; to prioritise the equal involvement of social work practitioners in its defence and development; in its education, research and knowledge production. Otherwise I fear for the future of this potentially universalist and liberatory profession and I especially fear for those who need its support. Thank you.

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References

Andrews, N. D, (2014a), Who's Helping Who?: Challenging professional boundaries…, *Blog*, 28 May, Co-production Wales, http:// allinthistogetherwales.wordpress.com/2014/05/28/whos-helping- who-challenging-professional-boundaries/

Andrews, N.D, (2014b), *Simple, but not simplistic: Developing evidence enriched practice*, Interim report for phase One, May, Swansea, All Wales Social Care Collaboration and the Joseph Rowntree Foundation.

Beresford, P. (2016), *All Our Welfare: Towards participatory social policy*, Bristol, Policy Press.

Cree, V. (2013), Becoming A Social Worker: Global narratives 2nd edition, London, Routledge.

Fricker M. (2010), *Epistemic Injustice: Power and the ethics of knowing*, Oxford University Press, New York.

Garrett P. M. (2018), Ending The Cruel Rationing Of Human Love: Adoption politics and neoliberal rationality, *British Journal of Social Work,* Vol 48. No 5, pp1239-1256.

Gordon, J. (2018), The Voice Of The Social Worker: A narrative literature review, *British Journal of Social Work* Vol48, Issue 5, pp1333–1350.

Harding, T, Beresford, P. (eds), (1996), *The Standards We Expect: What service users and carers want from social services workers*, London, National Institute for Social Work

Beresford, P, Adshead, L, Croft, S. (2007), Palliative Care, Social Work And Service Users: Making life possible, London, Jessica Kingsley

Beresford, P, Fleming, J, Glynn, M, Bewley, C, Croft, S, Branfield, F, Postle, K, 2011, *Supporting people: Towards a person-centred approach*, Bristol, Policy Press.

Featherstone, B, White, S, Morris, K, (2014), Re-imagining Child Protection: Towards humane social work with families, Bristol, Policy Press

Liegghio M. (2013), A Denial of Being: Psychiatrization as Epistemic Violence, [in:] B. A. LeFrancois, G. Reaume, R. J. Menzies (eds.), *Mad Matters: A Critical Reader in Canadian Mad Studies*, Toronto, Canadian Scholar's Press.

Pritchard, C, Cotton, A, Bowen, D, Williams, R, (1998), Young People's

Views On Educational Social Work, *British Journal of Social Work*, Vol 28, Issue 915–38

Russo J. (1997), Reden in der dritten person, privileg der nicht-betroffenen, [in:], V. Wildwasser Bielefeld (ed.), *Der aufgestörte Blick. Multiple Persönlichkeiten, Frauenbewegung und Gewalt*, Kleine Verlag, Bielefeld, pp 286-289.

Russo J. (1999), Keine Sonderbehandlung: Besonders bin ich schon, [in:], C. Brügge (ed.), Frauen in *Ver-rückten Lebenswelten*, eFeF Verlag, Bern, pp126-138.

Russo J. (2013), From Empowerment To Emancipation: Situating first person knowledge, General opening Lecture at *Tenth International Conference of the European Network For Mental Health Service Evaluation (ENMESH)*, Italy 3rd-5th October, Verona.

Looking Back, Looking Forward

Suzy Croft

Suzy Croft, spoke at the Network meeting on 'Voices from the frontline' in London, 30 November 2018

I was a palliative care social worker for 28 years. I started my working life in the Bloomsbury Support Team, which was a terminal care support team for people with cancer and their families based in the old Bloomsbury health district (the term palliative care had not been invented then), employed by the London Borough of Camden, and then after a short stint as a hospital social worker I went to work at St. John's Hospice, the hospice for central London, and eventually I became the social worker and bereavement team leader.

Working at the hospice meant working with an extremely wide range of people and groups. We were working with adults with life-limiting and life-threatening illnesses, their carers and families and also bereaved people and children from all walks of life. This included all the range of difference there is in terms of age, class, income, sexuality, mental and physical health, religion, ethnicity and citizenship. We worked with and supported asylum seekers and refugees, including failed asylum seekers who were waiting to see if they would be deported. As well as supporting people emotionally and practically with their illnesses and bereavement we had to help them liaise and access a whole range of services, many of which they found to be hostile and unreceptive to their wants and needs or simply unavailable at all. Many of the people I worked with had no understanding of the systems at work and what they were or weren't entitled to, or how to go about claiming anything that might be of help.

Currently, I work as a welfare rights worker with Age UK Norwich, putting into practice all my skills and work around welfare benefits that I learned while working as a social worker.

I have always been a practitioner throughout my working life and as such was involved in other national groups such as the National Council for Palliative Care, Help the Hospices, the Association of Palliative Care Social Workers and finally The College of Social Work. I think it is important to mention this because I think one of the burning issues for social work practitioners is that their voices are almost never heard. They have no say in the development of policy and practice either at a local or a national level. There has been recognition of this. Many years ago I was involved in an initiative with two then leaders in the field of social work, Daphne Statham who headed up the National Institute for Social Work (NISW) and Liz Wulff-Cochrane of CCETSW – the Central Council for the Education and Training of Social Workers, which was then the accrediting body for social workers. We got together to run a national seminar, bringing together a wide range of social work practitioners, to look at how they could have more say in the development of policy and practice – in how social work is run and what it is for. Daphne Statham, through NISW, provided grants for social workers to come and she stipulated that only practitioners who were directly working with service users were to come to the seminar and to get a grant to attend. Most local authorities tried to dispute this and wanted to send senior managers, but Daphne was adamant, only practitioners were allowed to attend.

But sadly, I think little has changed. There is not really much respect for practitioners both outside but also within social work. As a member of the board of trustees for Help the Hospices, for example, I could see my view held little weight. None of the great and good on the board were interested in what social work had to offer the hospice movement, although later, to be fair, I was told by one of the nurse practitioners on the board who subsequently left, that she had also similarly felt marginalised. But unfortunately, the same was exactly true for me when I was at trustee on the board of The College of Social Work. Most of the trustees were, or had been, very senior managers in the local authority social work departments. Not only was I never chosen to be a spokesperson to meet with the media or politicians, but it was absolutely clear to me that my opinions carried no real weight. I was also shocked to discover that, as the other trustees mostly came from a background of work with children and families or had long ceased to do any direct work themselves, they had no idea of what was happening with adult social work.

And what has happened with adult social work I think is one of the saddest aspects of the failure to involve practitioners. For, I would argue, it has almost disappeared in any kind of meaningful way. Working as welfare rights officer I often come across people who need help from social services, and I have made several referrals to the local authority social work department. Generally speaking, these referrals end up in a telephone assessment and the suggestion of a few strategies for a service user to follow up themselves. People with dementia and their supporters, those with mental health problems, the very old and frail, people with learning difficulties, those with physical impairments can no longer expect to receive any direct help and support from a social worker in any part of the country.

Looking back, I can see when this started to happen. After the Community Care Act in 1992 I was working for a short period as a hospital social worker at what was then called University College Hospital in central London. This was the most fascinating job. I would go to work and literally have no idea what was happening that day apart from my ongoing cases. We could be called to the ward for any reason. For example, to talk to a young dying woman all on her own who appeared to have no family or friends, to help a man who had had his leg amputated come to terms with that and work out how to get him home, to support a woman who had had her bowel and bladder perforated by a rogue surgeon, who was subsequently struck off and so on. Then, as social workers, we started to have to plan a budget and put it to a panel for money to support a patient being discharged. At first, that was challenging and exciting, especially involving the service user in deciding what was needed for a successful discharge home and then getting that budget accepted by the panel. But then the rest is history. Before long all that hospital social work involved was planning discharge to home with a limited care package or to a nursing home. And I think that if practitioners had been involved in a meaningful way this would never have happened. Social workers had no say in such policy developments at national or local level. Indeed, when I worked for Camden the then Director of Social Services told hospital social workers their jobs could be done by field social workers. He then went to a meeting and told field social workers their jobs could be done by housing officers and librarians. That was the level of respect for the expertise of social workers.

I am not arguing that no good adult social work exists anywhere in the country and I know there are pockets of good practice and really dedicated social workers out there, but it is under threat and it is not easy for people to practise to in the way they would want.

I know from a personal point of view how important and innovative it is when practitioners are involved in planning and thinking about social work from my involvement in the Association of Palliative Care Social Workers. This organisation was set up in 1986 by social workers then working in hospices across the UK. They saw the need to come together to develop social work in this new field of practice where most social workers were developing their work on the hoof. This organisation has grown from strength to strength and has been a huge support in training and thinking around the field of palliative care social work, running conferences and training seminars for members, encouraging research and writing in the field, sharing ideas and reaching out to other professions and developing service user involvement. I think it is greatly encouraging that there are now other organisations in social work trying to take forward critical issues affecting social work and its users, for example the Social Work Action Network (SWAN).

What I want to do next is talk about what really good social work practice looks like, based on a participatory approach to social work. So, what is a participatory approach and why is it important? For me it is based on the model of person-centred support for which service users and their allies have long argued. The Standards We Expect Project, a project funded by the Joseph Rowntree Foundation, examined the ways in which people and services were working in different person-centred ways to enable people to get the support they needed to live their lives. The project culminated in a book 'Supporting People: Towards a person-centre approach' (Beresford, Peter et al., 2011). The authors, building on what service users said, stated that person centred support:

> *Means the service user is at the centre of the service and services should work with the service user to help them live the life they want – it's not just about them fitting into an existing service and accepting what is on offer*

The Project identified the core values of person-centred support from service users and others as being Inclusion, Respect, Independence and Personal Choice and these, I would argue, are the values that also lie at the heart of a participatory approach to professional practice.

A participatory approach involves working in partnership with service users to build a relationship of trust and mutual respect. It means really listening to what that person has to say, discussing with them what they are most worried about, what they want to happen, what are their hopes, their fears, their practical problems and so on. It is not about a professional telling a service user how things have to be and how they have to be done.

What is important to remember is that each person is unique and has their own thoughts and feelings about what is happening to them. It means taking account of issues of diversity and cultural and social differences. In palliative care you are often meeting people approaching the end of their life and you may have only one chance to get it right with them. It is very important for people to be able to 'tell their story', however long it may take and even if you feel you have heard it all before or it is getting in the way of getting on with the task in hand.

It is important that you, as a professional, and the service user, are able to develop an agenda for future action together. For example, it may be that you will undertake to help with a practical task such as claiming welfare benefits, trying to apply for re-housing or agreeing to meet and talk more about the support that person needs to cope with what is happening to them. At this stage it is crucial to be clear, honest and open about what support you can or cannot offer. For example, if you know that due to local state financial cuts or strict eligibility criteria it would be impossible for someone to be rehoused or access social care from their local authority, then you need to explain that clearly and be honest from the start that you are unlikely to be able to help them achieve those aims. My experience is that most people can cope with knowing what are the limits and boundaries of what you can do, and will appreciate openness and honesty. A participatory approach means being able to continually discuss and reflect on what work you and the service user are doing together and involving them in that discussion, being prepared to be flexible about what is needed.

It is important, where possible, to go at a service user's own pace, whatever you feel the issues to be. When I first met 'Mercy' she was in-patient unit at the hospice. Mercy was a black African young woman with an advanced cancer that had spread to her brain. She had had radiotherapy treatment for the brain secondaries, but it hadn't yet taken effect and she was disinhibited in her manner and could appear quite aggressive. I was asked to see her as the hospice staff were puzzled and concerned about Mercy's relationship with her mother with whom she had been living. Her mother spent all day at the hospice with Mercy but they rarely spoke to each other and neither of them were communicative with the staff. When I first met Mercy and her mother they clearly found it hard to think of any kind of support they would want. Mercy's mother, although not unfriendly, was very reticent in her manner and said very little. However, it became clear that they were worried about Mercy's welfare benefits and did not have enough money to live on and as a starting point it was agreed I would help her with that. This did not prove to be an easy task as a claim for Personal Independence Payment (a UK benefit for disabled people aged 16-64 years) had been previously started and then discontinued and this caused huge problems with the relevant government department – The Department for Work and Pensions. Necessary telephone conversations with the DWP were difficult as, due to her brain secondaries, Mercy was extremely rude to the call handler! Eventually, I was successful in sorting this out and when Mercy went home, I kept in touch with her and her mother, sorting out other practical problems as they arose.

For a long time, I did not feel I really understood the relationship between Mercy and her mother as they were pleasant and friendly, but not communicative. But I was sure that things were not good between them. Just as when Mercy was in the hospice, they rarely spoke to each other when I saw them on my visits. I felt unsure if once all the practical problems were sorted that either of them would want any further support or reveal anything of how they really felt.

However, one day Mercy phoned me when she was at home on her own. She told me that her mother had told her she should leave as Mercy was quite a lot better at the time and her mother felt she should be 'standing on her own feet again'. Mercy then told me her relationship with her mother had always been difficult and that prior to being ill she had been living independently. We agreed I should help her apply for rehousing with her local authority, but I warned this would not be easy due to all the cuts in social housing.

After a lot of hard work Mercy was finally supported by the council to move into a private rented bedsit and I went to see her there. When I first arrived, I felt dismayed about how small and dingy the room was. But Mercy was thrilled with it. She was so pleased to have her own home and for the first time she talked and talked about her life, her previous job, her relationship with her mother and her hopes for the future.

Using a participatory approach in my work with Mercy meant that through ensuring she could take the lead in setting the agenda for our work together, she finally felt able to talk about her relationship with her mother and seek support around that issue. After she was able to move into her own home Mercy's relationship with her mother improved and they went on holiday together. After Mercy died her mother commented on how helpful the social work support had been for her daughter and as a result, she accepted bereavement support for herself from a colleague.

But of course, a participatory approach in palliative care social work, as in any branch of social work or other helping profession, does bring its challenges. Obviously, service users are experts in themselves but professionals are also experts. You may have knowledge and expertise which the service user does not have and that can be painful or difficult to share. Mercy often spoke to me about how she would bring up her children when she had them, but I knew she would never have children. Clearly, we were not able to have an open discussion about that as Mercy never spoke about dying or acknowledged that she would not live long.

Conflict can still arise between service users and practitioners within a participatory framework. For example, I have worked with mothers who are extremely reluctant to tell their children they are dying or to make plans for a child's future. They, not surprisingly, want to carry on as normal for as long as possible. But there is a clear conflict of interests here as obviously children need to be prepared for such a traumatic event as a parent dying. On those occasions, time may be short and going at the pace dictated by the service user may just not be appropriate if the children's interests are to be served.

It is important to recognise the importance of open, honest discussion, being prepared to tackle difficult issues and knowing that a participatory approach means that difficult questions will have to be raised and addressed and there may be times when the relationship with a service user feels frayed and a lot of anger is expressed. A key point here is that a participatory approach has to be part of team and inter-disciplinary working. It is helpful that when relationships become frayed, another member of the team can be involved in offering support at difficult times and perhaps play a different role. For example, a social work colleague of mine, working with a seriously ill woman, continually raised with her that her three children had to know their mother was dying, especially as it would probably mean having to live with their father whom they hardly knew. This mother resisted all such attempts and would often be out when visits had been arranged and agreed. One morning the clinical nurse specialist from the team called round and recognised immediately that this mother was dying. She persuaded the mother to allow her to collect the children from school there and then and the nurse then spent the whole day with the family supporting the children to be with their mother as she died.

Similarly, a participatory approach does not involve the practitioner in having to have all the answers or being able solve all problems. It is important to recognise that the values of personal choice and autonomy mean we must recognise that service users will not always make the choices practitioners feel are the best ones – but it is their right to do that. I worked with one man who did not tell me for many months that he was actually sharing a bank account with his son who was systematically taking all his money so that he did not have enough to live on. When he finally told me, he was adamant he did not want to involve the authorities and get his son into trouble but agreed that I could help him open his own bank account.

What is crucial is that as workers, we are not afraid to challenge or confront difficult issues but offer support to services users to lead their lives in the way they think is best. For example, there have been occasions when I have felt frustrated or disappointed that a service user has not accepted a highly desirable council flat in spite of all my advice, or times when a service user has taken a long time to trust me, as the professional, with some very important information.

Outcomes cannot always be measured in ways that are clear cut and you may not always know what the results of your intervention are. But what is so important is that service users know that there is someone on whom they can rely.

In a survey of service users views carried out by the social work team in 2012 at the hospice we asked the question '*what has been the most helpful thing for you in your contact with the social worker?*' I think some of the responses truly reflect the value of participatory working:

'Honesty, Objectivity, Helping me to be less manipulated when at my most vulnerable....'

Being treated with dignity, patience, willing to find out more information

Her support giving me confidence

Most important is when they showed care, love, offered help that they can give to me that made me stronger to face my illness

However good our policies and procedures are and however much we want to involve a person in their care and the decisions made about them we can only do that by really listening. We have to have an understanding of that person and what they really feel. We cannot just have discussions in isolation from them as real people with their own history and ways of approaching life. We have to respect that may not fit in with how we want to do something as an organisation and that we may not always be able to tick the box to say we have had the end of life discussions as required by the CCG and so on.

What I want to end by saying is that I really hope we can fight for social work to continue to exist and of course we can only do that by involving practitioners and service users. I hope I have demonstrated how important I think really good social work is. I have focused on social work with adults but obviously work with children and families is just as important. The key strength of social work is to see people as real people, not just as a set of problems, to understand them and their lives, their connections and the communities from which they come, their strengths and their abilities as well as their difficulties and problems. I know from my past and current work just what a crucial difference social work can and should be allowed to make to people's lives. There is now a world of people out there struggling with the effects of austerity, including poverty, lack of access to benefits, homelessness, overcrowding, poor housing, loneliness and bewilderment in the fact of a system they do not understand and which is hostile to their needs. This makes it even more important that we continue to fight for social work and to make sure the voice of social workers is heard in making sure we have a service based on what they know is important. The changes to social work have not been to the benefit of service users or practitioners. It is time for that to change.

**All names have been changed*

Reference

Beresford, Peter; Fleming, Jennie; Glynn, Michael; Bewley, Catherine; Croft, Suzy; Branfield, Fran and Postle, Karen: *Supporting People: Towards a person-centred approach, Policy Press, Bristol, 2011.*

The Social Work (Scotland) Act 1968

Vera Hiddleston

Paper given by the late Vera Hiddleston at the University of Edinburgh on 3 November 2006

It is arguable that the Social Work (Scotland) Act had its genesis in the 1948 Children Act,[1] which was part of the post-war welfare reconstruction. I think it is fair to say that the Children's Department was the first independent social work organisation within the local authority. Its effect was dynamic. The Act produced, at least in England and Wales, many strong social work departments often led by women, training courses which trained significant numbers, and an active professional association, It was strongly supported by the Home Office whose Central Council for Training in Child Care, led by Clare Winnicott, a psychiatric social worker (PSW), was a key influence, and was trusted by the profession.

Despite the fact that Scotland as a whole did not see the Children Act as particularly relevant – after all, the tragedies which triggered The Monckton Report were in England![2] – and many of the new departments continued the Poor Law tradition, it could not but be influenced by the growing number of Child Care Officers (CCOs) with training and professional standards.

The first child care course in Scotland started in 1960 at Edinburgh University, and I was one of three student supervisors selected, together with Janet Lusk from the voluntary sector and an unfortunate CCO planted in Edinburgh Children's Department, which still dressed its CCOs in uniform. The course was staffed in the University by Megan Browne and Vivienne Laughton, already engaged there in medical and psychiatric social work training. They were both to be key figures in policy-making in Scotland, having the ear of the Scottish Office. Both were also members of the Probation Advisory Council, and Megan chaired its Training Committee, advising on the recruitment of and establishment of the one-year course for new Probation entrants in 1960.

Meanwhile, a seminal report had been published in 1959 by a committee chaired by Eileen Younghusband, its remit "to inquire into the proper field of work and the recruitment and training of social workers at all levels in the local authorities' health and welfare services". Social Workers with training were virtually an unknown quantity in the Scottish health and welfare services. Apart from Kay Richards at Edinburgh and a PSW in Ayrshire, I know of no others.

The report recommended three grades of worker:

> Professionally qualified and experienced workers who would deal with problems of especial difficulty;
>
> General purpose social workers for people who required sustained help from trained social workers;
>
> Welfare assistants for people with obvious needs who required practical help.

Welfare assistants would undergo specified systematic in-service training and work under the supervision of a social worker. For the general purpose social worker there should be two-year training courses outside the universities. In my view, if the Younghusband pattern had been followed, many future problems would have been avoided. However, staff were seconded enthusiastically to the new two-year courses.

So, the 1960s saw a changed scene in the Scottish social work services, and staff were becoming increasingly aware of the shortcomings of these services. Generic courses at universities meant that specialist social workers were training together.

Into this maelstrom in 1964 came the Kilbrandon Report, which did not have a social worker on its committee but did have members very knowledgeable about the issues involved e.g. Fred Stone, Norman Murchison.[3] Its remit was "to consider the provisions of the law of Scotland relating to the treatment of juvenile delinquents and juveniles in need of care or protection or beyond parental control..."

This report was the foundation of Scotland's Children's Hearings system,[4] the legislation enshrined in the Social Work (Scotland) Act. It was fully endorsed by social workers. Those who had experience of the existing juvenile courts, four different types, were in no doubt of the need for reform. To take decisions out of the court system except for establishing guilt or innocence, and appeals, albeit subject to the continuing discretion of the Crown in exceptional cases, was revolutionary, and in line with current social work philosophy.

The concern and energy of social workers were, however, focused on that part of the report entitled "The matching field organisation". This was to consist of the Child Care Service and half the Probation Service, who would practise "social education" in a Social Education Department of the local authority under the Director of Education. Education had of course been greatly valued in Scotland since the days of John Knox, and social work was not widely understood, so the recommendations of the committee were not entirely surprising.

Departments of Health and Education were sometimes referred to as nurturing organisations, but Children's Departments had tasted freedom, and did not intend to surrender it lightly. They looked for more, not less power, and saw this achieved in a unified social work service. In their response to Kilbrandon the Association of Child Care Officers wrote "What is 'social education'? It seems to us quite clear that social work goes much beyond the boundaries of social education and cannot be embraced by it even considered in its widest sense." It looked at the inadequacies of Children's Departments. "Child care in Scotland is underdeveloped in terms of staffing, training, casework practice and the provision of accommodation for children", and went on to recommend "measures more radical, more logical than proposed by the committee, viz. all the social services should be concentrated in one department". By a remarkable coincidence of political philosophy, broader administrative developments and key personalities, social workers' responses to Kilbrandon were to start a process which culminated in the Social Work (Scotland) Act of 1968. Judith Hart was the relevant Minister at the Scottish Office, and she was advised by Megan Browne, Kay Carmichael and Richard Titmuss. It is difficult to imagine a more favourable climate. The process was to take four years. 1966 saw the White Paper *Social Work and the Community*, and 1968 the introduction of the Social Work (Scotland) Bill in the House of Lords.

In order to lobby effectively, ACCO invited the Standing Conference of Organisations of Social Workers to join in a group known first as the Parliamentary Group, and then as the Professional Working Party. The organisations which joined were ACCO, the Association of Social Workers (ASW), the Institute of Medical Social Workers (IMSW), the Moral Welfare Workers' Association, and the Society of Mental Welfare Officers.[5] I chaired the group and Kay Richards was one of the representatives of IMSW. Keith Bilton acted as our London liaison. We lobbied the political parties in the House of Commons, and orchestrated the lobbying of constituency MPs. We prepared briefs for government and opposition. Today, such work would not merit mention, but in the 1960s it was unknown in social work.

Undoubtedly the Scottish MPs were impressed. Hugh Brown (Glasgow Provan)[6] said, "I have been very impressed by the quality and ability of the social workers who have been putting pressure on us about the Bill. I respect their sheer professionalism". The Earl of Dalkeith (Edinburgh North) – “I frankly state that on no other Scottish Bill have I received such a volume of papers, memoranda and literature of all sorts."

In fact, the principle of a comprehensive service did not have to be strongly argued. There was no political opposition, and no fierce counter-attack from Directors of Education and Medical Officers of Health. Stress was laid on the unhelpful overlapping of services and the difficulty for service users in knowing where to seek help. It was pointed out that social workers could be deployed more effectively if they were all in the same department since, though specialist knowledge was required, they shared the same basic skills. "Social Work in the Community" was a slim document making statements rather than spelling out and exploring issues.

The Act itself focused on drawing together relevant children's legislation and providing for the Children's Hearing system. The legislation for the other services came mainly under the National Health Service (Scotland) Act, 1947, and the National Assistance Act, 1948, as well as the Mental Health (Scotland) Act, 1960. The generality of the Act, the widening of the scope of the local authorities, was dealt with in section 12, which read,

"It shall be the duty of every local authority to promote social welfare in their area by making available advice, guidance and assistance on such a scale as may be appropriate in their area, and in that behalf to make arrangements and to provide or secure the provision of such facilities (including the provision or arranging for the provision of residential and other establishments) as they may consider suitable and adequate ...." It goes on to deal with assistance in cash or in kind.

The focus on assistance in cash when the Act came into force almost overwhelmed the new departments, but the most significant provision was the duty to promote social welfare. Some groups (e.g. disabled people) felt that their needs required to be more fully spelled out, but the Scottish Office felt strongly that it was right to give the broadest possible scope to avoid falling into the traps of previous legislation which restricted pioneering and community work. ASW stated in its comments on the White Paper, "We feel there is a danger in a report which has set out so clearly the social work functions relating to children that the need for high quality social work for the elderly may be overlooked." In fact, as we know, faced with enormous pressures, the distinction was made between "statutory" and "non statutory" work. Nevertheless, as Liz Timms and I discovered in researching this theme for BASW in 1990, some very creative community work exists, such as I found in Inverness-shire based at the Fort William Training Centre and at Dalmore House in Ardnamurchan. The White Paper and the Bill included the Probation Service within the new comprehensive service, and the Professional Working Party made a strong case, both philosophical and practical, for its inclusion, but the Service itself was strongly opposed, although a vocal minority, estimated at a third, disagreed. They were supported by a number of Sheriffs.[7] There was a real concern that local authorities would not encourage service for offenders. But around half the offenders on probation in Scotland were juveniles, and the new service badly needed the Probation Officers, the most numerous of all, to staff the departments. Despite a narrow vote in the House of Lords, 48 to 46, the Probation Service was included.

A major part of the legislation was of course concerned with the reformed system of juvenile justice. I re-use the quotation from John Mack. "One is reminded of the mighty precedent of the reformation, complete and drastic in Scotland, moderated in England to a broadly conservative adjustment of ecclesiastical and dynastic loyalties." It is a social treatment model and as such completely chimed with social work methodology in the 1960's. The involvement of the community through panel members was at one with the recent re-emergence of community work. There was surprisingly little debate in Scotland, in part because the existing system was difficult to defend, but there was general concern about the rising numbers in juvenile delinquency. With prescience Alick Buchanan-Smith declared in the Commons debate, "I think. . . that we are kidding ourselves if we think this Bill will prevent the type of child I have described getting into trouble. I accept that this Bill is a great step forward in helping the treatment of the young person once he has gone wrong, but it does not deal with the sources from which his delinquency stems. Therefore .... I hope that this Bill will not be regarded as a universal panacea for all our social problems, and the problems of the source of crime, as it may well be made out to be."

What was lacking in the White Paper and in all the evidence I have seen was any kind of creative consideration of the kind of service the Children's Panels might expect. The nearest I could find was in the evidence of ASW (Edinburgh and East). "We would like to underline the complexity which lies behind many apparently minor episodes of anti-social behaviour and the need for the social worker responsible for the initial inquiry to be of a very high calibre. We feel that it is essential for this social worker to have had considerable experience of casework with parents and children in order to fully recognise the importance of the medical and psychiatric aspects as well as the social factors." The emphasis was, however, to be on the development of the generalist, not the specialist, and the Hearing System suffered accordingly. In their evidence to the White Paper, ACCO had stated, understandably safeguarding professional standards, "We consider it vital that the emphasis on training should not lead to the quality and standards being reduced." ASW thought that courses should be generic to equip workers to be mobile and flexible and that in-service orientation would have to be devised for the trained worker wishing to move from one speciality to another. They pointed out that training would require to place emphasis on administrative skill, but at the same time this must not lead to the assumption that promotion and administration should be equated. All laid emphasis on the need for a Training Officer.

It was never envisaged that specialists should disappear in favour of generic workers. ACCO in evidence to the White Paper had attached an administrative chart which made this clear.

Much effort and money were put into the development of training by the Scottish Office. In this sphere we were undoubtedly hampered in Scotland by being ahead of re-organisation in England. Our qualifications were national and as such had to wait for the setting up of CCETSW in 1970.

But maximum attention was paid to the appointment of the Directors of Social Work. ACCO wrote at greatest length on this theme since there was widespread belief that local authorities' Children's Committees had been inadequately briefed by their chief officials, a belief reinforced when ACCO met the Glasgow Children's Committee. The Professional Working party noted, "We know of examples of the appointment of an unqualified Children's Officer while qualified applicants were not interviewed by the Children's Committee". In effect the Bill proposed that ultimately the qualifications required of Directors of Social Work would be prescribed by the Secretary of State, and that meantime he would vet the list of applicants.

In re-reading the debate in the House on the second reading of the Bill, one is struck anew by the enormous goodwill and support. Social workers certainly achieved all they could have wanted. Mrs Ewing said, "This is a most ambitious and important Bill!" How ambitious was still to be seen. The range of conflicting demands was enormous on fewer than a thousand social workers in local authorities in Scotland in 1968, of whom only 292 were qualified, of whom 180 were Probation Officers who had one year's specialist training. Given this, the achievements were remarkable.

Vera Hiddleston

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1 The Children Act applied to England, Scotland and Wales.

2 This refers to the death of Dennis O'Neill in his foster home. The report of Sir Walter Monckton's inquiry into his death was published in May 1945 and led to the setting up of the Curtis and Clyde committees, in England and Scotland respectively. The recommendations of the Curtis Committee were enacted in the Children Act 1948.

3 This is probably the Norman Murchison who was headmaster of Ainslie Park High School in Edinburgh.

4 A description of the Children's Hearings system as it was when the Act was implemented is given in the Appendix.

5 The Working Party's briefs were, however, issued also in the names of the Association of Family Caseworkers and the Association of Psychiatric Social Workers in addition to the associations listed here.

6 I discovered only recently that Hugh Brown's wife was Mary Carmichael, the sister of Kay Carmichael's then husband Neil, also an MP. Hugh Brown and Neil Carmichael were close colleagues and had both been members of the Independent Labour Party.

7 The Sheriff in Scotland is a professional judge sitting in a court of first instance. As members of the judiciary, the Sheriffs had to be circumspect in their opposition to the proposed legislation, unlike the Magistrates' Association, which campaigned vigorously south of the border against a less radical reform of the juvenile justice system.

*The endnotes to Vera Hiddleston's article (above) were compiled by **Keith Bilton** who also adds his own appendix:*

Children's Hearings as established by the Social Work (Scotland) Act

The juvenile courts system of England and Wales was not well established in Scotland, and at the time of the Kilbrandon Report there were only four specially constituted juvenile courts. These were in the four major cities of Glasgow, Edinburgh, Aberdeen and Dundee. Elsewhere, children were prosecuted in a variety of local Police, Baillie and Sheriff courts.

The Act set up a new system of children's hearings, staffed by local lay people who were appointed to Children's Panels (on the advice of Children's Panel Advisory Committees) and given appropriate training. The decision to bring a child before a Hearing lay with an independent official, the Reporter to the Children's Panel. Reporters were initially recruited from among lawyers and social workers, though lawyers came to predominate. (A lawyer who became one of the first Reporters was Donald Dewar, later First Minister in the first Scottish Parliament. As an MP, he had served on the Standing Committee considering the Bill, before losing his seat in 1970.) The Reporter's job was to receive reports of children thought to be in need of "compulsory measures of care", these being children who were thought either to have committed an offence or to be in need of care. Having inquired into the case, the Reporter could take no action, refer the child or family to the Social Work Department for voluntary help, or bring the child before a

Children's Hearing. The Hearing was not a court of law and could proceed only if the child admitted the "grounds". If the case was contested, the Reporter had to seek to prove the grounds in the Sheriff Court. If the grounds were proved, the case was returned to the Hearing. The Hearing could either order supervision in the community or place the child in the care of the local authority, naming the establishment, or foster home, to which the child was to go. As long as the child remained subject to one of these "compulsory measures of care", the Hearing would keep the child's case under review. The Hearings were supported by social workers from the Social Work Department, who would present a report on the child and family and offer advice as to what action might be appropriate. The Hearings were reasonably formal in the sense of being conducted in an orderly fashion, but deliberately distanced from the style of a court. Hearing members, child, parent(s), reporter and social worker sat at the same oval table, those present were introduced to one another, and no police were present. Lawyers were not normally present as legal aid was not available. Each child's case was heard separately, by individual appointment.

The key features were, therefore, the absorption of responses to offending behaviour into a welfare system, the focus on the needs of the child rather than on the particular incident which had triggered formal intervention and the almost complete break with the previous court system. A number of children against whom more serious offences were alleged were, however, excluded from the Children's Hearing system and dealt with in the Sheriff Courts.

Although a number of changes have been made since, the system survives. —*Keith Bilton*

The Ministry of Health and social work: a century of change for both and the survival of one

Jill Manthorpe, Carl Purcell and Stephen Martineau

It is 100 years since the Ministry of Health Act of 1919 was passed by Parliament, part of the First World War social reconstructions of the Coalition Government led by Prime Minister David Lloyd George. This Act established a Minister of Health to promote the health of the people in England and Wales. Dr Christopher Addison was appointed the first Minister on 24 June 1919 and the first Permanent Secretary (lead civil servant) was Sir Robert Morant, who had worked at Toynbee Hall Settlement in the East End of London and who knew social reformers Beatrice and Sydney Webb. Behind this Act lay several compromises over the roles and functions of local and national government and the responsibilities devolved to Scotland and (then) Ireland.

This first Ministry of Health took over the functions of the Local Government Board and National Health Insurance administration. Several of the lines of demarcation in responsibility are familiar today; but the Ministry of Health is no more (it was dissolved in 1968). The title ‘Ministry of Health’ sounds straightforward enough, but in fact it was a mish-mash of functions – in addition to health, the new Ministry became responsible for the administration of the Poor Law, national insurance, local government, planning, housing and environmental health (see Baggott, 2000).

For social workers, whose embryonic professional role pre-existed the Ministry, albeit in tiny numbers, this was one of a series of social administration reforms and reorganisations that were constant over the 20th century, punctuated by spectacular social change such as war and epidemics. As the University of Edinburgh’s timeline displays, the social work profession was taking shape by gaining higher education credentials, while a few charitable bodies at the end of the 19th century were beginning to see the potential for employing social workers or almoners – both developments being largely unaffected by the establishment of the Ministry of Health.

Our evidence review of Hospital Social Work (Moriarty et al., 2019) charts the origins of hospital social work as lying in the decision made by the Royal Free Hospital in 1895 to appoint Mary Stewart as the first ‘lady almoner’. Her role was to interview people to decide who would be eligible for the free medical treatment that the hospital provided (‘Free’ being the key word in this hospital charity’s name). Also in London, at Great Ormond Street Hospital for Children, an Almoner’s Department was established in 1909 with the appointment of Janet Salmon (who worked there from 1909-1937). Discussing the establishment of the Almoner department in this hospital, the HHARP project comments:

> ‘The Management may have at first appointed Miss Salmon as an anti-fraud detector, but the women who worked under her and her successors saw themselves primarily as the intermediaries between the Hospital and the patients’ families’.

But as Andrew Sackville notes, the number of almoners only slowly rose from 7 in 1904 to around 50 in 1920, to over 100 by 1930: ‘This rise in number still represents a small and unrepresentative percentage of all hospitals using the services of an almoner. It was even by 1930 still a marginal occupation, with limited power and prestige within the health services'. He reports the precarious nature of the posts, with cuts in their funding in the 1930s, the necessity for charitable fund-raising, and a belief that other jobs (such as police work) might be more effective in tackling what was called 'hospital abuse' by those able to afford to pay. The influence of the Ministry was marginal at this level, although health services historians point to the growing financially parlous state of many voluntary or charitable hospitals during this period.

However, taking a broader perspective, reactions to the Ministry hint at some of the long-lasting debates over central or state control of medicine that continue to influence health politics and administration today, and that spill over into discussions about social care. For example, health services historian Geoffrey Rivett reports a presentation by the first Chief Medical Officer of the Ministry of Health, Sir George Newman, to the British Medical Association (BMA) in 1920 in which he said:

> 'The state has seen in the profession a body insistent upon the privacy and individuality of its work, the sanctity of its traditions and the freedom of its engagements. The profession has seen in the state an organisation apparently devoted to the infringement of these traditions and incapable of putting anything worthy in their place. It has been suspicious and mistrustful of what it considers to be unnecessary intervention. It has feared the imposition of some cast-iron system which might in practice make the practitioner of medicine servile, dependent and fettered.' (cited in Rivett, 1997, p36)

On the ground, are some illustrations of pre-Second World War social work, again from hospital locations, which confirm that the Ministerial role was not very evident. One example of this is from the Wise Archive of interviews with social workers. LSE-trained social worker Francesca Ward describes:

> 'The medley of routine work which existed in the hospital social work departments of those days, (the raising money for convalescence, for helping getting appliances that couldn't be otherwise afforded), all the rather deadly routine jobs were what you might call fringe social work'.

As with Elizabeth Peretz's (2011) report of the ground-breaking social survey in Oxford, in which Settlement-based social workers participated, Francesca Ward's recollections reveal interesting elements of the shaping of the post-war development of the welfare state. While often forgotten, it appears that some social workers on the front-line were involved in William Beveridge's thinking about the formation of a post-war welfare state:

> 'We had very serious discussions about this and about the likely implications for social work in hospitals and so on. Of course we all participated with the Beveridge thing. I remember Frank Pakenham, who is now [in 1980] Lord Longford, went round and saw us all. I think a lot of us did a bit of form filling even for this. You're right, this was a very overpowering topic.' (Francesca Ward interview, p6)

World War II

During the Second World War, the Ministry became more prominent in social work developments as it exercised its new war-time powers and functions (the evacuation of children from cities, for example, and the preparatory take-over of hospitals by a national Emergency Medical Service in 1939; see Porter, 1997, p653). Dave Burnham (2012, p88) reports that the Ministry of Health actively encouraged hospitals to employ almoners during the war, particularly to do contract tracing for VD infections and to manage the consequences of the rise in illegitimate births, although local hospitals took their time to respond to this encouragement, indicating that the Ministry was not particularly compelling. Other war-time work included organised responses to bomb damage and social disruption, with the experiences of social workers involved in these being greatly dependent on the pre-war activities of local voluntary organisations or hospital administration. In contrast, Dame Eileen Younghusband (1981, p24) reported more directed Ministerial activity: 'In mid-1940 social workers were appointed as the Ministry of Health regional welfare officers to deal with evacuation problems and shortly afterwards welfare inspectors were added to help with difficult housing cases and to act as the eyes and ears of the London regional organisation.'

Younghusband (1981, p24) provided some sense of the extent of the Ministry's role in war-time administration related to social work. For example:

> 'The Ministry of Health encouraged the employment by local authorities of experienced social workers to develop welfare provisions for evacuees and homeless people and to match special needs with special provision. Similar appointments were advocated in the bombed areas. By the end of the war 70 local authorities had appointed social workers. These were in addition to the Ministry of Health's welfare officers and the social workers of the Provisional National Council for Mental Health and other voluntary organisations.'

Indeed, in 1940 a Ministry of Health Circular stated: '…the rehousing of homeless people involves more than securing simply that there is accommodation…for the number of persons involved. Casework, taking into account the needs of the individual persons or families affected is also necessary…'. Quoting this Circular, Richard Titmuss (1950, p290) went on to comment that social workers' contribution to solving homeless people's personal problems was valuable in itself 'because it expressed almost a new concept of the relationship between public agencies and the public served' (ibid, p290). What was then often referred to as the personal social services, and what we might now term social care, was 'coming to birth' (Younghusband, 1981, p24).

Post-war

Legislation associated with the post-war welfare state is probably much better known to social work professionals, particularly the NHS Act 1946, the Children Act 1948 and the National Assistance Act 1948 (NAA). The Ministry of Health was given responsibility for the NHS – a relatively clear line of command and control for several decades, although Rivett (1997, p37) notes that many doctors of that generation had been taught to regard the Ministry of Health as their enemy. Local authority control of health services waned considerably as the 1,545 municipal hospitals, containing 390,000 beds, were nationalised (Porter, 1997, p653). Local authorities were left with disparate community health services, ranging from vaccinations, community nursing, old age homes, to ambulances, while the nationalisation of local authority hospitals and the removal of local authority roles in regional hospital boards (appointed not elected) confirmed the major centralisation, despite alternative proposals for more local democratic control voiced during Parliamentary debates (Kynaston, 2007, pp145-46). However, ministerial responsibilities were rapidly revised, for example, in 1951, with the founding of a new Ministry of Housing and Local Government, responsibility for public health shifted to local government. Meanwhile, on the 'ground', Burnham (2012, p96) notes that there was substantial continuity of workers formerly employed by the Public Assistance Committees and then by the new local authority Welfare, Mental Welfare and Public Health Departments created after 1948.

The NAA abolished the Poor Law/Public Assistance system and established the National Assistance Board (NAB), which took over many of the Poor Law institutions and responsibility for means-tested benefits. Several of the NAA's sections remained in place until the consolidating legislation of the Care Act 2014. Recent celebrations of the NHS at 70 often overlook the NAA but the University of Birmingham has produced discussions relating the NAA to contemporary discussions about social care reform.

It is also just over 50 years since the publication of the Seebohm Report (produced by an inter-departmental committee, not simply the Ministry) which is generally considered a landmark moment in social work. Before the report was published Prime Minister Harold Wilson had recognised the need for closer working across central departments in planning for housing, education, health, social security and personal social services. Thus, in April 1968 the long-standing Ministry of Health was dissolved, and its functions transferred (along with the dissolved Ministry of Social Security) to a new larger Department of Health and Social Security (DHSS) (lasting 20 years, it was later split again into a separate Department of Health and the Department of Social Security). Richard Crossman would lead the DHSS and was given the title Secretary of State for Social Services (Hall, 1976, p81). The creation of the DHSS had the effect of virtually guaranteeing Cabinet status to its Secretary of State (lead minister) – henceforward keeping its holders at the centre of politics. However, when the Seebohm Report was published in July 1968 it created significant friction within Cabinet. In her detailed study of the Seebohm reforms Hall (1976) explains that:

> 'The report caused dissension among senior Labour ministers by requesting that one central department should take responsibility for the reorganised services, a reform which could denude the DHSS (head by Crossman) or the Home Office (whose Secretary of State was Callaghan) of important services' (Hall, 1976 pxiii).

Under the Children Act 1948 responsibility for local authority children's services had rested with the Home Office, not the Ministry of Health. In the end senior Labour MPs, Richard Crossman and James Callaghan reached a compromise in which it was agreed that responsibility for children's services would not transfer to the DHSS until after Callaghan's term as Home Secretary had ended (Hall, 1976, p83). Not long after, the Conservative Party won the 1970 general election. The Secretary of State for Social Services, Sir Keith Joseph, became the responsible Minister. The Home Office Children's Inspectorate and the Social Work Officers of the Department of Health and Social Security were merged into a new DHSS Social Work Service in 1 April 1971 (see Bilton, 2008).

Describing working across this period, an anonymous oral history account from a social worker then based in Norfolk describes the role of the Welfare Department and its responsibility for homeless people, for blind and deaf, and physical disability. Following the Seebohm Report she recalls: 'Social Services was set up which amalgamated mental, childcare and these other bits and pieces that had been in the Welfare Department and at that stage more work was required for the under fives. They suddenly found that they had a responsibility for under fives playgroups, childminders and so on'. Such accounts indicate the continuing local government focus of the profession, along with local voluntary groups; while Ministerial responsibilities are not mentioned. As Lungu-Mulenga and colleagues (2013, p14) point out, the 1971 changes were swiftly followed by others:

> 'The creation of integrated social services departments in 1971 was shortly followed by the reorganisation of the health service in 1974 which served to move many services out of local government control and into the NHS. Attempts to improve the coherence of health services were arguably at the price of creating further barriers, gaps and overlaps with local authority social services'

The extended remit of the DHSS and the newly created local authority social services departments reflected the ambition of the post-war period of welfare state expansion but also the continuance of central versus local responsibility debates. In the late nineteenth and early twentieth centuries both local and central priorities had been to 'rescue' children from abusive and neglectful families, with the bulk of the work being carried out by voluntary agencies such as the NSPCC (Parton, 1985, p36). The ambition for the new social services departments extended to further working to prevent family break-up but also now to co-ordinate the wide range of public and voluntary services working with families. As Parton (2014, p19) comments, this period 'marked the high point of optimism and confidence in social work'. However, the generic focus of the new local social services departments was short-lived. In 1974 the Maria Colwell Inquiry highlighted apparent failures in local multi-agency working and numerous missed opportunities to prevent the abuse Maria had suffered at the hands of her mother's partner William Kepple. From this point on *children's* social work started to emerge as a distinct specialism (Butler and Drakeford, 2011; Parton, 1985; 2014).

In 1988, the DHSS functions were split once more into two government ministries: the Department of Social Security (DSS) and the Department of Health. However, following the Children Act 1989 and the NHS and Community Care Act 1990 the separation of children and adults' social care become even more formalised (Parton, 2014, p30). Throughout the 1990s and early 2000s monitoring and supporting the implementation of the Children Act 1989 became a discrete focus for Department of Health policy-makers. While in 2002, at the national social services conference the Secretary of State for health and social services, Alan Milburn, was able to cover both adults and children's services, by 2003 Department of Health officials working on children's social care policy had transferred to the Department for Education and Skills. This was part of the Labour Government's attempt to 'join-up' policy-making for children under the 'Every Child Matters' programme (HM Government, 2003) led by the Chief Secretary to the Treasury, Paul Boateng, in which the following Ministerial responsibility was allocated outside the Department of Health:

> To support local integration, the Government has created a new Minister for Children, Young People and Families in the Department for Education and Skills to co-ordinate policies across Government. (HM Government, 2003, p9)

Most social workers in practice today will have in mind the Department of Health, whose name more closely resembles the Ministry of Health. However, on 8 Jan 2018, the Department of Health (that had lasted 30 years) became the Department of Health and Social Care and in doing so prompted once more debates over local and national responsibilities which, no doubt, will emerge in the forthcoming Green Paper on social care.

Endnote

Social work education often refers to the post-war legislation as the start of modern social work, but the establishment of the Ministry of Health is an important reminder that there was much continuity as well as change. As Malcolm Payne (2005, p5) notes, interpretations of continuity and change rest on political, social and historical judgement. This means that a simple focus on ministerial responsibilities might be too esoteric, central government focused, or miss the 'modern' machinery of the state with its networks, outsourcing and stakeholders. However, the NHS historian Charles Webster (1998) made the point (20 years ago) that the interface of health services and local government powers and responsibilities has never been sorted out rationally and that these continue to dominate political debates, inquiries and commissions:

> ‘It is now largely forgotten that the main problem facing the planners related to the relationship between the health service and local government. Unification of the health services under local government was a paramount objective in the century before 1948’.

For many social workers these central-local state relationships affect the context of day to day practice and professional development, not least in their own employment, delegations of powers and discretion, and resourcing. In thinking about the Ministry of Health one hundred years ago the profession is covering well-trodden ground of social administration that would be familiar to its predecessors, albeit that at the time, the term ‘men from the ministry’ would be particularly apposite since the Ministry was of its time, in largely being a male preserve. In England the Ministry of Health, or its successors, is not the main employer of social workers; their focus has been more place-based (to use current jargon), or the local state (to use jargon from another era) while their relationships with local democracy and interest groups are closer than most health colleagues’.

The Ministry of Health Act 1919 is largely forgotten in social work, for example, in both Burnham’s (2012, pp181-84) and Payne’s (2005, p22) chronologies of important legislation relevant to social work) the Act is not even mentioned. But it’s worth noting that internationally the ‘Ministry of Health’ is commonplace, and often oversees, employs and pays social workers, so while it has disappeared from the UK context, it lives on elsewhere.

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References

Baggot, R. (2000) *Public health, policy and politics*. Basingstoke, Palgrave.

Burnham, D. (2012) *The Social Worker Speaks: a history of social workers through the twentieth century,* London, Ashgate.

Butler, I. and Drakeford, M. (2011) *Social Work on Trial. The Colwell Inquiry and the State of Welfare*, Bristol, Policy Press.

Kynaston, D. (2007) *Austerity Britain, 1945-51*, London, Bloomsbury.

Hall, P. (1976) *Reforming the Welfare: The Politics of Change in the Personal Social Services*, London, Heinemann.

Lungu-Mulenga, A., Hendley, J., and Statkevičius, A. (2013) *A case for sustainable funding for adult social care,* London, London Councils.

Moriarty, J., Steils, N. and Manthorpe, J. (2019) *Mapping Hospital Social Work*, London, NIHR Health and Social Care Workforce Research Unit, King’s College London.

HM Government (2003) *Every Child Matters,* Cm 5860. London, TSO.

Parton, N. (1985) *The Politics of Child Abuse,* Basingstoke, MacMillan.

Parton, N. (2014) *The Politics of Child Protection*, Basingstoke, Palgrave MacMillan.

Payne, M. (2005) *The Origins of Social Work*, Basingstoke, Palgrave Macmillan.

Peretz, E. (2011) *The Forgotten Survey: Social Services in the Oxford District: 1935–40, Twentieth Century British History*, Volume 22, Issue 1, Pages 103–113, https://doi.org/10.1093/tcbh/hwq039

Porter, R. (1997) *The Greatest Benefit to Mankind: a medical history of humanity from Antiquity to the present,* London, Harper Collins.

Rivett, G. (1998) *From Cradle to Grave: 50 years of the NHS*, London, King’s Fund.

Secretary of State for Social Services (1974) *Report of the Inquiry into the Care and Supervision*

Provided in Relation to Maria Colwell, London, HMSO.
Titmuss, R. M. (1950) *Problems of Social Policy,* London, HMSO and Longman.
Webster, C. (1998) *The National Health Service: A Political History*, Oxford, Oxford University Press.
Younghusband, E. (1981) *The Newest Profession*, Sutton, Community Care / IPC Business Press.

Neoliberalism, Austerity and Social Work: some initial thoughts

Steve Rogowski

In 2010 I pinpointed the neoliberal consensus of the previous three decades as being at the root of the social work crisis as it moved from being the rising star of the human service delivery professions in the early 1970s to being increasingly attacked by politicians and the media particularly following child abuse tragedies (Rogowski 2010). In addition, the election of Thatcher in 1979 saw the rise and subsequent domination of neoliberalism, the belief that the free market led to human well-being. One consequence for social work was the introduction of private sector managerialism to control what practitioners do and how, as well as to reduce public expenditure. Practitioners had to cope with increased bureaucracy and given stringent targets aimed at rationing resources. Such changes resulted in less direct, relationship-based work with clients/service users and led to de-professionalisation as organisations' needs increasingly dominated practice. There is little to suggest that the situation for the profession has improved since.

Approaching a decade later, neoliberalism and associated austerity continue to dominate social work and social welfare more generally (Rogowski forthcoming). Many hoped the financial crash of 2008 and ensuing Great Recession and Coalition/Conservative governments' obsession with austerity would be a fatal blow to neoliberal ideology. However, although the election of Trump in the U.S. and Brexit in the U.K. represent rising discontent with the social and economic costs of neoliberalisation, the ideology not only survives but in many ways thrives (Farnsworth and Irving 2018). This is despite the growth in poverty and inequality and massive cuts to public services which have impacted heavily on social workers and the people they work with. Families and local councils have been and remain on the receiving end of cuts to welfare benefits, housing and support services such as children's centres and youth work, all this coupled with flat lining in-work incomes and increasing income insecurity. Expenditure on local authority children's services has been drastically reduced despite rising demand and growing numbers of children. There is also a funding crisis in relation to adult social care resulting in ever more tightening eligibility thresholds. Despite all this the government narrative remains that councils need to 'do more with less'.

Practitioners' Views

Bearing the foregoing in mind, my thoughts recently turned to what clients'/service users' thoughts and feelings were concerning what has and is happening. Unfortunately, not being in a position to elicit these, I turned to what social workers see as the impact of the current political and economic situation is on practice. To this end I asked a small sample to complete a short questionnaire which asked three questions: what, over recent years, have been and are the most pressing problems confronting practitioners; what, if any, are the positives that have benefited practitioners; and how has austerity effected services and clients/service users? The respondents were largely limited to former colleagues, as well as others who Scottish social worker and author, Colin Turbett, was in contact with.

As for the most pressing problems, typical comments referred to bureaucracy, budget cuts/lack of resources, hot-desking and increased workloads, all of which led to stress, burnout and high staff turnover. More specifically one referred to managers seeing 'our primary role as turning around assessments as quickly as possible to meet performance indicators' and even being told 'its quantity, not quality' that was the top priority. Another, said 'The most pressing problems are to do with high volume of work which ….. means the quality of your interventions are spread thin, which is not fair on the families you serve.' One team manager complained that the amount of bureaucracy meant that there was 'no direct work or time to build relationships with families.'

When it came to the positives to benefit practitioners one respondent simply said they 'struggled to think of any' while another rather limply said 'technology at times' but added that there was an increased 'awareness/ understanding of mental health'. Two referred to working in a supportive team with one, who had been in continuous practice for over 37 years, saying 'I continue to be inspired and value working alongside front line colleagues from social work, health and education'. The other referred to 'good team work and having a good team manager who promotes your autonomy and listens to your views'. Finally, there was mention of [some] 'authorities acknowledging they need to value their staff' and 'changes in *Working Together 2018* which meant that there was less management oversight' and, presumably, more responsibility and autonomy given to practitioners.

As for austerity and its impact, this was the question that elicited the most comprehensive responses and it is only possible to mention some of them here. First, one respondent said 'There has been a loss of a lot of upstream, cost effective and proactive support that enabled service users to remain in the community or ensured carers and families were supported e.g. reductions in respite care for older people, and adults and children with disabilities, care at home services, befriending and mentoring services for young people. [Although] self-directed support is suggested as offering more person-centred care, in reality it is often used a vehicle for cuts and reducing care packages.' They went on that 'Universal Credit and the expectation everyone can access benefits online has been catastrophic for the most vulnerable in our community. The poor response of the DWP and local authorities in addressing this, along with the changes to disability benefits (PIP/ESA) is marginalising many. This is all in the context of a zero hours, minimum wage culture in our rural locality.' Second, another said 'The current government regime has made huge changes to the benefits system which has significantly impacted on families. [These changes include] benefits sanctions, reliance on foodbanks [and] forced job seeking for the most vulnerable. One in four children in Scotland are currently living in poverty and my authority run school meals in the holidays to ensure children are still accessing at least one meal a day.' Third, was the view that 'Austerity has effected budgets and resources which means that there is not a lot of external support that you can tap into for interventions. For more specialised services such as CAMHS children are waiting on average 18 months to get a service. Often [in the meantime] they experience significant trauma which is really damaging to their 'here-and-now' and their overall development. Austerity has [also] contributed to our local authority currently having the highest ever numbers of children on the child protection register, currently sitting around 150. When I first started in the office in early 2012 I seem to remember the figures were round about 100 children on the register. That's a 50% increase over the past 6 years. Poverty, deprivation and inequality all contribute to how a person functions which impacts on parenting capacity. The pressures and bleak reality of trying to raise your family with inadequate funds puts a huge strain on parents and can evoke a hopeless attitude towards yourself and life. This can increase risk factors such as neglect and emotional abuse which can be symptoms of the wider issues such as parental mental health, parental substance misuse, domestic violence etc. In Scotland in general since 2007 drug deaths have doubled. I think that is because the reality is so severe; living in poverty with very few opportunities to break the cycle, no wonder substance misuse is more appealing as it can be a way to temporarily block out the reality of your dire circumstances.'

Sadly, but unsurprisingly, the three respondents just quoted had their views echoed by others who also, for example, referred to 'poverty and all it entailed', food banks, increase in mental health issues and 'fewer secondary services to refer to together with reduced capacity for those that remain' as all being factors that impact on clients/service users and in turn on practitioners' workloads.

This limited survey highlights two things. First, social work with children and families is limited to rationing services/resources and assessing/managing risk with intervention only occurring in relation to child protection. Furthermore, and although this was not said explicitly, cuts to preventative services mean that, in a risk averse culture, managers tend to ensure that care proceedings ensue quickly and often prematurely, this in turn leading to 'forced adoption' which could, of course, have been avoided if appropriate help and support had been offered to families (Garrett 2018). Second, social work with the elderly is often simply limited to policing ever tightening eligibility criteria.

It is also important to note that the progressive possibilities following the death of 'Baby P' leading to the Social Work Reform Board's and Munro Report's questioning of burgeoning bureaucracy/ targets and championing the establishment of a College of Social Work have not been realised. Bureaucracy remains a major concern, and although the college was opened it soon closed under austerity measures. There are also on-going concerns about plans to shift children's services into independent trusts, this being part of growing movement towards independent provision of children's services which adds to fears about a marketplace in the sector (see Jones forthcoming). Linked is the increased and continued involvement of the private sector in relation to adult social care. The most obvious worry is that profit is being/will be put before meeting need in both these areas.

Ways Forward

What then should be the way forward? With practitioners disheartened by bureaucracy and relationships with computers rather than clients/service users, Cummins (2018) rightly calls for a return to a focus on relational and community approaches to practice, something which I recently called for (Rogowski 2018). For instance, in relation to children and families, practice should eschew a model geared to crisis intervention/child protection, instead seeing the value of community social work where practitioners are based in local communities with children and families treated both as individuals and members of the neighbourhood (Featherstone et al 2014; 2018). From this, a different child protection narrative is required, one that acknowledges the impact of poverty and inequality on children and families and interrogates their causes. It involves critical thinking, with practitioners addressing the connections between theory and practice and having a commitment to social justice.

Much of current practice is questioned because it is based on the assumption that the harms children need protecting from are found within individual families and caused by acts of omission/commission by parents or carers. Other assumptions associated with this include: these acts are due to such as attachment issues or poor lifestyle choices; intervention being primarily based on protecting children by identifying what distinguishes this family from others in similar circumstances rather than identifying common challenges to good parenting such as poverty and poor housing; and sees procedures, risk assessment and multi-agency working as the core to child protection. Instead, a different child protection narrative is needed, one that notes the clear links between deprivation and the rates of children being taken into care. Thus, attention needs to be paid to the economic, environmental and cultural barriers to ensuring children are cared for safely and this includes assumptions such as: currently there are inequalities in children's chances of living safely with their families; these inequalities are related to deprivation and other forms of inequality such as physical and mental health; and social and collective strategies need to be integrated with humane practices directed at individual families.

The arguments presented here refute government claims that they are ever improving child protection or, indeed, that they are seriously addressing issues in relation to adult social care. Austerity policies have undoubtedly increased the number of children and families in poverty while simultaneously reducing the support available, while increasing numbers of adults are not receiving the social care that they need. In short, and as alluded to, what is needed instead is a return to a focus on relational and community approaches as being at the cornerstone of social work practice.

Conclusion

Neoliberalism continues to dominate globally and involves the mass transfers of resources from the poor to the rich with the welfare state being dismantled and becoming more authoritarian. It is a system that does not meet the needs of the majority and to the extent that political, economic and social problems are acknowledged this is often done in xenophobic and racist terms. No wonder social work, especially in its progressive, critical and radical guises, is often on the defensive. Nevertheless, I manage to retain a sense of optimism for its future in the sense that it can be compatible with values of social justice and of seeking social change in the form of critical/radical practice aimed at meeting immediate needs as well as working towards a future more just society. Relational and community approaches to practice need to be at the fore of this. Such optimism remains a useful antidote to those who foresee an even more narrow, truncated role when compared to what social work's possibilities once were or even, at worst, that it will no longer exist as a single professional occupation.

References

Cummins I. (2018) *Poverty, Inequality and Social Work: the impact of neoliberalism and austerity politics on welfare provision* Bristol: Policy Press.

Farnsworth K. and Irving Z. (2018) 'Austerity: neoliberal dreams come true?' *Critical Social Policy* 38:3 461-452.

Featherstone B., Gupta A., Morris K. and White S. (2018) *Protecting Children: a social model* Bristol: Policy Press.

Featherstone B., White S. and Morris K. (2014) *Re-imagining Child Protection: towards humane social work with families* Bristol: Policy Press.

Garrett P. M. (2018) 'Ending the Cruel Rationing of Human Love: adoption politics and neoliberal rationality' *British Journal of Social Work* 48:5 1239-1256.

Jones R. (2018) *In Whose Interest? the privatisation of child protection and social work.* Bristol: Policy Press.

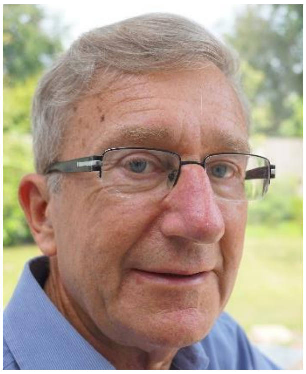
Rogowski S. (2010) *Social Work: the rise and fall of a profession?* Bristol: Policy Press.

Rogowski S. (2018) 'Less Crisis, More Community' *Professional Social Work* 22-23.

Rogowski S. (forthcoming) *Social Work: the rise and fall of a profession?* (Second Edition) Bristol: Policy Press.

Book review

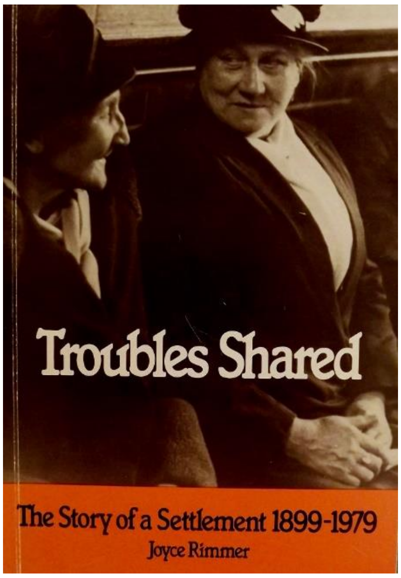
Mike Burt



Mike Burt discusses Joyce Rimmer's *Troubles Shared: The Story of a Settlement 1899-1979*

Joyce Rimmer's fascinating text provides a detailed account of the work of the Birmingham Settlement. Essentially it is a celebratory history rather than a critical historical analysis, which nevertheless draws attention to limitations and problems encountered. That said, a particular strength is the extent and wealth of archival sources and interviews which have been used, the Author's introduction and chapter Notes indicating the range of material which was accessed. Joyce Rimmer was a lecturer in social work at Birmingham University and member of the Birmingham Settlement Management Committee.

'Troubles Shared' sets the establishing of the Birmingham Settlement in the context of: Settlements more widely; the social, economic and political context of the City of Birmingham; and the Settlement's immediate vicinity. Moreover, reference is made throughout the text to significant figures in the history of social work in the twentieth century, sometimes capturing their earlier involvement in social work, and to important reports and legislation. The text traces in detail the process of consultations which took place to form the Birmingham Women's Settlement in 1899. A balanced account follows in succeeding chapters addressing issues regarding staffing, the range of activities, issues about building, finance, and the significance of the Settlement's relationship with other bodies in the City of Birmingham.



A significant amount of research has gone into acknowledging and placing on record the work of individual members of staff and volunteers, although this detail sometimes results in sentences standing on their own and interrupting the continuity of a chapter. The wide range of activities with which the Settlement initially became involved is clearly illustrated and are recognisable as reflecting the extent of work, which was sometimes, but increasingly, referred to as social work. Octavia Hill's model of providing support by rent collecting was introduced; weekly visiting of children on behalf of the Crippled Children's Union began; a scheme of provident collecting to encourage saving started; together with the Charity Organisation Society help was provided to widows and older people and a care committee to support the medical treatment of school children was formed; and various forms of recreation were introduced. An important function of the Settlement was the placement of students from Birmingham University from 1908.

In the 1970s 'Troubles Shared' highlights the importance which was attached to continuing innovation which included: a Legal Advice Centre; a Money Advice Centre in which the warden played a significant local and national role which experienced significant expansion and which contributed to the training of social workers; and literacy schemes for adults and children. Concern about difficulties experienced by adolescents in foster care and in hostels who had the ability to benefit from further education, an experiment took place in 1971.

Six boys who were in the care of the local authority were placed in residence alongside social work students who resided in the Settlement, an arrangement which experienced both successes and difficulties. A student unit continued to operate with social work students involved in casework with individuals and families and in group work, providing placement to a number of social work courses.

'Troubles Shared' is a valuable book about the history of social work and a contribution to local history, throughout which Joyce Rimmer maintains an historical perspective, drawing attention to both change and continuity. Chapter subheadings might have enhanced continuity of the story, however the organisation of a chronological narrative which has many dimensions is difficult to arrange. The importance attached to an account of individual staff and their experiences together with the detailed referencing to archival sources provide an approach not often found in histories about social work.

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