Professional Associations and Social Work.

Working Paper 2

The Hospital Almoners Association in the 1930s.

1. The organisation and the internal affairs of the Hospital Almoners Association in the 1930s.

1.1. The Hospital Almoners Association (HAA) formally adopted its new constitution in April 1930. This ratified the structure and mode of operation which had been tried for an experimental period from 1928. Since this structure was to last for the succeeding 15 years, it seems appropriate to sketch out its main features at the start of this paper. The main day-to-day business of the HAA was carried out by honorary officers (particularly the Chair and the Secretary) and by an Executive Committee, consisting of two elected representatives from each region of the Association. Initially there were four Metropolitan regions and a fifth region covering the provinces. This made an executive of 14 members who met regularly on a monthly basis to deal with correspondence and with other business. Major issues and changes in policy were referred to the General Meetings of the HAA, of which there were 5 a year. Attendance at these General Meetings ranged from the mid 50s in 1930 up to the mid 80s in the late 1930s. This is a remarkably high percentage of the total membership of the HAA – 40-50%. The Regions themselves also arranged their own meetings in months when there was no General Meeting, although in the case of the provincial almoners this was usually a single annual meeting. The power to determine formal changes in policy rested with the General Meeting, which exerted its power several times in this period, reversing the recommendations of the Executive Committee.

1.2. The geographical expansion of almoning in the 1930s did lead to some modification of this initial structure. In February 1932 the provincial almoners sub-divided into a Northern and a Southern Region. Later in the period a separate Midlands Region was established, whilst at the end of the period Scotland was also recognised. Thus the four Metropolitan regions came to be “balanced” on the Executive Committee by for Provincial Regions, although representatives from the provinces were less frequent in their attendance at meetings. The Association also held all their General Meetings on Saturdays in order to make it possible for provincial almoners to attend, and indeed from 1932 onwards one of the five General Meetings each year was held in a provincial city whenever possible. This geographical spread of almoners also posed problems for communication with the membership. The Hospital Almoners Yearbook was published annually from 1927, but this means of communication had to be supplemented by the circulation of the minutes of General Meetings to all members.

1.3. The provincial almoners still felt excluded to some extent from what was very much a London-based Association; for example, at a General Meeting in December 1931, they made a plea to the whole membership for greater opportunities to join in the activities of the Association (A5/7:2). But their plea
to allow proxy voting at General Meetings was defeated that same year (A5/6:17). The debate on this motion is interesting because it illustrates a group of workers coming to terms with both the numerical growth and the geographical spread of membership – a feature which all the national associations of social workers had to face. In the debate Miss Hordern felt that “the Association was founded to promote meetings and discussion, and a postal vote would destroy this”, whilst Miss Garrett felt that “the giving of considered opinions was of more value to the good of the Association than a vote given without being present at the discussion”. Miss Ronaldson however more realistically felt that “the day was not far distant when the Association would be so large that there would have to be local branches” (A5/6:17).

1.4. Other opportunities for the membership to meet presented themselves at the Annual Conference and the Annual Dinner. Annual Conferences in the years 1930 to 1935 were organised in conjunction with the Charity Organisation Workers and the Care Committee Organisers. These were weekend conferences arranged in rotation by each group of workers. The proceedings were reported annually in the Year Book. The usual pattern involved invited distinguished speakers and provision for social activities. As early as 1931 the value and purpose of the Conference was being questioned (A5/6:68), and after 1935 no further joint residential conferences were held. There was discussion about reviving the Conference in April 1937, but the meeting felt there was a need for a wider base than just the C.O.S. and the District Organisers (A5/8:71). In 1938 the Association organised its first conference just for hospital social workers at King’s College, London (Hospital Almoners Yearbook 1939). This was followed by one in Birmingham in 1939 but the outbreak of war precluded further conferences.

1.5. Although the Annual Dinners had first been started in 1919, they had remained very much an internal social affair up to 1930, providing an opportunity for much mutual congratulation and good cheer. However in 1930 the HAA invited the heads of three women’s colleges as guests of honour, in the hope of influencing them to channel some of their students into almoning. This tradition of having guests of honour quickly became established, and in October 1932 the Executive Committee decided that such guests should be chosen on the grounds of their “professional usefulness” (A5/7:24). This led to the HAA inviting three members of the Institute – Dr. Howitt M.P., the Rev. J. Pringle (of the C.O.S.) and Dr. Gray, as their guests in 1932. Later years saw the presence of the Chairman of the Association of Medical Officers of Health; the Medical officer of Health for London County Council; the Editor of the Lancet; the President of the International Council of Nurses; and numerous distinguished medical superintendents, surgeons and academics. The dinners were reported in the Times and the medical press, and became a major publicity vehicle for the work of the almoners, as well as providing useful allies for the Association in the area of medical politics.

1.6. London almoners also had further opportunities to meet socially when the Association became subscribers to the Courtauld-Sargent Concert Club. The only “social” services provided for its total membership were a reduced membership fee negotiated with Boots lending library in 1935, and the
services of the HAA as an agency for an Insurance Company negotiated in 1938. An attempt to negotiate with the management of The Times for members to share the privilege of Minister of Religion and Junior Civil Servants in getting the paper for 1d instead of 2d met with a refusal (A5/6:37).

1.7. During the 1930s the question of redefining membership criteria was raised on several occasions. Initially in June 1932 the HAA refused membership to an almoner-trained relieving officer. The Executive Committee decided her work was not of a medico-social nature since her visits were not made at the request of a doctor (A5/7:21 & 23). Thus both training and the job being undertaken were considered in dealing with eligibility for membership. Later in the decade a second tier of membership was effectively created when the General Meeting in October 1935 allowed retired almoners to stay in membership, but not vote or be eligible for office after one year of leaving their post (A5/8:63). This ruling also applied to almoners who had given up work on marriage. The ban of non-certificated almoners remained in force during this period. Despite this ban, membership of the HAA continued to grow during the 1930s and by 1939 there were some 350 members listed. Some special interest groups became established during the time, most noticeably the Maternity Almoners Group which started in September 1932, and after 1935 the London County Council Almoners Group; but it was not until the 1940s that this fragmentation into interest groups became very noticeable.

1.8. Finally in this section, it should be noted that during the 1930s the HAA and the Institute of Almoners drew closer together. Old rivalries appear to have been forgotten and indeed it was noted in February 1931 that the general public as well as almoners themselves were confused about the functions of the two separate bodies (A5/6:64). In order to clear up the confusion the Yearbook of 1931 set out the main objectives of the two bodies. The Institute had the responsibility "to select, train and arrange for the training of suitable candidates for the work of Hospital Almoners". Besides granting certificates, keeping a register, and recommending trained almoners to hospitals, it also had a role in extending and developing the work of almoners. The article was far more vague about the role of the HAA; but it was seen as the vehicle through which practitioners could meet and express opinions (Hospital Almoners Yearbook 1931). Although almoners only had a third of the places on the executive Committee of the Institute, they wielded a fair degree of power in the Council due to the poor attendance of the lay members. The Institute and the Association shared premises, and indeed in 1938 the Association loaned the Institute £300 when it got into financial difficulties (A5/9:15). Thus close working between the two bodies was assured and the way was prepare for the amalgamation of the two bodies in the mid 1940s.

2. Issues and strategies of the HAA during the 1930s.

2.1. the HAA continued throughout the 1930s to be concerned with the definition of almoning and its practice content. Indeed the decade commenced with a debate on the future of almoning at a special meeting of the Association in March 1930. This was in response to a paper read by Miss
Tregear at a General meeting of the HAA in October 1929. Miss Tregear raised a number of issues:- the artificial distinction between London and the provinces; the problem of the supply of trained almoners; and the failure of the Institute to keep pace with the demand for almoners. At the subsequent debate there were calls for the gates of the profession to be “opened to all the best women available, to whatever class they might belong”. Other almoners resisted this call arguing “that experience proved that a certain type of background provided the best almoners”. Many stereotypes were expressed about social background and about life in the provinces; nevertheless the debate did illustrate that some of the complacency of almoning was, albeit hesitantly, being challenged by some members within the Association (hospital Almoners Yearbook 1930).

2.2. Change was being forced on the HAA from outside also. The Local Government Act 1929 which allowed for the development of municipal hospitals meant that a group of workers employed by County Councils was emerging. The new municipal hospitals developed particularly in the London and the Middlesex County Council areas, and the almoners became concerned about the relationship between the municipal hospitals and the voluntary hospitals. The almoners appointed to the new municipal hospitals stressed the similarity of their work to their colleagues in the voluntary hospitals, and argued that the municipal hospitals should not simply be used as dumping grounds for those cases the voluntary hospitals were not interested in. From the HAA viewpoint, the main concern was that due to the shortage of trained almoners, the London County Council might appoint and train their own almoners, thus dividing the profession (A5/9:18). The LCC never took this step, but the threat remained and was discussed by the Association right up to the creation of the National Health Service. The LCC did appoint some untrained almoners, but the also cooperated with the Institute in its training programme.

2.3. The debate about the almoners role in the assessment and collection of fees also continued during this decade. A General Meeting in April 1932 disclosed a certain sense of uneasiness as to the way in which almoners work was developing. It was again stated that the almoners were trained in the main to be medico-social workers, but were in some cases regarded by hospitals as people whose sole work was to raise money (A5/7:4). The HAA felt that it needed to campaign for higher salaries; to stress the social side of the almoners work; to try to affect the curriculum of medical and nurse student training; and to hold propaganda meetings. I will be returning to some of these strategies later in this paper, but it should be noted that this debate about the central purpose of almoning reoccurred later in the decade. In June 1935 concern was expressed about the “chaotic state of mind of the public about the almoner’s role” and the need to steer a course between social and administrative work (Q5/8:62), whilst in April 1937 a debate about changing the name to medical social service was initiated (to be continued for nearly thirty years!!)(A5/8:71). It is interesting to note that whilst dissatisfaction was expressed with the administrative tasks and the assessment and collecting aspects of their work, the almoners never refused to carry these out. They were prepared to try and nibble away at the system, and their attitude was
probably best summed up in the general Meeting of December 1937, when they concluded that "in practically every case social work has gradually developed whatever the original terms of employment" (A5/8:74).

2.4. Whilst discussions about hospital finance and the almoner’s role in this continued in the 1930s, these issues no longer dominated the agenda of the HAA as they had in the early 1920s. New legislation often caused the almoners to discuss the issues, for example – the Road Traffic Act of 1931 involved some almoners in helping their hospitals to establish claims under this Act, whilst the operation of the new Public Assistance Committees was a topic of discussion in 1932. One difference noticeable in this period was the willingness of the HAA to take up issues of finance with the central government department concerned. For example, the HAA found that some of its members were having difficulty with the national deposit Friendly Society in 1932 and they referred the matter to the Ministry of Health in March of that year (A5/7:18). When the Ministry replied in May that they were unable to do anything about the Society, the HAA informed the Ministry in September that they would be raising the issue in parliament (A5/7:23). That threat brought an immediate response from the Ministry, who then agreed to hold an inquiry into the Society (A5/7:24). Other examples of the HAA's contact with government departments can be found in November 1932 when they corresponded with the Ministry of Labour on the question of dependant’s benefit during hospital treatment (A5/7:25); in May 1934 to February 1936, when they made a joint approach with the C.O.S. to the Home Office over the issue of Workmen’s Compensation; and in June 1938 when they discussed grants for extra nourishment with the Unemployment Assistance Board (A5/8:52).

2.5. It is important to note that these contacts with government departments were irregular and formal during this period. The HAA was however pursuing a policy of forming links with other bodies and groups who it wanted to influence. The Minute Book of the Association listed ten other bodies to which the Association sent representatives in 1932. By 1938 twenty such bodies are listed. These bodies ranged both in their relevance to the almoners work and this status, most of them having comparatively little influence in the wider sphere of policy formation. Examples of these bodies are the District Nursing Council, the National Association for Women’s Service, the National Association for the Prevention of Infant Mortality, and the Council for the Promotion of Industrial occupation for the Physically Handicapped. Besides these formal links, more infrequent contacts were being sought, particularly with the British Medical Association in the latter part of the decade. In this instance liaison took place with the medical secretary of the BMA, but it was clearly on the initiative of the almoners (A5/8:31).

2.6. Closer links were formed with the hospital world. Whilst initially in October 1932 there was some concern that the Hospital Officers Association might take some members away fro the HAA, later in the decade the two Associations worked closely together, with the HAA acting as tutors for the Hospital Officers Association’s correspondence course in hospital social services aimed at hospital clerks. The HAA also affiliated with the British Hospitals Association in June 1934, and later with the International Hospitals
Association from January 1936. The HAA agreed to send delegates to the world conference of the latter body to be held in Canada in 1940, but the conference never took place because of the war. One gets the impression that in the 1930s the almoners identified more closely with the hospital world than they did with other social workers, an issue to which I return later in this paper.

2.7. despite the links that the almoners were establishing with national representatives of the medical and hospital world, almoners still often experienced difficulties on an individual basis with members of the medical profession. The Medical Officers of Health appear to be a particularly problematic group, with a General Meeting of the HAA in May 1933 noting that the “extent of cooperation depended almost entirely on the personality of the MOH, and that cooperation would only be developed as MOHs became more intimate with the nature and scope of almoners’ work” (A5/7:9). Criticisms of almoners by MOHs were also discussed at a General Meeting in April 1935 (A5/8:61). Tow tactics were used to combat such criticisms. Firstly the HAA arranged for allies in the medical profession to institute articles and correspondence in the medical press. (They also used this tactic in June 1934 to promote the appointment of District Almoners). Secondly the HAA liaised with the Institute of Almoners to produce a series of pamphlets which could be distributed to the medical profession and the hospitals, extolling the virtues of almoners and stressing their role as medico-social workers. This second initiative led to the publication of the first major text on almoning in 1935. This was a 164 page book entitled “The Hospital Almoner”, published by George Allen & Unwin. The book was prepared by a committee of the Hospital Almoners Association.

2.8. Liaison with the COS had tended to tail off in the 1920s, and this pattern continued in the 1930s. There were still links in the London area with almoners using C.O.S. workers for home visits, and indeed in 1938 the agreement between the HAA and the COS was updated. But the expansion of almoning outside London meant that the COS liaison was more of a regional issue for London than a national issue for the whole Association. The almoners did cooperate with the COS over the issue of Workmens Compensation in 1935; but later in the decade they seem to have looked towards the national Council of Social Services as a more representative coordinating body for policy issues.

2.9. Two other areas where the HAA tried to influence policy were in matters of salaries and in the provision of convalescent facilities. In general the Institute tended to take the lead in recommending minimum salaries for almoners to hospitals, but in November 1932 they asked the Association to agree the advertise posts at £175 per annum instead of £200 per annum because of “the depression” (A5/7:25). The executive Committee reluctantly agreed, but this stance was reversed by a General meeting of the HAA held in February 1933 (A5/7:8). After this the Association remained quiet on the issue of salaries, although it did draw the Institute’s attention to problems of different superannuation schemes run by various hospitals. In the area of convalescent care the HAA took a far more positive role, acting as a clearing
house for resources, with its members “inspecting” local convalescent homes and writing reports on them. In the way the Association undoubtedly built up the most complete picture of convalescent facilities available in the country – an issue which was to become important on the formation of the NHS.

2.10. These concerns with their own jobs and with influencing policy affecting their work, did not preclude the HAA from taking an interest in wider social policy issues. An examination of the Minute Books for the 1930s illustrates a continuing concern with mental illness and the development of psychiatric social work in the early 1930s, whilst in the later 1930s there is a switch to a concern with preventative and social medicine. Other topics debated include the use of unemployed camps and colonies in 1932; the question of record-keeping and the need for informed research in 1933; discussions about the efficacy of abortion law reform in 1938; and the refugee problem in 1939. Finally two further issues – the question of social work identity and the topic of training continued to be such important issues that they will be discussed separately in the next two sections of this paper.

3. The Hospital Almoners Association and the training of almoners.

3.1. In the division of labour between the Institute of Almoners and the HAA, the Institute was responsible for the selection and the training of almoner candidates. However the HAA provided a forum for debate about the pattern and content of training, which were then passed on to the Institute. The almoners themselves also played a major role in the process of selection and training, and the Association’s Training Sub-committee, which comprised the head almoners of all those hospital departments which accepted candidates for training, was particularly influential.

3.2. The pattern of almoner training had been codified in the JUC Report “Training for Hospital Social Work”, produced in 1926 by a joint committee of the JUC and the Institute (JUC, 1926). This report effectively recognised a three year period of training for almoners. There would be two years spent completing a certificate course in social sciences at a University, followed by one year of professional training organised by the Institute of Almoners. Entry to the almoner training was not to be automatic on completion of the two year course, as some of the social science departments wanted, but rather students would be selected by a local selection committee of university tutors and local almoners. The Institute’s responsibility for the third year of training was initially a fairly routine administrative of arranging for the student to be attached to one of the almoners departments where a period of apprenticeship and practical training took place. Snelling has claimed that this pattern meant that there was no systematic study of the principles and methods of social work during hospital placements. What the student learned was very dependent on their supervisor, and indeed this was a major criticism voiced by the HAA in 1936 when it reviewed the pattern of training again. (Snelling 1970).

3.3. At a General meeting of the Association in June 1936 two major criticisms of training were voiced by the almoners. Firstly there was a concern that the
theoretical was being overstressed at the expense of the practical on many of the social science courses; and secondly it was felt there was a lack of uniformity in the hospital part of the training. The HAA backed their training sub-committee in recommending that the Institute should appoint a tutor to take the entire responsibility for coordinating the work of students. This recommendation was sent to the Institute who agreed to free Miss Roxburgh from other duties at the Institute to enable her to assume this coordinating role. The HAA also recommended that the COS and other casework agencies involved in providing general placements on certificate courses, should give more instruction in office routine, and the everyday application of social legislation. This recommendation was passed to the COS. Finally the recommendation that the Institute might use vocational guidance tests in selecting candidates was rejected (A5/8:67 & A5/8:31).

3.4. This concern with administrative training again surfaced in 1939 when in February that year a general Meeting of the Association discussed the need for training in book-keeping, and the keeping of statistics and records. Although this proposal was referred on to the Institute, some almoners opposed this suggestion, indicating a growth of feeling that such tasks should not be part of an almoner’s work, even if it was useful to have these skills in a small hospital (A5/9:2). In April that same year the HAA gave more attention to all aspects of training as a result of an address by Miss E.M.Batten (then a residential social worker) at their Birmingham Conference. This address was considered so important that the Association had it printed for circulation to all its membership (Batten 1939).

3.5. In a detailed paper Miss Batten traced the development of training for almoners and, in a sometimes hard-hitting critique, she argued for a more planned and “scientific” approach to training. She criticised recruitment strategies and standards, and the existing social science certificates and diplomas; but her most stringent remarks were reserved for the phase of training carried out by the Institute. Here she identified the need for a “preliminary training school” after the family casework placement, and before attachment to the almoners department. She also raised the question of the need for training the trainers – making sure that supervisors were effective in their training (Batten 1939). A HAA General meeting in June 1939 endorsed these recommendations, asking the Institute to set up a preliminary training school and appoint a full-time tutor, an idea which was duly taken up by the Institute and which will be discussed further in a later paper (A5/9:4).

3.6. During the 1930s the HAA were also concerned with the further training of their own members. They had in the 1920s recognised the need for more training in the psychological aspects of their work. The 1930s saw them requesting a refresher course on “recent developments in medical science and social legislation” (A5/8:75). In 1939 the HAA cooperated with the Association of Psychiatric Social Workers in approaching Professor Mannheim to give a series of refresher lectures in sociology. However these proposals came to nought initially, since the HAA considered professor Mannheim’s suggested syllabus “too intensive” (A5/9:17). However the whole
issue of both pre-service and in-service training and the need for change were clearly on the Association's agenda by the end of the 1930s.

4. The development of a “social work identity”.

4.1. As indicated in an earlier section of this paper the HAA had been trying to balance its identity as part of the hospital world with being part of the social work world, and this section focuses on its relationships with the broader social work world. In studying the records of the Association it is interesting to note how in fact international links appear to come to the fore and enjoy greater prominence than purely British links, and it to these international matters that I will turn first.

4.2. The Association had been represented at the first International Conference of Social Work which was held in Paris in July 1928. This was a meeting of some 2,000 delegates who listened to a range of speakers from different countries. One English almoner recorded her impressions in the Yearbook, and it is clear that there was an exchange of ideas with people involved in medico-social work in Europe and North America. The question of training and qualifications for hospital social work were discussed at some length, and the English Almoner was surprised to find that in most of Europe a “smattering of social training was imposed on nurse training”. Other topics discussed included the question of specialisation in hospital social work, and the question of whether social workers should be based in hospital or outside (Hospital Almoners Yearbook 1929).

4.3. The second and third International Conferences held in Frankfurt (1932) and London (1936) saw the almoners taking a more active part in the proceedings. The Association set up a special sub committee in March 1931 to prepare for the Frankfurt conference, and Miss Cummins presented one of the major papers at the Conference. The material on almoners in Britain prepared for the conference, eventually formed the basis of the book “The Hospital Almoner” referred to earlier in this paper. For the 1936 Conference in London the Association organised three events as part of the conference. They held an open meeting at Bedford College, London on “The duty of the community to the cause of good health”, and a dinner for overseas guests at the Zoological Gardens, but their most successful event was a weekend conference at Elfinsward which was led by the American Dr. Richard Cabot (15/8:67). Both the 1932 and 1936 Conferences allowed British almoners to exchange ideas with colleagues, but already some doubts were being expressed about the wide use of the term “social work”, and the lack of training of some of the participants. The almoners expressed admiration for the scheme in Czechoslovakia, where only trained personnel could use the title “social worker”.

4.4. This concern with the title “social worker” was mirrored in the HAA’s relationship with other groupings of workers in Britain. The Association was approached in May 1934 by the Association of Psychiatric Social Workers with the suggestion that their two Associations should meet with representatives of the Women Public Health Officers (Health Visitors) to
discuss matters of mutual interest (A5/8:5). The almoners responded to this, and they became drawn into a series of exploratory meetings to examine the possibility of some federation of associations of social workers in this country. They sent representatives to the meeting in November 1934 and February 1935 which led to the establishment of a British federation of Social Workers (BFSW). But the HAA decided to proceed cautiously with its links with this body, since they considered that the federation was defining social work too loosely, and was not paying enough attention to training and qualifications (A5/8:60). At the end of 1935 the HAA decided not to join BFSW, and the Association reaffirmed this decision annually. It was not until the late 1940s that the Association joined this larger organisation.

4.5. This decision to stay out of the BFSW did not stop the Association cooperating with those other associations it recognised as comprising of trained social workers. Generally such cooperation was over specific issues, for example, a joint conference with the Association of Juvenile Court Probation Officers in 1933, and the joint venture into sociology refresher courses with APSW referred to earlier. By 1938 there was also some overlapping membership with other associations, most noticeably the 15 joint members of APSW and the HAA, and it was agreed that reduced subscriptions to the Institute could be levied for such joint members (A5/8:48). Finally at the end of this period the Association was drawn into discussion with the COS over the future of the Charity Organisation Quarterly, which was relaunched in 1939 as a new journal – “Social Work”, with representatives of the Association on its editorial board.

4.6. The HAA also played a further part in fostering international work. An almoner, Miss Macintyre, pioneered almoning in Australia in 1929, and some two and a half years later returned to tell the Association of her experiences in February 1932. In July 1933 the Victorian Association of Hospital Almoners affiliated with the British association, and similar links were forged with New South Wales later in the 1930s. Other individual almoners took up posts in Paris, Stockholm, Cyprus, South Africa and Kenya; and by the late 1930s, one member of the Executive Committee assumed the title of overseas representative. The Yearbooks of the Association in the 1930s have a distinct international flavour with articles on Berlin, United States, Gold Coast, South Africa, France, Switzerland, Cyprus, Kenya, Australia, Brussels, Sweden, Denmark, Holland, Spain and New Zealand. Indeed it is not until the mid 1930s that longer articles begin to appear on hospital social work in Britain!!

5. Conclusion.

5.1. The 1930s have been characterised by some commentators as a period of “stagnation" and a period when nothing really important happened either in social work generally or in medico-social work specifically. I would argue that this is a very restricted view. Perhaps there were not the spectacular advances of the early pioneers or the major developments of the 1940s, but nevertheless I feel this paper has demonstrated both that change did occur and that the base for future growth and development was laid during this decade.
5.2. The HAA did grow numerically during this time, it adopted new methods of relating to its membership and it tried out new strategies for trying to influence employers and national policy formers. It got through a tremendous volume of work – advising and supporting individual members, discussing and publicising an almoner's viewpoint on many issues, and forging national and international links with both the broader hospital and social work worlds. Reading the records of the HAA, the Association appears to gain momentum towards the end of the decade. The growth in membership and the extension of almoning to the new public hospitals introduces a younger and, in some ways, a more radical element into the Association; but the full impact of the infusion of this new blood is not felt until the next decade.

Andrew Sackville
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