Professional Associations and Social Work.


The Almoners and the 1940s.

1. Introduction.

1.1. As indicated in the case study of the HAA in the 1930s, the latter part of that decade had witnessed both a growth in the number of almoner posts and a growth in the activity of the Association. The 1940s was to radically alter many facets of both the almoners' work and the environment in which they worked. The impact of war and the reorganisation of the health services played a major part in this process, but there were other changes, which this paper will seek to chart, which meant that the professional association of almoners in 1950 was a very different body from that which existed in 1939.

2. The immediate impact of the Second World War.

2.1. The declaration of war in September 1939 had an immediate effect on the environment in which most almoners worked. As both Titmuss and Abel-Smith have discussed comprehensively, the Government had, as early as 1938, prepared contingency plans for the establishment of an Emergency Medical Service at the outbreak of hostilities. This Service involved the pooling and coordination of all hospital accommodation (both voluntary and statutory run) on a regional basis, controlled and directed by the Ministry of Health (Titmuss 1950; Abel-Smith 1964). It was expected that there would be high civilian casualties as a result of air raids, and consequently the EMS planned to provide as many beds as possible to cope with this. This necessitated the wholesale evacuation and clearance of some hospitals, with patients either being discharged to their own homes, or being transferred to designated "Base Hospitals", which were established in less vulnerable areas, often using the premises of mental or fever hospitals or sanatoria where wards were allocated for EMS purposes and special extension huts built. The EMS prime concern appears to have been with quantity, not quality, and in the first month of the war about 140,000 beds were emptied. The expected air-raid victims did not appear for some months and indeed Titmuss comments that after six years of war, the total number of civilian air raid casualties treated in hospitals was about 40% less than the number of sick people turned out of hospitals in just two days in September 1939 (Titmuss 1950).

2.2. This evacuation of patients had quite a dramatic impact on the role of the almoner. Many of the hospitals which were evacuated were the large Voluntary hospitals which had an Almoners Department. In some cases almoners were made unemployed by the hospital management boards, in other cases they were transferred to the base Hospitals with their patients. Very often the base hospitals had had no experience of almoners and the almoners on arrival were asked to undertake a wide range of tasks. One almoner recounts how she was asked to produce some biscuit tins for dressings (HAA Yearbook 1940). But the major tasks facing almoners in base
hospitals were administrative. The need for assessing patients and collecting contributions followed the evacuees to their new hospitals, and indeed a Ministry of Health Circular of 29th December 1939 encouraged the hospitals to appoint almoners for these tasks, and promised reimbursement to the hospital of the almoner’s salary as part of the expense of treating and maintaining casualties (Rees 1942). This led to a rise in the number of almoner appointments in hospitals in 1940 and 1941.

2.3. The HAA debated these changes extensively in the winter of 1939-40. In October 1939 they felt that this increase in clerical and administrative duties was inevitable and that almoners should accept this as part of their contribution to the war (A5/9:5). However after the Ministry of Health Circular in December 1939, the Executive Committee meeting in January 1940 suggested to the Institute of Almoners that their memorandum on the role of almoners should be sent to all hospitals, so that hospital management committees could be made aware of the wider role of almoners (A5/9:27). Contacts between the Institute and the Ministry of Health led to a revised circular being issued twelve months after the first – in December 1940. this stated that “the duties which the almoner would perform are much wider than the assessment of contributions from certain classes of patients, and extend over the whole range of services which a trained or experienced almoner renders towards the social welfare and after-care of the patients” (quoted in Rees, 1942). The circular gave examples of the social needs of patients which could be dealt with by an almoner, and it was regarded as “the most important milestone in our story” by Miss Edminson in her address to the Annual Meeting of the Institute in 1941 (Edminson 1941). Despite this the tension between financial and social responsibilities remained throughout the rest of the war and even up to the establishment of the NHS in 1948.

2.4. The evacuation of patients in September 1939 also had a dramatic impact on the almoners in a different way. Many almoners were horrified by the effect of the evacuation on patients. An article by Miss C. Morris in “Social Work” in 1940 recounts how patients in an early operable stage of cancer were being sent home untreated and bedridden patients were being discharged from hospitals heedless of the relatives’ ability to cope. She concluded – “surely never before has a nation inflicted such untold suffering on itself as a precaution against potential suffering” (Morris 1940). An Extraordinary General Meeting of the HAA in March 1940 stressed the need for action to be taken by the EMS on a whole series of groups judged to be in need – chronic cases in hospitals, the mentally ill, TB patients, the civilian sick on normal waiting lists, children and expectant mothers. The meeting was concerned that almoners had not been consulted about the plans for evacuation and their social consequences. Some members felt this was because social work was speaking with a divided voice and they called for joint action with other social workers (A5/9:9). The immediate outcome of the meeting was a delegation to discuss hospital evacuation with both the British Hospital Association and the Ministry of Health. The delegation felt that “answers from the Ministry were more satisfactory than anticipated”, with the Ministry admitting their mistake and agreeing to more detailed consultation on the specific concerns of the almoners (A5/9:10).
2.5. Two further outcomes of the meeting of March 1940 were the impetus for the development of coordination with other social workers (to be discussed later in this paper), and the move to appoint a full-time research almoner paid for by the HAA. It was initially envisaged that an almoner would be appointed “to investigate fully the medico-social problems of the hospital patients under wartime conditions and to act as a liaison officer with other organisations concerned with the policy of evacuation” (A5/9.10). An initial advertisement for such an appointment produced a poor response (A5/9:31) and in June 1940 a General Meeting decided to postpone the appointment because of the invasion of France and the threat to Britain (A5/9:13). However the news of the return from Australia of Miss Helen Rees in August 1940 reactivated the idea and, on her arrival in Britain, Miss Rees commenced work on the research in May 1941 (A5/10.13). Miss Rees carried out a survey from May 1941 to December 1941 based on responses to a questionnaire sent to hospitals; personal observation in a range of different types of hospitals; a study of the literature on evacuation, planning and almoners’ work; and discussion with doctors, social workers and other people interested in the health of the community. The comprehensive survey was divided into four sections – the hospital patient in wartime; almoners’ work in wartime; the almoner’s part in post-war reconstruction of hospital services; and the function of the almoners’ department (Rees 1942).

2.6. The result of the survey was a detailed and often critical report on almoning. Writing with the experience of an almoner who had worked in a different hospital setting in Australia, Miss Rees was able to highlight the dilemmas and difficulties facing almoners in Britain, some of which they had created for themselves. She also highlighted more positive alterations brought about by the war – the fact that almoners departments seemed to have become a much more integral part of the hospital than they were before the war (Rees 1942, p.41). But it is in the final section of the Report that Miss Rees explores the future functions of almoners. After outlining the misunderstanding of the almoner’s function which she sees as the background to the problem, Miss Rees considers the need for change – the possible need to change the title of the job, the need to clarify the number of patients an almoner should be expected to deal with, the need to define the function more clearly and cut down on routine administrative work, the need to select the patients whom they can assist, and the need to increase the numbers and recognition of trained almoners. All these are issues which will remain on the agenda of the professional association of almoners for the next twenty years.

2.7. Miss Rees’s Survey Report was privately published by the HAA in June 1942, and was circulated within the Association. The HAA held a special conference in November 1942, attended by 179 members, to discuss the Report. The conference was based on various group comments on the Report and covered four major topics – the main function of the almoner – medico-social work; the model almoners’ unit; training; and terms of appointment. Although the majority of speakers expressed themselves as being strongly against almoners being involved in the assessment of patients’ financial
means, some almoners, particularly those from smaller hospitals, still saw financial assessment as a way of discovering people in need of social work. However at the end of the day the message from the conference was much clearer that it had been in the past – medico-social work was the real aim of the almoner, and publicity and training must be geared to that (Hospital Almoners News Sheet, December 1942). The Report continued to be an important plank in the future thinking of the HAA, but like many seminal reports, it led to few immediate changes. Rather its impact was long-term and diffuse.

2.8. Although this section has so far focussed on the evacuation of hospitals and the effects this had on almoners, the war also had other immediate impacts on almoners. Similar problems arose in the first scheme for the evacuation of children and nursing mothers from cities to the countryside. Here again social workers were not initially consulted, but they very quickly became involved in picking up the pieces or writing about the problems (e.g. H. Woodhead “Evacuation and the secondary schoolgirl” and J. Rhys “Evacuation and its Psychological Effects” in Hospital Almoners Yearbook 1940 are just two examples of almoners’ concerns). The government were better prepared for the re-evacuation of children in 1940 and 1941, and as Titmuss has illustrated they had begun to recognise the value of social worker appointments to various posts. In June 1940 the Ministry of Health made the first appointments of social workers as regional welfare officers to deal with problems affecting children under the evacuation scheme, and in October 1940 the Minister of Health decided to appoint a permanent staff of social workers in his department. (Titmuss 1950).

2.9. As a result of this and similar initiatives almoners, amongst other social workers, were appointed as welfare officers for billeting (10 are so listed in December 1940. A5/10:9); as temporary inspectors under the Special Commissioner for the Homeless – to run shelters and rest centres (A5/10:3); and as welfare officers employed by County Councils and other local authorities (encouraged by Ministry of Health Circular, March 1942). The HAA also took other initiatives – appointing one of its members to liaise with each civil defence region in Britain (A5/9:23); liaising closely with the National Council of Social Services about problems of evacuation (A5/9:30); working with the Ministry of Labour to improve factory conditions for working women (A5/9:32) and attempting to standardise records in different hospitals (A5/11:13). Over the period of the war, the links between the almoners and the government – particularly the Ministry of Health developed. From being largely ignored in 1939, the HAA was increasingly consulted by the Ministry as the war proceeded. The Association and the Ministry liaised over transport for relatives’ visits to patients evacuated to country hospitals (A5/10:15); they cooperated over a survey of hospital services in London and the Home Counties, later extended to the whole Country in December 1942 (A5/11:21 and A5/11:24); and the HAA was consulted by the Ministry of Health in 1943 about the incidence of neurosis due to war conditions (A5/11:27). Thus gradually the HAA was being included in the purview of the Ministry of Health, although as I hope to illustrate later in the paper, they were by no means incorporated into its policy making.
3. The organisation and operations of the HAA during the war.

3.1. In reviewing the organisation and operations of the HAA during the war, the first feature which is noticeable is the small amount of disruption caused to the routine of the Association’s activities. Although the Institute moved to Oxford from October 1939 to January 1940, the Association remained based in London. The executive Committee of the HAA at its October 1939 meeting decided to ask for emergency powers to be vested in it for the duration of the war (A5/9:24). The membership at their November General Meeting heavily defeated such a move, seeing it as both premature and as too sweeping (A5/9:6). In practice the Executive Committee met regularly throughout the war, and General Meetings continued to be held. Attendance at General Meetings ranged from 36 up to 180, with most meetings being around 70. Meetings on Miss Rees’s Report in October 1942 (180 present); the Annual Meeting in February 1943 (134 present); on rehabilitation services in August 1943 (115 present); on social medicine in January 1944 (101 present) and on old peoples services in December 1944 (151 present) were the best attended.

3.2. The war led to one immediate change in the Association, and this was a broadening of membership criteria. In December 1939 the General Meeting agreed that for the duration of the war, those almoners not engaged in medico-social work could remain members and attend meetings, although they were still deprived of their vote (A5/9:7). The vote was restored to them by a later General Meeting in April 1941 (A5/10:4). The HAA also became concerned in December 1940 at the fact that even thought it then had 400 members, some 50 trained almoners had never taken up membership. A recruitment drive was to be held to draw this group into membership (A5/10:9).

3.3. The concern to recruit all practising almoners to membership of the Association sprang from a more general concern about the financing of the Association and of the Institute. These two bodies had been working more closely together for the whole of the 1930s, sharing offices and, since November 1939, sharing the services of a part-time clerk. In January 1941 the HAA set up a joint sub-committee with the Institute to look into questions of finance and membership (A5/10:10). This joint sub-committee held three meetings, and drew up a pamphlet setting out the functions of the Institute ad the Association. This pamphlet also stressed the reasons why almoners should join their Association (A15/3). The sub-committee found that the question of the relationship between the Association and the Institute arose frequently during their discussions and then recommended that the time was ripe for a full investigation into all the issues involved. Accordingly the HAA and the Institute established a further joint sub-committee to take the matter further.

3.4. This joint sub-committee was active from July 1941 until July 1943. It approached its task by enquiring into the workings of other professional associations – particularly the College of Nursing; the Chartered Society of Massage and Medical Gymnasts; the General Medical Council; the British
Medical Association; the Association of Hospital Officers; the Royal Institute of British Architects; the National Union of Teachers; and the Law Society. The sub-committee was disappointed with its explorations into these other professional associations since no other profession seemed to be at the same stage of development as the almoners. A far more unanimous view about the future came from the Association’s survey of its own groups; twelve of the fourteen of these wanting the ultimate amalgamation of Association and Institute. The groups instanced the need for presenting a united front, for reducing bewilderment and for improving finances, as the reasons for amalgamation (A5/10:16). Faced with such consensus, the sub-committee then had to explore the future shape of a unified body (A15/3).

3.5 The joint sub-committee felt that the organisation of the new body should be democratic, with almoners having the large share in the conduct of affairs, though it was felt that the cooperation of those outside the profession was essential in some form. The main disagreement in the sub-committee was between those who favoured one central committee to control the new body, and those who wanted some dual form of control – with lay influence maintained over training, but with practitioner control over “professional” issues. Interestingly it was the Institute who favoured the former, with the Association’s officers favouring the latter. In the discussions in the joint sub-committee it was the Institute’s lay representatives – Dr. Howitt and Mr. Astbury who argued for the simple structure of one committee under the control of the almoners themselves. In the end two reports went to the membership, and it was the “minority report” incorporating the views of Dr. Howitt and Mr. Astbury which was accepted, and which formed the basis for the new body.

3.6. Although the HAA had employed a part-time Clerk since 1939, it was not until April 1942 that the Association began to consider the need for a full-time paid secretary of its own. The General Meeting in June 1942 resolved to “authorise the executive Committee to proceed with the appointment of a paid secretary, preferably a trained almoner, provided that a satisfactory financial basis can be established” (A5/11:4). As a result of this resolution Miss Ann Kelly was appointed Secretary of the Association on a temporary basis (at her request), taking up her post in January 1843. She remained in this post until April 1945, seeing the Association through the stage of amalgamation with the Institute.

3.7. A General Meeting of the HAA in October 1943 formally resolved that the Association “as at present constituted should cease to exist and that its functions should be incorporated into a new joint body as recommended in the third report of the Joint Constitution Committee” (A5/12:2). At this meeting it was stated that all maters concerned with selection, training and general policy guiding the profession would then be in almoners’ hands, who would have a two-thirds majority on all the committees of the new body. There were however delays before the new body was constituted, involving a complex series of discussions with the Board of Trade, and the first meeting of the new Institute of Almoners (IoA) was not held until October 1945. In the meantime from June 1944, the Association had agreed that the work of the Association
and the Institute could be combined, with the Secretary of the Association, Miss Kelly, acting as Assistant Secretary to the Institute – with Miss Roxburgh of the Institute as General Secretary (A5/12:30). When Miss Kelly resigned in April 1945, Miss Roxburgh took over the full responsibility for the Association as well as the Institute. The functioning of the new Institute will be considered later in this paper.

3.8. The HAA made great efforts during the war to keep in contact with its membership. The Minutes of the executive Committee in this period are very detailed, since they were distributed to all members as a means of keeping in touch. The minutes included references to new posts, new appointments and new government circulars. In February 1942 a general Meeting resolved unanimously that the Yearbook should be replaced by a printed news sheet to be issued bi-monthly to every member of the Association (A5/11:2). Although this strict regularity of publication was not maintained, the News Sheet, later taken over by the new Institute of Almoners in November 1945, continued until March 1948, when it was replaced by a new monthly journal. The News Sheet contained very full accounts of important meetings held by the Association and other related bodies.

3.9. Within the HAA sub-groups continued to operate. Firstly there were those based on geographical areas which had grown from the original 5 in 1930 to 14 in 1943. These regional groups increasingly had local groups meeting within their areas, and one feature of the regions’ evidence to the Joint Constitutional Su-Committee was the need to maintain and expand local groups in the new Institute, secondly there were groupings of almoners based on specialism – the T.B. almoners group, Maternity almoners, VD almoners, those concerned with convalescence etc. Finally there were at least two groupings based on employers – the LCC group and the Middlesex almoners group. All these groups fed information and problems into the Executive Committee of the HAA, and played their part in providing opportunities for almoners to meet together.

3.10. Overall the war years saw an expansion in the activity of the Association, firstly as a reactive body to the changes brought about by war; then as a consolidating body trying to sort out its own future, and finally as a proactive body to the changes involved in the social reconstruction of Britain after the war – a topic to which the paper now turns.

4. The reconstruction of post-war Britain and the almoners.

4.1. As has already been illustrated, the almoners appeared to recognise early on in the war that there would be long-term changes as a consequence of the establishment of the Emergency medical Service, and that these organisational changes would affect the future of almoning as an occupation. Indeed Miss Rees’s Survey report of 1942 heralded a debate within the HAA about the future shape of an almoner’s work which was to continue for the rest of the decade. Whilst the almoners focussed primarily on hospital matters they also considered and attempted to influence wider aspects of social policy during this period.
4.2. The HAA had always tried to maintain a position of party-political neutrality; but it is interesting to note that the influence of the Socialist Social Workers Group and the Socialist medical Association appeared to be growing during the war. These two bodies drew the almoners into their discussions, and the meetings of these two bodies have extensive coverage in the News Sheets in the period 1942 to 1946. By analysing the reports of these meetings, and comparing them with the Association records, it is clear that a small but vociferous group of almoners were attempting to draw the Association into wider political discussions. Indeed in July 1943, at the invitation of the Socialist Medical Association, the almoners affiliated to a newly established Health Workers Council, which had been set up for the maintenance and improvement of the national health (A5/11:31). The almoners agreed to link to the body as long as it was “non-political”, arguing that the organisation should provide an opportunity for all those in the health field to discuss common problems (News Sheet, October 1943). Having made this commitment, the Executive Committee appeared to be concerned at the step it had taken. In April 1944 they felt there was a strong tendency for the Council to become a political body (A5/12:27) and in July 1944 the HAA finally severed its links with the Council when it was felt that the health Workers Council might join the TUC (A5/12:31). Apart from this brief interlude, the Association’s only other flirtation with more overt politics was in June 1940 when it invited a speaker from Sir Richard Acland’s Commonwealth movement to address a General Meeting (A5/9:13).

4.3. This suspicion of an overt political stance did not stop the HAA supporting and, in general welcoming, many of the proposals made for reform by the coalition government of 1940 to 1945. In January 1942 the HAA was approached by BFSW to assist in answering a questionnaire from the Beveridge Committee on the help and advice that almoners could give in forming a post-war policy for social insurance (A5/11:14). A year later, in January 1943, the Executive Committee decided that the most effective was for the Association to discuss the Beveridge Report was to encourage its members to link with local groups of BFSW and feed in comments to their national conference on the Report (A5/11:25). The HAA also supplied a speaker for the BFSW Conference in July 1943 on the part which social workers can play in the Beveridge Plan for social security – Miss Enid Warren speaking in the third session of the conference on the place of the social worker in a unified health service (News Sheet July 1943). The Association continued to use the BFSW as its main channel for comment on both the Beveridge Report and the White Paper on Social Insurance (News Sheet, January 1945); but it also passed its own resolutions supporting the introduction of Family Allowances, and equal pay for equal work, at its General meeting in October 1944 (A5/12:8).

4.4. The HAA, as might be expected, took a more direct interest in proposed health reforms. As early as June 1942 the Association discussed the role that Contributory Schemes should play “when the hospital world is reorganised after the war” (News Sheet, July 1942). The meeting favoured state action, but some members felt that might take the form of a scheme of National
health Insurance, with the Contributory Schemes playing the part of the Approved Societies. However other members (who had links with the Socialist Medical Association) denounced all Contributory Schemes as pernicious since they blocked the way to a state scheme of compulsory insurance for all. But the Association was soon involved in wider debates than those just concerned with the funding of hospital treatment. At their General Meeting in December 1942, the HAA held a symposium on social medicine at which they were encouraged by Professor McIntosh of the Royal College of Physicians to work out their place in the future health service (A5/11:7). Working through the Institute, the HAA helped formulate memoranda to both the Royal College and the Ministry of Health on the almoner’s functions. The efforts of the almoners were rewarded in 1943 when an interim report from the Royal College of Physicians endorsed the almoners’ view of their role – “the almoner’s work is an assessment of the patient’s needs rather than the patient’s means” (Institute Annual Report 1943). The report went on to amplify eight “social” functions the almoner should fulfil, and stressed the importance of the almoner’s work for the doctor. This recognition from one Royal College was quickly followed in November 1943 when the Epidemiological Section of the Royal College of Medicine invited the HAA to join with it in a discussion of the place of the almoner in the future health service (A5/12:21).

4.5. But the pleasure of this recognition by the medical world was short-lived, when it was discovered that there was no mention of the almoner in the Government White Paper on a National Health Service published in February 1944. The HAA immediately set up a working group to examine the White Paper, which circulated all members for their views (A5/12:24). In the meantime the Institute succeeded in getting Mr. Willinck, the Minister of Health, to speak at a meeting of over 400 almoners. The Minister assured his audience that the omission of the almoners from the White Paper was not due to any lack of appreciation. He made it clear that almoners would not be involved in financial assessment in the new health service, and he almost gave the almoners carte blanche – assuring them that “means would be found for almoners to fulfil their function in the field they wished to cover and promised that his Ministry would given every encouragement” (News Sheet, April 1944). The Association followed up the Institute meeting by holding their own General Meeting in May 1944. At this, their concern for the future of the Voluntary hospitals, where many of them worked, became apparent. The almoners recognised that the hospitals must be drawn into the national scheme, although they wanted what they saw as the good features of the hospitals to be preserved. Interestingly they voted to oppose the BMA’s recommendation that there should be an income limit on those eligible for treatment (A5/12:7). The Association also parted company with the National Council of Women over this issue (A5/12:35).

4.6. The HAA finally prepared two responses to the White paper, which were sent to the Ministry of Health in April 1945. the first memorandum dealt with general aspects of the White Paper. This positively welcomed the proposal to establish a National Health Service. It signalled out for special comment – (a) Administration – where it wanted great effort to be put into ensuring equal quality of service around the country, and almoners to be involved in the
proposed Advisory Health Councils; (b) Voluntary hospitals – where it supported the White paper’s proposal to allow voluntary hospitals a certain measure of autonomy within the state scheme; (c) General Practitioner Services – where it accepted there would still be some private patients, but it vigorously supported the development of health centres; (d) Convalescent treatment – where the Association considered almoners had particular expertise; (e) Surgical appliances – the almoners considered these should be supplied free of charge; and (f) Records – the need for standardisation. (HAA 1945 a). The Association’s second memorandum was on “Medico-Social Service in a National Health Service”. This opened with a clear statement on the need for medicine to take note of the social factors affecting patients, and put forward the almoner’s claim to have expertise in this field. It envisaged almoners being available at every stage of the hospital and consultant service (general and special hospitals, sanatoria, maternity homes and rehabilitation centres); as well as having a part to play in General Practice and Health Centres. The Association recognised the shortfall in the supply of almoners, made a plea for the recognition of local conditions and geography, and recommended the appointment of regional Almoners to advise the authorities on the establishment of almoners departments (HAA 1945 b).

4.7. One of the most contentious items in these memoranda was the claim that the almoners had a role to play outside the hospital. This claim led the Association into considerable debate and even conflict with the health Visitors and later the Medical Officers of Health, which was to last right through the 1950s, but it is important to note that it was recognised by the Association as early as February 1944 (A5/12:6) It affected some specialisms within almoning more than others, particularly the TB almoners (A5/12:42), and it even provoked a bitter exchange of letters in the Times in September 1947 (A6/12:24).

4.8. Following the submission of the memoranda, the new Institute of Almoners which had just been established and which had superseded the HAA, became involved in detailed discussions with the Ministry of Health over the supply of almoners to the NHS (A5/12:48). These negotiations led to the new Institute providing a series of emergency training courses (which will be considered later in this paper), but they also led to the IoA establishing a “Functions Committee” with the aim of advising on the functions of an almoner and defining the duties of an administrative assistant (A15/13). This Committee established in December 1946 carried out a postal survey of almoners’ opinions and in August 1947 it published a pamphlet on “The Functions and organisation of an Almoners department”, which the IoA then used in its negotiations with the Ministry (IoA 1947). The deputation to the Ministry of Health was led by the new chairman of the Institute – Professor Moncrieff, and whilst the Ministry accepted the functions of the almoner listed in the pamphlet, the Ministry voice its own concern at the large number of unqualified almoners in post and the need for the Institute to consider its responsibilities to these almoners. Up to that time the Institute, and the former Association, had disclaimed responsibility for this group, yet the Ministry suggested that since 237 hospitals employed unqualified almoners as oppose
to only 218 with qualified almoners, the Ministry might have to recognise another body as representing the almoners (A6/12:25).

4.9. This action could almost be construed as veiled blackmail on the Institute, and they responded by establishing yet another committee with the rather clumsy title – “the Committee set up to consider the policy of the Institute regarding the unqualified worker using the name of almoner” (A15/13:27-34). The report of this committee will be considered later in this paper, but this move by the Ministry combined with the fact that there was no mention of almoners in the national health Bill (A6/12:9) again raised anxiety about the almoners’ role in the NHS. Once again the Minister of health – now Aneurin Bevan, addressed the Annual General Meeting of the institute in March 1948. In a flattering and persuasive speech, he set out to reassure the almoners of their major role in the new health services. He identified the almoner as a “very highly educated person… handpicked from those with a vocation for the work”, who would act as an important link between the different sections of the health Service – “the personal link to make the system work harmoniously and effectively for the patient” (The Almoner 1(1) 1948). This ministerial recognition was followed in September 1948 by a National Health Service Circular on Hospital Almoners (HMC (48) 53).

4.10. This Circular recognised the change in the functions of the almoner, and stressed the need for trained almoners to carry out medical social work. It listed three main duties – (a) social investigation and interviews to provide understanding of the social and personal background of the patient; (b) social action to minimise personal anxieties, family difficulties and other problems during illness; and (c) the making of arrangements with the Local health Authorities concerned for the home visiting of patients who may need help to ensure the value of their treatment is not lost. The almoners role in rehabilitation and in medical and nursing education was also acknowledged (A6/12:35). Despite this official recognition however difficulties with the Ministry did remain. The introduction of the NHS was not the magic wand that some almoners expected. The IoA set up its own health Act Committee in July 1948 to deal with the individual problems raised by members arising out of the implementation of the NHS (A6/12.34). Similarly further delegations went to the Ministry, particularly over the issue of convalescent care, where the almoners felt that the position regarding the establishment of a comprehensive convalescent home service was most unsatisfactory (A6/12:31). The relationship between the Ministry and the Institute was by no means straightforward, and the tension between the two was to come to the fore again in 1949, when the Ministry of Health established a series of committees on “Medical Auxiliary Workers”, which included the almoners (A6/12:43). The reports of these committees – the Cope Report – will be discussed in a later working paper.

4.11. The establishment of the NHS and the role of the almoners in the service has tended to dominate this section on the reconstruction of post-war Britain, but it would be remiss not to mention three other areas of work where the almoners sought to influence policy. As in the First World War, there was another “moral panic” about the spread of venereal disease during the
Second World War, and in 1943 a Ministry of Health Circular advised local authorities to appoint almoners to their VD Clinics. The IHA provided short refresher courses for those working in this area, and in 1944 it sponsored an account of the almoners work in this area entitled “The Social Background of Venereal Disease” (IHA Annual reports 1943 & 1944). A second area of work where almoners became involved was in the rehabilitation and resettlement of disabled persons. This followed the Report of the Tomlinson Committee, which had discussed the role of the almoner in this service with the Institute (Annual Report 1943). Finally in December 1944, the HAA focussed their attention on the need to develop services for the care of old people, and they were particularly concerned about the elderly in hospital (News Sheet, January 1945). All these three areas led to new opportunities for almoners’ work, but they also illustrate a wider social responsibility which was now pervading the almoners’ movement.

5. The re-organised Institute, 1945 onwards.

5.1. On the 27th October, 1945 the new Institute of Almoners (IoA) was officially incorporated. The dual responsibility of the HAA and the Institute of Hospital Almoners was at an end, and a new memorandum and articles of association was adopted (IoA, 1945). These articles, for the first time, placed all aspects of selection, training and public relations into the hands of practising almoners. In the past the almoners had influence via their Association, but now the power to control their own destiny appeared to be in their own hands. I say “appeared”, because the circumstances of the employment of almoners were rapidly to change, as they became employees of a NHS in May 1948, and perhaps the scope for the new Institute to “control” almoning was consequently weakened. However this section of the paper focuses on the immediate impact of the establishment of the new Institute.

5.2. The new IoA was composed initially of three categories of membership. An “A” member was a qualified almoner engaged in active work, whilst a “B” member was also a qualified almoner, but need not be engaged in active work, The “B” members were usually the “retired” almoners. They paid a lower level of subscription and although they could attend and speak at General Meetings of the Institute, they could not vote at such meetings, unless they were elected as a member of the executive Council of the Institute. The Honorary Members were the old “lay members” of the former Institute, but now their numbers had to be less than one third of the full membership. Similarly “A” members now had to be in a two thirds majority on all committees of the IoA. The IoA remained responsible for the training and registration of almoners, but the new Institute was only obliged to hold one General meeting of the total membership each year (the old HAA held 5). The focus of the regular interaction of the membership was seen to be in regions, who would each elect one of their members to serve on the national Executive Council, which would be responsible for the day to day running of the Institute.

5.3. During the first five years of the new IoA, covered by this paper, the executive Council met on a monthly basis. Four Honorary members served on this Council, alongside the elected regional representatives. In 1946 these
were Sir Alfred Howitt (now President of the Institute); Professor Moncrieff, who was elected Chairman of the Council; Mr. Owen, Treasurer of the Council; and Mr. Astbury, of the Family Welfare Association (formerly the COS). Although the almoners now controlled the Council, the “public face” of almoning was still presented by influential lay representatives. Other medical men would later become involved as Honorary members of the Council. Regional Committees were composed entirely of almoners, but Honorary Members in the regions continued to play a role in the IoA by serving on candidate selection and training committees. In the first four years of its existence the IoA did call six extraordinary general meetings of all members. Two of these were concerned with salary negotiations; three with the functions of the almoner in the new NHS; and one was with the withdrawal of the Institute from BFSW. Each of these meetings was well-attended, but the days of the mass participation of the membership at a single venue were numbered. Instead power increasingly rested with the Executive Council.

5.4. The Executive Council established a fairly complex system of committees to assist it in its task. As well as a Finance and General Purposes Committee, the Council also had a Training Committee (which included sub-committees dealing with Libraries, Academic Courses and Emergency training); a Publicity and Publications Committee; and committees dealing with convalescent homes; records; rehabilitation; salaries; scholarship; as well as a series of ad hoc committees. Much of the Executive Council’s work became receiving, commenting on, and approving the reports of its various committees. The Council was not averse to referring the reports back to the various committees. It also insisted that all communication with Ministries and other official bodies should be routed through itself. Internally the IoA did split its functions into two halves – the training section and the professional section. Because of the increase in the training role, which will be discussed in the next section of this paper, the problems of financing the Institute became a major focus for the Council itself, and indeed this topic was to be a major feature of the Council’s deliberations throughout the 1950s.

5.5. One distinctive feature of the new IoA was the number of staff it employed. At the date on incorporation there was a Secretary – Miss M. Steel; a Tutor – Miss A. B. Read; an Assistant Secretary – Miss Hunt, and an Assistant Tutor – Miss J. Roosmalecocq. These were all trained almoners. There was also a support and clerical staff. There were several changes during the first four years. In 1946 Miss Read, the Tutor, was replaced by Miss Helen Rees, now designated Director of Studies; whilst Miss M. Ward replaced Miss Hunt as Assistant Secretary and Miss J>B>Paterson replaced Miss Roosmalecocq, though with a new designation of Tutor. The professional staff was expanded by the appointment of extra tutors for the Emergency Training Courses run by IoA. Although there was this increase in “professional” staff, they appear from the records, to have left the major decisions to elected representatives, and there are few instances of them taking executive action on their own initiative.

5.6. The final feature to comment on in this brief section is the new involvement of the IoA in the negotiation of salaries for its members. Although
the old Institute had published recommended salary scales, the new IoA was represented on the Joint Negotiating Committee which met with management in the NHS to set National Salary Scales (A6/5:43). Later in 1948 the IoA was given representation on the functional council of the NHS Whitley Councils, and for the next four years the Institute was engaged in protracted negotiations about salaries and conditions of service for almoners. Indeed these negotiations were only satisfactorily concluded in October 1952, Miss Warren giving a detailed history of the six years of negotiations at an Extraordinary General Meeting in December 1952.

6. Training in the 1940s.

6.1. Following their extensive debate on training in 1939, the HAA continued to pressurise the Institute of Hospital Almoners into making improvements in training provision for almoners. The HAA Sub-Committee on the Reorganisation of Training recommended that preliminary training schools should be organised by an almoner-trainer, which would bridge the gap between the completion of an academic qualification and the commencement of hospital training. The almoner-tutor should also run tutorials, and not leave these to lecturers (A5/9:29). Despite the war-time problems the Institute took this recommendation on board, and in April 1940 they appointed Miss Read as Almoner Tutor. Miss Read had the responsibility of coordinating and arranging hospital training for students, and she made a point of discussing progress reports with each individual student. It was March 1941 before the first training School of two weeks duration was held and a second was arranged for later that year. The Training School consisted of visiting lectures by physicians, surgeons and other lecturers, followed by tutorials. Some sixty students went through this system in 1941, but for the remainder of the war years some 125 students a year were accepted, and by 1944 the pressure on Miss Read lead to the necessity of appointing an Assistant Tutor. Three training schools were held in 1943, and by 1945 four training schools had become the norm. each year one or two schools were held in venues outside London, such as Leeds.

6.2. Snelling, in her review of the contribution of the Institute to social work education has suggested that from 1943 onwards, the training provided by the Institute became more relevant and "modern". The training committee began to discuss the mechanics of the training process and how to improve teaching, and the students themselves made detailed and constructive proposals for improving training, indicating the need for a more planned approach to learning. This meant that the old apprenticeship methods which had been used by almoners for training before the 1940s, were no longer found to be acceptable. (Snelling 1970). During the mid to late 1940s other changes took place in this training provided by the Institute. In 1945 the first male student was accepted, commencing his course in 1946; whilst in 1947 a complete new pattern of Institute training was established. This was partly due to a serious dearth of satisfactory practical training vacancies, both in general casework agencies and in almoners departments in hospitals. In July 1947 the Institute cut the period of practical training from 15 months to 11 months. After the completion of an academic course in social studies, the
student would now complete two months in a casework agency, one month at a training school, and eight months in hospital. This later period would include three months of supervised training during which lectures and tutorials would continue. Each tutor would be responsible for forty students, and they would organise tutorial and case discussions during this three months period (IoA Annual Report 1947). Between 100 and 125 students continued to qualify using this route each year.

6.3. However the shortage of almoners led to pressure being exerted on the Institute to provide some courses of emergency training as well. This pressure was discussed at an extraordinary general Meeting of the HAA held in August 1943. The Ministry of Health had asked the Institute for proposals by which a large cumber of almoners could be made available for work in rehabilitation centres, and had suggested some form of the dilution of training to cope with this, The HAA obviously opposed any concept of dilution, but they acceded that administrative assistants might be introduced to assist hard-pressed almoners, and they also agreed that some form of shortened training might be possible for mature and experienced persons (A5/12:1). At a meeting with representatives of the Ministry of Health, the Ministry of Labour, the Scottish office, the BMA, the British Council for Rehabilitation., and the Institute in September 1945, an emergency scheme of training was proposed (A5/12:48).

6.4. Five emergency training courses were run by the Institute between March 1946 and January 1949. This resulted in 272 students receiving a qualification from the Institute. The courses were designed for “older” men and women, between the ages of 25 and 35, who were expected to have a good general education and experience of welfare or responsible administrative work. The selection procedure adopted was rigorous. Approximately 1,800 enquiries were received, 790 candidates were interviewed by selection committees and 340 were finally accepted for training. Each course lasted for one year and consisted of six months theoretical study and six months practical experience. The Institute employed a special team of a course organised, and theoretical and practical work tutors to manage the courses. The report on the courses published by the Institute in 1949 is written in a very self-congratulatory manner, but some of its assertions are backed by detailed course evaluation. It is quite an impressive evaluatory document if one considers the time at which it was written (IoA, 1949).

6.5. This emergency course run by the Institute was only part of a general reaction to the shortage of trained social workers which was now being publically. At a meeting between APSW and HAA in March 1944, the two Associations had mooted the idea of a common basic training (A5/12:49) and in 1946 BFSW took a lead in organising a conference on The Practice of Social Work. Here ideas about common study of training content and method were aired. This point was reinforced in Eileen Younghusband’s comprehensive “Report on the Employment and Training of Social Workers” published in 1947 (Younghusband 1947). Younghusband saw emergency courses as only a short-term and, in many ways, an undesirable solution. She identified deficiencies in practical work arrangements on courses, and the almost complete lack of literature and research on training. Her suggestion
was to establish a School of Social Work which would undertake research; run basic professional courses; provide general and refresher courses for existing social workers; and provide a base for international exchange of study. The Institute supported this proposal (A6/13:28), but it was to be some years before action was taken on it. However there was clearly a revival of interest in alternative forms of training which did not pass the almoners by, although one is conscious of the scepticism with which they viewed some of the proposals. This was further reflected in developments in generic training in the 1950s and 1960s.

6.6. The Institute did however in the latter part of the 1940s start to consider and provide for the in-service training needs of almoners. Initially almoners attended some of the courses run by BFSW, the Institute sending five members on BFSW’s experimental course for student supervisors in 1946 (A6/12:6). But in 1948 three separate experiments were tried by the IoA. The Metropolitan Joint Regions held a series of refresher lectures attended by nearly 100 members, whilst the Birmingham Region held a residential weekend course. Finally the institute itself ran a one week residential refresher course for those almoners trained during the war years (IoA Annual Report 1948). The following year a further two one-week courses were arranged, the second of which concentrated on student supervision (Annual Report 1949).

6.7. In paragraphs 4.8 and 4.9 of this paper, mention has been made of the pressure exerted on the Institute by the Ministry of Health to consider the training needs of experienced but unqualified almoners. The Institute’s committee, which considered this topic in 1947 and 1948 concluded that the Institute should offer a shortened course, probably of six months duration, to those unqualified almoners who were 35 years of age and who had been in post for four years or longer. With some reluctance the Regions of the Institute accepted this recommendation, with various safeguards – it was to be a one-off offer, and the Ministry for its part was to put pressure on the hospitals not to recruit any more unqualified workers. In the event the plan was stillborn, when the Ministry stated that hospitals could not release their staff for six months on pay to attend these courses (A15/13:31). It was left to the Institute to find another was of incorporating such workers into their ambit.

6.8. the Ministry of Health, whilst supporting many of the training initiatives verbally, were not as forthcoming with financial assistance to allow the Institute to run the courses. By 1947 the Institute was £2,000 in the red over its training activities. Through the office of Sir Ernest Rock Carling, the Institute secured a grant from the Nuffield provincial Hospitals Trust which covered training expenses from 1947 to 1949 (A6/12:23). During these three years both formal and informal bargaining took place with the Ministry of Health in an attempt to get the Ministry to accept some responsibility for financial support. The Institute enlisted the services of miss Geraldine Aves, the Chief Social Welfare Officer at the Ministry in their struggle (A6/12:34), whilst Sir Ernest Rock Carling lobbied the medical officer there – Sir William Jameson (A6/12:35). After two years pressuring the Ministry of Health finally gave financial assistance to the Institute for the year 1950. They guaranteed
the difference between the cost of training the students and the income received by the Institute from them – up to a maximum of £3,000. Although this was for one year only in the first instance, the Treasury had accepted the principle of the augmentation of the Institute’s income, and this pattern was to continue over the next decade (A6/12:49). The burden of paying for their own training still rested with students, although from 1948 a number of bursaries were offered by the King Edward's Hospital Fund for London (Annual Report 1948).

6.9. Finally near the end of the decade, in 1948, the Institute decided to set up its own working party to study the recruitment and training of almoners. This was chaired by the Honourable Eleanor Plumer, the Principal of St.Anne’s Society, Oxford, and consisted of six almoners and three lay members, including professor Moncrieff and Eileen Younghusband. The Working Party published its report in July 1949 and amongst its recommendations, it suggested that the Institute should persuade one or two universities to provide a year’s course in medical social work as an alternative to the Institute’s course. The Institute would then run down its own training activities and depend on the Universities for full training (as the psychiatric social workers did) (Plumer 1949). Although the Institute had some reservations about the report, they did use it as part of their evidence to the Cope Committee on Medical Auxiliaries, and the ideas in the report were to influence their own policy on training in the 1950s.

7. The Almoners and their identity as social workers.

7.1 In paragraph 2.4 above, it was noted how some members of the HAA felt that social workers were largely ignored in the early stage of the war, because social work was speaking with a divided voice, and they called for joint action with other social workers. The BFSW had existed since 1935, but I demonstrated in my Working Paper 4 how the almoners had remained aloof from the situation. However the changed circumstances of the Second World War caused the almoners to rethink their position.

7.2. The impetus for this change came from a group of eminent social workers who simply called themselves The Social Workers’ Group. The Group included Miss Morris and Miss Roxburgh (leading almoners), Miss Clement Brown (a leading PSW) and Miss Younghusband. They met as a group in February 1940 and drew up memoranda on (a) What is a Social Worker? (b) The Training of the Social Worker, and (c) Professional Bodies for Social Workers, and the need for one strong, effective Federation. They felt that BFSW had skirted around these questions and was not an adequate representative body. They circulated what they considered to be professional associations, including the almoners, with their views. This produced a lively debate at the General meeting of the HAA in April 1940. The HAA resolved that it should not stand outside all efforts at cooperation, but should consider what type of action was most desirable. Whilst it felt inadvisable to set up a rival organisation to BFSW, the HAA agreed to conduct discussions with both the Social Workers’ Group and with BFSW (A5/9:11).
7.3. The Social Workers’ Group then entered into a series of negotiations with BFSW commencing in May 1940. These negotiations centred around the definition of a social worker; the structure of the Federation (including which organisations should be constituent bodies of it); and the need for the Federation to be adequately financed. Reading the correspondence it appears that the Social Workers’ Group were concerned about both the health Visitors and the District Nurses being in membership and playing an active role in BFSW. They were also concerned about individual membership of the Federation and the fact that untrained workers were playing a prominent part in local branches. The almoners clearly favoured the views expressed by the Social Workers’ group. In September 1940 Miss Warren argued that there was confusion in BFSW between combining as professional social workers for the purposes of maintaining standards of work and training, and a willingness to meet and discuss special problems with all kinds of workers concerned with social welfare (A5/9:35). At the General Meeting in October 1940, some members of HAA felt that the Association should apply for membership of BFSW without any constitutional change, whilst the majority felt that the negotiations should continue through the Social Workers’ Group (A5/10:7). In the event BFSW modified their constitution, and in June 1941, on the recommendation of the Social Workers’ group, the HAA agreed to apply for membership of BFSW for a two year trial period (A5/10:5).

7.4. Throughout the War, the HAA joined in BFSW activities both at an Association level and at an individual member level, although the Association played its part in working groups and conferences, the leadership of the almoners were still very suspicious of BFSW. As early as June 1942, the Almoners felt that they could not condone BFSW’s attempts to improve its finances by making a financial appeal to members (A5/11:19) and when the two year’s trial membership came up for review in June 1943, the Association voted to stay in membership, noting that BFSW was not fulfilling its role satisfactorily (A5/11:31). On this occasion there was more support from local HAA groups than from the Executive Committee. Surprisingly the Association agreed to further constitutional change in BFSW in November 1943, which allowed individual and associate membership to be introduced (A5/12:21). Thereafter the Association voted annually to stay in membership of BFSW until 1947, when the Executive Committee of the new Institute of Almoners recommended immediate withdrawal from membership. The reasons stated were (a) the fundamental lack in BFSW of a clear definition of what constitutes a social worker; (b) the inability of BFSW to put itself on a sound financial basis (c) much of the work done centrally by the Council and committees fo BFSW was redundant, as the work is already being done by its constituent bodies; and (d) local groups can continue to function locally without the need for a central organisation (A6/12:27). An Extraordinary General Meeting of the Institute, with 103 members present, backed the executive recommendation, and the IoA withdrew from BFSW (A6/5:47). Thus the participation of the Association/Institute in the Federation lasted only four years, and for most of this time, the leadership of the almoners was certainly luke-warm about the whole affair.
7.5. The Almoners did continue to meet informally with the psychiatric social workers, but at this stage this relationship was not on a formal footing. Similarly informal contacts led to almoners joining with PSWs, Probation Officers, Family Caseworkers and Moral Welfare Officers, in sponsoring a book on “social casework” (A6/12:34). This book edited by Cherry Morris (an almoner) was published in 1950 as “Social Casework in Great Britain” (Morris 1950).

7.6. The international links discussed in Working Paper 4 were of necessity put into storage during the war, but after 1945 they were revived again. Exchanges were arranged in 1948 with Australia, Sweden and France; and the secretary of the IoA attended the delegate conference of the international Conference of Social Work at the Hague (Annual Report 1948). The Secretary also attended a major International Conference in Atlantic City in 1949. Finally in 1948 the Institute was also represented at the first British Conference of Social Work, organised by NCSS.

8. Conclusions.

8.1. The 1940s was a decade of considerable change for the almoners. At the end of the decade most almoners were employed by either local authorities or by the NHS. The scope of their work had altered considerably during the decade – no longer were they concerned with the financial assessment of patients and the collection of contributions. There were still a few vestiges of the old finance role remaining, in the control by some almoners of voluntary funds; but in general, the new keyword of “social casework” was entering into definitions of their work. Some work practices however were slower to change – the reliance on the office interview and the concern for medical referrals; and the trappings of their former work remained – the title “almoner”, the wearing of white coats, and the generally inadequate nature of their accommodation in hospitals. Despite this the Almoners had made a transformation. It would have been possible to ignore them completely in the NHS, but their well-developed links with certain eminent medical men and their growing links with the Ministry of health, the Royal Colleges and the BMA, meant that a new role in “social medicine” was found for them.

8.2. But the advent of the 1950s did not herald an end to their troubles. There were still unresolved problems over their status – as social workers or as medical auxiliaries; role conflict with health visitors was looming; the financing of their training scheme was still uncertain; the problem of the large number of unqualified almoners remained; and the relationship of almoning to the wider social work world was unresolved. The professional association, reorganised in 1945 as the Institute of Almoners was playing a major role in all these debates. It had changed its shape and character over the decade, and members were still adjusting to these changes as well as to those changes in their own work environment. One is struck by the high level of activity in the professional association during this period, a level which does appear to tail off in the succeeding twenty years.

Andrew Sackville  December 1986.
Sources:

Hospital Almoners’ Association – executive Committee and General Meeting Minutes 1939-1945.


Minutes of joint sub-committees and of Institute sub-committees established to consider various issues.

Social Workers’ Group Records 1940-1941.

HAA Year Books 1940 & 1941.

Institute of Hospital Almoners Annual Reports 1939-1944.

Institute of Almoners Annual Reports 1945-1950.

HAA News Sheet May 1942-August 1945.

IoA Almoners’ News Sheet November 1945 – March 1948.


Rees, H. A Survey made from May to December 1941 HAA 1942


HAA (1945a) The White Paper on a National Health Service

HAA (1945b) Medico-Social Service in an National Health Service

IoA (1945) Memorandum and Articles of Association.

IoA (1947) The Functions and Organisation of an Almoner’s Department


IoA (1949) Report on Emergency Courses of Training for Almoners 1946-49

Morris, C. (ed) (1950) *Social Casework in Great Britain*
Faber & Faber.

Titmuss, R.M. (1950) *Problems of Social Policy*
HMSO

Abel-Smith, B. (1964) *The Hospitals 1800-1948*,
Heinemann.