Professional Associations and Social Work.


The Association of Psychiatric Social Workers – The Early Years.

1. Introduction.

1.1. This is the first of three papers based on the archive of the Association of Psychiatric Social Workers (APSW). The records of general meetings and executive committee meetings are complete from 1929 to 1970, as are records of various sub-committees and working groups. Annual Reports of the Association commence in 1936, and the British Journal of Psychiatric Social Work was published from 1947 to 1970. There is thus a wealth of raw archive material available to the researcher. In writing these papers I have primarily used the records of general meetings and the Annual Reports, supplementing these where necessary from the wider archive. Not only is there more raw data available on this group of social workers, but this is the one area where the history and activities of the Association have previously been the subject of academic study using the same sources.

1.2. In 1964 Noel Timms published his “Psychiatric Social Work in Great Britain (1939-1962)”. This book examined the origins and development of training for psychiatric social workers (PSWs); the careers and work of PSWs; and the PSWs contribution to the writings and research of social work. The latter part of the book – chapters 8,9 & 10 dealt with the professional association. Timms chose to study APSW by tracing developments within the Association using a number of key themes. The themes he selected were – “the definition and protection of function; training; influence on social policy and legislation; and conditions of service” (Timms 1964 p.162), In the book a discussion of each of these themes follows a brief general section on the historical development of the Association. In writing these three papers I have attempted to make my own selection of material from the archive, although I have undoubtedly been influenced by my reading of Timm’s account, and I have found some of his general observations quite interesting. I will return to a discussion of these at the conclusion of my third paper.

1.3. I have chosen to present the material in three historical blocks:- from the foundation of the Association to the outbreak of the Second World War; the period of the war and the founding of the NHS up to the early 1950s; and the period covering the bulk of the 1950s and the 1960s. Periodisation like this can be dangerous and misleading as Timms himself warns in another text (Timms 1977), but it nevertheless remains one of the most convenient ways of breaking down a large body of material. In this paper I outline the background to the development of psychiatric social work in Britain during the 1920s and 1930s, before turning to a general account of the early organisation and general activities of APSW. This is followed by a discussion of different areas of activity:- defining psychiatric social work; affecting training; undertaking protective functions; influencing social policy; and developing relationships with other social workers.
2. The Development of Psychiatric Social Work in Britain.

2.1. Psychiatric social work, unlike the other forms of social work studied in this research, originated and developed in the United States of America. Timms has traced its origins to interest in mental hospital after-care in the early 1900s in the USA, and to the parallel development of the child guidance movement there. The first course of training for psychiatric social work was offered at Smith College in 1918, whilst from 1921 the cause of psychiatric social work in the USA received a boost with the financial support of the Commonwealth Fund which sponsored the development of a five-year plan for the prevention of juvenile delinquency by the establishment of child guidance clinics (Timms 1964). Similar interest in the after-care of asylum patients had started to develop in Britain in the late nineteenth century, and care of mental defectives in the community had also started to be established after the Mental Deficiency Act 1913 had encouraged its development (see Working paper 13 2.2-2.4). There was also a movement in Britain focussed on the “problem” delinquent child, and following pioneer work by the British Child Study Association, a psychologist – Cyril Burt was appointed by the LCC in 1913 to investigate and if necessary treat children referred by teachers, school medical officers and care committee workers (Timms 1964).

2.2. Yelloly has charted “a discernable but remarkably limited impact on social work” of developments in psychology and psychiatry during the 1920s (Yelloly 1980 p.47). This impact was expressed mainly in demands for new forms of training. Yelloly argues that much of the initiative for training in psychiatric work came from Evelyn Fox, the secretary of the central Association for Mental Welfare (CAMW), and a course of lectures on mental disorders given by Dr.Mapother at the Maudsley Hospital had been arranged for social workers as early as 1924. CAMW also took the initiative in discussing with the Joint Universities Council and with university social studies departments, the need for more adequate training in psychiatry and mental health, pressing for the incorporation of psychiatric teaching as part of the training of all social workers. The suggestion to incorporate more teaching of psychology and psychiatry into existing training was also explored by the Institute of Hospital Almoners. The Hospital Almoners Association had in 1925 drawn the attention of the Institute to this issue. Whilst the Institute considered that any specialised psychiatric training should follow a general training in hospital social work, they did agree that a psychiatric “option” of three months at the Maudsley Hospital could be incorporated into their general course of training for a limited number of students (Yelloly 1980). But these initial and tentative experiments were overtaken by other developments which in the end were to lead to the establishment of psychiatric social work as a separate entity in Britain.

2.3. The accounts of the development of psychiatric social work by both Timms and Yelloly isolate a visit to the USA in 1925 by Mrs.St.Loe Strachey, wife of the author of the New Statesman and an experienced JP, as a crucial turning point. Mrs.Strachey was impressed by the work of the child guidance clinics she visited and she had discussions with the Commonwealth Fund
about the possibility of supporting similar ventures in Britain. On her return Mrs. Strachey assembled a meeting of representatives of the CAMW, the Howard league, the Magistrates’ Association; and the National Council for Mental Hygiene; which invited the Commonwealth Fund’s Executive Assistant – Miss Scoville to this country in June 1926. Following negotiations the Commonwealth Fund agreed to sponsor a demonstration clinic in London under the supervision of a newly constituted Child Guidance Council, representative of the various interested parties. The Fund sponsored three-month visits for ten selected people from different fields to the USA to enable them to gain first-hand experience of the clinics and their operation. The Fund also agreed to meet the expenses of five social workers to undertake a year’s training at the New York School of Social Work in 1927, and again in 1928. these social workers were selected from a variety of backgrounds – the first group comprising an almoner, a CAMW worker, a probation officer, an assistant organiser with the School Care Committee of the LCC, and a social worker at the Tavistock Clinic. These were not the first British social workers to receive such a training – Miss Clement Brown (later to become tutor on the LSE Mental Health Course) had been trained at New York in 1924, with the aid of a Rockefeller grant (Clement Brown 1970).

2. British training for psychiatric social work commenced in 1929 when a one-year mental health course was established at LSE. This course was sponsored until he second World War by the Commonwealth Fund, and it remained the sole qualifying course in Britain until 1944. It was tutored by PSWs who had themselves been trained in the United States, and was envisaged as a qualification for initially-trained and experienced social workers. Social workers were trained in both child guidance work, and in “adult work” – at that time located in mental hospitals; and supervised practical work was organised to run concurrently with academic study. From 1930 to 1934, 59 PSWs were produced, whilst from 1935 to 1939 a further 106 PSWs were trained. The vast majority of PSWs trained during this period were women. Although men were not debarred from training, and two Borstal housemasters were amongst the first men to be trained. Timms has suggested that there were two distinctive features of psychiatric social work as it developed in child guidance clinics and mental hospitals in this early phase – firstly the PSWs had no statutory obligations (unlike probation Officers) and, secondly, they were relieved of decisions about material relief (unlike the Almoners). This allowed them to become implicitly and explicitly concerned for the first time with human behaviour and relationships as their primary factor – a concern which is reflected in many of the early writings of the PSWs (Timms 1964).

3. The Early Organisation and General Activities of APSW.

3.1 APSW was founded in 1929 with an initial membership of 17. It adopted a formal constitution at its first AGM in January 1930. This stated that the objects of the Association were:-

“A, To raise and maintain professional standards, and to encourage the Employment of fully trained workers at adequate salaries.

B. To contribute towards the general progress of mental hygiene:-
(i) By affording opportunities for the sharing of ideas and experiences.
(ii) By promoting and facilitating research”
(APSW Constitution 1930).

Membership was restricted to those who had completed a year’s training in psychiatric social work, or other psychiatric qualifications considered equivalent by the Association, and all new members had to be elected at a General Meeting of the Association. Provision was also made for the election of Association officers and the establishment of an executive committee. Although this constitution was adopted at the AGM in 1930 it was not without debate. There was indeed debate about the very existence of the Association. The existing Association of Mental Welfare Workers had met members of APSW in November 1929 and urged for unification or, failing that, federation between the mental welfare workers and the PSWs. This suggestion had been canvassed on the grounds that a joint organisation would carry “increased prestige with public opinion” compared with separate ones, and Miss Townsend (a PSW who was active in AMWW) supported such a link. She was however outvoted at the AGM which passed a resolution that – “as this Association is so recently formed the members are of the opinion that they would prefer to work out their own programme more fully before considering the question of affiliation, and that the matter should be left in abeyance for at least a year” (P5/1:5).

3.2 Miss Townsend was also responsible for challenging the strict membership criteria of APSW in September 1930. This arose from the case of two students who had not completed the Mental Health Course successfully, but who were nevertheless employed in mental health work. Miss Townsend argued that if APSW’s object was to improve standards of work, these two workers were just the people having most need of the discussions of Association meetings for the sake of improving their methods of work. She also expressed the view that qualification should not be by passing an examination on the course – since many people who were very good on the practical side might fail in their theoretical work. Once again Miss Townsend had minimal support, and qualification was firmly stressed as the sole criteria for membership (P5/1:11). This strong stance led to the executive carefully vetting American qualifications and even rejecting an application in 1933 on the grounds that the academic training on the course was too brief (P6/1:19). The executive also turned down a request from an almoner working with a psychiatrist to be a member in 1934 (P6/1:35); and in 1936 a request from an untrained, but very experienced worker at Cardiff mental Hospital was also rejected (P6/1:47). Even when the category of Associate Member was introduced in 1935, this was limited to persons who had qualified for full membership, but who were not engaged in active work and who did not wish to be full members (APSW Constitution 1935). Thus a distinctive feature of APSW from the very beginning on which there was no compromise (unlike the Almoners) was membership by specific qualification only. Although APSW was able to bar “untrained” workers from its own membership, it did not have the power to stop employers appointing such workers to PSW posts. Following considerable discussion at an executive meeting in 1935, it was agreed that members of APSW would always do their best to assist
“untrained” workers appointed to psychiatric work, but they would always make it clear to the workers concerned and to their senior officers that such help would be a very inadequate substitute for training, and that the Mental Health Course should be taken whenever possible. The Association was prepared to write to this effect to Medical Superintendents or other officers if asked to do so by members of the Association (P6/1:45).

3.3 Another distinctive feature of APSW which was to continue throughout its existence until 1970, was the organisation of general meetings of the Association. These were held monthly during 1930, and then at the rate of 8 to 10 meetings a year thereafter during this early period. During 1930 the Association members set up five study groups: – on student training; on financial aspects of their work – later combined with the one set up to examine cooperation with other agencies; on record keeping; and on compiling bibliographies (P5/1:6). The general meetings were mainly discussions of the reports of these study groups, although items of APSW business were also discussed. In December 1930 the Association had its first outside speaker – Miss Vickers, of the Mental After-Care Association; and the programme for 1931-2 expanded to take in a range of other outside speakers, with a welcome for new members meeting being instituted in September 1931, which also became a regular feature of the APSW year. At the AGM in January 1932, some members urged that more time needed to be devoted to discussing points of interest to members (P5/1:22); but the balance between the discussion of business and addresses by speakers was very difficult to achieve, as is evidenced by a debate in October 1932, when one member argued that there was a danger of getting lost “in a maze of generalities through multiplicity of topics” (P5/1:25). The Association did move forward by continuing to set up small sub-committees which would investigate topics and then open an informed discussion on the issue at a subsequent general meeting. The executive also instituted joint general meetings with other professional bodies – with the Institute of Labour Management in 1934, and with the Juvenile Probation Officers Society in 1935. Speakers at general meetings included eminent psychiatrists and medical persons; administrators from the various voluntary mental health association; social workers from other fields; and their own members. The APSW used its own members to present learned papers at its meetings far more than other groups of social workers; and it also instituted regular discussions of recently published books. The programme which developed for such general meetings was far more academic and practice-issue orientated than that developed by the Almoners during the same period.

3.4 Because of the geographical concentration of pioneer PSW posts in the London area, the general meetings were held at various locations in the metropolis, although the needs of out-of-town members were first recognised in December 1931 when it was agreed that a short report of the proceedings should be circulated to such members (P5/1:20). This later was supplemented by a newsletter which was sent out on a rather irregular basis at first (Annual Report 1936). The first general meeting to be held outside London was held in Birmingham in June 1938; and the first branch of the Association was set up by Scottish members on their own initiative in 1939. But with both training and
the majority of members concentrated in London and the home Counties, the Association’s activities remained centred in the capital during this period. For those members in the provinces the Association did supply two useful services. It established and maintained a library from which books could be borrowed and it also circulated book reviews and bibliographies; and it established a job-vacancy circulation service run by an Appointments Secretary which went out to all members. The only special interest group which became established during these early years was the “Adult Group” designed for workers in mental hospitals. This group met four times a year, with an average attendance of 13, to listen to papers and to discuss various topics of mutual interest (Annual Reports 1937 & 1938).

3.5 The day-to-day business of the Association was handled by the elected officers and an executive committee elected by the membership, which met on a regular basis. In 1938 the Association was able to lease the use of an office and telephone at Denison House, and it was able to pay for secretarial help; but the Association depended mainly on volunteer help since it was unable to afford a paid official during this time. After an initial financial struggle, the Association was able to balance its books, but even in 1939 the annual income from subscriptions was only £129 10s.6d. This certainly restricted the activities the Association could undertake. One other development took place in January 1935, when the AGM agreed to establish the post of President of APSW. The President, who was not a member of the Association, was to “assist the Association by counsel and otherwise, preside at the AGM, and take the chair at any other general meetings at which he or she is invited to be present” (APSW Constitution 1935). It was considered by the AGM that this post had advantages for the Association in the publicity it would bring and in the opportunity for educating eminent persons in the field of mental health about the contribution of APSW (P5/1:47). The first president appointed was Dr. Bernard Hunt (from the Child Guidance Council), who was succeeded in 1939 by Miss Ruth Darwin (from the Board of Control).


4.1 As a new occupation, psychiatric social work had to struggle to establish its identity during this early period. The relationship of APSW to the Child Guidance Council appears to have been one of crucial importance in this process. As early as January 1930 two members of APSW were invited to serve on the Child Guidance Council’s Advisory Committee on Social Work (P5/1:5), and by November of that year the APSW felt sufficiently established to approach the Council for full representation on the Council itself (P5/1:13). This Council had great influence in promoting the establishment and financing of new posts in psychiatric social work, and in January 1932, the APSW annual meeting resolved that the Council should be advised of APSW’s wish that three candidates should be interviewed for each vacant post (rather an unrealistic demand in the light of the small numbers of PSWs trained) (P5/1:22). The Child Guidance Council also organised inter-clinic weekends which focussed on defining the work of PSWs and their place in the team (P5/1:28). But gradually during the 1930s the self-confidence of APSW grew,
and by February 1935 the secretary of APSW was even moving an amendment at the AGM of the Child Guidance Council to add a section in its annual report to deal with the qualifications of social workers (P6/1:38). In 1936 the establishment of the Feversham Committee on the Voluntary Health Services signalled a review of the whole area of work of the PSWs, and the APSW executive in September that year discussed what it saw as the critical position of the child guidance and mental hygiene movement. It felt that its relationship with the Child Guidance Council needed to be clarified, since the Association had been overlooked in the past, and it was now necessary to assert and draw attention to itself (P6/1:58).

4.2 The appointment of the Feversham Committee led to a flurry of activity within the Association. Two groups of members (one representing members in child guidance clinics, the other members in mental hospitals) were set up to prepare evidence for submission to the Feversham Committee. A new Policy Sub-Committee was also established to consider whether the time was now appropriate for the Association to become incorporated. Finally the Association entered into new discussions with Dr. McCalman of the Child Guidance Council which stressed the need for close cooperation between the two bodies, and the proper recognition of APSW by the Child Guidance Council (P6/1:61). This recognition was conceded when Miss McFie was asked to serve on the executive committee of the Council. Thus APSW had progressed in three stages – from representation of a sub-committee, via representation on the Council itself, to representation on the decision-making executive committee. This direct link was judged by the Association to be of great value and the relationships between the two bodies remained cooperative and amicable during the rest of this period (Annual Report 1936-39).

4.3 The Policy Sub-Committee which had been set up to consider the question of incorporation set about its task by collecting evidence from related organisations which had either become incorporated or which had considered and rejected the strategy of incorporation. It investigated the advantages and disadvantages of incorporation, as well as the costs involved. The advantages claimed were the status involved, the avoidance of rivalry in training and work, and the maintenance of definite standards of work. Against these advantages were set the disadvantages of an inelastic constitution and the heavy costs involved. On balance the Policy sub-committee recommended that the time was not yet right for APSW to seek incorporation, but that the issue should be reviewed again in two years time. An interim report to this effect was accepted by the APSW General Meeting in November 1937 (P5/1:66). The sub-committee then went on to consider whether APSW should apply for inclusion on the BMA register of medical auxiliaries. This was considered either as an alternative to incorporation or as an additional safeguard to the professional standards of members. The sub-committee debated this possibility at great length, and even took the advice of Judge David Davies KC, on the legal technicalities of the issue. There was clearly attraction in the scheme, but in the end it was rejected since one of the scheme’s bye laws lay down that a registered member “will not undertake any medical auxiliary work except under the direction and control of a registered medical practitioner”. This was
felt to be too restrictive since it would place members who did not work in a clinic or hospital, but in a general social work agency, in an impossible position (P9/1:41). This report is an interesting precursor of the broader debate which was to emerge in the 1940s within the Association about the nature of the relationship between the PSW and the doctor.

4.4 In the early years the debate did not focus as much on the relationship with the medical profession, but the relationship of psychiatric social work with other forms of social work. The membership devoted several early meetings to discussing the problems of cooperation with other social workers over cases. They debated how to classify those cases which should be the sole responsibility of the PSW, and those which could be handled with an "outside worker" cooperatively, deciding that cooperative work could only be used with great discrimination – where the clinic team decided it was appropriate, and where there was supervision by a trained social worker. They were concerned that workers with inadequate training would not appreciate "the subtleties of the case" (P5/1:9a & 10). The example of the London School Care Committees was held up as an example of good practice, where PSWs employed by that service were used to educate the other Care Committee workers to recognise danger signals and to cooperate helpfully with specialised workers (P5/1:19). The issue was again raised in December 1932 when the APSW stressed that what PSWs could give to agencies was "interpretation of available material". This meeting also raised the question of the problem of working in confidence with a doctor, and the handing over of cases to social workers who may not have sufficient experience to work with the case (P5/1:27). The clear message coming though from these meetings was that psychiatric social work was a higher, more difficult and complex form of social work, which needed special skill and training, although the Association also saw themselves as missionaries in the cause of mental hygiene, and they discussed and recognised "the importance of psychiatric social work permeating general social work (P5/1:38). This meant that APSW did not retreat into professional isolation, but as will be demonstrated later, became actively involved in the wider social work movement, although perhaps this involvement was of a rather "maternalistic" nature!

4.5 Sometimes APSW did receive criticism, as when in their joint meeting with the juvenile probation officers in February 1935, they were told that the reports submitted by clinics to courts were "at times inexplicable because they were written in technical jargon". Clinic workers were also accused of not understanding the workings of the courts and therefore advising impossible courses of action (P5/1:80). But even in this instance the Association was able to agree with the probation officers of various improvements which were needed to make the juvenile justice system function more effectively. Apart from this example the APSW continued to spread the message of psychiatric social work. They were quite unique in the social work associations in putting this message in print at a very early stage of their existence. They published two papers in 1932 for the International Conference of Social Work in Germany – “Psychiatric Social Work and the Family”, and a second paper of “Illustrative Material”; and in 1936 a further paper for the London International Conference was published on “Developments in Psychiatric Social Work”
(Cosens 1932; Cosens and Clement Brown 1936). Similarly an important address delivered to the medical Section of the British Psychological Society on “The Role of the Psychiatric Social Workers” was printed and extensively circulated by the Association (Ashdown 1936). This later publication is the clearest statement of how PSWs viewed their role at that time, and themes from it were later developed by other workers, as for example in March 1939, when Miss Goldberg gave another seminal paper to the Association on “The PSW as Interpreter of Treatment to the Family”. This stressed the two-fold task of the PSW, to interpret treatment to the family, and to interpret family attitudes to the therapist (P5/1:76). These examples have been quoted to demonstrate how the Association provided the forum and the platform for the determination and development of the particular identity of psychiatric social work during this period – a task which was to continue during the 1940s and which will be covered in a subsequent paper.

5. APSW and Training.

5.1 As has been discussed above, the training of PSWs in Britain was concentrated on the London School of Economics during this early period. Tutors from LSE were very active in the professional association, and time was provided in general meetings to discuss the LSE course on several occasions. Indeed one of the first groups established by APSW in 1930 was a Student Training Group. The findings of this group included some constructive criticisms of the course – there was a need for better coordination of theoretical and practical work; student supervisors needed to be better aware of the course; more time was needed for case analysis; and more care was needed in planning observational visits. But this group also highlighted other major debates about the nature of training – should specialism follow general training or should there be intensive specialised work early on in the course? (P5/1:8 & 9). A similar full debate took place in a general meeting in June 1933, when discussion focussed on methods of student selection, the types of cases students worked with, and the problems of simplifying the theoretical approach on the course (P5/1:32).

5.2 The general discussion about the LSE course was supplemented by the development of more formal links with the course. In April 1931 a consultative committee was appointed to reorganise the Mental Health Course at LSE and two members of APSW were nominated to serve on this (P6/1:7). An officer of the Association was co-opted onto the selection Committee of the course in 1936, and the same year APSW agreed to the request of the course to provide speakers for university groups in order to publicise the mental health course (P6/1:60). When in 1938 concern was raised about the Commonwealth Fund cutting their grant to the course, an APSW representative was appointed to the Finance sub-committee of the course (P6/1:82). So the Association remained closely tied and committed to the maintenance of this course. At the same time the Association viewed the possibilities of other forms of training for mental health work with considerable apprehension. Most of the initiative for the development of other courses came from Miss Fox at CAMW. In November 1930 there was concern at a proposed six months course in mental hygiene, and despite Miss Fox’s
reassurance that this course was to meet different needs, some APSW members felt that there was a danger of lowering standards in a condensed course (P5/1:13). Similar threats were perceived throughout the period studied in this paper – particular concern being expressed about the possibility of certain large authorities – for example the LCC – setting up their own course to train staff (P6/1:43). APSW therefore adopted a defensive role towards protecting existing training, as well as trying to influence the course.

5.3 The Policy sub-committee which considered incorporation and registration as medical auxiliaries in 1936-38, also considered the desirability of the Association constituting itself as an examining body, with the power to award its own qualifying certificates. Again the Association sought information from similar organisations about their training schemes, but opinion was divided within the committee about the wisdom of such a move, and in the end the result of these deliberations was a decision to maintain the existing situation, and to send further evidence to the Feversham Committee stressing the need for standards of training to be established and maintained in the general field of mental hygiene (P9/1:41). The only other concern about training during this period was with refresher courses. Here the initiative was taken by the Child Guidance Council who consulted with the Association before running the first refresher course in 1937. The Association supported this move, “provided the lectures were really of an advanced nature” (P5/1:62). In the event the PSWs were well pleased with the course, and a follow-up was proposed.


6.1 APSW seems to have little difficulty in justifying their hesitant involvement with salaries and conditions of service during this early period. There was no debate about whether they should be involved in protective functions as there was in ACCO in 1949. Instead the Association were prepared to take up these issues, although they experienced problems in determining tactics once their well-argued case was rejected by employers! The Association at its AGM in January 1932 resolved that “only those appointments for which a salary of £250 or its approximate equivalent in allowances is offered should be circulated to members of the Association” (P5/1:22). This motion indicates APSW’s tactic of attempting to state a national minimum salary, and enforcing it by refusing to advertise posts at less than that salary. The Association identified one appointment in Warwick where this scale was not being applied in 1934, and this led to this item dominating the agenda at meetings for some time. The Association determined to directly approach the Warwick Committee with their case, and they also requested support from the Child Guidance Council (P5/1:38). Although no appointment was subsequently made in Warwick the debate around it is of interest in illustrating the weak position of APSW in salary negotiations.

6.2 The Warwick case led to APSW setting up its first standing sub-committee on conditions of work – “to keep in touch with all posts advertised; to notify all members of posts conforming to scale and to consider how best to keep the Association informed of other posts; to keep a register of members out of work or wishing to change their work; to take any action advisable with regard
to posts which do not conform to scales; to make recommendations to the executive on subjects connected with conditions of work" (P6/1:28). One of the first actions of this sub-committee was to write directly to the London County Council to complain about the low salaries paid there. This action upset several APSW members who felt the action was ill-timed, and a motion was subsequently passed that no letters should be sent to outside authorities in the future until they had been passed by the executive (P6/1:31). In this instance the Child Guidance Council refused their support to APSW, stating that they were not in favour of rigid salary scales for PSWs. Their arguments were that some employers had seen APSW’s attempt to impose a national salary scale as high-handed and they were concerned that these employers may react against establishing child guidance facilities in their area as a result; that Local Authorities did give job-security, which allowed the possibility of accepting a lower salary; that pioneer work may compensate for low salaries; that some authorities may set up their own training course if they could not afford PSWs; and that many employers saw social work as a vocation and it was almost indecent for it to be paid (P5/1:44). This lack of support for APSW was a great let-down.

6.3 However the debate about a national scale continued, and APSW circulated its members with two lists of vacancies – ones which conformed to approved salaries, and ones which were below the recommended salaries. These latter posts were only circularised to those members who asked for them. Similarly the case of the LCC continued to haunt the Association during this time. APSW’s dispute with the LCC had commenced in 1933 when the Council had reduced the holidays of all hospital workers employed by the LCC from three weeks to two, on the basis that the staff were clerical workers. Both APSW and the Institute of Almoners claimed that their members were technical staff, and therefore entitled to longer holidays. After the dispute about pay in 1934 APSW again joined with the Almoners and the Women Employment Federation to press their case. The LSE course also supported APSW but even so the argument with the LCC was still continuing in 1939 when war broke out. The debate by then had been widened by campaigns against the marriage bar imposed by the LCC.

6.4 The Annual Reports for the period reveal that increasingly most posts did pay the APSW recommended scale, for example in 1938 21 posts were conforming to the scale, 7 did not (Annual report 1938-39). Thus APSW’s stance does appear to have been increasingly effective. However it is interesting to note that as late as April 1937, both the Child Guidance Council and the tutor to the LSE course were arguing that lower salaries should be accepted by workers if it meant that pioneer work could be established in an area where there was no service at that time (P6/1:65). By late 1938 the Association was formulating an APSW salary scale for Senior Workers, and they were also in the process of establishing a joint committee on salaries and training with the Association of Mental Health Workers (see below). This flurry of activity coincided with concern about salaries throughout social work – expressed in the survey carried out by BFSW and the NCSS (see working paper 8, para.4.1). Overall then, the Association did achieve limited success
in this area, although substantial progress in this area would have to wait until the next decade.

7. APSW and Social Policy.

7.1 During the first year of its life APSW was affected by changes in legislation, but at that time all that it could do was to brief its members on the changes brought about by the Mental Health Act of 1930. However in 1932 it became aware that changes were proposed in the treatment of juvenile offenders, and following discussions with the Chairman of an ad hoc Committee of the Child Guidance Council and with the Under-Secretary of State for Home Affairs, the Association set up its own sub-committee to examine the Children and Young Persons Bill then before parliament. This set out views on the constitution of the juvenile courts; the importance of remand homes being used for observation purposes; the omission of truancy from the Bill and the absence of a definition of a “fit person” (P5/1:22a). These views were sent direct to the Under-secretary of State and were duly acknowledged. However by that time the Bill had moved to the House of Lords; and after scanning the newspapers for a suitable member of the House, APSW wrote to Lord Sanderson offering data and suggesting an interview (P5/1:23). In the event the noble Lord did not reply to the Association and their first attempt at lobbying was unsuccessful.

7.2 The second attempt to influence central government policy occurred in 1934, when APSW debated whether they should offer to give evidence to a Home Office departmental Committee on Social Services in Courts of Summary Jurisdiction (called the probation Committee in APSW records). Some doubt was expressed in the executive committee as to whether this departmental committee would take evidence from the Association or whether they had anything to contribute (P6/1:32). In the event the Association set up a sub-committee which produced evidence on the need for observation homes and improved remand facilities; after-care from Approved Schools; the coordination of work with delinquents; and the training of Probation Officers. It is interesting to note that before the Association submitted the evidence to the Committee, it sent the final draft to the clinic social workers to be passed by the Directors of the Clinics! (P6/1:40). The Association’s submission was duly acknowledged by the Committee, and two members were called to give supplementary oral evidence before it.

7.3 On three other occasions the Association was not so successful in its attempts to influence social policy. In 1936 it started to collect evidence for the Home Office departmental Committee on Adoption, but this task was abandoned in June that year because of insufficient time to prepare the evidence. The in September 1936 the Association asked two members to prepare evidence for the Inter-departmental Committee on Rehabilitation after Road Accidents – but this exercise was abandoned in May 1937, because of insufficient response from the membership. Finally in January 1939 a sub-committee was established to consider the Criminal Justice Bill, but this was abandoned on the outbreak of war. Apart from these three abortive attempts, the Association did meet with Mrs. Masterman, Chairman of the Liberal
Women’s Unemployment Group in January 1933 to go through a questionnaire issued by that group. APSW completed the questionnaire, but requested that they should not be quoted by name, since it was a party political activity and not appropriate for a professional association (P6/1:17). Finally it should be remembered that although the Association had only a limited involvement with social policy during the 1930s, some members were involved in the social policy initiatives of BFSW during this period.

8. APSW and the wider social work community.

8.1 As indicated above, the APSW, despite its fairly elitist stance on training and its perception of psychiatric social work, was concerned to maintain and develop links within the wider field of social work. Although it rejected federation with AMHW in 1930, there were close links between the two associations. Some of these links were at a personal level – for example the executive committee of AMHW in 1933 included three PSWs – Miss Townsend (as Vice Chairman), Miss Clement Brown and Mrs. Shapiro. The two associations also developed closer formal ties in 1937 when the two executives met together in October that year to explore allied concerns. These included differences in the organisation of services throughout the country and the need to secure better standards of service. A similar meeting was held in November 1938, and a joint committee on training and salaries was agreed, although this was curtailed by the advent of war (P20/4).

8.2 APSW held joint meetings with the Almoners and the Womens Public Health Officers Association in 1934 at which the policy of professional associations in dealing with employers on conditions of work, the problem of untrained workers, and the problems of maintaining a “live” membership were discussed (P6/1:27). However these links with individual associations were superseded in 1934 when negotiations to establish a national federation of social workers got under way. Discussion about such a federation had taken place intermittently since the 1932 International Conference. APSW favoured such a federation, although it had reservations about the problem of defining social workers, and about the financial and logistical viability of such a federation. When the final decision had to be made about supporting the establishment of BFSW in 1935, APSW wholeheartedly supported it (unlike the Almoners who refused to join) and subsequently APSW was one of the initial six member organisations (see Working Paper 13). The Association also supplied the first secretary/treasurer to BFSW – Mrs. Crosthwaite, and several of the active members of the Federation in its early days.

8.3 This commitment to the wider community of social work extended to the international scene as well. The Association was represented at the International Conference in Germany in 1932, and when the conference was held in London in 1936 APSW hosted an “at home” for 80 delegates; ran an information room; organised visits to hospitals and clinics for interested delegates; and ran a session of its own on “Individual Freedom and the Social Services” (Annual Report 1936). As the crisis in Europe deepened towards the end of the 1930s, the Association set up its own Refugee Sub-Committee which raised funds within the Association to sponsor two refugees, one a
Czech and one a German, to take the mental Health Course. The committee also provided hospitality for other refugee social workers and joined with the wider social work community in setting up a Social Workers' Refugee Committee (Annual Reports 1938-39). Finally in this area of wider social work, APSW joined the editorial board of the new journal “Social Work” which was established in 1939 to replace the old “COS Quarterly”.

9. Conclusion.

9.1 As with most professional associations APSW was concerned in its early years with its own existence and with the existence of psychiatric social work. It was tentatively exploring the various roles which could be performed by a professional association. During this time it was numerically and financially very weak, yet it was starting to develop influence in various different areas of activity. It seems from its records to exude a certain self-confidence which sometimes carried it through difficult situations, and which allowed it to challenge other longer-established social work groups for the leadership of the social work community. It may have been elitist, but it certainly was not isolationist. Many of the features which emerge in this paper develop further in the next period of study – the 1940s – which is the subject of the next paper in this series.

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