

Bulletin of the Social Work History Network

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On the cover: 'The Almoner of the Great Northern Hospital at work'. The Hospital and health review, 1921. (Wellcome Collection). In this issue, Mike Burt discusses 'Almoners' departments: From the monastery to the NHS'.

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.

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

Editorial

Sarah Vicary

Editor, *Bulletin of the Social Work History Network*



This issue has taken longer than usual in the making but I am sure you will agree that it is a bumper one well worth the wait. As usual, the breadth of topics covered is remarkable and I shall do my best to summarise the essence of them in this short editorial. To begin there is a welcome from our new chair, David Jones. The shoes of Keith Bilton and Terry Bamford are hard ones to fill but it is clear that David is suitably qualified to do so. Remembering such influential figures in social work is important to the Network: Moira Gibb and Viv Cree here help us to do just that. It is also of interest that Eileen Youngusband's diaries can be accessed online and that current academics such as Denise Turner are looking to explore social work memories of the pandemic. Turning to reports of seminars run in 2021, our thanks go to Carl Purcell and Brian Parrott, both of whom organised hugely informative and well-attended sessions. Likewise, the comparative history of Commonwealth social work seminar was well attended and a major project to document the histories of social work across the Commonwealth is now announced. Thanks to David Jones and Jill Manthorpe for your input to this.

We have contributions for other Steering Group members. Jane Tunstill reflects on the practice guidance she helped produce over thirty years ago as a member of the 'In Need Implementation Group.' Mike Burt places hospital almoners in the context of the departments in which they worked, including a short evaluation of their significance. Mike also takes the opportunity to explore the role of the monastery almoner. Our book review is a fascinating reading of Ann Oakley's book by Karen Lyons. Turning to a new contributor, Irene Messinger explores the concept of migrating knowledge, merging two major trends in modern history: the history of knowledge and the history of exile which she does through two case studies, again a fascinating read. Next Julia Ross introduces her book and reproduces two chapters. These provide a good backdrop to the Network's next seminar on the Mental Health Act 1983. Having just celebrated its 50th anniversary, the known history of The Social Workers' Benevolent Trust (SWBT) is described by the co-chairs. Last, but certainly not least is the article by the founding members of the Network writing about their goals in 1999 in an article for *Professional Social Work* and copied here. I am happy to have the opportunity to correct the spelling of Joan Baraclough's last name! As always, I must mention Stephen Martineau whose work pulling this Bulletin together is hugely appreciated, thank you!

Sarah Vicary, Co-ordinator of the SWHN, is a qualified, registered social worker and Associate Head of School, Nations for The Open University. sarah.vicary@open.ac.uk | @sao_sarah

From the new Chair of the Network

Dr David N Jones

It is an unexpected honour to be invited to chair the Social Work History Network. I look forward to working with the Network and the Steering Group to ensure that we provide a valued programme of webinars/seminars over the coming year or more and that our other activities, such as the *Bulletin* achieve the recognition and support they deserve.

Origins of the Network and vision

Elsewhere in this *Bulletin* you will find a copy of the 1999 article by Joan Baraclough, Keith Bilton and myself which helped launch the Network (it is reproduced at the back of this issue). Last year was our 21st birthday taking the launch event in 2000 as our formal beginning. At the start, we were not certain that there would be an interest in social work history, so we have been pleasantly surprised and encouraged! We never thought that the Network would survive this long – we just didn't think about longevity – nor did we conceive of webinars reaching hundreds of people! Our only thought was that our profession needed to take greater care of our history and in particular make sure that our history was not rewritten by others for their own professional or political purposes. We believed it was essential to explore the nature and growth of social work in order to inform contemporary policy and practice – 'exploring the past to inform the future'.

Of course, that intention assumes that there is only one 'correct' version of history; social workers and historians know from their different perspectives that all history and memory is filtered through a subjective lens. Our professional lens(es) is(are) inevitably subjective but they are nevertheless an essential element in creating the vision. It has been exciting to watch over the past 20 years and more as so many people have engaged in the exploration of 'what happened' and in discussion about the narrative of the history of social work. It has been very creative to see the blending of personal memories, reminiscences, and experience with formal academic research. It has always been important to ensure that we embraced perspectives not only from the four countries of the United Kingdom but also from the many international perspectives.

The vision for the Network is wider than the subjective professional perspective, however. We are committed to working with experts by experience, historians, archivists, social policy analysts, politicians and other people of goodwill to chart the development of social work and social service within the wider social context. This is evident in our programme of past events and our plans for the coming year.

The year ahead

We have a full programme for 2022 which is already shaping up. We hope to return to physical meetings later in the year but hope to be able to retain an element of a hybrid approach. Please let us have your thoughts about what suits you.

Our programme starts in March with an online webinar looking at **the development of social work in mental health services**, as always considering that in the context of proposals for legal reform of mental health services in England.

History Network participants are invited to register for another international event on 31 March and 1 April exploring more about the **development of social work across the Commonwealth**. This event is

being hosted by the Institute of Commonwealth Studies and includes presentations from senior Commonwealth figures and social workers from all round the Commonwealth. Watch for notice about registration – there is no charge.

Our late spring/early summer event will explore **the history of social work in health care**, with a particular focus on the contribution of social workers to the **management of the HIV/AIDS pandemic**. We will relate that to the current drive towards integrated care and social services and explore the lessons for the response to the COVID-19 pandemic.

Later in the autumn we are considering a focus on **the development of the knowledge base of social work** and how this has shaped the practice skills of social workers. Other possible future themes include community work, the seemingly constant reinvention of the wheel in relation to children's services (e.g. former Sure Start / current Family hubs), and a platform for PhD students researching themes linked to social work history. There are always more options than seminar time available, which prompts the thought that we could increase the number of events – something discussed by the Steering Group from time to time.

Finally, we continue to think about how we can develop the *Bulletin* and the website, both of which now have an international following. We are also looking at the preservation of our own archive, much of which is digital which presents its own challenges, but which is an inherently valuable resource for future research.

The continued strength and vitality of the Network is due in large part to the valued support from Sarah Vicary (Network Coordinator) and Stephen Martineau (based in King's College London) who manages the database of participants and communications including the website. We are indebted to them and to the Steering Group members.

Please contribute your thoughts and suggestions.

The Network exists for and through its participants. The Steering Group is never short of ideas but also welcomes suggestions from Network participants. Please send us your ideas and interests through Stephen Martineau and the website. My thanks again for this opportunity to chair and facilitate the Social Work History Network and my best wishes for the year ahead.—*30 January 2022*

A profile of David N Jones

Dr David N Jones is a Registered Social Worker. He started as a local authority social worker in 1974 and developed extensive national and local government, NGO sector and private sector experience. He qualified at Nottingham in 1974 (MA, CQSW) following a first degree at Oxford (politics and economics). His doctorate in social work from Warwick University researched the impact of quality inspection on social services and social work practice.



David specialised in child protection working in a jointly funded NSPCC Special Unit (1976-1984). He was appointed General Secretary, British Association of Social Workers (1985-1994) and then Director of Operations, Central Council for Education and Training in Social Work (1994-1999). He worked in the Joint Review Team of the Audit Commission (1999-2003), the Department for Children, Schools & Families (2003-6) and the Department of Health (2006), returning to inspection as one of Her

Majesty's Inspectors and finally as Deputy Director, Children's Services in The Office for Standards in Education and Children's Services (OFSTED) (2006-2010). David retired from the Civil Service in 2010.

David was President of the International Federation of Social Workers (IFSW) 2006-10 and the Global Coordinator of The Global Agenda for Social Work and Social Development (2012), editing global overview reports in 2014, 2016, 2018 and 2020 (Jones 2020). He is the Commonwealth Organisation for Social Work (COSW) Main Representative to the Commonwealth Institutions. David is a Trustee of Children and Families Across Borders (ISS-UK) and a Public Governor of Northamptonshire Healthcare NHS Foundation Trust. He was Chair of Healthwatch Northamptonshire 2018-20, ensuring the voices of people who use health and social care services are heard.

David has published and spoken extensively in the UK and overseas on social work practice, social service management and regulation, children's services, social work and disasters, international social policy and the history of social work (e.g. Jones, Pickett et al. 1987, Jones 2000, Coulshed, Mullender et al. 2006, Jones 2018).

Twitter @JonesDavidN | <https://www.linkedin.com/in/davidnjones/>

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In brief

*“From this evening I must give the British people a very simple instruction – you must stay at home”**

Apocryphal stories from the assassination of John F Kennedy, decades ago recall where people were and what they were doing when they first heard the news of his death. As we move forward from the COVID-19 pandemic, it is likely that similar narratives will be shared across generations, also recalling where people were and what they were doing when they first heard the Prime Minister mandate the British public to ‘stay at home.’ At this point in time the future was uncertain, and it was almost inconceivable to process the magnitude of the Prime Minister’s directive. This was a point in history when the public mask wearing, hand sanitising, social distancing and lockdowns – all now so familiar – remained alien concepts, as the streets grew quiet, and the population stoically waited for the promised ‘return to normal.’

Two years into the future, that pre-pandemic normal has changed beyond recognition. Over 150,000 people have died, babies have been born to social distancing and lockdowns and children have had their schooling interrupted, as the pandemic has disrupted two years of their young lives. We have grown used to different collective expressions of solidarity from the weekly ‘Clap for the Carers,’ to the creation of pandemic ‘heroes’ like Captain Tom Moore. Scientific breakthroughs have resulted in an unparalleled vaccine programme whilst previously unfamiliar online platforms such as Zoom, and MS Teams have also helped to maintain human connection in previously unmatched ways. Latterly, a series of pandemic-related scandals including the resignation of the Secretary of State for Health and Social Care and an investigation of parties held in Downing Street have disturbed the political establishment.

For the social work profession, the pandemic has created concomitant historical precedents, as practitioners, educators, students and service users alike have struggled to maintain contact against the backdrop of Government guidelines and pandemic restrictions. Initial findings from a British Association of Social Work (BASW) survey in 2021 described 79% of social workers facing increased difficulty in accessing essential support for people using services, accompanied by a sharp rise in referrals. Some 77.7% of respondents also recorded concerns about their capacity to safeguard / protect adults and children during the pandemic with Dr Ruth Allen, BASW Chief Executive, dubbing social work the ‘forgotten frontline.’

Taking this as its starting point, The University of Chichester Institute of Education, Social and Life Sciences is delivering a pilot research project, ‘Memories from the Forgotten Frontline’ which will capture significant historical moments resulting from the COVID-19 pandemic and social workers’ experiences of these. This qualitative project invites social workers to contribute photos of objects, landscapes, pets and other significant visual records of their pandemic experiences. The photographs should not include people, and will be included in a digital archive, with accompanying narratives, which will form a visual record of social work experiences from the pandemic for future generations.

For further information please contact [Dr Denise Turner](#), Senior Lecturer in Social Work.

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*GOV.UK (2020) Prime Minister’s statement on coronavirus (COVID-19): 23 March 2020.
British Association of Social Workers (2021) Survey unveils the heavy toll on social workers – a “forgotten frontline” – as restrictions limit their capacity to safeguard vulnerable adults and children.

Diaries of Eileen Younghusband now online

It might be of interest to members of the Social Work History Network to know that the Modern Records Centre, University of Warwick, have recently digitised the diaries of Eileen Younghusband between 1917-1930.

Full transcriptions are [now available online](#), along with some contextual information.

Eileen Younghusband's diaries cover a transitional period in her life, beginning with her wartime childhood in Wimbledon and ending as she started her career as a tutor at the London School of Economics. They cover her ambivalent relationship with post-war 'High Society' (debutantes' dances and luncheons), her growing interest in politics and issues of social justice, first steps towards social work (through the Whitechapel Care Committee and Bermondsey Princess Club) and education at the LSE, as well as the routine of daily life (particularly with regard to 1920s shopping, socialising and travelling).—Liz Wood, Assistant Archivist, Modern Records Centre, University of Warwick.



'I don't know why on earth I am starting to keep a diary because it will bore me stiff to write it and would bore anyone who chanced to read it ten times stiffer but the mania has entered my head so I have been to Boots in Bath this morning and forthwith purchased this book in which shall be set down for one week a true and particular account of my doings after which period the mania will probably have died a natural death and the entries will be few and far between.'—20 September 1917

Eileen Younghusband (1902-1981)

Remembering Professor Joyce Lishman

2021 marked the passing of one of social work's shining lights in Scotland, a woman who made her mark as an academic, researcher, writer and above all, friend to social work and social workers across the UK and beyond. She was also a devoted family member, partner and mother, and it is to her credit that this is how her adult children wish her to be remembered most.



Joyce Lishman (née Major) was born in Castleford, West Yorkshire, in May 1947. She excelled at school and became the first pupil from her girls' high school in Normanton to be admitted to Oxford University, where she studied Philosophy, Politics and Economics (PPE). Joyce graduated in 1968 and went on to undertake the Diploma in Social Study and Diploma in Social Work at Edinburgh University, graduating in 1970. This was the same year that she married her life-partner and companion, John Rowland Lishman, who was then a PhD student at the university.

Joyce worked as a social worker for many years, firstly in child and family psychiatry in Edinburgh, and then moving to Aberdeen where she worked on a research project investigating social work practice. This was a ground-breaking piece of research at the time in its use of video to analyse social work interviews. The research became the subject of Joyce's PhD at the University of Aberdeen. She went on to develop a new social work service for children with cancer or leukaemia and their families, and a bereavement service for families where a child had died.

In 1985, Joyce joined the Robert Gordon Institute of Technology (later RGU), Aberdeen as a Lecturer in Social Work and was later promoted to Senior Lecturer. In 1993, she became the first woman Professor at RGU and Head of the School of Applied Social Studies, a position that she held until her retirement in 2011. During her time at RGU, Joyce continued to research and write on social work practice as well as leading the development of social work education in Scotland. As a pioneering editor, she saw 26 books through to completion in the *Research Highlights in Social Work* series, on subjects as diverse as co-production, child protection and women offenders. Meanwhile, her academic textbooks on social work theory, practice learning, communication and evaluation in social work became classics in their own right, treasured by generations of social work students and practitioners.

Joyce was passionate about the voluntary sector in Scotland. She served on the board of charitable bodies: Lloyds TSB Foundation (now Corra), Aberlour Child Care Trust and Voluntary Service Aberdeen. She was chair of the Partnership Drugs Initiative and a founding member of the philanthropic charity, Inspiring Scotland, in 2008. She was equally committed to social work education, chairing the heads of social work education group for Scotland and contributing to the development of standards for excellence in social work education. In retirement, she served for many years on the Social Services Scotland Council, appointed for her experience in both education and the third sector. In January 2018, The University of Edinburgh celebrated 100 years of social work education. In July that year, the university honoured Professor Lishman's contribution to social work theory and practice with the Degree of Doctor *honoris causa*.

I'd like to end with the words of Joyce's children, Tamsin and Ben. They were delighted that the Social Work History Network wanted to publish a retrospective on Joyce, and said in their email to me:

"I think the important things to mention about Mum's personal life are how she managed to be a loving and involved mother to Ben and me, her long and happy marriage to Roly (50 years), and her many friends who remember her warmth, empathy, intellect, generosity and hospitality."

—Viv Cree, Emerita Professor of Social Work Studies, The University of Edinburgh, January 2022.

Comparative histories of Commonwealth social work

David N Jones

The Network Chair reports from a webinar held in March 2021 and discusses the forthcoming online conference in March 2022, together with plans for a major funding bid

The Social Work History Network broke new ground in March 2021 with a two-hour international webinar organised in partnership with the Commonwealth Organisation for Social Work (COSW) and Madras Christian College. It was broadcast live, and a recording is available on YouTube. During the live broadcast and subsequently on YouTube more than 1,000 people have viewed the webinar.

Nine speakers reflected on the development of social work in their regions, alongside a description of relevant material in the International Federation of Social Workers (IFSW) archive dating back to the late 19th century. Professor Philip Murphy (Institute of Commonwealth Studies, University of London) was the lead discussant, highlighting the importance of this history for the Commonwealth.

The event was initiated and hosted by the Social Work History Network (SWHN) in partnership with Madras Christian College Social Work Department (Chennai, India). Those taking part included members of the Aotearoa New Zealand Association of Social Workers, Barbados Association of Social Workers, British Association of Social Workers, Kenyan National Association of Social Workers, National University of Singapore, University of the West Indies, the IFSW and others.

Partnership with the Institute of Commonwealth Studies

COSW has since announced a formal partnership with the Institute of Commonwealth Studies (ICWS) to develop a major project to document the histories of social work across the Commonwealth. A steering group has been formed, co-chaired by Dr David N Jones (COSW and SWHN) and Professor Philip Murphy (ICWS) and also including Professor Jill Manthorpe (King's College London and SWHN). Other members include Charles Mbugua (Kenya), Sharon-Rose Gittens (Barbados) and Dr George Pallyitil (India and University of Edinburgh).

The call for presentation proposals for an online conference in March/April 2022 has been issued. That event is intended to be a springboard for a major funding proposal with plans to develop partnerships with individuals and universities in a number of Commonwealth countries as the project unfolds.

March 2021 webinar

Participants at the SWHN webinar were welcomed from Chennai by Ann Raju Jemielol (social work student) who was the host for the event and a member of the student team at MCC. Dr David N Jones chaired the event and introduced the programme. Speakers from Madras Christian College Social Work Department welcomed participants; they included Dr Miriam Samuel (Head of the Social Work Department), Dr Sylvia Daisy (Chair, COSW) and Dr Prince Annadurai.

Fiona Robertson (IFSW Archivist) and Nigel Hall presented the IFSW archive, key documents from which are now online. The archive includes documents starting with the International Penitentiary Congress (1847), through the first International Congress on Statutory and Voluntary Assistance (1889) and several conferences in the early 20th century. The First International Conference of Social Work took place in Paris in 1928 with 5,000 participants, which in effect launched IFSW and the International Association of Schools of Social Work as global structures. A 1956 report records the

meeting setting up the IFSW in Munich. The presentation highlighted archive documents relevant to the development of social work across the Commonwealth, including reports of international and national events in Commonwealth countries. The archive includes a detailed account of the censure and expulsion of South Africa in 1982 because of the apartheid context and its eventual return to membership.

Esther Goh (Head of Social Work, National University of Singapore) made a presentation on the development of social work in Singapore, focusing on social work education, including a video followed by a roundtable discussion with colleagues including John Ang, Dr Rosaleen Ow, and Prof S. Vasoo.

Charles Mbugua (former IFSW Africa President and former COSW Chair) examined the evolution of Kenyan social work, including the development of community social work within the freedom movements alongside the colonial social service arrangements. He explored social service developments from the building of the railway in the 1890s to independence in 1963 and beyond.

Letnie Rock (former Head of the Department of Government, Sociology and Social Work, University of the West Indies) gave a detailed overview of the history of social work in the Caribbean, noting the history of slavery and then turning to the 1930s riots which resulted in a Royal Commission report, published in 1938, recording the poor living conditions of people in the Caribbean colonies.

Recommendations included reform of social and economic conditions, including the creation of social welfare facilities. She outlined the training initiatives which followed, including the eventual creation of professional social work courses in what became the University of the West Indies. Sharon-Rose Gittens (former Chair, Barbados Association of Social Workers) described the development of social work practice in Barbados as a country example. The first social worker arrived in Barbados in 1945, Miss Betty Arne.

Philip Murphy (Director of the ICWS at the University of London and Professor of British and Commonwealth History) gave his reflections on the presentations and suggested themes for future study. He highlighted the wider global significance of the trend to decolonising academic knowledge. Philip explored the historical impact of colonialism, referring to the writing of Edward Said (e.g. 1994) on the cultural process of creating knowledge and of Foucault (e.g. 1977) who explored the transformation of the 19th century state, engaged in controlling the mind and soul of the population. He suggested that it was not coincidence that the first record in the IFSW archive relates to concern about crime and social control in the 1840s. Philip suggested that concern for urban problems in the UK, as seen in the work of Charles Booth (e.g. 1889) drew explicit colonial comparisons. The link between philanthropy and social control was intrinsic to social policy across the world and inherent in colonialism. Social crises (such as the economic turmoil of the 1930s) brought to light hidden poverty and social problems in the UK and the colonies. The collapse of imperial rule in Asia in the 1940s was also precipitated by colonial 'emergencies' and freedom campaigns which had not been foreseen. This sudden exposure of ignorance about social realities and lack of intelligence led to attempts at social control which usually proved unsuccessful. Social work was largely seen as marginal to the social development agendas of the newly independent governments but has since emerged again as more significant.

Philip concluded by highlighting the intention to develop a pan-Commonwealth research project to examine these and related issues in the development of social work across the Commonwealth. He suggested seven themes for exploration, among others:

- 1) Gender: Is social work an exception to the marginalisation of women commonly evident in colonial governments?
- 2) Training of social workers
- 3) Commonwealth networks – are they a continuation of neo-colonial control or an opportunity for reverse transmission and south-south co-operation?
- 4) Other influences (e.g. US, Soviet, Israel)
- 5) Ubuntu – new focus on indigenous cultures and wisdoms?
- 6) Preservation of records and living memories
- 7) Pandemic impact – crises reveal problems and increased state control

These themes were endorsed in the brief panel discussion which concluded the webinar.

Spring 2022 webinar

The project continues with a second webinar on 31 March and 1 April 2022 including introductory overviews from Lady Patricia Scotland (Commonwealth Secretary General), Anne Gallagher (Director General, Commonwealth Foundation), Prof Wendy Thompson (social worker and Vice Chancellor, University of London) and COSW Chair Dr Sylvia Romanus from Madras Christian College Social Work Department, Chennai. They will give short context-setting addresses which we expect to show on both days.

Keynote addresses will be given by Prof Philip Murphy (Institute of Commonwealth Studies) on day 1 (covering Asia Pacific) and Dr George Palattiyil (Edinburgh University and India) on day 2 (covering Africa, Europe, Caribbean and North America). Other members of the Steering Group will take part in the panel discussion at the end of each day – Charles Mbugua (Kenya), Sharon-Rose Gittens (Barbados), Prof Jill Manthorpe (King's College London) and Dr David N Jones.

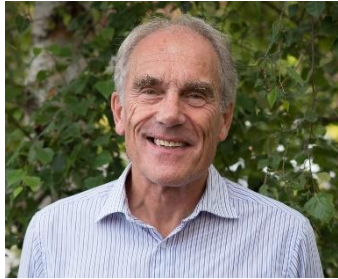
The event is hosted by the [Institute of Commonwealth Studies](#), University of London.

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What has become of social work with adults?

Brian Parrott



The last SWHN event of 2021 in October turned attention to social work with adults: exploring history, trends and practice from the pre-Seebohm era to the present, focusing mainly on local authorities since 1971.

Five brisk presentations from different career starting times and roles brought us perspectives from Brian Parrott, former Director of Social Services and Ruth Allen, BASW Chief Executive; two more recent practising social work perspectives from Rob Mitchell Principal Social Worker and Tricia Pereira Director of Operations at Skills for Care; and, most powerfully, from Clenton Farquharson bringing the critical voice of lived experiences of services to the fore with the 'good, bad and ugly' of social work practice.

This was followed by comments, questions and panel discussion facilitated by David Brindle, recently the *Guardian's* Public Services Editor, drawing from among the 250 or so attendees online. All of the event was recorded and can be watched on [the BASW website](#). An edited version of Brian Parrott's presentation will be published in a forthcoming edition of *Professional Social Work*.

'Informed', 'challenging', 'entertaining' and 'critical' were words used in feedback. The focus was not just 'What has become...?' but also 'Why?', 'What could have been learned but seemingly wasn't?', as well as the state of social work with adults today, and prospects ahead. All far too much to summarise here! But the highlights were:



Clockwise from top left: Ruth Allen, Rob Mitchell, Brian Parrott, Tricia Pereira, David Brindle, and Clenton Farquharson MBE.

- Clenton Farquharson forcefully contrasting his experiences of social work 24 years ago and its positive aspects with the appalling experiences of 'Tara' much more recently. This set the tone for much of the event's subsequent discussion. Two examples only, but telling so much. So little learned or just forgotten or ignored, failure to listen without prejudice or to show empathy, a person not being seen as an individual human being, nor being 'got alongside'.

Clenton's life was transformed, he said, by social work and he was 'able to do the ordinary again'. In contrast Tara experienced mysterious processes, assessments, reviews, re-reviews and delays leaving her abandoned, alone and frightened.

- Ruth Allen's emphasis was on the vital status of social work as a 'profession'. This was (and is) not to be elitist, but to give proper assurance that despite 'bureaucracy' and austerity social work has a clear definition. Its purpose is to integrate pursuit of social justice with rights, ethics, anti-discrimination and use of a social worker's 'human self'. It means working with people through a relationship and 'co-production'. Looking ahead, important elements are the strengths deriving from principal social workers, regulation, more research and a clear infrastructure for practice.
- Brian Parrott considered social work in its local government setting, the interface of social work and adult social care, and the ever-changing political contexts. He illustrated how so often developments which might have achieved more were thwarted by political expedience, the greater priority of child protection or by funding constraints. Rather than community-based, generic or other unifying principles we have the fragmentation of narrow specialisms and special interests, separation of children and adult services, and absence of 'join up' around the individual person. For several decades, perhaps until just recently, social work with adults had seemingly 'lost any direction'.
- Rob Mitchell began with a description of the dehumanising nature and long-lasting damage of 1990s social care assessment and care management practices. Social work principles from the earlier past were diluted and it is taking time to recover. More recently, social work has re-found the importance of connections, 'treasuring humanity...promoting fairness...and helping people overcome obstacles and oppressions which hold them back' (Ruth Allen 2018). Today, Rob argued, social work with adults may be 'in the best place it has ever been' but he was sobered by what Clenton said and others' experience. A more rights-based approach is transforming thinking. The Human Rights and Mental Capacity Acts have provided a better basis for balancing rights with risk.
- Tricia Pereira reminded us that many social workers join the profession influenced by personal experiences, believing in the importance of individual rights and wanting to challenge injustice. Tricia began as one of few black social workers. Racism and bullying existed (and still does). She identified herself proudly as a social worker but saw so many examples of practice which were just not acceptable, whether inherited from the FACS criteria ('fair access to care services') era or not. If social work is about relationships and connections, its leadership from directors sets the tone and is absolutely fundamental. Directors of Adult Social Services must show that they are personally connected to the values of social work, and that they are able to encourage practitioners and good practice.

The discussion which followed ranged across how commissioning models had replaced the voice of social work in local authorities; whether or not good social work is only able to happen 'under the radar'; the future of personalisation and how it is about lives not services; how best practice and enabling cultures in some local authorities can also be achieved in others; how principal social workers can be more influential within their local authorities; and last but not least, my two passions – how the voice of social work as well as meaningful engagement with people with lived experiences are both at the core of what everyone hears and experiences, repeatedly, from all Directors of Adult Social Services.

Brian Parrott is a former Director of Social Services and member of the SWHN steering group.

Management in social work: past, present and future



Moira Gibb

The following is an edited transcript of Dame Moira Gibb's talk given at the Social Work History Network meeting on 27 January 2021 on 'Management in Social Work: Past, Present and Future – with special reference to Terry Bamford's Contribution'

I first met Terry at a BASW (British Association of Social Workers) event. I was a local authority social worker and a member of BASW and he was already a big cheese in BASW. I was on strike and with some of my colleagues hopeful of a hearing at the BASW meeting, and ideally support for our cause. It was a disappointing experience, but Terry was of course, kind and charming, even in his disapproval. Terry remained a big cheese for me always, but I have come across a better way of describing what I think I mean by that – namely, that he was a 'public intellectual'.

A 'public intellectual' describes someone of high standing with a position in their speciality and beyond. I came across it used by Professor Harry Ferguson in relation to Olive Stephenson. I think it fits Terry very well. They both had international reputations as well as UK ones. Much later, Terry became my boss and we worked together (mostly amicably) for many years in Kensington and Chelsea. As befits a 'public intellectual', Terry was always more than the day job – always had a writing or other project on the go. He was also brilliant with elected members, smoothing many a path for me and my colleagues.

He was a great chronicler for a profession that has never been very good at writing things down! One of his early books was called "Managing social work" and his last published work I believe was "Social work past, present and future", co-edited with Keith Bilton.

This is a personal and obviously partial, as well as short, take on the subject, based on my own experience. It doesn't do justice to the breadth and depth of social work history – I am not the person for that task. Instead, I have picked up some of the issues Terry raised in his early book and reflected on their ongoing impact before finally taking a small step into the future.

In "Managing social work", Terry talks a lot about the relationship between social workers and management. It begins with the creation of Social Service Departments as recommended in the Seebohm Report – with the amazing ambition to see established in every local authority area a department 'providing... a community based and family oriented service, available to all... reaching far beyond the discovery and rescue of social casualties, enabling the greatest possible number to act reciprocally, and focussed on their communities'.

I joined one of those departments fresh out of social work training. Looking back, I did not marvel at how much had been done to bring separate services together, nor look in awe at what a complicated hierarchy had been created in a short space of time.

Rather, we sneered at our managers who had often qualified at the same time as us but been recruited into management before they had earned their spurs.

For the bold and wise changes brought about by the Seebohm Report were undermined from the earliest days by the absence of a suitable workforce. Hence the rush to offer team managers' posts to people as they came off their training courses. I thought I had joined a profession but there wasn't a lot of sustenance for the profession itself.

Social work and management did not get off to a good start.

My Area Office was some way short of the Seebohm ambition. But we social workers were keen and enthusiastic and committed to the area we served. We worked on our cases but also ran groups and clubs to support people with mental health problems or disabilities and tried our hand at Intermediate Treatment at weekends with young people from the estates.

As we saw it, the energy and commitment came from us social workers; the managers did not supply a theory of community development, nor a plan as such to work towards the Seebohm vision.

Managers promoted too quickly were seen by us as lacking experience and hence legitimacy. The attitude became oppositional, them and us, not collaborative (and I am sure the seeds of the social work strike grew in this fertile soil). We were not exceptional.

Terry describes it thus: "managers are seen by social workers as the passive uncaring agents of councillors, and social workers are seen by management as unrealistic, woolly minded prima donnas."

Managers were only managers – they didn't carry cases and so in our eyes could not develop their practice.

I think the unwillingness to account for ourselves to managers whom we didn't respect led on to an unwillingness to account for ourselves to a wider audience and hence in the long run not to be well understood. It may seem ridiculously long ago, but I think its shadow was a long one. It led to a lack of challenge to social work practice and to an increase in bureaucracy.

I was far from extreme. Terry talks of an attitude which pertained in some quarters that viewed the development of managerial functions "like an unnecessary excrescence on the body of social work."

But more sympathetically he writes that their training "has brought about an inherent resistance in social workers to the generalizations and aggregation demanded of management."

This too can be taken to extremes as an old story will attest.

Back in the day, in Kensington we had been doing a lot of work on improving outcomes for young people using Research in Practice to try to develop a more evidence-based approach. As part of the programme a project worker visited the Leaving Care Team and told us what happened.

Armed with a number of texts describing needs and outcomes she thought she had good stuff to stimulate interest. They did not seem to have read a recent overview called "What works in Leaving Care". "Anyway," one of them said, "Even if we had seen it, we wouldn't have had time to read it as we are too busy." Undaunted, the project worker pressed on and said that one consistent finding was that females did much better than males in independent tenancies. Was it worth thinking about different kind of support for males? Whereupon one of the social workers said, "I have spent two years of my life on my DipSW learning not to label people and to treat them all as individuals, assess their needs and provide services appropriately. I am not going to wade in with pre-judgements about their likelihood of success or failure ..."

(I don't think I would ever have said anything quite so silly but I did spend the five years after leaving frontline practice avoiding management jobs, becoming a lecturer and an Inspector/Adviser before

finally succumbing to the lure of the hierarchy. Even while I was an inspector of children's services for Surrey County Council, I felt the need to practice in some way, training and working as a Marriage Guidance Counsellor, such was my investment in being a practitioner.)

Of course, there are lots of contributory factors to the situation we found ourselves in, but I do believe that this early discord set an unhelpful tone. If we had at that time or later even invested more as Terry was trying to encourage in the development of the right kind of management abilities, we might have stayed on track better as a profession and as a service.

What we got was more guidance, more regulation, more procedures and more inspection. No doubt some of this helped but some may have layered on confusion about what good looked like. The core activity was unseen.

A second theme which Terry wrote about and which continued to resonate in my day is the question of the link between Social WORK and Social SERVICE. Terry writes somewhat cryptically:

"The appropriate link between social work and service delivery is still under discussion."

And more than a quarter of a century later the social work Taskforce reported:

"The distinct role of social workers in modern public services is unclear."

We were still not clear but on the ground things had changed a lot.

The pendulum had swung significantly away from professional accountability to management accountability.

From a bit of a free-for-all as one old SSI (Social Services Inspectorate) report said, "A number of SSDs [Social Services Departments] had a culture of non-compliance with Departmental procedures ...managers did not confront it and local interpretations were made by frontline staff."

Too rigid IT-based rules and social workers spending 80% of their time on the computer – we had definitely not got to a good place.

BASW was clear in the '80s. It said that then social work must be explicitly differentiated from the social service function. Everything other than social work was administration (and clearly not very important). Agency and agency function subservient to the professional interests.

Decades later in its work, the Taskforce found many social workers who *only* identified with their employment role – particularly in children's services. Did not feel they were bringing a professional identity to the work.

The term welfare bureaucrats appeared to fit the bill.

Lots and lots of things had happened in between of course, too numerous to mention today and probably all bearing some of the responsibility to that ongoing lack of clarity and the poor condition the social work workforce generally found itself in.

But can we answer now? Is social work the core profession in modern social service or a specific service in its own right, available to a small subset for reasons of risk or willingness to work with this model? Is it the gatekeeper for all other services?

Certainly, when the social work taskforce was criticized for not looking at a wider group of staff including social work assistants, I argued that social work values and a well-trained social work workforce provided a core stability to a Department from which other workers could take strength. I hope that's not a foolish hope.

Management failed to improve social work practice and struggled to design services to support families better; Terry's theory then was that they fell back on restructuring. He wrote: "Local government as a whole and social services in particular are prone to the fallacy that reorganization solves managerial problems ...".

Not all reorganisations are the choice of managers of course – the most profound are nationally imposed such as Seebohm itself or in response to the Community Care changes. Local or national, they are a drain on resources and have often been entered into too lightly.

The most significant recent restructure was of course the splitting up of Social Services Departments into children's and adults' services. I regretted this decision, not just because it meant the loss of the Seebohm ambition but also because I thought it would hinder rather than help the development of better social work (though of course it might have provided other advantages). SSDs were important bastions and a voice, given the lack of infrastructure, for social work in general.

Was that infrastructure support an illusion, as I worked in good departments which had capacity to support professional development?

But there are green shoots to be encouraged. Some of the developments that the Social Work Taskforce recommended have not succeeded, in particular the College of Social Work, but other developments have been surprisingly positive. A social work specific regulator seems to be doing well, two Chief Social Worker roles and post-holders who have together magnificently negotiated the political rocks which might have split the profession in two.

Principal Social Workers, even if not full-time, promoting good frontline practice. Standards for employers and an assessed and supported year in practice. I asked a former colleague who had been involved in a number of children's departments recently what he thought of the health of social work at present. The reply which came:

"Anxious defensive as always but less so that 10 years ago. Trying to be more relationship focused and less process driven, professionally confident but cowed by the inspection regime."

I think social work is a very difficult job. To do it well, social workers need the right conditions – practical stuff of course like a desk and a computer and a reasonable case load. But they also need a good manager. The "them and us" I talked about earlier I hope has been left behind, even if its shadow remains.

We have not achieved that good management for enough of them. Looking ahead I don't think the future will produce a big breakthrough to change this situation. But more likely small steps which take us forward and allow us to hang on to progress. So, this is still a work in progress. I remain hopeful. I find my former colleague's description cheering and I take consolation from a survey carried out by Social Work England.

88% of the public surveyed thought that social work is important in helping vulnerable people. Leading to the Regulator's view that that the public understands and is more warmly disposed towards social work than social workers themselves believe.

We may be unclear about the role of social work and why it is necessary, but the public gets it and most of them value it.

Plenty to build on. I think Terry would agree.

Dame Moira Gibb is a social worker, former Director of Social Services in Kensington and Chelsea and Chief Executive in Camden. She was the Chair of the Social Work Reform Board.

Past reviews of policy and practice for social work with children and families



Carl Purcell

In June 2021, Tim Loughton MP, Andrew Webb, and Prof Eileen Munro took part in a Network meeting on children and families' social work. It was chaired by Dr Carl Purcell who published a book on the topic in 2020.

The Children Act 1989 is widely recognised as a landmark piece of legislation that continues to provide the legal cornerstone for child and family social workers and others with responsibility for protecting and promoting the welfare of children and young people (Tunstall and Thoburn, 2020). Crucially, the Act was informed by extensive consultation with a diverse range of stakeholders and an evidence-base built on many years of independent research. Importantly, a balance is sought within the legislation between duties to protect children from harm and duties which require the provision of support to families facing difficulties. Moreover, recognising the complex challenges faced by those charged with implementing the Act, there is also a strong emphasis on partnership working across social work teams and partner agencies.

However, reflecting on the decades since it feels like policy and practice relating to social work with children and families have remained under constant review and been the subject of perpetual reform. Crucially, the mature and collaborative approach that characterised the period leading up to the Children Act 1989 has largely given way to a more politically directed approach to policymaking under which participants are valued for their technical advice and acquiescence to politically determined reform priorities (Hanley, 2021; Jones, 2019; Purcell, 2020). In this era the findings of Serious Case Reviews and a steady stream of wider reviews of children's social care policy have been seized upon by government policymakers to sustain a narrative of failing local services and a profession in need of wide-ranging reform. Subsequent action plans, green and white papers, and legislative reforms have acknowledged the complex challenges faced by social work professionals. Yet these reforms have invariably promoted mostly procedural and structural reforms to deliver on unrealistic political promises to 'fix' or 'transform' children's social care that would be an anathema to the architects of the Children Act 1989.

During this period, under both Labour and Conservative-led governments, new roles and institutions have been created including the Children's Commissioner, the Chief Social Worker for Children and Families, Social Work England, and the Child Safeguarding Practice Review Panel. Others including the General Social Care Council, the Commission for Social Care Inspection, the Children's Workforce Development Council, and the College of Social Work have come and gone. At the local level, the social services departments created following the Seebohm report (1968) were broken-up and new children's services departments were created merging children's social care and education services. Local Safeguarding Children Boards were also established and then scrapped in this period, having recently been replaced by new Multi-agency Safeguarding Arrangements.

At the time of writing even more disruption feels imminent. In early 2021, Josh MacAlister left his role as the CEO of Frontline, another new institution created in 2013 to oversee the ‘fast track’ training of child and family social workers, to begin the officially titled ‘Independent Review of Children’s Social Care’ (IRCSC). Overlooking the history of policymaking in this area, the review’s interim report describes “a once in a generation opportunity to transform the children’s social care system” (IRCSC, 2021: 5). This report, titled ‘The Case for Change’, also lays the groundwork for further structural reforms, arguing that “our children’s social care system is a 30-year-old tower of Jenga held together with Sellotape” (IRCSC, 2021: 3).

In this context members of the Social Work History Network (SWHN) decided that it would be a good moment to reflect on a period, crossing the final years of the Labour government and the early years of the Conservative-led Coalition, when a quieter and more collaborative approach to social work reform seemed to briefly take hold. Speakers at an online SWHN event in June 2021 included Andrew Webb, the former Director of Children’s and Adult’s Services at Stockport Council, who was deputy chair of the Social Work Task Force (SWTF) that reported in 2009. We also heard from the Rt Hon Tim Loughton MP who served as children’s minister in the Conservative-led Coalition between 2010 and 2012. Finally, Professor Eileen Munro shared her thoughts on the review of child protection she carried out for the Conservative-led Coalition published in 2011.

Social Work Task Force (SWTF)

The SWTF was established in 2009 as part of the Labour government’s response to death of Peter Connelly (then known as Baby P). Ferocious media coverage of this appalling case, combined with the actions of then Secretary of State for Children, Schools and Families Ed Balls, apportioned blame on the individual social workers involved and the director of Haringey children’s services, Sharon Shoesmith (Jones, 2014). However, the decision to set up the Task Force demonstrated an implicit acknowledgement of failings in government policies relating to social work in England and more specifically a failure to address longstanding problems that had been starkly highlighted in Lord Laming’s (2003) earlier inquiry into the death of Victoria Climbié. I have argued at length elsewhere that Labour’s *Every Child Matters* reforms largely overlooked the perilous state of child and family social work even though they were officially presented as a response to Lord Laming’s inquiry. Moreover, this was reflected in a lack of input from the social work profession into the policymaking process and the determination of ministers to push ahead with politically determined structural reforms that had long been in train (Purcell, 2020).

Although the Task Force was set up following the Peter Connelly case, it was commissioned jointly by the Department for Children, Schools and Families (DCSF) and the Department of Health (DoH) with a remit covering social work with children and adults. Moira Gibb, then Chief Executive of the London Borough of Camden, was appointed as chair. Gibb had a background in social work herself and had previously served as a director of social services. As deputy chair Andrew Webb also brought his experience as a social worker and director. Other members of the Task Force were drawn from a range of public and voluntary sector agencies, social work education and training institutions, service user groups, the media, and social work managers and frontline practitioners. The Task Force met throughout 2009 to develop a reform programme that was presented to ministers at the end of the year (SWTF, 2009). Importantly, the Task Force operated independently of ministers during this time, although Andrew Webb praised the excellent support provided by civil servants based in both the DCSF and DoH.

Webb explained that the Task Force started by asking what is it that social workers spend their time doing and do they get the support they need? The subsequent recommendations focused on social work training, working conditions, professional leadership, recruitment and retention, continuous professional development and improving public understandings of social work (SWTF, 2009). The Task Force did not underestimate the scale of the challenges in these areas and called for a ten-year commitment from government. Furthermore, although the death of Peter Connelly had precipitated this review, a focus on the apparent failings of specific individuals or local authorities was avoided and the appropriateness of the legislative framework provided by the Children Act 1989 was not questioned. Rather, the Task Force highlighted long-standing challenges faced by the social work profession in terms of its capacity to implement legislative requirements. But it is also important to emphasise that the Task Force presented recommendations to inform a “single national reform programme for social work”, that is covering social work with children and adults. The Labour government accepted the Task Force’s recommendations in full and Gibb was subsequently appointed to chair the Social Work Reform Board (SWRB) to oversee the implementation of the Task Force’s recommendations. Gibb continued to receive the backing of ministers following the 2010 election and the formation of the Conservative-led Coalition. She later handed over responsibility for the reform programme to the College of Social Work established in April 2012, as recommended by the Task Force.

From ‘No More Blame Game’ to the Munro Review

In the context of a wider Conservative Party review of social policy following David Cameron’s election as party leader, the then shadow children’s minister Tim Loughton identified Labour’s neglect of social work as a weakness in the government’s approach to children’s services reform and in its response to the Victoria Climbié inquiry (Laming, 2003). Encouraged by Baroness Butler-Sloss, who had chaired the *Cleveland Inquiry* (Secretary of State for Social Services, 1988) which helped to inform the Children Act 1989, Loughton went on to chair a commission on child and family social work during 2007. The commission brought together a diverse range of representatives of the social work profession spread across local authorities, the voluntary sector and research institutions. Loughton recalled that most members of the commission were not natural allies of the Conservative Party and that his decision to pull this group together had left some of his colleagues in the party and in Conservative supporting newspapers somewhat bemused.

As with the Task Force to follow, the commission avoided focusing on specific serious cases and the apparent failings of individual social workers or local authorities. The title of the commission’s report, *No More Blame Game: The Future for Children’s Social Workers* (Conservative Party, 2007), reflected the view that finger-pointing was not a good basis on which to make policy in this area. The report addressed concerns relating to recruitment and retention, professional leadership, and public perceptions of social work, pre-empting some of the areas the Task Force also sought to address. Importantly, this report also emphasised the importance of balancing responsibilities to protect children and support families as framed in the Children Act 1989. And, although the commission focused on social work with children and families, the view of social work as a ‘generic’ profession covering work with children, families and adults was also accepted.

After his appointment as children’s minister following the 2010 election Loughton gave the government’s support to the ongoing work of the SWRB led by Gibb, which was unsurprising given the compatibility of the commission’s recommendations with the reform programme designed by the Task Force. However, before the election Loughton had also identified a need to review the

bureaucratic constraints around child and family social work that had built up over many years, which it was argued had limited time for direct work with children and families and driven a compliance focused approach to practice (Conservative Party, 2010). The review led by Professor Eileen Munro was commissioned immediately after the election to take this forward. Munro was a well-regarded independent expert on child protection practice who had been critical of procedural reforms introduced by the Labour government including those that followed the Victoria Climbié Inquiry (Purcell, 2020).

In carrying-out her review Munro considered evidence provided by an impressive number and variety of sources including social work practitioners and managers, local authority leaders, government departments, the Police, child protection professionals from outside of social work, as well as children and young people and parents with experience of the child protection system. Munro was also supported by an independent 'expert reference group' and a series of sub-groups bringing together experts on specific aspects of the child protection system. Reflecting on the review a decade later, Loughton and Munro also emphasised that this review had taken place during 'peace time', allowing for a focus on the child protection system as a whole outside of the shadow of a particular tragic case.

The overarching message from the review was that much greater attention needed to be given to supporting professionals working at the frontline of child protection practice as opposed to the continued development of plans and policies to direct practitioners and limit their professional autonomy (Munro, 2011). Munro argued that the spread of risk management approaches since the 1990s had overlooked the complexity of social work and fed the development of more and more procedures based on an assumption that the dangers faced by children could somehow be calculated. Specific recommendations included the rationalisation of statutory guidance and the development of a more sophisticated approach to social work inspection focused on the quality of practice rather than bureaucratic compliance. Munro also recommended the appointment of Principal Child and Family social workers in local authorities and gave her support to calls for the appointment of a Chief Social Worker within central government. This emphasis on supporting the workforce was consistent with the work of the SWRB. Furthermore, a recommendation that local authorities be placed under a duty to ensure the provision of sufficient 'early help' services was also consistent with the philosophy of the Children Act 1989 and the emphasis this placed on balancing child protection and family support, and the importance of partnership working.

Where we are now

Discussing the ongoing MacAlister review Loughton commented that he felt a strong sense of déjà vu. Similarly, Webb lamented that the review seemed to be revisiting many of the same questions that the Task Force had sought to address. This is unsurprising because neither the recommendations of the Task Force or the Munro review, were fully implemented. In an interview in 2013, Gibb commented: "I am disappointed that the Reform Board's work has not had the continued attention from the DfE [Department for Education] in particular that it needed. It wasn't a quick win, but a ten-year programme. New things are pursued instead" (Purcell, 2020: 166). At the SWHN event Munro also commented that the recommendations outlined in her review had not progressed as extensively as she had hoped.

Ever since the intervention of Michael Gove in late 2012, then Secretary of State for Education, social work reform has reverted to a far more politicised process and many of the individuals and organisations that had strived to work constructively with government have been largely shut out

(Hanley, 2021; Jones, 2019; Purcell, 2020). Gove brought the emotive rhetoric back, constantly drawing on serious case such as Peter Connelly to make a case for further structural reform, and as Webb reminded us, never missed an opportunity to criticise social workers. He ignored the complexity of social work decision making and the careful balance between protection and family support called for in the Children Act 1989, criticising social workers for failing to take decisive action to protect children by removing them from the parents (Gove, 2012). Furthermore, Gove rejected Munro's call for an early help duty and during this period funding for early help services were continuously cut (Purcell, 2020). The view of social work as a generic profession was also rejected, and with it the sector-led reform programme initiated by the Task Force. Gove appointed Martin Narey, who had no social work experience, to review the education of *children's* social workers (Narey, 2014), whilst the DoH commissioned a separate review for adult social workers.

Over subsequent years social work training, research and regulation have all been subject to reform with minimal input from the social work profession (McGrath-Brookes et al., 2020; Tunstill, 2019; Purcell, 2020). Loughton commented that Isabelle Trowler, the Chief Social Worker for Children and Families, has not provided the critical voice of social work within government he had hoped for since her appointment in 2013. Calls for greater 'innovation' in the delivery of children's social care have also featured prominently in DfE policy documents. But increasingly innovation has become associated with the promotion of outsourced delivery arrangements for children's social care (Jones, 2019). The ongoing MacAlister review must be viewed in this context.

A criticism of the MacAlister review so far is that it has largely failed to engage in sufficient historical analysis of why children's social care services face the pressures they currently do (Jones, 2021). I have argued elsewhere that the development of child and family social work policies must always be viewed in the context of wider economic and social policies (Purcell, 2020). Although the framework provided by the Children Act 1989 continues to command widespread support, its implementation has never really been adequately resourced (Tunstill and Thoburn, 2020). However, the job of contemporary social workers is now even harder in the context of rising poverty and cuts in funding for welfare services such as children's centres and youth services. Moreover, funding pressures and structural reforms in other areas, including health and education, have also undermined the provision of preventive and family support services, and made it more difficult to sustain the partnership approach promoted in the Act.

Nevertheless, I believe that the approach taken to the development of specific policies for child and family social work is important, and that those working on the MacAlister review can learn from the earlier policy reviews discussed here. Each of these three reviews operated independently of ministers and involved a diverse range of individuals and organisations representing the social work profession. Moreover, they showed the importance of bringing together people who may disagree with each other on certain aspects of children's social care to agree a way forward. To make progress in this complex area of policy it is also important to retain a system wide focus and not become overly pre-occupied with apparent failings associated with one serious case. It is equally important to avoid the emotive rhetoric that invariably permeates political discussions in this area and avoid making unrealistic promises to 'fix' the children's social care system. The *No More Blame Game* report, the Task Force and the Munro Review all acknowledged the difficulties of delivering change for child and family social work and set-out reform proposals that required a long-term commitment. These three reviews also emphasised the importance of continued social work input within the policymaking process. A collaborative approach will be necessary if the reforms

anticipated to follow from the MacAlister review are to be effective and we wish to avoid the need for yet another round of review and reform in the near future.

Dr Carl Purcell is a researcher at the NIHR Policy Research Unit in Health and Social Care Workforce, King's College London. His book, [The Politics of Children's Services Reform: Re-examining Two Decades of Policy Change](#), was published in 2020.

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‘The Children Act 1989 and children’s needs: make it the answer not the problem’—plus ça change 1991-2022?



Jane Tunstill

Network Steering Group member Jane Tunstill reflects on the practice guidance she helped produce over thirty years ago as a member of the ‘In Need Implementation Group’. The guidance sought to aid the implementation of the Children Act 1989, which came into force in October 1991.

The history of social policy in respect of children and families can be said to provide a very reliable aide memoire, over a long period, to the recurring (as John Stewart called them in 1997) ‘wicked issues’ in public policy. These include the perennial tensions between, for example: universality and selectivity; private sector versus public/state provision; prevention versus protection; and local versus national service provision. There are few policy eras in which these debates fail to surface, even if the terminology varies, and the political party in government changes. Since its legislative debut the Children Act 1989 has continued to provide the trigger for robust debate about the ends and means of policy and practice in respect of children and families. Indeed, ‘debate’ seems an increasingly euphemistic term for calls in some quarters for the rejection of its central ethos, that is providing a firm basis for professional duties to *support* as well as *safeguard* the welfare of children through a commitment to family support and early access to help (Tunstill & Thoburn, 2020). From the very start of implementation, particular concern emerged in respect of local authority interpretation of section 17 of the Act, ‘*the children in need clauses*’, which were the focus of the first government commissioned evaluation studies (Aldgate & Tunstill, 1995).

2022 is sadly no different. Children’s services are the subject of *explicit* debate in the form of the government commissioned ‘Case for Change’ review, being undertaken by Josh McAllister, an erstwhile teacher, who has fronted the design and rollout of *Frontline*, an elite (specialist / fast track) route to social work qualification. There are considerable differences in stakeholder views as to the direction this should take (Article 39, 2022). His report is reported to be due in Spring, alongside Reviews of two shocking child protection cases, where children have died at the hands of their parents and carers and which have received extensive coverage. The concerns include the nature of policy and practice in respect of children, ‘in’ and ‘out’ of their families, including: children’s rights; the extent of child and family poverty; the impact of socioeconomic adversity on child outcomes; and the regulation of multi-sector provision.

For example, to cite only three areas, there is heightened coverage of the importance of *early years provision*, in the light of the Tory government’s announcement of a national roll-out of *family hubs*, ‘regarded as providing a fraction of the Labour government SureStart programme’ (Hill, 2021). Within the wider social context, the welfare of children in families who are homeless or living in substandard housing has attracted increasing professional concern, given its link with child outcomes at every level (Sen et al., 2022). Extensive child poverty is consistently recorded, with

estimates of 4-5 million children living in poverty (CPAG, 2022). Although there is an increasing tendency for commentators to seek to ‘fragment’ understandings of poverty into separate ‘domains’, such as *housing poverty*, *fuel poverty* or *food poverty*, it is unlikely that the fundamental developmental needs of children, across all these domains, will have changed over time. What does change, however, as is signalled by these examples, is the ideological context which shapes policy responses to them. This history has been extensively explored in seminars and discussions held by members of the Social Work History Network since its inception (Purcell, 2020; Jones, 2019).

Therefore, it is maybe timely to remind all of us concerned with children and family services of an earlier set of analysis and guidance produced in the early days of implementation of the 1989 Act, which contained, in Part 3, section 17, extensive responsibility for *responding to the needs of children*. The introductions written for the 2016 reissue of this 1991 practice guide record and discuss the original policy and organisational backdrop to its production. While specific terminology may have changed – indeed the government department responsible for children has changed its name at least three times, under different governments – the Children Act 1989 can still provide tools for *meeting need in order to optimise child outcomes*. The challenges involved remain remarkably unchanged, and for those in the children’s workforce who are in search of answers, it is hoped this guide can provide a pathway through some of the key legal, policy, practice and indeed, ideological dilemmas they will face in responding to children in need.

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The 2016 reprint of the practice guidance to which this article refers (The Children Act 1989 and children’s needs: make it the answer not the problem) is available on the [Children England website](#).

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Transfer of knowledge: A case study of two Viennese social workers in British exile

Irene Messinger



The history of knowledge concerns itself with practices, institutions and places of knowledge production as well as the circulation of knowledge and how it is transformed by these processes. By placing knowledge – and not science – into the centre of historical research, and thereby not limiting itself to academic knowledge, new perspectives for research open up taking a broad spectrum of forms of knowledge into account. At the beginning of the twenty-first century, the history of knowledge has developed into a distinct scientific approach. Although not an entirely new concept, it is due to

the prolific work being done in the field, especially by historians, that conferences were organised, institutional bodies emerged, and a whole range of studies and journals appeared (see for an overview on the history of knowledge: Westermann & Erdur 2020, Östling et al 2018, Lässig 2016, Burke 2016).

The concept of migrating knowledge merges two major trends in modern history: the history of knowledge and the history of exile (Korbel and Strobl 2021: 6). Exile studies in Austria deal with refugees who were persecuted and expelled by the Nazi regime in Austria from 1938 onwards. Findings show that the reception of the refugees coming from the fields of arts and science (among others) has not only enriched professional and intellectual discourses in the UK. It has also led to a mutual stimulation that brought about lasting changes beyond merely adding new concepts to already existing debates. It is crucial to keep in mind that, in general, the history of exile is rarely a history of success stories. Quite often, the attempt to infuse knowledge into an already existing field failed, and many concepts, along with the memory of those who thought about them, “subsequently vanished from the stage of history” (Strobl 2019).

In the social professions, the radical rupture caused by the Nazi regime was analysed in studies on expelled Austrian sociologists and other social scientists (cf. Fleck 2011, Fleck 2015). Especially for the few young female students and graduates from universities in Austria, new opportunities opened up in exile. They were able to develop careers in English-speaking countries, for example in psychology, psychotherapy and psychoanalysis, which would never have been possible in Austria (Keintzel and Korotin 2002). There are still a few professions for whom the consequences of expulsion have not yet been studied, such as social workers. This research gap has yet to be closed. I am working on a publication of 50 short biographies on persecuted social workers from Vienna, which will be published in 2023.

In this essay, I will discuss two case studies of social workers who were expelled from Vienna as Jews and found refuge in England in 1939. Their names are Marianne Prager and Elsa Donath, later

Martínez.¹ For the topic of 'migrating knowledge', biographies gained importance as they are seen "as a prism for explaining transnational knowledge transfers" (Strobl 2019). This article takes an approach that is actor-centred and stands in a tradition of writing "history-from-below". Therefore, I do not aim to show the – by all accounts – great influence exiles as a whole had on British social work history. Staying with the two cases presented, this essay will explore the preconditions under which Marianne Prager and Elsa Donath acquired their skills in professional social work in Vienna and how their knowledge was eventually discarded by the authorities. Another focus is on how those skills were accepted (or not) in the UK and how the transformation and adaptation of knowledge and experience took place.

Like many other disciplines, the social sciences have also been concerned with conceptions of knowledge. The French sociologist Pierre Bourdieu (1986), for example, had important insights with his key concepts of forms of capital, i.e. economic, social, symbolical and cultural capital. Bourdieu maintains that cultural capital forms the foundation of social life and dictated one's position within the social order. He distinguishes between three types of cultural capital: the objective (e.g. cultural goods, books), the embodied (such as culture, tradition and language, including one's accent or dialect), and the institutionalised capital (like qualifications, education credentials, university degrees) (Bourdieu 1986). In contrast to economic capital with a relatively stable exchange value, the value of cultural capital has to be renegotiated after migrants leave their countries of origin (Korbel and Strobl 2021, Lässig 2016) Bourdieu's basic assumptions on the cultural capital therefore seem suitable for understanding the changes in knowledge, the migrant knowledge and on migrants as agents of knowledge.

This essay reflects on four biographical phases in the two life stories studied: the first deals with the acquisition of knowledge during Prager and Donath's vocational training in Vienna; the second phase examines the devaluation of knowledge through persecution, dismissal, expulsion and flight; the third phase describes arrival and reorientation; and, finally, the fourth focuses on long-term consequences of exile, namely the question of citizenship and the struggle of finding a job in the skilled profession of social worker in England.

Phase 1: Acquisition of knowledge

In Austria, social work began to develop as a profession in the 1920s, after the troubled founding of the Republic of Austria in 1918 and during the interwar period. The so-called "Red Vienna" was key in the formation of welfare work, building on international developments.

Indeed, Vienna was something like the birthplace for social work in Austria. The two welfare workers portrayed in this article were both born in Vienna, as most of the welfare workers who would later work here. Especially in Red Vienna (Schwarz et al 2019), a lot of (new) fields of activity opened up. In addition, the largest Jewish community in Austria was also located in Vienna and maintained numerous charitable associations (Malleier 2003).

Both welfare workers investigated in this article were female. The women's movement at the beginning of the last century sought professional opportunities for women who wanted to or had to pursue paid work. Welfare work was regarded as being the right kind of occupation for middle-class

¹ Biographical research is so much richer thanks to the documents carefully kept by relatives in private archives. I would like to thank Libertad Navarro, Elsa Martínez's daughter and David Prager, Marianne Prager's nephew, for the documents and photos they provided me with and for their permission to publish them.

women. It was a young and emerging profession. With the institutionalisation of the welfare system came the need for professional training.

The founding of schools to create and impart knowledge was necessary for the self-image of the young profession. The curricula of every social work school included medical, legal and social, psychological and educational, as well as general subjects. Both in theory and practice, the focus was on youth and family work, especially infant care (Wolfgruber 1997). In the 1920s and 30s several schools for social work existed next to each other (for an overview: Steinhauser 1993). The monarchy's first welfare school was initiated in Vienna in 1912 by Ilse Arlt, the Austrian pioneer of poverty and welfare research based social work theory (Maiss 2013). In 1916, the catholic social school for women was founded. The third school to open its doors was the Municipal Academy for Social Administration by the City of Vienna, founded in 1918. In addition, there were four more courses in other Austrian cities. Two schools in Vienna, Ilse Arlt's and the Catholic one, required a Matura (equivalent to the UK A level) for admission which was usually obtained after the 12th year in school. Therefore, these courses were primarily attended by daughters from middle-class families.

The first of the two welfare workers, Marianne Prager, was born in 1902 in Vienna. She was the daughter of an imperial and royal police doctor and lived with her parents and her brother in Vienna. After graduating, she attended the newly founded Ilse Arlt School.² The main account of Prager's life used in my research is the manuscript of a lecture she gave in 1975 (cited as "Prager 1982"). Here she talks, among other things, about her vocational training in Vienna, London, and Manchester.

The welfare department of the City of Vienna offered women without a Matura certificate the opportunity to attend training as social workers while already working in the field as an assistant social worker. The trained seamstress Elsa Donath, born in 1906 as the daughter of a tailor, lived with her parents and two brothers. She completed courses in stenography and typing. From 1927 she worked for the City of Vienna as an assistant welfare worker and completed her training as a welfare worker while working. In 1932, Elsa Donath was employed as a permanent civil servant. The City of Vienna usually offered these permanent positions after five years of service, the precondition being a certificate from one of the recognized schools for social work. An exceptional achievement in Donath's educational biography is the Matura certificate she took externally in 1934. This qualification made a promotion possible. She became a chief social worker and earned a salary raise. The certificate increased her institutionalised cultural capital and offered her a career.



Elsa Donath (third from the left) with three female colleagues in a district youth welfare office in Vienna, summer 1930.

² Ilse Arlt is not mentioned by name, but Prager describes the director of the first social work school as a charismatic person who was well-networked internationally, especially with England, and who followed practice there, which clearly points to Ilse Arlt's school. She wrote about the training: "It was in its pioneering stages and we students cooperated eagerly in widening the scope and function of the new profession" (Prager 1982: 5).

Yet, to convert the knowledge gained during training into a permanent job and a secure future seemed difficult at best, especially after graduation. Marianne Prager's fear which she shared with her colleagues was "that the various organisations who were willing to employ us did not have the means to pay salaries" (Prager 1982:7). She was unable to find a suitable half-time job as a welfare worker so she, eventually, switched fields and started working as an office assistant. Starting 1924,



Marianne Prager's Lele Bondi Home with three girls in front of the name plate, 1930.

she organized holiday camps and, later, was in charge of the whole project. From 1928 Marianne Prager ran the Lele Bondi Home – she even took residence there herself. It was the home of 25 Jewish girls from the age of ten to fourteen, all of them had no parents to take care of them (Prager 1982: 9-11).

The Viennese Jewish community maintained a highly developed social welfare system. Jewish charity has had a long tradition in which especially middle-class Jewish women played an important role (Malleier 2003). The *Israelitische Kultusgemeinde Wien* (IKG Vienna) itself had a welfare office that offered support for poor Jewish people: it ran 13 children's homes, seven day-care centres for children etc. Additionally, there were hundreds of private organisations. In 1938, approximately 560 to 600 Jewish welfare associations were registered in Austria. Out of the 53 welfare associations for women, 48 were headed by Jewish women (Duizend-Jensen, 2002: 28). It, therefore, was

not unusual for a woman to head an institution, especially a home for girls. Also, the welfare department of the IKG Vienna was mainly run by women in the 1930s (Hecht, Lappin-Eppel, Raggam-Blesch 2017).

Still, gender inequality was always an issue in the field of social work, especially when it came to leading positions within the administration of the City of Vienna. While women with lower salaries were working in the field, the important decisions were made by much better paid male superiors in the offices. The female welfare workers of the City of Vienna mainly worked in hands-on roles. It was they who were in contact with young mothers, families, schools, and health institutions. Based on their interviews, written observations, and documentation, it is safe to say that it was male senior officials who then decided on the cases as well as on broader social policies, including the allocation and distribution of resources.

By looking at individual biographies and archival material we can catch a glimpse of the working conditions of social workers during the interwar period. For example, Marianne Prager documented the everyday life in her home for Jewish girls in a private photo album. Here we find pictures taken during the Purim celebrations, documenting extended hikes, or ski trips. As there were only a few staff members working in the *Lele-Bondi Heim*, she adapted her socio-educational concept accordingly. Girls were expected to take on a lot of responsibility in the home: everyone worked together, the older girls guided the younger ones.

In summary, Marianne Prager and Elsa Donath both had training as welfare workers, and by spring 1938, both had leading positions in their respective institutions with more than ten years' experience as social workers in Vienna.

Phase 2: Persecution, expulsion and devaluation of knowledge

The increased attention directed towards the social question in Vienna was ended or at least altered following the events of the Austrian civil war in February 1934 and, later, by National-Socialism which came to power in March 1938.

Shortly after the conflict in 1934, the socialist party was declared illegal, all institutions associated with it were closed down indefinitely and everyone working in them were dismissed instantly. Because of the rise of anti-Semitism some Jewish welfare workers even emigrated to Palestine. Later, during the Nazi rule in 1938, nearly all Jewish welfare institutions were destroyed by the Nazis and all employees were dismissed (Duizend-Jensen 2002). Those working for the City of Vienna – even if only one grandparent was born Jewish – lost their jobs. However, some of them who had been in service for a longer period of time could not be dismissed so easily. They were forced into early retirement with extremely low pensions.

This was also the case with Elsa Donath who was dismissed at the end of March 1938, at the age of 31. Her training as a welfare worker and her experience of eleven years in the field became worthless overnight. On a personal level, she was robbed of her professional identity, which was not easy to digest. Her daughter told the author of this article, that recalling those memories caused her much pain also later in life, so she chose not to speak about it.

Leaving social work was also painful for Marianne Prager. Giving up the home she had run for ten years and “to leave dear relatives and friends behind” was “terrible” for her. When she knew she would not be able to keep her job, she wrote a letter to her employers, stating that she was leaving “with great regret” because she had performed in her job for “so long and with pleasure”.³ Later the same year, friends organised a visa to England (Prager 1982: 14). She never learned about what happened to the Jewish girls she had to leave behind.

Elsa Donath and Marianne Prager came from Jewish families that were not very religious. Both were persecuted because they were classified as Jews by the Nazi regime. They were, therefore, driven into exile like some 130,000 other Austrians, most of them also Jewish. Both women survived and found refuge in England, thereby avoiding becoming one of the approximately 64,500 Austrian victims of the Shoah. As elsewhere, so in the field of social work, racist classifications were not the only reasons for persecution; among those expelled were women who had engaged in political resistance against the regime. Some were even persecuted for both reasons: they had been defined as Jews *and* political enemies (e.g., as members of the Communist or Socialist Party). The knowledge of those female social workers who were murdered by the Nazi regime is lost forever. The survivors not only had to make do without a job but were also robbed of part of their cultural capital. They lost their institutionalised cultural capital in Vienna when their formal education was devalued, and they had to leave behind their objective (physical) cultural capital, i.e. books. Additionally, the Nazi state took over most of the refugees’ private assets when they were finally forced to emigrate (Anderl, Rupnow, Wenck, 2004).

Those who wanted to emigrate faced several problems at the same time: they had to find a host country willing to accept them and they had to fund and organise the journey. After the USA and Palestine, Great Britain became the most important country of exile for refugees from Austria. In April 1938, the British government introduced a visa system to control the number of refugees. Only

³ This letter from Marianne Prager to the Board of Trustees of the L.D. Königsberg Foundation Lele Bondi Home dated 23.7.1938 can be found in the archives of the IKG Vienna.

those determined to be “worthy” under Britain’s policy, e.g. academics, scientists, and entrepreneurs, could secure themselves one of the precious slots allowing entry (London 2000).

In Vienna, starting in the early summer of 1938, Jews could fill out a questionnaire for emigration at the Office for Jewish Emigration. In those questionnaires, the head of the household had to provide information about himself and his family members, including (previous) occupations. This information could be decisive in determining whether a possible country of exile would accept a person or not.

The emigration questionnaire of Elsa Donath’s younger sister, Irma Donath, from May 1938 shows that she was aware of the value of knowledge and what kind of professions were relevant and in demand. In this emigration questionnaire, Elsa Donath was presented as a “caregiver and cook”. Irma Donath described herself – although she was a paralegal – as a “shop assistant and cook”. The biography of the two sisters was quite craftily modified in order to increase their chances of emigration. Qualifications which were in high demand in the most promising host countries had to be learned rather quickly. Consequently, Elsa Donath did a one-month internship in a vegetarian cooking school in 1938.

Before Elsa Donath fled to the UK, she found a job in Leipzig in June 1938 as a welfare worker for the Leipzig Jewish community and as the head of their children’s nursery. In her service certificate, it was positively emphasised that she “has experience in public welfare”. In this job in social work, her professional experience from Austria – at that time already within the German Reich – was highlighted and recognised, and probably the reason why she was offered this job in the first place. Here, her institutionalised cultural capital and her experience had not yet lost its value.

Phase 3: Arrival, reorientation

Most refugees who had experienced loss and expulsion had difficulties establishing themselves in British society. Both Marianne Prager and Elsa Donath arrived in London in the spring of 1939, in February and May respectively. This was only a few months before leaving the Third Reich was no longer an option, at least not legally. However, both had to start anew in a foreign place, and with the devaluation of their cultural capital. Working in the field of social work again was difficult for Elsa Donath and Marianne Prager: generally, refugees were officially not allowed to work, although it was legal for some specific professions. The majority of female refugees who immigrated to Britain during this period came as domestic servants and had to stick to that profession. There was also a demand for other care work, such as child care or midwifery.

In the process of arriving, the value of cultural capital and knowledge had to be renegotiated in the new host society (Strobl 2019). British social work education was university-based. Therefore, the Viennese programmes were not regarded as equivalent. Donath’s and Prager’s practical experience was extensive without doubt; still, they could not get credit or nostrification for their training in social work and they were not recognized as full social workers initially.

With the support of a Jewish refugee aid organisation, Elsa Donath began training as a midwife just one month after her arrival. She started working in the maternity hospital in Hull and in Gainsborough. However, she was quite unhappy with her occupation and with living in a very rural

area.⁴ Elsa Donath unsuccessfully applied for a transfer to London several times and moved to London on her own in the summer of 1940. But she was unable to find work in the field of social work, despite her many years of experience. After her marriage in 1941,⁵ Elsa Donath, now Elsa Martínez, considered how she could further develop professionally and in social work more specifically. Numerous documents in her estate bear witness to this, for example the collected syllabi of the Social Work courses at the London School of Economics and Political Science and for Social Studies at Bedford College. She was unable to subscribe to any of them to gain new formal knowledge and institutional cultural capital in exile. Instead, she intensively learned English and Spanish as an autodidact.



Elsa Martínez in front of her house in London, 1957.

Similarly, Marianne Prager had to rely on support provided by refugee aid organizations in securing a job as the head of a refugee shelter in Stockport, starting in April 1939. The home offered room to nine refugee boys who had fled from the Nazi regime. Marianne Prager looked forward to looking after the school children; however, they turned out to be young men, 16 to 17 years old, who wanted to work. So she made friends with people in the area who helped her find jobs for the boys (Prager 1982: 15-18). She quickly had to adapt to working with a different group of clients and changing to a more outgoing community-focused work. After more than a year, in the summer of 1940, the home was closed because the young men were incarcerated as ‘enemy aliens’.⁶ When working with these young people, speaking German and being familiar with the cultural context of her clients was highly valuable. This embodied cultural capital she made use of in working with refugees improved her chances of entering the sphere of social work again.



Marianne Prager (second from left, looking down) hiking in the Peak District near Stockport, ca. 1940.

For the next two years, Marianne Prager ran a home in Manchester. According to her, she was looking for opportunities for further training: “I went to classes and lectures and began to review my position. Now that I was here in the country from which social work as a profession originated, I thought to do something to improve my standard of work” (Prager 1982: 18). Having heard a lot about the British tradition of social work at Ilse Arlt’s school, she obviously saw her exile in the UK as an opportunity to deepen her

4 Elsa Donath discussed this in various letters in 1939. Her mother, in a letter from August, referred to her complaints and recommended her the new training, as it could offer her more opportunities in exile than social work.

5 Elsa Donath married a fugitive from the Spanish Civil War, Antonio Martínez, a butcher eight years her junior, in Hampstead, London.

6 The vast majority of those interned in Britain were (mainly male) refugees up to 60 years of age, who then lived behind barbed wire for months and years: see Pistol 2017.

education. But since the two-year training in social work was financially out of reach, she decided to take a three-month course as a youth club leader in London (Prager 1982: 18-20). By 1942, several courses for working with the youth were offered in England. They existed at five universities and several independent youth institutions and had been formally recognised by the state. The degrees thus represented the beginning of the professionalisation of youth work, which until then had been primarily based on voluntary work (Bradford 2007). Prager realized that she could not simply transfer her knowledge and cultural capital, and therefore wanted to 'institutionalise' it. "It was lovely to be a student again," Marianne Prager stated in retrospect.

For a few months she was a youth worker in Marylebone in London, before taking on a different job in Manchester, this time as a social worker at the Refugee Children's Movement. She describes her home visits to foster families in the countryside and her work in a team of social workers as very educational; still, after two years the position was terminated (Prager 1982, 20). The start of her career was marked by precarious working conditions. Through her formal training in the social sector, she was able to work in social work again. However, despite her knowledge, she was far from a leadership position that she had held in her home country.

Elsa Donath, now Martínez, started working in a children's home, the Hampstead Nurseries, in August 1942. Although she had to labour in the laundry at first, she was still happy to have found a job. She worked there until May 1944 and could not use her social work skills directly. She quit the job because of her pregnancy and then devoted herself to her daughter.

Both women had to leave beloved family members behind. Very few countries of exile accepted elderly people. In May 1946, Elsa Martínez learned of the fate of her parents and brothers. She kept numerous letters from them sent in the period from 1939 to 1942, during which time they had sought refuge in Belgium. From there they were deported to the extermination camp Auschwitz-Birkenau in 1942 and killed. In 1940, Marianne Prager's widowed mother had died in Vienna of an untreated illness; obviously, Marianne Prager could not take part in the funeral ceremony. It can be assumed that both women were mourning their family and their time in Vienna during the phase of reorientation in the country of exile. With no family roots left in their hometown of Vienna, their decision to stay in England came almost naturally. They broke with their country of origin, Austria, and had hardly any ties with Vienna even after the war.

Phase 4: Becoming British social workers

Many refugees became British citizens as soon as they were allowed to (which was no earlier than 1946). Marianne Prager obtained British citizenship in 1947. When she was looking for a job, she made use of her network in the field of psychiatric social work. Some of her friends were involved in the aftercare of war returnees with mental health problems. They offered her a job and she accepted. In the summer of 1948, she attended a Mental Health Course, recommended to her by her mentor. After a year and a half in London, she returned to Manchester where she worked at the Springfield Hospital until her retirement in 1971 (Prager 1982: 20-22).

Elsa Martínez (Donath) remained in England as well and became a British citizen in 1950, together with her daughter Libertad. When her daughter was grown up Elsa Martínez started working again in 1962. She worked in a home for orphans; after a few years she worked the night shifts there. She worked in this institution until she retired. She died in London in 1986. She hardly spoke about her murdered family and never visited Vienna after the war.

Marianne Prager made a one-week visit to Vienna in 1964, accompanied by her nephew David Prager. She died in Manchester in 1982 at the age of 80. Marianne Prager was quite aware of the knowledge and skills she had acquired in the early phase of her career as a professional social worker in Vienna. At some point, she gave a talk about her time as a social worker at the Springfield Hospital. Unfortunately, the manuscript has been lost. However, another lecture Marianne Prager gave at the Manchester Women's Group on the 4th July 1957, was archived. Clearly, Prager took great interest in passing on her memories regarding the history of social work and, more specifically, her own role in it.

Concluding remarks

The goal of this article was to use two case studies of social workers from Vienna in order to discuss the changing value of their cultural capital. Both Jewish female social workers had been educated in Vienna and, after their expulsion, engaged in British social work. Of course, two case studies of refugees are not representative of the thousands of women working in the care profession who were displaced from Vienna in the 1930s. But one may observe from these life stories how knowledge transfer took place and, perhaps, there are even lessons to be learned concerning present-day refugee experiences.

This essay has shown that both women had attained high positions in social work in Vienna, partly thanks to their professional training. Both of them were in their thirties when they were dismissed in 1938. They had no choice but to be robbed of their economic and objective cultural capital by the Nazi regime, but as successful social work professionals of many years' standing, they still retained their embodied and institutionalised cultural capital. In trying to find a safe country of exile one has to know about the professional needs there and to meet them, e.g. by changing one's CV as a survival strategy. In the end, both succeeded in coming to England.

There they had to convince their new host society of the importance and the value of their cultural capital and knowledge. Both women got their first jobs in the social sector through the help of refugee aid organisations. This shows the significance of support services helping new arrivals to establish themselves and, where possible, getting their previous experiences acknowledged. As mentioned by Prager, mentoring provision in institutions was also instrumental in encouraging individuals to go into further education.

After successfully arriving in exile, the language barrier posed a significant problem in re-establishing oneself as a social worker. Translation became an "existential question" in the "in-between space", as only those who could adequately translate and contribute their ideas and knowledge were given a voice (Korbelt and Strobl 2021: 12). The work with German-speaking clients who fled to the UK was a good opportunity to make up for this lack of language proficiency. The embodied cultural capital of language was an advantage here. Quite often, refugees have been employed as "cultural brokers" – they were hired because of their language and "cultural" skills while other qualifications were simply ignored. The experience as a social worker they had was not appreciated and recognised.

The history of knowledge is interested "in knowledge that has been communicated in writing, orally, and through objects" (Lässig 2016: 40). All three types of sources can be found in the legacies of the two social workers, be it letters, family memories or photos. With the biographical approach and especially with the help of relatives who preserved their estate, new sources for tracing the knowledge and education can be found. Both Prager and Donath were looking for new educational opportunities. The collection of syllabi of different training programs offer insight into strategies

refugees applied to find ways of further education. Both decided, based on financial limitations and personal responsibilities, not to enrol in another social work programme. A support programme for refugee students would have enabled them to study in their new home country properly instead of merely attending short courses in related fields. This would have allowed them to update their knowledge and to have it institutionally recognised by way of a diploma.

Still, they could apply previously acquired skills in their host countries, albeit with difficulties. Both women found access to social work again. Age probably played a role in this. Prager, who remained childless and entered social work very quickly, was able to successfully establish herself professionally in the field of psychiatric social work. Elsa Martínez was in her late fifties when she returned to social work and was able to find a job working the night shift at an orphanage. The material found in her estate clearly shows how she did try to re-establish herself as a social worker in the UK. However, she could not pursue this plan any further. Finding the way back to one's original profession and gaining knowledge in social work may take different paths. What we can learn for today is that it is necessary to make re-entry easier for refugees who have worked in that field.

The understanding of what constitutes migrant knowledge and how it is valued, depends on the socio-cultural environment in the host countries. Welcoming conditions are needed for the transfer of knowledge and its translation to take place (Korbel and Strobl 2021). Historical cases may help us understand how refugees can make use of their knowledge and cultural capital, by adapting it when necessary and connecting it to their experiences in exile, but also what has prevented them from transforming their knowledge. It is fair to say that insights gained from studying the history of knowledge of displaced and exiled persons during this specific historic period also holds value today.

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Almoners' departments: From the monastery to the NHS

Mike Burt



Histories of social work have often focused on issues relevant to the professionalisation of social work with the contribution of hospital almoners found to be appropriately significant to that process. However, the settings in which they worked, the almoners' departments, have received less attention but provide a broader context for the history of social work. This article places the work of hospital almoners in the context of the departments in which they worked and ends with a short evaluation of the significance of their work in the context of the development of social work in institutional and community settings. The opportunity is also taken to go back in time to the role of the monastery almoner.

The monastery almoner

During the medieval period monasteries and nunneries of various Orders including the Augustinian, Benedictine and Cistercian, made provision for the poor and the sick, terms which were interchangeable. Larger houses made appointments of obedientaries who were responsible for carrying out functions of the monastery. The most prominent role was the cellarer who was responsible for all the monastery's material possessions and property including purchasing. Where an infirmarer was appointed they were responsible for caring in a hospital for the aged, sick and poor, and ill monks within the monastery. Smaller monasteries and nunneries which did not have the post of almoner were also involved in providing alms. Support of the sick and the poor was one of the main requirements of St Benedict's Rule. Originating at Cluny in France the appointment of an almoner in English monasteries expanded during the twelfth century.¹

Limited information is available about the work of monastic almoners. Perhaps the most notable is the account book, of William Morton, Peterborough Abbey almoner 1448-c.1462, a Benedictine house. It is published in Latin with an extended Introduction in English.² After his work as an almoner Morton became the Abbey infirmarer and then the warden of Oxney house, a small rest-house. A surviving Worcester priory almoner's register includes entries from the thirteenth century to the Dissolution, with more detail provided in the earlier period.³ McIntosh's comprehensive study of poor relief as a whole, based on an examination of the records of 617 monasteries, hospitals and alms houses, provides material about monastic charity.⁴ Rushton's study of monastic charity in Tudor England draws on the *Valor Ecclesiasticus*, a comprehensive survey of monasteries and hospitals prior to the Dissolution.⁵ Recent histories of the extent of almsgiving by monasteries have

1 C. N. L. Brooke (1954) 'Introduction' in P. I. King, *The Book of William Morton: Almoner of Peterborough Monastery 1448-1467*, pp. xxv. Northamptonshire Record Society.

2 *Ibid.*, p. xix.

3 D. Morrison (2012) *Monastic Charity and the Office of Almoner at Worcester Cathedral Priory c.1240-1540*. Worcestershire Historical Society.

4 M. McIntosh (2012) *Poor Relief in England, 1350-1600*. Cambridge: Cambridge University Press.

5 N. S. Rushton, 'Monastic Charitable Provision in Tudor England', *Continuity and Change*, 16, 1 (2001), pp. 9-44.

suggested that a greater proportion of a monastery's income, although still limited, was used to provide alms than earlier historians have suggested.

Although making an important contribution, monasteries were not the main providers of alms, hospitals and alms houses. Wealthy benefactors were also involved. For example, McIntosh refers to 'William Wyggeston (or Wigston), who established a hospital in Leicester in the 1510s and wanted his institution to serve twelve poor men, defined as "blind, lame, decrepit, paralytic or maimed in their limbs" or as "idiots" who lacked "their natural senses...[if] they be peaceable" (p.72). McIntosh further found that some alms houses were variously governed by town representatives, churchwardens, local fraternities, or an urban guild (pp.89ff).

Almonries and estate management

In the largest houses an almoner was provided with buildings, usually within but at the perimeter of the monastic property, or local to the monastery. They included a residence and space to admit visitors and claimants, provide lodging, and accommodation for his staff. Staff could include a sub almoner who was more directly involved in distributing alms, servants, and manorial estate workers involved with the lands and buildings. Where an almonry school was provided it was the responsibility of the almoner.

The dominance of the Church meant that monasteries acquired extensive lands and buildings. The almoner was given responsibility for developing and maintaining some of that property, from which the income would be used to pay for alms to the poor and sick. In the context of collaborative responsibility for the institution which they were part of, obedientaries were also expected to contribute to monastery functions for which they were not directly responsible. For example, Morrison highlights the Worcester almoner's contribution to repairs of the cathedral priory's cloister (p.22).

A monastery's income could be used to purchase additional land and buildings, including rectories and tenements for which the almoner might be responsible. In Worcester, Morrison refers to the general increase in gifts made to the almoner by lay people, which included the significant gift in 1467 of lands, rents and services in Ankerdine (pp.17-19). In the mid fifteenth century almoners at the Worcester Cathedral Priory were active in building new tenements. The almoner's rental roll for 1449-50 recorded 59 tenements in six of the city of Worcester's parishes, many of them in the vicinity of the monastery. Rental rolls for 1497-8 showed a further increase. An almoner's manors could themselves be leased. Morrison provides the example of the manor of Bredicot which had the advantage of the tenants becoming responsible for maintaining and repairing buildings (pp.13-14).

Morrison suggests that the evidence of the Worcester almoner's records broadly supports Dobson's conclusion about the Canterbury almoners, that '...they were mostly concerned with being administrators of property and tithes', cautious in the financial management of their estates with charity a secondary consideration. Indeed, Morrison found that one of the most detailed areas of expenditure in almoners' accounts was property repairs, with wages to his staff and contributions to the monastery and individual monks also a significant expenditure (p.20). Brooke's account also confirms the priority given to land management (p.xxvii).

Monasteries, Hospitals and Alms Houses

There were significant differences between monasteries in relation to their involvement with hospitals. Morrison notes that the almoner at Winchester Cathedral spent nearly half his income on maintaining a hospital, as well as providing an almonry school (p.12). Meanwhile Rushton found that

the almoner at Glastonbury was responsible for keeping nine paupers in the dependent hospital of St Mary Magdelene in the town (p.18).

Brooke states that the maintenance of two hospitals was the main expenditure of the Peterborough almoner, although there was no evidence of an almonry school or choir of boys. The largest item was payments to eight poor men at St Leonards Hospital (p.xxviii).

The person, including wealth benefactors, or body which established a hospital or alms house had to decide how it should be governed. In her study of poor relief McIntosh found that more than half of hospitals founded prior to 1350 but still in existence after that date, were run by a religious house. Some of them had been established by monasteries and convents themselves, others by lay people. However, in the later medieval years a major change took place, monastic houses for which there was information only held responsibility for fifteen per cent of all institutions founded between 1350 and 1539. McIntosh found that 'after 1350 we see instead a substantial increase in the proportion of houses whose governance was assigned to an existing organisation run by lay people: a town, parish, fraternity, urban guild or school. A quarter of the new hospitals and nearly half of the alms houses were placed under the supervision of one of these bodies' (pp.89-90).

Location and almsgiving of an Almonry

The charitable work of a monastery created some tension between its external responsibilities towards the poor and the secluded internal life of the monastery. This was reflected in the location of the almonry, the significance of the 'monastery gate', the amount of charity provided, and the status of the almoner.

Access to almonry courtyards could either be from inside or outside the monastery gate. Rushton notes that the entrance to the enclosed almonry courtyard at Ely Cathedral Priory through a single gate provided strict control of access. At Westminster Abbey, St Augustine's Abbey Canterbury, and Canterbury Cathedral Priory the almonry complexes were external to the main precincts. Where accommodation was provided for the poor, casual visitors, or in an infirmary or undercroft hall it was always regarded as of lower status compared with that provided for formal visitors.

Historians have provided evidence of both discriminatory and indiscriminatory almsgiving, which sometimes resulted from specific instructions of a bishop or the conditions applying to a lay benefactor's gift. Alms could take the form of food, money, accommodation or material goods, with anniversary doles being common. Morrison reports that on the one hand the accounts of the Worcester priory and a practice of using tokens suggested limited flexibility, in contrast to Dymond's finding that the Cluniac monks at Thetford Priory were accustomed to making unplanned acts of charity to a wide variety of persons and cases (p.13). Brooke noted that the records of Peterborough Abbey show that other obedientaries sometimes provided the alms for the poor, suggesting that it is not possible to rely on the available records for an accurate picture of the alms provided by an almoner. Indeed Brooke notes that the distribution of bread on All Soul's Day was the only annual provision of alms (p.xxix).

In some instances the work of the almoner could extend to visiting without the necessity for alms. Referring to the almoner, Wheeler although not identifying her sources, reported that '[h]is duties are defined as not confined to distributing alms, but "he was to visit all the aged, blind or bed-ridden poor within a reasonable distance," and "to make the most solicitous inquiry through some

trustworthy servant, as to the cases of illness and infirmity in the neighbourhood” (p.138).⁶ Rushton notes that in 1335 the existing almonry at Glastonbury divided the work of the almoner by appointing both an inter- and external-almoner, an arrangement which was in operation at the Dissolution. At that point ‘the sub-almoner John Eswolde, and the sacrist, distributed alms...on various anniversaries and at various places in the form of money, bread and fish’ (p.18). Brooke also notes that Morton had a sub-almoner but provided little information about his work (p.xxix).

Dissolution of the monasteries and beyond

Rushton’s study of the *Valor Ecclesiasticus*, a survey of the finances of the Church in England, Wales and parts of Ireland reveals that poor relief was recorded in most of the ‘houses’, the Benedictine monasteries being the best organised and generous. Indeed, more of their almonries have survived (p.17). Rushton also noted that monastic charitable provision included ‘caring for the poor, aged and infirm within almonries or lay hospitals’. There were 49 hospitals listed in the *Valor* which provided poor relief within the walls of the monastery and particular pleas were made to save St Bartholomew’s hospital from Dissolution. The *Valor* also reported that there were 35 ‘houses’ which provided accommodation for the poor (pp.32-33).

Following the dissolution of the monasteries the title of almoner continued to be used throughout the following centuries. For example, the St Bartholomew’s Hospital archive traces the appointment of four of the original governors of the hospital as almoners to 1546 to be involved in the admission of patients. In 1882 an Enquiry Officer was appointed with a view to limiting the increasing number of out-patients who applied for treatment.⁷ In the second half of the nineteenth century the Society for the Relief of Distress and London Metropolitan Visiting Society referred to their agents as almoners, although the term visitor was increasingly used.⁸

Hospital Almoners’ Departments

Following the appointment of the first hospital almoner Mary Stewart to the out-patients department at the Royal Free Hospital London in 1895 and the success of her initial work, she was joined by two assistants, Miss Brimmell and Miss Davison in 1897. Their work involved them in making enquiries about the ability of patients to contribute towards their treatment and extended to casualty and in-patients wards.⁹ Further appointments were made at other London hospitals, the Institute of Almoners reporting in 1932 that in spite of the recession ‘the number of Hospitals instituting an Almoners’ Department has increased’.¹⁰

The initial expansion of hospital social service departments, as they were often referred to, continued into the twentieth century. Archive material from two London hospitals suggests some common elements in their development. Background information provided by the Historic Hospital Admission Records Project at Great Ormond Street reveals that until 1909 the out-patient’s sister was involved in a limited amount of work to support convalescence and that a male inquiry officer

6 L. Wheeler (1905), *Chertsey Abbey: An Existence of the Past*. London: Wells Gardner, Darton & Co.

7 Barts Health NHS Trust, Records of St Bartholomew’s Hospital, Almoners’ Department 1937-1954, SBHB/AD. Other records of almoners’ departments include for example the Glasgow Royal Infirmary archive at the NHS Greater Glasgow and Clyde Archives GB 812 HB/ 14/2.

8 A. Dunn Gardner, ‘Almoners: Their Work and How to Train Them’, *The Charity Organisation Review*, 97 (February 1893), pp. 36-8.

9 L. Cullen, ‘The First Lady Almoner: The Appointment, Position and Findings of Miss Mary Stewart at the Royal Free Hospital 1895-99’, *Journal of the History of Medicine and Allied Sciences*, 68, 4 (2013), p. 564.

10 The Institute of Almoners, *The Institute of Almoners Report for the Year 1932*, p. 8.

and male out-patient clerk interviewed patients in relation to payments. It was decided to transfer those responsibilities and appoint a female almoner whose principal work involved the assessment of people's ability to pay for treatment and included organising the convalescence, dietary supplements and equipment requirements of out-patients, referring to other agencies, and liaising with families. A second almoner was appointed in 1914 to arrange after-care services for patients from the wards only, funded by the After Care Trust. The work of both almoners increased considerably during the Great War. Named the Almoners' Department in 1918, by 1921 it comprised 10 people who were 'required to keep meticulous records on each case, and to negotiate with other hospitals and charities (as well as local authorities) for equipment, convalescent home places, and nutritional supplements'.¹¹ During the 1920s staffing continued to increase, however, an expansion of work which involved the NSPCC, with visits to families and possible removal of children from their home, was only carried out by trained almoners. The importance of convalescent homes was evidenced by the increase in 1936 to places 2,400 each year.¹²

A similar pattern of development took place at Guy's Hospital. A ward sister was appointed in 1908 to form the Outpatient Visitors Department to arrange with patients their continuing treatment on discharge. A separate special enquiry officer continued to assess patients for payment. The department was renamed the Almoners' Department in 1920 in which the functions were combined. A report to the House Committee in 1923 emphasised that help was offered to adult patients who requested it, however where parents refused treatment considered essential for their children, referral was made to a Society, such as 'the Invalid Children's Aid Association for friendly visiting and persuasion, and if this fails, the services of the National Society for the Prevention of Cruelty to Children or of Special Officers'.¹³ (Presumably the latter are the special officers in the Education Department.) In 1934 it was recorded that 17,991 letters had been written to various societies for services including 'appliances, dentures, and treatment of Convalescent Homes and other institutions'. When the Head Almoner retired in 1952 the department was virtually the same size as it had been in 1935 with a Head Almoner, deputy almoner, three assistant almoners, three secretaries and five clerical workers.¹⁴

A report from the early 1950s based on information provided by Miss Zucker, Group Almoner at West Middlesex Hospital with 1,136 beds, stated that in addition to her post there was a deputy group almoner, three senior almoners and seven almoners. They included specialisms in geriatric, maternity and orthopaedics which involved some attendance at other hospitals and homes. Support was provided by 11 clerical staff. At the time of the report there was an arrangement for health visitors to visit older people within one week of discharge home.¹⁵

In Rodgers and Dixon's *Portrait of Social Work: A Study of Social Services in a Northern Town* a detailed account is given of the expansion of almoners' work across a number of hospitals in the unnamed town. Fieldwork for the study was carried out between 1957 and 1958. In 1951 a trained

11 Historic Hospital Admissions Record Project (2009), *The Hospital Almoner*, pp. 1-2. Downloaded 29 September 2021.

12 *Ibid.* p. 2.

13 P. Service, 'The Social Work Department', in *Guy's Hospital: 250 Years (1976)*, p. 121. London: Guys Hospital Gazette.

14 *Ibid.*, p. 121-2.

15 Institute of Almoners, 'South-West Middlesex Group: Information received from the Group Almoner Miss E.M.M. Zucker'. The National Archives MH 23/470.

almoner was appointed as group almoner to seven hospitals in the town, assisted by a typist and a half-time nursing cadet. At the time of her appointment it was agreed with the medical officer of health that '...if she wanted a report on the home circumstances of any patient she might ask the health visitor concerned with the family if she could provide one. Alternatively, she might ask one of her staff to make the investigations...'. Within six months a trained almoner was appointed as an assistant. Further appointments would have been made but no qualified almoners were available. Two further assistant almoners were appointed in 1956 and 1957, both having social studies degrees and completed the Institute's training. At the time of the study there were five assistant almoners and a welfare worker. The group almoner had appointed a welfare worker in 1955 to carry out more routine work of arranging services for patients, although she recognised that it was not easy to decide which cases were suitable. The group almoner expected that this appointment would enable her to spend more time carrying out casework. She estimated that of the cases referred to the department 20 per cent required casework.¹⁶

Hospital almoners and their role in the development of social work during the 1950s

Hospital almoners were pioneers in the development of social work in the United Kingdom, being the first occupational group of social workers to establish their own formal programme of training and qualification. The introduction of training made it necessary for hospital almoners to clarify their role and by the time that the Hospital Almoners' Council was established in 1907 to introduce the selection and initial training of hospital almoners, they had included in their role the work of helping patients to benefit from their treatment after returning home. An increase in appointments of hospital almoners in the 1930s, including in the municipal hospitals, provided the opportunity for them to contribute to the development of the emerging practice of social casework which addressed people's social and emotional needs as well as responding to financial and material needs.

Following the introduction of the NHS in 1948 hospital almoners were no longer required to make assessments of patients' ability to pay for their treatment and they became involved in shaping a more informed approach to the development of social work. The opportunity was taken by both the Ministry of Health in Circular 160/48 and almoners to focus on their role in assisting patients and families in social difficulties arising during the course of treatment. However, the Circular went on to state that '[t]he almoner will not visit patients in their homes' but should arrange for local authority services to make home visits after a patient's discharge.¹⁷ Under the National Health Service Act 1946 local authorities became responsible for after care and it was the government's policy to expand the health visiting service. There followed a lengthy exchange of correspondence between the Ministry of Health, the Institute, and some Councils and hospital authorities, resulting in the recognition that there would be some circumstances where it was appropriate for hospital almoners to make visits to patients' homes. The issue reflected a wider debate during the 1950s about the extent to which health visitors should be responsible for addressing social problems.¹⁸

16 B. Rodgers and J. Dixon (1960) *Portrait of Social Work: A Study of Social Services in a Northern Town*, pp. 120-25. London: Oxford University Press.

17 Ministry of Health, Circular 160/48, National Health Service Act 1946 Co-ordination of the work of hospital almoners with the Local Authorities Part 111 Services, MH 123/466.

18 M. Burt (2020), *A History of the Roles and Responsibilities of Social Workers: From the Poor Laws to the Present Day*, pp. 162-4. Abingdon: Routledge.

With a view to clarifying their role in the NHS the Institute of Almoners formed a committee in July 1951 to review 'the duties at present undertaken in social service departments by almoners'. Considerable variation was found in the way referrals were made, the availability of clerical support, and the responsibilities carried out by almoners. In its Memorandum to the Ministry of Health the Institute emphasised that an almoner was 'essentially a medical social case-worker whose work it is to study the patient's background and his reactions to illness with a view to assisting in the solution of the many personal and social difficulties which may be connected with his illness'.¹⁹ Whilst stating that a trained almoner should always be involved in making an initial assessment it was argued that some administrative responsibilities which had traditionally been carried out in hospital social service departments should be carried out by hospital workers with other qualifications. They included 'the provision of appliances, the arrangement of transport and payment of authorised fares, and responsibility for keeping waiting lists, issuing medical certificates, or gathering information for contributory schemes or government departments'.²⁰ However, the Survey Committee's feedback to almoners' departments went further, arguing that those services did not require the supervision of a trained social worker and should be excluded from the work of almoners' departments. Nevertheless, the Committee recognised that it would be difficult for departments to implement that recommendation.²¹

Hospital almoners made a particularly significant contribution to the way in which the identity of social work was constructed during the 1950s, when in 1949 a further change was proposed affecting the role of almoners. Eight committees were formed to review the appointment, training and qualifications of occupational groups of medical auxiliaries. The Cope Report, whilst recognising that almoners were social workers, recommended that they should be regarded as medical auxiliaries and included with other occupations under a new General Council.²² When the Ministry of Health decided that an earlier report, the Mackintosh Report covering social workers in mental health, would be considered alongside the Cope Report, the Institute of Almoners consulted with the Association of Psychiatric Social Workers. Together they raised objections to the Cope Report recommendation for almoners and the possible inclusion of psychiatric social workers as medical auxiliaries. The case was accepted and in 1953 the Minister of Health decided that almoners, psychiatric social workers and mental welfare officers would not be included in Regulations for medical auxiliaries in relation to their appointment, training and qualification. Nevertheless, the Minister expected that any syllabus for training would meet the needs of the National Health Service.²³

Evaluating the significance of hospital almoners to the later development of social work

The position taken by hospital almoners in establishing their identity as social workers and resisting inclusion as medical auxiliaries was particularly significant in itself. However, the issue was

19 The Institute of Almoners, 'The Institute of Almoners Memorandum for the Ministry of Health Prepared by the Survey Committee', part of 'Memorandum Based on a Survey of the Almoner Service (with appendices)' (March 1953), p. 1. The National Archives (TNA) MH 123/470.

20 *Ibid.*, p. 2.

21 The Institute of Almoners, 'Report of the Ad Hoc Survey Committee', Appendix 4 in 'Memorandum Based...'. p. 1. TNA MH 123/470.

22 Ministry of Health and Department of Health for Scotland, Reports of the Committees on Medical Auxiliaries (April 1951), p. 34

23 Cope Committee Report, *The Almoner*, 6, 2 (1953), p. 141.

particularly pertinent because the discussions which took place in the Cope Committees occurred at the same time as significant changes were being made in the way that many occupational groups who were members of the British Federation of Social Workers (BFSW) were collectively represented and identified themselves. The membership of the BFSW, formed in 1935 and reflecting the wide use of the term 'social work' in the early part of the twentieth century and the need to distinguish paid from voluntary workers, had included representative associations of occupational groups with a health and community focus to their work. They included youth club workers, housing managers, health visitors, settlement workers, and occupational therapists. Because of their difficulty in establishing what they had in common, it was decided in 1949 that membership of the Federation would change to an individual membership and that representative bodies could become affiliated.²⁴ However, in 1951 the Federation was disbanded and the Association of Social Workers was formed in the same year on the basis of individual membership. The workers who joined were primarily almoners, psychiatric social workers, child care officers, mental welfare officers, welfare officers, probation officers, and moral welfare officers. They represented social work in both institutions and the community and in contrast to other occupations who had been members of the BFSW, their work was characterised by their involvement with individuals and families. Interestingly, hospital almoners had never joined the BFSW, but because of their earlier role with individuals and their families they recognised an immediate affinity with, and established a common identity with, workers in a similar role to their clients.

However, the issue about restricting the visits of hospital almoners to patients' homes appears to have limited the extent to which hospital almoners developed their work with patients' families. A similar trend was identified with psychiatric social workers.²⁵ Although research by an American Social Work Team found that the provision of geriatric units and after-care for older people was further advanced in the UK than US, and that almoners were a vital 'catalysing agent' in securing co-operation between hospitals, local authorities and voluntary societies, their role was at the expense of providing time for more intensive casework with patients and their families.²⁶ The observation reflected the significant part of the hospital almoners' role which had involved them in making contact with societies in the community which could provide help to a patient and their family. A later study of the work of all social workers in Preston found that hospital almoners made the most referrals to other social workers.²⁷ Clearly hospital almoners did make visits to people's homes but it was also the case that health visitors in many local authorities carried out work with older people. The quarterly records of the almoner at Rossendale Hospital which have been sampled, whilst referring to patients' concern about their family, make no reference to visits to people's homes until the early 1970s, however referrals to child care officers and welfare officers were made.²⁸ Meanwhile, developments in staffing during the 1950s led to governments planning for the expansion of welfare officer roles in place of health visitors.²⁹ In 1961 at the annual general meeting

24 British Federation of Social Workers, 'British Federation of Social Workers Twelfth Annual Report 1948', p. 3. MRC BASW B 3/11/19.

25 Burt, *A History of the Roles and Responsibilities*, p. 166.

26 An American Social Work Team (1956), *Some Impressions of Social Services in Great Britain*, pp. 70-1. United States Educational Commission in the United Kingdom.

27 County Borough of Preston (1963), *Preston Family Welfare Survey*, pp. 98-100. County Borough of Preston.

28 Rossendale Hospital, Lancashire Archives, HRRG, Acc 9688.

29 R. Means and R. Smith (1998) *From Poor Law to Community Care: The Development of Services for Older People*, pp. 294-8. Bristol: Policy Press: Burt, *A History of the Roles and Responsibilities*, p. 164.

of the Institute of Almoners, Goldberg felt it necessary to draw almoners' attention to the preference which had developed for clients to visit the office, referring to the home visit as 'our discarded friend'.³⁰ Moreover, the Moon Report into the early experience of newly qualified almoners drew attention to the limited opportunities they experienced in carrying out casework.³¹ To the extent that there was some development in the practice of social casework with patients in hospitals and mental hospitals during the 1950s and 1960s, it may nevertheless have contributed to the reduction in home visits made by hospital almoners and psychiatric social workers.

Although hospital almoners and psychiatric social workers had a significant influence on the trajectory and development of social work, including its differentiation from health, their institutional and clinic location meant that their expertise had to be adapted to the work of child care officers, welfare officers and mental welfare officers working in both local authorities and voluntary societies. The roles and responsibilities of those social workers, who primarily worked in a community setting, had evolved from a wide range of occupations and voluntary work, involving welfare, health and education settings. Forming a considerably larger and earlier group than almoners and psychiatric social workers, they were introduced in the Poor Law, municipal authorities and voluntary societies to meet the increasing requirements of legislation from the end of the nineteenth century onwards, and in response to meeting the need for social reform and social justice.³²

In relation to the significance of their contribution to the professionalisation of social work it can be argued that the position taken by the Institute of Almoners and Association of Psychiatric Social Workers in retaining their professional independence and identifying as social caseworkers who met people's individual social and emotional needs, was critical to subsequent developments in the differentiation of social work practice from a wide range of health and other occupations. However, the institutional and clinic settings of both groups of workers limited their influence on the development of social work as a whole because of the increasing prominence of groups of social workers, including child care officers, welfare officers, and mental welfare officers and their focus on the close social relationships of individuals in domestic settings involving self-care, family care and group care.

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30 E. M. Goldberg, 'The Social Worker in the Sixties: The Impact of Developing Social Policies on Established Practices and Attitudes', *The Almoner*, 14, 3 (1961), p. 105.

31 M. Moon (c.1964) *The First Two Years: A Study of the Work Experience of Some Newly Qualified Medical Social Workers*, pp. 53-4. London: Swale Press for Institute of Hospital Almoners.

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Call the Social

Julia Ross



My book *Call the Social* was inspired by the popular TV series *Call the Midwife*. Those of you who are fans will know *Call the Midwife* is a BBC period drama about a group of nurse midwives working in the East End of London in the late 1950s and 1960s. I began my working life as a nurse at St Thomas' Hospital in the 1960s although I went on to specialise in psychiatric nursing instead of midwifery. I then retrained in social work in the early 1970s. I ended my social work career as Director of Social Services in Barking and Dagenham, living in the East End which is where I still live.

This is a history of forty years practicing social work and is much more about the practice than the theory. I vividly recall my first days as a qualified nurse then an unqualified children and families social worker in Hammersmith and Fulham. My supervisor was an American Psychiatric social worker who was terrifying from the beginning. She analysed my behaviour constantly and took particular pleasure in interpreting my tendency to be late or last minute over everything, a habit of mine that has sadly only marginally improved over the years. Her other enduring but certainly not endearing trait was her insistence on process recording. Process recording was a matter of drawing the picture of the family and their home, then recording every single exchange – using their words and mine. This was applied to every family at least once and more regularly if things weren't going as planned. It took forever, especially as it all had to be done in longhand and had to be legible, so she could read it in preparation for our weekly supervision sessions. I learnt the fine art of social work engagement with those rudimentary, rigorous and exacting preparations.

I have used the same technique in this book, as I describe practicing social work over the years. Shahid Naviq, Editor of PSW said,

“Written with a novelist's flair, *Call the Social* is not your average book about social work. Often moving, always reflective, humane and insightful, it will appeal to both the seasoned practitioner and those who are new to the profession.”

I have used the journalistic technique of storytelling with dialogue in the frequent case studies throughout *Call the Social*. This is deliberate, both to dramatise, but also to examine what is happening from the recipient's point of view and, most importantly, to express their voice. James Joyce's *Ulysses* sets the scene,

“Every life is in many days, day after day. We walk through ourselves, meeting robbers, ghosts, giants, old men, young men, wives, widows, brothers-in-love. But always meeting ourselves.” James Joyce, *Ulysses*.

I believe that we all have what is now known as “lived experience”, as we constantly see and meet ourselves in others. I make the point that we all have the potential for being both recipient of social work and social worker. I certainly do.

I have reproduced below two chapters from *Call the Social*. The first is a description of my nursing experience of working on a long stay psychiatric ward in the late 1960s. In this I decided not to use

the patient's voice as it was too painful. I do so now. Shortly after I arrived on Long Grove ward for a three-month placement, I was introduced to a number of female patients who were paraded before us new nurses and rehearsed in doing their 'party pieces'. One woman in her fifties was asked to show us where all the little people were. She replied,

"The little people are here," and opened her mouth pointing down her throat.

"But where are they?" asked the nurse again.

"See, see, they're down here. They were all in Queen's Square and now they've come back to me."

'Queen's Square' I learnt later was the National Neurological Hospital in Queen Square, London which she had visited a while back whilst undergoing assessment and treatment which was sadly unsuccessful.

The parading of patients in this way was, of course, completely unacceptable but it happened time and time again. I wish of course that I had said something, but I didn't. I simply wasn't brave enough. I went along with it, like so many other things I learned later to protest about and stop.

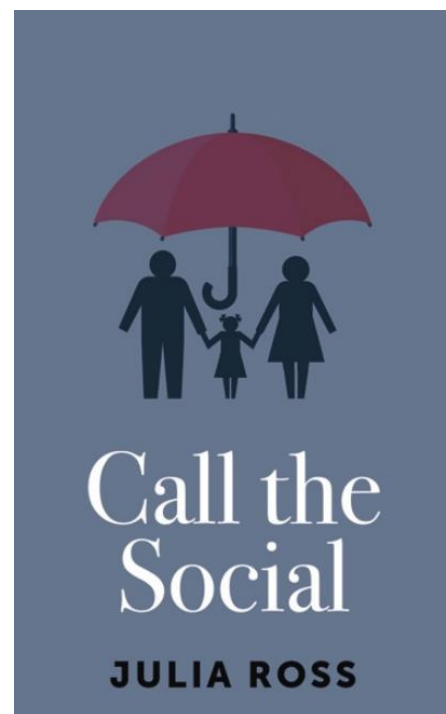
The second chapter continues with the mental health theme with my work three years later as a Mental Health social worker in Hammersmith and Fulham, sectioning someone in the community. There are many other chapters covering my work with children and families which I hope you might one day read and enjoy.

Chapter 4: B12 Crossing the Boundary

B12 was one of the oldest locked wards, tucked away at the back of Long Grove, a sprawling long stay hospital in the Surrey countryside. Built in 1906, at its heyday there were 1,625 beds but by the early 1970s, only 1,373 were occupied. Now the blocks have been split up and renamed – Florence, Beatrix or Nightingale Ward. The ones nearest the main road have been pulled down and turned into estates with houses called High Crest or The Lodge and impossibly green front lawns and neat hedges. However, back in 1965, B12 was just a number.

Psychiatry changed radically in the 1950s with the discovery of new drugs like Largactil. Largactil was first prescribed in 1952 in France and became widespread in England in 1954, it is the trade name for Chlorpromazine hydrochloride (CPZ) and is used to treat a variety of mental health problems. It works by blocking the effect of a chemical in the brain which is thought to affect thinking, feelings and behaviour. It can help to treat the symptoms of schizophrenia and other psychoses. CPZ can also help in the treatment of mania or behavioural disturbances such as autism where it may have a calming effect on symptoms such as excitement, agitation, anxiety or aggression.

Bizarrely, it can also be used to help treat hiccups when other treatments fail. The possible side effects and contra-indications are numerous but, back in the 1950s, there was no doubt that its



effectiveness was reflected in the transformation of the so called 'disturbed' wards. When we administered it to patients, the distinctive smell was nauseating, and the pink sugary fluid given out in small plastic mugs rotted the patient's teeth. At that time, when sugar was not enemy number one, most drugs were put in sugar fluids to quite literally 'help the medicine go down'.

Despite some anxieties about passing an electric current through the brain, ECT was popular especially as it did help some patients. I was too young to realise that no one, not the greatest psychiatrists in the world, had any idea why it sometimes lifted depression. Purpose built in the late 1880s, in the depths of the Surrey countryside, the spacious rooms had high ceilings but no curtains as these might give patients a chance to hang themselves at the tall windows. Outside empty spreading green lawns with not a pram or a running dog in sight. Inside, the clanking hot radiators were fitted with cages like fireguards. Even in winter the rooms were too hot. From the loudspeakers high on the walls came constant ballroom dancing music, interrupted every now and again with the announcement of a drugs round with most patients receiving a cup of the sugary Largactil. Patients could not smoke when and where they wanted; they had to line up at the staff window for their fags and then go on to the next door for a light. They were not allowed matches of course. Sometimes, like in an ordinary hospital, the tannoy called patients to the visitors' room. There were not too many visitors even for the newest admissions.

B12 was a 'mixed' ward, although the vast 'bedrooms', with narrow steel beds, sagging mattresses and a small wooden bedside locker between each bed, were single sex. There were between 40 and 50 patients in one room, all dressed in the same baggy communal clothes, the same shape and everything shapeless and beige; every patient had his or her hair cut short in order to stop them pulling each other's hair. We were not allowed to have long hair either or if we did, then it was tightly drawn back into our frilly caps. I had assumed that was for hygiene purposes. The only time I ever saw a member of staff attacked by their hair being pulled was years later when a colleague of mine, the Director of Social Services in Newham, was attacked by a social worker who quite literally and painfully pulled chunks of her boss's hair out. The Director told me about it several months later and once she had retired but history does not relate as to whether that social worker ended up on Largactil.

Quietly muttering to themselves, the patients' mostly dulled eyes stared disinterestedly downwards, drug induced melancholia. There was a strong smell of cooked cabbage, mixed with floor polish and disinfectant. Even though it was only 9am, the hospital cleaners were out in force, pushing the swirling polishers back and forth. Some of the women swung around in small circles following the polisher in time to the music, holding out their arms to an imaginary partner in a parody of ballroom dancing.

I was on a three month 'Psychiatric' placement as part of my Year 3 Nursing options. We had come down in a coach from London with our bright eyes, polished ways, crisp blue and white striped dresses, black belts and starched aprons. We were from the St Thomas' Hospital Nightingale School where manners mattered. In our first week there we were told always to treat our patients respectfully, addressing them formally as Mrs Brown or more often as was the case in Lambeth, they were unmarried, Miss Brown, but never Daisy, June or Mary. They said formality made us professional and gave us useful distance, but I thought it unfriendly and starchy. And starchy we were too, with our daily and sometimes twice daily white aprons and frilled net caps like icing sugar bird cages atop our heads and in my case a mass of unruly dark curly hair.

The B12 ward nurses lived locally and were dressed in washed out blue or, if they were Mental Health trained nurses faded pink. They did not tell us what was going on, which I assumed was deliberate but perhaps they just didn't think it mattered. So, we were cast in the role of silent observers and always slightly behind the pace. A large contingent were Mauritian boys – young men really but very slight, so they looked younger. Their English was just understandable, and they were endlessly polite and deferential, not joining in some of the nastier teasing and patient baiting which went on when Sister was tucked up in the staff room. They must have been surprised at some of our English ways.

The second day I was there it was bath time. One of the nurses began clanging a metallic bell back and forth walking through the main room, like the bells warning of the plague. Most of the patients were sitting in armchairs around the big TV, though a few were dancing around the cleaners.

“Bath time, bath time, ladies first.”

All the female patients shambled off to the bath area, forming a long queue outside the bathrooms. Once the door was unlocked, I saw these huge steaming open places with six freely standing deep iron baths in rows and toilets to one side. I was put to work at the start of the queue. I felt ashamed, I was invading the privacy and dignity of these old women but that was best nursing at that time. The routine was callous. Everyone knew what to expect, so I hardly had to do anything, just help the oldest out of their clothes and hold out the steel bowls for their false teeth which went into a grey, pink muddle of dead dentures. Stripped naked, they lined up again with sagging flesh to be helped into the steaming hot bath and hosed down with soapy flannels, first standing, then sitting.

The regulation cut short hair had to be washed. Some of them hated that, shouted in protest and tried to push the nurse away, crying like babies as the soap got in their eyes. Most were quiet though. Then out the other end of the human chain, some shouting they wanted to stay in the hot baths, now pink and moist, towelled down and dressed by the next conveyor belt nurse in clean vest, knickers, frock and cardigan. And if they were lucky, their own teeth back again. And then the next six came forward.

Why didn't I say anything? Maybe I was just too well brought up to question my betters, maybe I thought we were just observers, but I think now with hindsight that I just didn't know how. It was to haunt me for years. Brutalising behaviours and culture have a major impact on staff as well as patients and it changes us all, sometimes forever. My guess is that this can be one of the reasons institutional abuse can fester for so long. The whole experience on B12 was a wakeup call. It was a wakeup call that shocked me to the bones and reverberated throughout my career. I knew that I had to find ways of saying no and dealing with difficult issues openly instead of avoiding confrontation and taking the easy way out. I had to drop some of that earnest 'do gooder' tendency in me and trade it in for something more robust.

Some of those changes took place immediately and others took longer as I learnt to deal with adversity – my own and others – and rather than trading it in, I learnt to rebuild without really knowing it was happening, resilience that was to stand me in good stead. There was a dawning realisation though, that there could be a different way of helping, listening rather than doing, was making me increasingly uncomfortable in the nurse's apron.

Ironically my next placement saw patients treated rather more brutally than in the baths, and it

was not just a matter of false teeth. In 1966 during my third year and the last one before I qualified, I began my final three month placement in a more dynamic psychiatric setting in London. By then I was living in a flat with other nursing friends and used to cycle across London to work. My first attempt at cycling was from Gloucester Place in Kensington, around Marble Arch to the Royal Waterloo. I was in complete terror from the massive surge of cars hooting and buses swaying. After that first attempt, I found other ways through the back streets which took a lot longer but were less fraught. Our flat was at the top of a tall, terraced building, much like Montpelier Square where I lived later with my sister, but not nearly so grand. It was a shared flat era and many people just rented by the room as bedsits. We were a group of five St Thomas' nurses, our numbers often swelled by travelling Australian girls who came over as part of a grand worldwide travel excursion. They worked their way doing Agency nursing shifts all over London. We were hard up and sometimes we shared beds as well as costs. I would leave my bed at 6.30am for day duty knowing that my still warm bed would be filled by someone coming off night duty later that morning. All the rooms were shared so most had two and sometimes three single beds in them too. The only single room was carefully guarded by a slightly older girl, Helen.

The Royal Waterloo Hospital rose majestically above the busy Waterloo Station roundabout as I cycled across the busy Waterloo Bridge early in the morning. The ground floor was entirely taken up with the Children's ward and outpatients at the front. On the first floor, Men's Surgical, mostly young men with broken bones from motor bike accidents (RTAs), lying white row by white row with one leg or sometimes both strung up on poles. Unlike the patients in the psychiatric wards, these largely youthful men were lively and there was constant repartee from bed to bed.

On the second floor was Men's Medical – speciality skins, psoriasis, interesting warts and growths and less interesting prostates. This level was altogether quieter with a distinctive smell of pungent ointments, rotting flesh and old men's smells. The third floor was Women's Mixed Medical and Surgical and by far the nosiest of the three, except for 5am when the wails of hungry babies wafted up the central stone staircase. The language and the jokes would not have been out of place on a destroyer.

"Tell you what nurse, it's no worse the doctor poking around up there than my old man – 'cept at least he knows what he's doing!"

Then, right at the very top, and scarcely visible from outside were the Psychiatric wards. These wards were only accessible through an unmarked enclosed internal staircase. The four wards were collectively known as William Sargant – after the grand old man himself. He was a controversial British psychiatrist, but we were not really aware of his notoriety at the time. In 1948 he was appointed director of the department of psychological medicine at St Thomas Hospital and then moved to the Royal Waterloo when it became part of St Thomas. He remained there until (and after) his retirement in 1972. I was there between 1966 and 1967, both on the psychiatric wards and for a 6 month stint as Night Matron which is when I also met Dr David Owen (now Lord Owen and one of the Gang of Four who left Labour to found the Social Democratic Party which he then led). David Owen was a great fan of Sargant's. I remember him bustling around in his new white coat, one of the new doctors who told the nursing staff what to do rather than treat us as colleagues and part of the team. When I later met him in Limehouse where he lived close by in Narrow Street, he seemed to have acquired normal size again so perhaps his bumptious manner was just youthful bravado.

Although remembered as a major force in British psychiatry in the post-war years, Sargant's

enthusiasm for discredited treatments such as insulin shock therapy and deep sleep treatment, his distaste for all forms of psychotherapy and his reliance on dogma rather than clinical evidence have blemished his reputation. His work is seldom cited now. With evangelical zeal, Sargant promoted physical treatments in psychiatry – insulin coma, electroconvulsive treatment (ECT), psychosurgery, continuous narcosis or deep sleep treatment. I remember the wards only by the treatments and each ward specialised in one kind. Narcosis, Anorexia, and ECT. I also recall a series of special treatments which included one I worked on directly called Aversion Therapy, more on that later. Meanwhile, a friend of mine, Jenny, tells of the time she was on duty at night and got a call from the great man, “Good evening nurse, can you tell me what’s happening with Ann Archer?”

Ann was a highly disturbed and colourful schizophrenic woman with multiple personalities who had been admitted the previous day.

“Yes, she’s just gone to bed and she’s fast asleep.”

“Oh no she’s not. She’s in my house right now, arrived in a taxi 5 minutes ago.”

Jenny went right round in a taxi and collected Ann and brought her back to the ward.

Aversion Therapy was a form of brain washing. It is described as a form of treatment that utilises behavioural principles to eliminate unwanted behaviour. In this therapeutic method, the unwanted stimulus is repeatedly paired with discomfort. The goal of the conditioning process is to make the individual associate the stimulus with unpleasant or uncomfortable sensations.

During Aversion Therapy, the patient is asked to think of or engage in the behaviour they enjoy while at the same time being exposed to something unpleasant such as a bad taste, a foul smell, or even mild electric shocks. Once the unpleasant feelings become associated with the behaviour, the hope is that the unwanted behaviours or actions will begin to decrease in frequency or stop entirely. Aversion Therapy is most commonly used to treat drug and alcohol addictions.

The specialist Aversion Therapy rooms were tucked away even further down a long corridor. The therapy took place over several weeks in ensuite private rooms. ‘Specialing’ one of these patients was regarded as a task you could only volunteer for and so of course I did. I was introduced to Mr Smith, a man in his late forties with a heavy beer belly. Divorced and with little contact with his two children, he was an alcoholic. This was his final attempt to stop the drinking, halt the liver failure and onset of diabetes. I was shown how to carry out the Aversion Therapy routine. The room stank of vomit, stale whisky, cigarette smoke and unwashed body. I soon understood why. I was to leave all his excretions, including urine and stale ashtrays, in the room with him for each 24 hours, ply him with a tumbler of neat whisky and then inject him with an emetic to make him vomit, whilst simultaneously playing him a tape recording which repeatedly told him how revolting he was. I think but I cannot be sure that it was Sargant’s voice on the tape.

Once Mr Smith vomited, I could turn the recording off and let him sleep. Six hours later, the whole routine started again. It was embarrassing but like many other challenging treatments, I got used to it. I reasoned, if it worked it was worth it. The question was whether it really did work or not. The overall effectiveness of Aversion Therapy depends upon a number of factors including the methods used and whether or not the client relapses after treatment is concluded. In some instances, the patient may return to previous patterns of behaviour once they are out of treatment and no longer exposed to the deterrent.

Generally, aversion therapy tends to be successful while it is still under the direction of a

therapist, but relapse rates are high. Once the individual is out in the real-world and exposed to the stimulus without the presence of the aversive sensation, it is highly likely that they will return to the previous behaviour patterns. One of the major criticisms of aversion therapy is that it lacks rigorous scientific evidence demonstrating its effectiveness. Ethical issues over the use of punishments in therapy are also a major point of concern.

The Anorexia ward was a door behind a door – a sort of double reception area to prevent easy access or escape an open ward usually full of about 12 teenage girls and occasionally an older woman. There were no boys although nowadays it is a condition which does unusually occur in boys too. The girls were walking skeletons and because of their condition, looked much older than their teenage years. Off the main ward and where there was deliberately no privacy were the bathrooms, the weighing rooms and treatment rooms. No patient was allowed into any of these rooms except by special permission and then they had to be accompanied by a nurse. This was because the girls and young women would try to falsify their weight to get out quicker. They would do this by secretly drinking a litre or so of water to fill themselves up just before the daily weigh in, or they might forcibly vomit up all the food they had just eaten.

This condition is now called Bulimia and has become well known because Princess Diana suffered from it. She spent some time being treated by Susie Orbach, the author of *Fat is a Feminist Issue* but back then in the 1960s, I am not even sure it had a name. We all knew it happened though and was one of the many reasons some girls took so long to recover and then were admitted again weeks later having lost weight again. Mostly middle class girls and mostly at puberty which now strongly suggests a sexual, body image issue and even sexual abuse but then we were taught it could be self-esteem. The theory was that you eat little because you feel you are not worth anything and then you want to stave off getting older and bigger. These were in the days before sexual abuse was either understood or recognised.

The Sleeping Therapy room was permanently dark with curtains drawn and with regular injections of insulin to keep patients asleep sometimes for weeks on end was again off the main reception area. We would wake the patients every 6 hours and water, toilet and feed them before drugging them and putting them back to sleep again. The mortality rates for this sort of treatment was reportedly quite high in other countries but our high standards and training as Nightingale nurses thankfully ensured deaths were far and few between and I don't recall any during my time there.

I know that ECT was carried out at the Waterloo. However, my memories of that horrendous treatment, which is now in vogue again, was at the long stay wards like B12. ECT was done on Tuesdays and Thursdays. Patients would be booked in from other wards or from home, in which case they were given recovery beds overnight. The waiting room would be full of people in white gowns, no pretty patterns in those days. As nurses, we had to check their details against their plastic wrist band and once we were sure of their identity, and most importantly that they had signed the consent form, we would take them to the toilet, whether they wanted to go or not. They were then injected with a sedative, and we left them to lie down on a stretcher on a narrow bed behind a curtain. There were about a dozen at a time on that particular conveyor belt and very little privacy. It reminded me of the queues for the baths on B12. It was almost deliberately dehumanised, and I was reminded of cows going through the hoops with the disinfectant wash and the cattle prod. Most were compliant but occasionally there was an aggressive and angry man who would object and yell out for help. The protests did not last, as it was relatively easy then, especially when they had signed

the consent form, to just give a sedative injection.

It was not nice. One at a time we would move the patients through on the stretcher with the porters into the 'treatment room'. We held their heads back and put a spatula in their mouths to clear the airway and then put a wad between their teeth to stop them biting their tongue when the shock was applied. After the electric shock, they would often shake uncontrollably for what seemed like forever but was usually only seconds until the effect wore off.

My placement completed, I left the Royal Waterloo to qualify as a nurse a few months later and then as I did, I began to seriously question my future in nursing. I was immensely proud of having qualified but my memories of Maggie and our collective failure to help her had sewn early doubts, now those doubts returned as I tried to work out what to do next. Always with an eye to drama and travelling in the fast lane, I opted to do 6 months on the Intensive Care Unit. It was there that I made my first serious mistake and instead of caring for the dying I came pretty close to causing someone's death. It is odd because that is in effect what the whole row about the End of Life Care pathway became early in the Millennium. The now defunct Liverpool Care Pathway was supposed to be a caring way forward but because of lack of skills and understanding, it seemed to become a way of accelerating death on a conveyor belt of poor and rushed care.

Chapter 10: Locking People up

"No, I bloody won't wait! I want my money now!"

The young female voice was crackling with emotion and anger, followed her baby crying in fright. The disturbance from the front office came bursting through the small hatch in the corridor to the back office where the intake team was busy dealing with calls, following up the previous day's referrals from the local GPs, schools and sometimes seeing people who just walked in off the street. The five or six different conversations bounced off the walls of the tiny badly lit back room which was crammed with desks. The duty social workers answering the phones or discussing a case. Police referrals or mental health breakdowns were always fast tracked and came straight through and I was the Mental Welfare Officer (MWO) that day.

A call had come through from the police for an urgent mental health assessment. My first reaction was to call the local GP. The police had tried him first and said they'd failed to get any joy – he'd said he had to finish his surgery first so I was pretty certain I wouldn't have much joy either but I had to try.

Whilst waiting for the GP to come back, I peered through the door opening on to the reception area and saw an angry thin faced young woman with blonde hair scraped back into a ponytail and pale blue denim jacket with a baby, dressed entirely in pink, now screaming on her hip. She made me think of the new Barbie Doll toys now the rage, but like many after a few days, a bit worn out. Two little boys aged about 3 and 4 were tugging at her jeans, the youngest with a dummy in his mouth but beginning to cry despite it. It was a Friday so she almost certainly wanted cash for the weekend, benefit having run out.

The line came alive again, "Ok, I've got his notes here. Mr Summers, Harry Summers, is 43 years old and been in and out of Tooting Bec for the past six years. Haven't seen him since...", he paused, "well, looks like a good few months now which means he'll have run out of his medication. Paranoid Schizophrenic."

"Thanks," I replied before he could put the phone down and went on, "he turned up at A&E

early this morning and began throwing the chairs around and shouting to himself. The duty psychiatrist was tied up, so they called the police and he just disappeared. He's on Brook Green now, waving a knife. The police want him sectioned before he does any real damage."

GPs didn't like being told that they had to assess someone under the Mental Health Act. It's called 'sectioning' because of the different sections of the legislation which cover how you detain someone in hospital or take them to a 'place of safety'. If Harry Summers was not only a danger to himself but now to others, it made my decision about whether to section him to compulsory detention and treatment a little more clear cut. It was clear that I'd annoyed the GP but I needed his help. He wasn't one of the regulars I knew and could trade favours with. I had to stress how urgent it was for Harry Summers and how dangerous the situation was.

"Well, there's nothing I can do for a couple of hours, I've got a waiting room full of patients," he said, beginning to lose patience.

I took a deep breath and tried again. "It's not safe to leave him out there, he's a danger to others and himself. And the police won't take action without one of us. He is your patient, I don't know him, please?"

"I can come at 12 o'clock if he's still there but I can't come now." And he put the phone down.

Being taught how to talk to 'mad' men and women too, was never part of the training but I had absorbed a number of useful techniques. Highly disturbed people are usually very frightened as well as being high, so talking in a low steady voice is essential. You can calm someone down using the right tone and pace of voice but not always for very long. Using your words carefully helps too, avoid all mention of crisis, knives, devils, gods or anything violent at all costs.

Taking a psychotic schizophrenic patient off the streets and compulsorily into hospital, let alone a large man, was a dangerous task, even with the police to hand. The police sometimes made things worse, especially if they came mob handed with riot shields. But I had a duty to keep the public safe and, arrogantly thought I stood a better chance of talking him down than a reluctant and probably nervous GP.

The local transport arrangements reflected how difficult it was to compulsorily move people to hospital. We were expected to use our own cars unless there was likely to be a problem. The Council kept special black cars. There was a wire cage between the driver and the passenger to protect them and the back doors and windows could only be opened by the driver. Usually, the doctors would co-operate and once we'd done an assessment, sometimes quite cursory, the patient would be given an injection, hopefully sedating them long enough until we made it the half hour or so to the local mental hospital.

There was no way I would go in a car alone with a man whether he was wielding a knife or not. We would need an ambulance and even then would I be safe? I called the GP back. "It doesn't look as though it'll hold until twelve. Can you call an ambulance and get them to meet me at Brook Green please? I'll call you back later."

I put the phone down quickly, so he couldn't object. I was seriously pissed off and nervous about how much the police would help me but there was not a lot I could do. I picked up the phone to the duty police officer who'd rung me earlier. "The good news is I'm on my way. His name is Harry Summers, a 43 year old schizophrenic who's not been taking his meds. The bad news is the GP can't come until after 12, but I'll be with you in five minutes."

“We’ve got him cornered on the North side of Brook Green, he’s got a knife. Come soon.”

I grabbed my satchel and red coat, I scribbled my name as ‘Out on a Section’ against my name on the Duty Board. As I ran out of the door, I noticed the shouting girl in reception had sat down on the row of chairs and was feeding her baby from a bottle. The two little boys were sitting quietly beside her, eating the biscuits the receptionist had given them. She was now asking questions and taking notes. I would probably have to deal with her later that day or tomorrow.

I walked rapidly down the road to Brook Green. Mr Summers was bunched up, swaying like a drunken boxer from side to side, his large hands hanging loosely from dangling arms. He was wearing a dirty, once white shirt and a loose knit jersey which was unravelling at the sleeves. When I got closer I could see the whites of his eyes were discoloured yellowish and he was squinting from side to side, looking for a way out. He was muttering to himself but when he saw me coming he began shouting.

“Red devil, that’s the She Witch,” Mr Summers howled.

“I assume you told him I was coming then?” I smiled up at the nearest policeman who came over to greet me.

“Yeah, sorry about that! He’s got a knife from somewhere and he’s already tried to slit his throat, says he’s trying to cut the devil out.”

As I moved towards him another police car screeched up and policeman with riot shields jumped out. I moved slowly forward, ignoring them, “Mr Summers, hello, my name’s Julia.” I lowered my voice and tried to talk slowly but I was nervous even with the police there.

“I’m here to help, I’ve come to find out what’s wrong?”

He stared blankly at me and then put his head to one side, as though listening to something. Then he began to frown and shook his head muttering. I tried again. I am supposed to see whether he will come voluntarily, before we use force or ‘section’ him.

“Hello Mr Summers, can I call you Harry? Your GP, Dr Dales has asked me to come and see you.”

Again, he shook his head and then suddenly lurched forward, throwing the knife on to the ground. The police moved in on either side and held him back.

“I think that’s enough now, Miss, we need to move him on.”

“Just give me one more minute then.”

“Harry, I’m going to take you to hospital so they can make you better. Do you understand?”

The ambulance is coming, I can hear the engine purring in the street behind me but I don’t look round. Then keeping my voice low and talking slowly, I said, “Here we are then, we’re going to take you to a safe place, come along and it’ll all be alright.”

I continued to murmur in as slow monotonous tones as soothingly as I could muster, whilst the police hold his arms, one on either side. He comes quietly for the time being. Thankfully, they agreed to stay with him in the back while I climbed in the front. I was trembling and heaved a huge sigh as the driver looked at me and said, “Tricky one that? Don’t worry, we’ll be there soon, traffics not bad at this time in the morning.”

“Thanks – if possible could you keep the sirens off. It’ll only make him worse.”

There was a sudden banging on the partition between the driver and the back and a howling. We looked at each other, I grimaced and shrugged my shoulders. The driver turned on the siren and we pelted through Hammersmith to Tooting Bec. The driver called on his intercom to the Admission ward to say we’re on our way. The intercom was as large as a brick, before the days of mobile phones.

Can you ever get inside the head of anyone else? To be a good nurse or social worker requires imagination as well as emotional intelligence, so one can imagine how patients feel and then respond to those feelings. I’m going to try to wonder if Mr Summers might have had thoughts like these?

Harry’s voice

My heart races in spurts like the bats dipping and darting at twilight in the blackness of the eaves. I am going travelling in time inside a long oblong mechanical box. We bump and swerve like a boat on a choppy sea but the noise of the engine drums on and on. I hear the noise of birds calling, swooping and screaming in the sky and falling, then a beep beep beeping as they crash into the sea. I feel a surge of nausea in my throat and taste the bitter bile in my throat. My tongue is dry and sticks to the top of my mouth, it feels too large for my mouth and I worry I will bite it with my teeth. I am stretched out on my back, holding on tight to myself but I can’t move my arms. They’re pinned down tight across my chest and even my fingers don’t wriggle when I try. My eyes are closed. I can smell the burnt offerings of the diseased cheese stall in the local market, pungent on my dead body. I am the living dead.

I open my eyes and under the lids through my eyelashes I can see machinery clunking and jarring, swinging back and forth and a bright white searing light shining down on me but no people. Where are the men? The strong square set men in their black uniforms, rough to the touch and towering above me with their heavy voices, moving beside me two by two with sure and steady hands, marching forward and holding me safe.

What is this place I am trapped in? I don’t feel safe any more, the safeness has gone back into the night marching with the strong black men.

From one corner of my eye, I see a hand coming round from behind my head and touching my hand and arm, cool and clean smelling of soap. Where are the men? Who is this new one?

“There you are dear, we’ll be there soon. I’m just going to give you a little more and make you comfy.”

My mind screaming back.

“What are you doing, don’t touch me, get off me, leave me alone, you’re killing me”

And then come as always the other voices whispering in my ear.

“She’s going to slit your throat. Watch her. Watch her carefully. She’ll cut you and leave all the blood to run out, red and sticky like the lambs and the dead chicken. Dead but not dead.”

I try and raise my hand to push her off but I can’t move my arms. I can move my legs a little and I swing out and try and kick her away, harder and harder but it makes no difference The voice is

booming now and comes on again from behind me and above. A bodyless monster voice that I cannot see but fills all my space, cutting out my air and making me catch my breath again. The voice is trying to get control of me and I must beat it back. I want to scream out aloud but the bile in my throat chokes me and I cannot make any sound. "Better not kick too much dear, you'll only hurt yourself. Try and rest and we'll be there soon. I'm going to give you something that'll make you feel better."

I see the white uniform and the cold white hand turning the valve on the tall tube above my head and feel the surge of cool liquid pouring into my arm, flooding into my body. It's poisoning me, the warm blood of the dead chickens taking me over, making me them. I close my eyes again and my mind screams, "No, no, no. Don't. Stop. Stop. Give me back myself."

The machine is slowing down and the engine humming dies away and then the box bursts open, the cold night air hits like a slap and a booming voice calls out, "Here's the Section – careful, he kicks."

Mr Summers is admitted for 72 hours. Three days later, it is time to review the Section, so I go out again to the hospital, taking care not to wear my red coat this time. The ward welcome me but say there's not been a lot of change, Mr Summers has been put onto a heavier dose of Largactil and he's still very sedated. I go back to my office and read the report from the local community psychiatric nurse. There had been a problem building up with the neighbours for some time. Mr Summers had been throwing rubbish and furniture into the garden but whenever the community nurse went round, there was nobody home or nobody answered the door.

Call the Social can be viewed online free from PSW www.basw.co.uk/call-the-social or as a hard copy from bestbooksandfilms.com/ @£11.99, or Kindle.

Julia Ross FRSM, SRN, CQSW. Her previous publication was 'When People Die', written for children.

50 years not out

Su Roxburgh and Bridget Robb

The two co-Chairs of The Social Workers' Benevolent Trust discuss the Trust's first 50 years



It feels about right to write down some of the known history of The Social Workers' Benevolent Trust (SWBT) given that it has just celebrated its 50th anniversary.

The SWBT came into being on 27 April 1971 and was formally recognised by the Charity Commission on 17 June 1971. SWBT was formed after BASW had been set up on 17 June 1970. The Trust brought together the welfare and charitable funds of the organisations which formed BASW, namely The Association of Psychiatric Social Workers, The Institute of Medical Social Workers, The Society of Mental Welfare Officers, The Association of Child Care Officers, The Association of Family Case Workers, The Association of Social Workers and The Moral Welfare Workers' Association and aimed to carry on the work that these organisations had previously performed.

Most of these organisations had benevolent/charitable funds generally 'for the alleviation of poverty of their respective members' and it was intended by the members of the newly formed BASW that a new fund called THE SOCIAL WORKERS' BENEVOLENT TRUST should be established.

Signatures to the Deed of Trust for SWBT were some highly significant people in relation to social work. Some of those names will still resonate today, such as Enid Warren and Sheila Himmel. It is understood that at the first meeting of the Trustees four applications were considered. In more recent times the number of applications considered by trustees at a meeting has reached fifty applicants.

From the archives it was noted that at the first meeting of the new trust three applications were received and granted. In that first year grants totalling £275 were made and by 1973 had a total of £9,368.89 investments. By the 1977-78 year a total of £1,553 grants were made, and the Trust had investments of £17,238.

Today, the group of Trustees dedicated to the purposes of the Trust meet six times a year to consider applications and a further twice to look at business matters. The continued development and sustainability of the Trust is due to the generosity of BASW members along with a host of other individuals and organisations willing to donate. A homage should be paid to those who started the Trust along with the many others who, over the last 50 years have given their time to help the Trust continue to evolve.

Various ex-trustees, current trustees, and others have given information to help with this article; information has also been gleaned from the archives.

The first person to comment is Joan Baraclough.

Joan was BASW's Assistant General Secretary when SWBT was created in 1971. She became the first Secretary of the SWBT (and incidentally also of Social Workers' Education Trust which was established by BASW at the same time).

In respect of the history of the Trust, Joan was the Secretary to the Trust for its first five years. Following on from Joan, Victoria Baird became the Secretary. Joan recalled meeting with Trustees

Victoria and Sheila Himmel, along with the then General Secretary of BASW, Chris Andrews. Joan believes that Sheila had been the first Chair of the SWBT.

Joan reported that in those early times, the amounts paid as state or work-related pensions were small and as a consequence quite a lot of need existed. There was a considerable amount of stigma associated with having to seek charitable help. Therefore, having the creation of the Trust meant social workers were more at ease with applying for help from their peers. Also, in those days the Trust met four times a year with approximately eight to ten applications at each meeting. Not all applicants were eligible and there were never enough funds to meet all the requests that were made.

Next to give historical information was Kate Slade who took over as Chair from Patrick Phelan in the late 1980s/early 1990s until about 2005 and really the job then was much as it is now – helping those in need of financial help.

Kate said, “I suppose one of the additional things that happened during that period was the archiving of the records, which are now at Warwick University. I was involved in getting the records from the basement in Kent Street to the university and helping to get them in some kind of order”. She also thought that someone was paid to do most of the work on this. Additionally, Kate remembered that BASW members voted to give a small percentage of the membership fee to the Trust (and also to Social Workers’ Education Trust). This obviously was quite an important landmark as it gave the Trust the basis of a regular income, which was a considerable help in planning the grant-giving programme. She thought that this happened during Patrick’s reign as the Chair which she believed was 1980s/1990s.

Again, from the archives it is worth noting that in 1987 a total of £8,735 grants were made and at this point the Trust had investments of £33,579.

Kate says that one small memory she has of the time when Patrick was Chair was that he always tried to bring mention of Queen Victoria into his Annual report to the BASW AGM. He crafted beautiful short speeches which were always well received. The fellow trustees would then stand at the exits and shake collecting tins into which BASW members donated very generously.

Hilary Makepeace was treasurer for a number of years, ending around 2016. She remembered that during her time as treasurer Jean Lockley, Julian Levitt and Simon Cole were trustees for the whole time she was a trustee. Simon Cole became chair after Kate Slade retired. Ann Gegg was a trustee for a considerable time and she and Hilary fronted an appeal to life members of BASW for £40 donations when it was the Trust’s 40th birthday. Margaret Faulkner joined the year after Hilary, and Margaret is still a trustee today. Hilary remembers that Carol Dutton was applications secretary, a role undertaken at some times by Jean Lockley, and Hilary went on to say that she had been a member of BASW since its instigation, having originally been a Medical Social Worker; and at one stage had been on one of the Policy Committees. Upon retirement Hilary wanted to find a way to contribute to BASW and when she saw the advert for a trustee and treasurer, a role she already performed for her local Youth club, she thought it was an ideal opportunity. Hilary says that, “I soon realised I was facing a learning curve because the income came from investments, and grants from BASW which were received quarterly. Donations and legacies were received from a considerable number of social workers at different times of the year and had no direct link to the dates of the meetings to decide on grants.” She further reports that as the treasurer she had to bring some hard facts to the final decision-making process on the applications for grants. As the treasurer she worked closely with the applications secretary, chair, and trustees. During the whole time she was treasurer the grants were sent as a cheque with two signatures.

Eventually during Hilary's time SWBT moved to a management arrangement with Quilters Financial Services. There was also the introduction of gift aid to the Trust which then enabled requests to HMRC to increase the value of donations. In addition, BASW increased the percentage amount received per member and BASW increased its membership, so Hilary was able to report a higher amount available for grants at meetings. However, challenges remained as applications increased; the firm of auditors changed, and she believed the trustees were expected to undertake more of the preparatory work than previously expected.

Hilary went on to say that whilst she has described how the treasurer role changed, she felt it would be similar for all the roles. For example, Jean monitored the application profile, and this work would have increased given the rising numbers of applications.

Jean Lockley reports that she became a Trustee of SWBT in 1998 and left in 2019. She took over the role of Honorary Secretary in 2000 and then became Co-Chair in 2015. "I thoroughly enjoyed my time as a Trustee especially working with other Trustees who came and went over the 20 years I was involved. The content of application forms was often quite harrowing to read. As social workers we are used to seeing and hearing about trauma but reading how colleagues could be in so much difficulty in their personal lives was often difficult." When Jean was Honorary Secretary, she reports that she used to receive application forms weekly from Kent Street (BASW's old address) in the post on Saturday mornings (this was before the Trust was able to send them electronically).

Jean felt that over the 20 years she had been a trustee the nature of the financial difficulties that applicants experienced changed but they were consistently as a result of crisis in personal lives due to ill health – both mental and physical, family breakdown, and employment issues.

What did change over the years, however, was the increasing number of applicants and the size of the debts that people were trying to manage and the amount that they were asking for from the Trust.

In 2000 Jean reports that generally there were about eight to ten applications to discuss at each of the six meetings during the year and grants totalling about £12,000 were made. By 2010 she felt that this had risen to 60 applications in the year with 43 grants provided, making a total of £21,500. By 2018 the Trust received 181 applications and 160 grants were made totalling £76,000.

The Trust was always very grateful to BASW members for their continued support. The BASW levy that members pay annually in their membership subscription rose in 2012 from £1.00 to £2.00 each member and this helped with the growing demands on the Trust. Also, the grant from Civil Service Insurance Society which started in 2017 was a big bonus for the Trust.

Bridget Robb reports that when she was CEO of BASW she was "invited to attend meetings where trustees had piles of application forms in front of them on the table, but they were very concerned about confidentiality – so I was never allowed to see any of them. But I had an overwhelming confidence that all the trustees cared deeply about the people who had applied for a grant and of them having detailed conversations about each application and what help could be given." Bridget, who is now co-chair of the Trust, feels that some of this has been lost through having so many applications to consider, though there is some mitigation against this by all Board members recording their comments electronically before each meeting to aid the discussion.

Finally, our research goes on and if you have any further information about the history of SWBT from an applicant's or a trustee's perspective we would love to hear from you. Or you may wish to donate to help colleagues who are in need or even apply for a grant if you are struggling financially. Contact can be made via our website at swbt.org.

Su Roxburgh and Bridget Robb are Co-Chairs of the SWBT.

Patriarchy, gender and social work: A review and reflections



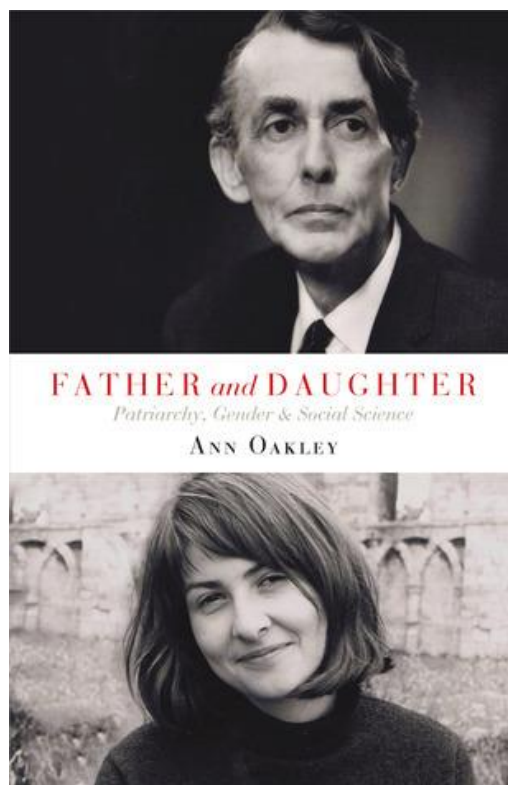
Karen Lyons

A review of Ann Oakley's 2014 book, *Father and Daughter: Patriarchy, Gender and Social Science*

I have come late to this text in which Ann Oakley draws on the life of her father, Richard Titmuss, and her own experience, documentary sources and personal communications to present a fascinating account of the connections between private lives and public work. Prof. Robert Pinker's endorsement says that this 'superbly researched memoir will become a classic of its kind – albeit a highly controversial one' and even the book's title suggests that this is no eulogy for a great man. Indeed, it paints a picture which portrays him as old fashioned in his views and attitudes (patriarchal and sexist) and even Machiavellian in his behaviour, particularly when it came to social work. But it is also the story of his daughter, the author, who reflects on family history and growing up the daughter of a 'blue plaque man'.

My own 'connection' with Professor Titmuss was remote – one of 90 students sitting in his lectures on the Social Administration post-graduate Diploma course at the London School of Economics and Political Science in 1965/66. I was far too naïve and ill-prepared academically to appreciate his words of wisdom. I had come straight from a Geography degree (albeit human and applied aspects with economics as a subsidiary) at another London University College (Bedford) and I also wondered what the small group of international students (mainly African) were making of his theoretical analyses of the British welfare systems. My own perception of Professor Titmuss was that he was a very tall, gaunt, old man and I was surprised to realise on reading Oakley's book that he was only 60 at the time and did not die (of cancer) until 1973.

It also came as a surprise to learn that Titmuss came to academic work (in 1950) relatively late in his career in actuarial work and then as a social historian for the government without formal educational qualifications. His appointment as Professor of Social Administration could be attributed to his membership of male networks including in the Eugenics Society. His Professorial role included Headship of a department which consisted mainly of specialist social



work courses (although there was also a P/G Diploma in Personnel Management). He thus took over a department 'full of women' – (and 'strong ones' at that) – many of whom were already eminent in the field of social work about which he knew nothing. Chapters 9 ('Harem in Houghton St.') and 10 ('Difficult Women') make particularly fascinating reading for anyone interested in social work history – or more particularly the history of social work education and disciplinary development. The book is littered with names which will be familiar to anyone who has had reason to read social policy and welfare texts whether or not they have personal memories of the characters involved through the 1950s and 60s. And the social work key players will be known personally or by repute to all those interested in social work's origins and development – but more of this later.

Family origins and influences

Returning to the first few chapters, these give some indications of Titmuss's family history and Ann Oakley's own experience as an only child growing up in what she portrays as a cold (physically and emotionally) and isolated family unit. Her account caused me to 'compare and contrast' my own life experience at many points. Although Ann Oakley and I were born in the same year (1944), not far apart geographically (West London) our lives could not have been more different. Titmuss himself came from a line of farmers in Bedfordshire and his wider family was remarkably rooted geographically relative to my own distant (in time and place) relatives: migration (from rural areas and other countries of the UK to cities) apparently formed no part of Titmuss's experience until his own parents moved to London when he left school (1922). But nor were the possible closeness of an extended family or a sibling, or indeed the energy of young parents, part of Ann's experience in the late '40s. Unlike her solitary life in a nuclear family, the first few years of my own life were spent in a semi-detached house rented by my widowed Welsh Nana and occupied by three generations (six adults and three children), the 'overcrowding' only alleviated when my uncle took his little family to Australia (on a post-war £10 passage) and my aunt married the boy next door and moved in with her 'in-laws'.

But similar to Oakley's life, the nuclear family's fortunes and moving house were contingent upon father's job. Whereas Ann moved to Acton into what became (in 2011) a blue plaque house in honour of her father, at a similar age (7/8 years) I was uprooted with my mother and sister from a neighbourly urban street and transplanted to a detached house in rural Warwickshire. Yes, this was upward mobility indeed based on my father's role when the research and development firm that he worked for relocated to Coventry, the centre of the booming car industry. Both Oakley and I apparently experienced similar feelings of 'being different' in girls' grammar schools which were undoubtedly alike in ethos and emphasis on academic achievement, albeit with limited vision as to suitable careers for women, post higher education. We then similarly embraced the opportunities that university life afforded at the start of the exciting '60s but with very different 'baggage' in our emotional and intellectual lives to equip us for embarking on adult life in what was still 'a man's world'. But enough of this self-indulgent reflection – let us return to 'the main story'!

Developing the discipline – Social Administration

An important tactic of Titmuss on becoming head of the department was to recruit 'bright young men', some already working in the welfare policy field, who would be able to contribute to the development of social administration research and courses. Leaving aside the issue of 'disciplinary divides and rivalries' which were evident when social work was established at LSE in the early 20th century – and which have persisted – Chapter 7 ('The story of the Titmice: an alternative version') introduces characters whose names are well known to anyone concerned with poverty and welfare

issues in and since the mid-20th century. The 'Titmice' consisted of Richard Titmuss, Peter Townsend and Brian Abel Smith. Sheard (2013, cited in Oakley, 2014, p.85) attributed the form of the welfare state (as developed and mostly maintained through the rest of the 20th century) to the work of these three men. Oakley also noted continuity with the formative ideology of the various arms of the welfare state, not least expectations about the head of the family being the male breadwinner and moralistic suspicions and adverse treatment of women who were single parents for any reason (with the possible exception of widows).

Other recruits to the department contributed policy analysis and research in relation to income distribution (Tony Lynes) and the economics of education (John Vaizey). Since this chapter covers the years from Ann Oakley's adolescence to university days it is rich in 'revelations' about their relationships – with each other and/or their wives (if any) and with Richard and his family, including Ann herself. There are very few references in this chapter to senior women working in the social welfare field, one exception being a brief mention of Geraldine Aves. It can also be noted here that there is similarly relatively little reference to her mother in Oakley's book. As was common in the post Second World War years she ceased work as an unqualified social worker, and devoted herself to home-making and support of 'the great man': she came late to the role of mother and does not seem to have 'enjoyed' that role or, in the 1970s, that of a grandmother.

Moving on to the 1960s, although I was totally unaware of the tribulations within the department in the 1950s, on reading Chapter 10 (Difficult Women), I do not regret that I did not opt to pursue the Applied Social Studies course straight after the Social Administration Diploma, although it was clearly well established by that stage (see Jones 2020, pp 24-27). (I postponed my own social work qualification to another time and place – Goldsmiths College, UL, in 1975-6 – by which time generic courses were firmly established and I already had practice, research and the beginnings of management experience 'in the field'.) Regarding the problems in the department in the 1950s, David Donnison, a relatively young and new social administration appointment (housing), was given the role of 'sorting out' the integration of the new Applied Social Studies course and the two specialist social work courses in Child Care and Mental Health – with, of course, 'rationalisation' of staffing.

However, my entry to social work as an unqualified worker was directly attributable to one of the staff in the Social Administration Department, Kit Russell, whose job it was to arrange placements for 'social admin' students (in my case in housing welfare, a settlement and a Citizens' Advice Bureau). Disenchanted after a few months as an administrative officer in the Greater London Council I sought her advice about other employment opportunities. Her query of 'Have you thought of School Care, dear?' (I had no idea!) led me to an appointment with the Head of this service of the Inner London Education Authority (ILEA) provisions. Two weeks after said 'conversation' with Miss Wimble, I was a School Care Organiser in the Education Office of 'Division 4'. This was the 'inner London borough' of Hackney, always short of staff in all services, not least education. ('Staff' included the volunteers I was supposed to organise, requiring me to undertake more direct work – including home and school visits – than colleagues in other 'divisions'.) At the time, Hackney's shortages were reputedly because of its lack of good transport services but of course it was then and is still a 'difficult borough' to work in. As an extension of 'the East End', with associated poverty in the indigenous working-class populations as well as the regular settlement of new migrant populations, it was a challenge to elected members and managers to fund sufficient and appropriate services, with occasional rumours of corruption. The important social research being undertaken by

LSE academics and others into class and poverty were very relevant at the time and indeed my experience then laid a lasting basis for my approach to social work. People's life chances, behaviour and relationships are determined as much by their circumstances (e.g. health, housing, education and employment possibilities as well as income) as with any innate strengths and weaknesses in their own characters.

This was the start for me of a varied twelve-year career in different roles and geographical areas of London, including periods of secondment to an action research (education) project and for my professional training. This provided me with very different background experience to Ann Oakley's career trajectory which reflected the norms for conventional disciplines. During the decade from the late 1960s there were important developments affecting my own career directly but also social work more generally. One was research into the lives of black children: this included those in care (Rowe and Lambert, 1973), but also reports questioning of the number of black children being designated as needing special education because of learning or behavioural problems (notably, Coard, 1971). This was also a period of the recognition of the potential of community work (Community Development Projects around 1970, e.g. see Green, 2017) and the growth of welfare rights work, both of which became important in narrowing the focus of social workers and social work education as other workers took over 'new' areas of expertise and new qualifications were established.

Relevance of Oakley's work to social work education and research

But returning to Oakley's story, after her undergraduate degree in sociology she did her PhD in a very unusual field, Housework (Oakley, 1974), laying the basis for her career as a leading academic in the gender studies field. There are two elements of possible interest to social workers in Oakley's career (apart from the feminist perspectives which she brought to all her research and writing). The first is the way in which her academic career started: it highlights the difference between students of 'conventional disciplines' who may well progress directly to PhD work and academic careers including substantial research elements. This can be contrasted with social work educators who traditionally enter academic work later (having usually had experience in the field first); undertake PhD work later (if at all); administer courses which need to comply with professional regulatory bodies as well as the university; and for whom it is often harder to 'fit in' research with their responsibilities to their students and the profession (Lyons, 1990).

The second concerns the form that research takes. Oakley was one of the pioneers in qualitative research challenging conventional assumptions about the nature of knowledge, how data is gathered and who's voices are heard. In theory, various forms of qualitative research are well suited to social work and indeed have been developed in practice by some leading social work academics. However, University Research and Funding body committees still tend to be dominated by people (men?) who regard quantitative methods (including large scale surveys and Random Control Trials) as 'the gold standard' in research and who resist proposals based on qualitative approaches (particularly if these involve user participation). This attitude may be carried over to the editorial boards and reviewing processes of some journals, affecting the valuing and dissemination of knowledge.

It seems as if Titmuss himself was caught up in issues of academic respectability and status as well as personal and departmental power in his 'struggles' with difficult women and he was not averse to using his access to the highest echelons of the School (the Director himself on occasion) to argue his case. This reflects another common issue in social work education – social work academics may be so preoccupied with (and committed to) 'external work' with local placement agencies and the

profession more generally that participation in the internal affairs of the University takes a low priority and senior staff are not well positioned (in terms of established relationships with the university hierarchy) when there are problems. It seems likely that issues of gender and power continue to play a part in the career trajectories of social work educators and the wider relationships between social work as a discipline and universities (though I have no direct current research evidence for this presumption). This is also leaving aside the preference among many (?) in social work for approaches (in everything from management styles to selection of students) which emphasise 'inclusivity' relative to elitism, as well as the ambivalence of social workers (educators included) individually and collectively to be seen as seeking power or status.

Problems and struggles

But returning to the central part of the book, this concerns Titmuss's attitude to social work and his struggles with (mismanagement of?!) the social work staff. Oakley herself has an interesting take on the history of social work, concentrating on its origins in settlements in the UK and USA (again more familiar names – Jane Addams, Elizabeth Macadam) and social action (and where the latter is still a part of social work education, policies and practices this can be a strength but also a weakness). She alludes briefly to the Charity Organisation Society and its role, through Sidney and Beatrice Webb, in the establishment in 1912 of the initially named 'Ratan Tata Department' (due to its funding by an Indian industrialist and philanthropist) headed by Edward John Urwick. Clement Attlee joined the department in 1912 (from a background in settlement work) and his 1920 book about social work reflected the inter-relationship between social work, social reform and social investigation (Oakley, 2014, 110-112).

By the time Titmuss arrived at LSE the department was largely staffed by 'upper class women', 'Clare Britton; Christine Cockburn; Pearl Jephcott; Janet Kydd; Kay McDougall; ... Nancy Seear; ... Eileen Younghusband.' (op. cit., p116) and Kate Lewis, some of whom had been influenced by the 1930s 'psychiatric deluge' and had moved away from more community based and social reform approaches. Notable exceptions were Pearl Jephcott, continuing in the Attlee tradition (op. cit., pp117-120), and (later Lady) Nancy Seear (concerned with industrial welfare and personnel management, rather than social work). As a student on the social admin course in 1965 I remember a short course on 'community work' – from an outside speaker – but whether there was more teaching on this approach on the Applied Social Studies course seems unlikely. Oakley comments on the 'autonomy' of these women: most were not married, though some were in (discreet) relationships with other women, and they had no children. Adoption, fostering and IVF were certainly not an option for single or lesbian women even if they had wanted children in the 50s and 60s – so at least we have made some progress in policies and practices as regards women's opportunities in society to have their own families.

While Titmuss seems to have had 'problems' with various of these women at one point or another (which were routinely reported to his sympathetic wife at the dinner table), it is perhaps not surprising that major disagreements occurred around the work and role of (later Dame) Eileen Younghusband. Following a period in Settlement work (from 1924) and completing the Certificate in Social Studies and Diploma in Sociology at LSE, Eileen Younghusband (1902-81) had been recruited to the department in 1929 and worked there until 1959 with only a short break (1939-44) when she was undertaking war work. She was thus a leading figure in the Department when Titmuss arrived as well as having 'a very considerable reputation outside LSE'. (op. cit. p123).

Oakley's text (drawing on personal papers not contained in formal archives) sheds light on the circumstances in which Eileen Younghusband resigned from LSE and reveals a much greater role for Richard Titmuss in her departure than has been evident in other publications. Indeed, when researching for a biography of Eileen Younghusband in 2003 (and drawing on a more limited range of sources) I gained the impression that her important positive qualities (noted by many) might have been overridden by other traits ('didn't suffer fools gladly', 'liked her own way' 'obstinate') and that 'Her high public profile and personality might have generated envy or even antagonism in academic circles'. I concluded that there might also have been 'some feeling that a social work course should be run by someone with a social work qualification' (Lyons, 2008).

However, it is clear that there were major issues between herself and Titmuss around the setting up in 1954 of the first generic course in the country, otherwise known as the Carnegie course, due to the four-year funding which Younghusband herself had secured to establish this course. Oakley's reading of her father's papers suggest that Titmuss had effectively 'taken over' ideas from Younghusband's 1947 Report (about social work education) and presented the idea of running a Carnegie course at LSE to the then Director (Carr Saunders) as his own (op. cit. p128). He was clearly not supportive of Younghusband's external activities, for example, having written to Iain Macleod (then Minister of Health) in 1955 expressing reservations about her proposed appointment as chair of a working party on social work in local authority health and welfare departments.*

But Titmuss compounded the rift with Younghusband and caused bad feeling between her and some of her colleagues in his handling of his plans to integrate the two existing specialist courses into the new generic one and by management decisions about staff responsibilities. Accounts by David Donnison (1965) and Hartshorn (1982) give other versions of the complexities of the relationships, events and decisions at play in the period preceding the establishment of the Carnegie course and Donnison also highlights the influences and interests outside the University which impacted on this development. However, after a very difficult period for all concerned, generic social work education was successfully established at LSE (without external funding) by 1958 and this became the model for social work education more generally.

It can be noted here that, in developing the new course, Eileen Younghusband had spent time in the USA and invited Charlotte Towle to come to LSE as a consultant in the first year of the new course (Towle came on a Fulbright scholarship – around which there was also contention, though Titmuss and Younghusband seem to have been united on this matter). The new course was influenced by the way that social work education was developing in the USA and 'casework' thus came to prominence in British social work education. The idea of generic education was very much around the integrating of courses aimed at social work services for different user groups – or clients in those days – and did not seem to include the idea of using different approaches (social work methods?). Indeed, when Peter Barclay chaired a committee about social work in 1982, advocating the value of 'community based social work', it was Robert Pinker (by then the Professor of Social Work at LSE) who wrote a minority report (still) arguing for social casework.

The polarisation of community work and casework (with the 'hiving off' of the former to a separate regulatory body) – and the neglect of social groupwork – have (in my view) led UK social work (education) into a narrow approach at variance with social work as practised in many other countries around the world, quite apart from the managerialism and 'Macdonaldisation' (Dustin, 2007) which have become increasingly prevalent since the 1990s. Without knowing the particulars of social work at LSE since Younghusband's time, but knowing something of the higher education environment in

which social work courses have been struggling to maintain a position (Lyons, 1999), it was perhaps no surprise – but nevertheless shocking – when the social work course at LSE was closed in the mid '90s. The cost of running the course and lack of well-funded and high-profile research projects were ostensibly the reasons – but who knows what else might have been going on 'behind the scenes'?! (Interviewing of people with recollections of this period of social work at LSE would be interesting but is a task and story for someone else.)

Conclusion

Oakley's book reveals or highlights a number of things. Not least of these is the historical (and probably still current) power of male networks, including in the higher education sector. It also identifies the importance of female networks in the origins and development of social work education through the 20th century but also the way in which social work, including education, has perhaps failed to access or use power for its own benefit or, more importantly, service users. Oakley's book reminds us of ongoing tensions between the various forms of social work and therefore the directions which social work education should take and the challenges to researchers to identify questions and methodologies which are relevant to the current social problems of particular communities or groups in society. Her book provides some of us with an opportunity to reflect on personal trajectories and challenges, but, more importantly, adds a well-researched account, not just of her father's story, but also of changes in social work education at a significant time and place in the history of social work education. Her own experience of sex discrimination and her role in promoting development of gendered perspectives across the social sciences have particular resonance for social work, past, present and future.

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*Thanks are due to Dr Mike Burt, in particular, for passing on copies of papers from his own archival research, as well as reminding me of other useful references. Apologies to others with whom I was in contact that I have not been able to incorporate their personal knowledge and reflections relevant to social work education at LSE.

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BASW MEMBERS JOAN BARRACLOUGH, DAVID JONES, AND KEITH BILTON OUTLINE THEIR IDEAS FOR A NEW NETWORK TO PROMOTE AND EXPLORE THE HISTORY OF SOCIAL WORK

Taking a social history

As social work faces upheavals of possibly greater significance than at any other time this century, BASW members Joan Barraclough, David Jones and Keith Bilton consider the case for a network to stimulate informed understanding of social work history

The purchase of the Southwell Workhouse by the National Trust illustrates popular fascination with social history and brings together two concerns of Octavia Hill, who inspired the Trust. As a leading Victorian 'activist', Octavia Hill was interested not only in history and the environment, but also in social reform. Through her housing work, she contributed significantly to the development of social work. Her portrait still hangs in Mary Ward House (NISW). Yet whilst schools encourage a lively interest in social history and there has been much interest in the Southwell Workhouse plans, social work tends to neglect its own origins and history.

Good social work practice starts with a careful assessment – 'taking the social history'. We recognise that experience and past behaviour are important indicators to the future but we also know that, whilst the past is impossible to capture, it still has a powerful influence on the future. We need to take the same care of the history of our profession, with its many strands and tensions.

This was very evident in the recent memorial meeting to celebrate the life and achievements of Kay McDougall (*PSW* August and November 1999). More than fifty friends and colleagues met at the London School of Economics to share their stories of Kay, and in the process revealed much about the struggles and ideas which shaped the last fifty years of social work. There was discussion of the merging of the different 'social work' courses at LSE into a generic course, with all the implications for the Seebohm future, of the launch, editorial and management of *Case Conference*, the social work practice journal of its time, and of the formation of BASW itself.

Forthcoming momentous changes in the structures of social work will spark a debate about the standing of social work, its achievements and its future. Politicians and journalists will comment on perceived successes and failures, with a variety of motives. We will hear many opinions about past failings, few about significant achievements and a lot about what should be done. There will be free interpretations of past events; history will be rewritten in the process.

There is a great danger that future policy will be decided without an informed appreciation of the reality of the past.



NISWCC – posed by models

“There is a danger that future policy will be decided without an appreciation of the reality of the past.”

owing more to myth and prejudice. The attacks on social work in the past decade have often attributed motives or rationale to social workers which we have never claimed or pursued. With child protection cases in the public eye, the somewhat hysterical political debate in the late eighties about anti-racism in social work, the development of the community care legislation and the current debates about welfare reform and adoption, there remain stories to be told and analyses to be undertaken.

Two recent anniversaries have drawn attention to our history. The centenary of social work in health care in 1995 and in 1998 the 50th anniversary of the Children Act 1948 both promoted some celebration, thoughtful re-evaluation and renewed commitment to service. They also unearthed significant archival material and record.

The appeal for the renovation and development of Mary Ward House has likewise stimulated unexpected connections and re-evaluation. BASW has recognised the need to catalogue and safeguard the early records of the Association and expects to establish a member group to assist; the archives of the predecessor bodies are lodged at the Modern Records Centre in Warwick University. Even locally, libraries and archives appreciate social work records and artefacts. There is a lot of history to explore.

After Kay's memorial meeting, Keith Bilton suggested setting up an informal social work history network. The three authors have explored how this could work and would be interested to know if others share this interest. We are not planning a new association but perhaps an informal network with an annual meeting. We meet again in late January and would like to hear from you before then.

If you are interested in supporting a social work history network, send a short e-mail detailing your area of interest, what you can offer and what you would like to happen to david.jones@ccetsw.org.uk or write to David Jones at CCETSW, Derbyshire House, St Chad's Street, London WC1H 8AD. Mark your envelope 'History Network'.

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