Professional Associations and Social Work.


From Almoner to Medical Social Worker 1950-1970.

1. Introduction.

1.1. In dealing with the final twenty years of the existence of a separate professional association for almoners/medical social workers, I have had to be extremely selective in the topics discussed in this paper. In contrast to earlier periods, the raw material of committee and sub-committee minutes and reports is vast, and it is supplemented by a regular monthly journal. For this paper I have relied primarily on three sources – the Minutes of the Council of the Institute of Almoners (IoA); the Annual reports of the Institute; and the printed publications of the Institute including the journal – “The Almoner”/“Medical Social Work”. Sub-committee minutes have only been consulted for clarification of certain issues.

1.2. The paper is arranged around five major areas of debate which link to, but are not exactly coterminous with, the major themes identified in Working Paper 6. The first and major part of the paper focuses on the activities of the professional association in dealing with various aspects of defining medical social work – identifying core features; “protecting” medical social work from other groups, or from being “diluted”; and attempting to respond to the changing social environment in which almoners worked. This links to the second section which examines the internal functioning of the Institute throughout this period – how were decisions taken, how was the involvement of membership maintained? The third section of the paper deals with the almoners’ concerns for wider social issues, and the strategies and tactics they adopted in pursuit of their aims. This is followed by a fourth section on the Institute’s impact on training during the twenty years when “generic” training for social workers was being introduced. Finally I examine the almoners’ contribution to the development of a generic social work identity in the period, which culminated in the formation of BASW in 1970. Of course all these themes are inter-related and the division I have imposed on the material is somewhat artificial. However this framework has proved useful to me in attempting to understand the activities of the professional association in these two decades.

2. Protecting medical social work.

2.1. As was pointed out in the final paragraph of Working Paper 5, the advent of the NHS in 1948, whilst offering new challenges and opportunities for almoners, did not resolve all the debates about the functions and status of the Almoners in the reorganised health service. The Almoners were to feel under constant challenge to justify their position and activities during the twenty years under review.
2.2 One threat identified at the start of the 1950s was the enlargement of the Health Visitors’ functions in the new Local Authority Health Departments. Almoners had traditionally asked local social workers (in London – usually the COS, now renamed the Family Welfare Association) to carry out after-care visits on patients discharged from hospitals if they themselves were unable to visit. Following the NHS Act and the Ministry of Health Circular (48)53; this practice was being challenged by the direction that the home visiting of patients, if required, should be arranged through the local health authority. The almoners were concerned that their right to choose a suitable after-care agent was being taken over by the Doctors, or in some cases – by administrative clerks; and they were also concerned about the appropriateness of using health visitors, who were not viewed as social caseworkers able to provide a social investigatory report. The challenge to the identity of almoners can be seen in an article by Dr. Brockington, County Medical Officer for the West Riding of Yorkshire, who in 1949 argued that the Health Visitor was the “social worker to the whole family and the whole community”, and went on to suggest that all almoners should be trained nurses with some additional socio-medical training. This provoked a strident response from Miss Zucker, Chief Almoner at the West Middlesex Hospital who argued that “nurses and social workers can be no more interchangeable than nurses or doctors, or doctors and social workers. Each approaches the need of the patient from a different angle. The professions have roots in different soil”. (The Almoner Vol.2. 1949)

2.3. Despite attempts by Professor Alan Moncrieff, Chairman of the IoA (and also President of the Health Visitors Conference), to argue that a health visitor’s work was health education in the home, whilst an almoners work was medical social work assisting the doctor in the investigation and treatment of a patient’s illness, the controversy developed into a major confrontation between the Medical Officer of health for the LCC and the Almoners in 1950. despite the Almoners’ objections, the MOH had sent a letter to the secretaries of Hospital Boards of Governors and Regional Hospital Boards, confirming that all after-care visits were to be arranged through his Divisional Medical Officers. In response the Almoners sent a letter of their own to the same Secretaries, asking them to delay consideration of the MOH’s letter until the almoners submitted a reasoned reply (A6/13:2). This clearly infuriated Sir Allen Daley, the MOH, and the arguments raged on from March until November 1950, when a deputation from the Institute finally met Sir Allen. This meeting defused the situation with Sir Allen agreeing to consider a block grant to certain casework agencies involved in after-care and the appointment of a trained social worker to each Divisional medical Officer to deal with cases referred to him and this obviate the possibility of cases being dealt with by clerks (A6/13:7). Certainly a new circular from Sir Allen on “Home Visiting and After-Care” was judged to be generally in line with consultation between the Institute and the LCC (A6/13:11).

2.4. Whilst the London dispute was resolved, the almoners continued to be suspicious of the activities of health visitors. In November 1953, they were concerned to hear reports from Sheffield of health visitors visiting hospital wards in areas where there were no almoners (A6/14:11); whilst the June
1953 edition of “The Almoner” carried a report of the Health Congress of the Royal Sanitary Institute where claims were made that an all-purpose social worker was already established in the form of a health visitor. (Almoner Vol.6) However the Institute gave advice to a working group of the department of Health in Scotland in 1953 and to the Jameson Committee on Health Visiting in England and Wales in 1954, which was far more positive – stressing the complementary nature of almoning and health visiting, and recognising the core element of the health visitors’ role as health education. Certainly the threat to the almoner’s role envisaged in 1950 did not materialise and from the mid 1950s this dispute appears to have lost its bitterness.

2.5 A second “threat” posed to almoners at the start of the 1950s was the dispute with the Ministry of Health over the almoners’ role as medical auxiliaries. This crystallised as a result of the Cope Committees’ Reports published in April 1951. These were eight separate but interlinked committees set up in May 1949 to consider the supply and demand, training and qualifications of certain medical auxiliaries employed in the NHS. Thus the almoners were considered by one committee, but they were linked to chiropodist, dieticians, medical laboratory technicians, occupational therapists, physiotherapists, radiographers and speech therapists in the general report. The Almoners had been represented on their committee by Miss McInnes and Miss Roxburgh, but they had been outnumbered by four doctors and one civil servant. The main recommendation of the Cope Committees was the establishment of a single “Council for the Medical Auxiliary Services in the NHS”, dominated by the medical profession, which would register all medical auxiliaries they considered suitable for employment in the NHS (Cope Committees Report 1951).

2.6 The two almoners on the committee had joined with two occupational therapists and a speech therapist in submitting a Minority report which set out the Almoners’ objections to the recommendation. They considered that the term “medical auxiliary” was totally misapplied, and based their argument on the assertion that they were separate professions, each having its own standards of training, principles of practice and its own professional ethics. Whilst they favoured a statutory register, they did not want this to be solely linked to the needs of the NHS, and they considered that the establishment of a central controlling Council to direct a number of distinct professions, could only have a stultifying effect on the work of the profession concerned. They challenged the doctors’ competence to control the training curricula and methods of work of other professions and they objected to the minimal representation they would be offered on such a controlling council (Cope Committees Report 1951).

2.7 the executive council of the Institute was to spend two years arguing with the Ministry of Health over these proposals. The almoner members of the Council were united in rejecting the term “medical auxiliary” and in opposing a central registration council; but the lay members of the Council were more sympathetic to the majority report recommendation (A6/13:13). In the event the almoners gained important allies in the psychiatric social workers, when the ministry of Health announced that the Cope Committees Reports would be
considered together with the Mackintosh Report of Social Workers in the Mental Health Service, published in June 1951 (A6/13:14). Although the Institute tried to engage some of the other groups covered by the Cope Committees in a concerted campaign of opposition to the Reports, this initiative met with little success (A6/1:16), and the almoners organised a series of deputations to the Ministry to argue their case. Many of these meetings were described as “inconclusive”, and the Almoners continually passed motions protesting vigorously in principle to the definition of medical auxiliaries (A6/13:19). The Ministry climbed down over the terminology, but still wanted a registration Council. The Almoners still rejected the proposed scheme, claiming that their “present system of training, qualification and registration was acceptable to their employers” (A6/13:25). In the end in May 1953 the Ministry went ahead with a Council to regulate the professions supplementary to medicine, but they excluded the almoners and the PSWs from the scheme. The almoners had won a victory, but they did agree to a closer liaison with the Ministry over training matters, whilst rejecting the Minister’s request for his representatives to be on the training committee of the professional association.

2.8 A third focus of concern during the early years of the 1950s, was with defining exactly the functions of almoners. Although the introduction of the NHS had relieved almoners of their tasks of assessing income and collecting contributions, there was a concern that changes in then financing of the system might lead to their being involved again in this area of work. The Institute resolved in September 1950 that they should not become involved in any collection of hotel charges for hospital patients then being proposed (A6/13:5); whilst in June 1952, then the shilling prescription charge was implemented, the Ministry agreed that almoners should not be involved (A6/13:24). But this concern not to be involved again in financial transactions was just the tip of a much larger debate about the functions of almoners. Indeed one consultant is quoted as commenting that “almoners spend so much time nowadays deciding what are no longer their duties that they hardly have time for much else”. (The Almoner. Vol.2.)

2.9. The IoA responded to this debate by establishing a Survey Committee in July 1951 to conduct an enquiry into the duties being undertaken by almoners and to ascertain how far the recommendations of the Ministry of Health’s 1948 Circular were being implemented. This Survey was based on 311 completed questionnaires sent to hospitals, and in its report of June 1952, the IoA set out various principles which were to guide them in negotiations with hospitals and the Ministry over the succeeding years. They firstly listed those services which they considered did not require either the personal attention or the general supervision of a trained social worker, and which therefore could be excluded from almoners’ departments. These included the supply of appliances; the arrangement of transport; making appointments; keeping waiting lists; issuing death certificates; arranging funerals for destitute patients; and issuing certificates for extra rations. Secondly they outlined the procedures by which almoners should normally find their social work. This should be by direct referral from medical staff, since blanket coverage of all patients was practically impossible and professionally undesirable. Finally they made their
statement on the nature of an almoner’s work. This stated – “An almoners is essentially a medical social case worker, whose job it is to study the patient’s social background and his reactions to illness, with a view to assisting in the many personal and practical problems which are associated with illness. The fullest use of her skill is made when she is giving help to patients where the doctor believes that anxiety or personal difficulties, either on their own or combined with practical problems, are closely associated with the illness for which the patient is being treated. Problems which require listening, helping the patient to sort out worrying situations; to face the future and possibly readjust his life to the limitations of his disability, can only be dealt with by the trained social worker herself” (A6/13.24a).

2.10 The Survey Committee Report concluded that the emphasis must be placed on the quality of work done with individual patients rather than on any endeavour to cover large groups of patients or on the numbers of “semi-skilled” services provided. “Professional solidarity behind the acceptance of principles designed to emphasise the almoner’s position as a skilled social worker rather than as a useful social administrator is essential.” (The Almoner. Vol.6). This focus on the “case” can be traced in articles appearing in The Almoner at this same period. In June 1950, an article by Anne Topley looked at the importance of psychology and an understanding of human behaviour and it stressed the need to strengthen and develop the handling of the psychological aspects of social casework. Similarly the discussion of “cases” becomes a regular feature in the journal (The Almoner. Vols. 2 & 3). There were some voices of concern raised within the IoA about this trend, for example, the Scottish Region in June 1951 suggested that too great an emphasis was being placed on personality difficulties in social work, but the IoA Council decided that whilst a certain amount of psychological training was needed, it was possible to “eradicate any over-emphasis on this by experience!” (A6/13:14). Nevertheless the concept of casework becomes pre-eminent certainly in professional debate and literature, and the IoA continued to press the Ministry, unsuccessfully for some ten years, for another official circular which would recognise that fact.

2.11. The Ministry however was more concerned about the shortfall in the number of almoners available to fill established posts in the hospitals, and this led to the fourth major concern of the early 1950s – the “threat” of dilution. The debate was opened up in October 1952, when the Scottish Department of Health recommended the creation of “almoner assistant” or “apprentice almoner” posts to cope with the shortage of trained almoners in Scotland (A6/14:2). Whilst lay representatives on the Council, like Sir Ernest Rock Carling supported the idea, and the Scottish Regional Committee felt that a special training course might be the answer, the majority of the almoner members of the IoA’s Council opposed the scheme. But the demand for another grade of worker in hospitals started to gather momentum in England. In January 1953 the United Liverpool Hospitals proposed employing social science graduates as welfare officers (A6/14:5), and in July 1953 the Ministry of Health in England asked the IoA to be prepared to discuss general welfare work in hospitals with them (A6/14:9). Over the next eighteen months a series of meetings were held with the Ministry who, whilst agreeing “unqualified”
workers should not be appointed as almoners, also argued that almoners should be prepared to accept another grade of worker as part of an overall plan to provide a more comprehensive social service in hospitals. The IoA responded in March 1955 by setting up an Ad Hoc Committee “to consider urgently the difficulties with regard to the provision of an adequate medical social service and to make proposals” (A6/14:22). The Report of the Ad Hoc Committee in November 1955 was to spark off the major internal division of the whole 20 year period covered by this paper.

2.12. The Ad Hoc Report was in three parts. Parts I and III were uncontroversial. They set out the demand for the issue of a new Ministry Circular defining almoners’ functions; and they listed various ways in which recruitment to the profession might be enhanced. But Part II suggested the introduction of a new grade of worker – a “social service aide”. Whilst recognising the disadvantages of this, the Report argued that it was the only way forward in a hospital without an almoner service. Whilst lay members of the Council supported this proposal, some of the regional representatives were totally opposed to it (A6/14:26). The recommendation went to discussion in the regions and when an Extraordinary Meeting of the Institute Council was convened in December 1955, it was found that whilst Birmingham and Wales strongly opposed the introduction of a new grade of worker, the remaining ten regions accepted the recommendation, with certain modifications and with some reluctance (A6/14:28). Undismayed by this initial defeat, the Birmingham Region organised a demand for an Extraordinary General Meeting of the Institute (requested by 409 members) and at this meeting on 21st April 1956 the Council’s proposal was defeated by 200 votes to 134. A motion from Birmingham – “that this meeting feels that the Institute of Almoners (bearing in mind its function to maintain and raise standards) should not sponsor, or through its members take part in any scheme for the introduction and training of welfare secretaries and the plan to establish them in hospitals where no almoner service exists, as it feels that by so doing that the future of medical social work will be jeopardised” was carried (A6/5:63). Professor Moncrieff, as Chairman, expressed his displeasure at seeing the Council’s view overturned by the membership. The Ad Hoc Group reconsidered this report and suggested a compromise position – that the Institute would not accept a second grade of worker unless they were working under the supervision of an almoner. This was linked to a series of demands for a new circular on almoners’ duties, improved training grants, improved salary scales, almoner consultant posts at the Ministry of Health, the limitation of the title “almoner” to those on the register of the Institute, and the reorganisation of the almoner service on a group basis (A6/15:2). This package was then debated in the Regions and a vote was taken. Of the 50% of the membership who voted, 353 were in favour of the new package and 258 against. This then formed the basis for future debate with the Ministry (A6/15:5).

2.13. Whilst this debate was taking place within the national association, a parallel discussion was going on in Manchester between the Manchester Regional Hospital Board and the Manchester regional Committee of the Institute. This local debate will be dealt with in a further working paper on the
local dimension of the Institute of Almoners, but for the purpose of the present
discussion it is important to note that the national Institute allowed the
Manchester region to negotiate an experimental training in Manchester to
train a limited number of welfare workers annually, on the condition that these
welfare workers would only be employed under the supervision of a trained
almoner (A6/15:3). This scheme was launched in the Autumn of 1956, when
the wider debate within the Institute was at its height and it continued until
May 1962, when it was replaced by a local agreement on secondment to
Certificate in Social Work training courses. The Ministry of Health supported
the Manchester scheme financially, and continued to monitor the experiment.
However on the national scene they did agree with the Institute to defer the
introduction of an assistant grade of worker (A6/15:8). The Ministry again
delayed issuing a new circular on the almoner’s functions, claiming now that
they were waiting for the outcome of the deliberations of the Younghusband
Committee, which had been established in June 1955, to consider the role
and training of social workers in the local authorities’ health and welfare
services.

2.14. A concern and interest in the work and recommendations of this
Committee now replaced the more parochial concerns and internal squabbles
over an assistant grade in hospitals. The Institute set up its own ad hoc
committee to prepare evidence for the Younghusband Committee in
September 1955 (A6/14:25). This was composed of almoners who, in the
main, had experience in local authority work – a small, but numerically
growing group. This ad hoc committee submitted its initial evidence to the
Younghusband Committee in July 1956, after Sir Ernest Rock Carling had
gone through it “to see if it can be made clearer to an outsider” (A6/14:33).
Following a request from the Younghusband Committee in January 1957 for
the Institute’s view on whether there should be more almoners in the
community and less in hospitals, the Institute submitted further evidence to
the Committee in July 1957 (A6/15:8). The Institute generally approved of the
idea of training for social workers in the health and welfare departments of
local authorities, but they saw these trained workers as a second level of
worker – not quite a professional social worker like themselves, because they
could no have had the same type of training; and they believed that the
almoners role in the local authority services would be more one of supervision
and guidance of other workers.

2.15. In the event the Younghusband Report which reported in 1959, divided
the users of the local authority services into three categories:- complex cases;
those who needed a competent social work service; and others who could be
served by welfare assistants under the supervision of qualified social workers;
and it linked the type of training needed to these categories. The result was
two avenues to social work training for the first two groups – university
professional courses on existing lines, and a new general training in social
work related to, but outside the university – the Certificate in Social Work
(Younghusband 1978). The IoA joined other professional associations of
social workers in welcoming the Report, and then considered the implications
for their own work. In September 1959 the Institute identified thee questions
which it asked its members to respond to:- were almoners prepared to accept
the responsibilities placed on the professionally trained social worker – to undertake casework in problems of special difficulty and to act as consultants and supervisors to other social workers?; were almoners prepared to accept the proposed two-year course of training for general social workers, and if so was there a place for this type of worker in the hospital service?; and were the almoners prepared to accept the ideas of a welfare assistant with a short in-service training, and if so was there a place for her in the hospital service? (A6/15:22).

2.16. The Institute at the end of the deliberations, supported the two year training proposals, but were less sure about the place of such workers in hospitals. They did however use the report’s recommendations to press for more courses in staff supervision, which had been identified from the early 1950s as a major training need for almoners (A6/15:24). The Institute set up an ad hoc Younghusband Committee to monitor the progress of the new courses which were set up as a result of the Report, and almoners became involved in the new two year training both as tutors on some of the CSW courses, and as supervisors of students in training. The IoA also welcomed the new Central Training Council which was established to oversee the courses (A6/16:7), and kept in close contact with Miss Aves at the Ministry of Health about further developments (A6/16:9). Few of the new CSW workers ended up working in hospitals, and at the end of the day, the threat of possible “dilution” from this source proved illusory.

2.17. The final debate in the twenty years under review commenced in 1965 with the establishment of the Seebohm Committee on the Local Government and Allied personal Social Services. This Committee was itself the culmination of a number of changes and pressures in social work over the preceding years (see for example Younghusband 1978, Chapter 15); but in the case of the almoners (since October 1964 – Medical Social Workers) the debate over the reorganisation of local authority personal social services was linked to the debate over the reorganisation of the NHS foreshadowed in two Green papers on reorganisation issued in 1968 and 1970. It seems that the Medical Social Workers (MSWs) were in an extremely weak position. Their service was not in the direct remit of the Seebohm Committee (although this did not stop the Committee from commenting on their work); whilst they were almost an afterthought – a Cinderella service – within the NHS reorganisation, which was dominated by the medical viewpoint. This perhaps explains why comparatively little resistance to far-reaching change is apparent in the MSW records during this period. Indeed I am surprised at how little debate there was in the Institute about their own submission of evidence to the Seebohm Committee (A6/17:7). The minutes of the Council for this period are dominated by debate about a unified professional association, and I have formed the impression that many leading members of the Institute were devoting their time to the achievement of this aim, rather than to considering in detail their stance towards the Seebohm Committee.

2.18. The report of the Seebohm Committee, published in June 1968, recommended the creation of a unified social services department led by a qualified social worker with experience in administration. This was welcomed
by the Institute, as was the recommendation that there should be a review of
the organisation and responsibilities of social work departments in hospitals.
The Council again felt the membership should discuss this issue, but its
preliminary stance in October 1968 was that medical social work should be
part of the new unified social service departments, if certain safeguards were
built in. In particular the Institute were concerned that attachment of social
workers to hospitals would need to be on a long-term basis and in sufficient
numbers to ensure a well-organised service (A6/17:21). The Institute
established two working parties to consider the Seebohm Report in general,
and the future role and employments of MSWs in particular (A6/17@26). A
debate in the Council in October 1969, reported that the profession appeared
split over the future employment pattern of hospital social workers. The
“official” line recommended that MSWs should be under the umbrella of social
services departments – arguing in favour of the idea of one worker for one
family; the widening of the MSWs boundaries; more control by MSWs over
community resources and a better career structure. There was however
concern about the quality and quantity of service available to specialised and
teaching departments. This official line was supported by 14 Council
representatives, with just one voting for employment by health Authorities and

2.19. These debates coincided with the winding-up of the institute’s affairs
and the establishment of BASW, and one of the Institute’s last acts was to
welcome a suggestion in the 1970 Green paper on the NHS, that the social
work staff of hospitals might transfer to local authorities and be made
available to hospitals and community health services. Support for this had
also come from the Scottish MSWs who had already become workers in the
local authority social work departments established there after 1968. In a
lively contribution to a Day Conference in March 1969, Marjorie McInnes had
stressed the advantages, the potential and the challenges of a new unified
service (Medical Social Work, Vol.22, No.2). In a sense this debate was left as
“unfinished business” at the termination of the Institute; and the debate
continued in BASW in the early 1970s. However, despite opposition from
some MSWs, the die was cast and medical social work entered the 1970s as
a branch of social work, rather than as a specific occupation with tightly
deﬁned boundaries which had been the aim of the Institute for most of the
1950s. The 1960s were the crucial decade for the MSWs, and some of the
reasons for this will be examined in later sections of this paper.


3.1. The debates outlined in section 2 of this paper, took place against the
background of a slow expansion of membership of the Institute in the period
1950 to 1970. In 1950 the membership total stood at 1,391 members (1,096
actively engaged in or seeking medical social work – “A” members; and 295
retired from the list of practising almoners – “B” members). In 1970 when
BASW was constituted some 2,000 members were transferred from the
Institute to the new Association. The growth was not spectacular during the
twenty years, but in 1970 the Institute was still one of the largest of the
individual professional associations. Membership criteria had remained more or less constant during this time – the possession of the Institute’s certificate plus employment in a relevant area of work. As almoners/MSWs started to be trained by University courses, the Institute still retained the right to award or withhold its certificate. The only occasion on which these criteria were relaxed arose from the report of an ad hoc committee of the Institute set up to consider Institute’s policy regarding unqualified workers using the name almoner, which reported in October 1950 (A6/13:6).

3.2 This led to the Institute opening a Supplementary Register for certain almoners employed in hospitals who did not hold the Institute’s own certificate of qualification. Minimum requirements for this register were that the almoners had to be over 30 years of age, be engaged in medical social work in hospital and be known as an almoner both at the time of the application and continuously for 3 years prior to July 5th 1948. The application had to be made between March and December 1951, and each application was carefully scrutinised and three references were consulted. When the register closed, 111 candidates out of 217 applicants had been accepted (A6/13:21). These new members were “C” members, and they were debarred from standing for election to, or taking part in the election of regional Committees and the Council. Gradually they were granted more rights – in March 1957 they were allowed to wear the Institute’s badge (A6/15:6); in 1961 “C” members were allowed to hold office; and the category was finally abolished in September 1965, when “C” members were allowed to use the initials AIMSW after their names (A6/5). The Institute resisted further pressure during this time to “blanket-in” other unqualified workers, and this was to influence their attitude to other professional associations (see Section 6 of this paper).

3.3. The full membership of the Institute now only met as a decision-making body at the AGM or an extraordinary General Meeting usually called by the Council. The AGMs were formal meetings when the Institute’s report and accounts would be adopted; to be followed by a distinguished speaker, who generally praised the almoners for their work. The extraordinary meetings tended to deal with constitutional amendments and the raising of subscription levels. On three occasions however more major issues were debated – in April 1956 the question of a second level of worker was discussed (this was the only occasion when the membership demanded a meeting – see 2.12 above); in July 1964 the meeting agreed to change its name to the Institute of Medical Social Workers (IMSW); and in June 1967 the meeting agreed to support the formation of a unified association of social workers (A6/4). On this latter occasion proxy voting was used for the first time. Prior to this, members wishing to vote had to attend in person and attendance at the AGM was usually between 200 and 250.

3.4. the major decision-making body of the Institute remained its Executive Council. This met monthly between 1950 and 1953, and bi-monthly between 1953 and 1962. After 1962 meetings were less frequent – 3 per annum between 1962 and 1964 and 4 per annum between 1964 and 1970. After 1962 business was increasingly dealt with by standing and sub-committees, and the Council meetings became a forum for receiving reports and agreeing
proposals from its own committees. The Council was composed of representatives elected by the various regions into which the United Kingdom and Ireland were divided. Up to 1964 the number of representatives a region was allowed to elect was calculated in proportion to its membership in that region, thus the 1963 Council had 14 members from the London regions, and 15 members from the rest of the country (including Eire). After 1964 each region had one representative whatever its size. As well as these “professional” members, the Council also retained a lay membership of distinguished medical men, hospital administrators and other interested individuals. In the 1950s there were 9 or 10 such members, whilst the number dropped to 6 in the 1960s. the Almoners/ MSWs were in the majority on the Council, but the lay members continued to play an active role in debates at Council meetings. They also used their influence, to the almoners’ benefit, in the wider medical world. “Lay” representatives were also playing a part on the Training/Education Committee during these years, although by the 1960s, these were no longer medical men – but were social workers and tutors such as Eileen Younghusband, Elizabeth Irvine, Noel Timms and Margery Taylor.

3.5 “Lay” members supplied the treasurer to the Institute throughout the whole period (Sir Robert Sainsbury); the Chairman of the Executive Council for ten years (Professor Sir Alan Moncrieff to March 1961); and the President fo the Institute until 1968 – Sir Alfred Howitt (to 1954), Sir Ernest Rock Carling (to July 1960) and Sir Alan Moncrieff (to 1968). The medical social workers only took over the Chairmanship of their Institute in 1961, when Enid Warren was elected, to be succeeded by Ursula Webb in April 1966 and Miss Turner Smith in April 1969; and Enid Warren also became the first MSW to be President of the Institute in 1968. Reading the minutes one becomes aware that this was a gradual process where the MSWs realised they did have control of the ri own Institute, but were keen not to loose the goodwill they had built-up amongst senior medical men over the past forty years.

3.6 The Treasurer was a key official during this period, since the Institute went through several financial crises. The finance problems partly arose from the expense of the Institute running its own training school, and on the suggestion of the Treasurer, the Institute tried to keep the expenses of the tutorial side of the Institute separate from the professional side. Indeed the Council in September 1952 voted unanimously that professional income should not be used to subsidise training (A6/14:1). Sir Robert Sainsbury then negotiated annually with the Ministry of Health a training grant to keep the training school functioning. Sir Robert’s strategy appears to have been to try to avoid a deficit in order to retain the institute’s credibility with the Ministry and with the public (A6/14:11). This necessitated drastic cut-backs in expenditure on some occasions, such as when the Institute moved from Tavistock House to Bedford Square in November 1954, involving heavy expenses. On this occasion Miss Dollar, the Assistant Secretary on the professional side, was given three month’s notice in order to save money (A6/14:20). Similarly on other occasions the number of committee and regional meetings were cut down to save money – with the Treasurer suggesting in May 1958, that democracy may be costing too much! (A6/15:14). But as the 1960s proceeded the Institute emerged on a more
even financial keel, with concern being expressed at the financial success of the Journal, which tended to subsidise other services (shades of the debate in BASW 1987!).

3.7. The number and shape of the committees set up by the Council in this period changed on a number of occasions, the most thorough going alteration being as a result of a constitutional review committee report in May and September 1959 (A6/15:22). This led to a cut in the number of committees, with the majority of the Institute’s business being handled by four standing committees:- Education; Finance & General Purposes; Professional Practice; and Salaries. Other work was delegated to the Regional Committees – Scotland receiving a grant of £50 a year to enable them to employ part-time secretarial help as early as March 1953. Manchester handled the issue over the Welfare Assistants’ course in their area, whilst Eire handled problems in the Dublin hospitals. However there were also calls for better communication between the Institute’s central office and the Regions during this period. Indeed one of the arguments advanced for having fewer Council meetings from 1962 onwards, was to try to make a positive attempt to bring regional organisation into closer contact with the Council. To facilitate this, members of the headquarters staff were to attend regional committees more frequently, and agenda for Council meetings were to be circulated three weeks in advance of meetings, so that regional representatives had time to consult their committees (A6/16:14).

3.8. As the last paragraph has indicated, the role of the Institute’s staff was also increasing in importance during this period. On occasions the Council did attempt to set out its expectations of its paid officers. For example in October 1952 it suggested that Institute staff had four major functions:- “1) to prepare and attend Council meetings and to carry out work agreed at these meetings; 2) to keep the various parts of the professional body in touch with one another and to know what is happening so that Council can be informed; 3) to offer a direct service to members in advice on problems affecting work and concerning conditions of work for the profession as a whole; and 4) to be the chief Public Relations Officer of the Profession.” The Council also recommended that more use should be made of members, rather than staff, in representing the Institute at conferences and meetings; and that there should be a limit to the number of committees where paid staff acted as secretary (A6/14:2). But the records of the Institute reveal the pivotal nature of the general Secretary’s post during this twenty years, with the Institute being remarkably fortunate in enjoying the stability of Miss Steel acting as Secretary up to September 1963, to be succeeded by Miss Kelly, who remained in post until the dissolution of the Institute. The other key officer was the Director of Studies, whose role will be considered in Section 5 of this paper.

3.9. The General Secretary had a major role in attempting to keep the total membership aware of the debates within the Institute. Each member received a copy of the monthly journal, and the journal was supplemented by confidential memoranda for “A” members which were inserted quarterly into the Journal. These tended to deal with issues of salary negotiations, and with the evidence the Institute was proposing to submit to various committees of
inquiry. The journal depended on written contributions from members, and the editors had to resort to competitions on two occasions in order to get sufficient copy. They also commissioned articles from doctors on the social aspects of various diseases and conditions. But the journal remained primarily a domestic newssheet, with reports of conferences, summaries of Council proceedings, notes and news, book reviews and job advertisements. The Institute recognised this themselves in 1963 when they were considering the possible amalgamation of the Almoner with the British Journal of Psychiatric Social Work:-“the British Journal of Psychiatric Social Work reflects the PSWs major concern with public relations, image projection and the raising and maintenance of professional standards. The Almoner has fulfilled a much more domestic purpose, seeking to foster among ourselves a corporate feeling, to give security from a sharing of problems, interests and successes”(A6/16:19).

3.10. But the journal could only serve as one line of communication between the Council and the membership, and there were several occasions when demands were made for increased participation by the membership. Ann Kelly, then Head Almoner at King’s College Hospital, writing in the Almoner in 1952 made a plea for the ordinary working almoner to identify more closely with the Institute, to appreciate their own power both to influence policy and to take more part in initiating discussion (The Almoner. Vol.5). A similar concern expressed at the Council in November 1956, led to a statement on the services provided by the Institute being published in the Almoner (A6/15:2 & The Almoner Vol.9). By 1960 the Council was noting that their new Finance and General Purposes Committee was composed entirely of Head and deputy Head Almoners; and they resolved to co-opt younger, “ordinary” almoners onto the committee (A6/13:3). The question of improving communication raised its head again in January 1966, but this did not lead to any fundamental change in structure, the Council feeling that the very fact that “communication” had been discussed throughout the Institute had already led to improvements (A6/17:5 & 6/17:8). Apart from the Journal, many almoners only came into contact with the Institute via local group meetings and regional activities (such as study days or conferences), but some also took part in activities of various special interest groups which waxed and waned during this period.

3.11. Although some of the older established special interest groups closed down during the 1950s (eg – the VD almoners group dissolved in November 1956); other groups established themselves as major constituents of the Institute’s activities. A paediatric almoners group was proposed in 1952, whilst a national geriatric almoners group was formed in 1958. Such groups were encouraged by the Council who set down guidelines for these groups in January 1953 (A6/14:5). The Council also started to use the groups to prepare evidence for committees of inquiry on its behalf (see section 4 of this paper). As well as groups concerned with specialisms in the sense of medical conditions, other groups focussed on research, or on specific levels of work – thus a Head Almoners conference existed from September 1956 until January 1967. These groups often depended on the charisma and energies of specific
almoners to keep them going, thus their life pattern was often somewhat erratic (a feature replicated in BASW special interest groups after 1970).

3.12. One occasion for association between members which had been popular in earlier years started to fall out of favour during this period. This was the Annual Dinner, which by 1961 was giving rise to concerns about the numbers attending. It had already been moved to being held in alternate years, but even this did not save it as an independent event, and a dinner came to be subsumed in the large Institute conferences. These conferences also became more erratic during this period, with conferences being postponed some years (eg. 1952 & 1960), whilst other years they became day events rather than residential occasions. Nevertheless they continued to provide a focus for the Institute where issues of topical interest could be debated and friendships made or renewed. The papers from them formed an important source of articles for the journal.

3.13. Another area of importance for many members of the Institute was its role in negotiating salaries for almoners within the NHS. This demanded a good deal of time of the General Secretary and of certain committed members. Negotiations via the Whitley Council were extremely complex and difficult for most members to follow. As early as 1957 the APSW, who were in a similar position to the Institute, had recommended to their membership that NALGO should take over negotiations on their behalf, and although this was debated within the Institute in 1958, the Almoners then rejected the idea of using a union negotiator (A6/15:12). However it is clear from the records that the professional groups increasingly felt themselves being edged out of salary negotiations by the unions (A6/15:22). Miss Steel’s illness in early 1961, forced the Institute to review its attitude to NALGO. In May 1961 Council members expressed concern that they might be called upon to strike if they joined NALGO; that double subscriptions may lead to members leaving the Institute; that the Institute might lose status and independence; and that NALGO might impose political affiliation on its members. Despite these reservations however, the Council, still recommended its members to join NALGO (A6/16:10). By July 1961, over 70% of membership had applied to join NALGO and the Union agreed to undertake negotiations on the Institute’s behalf. The Salaries Committee of the Institute took on a new role of advisor to the Union, and a close working relationship was forged which was tested and proved successful in the difficult salary negotiations of 1966.

3.14. The final item to be mentioned in this section is the important decision by the Institute to change its title from the Institute of Almoners to the Institute of Medical Social Workers. The membership approved this change in November 1961 by a vote of 353 in favour of the change as opposed to 182 against (A6/16:13); but approval to the change was refused by the Board of Trade on the objections of the Ministry of Health. The Ministry objected that the word “medical” might suggest that social workers had medical qualifications (A6/16:14a). Following discussions with the Ministry, they finally agreed to withdraw their objections in November 1963 (A6/16:20), and the change was finally approved by an extraordinary general meeting of the Institute in July 1964. Thus the Almoners became Medical Social Workers.
The reasons presented for the change are important in illustrating the almoners’ changed perceptions of themselves and their role. Firstly they argued that the name almoner was still connected with money, and for many people with the collection of money rather than its distribution; and this obscured the almoner’s real job as a social worker in a medical setting. Secondly they felt that the retention of the out-of-date title created an artificial barrier between medical social workers and the wider field of social work to which they belong by virtue of their training as well as by the nature, aims and methods of their work. Finally they argued that the title led to misunderstandings at the international level, with the name “almoner” being unique to the British Isles (Annual Report 1963-64).


4.1. As has been illustrated in the previous two sections, much of the almoners’ time during these two decades was taken up in delineating and protecting their work and with internal Institute matters; and sections five and six of this paper will deal with two other major concerns – training and social work identity. However in Working Paper 5, I did demonstrate how the almoners gradually became involved in broader social issues during and after the Second World War and this short section aims to discuss how far this concern continued during the 1950s and 1960s.

4.2. In general, the Institute’s involvement in broader social policy debates during this period was limited. Their first and foremost concern remained health matters, and where these overlapped with wider social issues they would be prepared to take action – for example, their protect over the introduction of charges in the NHS in 1951 and 1952. The Institute did not have any committee charged with examining social policy, and it appears rather haphazard in its selection of the issues it considered merited debate and action. In the 1960s however, partly as a result of its contact with other professional associations who were more “political”, the Institute did start to alter its outlook. In September 1963 it established a panel on social action – “to deal immediately with urgent matters concerning practical aspects of patient and community needs”. This panel was to have among its membership those representatives of the Institute who served on the Parliamentary and Public Relations Committee of the Standing Conference of Organisations of Social Workers (A6/16:19).

4.3. The Institute did during this period submit written and oral evidence to a number of committees of inquiry set up by the Government or its advisory bodies. In most instances this was in response to an official request for evidence. But the Institute did not respond to all requests that it received, considering that in some instances it was not competent to comment. Some of these omissions are rather surprising – for example in February 1951 the Institute refused a request to submit evidence to the Select Committee on Estimates of the House of Commons on the administration of the hospital service (A6/3:10); a similar refusal was made to the Phillips Committee on the economic and financial problems of old age in 1954 (A6/14:12); and perhaps most amazingly they decided in 1959, that they had little evidence to submit to
the Porrit Committee which was reviewing the first ten years of the NHS (A6/15:19). Generally however the Institute did send evidence to most “health” committees during these twenty years. The Institute usually set up a working group to collect evidence from its members. The working group would then prepare a report which would be submitted to Council for approval before being forwarded to the committee of inquiry. In this way evidence was submitted to the Central Health Services Council committee on General Practice (March 1952); the Piercy Committee on the Rehabilitation of Disabled People (May 1953); the Jameson Committee on Health Visiting (March 1954); the CHSC Committee on the Future of District Hospitals (January 1968) and the Committee on Nurse Education (April 1968).

4.4. For other “health” committees of inquiry the Institute turned to its special interest groups to prepare evidence. Thus the major part of the Institute’s evidence submitted to the Royal Commission on Mental health in May 1954 came from the Paediatric and the Geriatric Special Interest groups; whilst the Maternity Almoners Group submitted evidence to the Cranbrook Committee set up to review the organisation of the maternity services in England and Wales (Match 1957), and the Paediatric Group gave evidence to the Platt Committee on the social needs of children in hospital (July 1957). In Section 2 of this paper I have already illustrated how the Institute gave evidence to the two “social work” committees of inquiry – the Younghusband and the Seebohm Committees; but the Institute also selected two other Committees to which it gave evidence – the Heyworth Committee on the Teaching of Social Studies (January 1964) and the Aves Committee on Voluntary Workers in the Social Services (April 1967). This listing of the evidence given by the Institute indicates the growing acceptance of the Institute by Government and other official bodies during this period, but the Institute also used its own initiative to raise other issues with the Ministry of Health during this time.

4.5. The Institute was particularly concerned in the early years of the 1950s with the role of convalescent care in the NHS. The arranging of convalescent care for patients had been a traditional role of the almoner, and upon the reorganisation of the NHS many convalescent homes were not taken over by the state but were left in private hands with resulting difficulties in arranging the payment of such care for patients. The Institute championed the case for a better integration of convalescent care in the NHS, sending a deputation to the Ministry in May 1952 (A6/13:23) and presenting its own major report to the Ministry in March 1954 (A6/14:14). The report was also sent to Regional Hospital Boards, King Edwards Hospital Fund and to the BMJ and the Lancet for wider publication. After this flurry of activity the issue of convalescent care tends to fade from the agenda. However the Institute is now consulted regularly by the Ministry on such issues as the qualifications needed by Welfare Officers in Local Authorities (October 1951); the implementation of their circular about parental visiting of children in hospital (July 1955); and the training needs of social workers in local authority health services (January 1962). The spasmodic and formal contact between Government and Institute which existed prior to World War Two and persisted to some extent in the 1950s, is slowly replaced by more frequent and informal contact in the 1960s. But contact remains primarily with the Ministry of Health, although there are
negotiations with the Ministry of Labour over their policy concerning Remploy factories (July 1955), and the National Assistance Board over injustices in the operation of the National Assistance Scheme (July 1960).

4.6. The Institute was again generally reticent about becoming heavily involved in lobbying Parliament during this period. The one occasion in which it does use this tactic is in January 1962 when the Health Visitor and Social Worker Training Bill was before Parliament. The Institute was keen to get clauses inserted in the Bill which would give assured financial aid for students on courses; would allow direct representation of social workers’ associations on any central training council; and which would ensure separate Chairmen for the Health Visitors Training Council and the Social Workers Training Council (A6/13:15). To this end the Institute used Miss Joan Vickers and Dame Irene Ward as their spokesmen in the House of Commons, and they also met Miss Edith Pitt, the Parliamentary Secretary over this matter (A6/16:14). But this flurry of parliamentary activity is again an exception; and the Institute only became involved in such activity again at the end of the period when it joined other groups in the Seebohm Implementation Action Group in January 1969 (A6/17:22).

4.7. During the 1950s the Institute also started to develop formal links with the professional associations representing the medical profession. The initiative appears to have come from the medical profession themselves, when in March 1956 the Royal College of Physicians invited the Almoners to be represented on one of their Committees studying polio (A6/14:31). The Almoners agreed, and then widened the debate by asking the Royal College for joint discussions over training and the shortage of almoners (A6/14:34). The result was a joint meeting with members of the four colleges of medicine (The Royal Colleges of Physicians; of Surgeons; and of Obstetricians and Gynaecologists; and the College of General Practitioners) (A6/15:7). A statement on relationships between almoners and the medical professions was agreed – covering the work of the almoner; changing medical-social needs; administrative changes and training changes (A6/15:9). Further consultations were held later in the period, and in November 1966 a document on the contribution of the MSW to the teaching of medical students was agreed (A6/17:9). No approach to the BMA was discovered during this period, suggesting that the links to the Royal Colleges were probably the result of the influence of the senior medical men still acting as lay members of the Institute’s Council.

4.8. The Institute was also represented at both local and national level on a number of other organisations. These links had again generally been developed as a result of an invitation from the other body, or on the initiative of a specific almoner, and in May 1958 the institute felt it necessary to check more carefully on its representation on outside bodies, and review annually the contribution the institute was making to the body and the benefits the Institute gained (A6/15:14). The 1960-61 Annual report of the Institute lists nine organisations on which the Institute had representatives – these were the Association of Social Workers; The British Council for Rehabilitation; the British National Conference on Social Welfare; the Family Welfare Association; the National Association for Mental Health; the National League
of Hospital Friends; the National Society for Epileptics; the professional Classes Aid Council; and the United Kingdom Committee for Poliomyelitis. In addition the annual report lists 19 organisations on which their members in the Liverpool Region were represented (Annual Report 1960-61).

4.9. From the above examples it is apparent that the Institute generally dealt with only "safe" issues, using "conventional" and accepted strategies during the period under review. It is only in the last two years of its life that any hint of more direct action and a widening of social concern reached the Institute's agenda. In January 1968, the Council supported the Child Poverty Action Group in its protest over the reintroduction of prescription charges (A6/17:16); and in April the same year it supported ACCO in its initiatives to resist certain London Borough Councils who were intent on combining child care and welfare departments under the control of a Medical officer of Health (A6/17:18). Finally in July 1968 the Professional Practice Committee started to discuss "social and political action", both in terms of issues of concern to MSWs and in terms of social conditions affecting patients (A6/17:20). These tentative moves towards social action over wider issues of concern were clearly linked to a growing sense of social work identity and the more "political" activities of the other professional associations, which will be the concern of Section six of this paper, and later working papers on the other associations.

5. Education and Training during the 1950s and 1960s.

5.1. In 1950 there was only one route to become a “qualified” almoner. This was the successful completion of the course of training run by the Institute itself. The comprised two months full-time family casework; attendance for one month at a Training School which included lectures and tutorials; a further course of lectures and tutorials occupying about one day a week for a period of three months following Training School; and eight months practical training under the supervision of a qualified almoner of which not less than three, and not more than five months were arranged in London hospitals. Students were responsible for financing their own study and for the payment of a fee (in 1952 – 85 guineas) to the Institute. The students were generally expected to have a university qualification in social studies and to be between 22 and 35 years of age. The students were selected as being suitable for the course by local selection committees of the Institute held in regional centres, who could also determine any adjustment in the course to suit individual needs. The overall control of training rested with the Council of the Institute who were advised in the early 1950s by a Training Committee, which consisted of representatives appointed from and by each Regional Training Committee. The course itself was run and administered by a Director of Studies – Miss Helen Rees from 1946 to 1958. This course produced 92 qualified almoners in 1950 (Annual Reports 1950 & 1952).

5.2. During the next twenty years this pattern of training was to change considerably and the almoners were to move from a relatively isolated and somewhat introverted stance on training to a broader generic and comprehensive position on education. The need for change had been
recognised as early as 1950, when the Institute accepted the recommendation of its own working party on recruitment and training to press for a university qualification in casework, with a specialisation in medical social work. The recommendation was acted on in January 1952 when the Council of the Institute agreed to initiate discussions with suitable Departments of Social Studies to establish such courses (A6/13:19). In the same year Miss Rees was granted three months study leave to investigate how similar courses in the United States of America had developed (Annual Report 1952). In the event the process of establishing such university courses was fairly slow. Edinburgh pioneered the way with its course in 1954, and by 1961 courses had also been established at LSE, Birmingham, Southampton, Bristol, Newcastle and Cardiff. In each case the Institute “approved” the courses as suitable to lead to the award of its own certificate, as well as any academic award made by the University.

5.3. Although the pioneer Edinburgh course was run specifically in medical social work, the LSE course posed a different problem for the Institute. The LSE course was the experimental Carnegie course in generic social work, which was established to train various types of social worker together on the same course (for details see Younghusband 1978). On the advice of its Training Committee the Institute Council gave this course its support in July 1953 (A6/14:9), and when other generic courses were established, the Institute again supported such moves, provided it was satisfied that issues of health and disease were covered by lecture courses, and supervised practice in a hospital setting had been undertaken. The establishment of these university courses also gave an impetus to the establishment of student units in the major hospitals in the University towns, which benefitted the Institute’s own students as well as those on university courses. Indeed the Institute was concerned to try and raise standards of supervised practice during this time. It issued a major memorandum to all almoners in charge of departments which took students for training in February 1951. This covered the types of experience which should be offered; the qualifications of staff who undertook supervision; accommodation for students; and the need for continuity of experience (A6/13:10). Advice turned into support in May 1956, when the Institute held a supervisors’ conference for some eighty almoners, and in March 1961 a standing committee of supervisors of students was established under the umbrella of a reorganised Education Committee. This in turn led to regular summer schools being run by Institute staff for student supervisors.

5.4. This expansion of training opportunities for students led to the Institute reorganising its own administration to handle training and education more effectively in both 1955 and 1960. Initially in 1955 an Education Committee replaced the Training Committee. The new Education Committee was now directly appointed by the Institute’s Council, and comprised 12 almoners and 5 “lay” members who were experienced in the field of social work education (see paragraph 3.4 above). In order to maintain links with the Regions an Advisory Conference on Training comprising representatives from the regions met four times a year, but this was only a temporary measure, and in 1960 the involvement of regions was effectively ended when the Regional training Sub-Committees were abolished (A6/14:22). The Annual Report for 1959-60 saw a
strong central organisation through the Education Committee as an “inevitable necessity”. A new centralised admission process to the Institute’s own course was adopted, and the question of recognising varieties of training also necessitated a stronger central control (Annual Report 1959-60). An Educational Practices study Group was appointed in 1961 “to assist the Education Committee and teaching staff of the Institute in developing the Institute’s professional course by studying, and when appropriate advising on method in professional education”, and this was to lead to changes in the Institute’s own course (Annual Report 1960-61). A further feature of the Institute’s approach to education in the 1960s was increased cooperation with other professional associations over training. Initiated in the summer of 1960, a Consultative Group on Professional Courses with APSW and AGFCW proved the forerunner to education cooperation within SCOSW from 1963 onwards.

5.5. In 1962-3 the various university courses in the United Kingdom produced 46 qualified MSWs, whilst overseas courses produced 8. By comparison the Institute’s course produced 48 – so for the first time, the Institute’s own students were outnumbered by those from other courses. This pattern continued throughout the 1960s with more universities participating in training. However the Institute’s course remained the largest single course producing MSWs right up to its demise in 1970 – between 30 and 40 per annum, and this course must now be briefly examined. The Institute’s course changed gradually over the twenty years and the Annual Report for 1962-3 sums up this type of change when it suggests “these changes usually appear small and tentative and not worthy of report, yet over each five-year period or so the total change that occurs is very considerable”. “The content of social work study and of teaching both in classroom and practical work probably changes as quickly now as the content of teaching in science subjects” (Annual Report 1962-63). The Institute’s Training School became a member of the International Association of Schools of Social Work in 1957, and under the Director of Studies – Miss Jean Snelling, appointed in 1958, moved towards a more “university” pattern of course, employing an increased lecturing and tutorial staff of its own.

5.6. A major problem for the Institute during this period was the financing of this training school. The Ministry of Health gave the Institute grants to cover the deficit of the training budget in 1950 and 1951, but in 1952 they refused further grants. This was when the Institute was in dispute with the Ministry over the Cope Reports (see 2.5 to 2.7 above). However following deputations to the Ministry during 1952, the Ministry did agree to further financial support to the Institute for training from the Autumn of 1953. This again involved the coverage of the training deficit, but it also included a limited number of bursaries being made available to students (A6/14:6). The financing was still on a year-to-year basis, and much time was spent throughout the 1950s in negotiations between the Institute and the Ministry over the size of the training grant (A6/15:6; A6/15:13 etc). From 1959 onwards a formula for the annual grants was established, although as a condition of this the Institute had to agree that the Ministry should be consulted before an increase in tutor establishment or tutor salaries (A6/15:18). The number of separate training
courses each year was reduced from three to two in 1954 (A6/14:12), and finally reduced to one intake per annum in 1965 (A6/16:21 & A6/17:5). From September 1965, the course became wholly based on London and the South East, the region where other universities were not providing training opportunities, and this course continued until the final intake in October 1969, after which it ceased to exist.

5.7. Before leaving the Institute’s course, it is interesting to note that the Director of Studies received a good deal of assistance in the form of American Fulbright scholars and other American MSWs who were on exchange schemes. These included Harriett Bartlett in 1961. Similarly a number of British almoners made study visits to the USA; whilst the Institute’s own staff was used by the United Nations in establishing training for medical social work in other countries. Students from overseas studies alongside British students on the Institute’s course; and there was increasing involvement by almoners as tutors to university courses and to the CSW courses established after 1961. Thus slowly but surely training for medical social work became integrated into broader social work training both in the UK and in the world. The one negative factor which needs to be noted, is that in the twenty year period, the total number of almoners/MSWs trained each year did not rise above 100. This was despite there always being a surplus of vacant posts (up to 200 per month). There were still recruitment problems and limitations imposed by low pay and career opportunities which tended to play a part in maintaining these low numbers.

5.8. During the twenty years under study, the Institute also gradually extended its training responsibilities into the in-service training of those already “qualified”. As was indicated in working paper no.5, regions had already started to run refresher courses before 1950, and this pattern continued into the 1950s. The Institute centrally ran a “professional conference” which allowed MSWs to exchange ideas and up-date themselves on new developments in practice; and during the 1960s various seminars and training courses were centrally organised. From 1966, a refresher for MSWs who had recently returned to practice or who were considering doing so was organised annually. But perhaps the most innovative project during the 1960s was the sponsoring of a research project to study the progress in professional practice of the group of MSWs who qualified as MSWs in the year 1961-62. The research carried out by Miss Marjorie Moon, led to a report “The First Two Years” which in turn led to major debate within the Institute about the content of training and the need for supervision and support after qualification. The workers covered in Miss Moon’s study had experienced difficulties in adapting to the hospital setting, and felt that training had not prepared them for this. They felt their skills had not increased in practice and that they often found themselves in buffer positions in hospital determined by powerful medical and nursing professionals and not by themselves. The study also showed the imbalance of one-year courses which emphasised “exploration of feelings” and “use of a relationship”, but included too little knowledge of the social services and good after-care planning as essential elements of practice (Moon 1965). As a result of the debate about the report, Institute students
went to social administration classes at the LSE; whilst newly qualified MSWs were given more support and supervision in their hospitals.


6.1. As working paper 5 indicated, the Institute of Almoners had withdrawn from the BFSW in 1947, and even though BFSW reorganised its structure and operations in 1952 as the new Association of Social Workers, the Institute decided initially not to affiliate to this body. In March 1952, the Institute’s Council agreed that a strong association of professional social workers was desirable, but they were concerned about the membership conditions and what they considered to be the unsound financial base of ASW (A6/13:21). This did not stop the Institute cooperating to a limited extent with ASW. In July 1953, ASW convened a group to consider the Registration of Social Worker, and an almoner attended the first four meetings of this group as an observer (A6/14:9). However after considering the report of the group, the Institute sent a letter to ASW saying that they considered a register of social workers impractical at that time (A6/14:11). The ASW went ahead with the establishment of a Standing Conference on Registration, and despite their reservations, the Institute appointed two representatives to serve on this body (A6/14:25). This ambivalent attitude towards the ASW’s efforts to forge a common social work identity was finally resolved in November 1956, when after discussion with APSW, the Institute affiliated to the ASW (A6/15:2). From 1957 initiatives towards the eventual unification of the professional social work associations gathered pace.

6.2. The above paragraph suggests a certain reticence on the part of the Almoners to clearly identify with social work, but other evidence from the same period suggests that the hesitancy was mainly about the form and direction of such moves towards professional unity. For example, as early as December 1950, the Institute had withdrawn from the International Hospital Federation, expressing the view that the Institute’s first allegiance was to the International Conference of Social Workers (A6/13:8). Similarly the Institute had supported the British National Committee of the International Conference of Social Work, and sent delegates to both national and international meetings of social workers. The Institute displayed similar scepticism towards the initiative proposed by the NCSS to establish a Standing Conference on Casework in January 1952 (A6/13:19). However as the momentum towards a unified professional association gathered pace in the late 1950s, the Almoners appeared to throw caution to the wind and entered enthusiastically into a variety of new initiatives.

6.3. The first initiative was in the area of training where in September 1957, the Standing Conference on Registration recommended the establishment of a Joint Training Council (A6/15:9). The Institute became involved with mine other associations on a working group, and in January 1959 the Institute accepted the proposed Joint Training Council (JTC) in principle (A6/15:18). The JTC, on which the Institute had three representatives, first met in October 1959 and continued its discussions on training until it became an integral part of SCOSW in 1963. Alongside the JTC, a Standing Joint Committee of the
IoA, the AGFCW and APSW first met in November 1959. This committee comprised 4 members of each of the three associations and proved "a most valuable forum for discussion and for the free and frank exchange of information and opinion" (Annual Report 1959-60). It served as the initiator of a joint statement from the three associations on "The Professional Social Worker in the Local Authority health and Welfare Services" published in the wake of the Younghusband Report (Annual Report 1960-61). Finally in 1959 the Institute joined with APSW in establishing a liaison committee with the Royal College of Nursing (Public Health Section), although this group never seems to have been as productive as the other two.

6.4. In the late Autumn of 1961 the IoA decided to consult APSW about the possibility of a closer relationship between the two bodies, and a joint working party of the two associations was established (A6/16:13). The Working Party, reporting in January 1963, recommended that a joint consultative committee on salaries and conditions of service be set up; that an ad hoc panel be formed to carry out jointly parts of the procedure for reviewing existing training courses and considering new courses for MSWs and PSWs; and to cooperate in the organisation of conferences and refresher courses. These three recommendations were immediately implemented; whilst further recommendations to establish a single journal, to produce a joint list of members and to appoint a single administrator for the associations were temporarily shelved (A6/16:17). This initiative for a closer link between just two associations was in the end overtaken rapidly by a broader movement towards professional unity.

6.5. The catalyst was a further round of discussions about the future of the ASW, sparked off by a letter in Case Conference in March 1961 and followed up by a discussion document from ASW in May 1961. This document was circulated to the institute’s regions and produced a clear feeling that there was a great need for almoners to get together with a wider group of social workers, but that, except in Birmingham where there was a well organised and extremely active branch, the ASW was not the answer (A6/16:12). The ASW called a meeting of its affiliated bodies in the Autumn of 1961, and set up yet another Working Party to consider a proposal to establish some form of federation of professional social work organisations. Following the report of this working party in April 1962, the Institute again discussed its attitude to a federation; in September 1962 its Council agreed that a Standing Conference of Organisations of Social Workers be established with its main purpose being the improvement of social work practice and the establishment of appropriate standards of work and training (A6/16:16). SCOSW first met in February 1963 and comprised seven founder members (soon to be increased to eight) with the Almoners playing an active role – providing the vice-Chairman – Miss Warren, and being represented on all its committees. The history of SCOSW is the subject of another working paper – but once a commitment had been made to this body, the medical social workers supported it to the hilt.

6.6. In 1966 the SCOSW produced its Discussion Document No.2, on the future professional organisation of social workers. Once again this led to major debate within the Institute, with members considering whether they
favoured some form of federation or a single unified association. The Council of the Institute meeting in April 1967 received reports from the regions overwhelmingly favouring unification, although four major decisions remained to be made – the future of the Institute’s Training School; the Institute’s responsibility for approving courses in medical social work; the criteria for membership; and the question of specialist sections within a unified association (A6/17:11). An Extraordinary General Meeting of members on June 10th 1967 voted unanimously that “the Institute of medical Social Workers should support the formation of a unified association of social workers with specialised sections”. The next three years saw that intention becoming a reality, as detailed negotiations settled the form of the new British Association of Social Workers. The MSWs major concern in these negotiations was over issues of membership – accepting initial “blanketing-in”, but then limiting full membership to qualified social workers, and restricting associate membership. The original strong stance in favour of specialist sections weakened during this period, but in the end SCOSW agreed sections would exist in the initial period of BASW (A6/17:21).

6.7. Almost at the last minute some MSWs started to have second thoughts. At the last full Council meeting of the Institute in July 1970, some MSWs expressed anxiety about the difficulty of having an adequate voice in local BASW groups “where members were very much concerned with their own problems and were often unwilling to spend time on the problems of their colleagues in hospital”. It was generally felt that MSW members would have to be more aggressive and assertive than they had been in the past, in the “knowledge that the Institute and its members had studied the very complex problems and had a real contribution to make to planning future policy” (A6/17:30). But on the whole the public statements of the Institute were optimistic about the future, stressing the experience the MSWs had to offer in the unified association.

7. Conclusions.

7.1. This paper has highlighted some of the most significant changes affecting the almoners/MSWs and their professional association over the period 1950-1970. This was a period when change seemed to gather momentum, and when a widening canvass of concerns challenged the Institute of Almoners on all sides. The Institute responded positively, if hesitantly, to most of these challenges - redefining the work of the MSW; the advent of generic and Younghusband training; and the movement towards a unified professional social work association. Indeed individual MSWs played a major role in these changes, and were often supported by their own professional association. The Institute had to devote some of its energy to internal affairs during this time, but these matters, which on the surface appear purely domestic, do in fact relate to the broader changes, and certainly a professional association has to alter and respond to pressures for change if it going to play a major role in a changing world.

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April 1987.
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