Professional Associations and Social Work.

Working Paper 9

The Society of Mental Welfare Officers.

1. Introduction.

1.1. The professional association representing Mental Welfare Officers which joined with six other professional associations in 1970 to form BASW, was titled the Society of Mental Welfare Officers. This Society had only assumed its present form in 1954 and was thus the youngest and most recent of the social worker associations. However social workers in the field of mental health had been “organised” before 1954 into a number of different associations which reflected both the backgrounds of the workers and the different duties which they performed. This paper commences by outlining the different origins of mental health social work, and the associations established to represent the workers. It then switches its attention to the emergence of a single association for mental welfare officers and its subsequent history up to the establishment of BASW.

1.2. Unfortunately this is the least well-documented of all the professional associations, and this paper relies on fewer types of sources than the other association histories. For the period prior to 1954 it relies on fragmentary records of the predecessor associations preserved in the APSW’s much larger archive. This archive preserves records of joint meetings, together with some supporting documents produced by the predecessor associations. From 1954 this paper relies on the printed annual reports of the Society of Mental Welfare Officers (SMWO), together with its journal, which was produced from 1957 to 1968. Committee minutes, correspondence etc appear to have been destroyed. It may be possible to supplement this account at a future date if further records can be traced.

2. The origins and development of mental health social work.

2.1. Before the implementation of the National Health Service Act (1946) in 1948, services for the mentally handicapped and the mentally ill had developed along quite different lines. Three distinct developments can be traced – social work with the “mentally defective”; the work of “duly authorised officers” with the mentally ill; and the emergence of psychiatric social work from 1929 onwards. The first two of these developments will be examined in this section, with the detailed discussion of psychiatric social work being discussed in working papers 6 to 8, although of necessity the development of psychiatric social work cannot be totally ignored in this paper.

2.2. Work with the “mentally defective” had been pioneered by various local voluntary associations towards the close of the nineteenth century. Some of these associations had run homes for “defectives”, some had helped special school leavers find employment, whilst others had taken a friendly interest in “defectives” living in their own homes. The Royal Commission on the Care
and Control of the Feeble Minded (1908) recognised the value of the friendly visiting of “defectives” under the age of 21 who were being adequately cared for by their parents and guardians; and the Mental Deficiency Act (1913) provided a basis for statutory work with this group. This 1913 Act created a Board of Control responsible to the Home Secretary, and it required county and county borough councils to appoint statutory mental deficiency committees to whom were assigned the duty of providing institutional care, guardianship, and statutory supervision for defectives in their areas (Hargrove 1965). The local voluntary associations who were carrying out this work became eligible for grants from the Board of Control and from local authorities. This allowed the local associations to employ workers to carry out the tasks of enquiry and supervision of mental defectives and thus created a new field of full-time social service.

2.3. The work of these local associations, many of which acted as agents for the local authorities, was coordinated by a central voluntary agency founded in 1913 – the Central Association for the Care of the Mentally Defective (from 1921 this was re-named – the Central Association for Mental Welfare – CAMW). This Central Association sponsored the formation of voluntary associations in many areas, and also made provision for the training of social workers wishing to enter this work. From the first year of its life, the Central Association offered new workers the facility for gaining practical experience in its own office, before sending them out as prospective secretaries of local associations then in the process of being formed. The Central Association also had its own Case Work Department which undertook the visiting of defectives discharged from institutions in those areas where no local voluntary association existed. Thus the social workers appointed tended to have close links with each other and with the Central Association through their common experience and “training”. It is also clear that the vast majority of such workers were women (Hargrove 1965).

2.4. The secretaries of the local associations met at CAMW headquarters in November 1920 to share common concerns, and from this meeting an Association of Secretaries to Voluntary Associations was formed. This group adopted a constitution on February 5th 1921, setting out the objects of the Association as:-
“to further the interests and increase the efficiency of salaried and other workers for the mentally defective,
to provide facilities for interchange of ideas and experience of the practical worker,
and to cooperate with the Central Association and other agencies in influencing public opinion and in promoting the well-being of the mentally defective and subnormal and unstable persons”
(Studies in Mental Inefficiency, vol.2, no.2, 1921)
The membership of the Association was open to Organising Secretaries and Assistant Organisers of voluntary associations, as well as to such other workers in mental deficiency as were approved by a two-thirds majority of the Executive Committee. By July 1923 there were 49 members of the Association – 46 women and 3 men.
2.5. Besides these secretaries of local associations (who were also often the Statutory Mental Deficiency Officer), other groups of workers were also engaged in work with mental defectives. These were supervisors of occupational centres for the mentally defectives (such occupational centres had been launched in 1919 and were later to become Adult Training Centres) and teaching staff in mental deficiency institutions. These two groups of workers together with the enquiry officers employed by local authorities, were jointly "trained" by the Central Association on a three-week course from 1927 onwards. The Association of Secretaries of Local Associations changed its name in January 1924 to the Association of Mental Welfare Workers, and adopted a new constitution which enabled such workers to become members of the Association. The name was again changed in 1931 to the Association of Mental Health Workers (AMHW); whilst in 1934 it introduced a further class of membership open to any person “definitely interested in mental welfare, as may be approved by a two-thirds majority of the executive committee”. (Mental Welfare, vol.15, no.2, 1934). The powers of local authorities in relation to mental defectives had been strengthened by the Mental Deficiency Act 1927; and the secretary of CAMW – Evelyn Fox – had attended and read a paper at the International Congress of Social Work in Paris in 1928. Certainly the Association of Mental Health Workers (AMHW) was well established by 1934, when it played its part in setting up BFSW (see working paper 13).

2.6. The 1939 constitution of AMHW indicates six objectives for the Association. These were “to promote cooperation between all those actively engaged in mental health work; to encourage the appointment of trained workers; to raise the standards of salaries; to educate public opinion as to the skilled nature of mental health work; to arrange an annual conference; and to keep members informed as to developments in mental health work at home and abroad” (AMHW Constitution 1939). That year the Association claimed to have 550 members, mostly women (B8/2:1). The membership was divided into four sections:- “(A) Members engaged in work with mental deficiency (other than C); (B) Members working in mental hospitals; outpatient mental treatment clinics; and child guidance clinics; (C) Members engaged in training and teaching mental defectives or retarded children in institutions, schools, occupation centres and in their own homes; (D) Members engaged in other recognised forms of mental health work.” The membership was also allocated to regional groups, whilst an office was maintained at 24, Buckingham Palace Road (the headquarters of CAMW). The records of the 1938 Annual Meeting held at Southsea, reveal over 100 members attending the meeting – with a motion being passed to raise subscriptions to 7/6 per annum on the grounds that “the Association has now become a really national one and therefore needs properly financing” (P20/4:5).

2.7. Clearly by the end of the 1930s AMHW was very active. It had joint meetings with the APSW in 1937 and 1938 to explore matters of mutual interest; it played its part in the activities of BFSW; it was pressing for improved standards of training for social work in mental health (setting the high standard of a Social Science course followed by a specialist Mental Health course); it was recommending national salaries for social workers and circularising vacant posts amongst its members; it was running overseas
education visits (Belgium 1937); and it was presenting evidence to the Feversham Committee on “The Voluntary Mental Health Services” 1939 (P20/4). This latter Committee was important in recommending the need for minimum standards and national qualifications for mental health social workers. The Report also laid the foundations for the unification of the Central Council for Mental Welfare, the Child Guidance Council, the National Council for Mental Hygiene, and the Mental After Care Association – to form the National Association for Mental Health 1946. (Feversham Committee 1939).

2.8. The AMHW had noted in 1938 that more local authorities were forming one Mental Health Committee to deal with the administration of the Mental Deficiency Acts 1913-1927, the Mental Treatment Act 1939, and the Lunacy Act 1890; and some smaller areas were employing one worker to deal with all these cases. But in most of the country, a second strand of mental health work had developed separately around the power to detain or to remove a mentally ill person from the community. Bean had traced the origin of this work to an Act of 1743; but it was the 1890 Act which “duly authorised” the relieving officer to take action in cases of lunatics requiring certification (Bean 1980). The duly authorised officer could forcibly transport a mental patient who had been properly certified to an asylum; but he also had certain independent duties to watch over the safety of the public and to bring to the notice of a magistrate any case of possible danger to the public. These duties had been re-enforced by the Mental Treatment Act of 1930. The relieving officers were mainly men. They received little formal training, although it was possible for them to take a series of written examinations which led to the award of a certificate. In the main they did not identify with “social work”, but they took more of an “administrative line” in the exercise of their duties (Jones 1972). A National Association of Relieving Officers had been formed in 1911, and following changes in the structure and operations of the Poor Law in the 1920s, this had become the National Association of Local Government Social Welfare Officers in 1938. So far I have not followed up research on these associations since they appear only marginal to the development of associations of social workers.

2.9. The event which brought these two separate strands of mental health work together was the National Health Act of 1946. This led to local authorities setting up new mental health departments in 1948, which recruited their staff from the mental welfare officers previously employed by local voluntary associations and from the relieving officers employed in the Public Assistance Service. Jones has argued that most of the mental health officers were women, with considerable social work experience, but generally little knowledge of the administrative complexities of local authority work, whilst most of the duly authorised officers were men with a background of work in an administrative setting, but with little social work experience (Jones 1972). To this group were added – younger graduates in Social Sciences, who had a wide basic knowledge of the social services in general, though little specialised knowledge of mental health work; some qualified mental nurses who transferred from hospital settings; and some local authority clerical workers who had developed an interest in this work. Jones quotes a study of the mental health workers in Lancashire in 1953-4, which showed 36 ex-
relieving officers; 4 ex-mental welfare association workers; 12 social science graduates; 14 trained nurses; 22 ex-clerical staff and 3 PSWs. (Jones 1972).

What was the consequence of this mixture of staff for the organisation of social work interests?

3. Towards a single association for mental health social workers.

3.1. The new local authority mental health workers had in fact a choice of three separate associations to join. There was the well-established Association of Mental Health Workers; but from 1949 onwards there was a National Association of Authorised Officers and a National Association of Local Government Health and Welfare Officers. One reason for the existence of these three bodies was the variation in the way different local authorities administered their mental health services. In some authorities services for the mentally ill and services for the mentally handicapped were the responsibility of different workers; in others one worker dealt with all “mental health” cases. In yet other authorities the workers also accepted responsibility for services for the elderly and for the physically handicapped. The division between the three associations tended to reflect these basic divisions in patterns of employment and I will now turn briefly to an examination of each of these associations.

3.2. The National Association of Authorised Officers had been formed in 1949 on the initiative of the existing Middlesex Association of Authorised Officers who had circularised colleagues around the country suggesting the need for their own professional association which would be concerned with vocational matters such as “the representation of DAOs at conferences and meetings; representation on the Standing mental Health Advisory Committee and for the improvement of the Mental Health Service” (P 9/7:5). Matters relating to salaries and conditions of service would be dealt with by existing unions such as NALGO. They envisaged operating as a professional organisation similar to APSW. Some 42 DAOs from 13 authorities met in October 1949 to established the Association which was open to “officers duly authorised to perform the duties prescribed under the Lunacy, Mental Treatment and/or Mental Deficiency Acts. A further local association of DAOs in the Liverpool region linked with this new national association. The DAOs were seen by the APSW as “feeling insecure and suspicious, (continuing) to try to train themselves for what they think is their primary job (eg. Ambulance work) and to think about early care and after-care only as sidelines” (P 9/7:6- November 1949).

3.3. This was rather a harsh judgement on the NAAO, who in March 1950 met the Ministry of Health to press their case for better training. They claimed that in most of the country the DAO was becoming increasingly the social worker and the clinical worker with the compulsory powers very much in the background. In a statement submitted to the Ministry they claimed that the DAO “is a focal point in the community through which persons suffering from all types and stages of mental illness may be passed to the various preventative and remedial services available” (P 9/7:8). Whilst acknowledging that few DAOs had academic qualifications the Association claimed that their
members had experience “gained in the streets”, and that “their knowledge of casework and local contacts is probably second to none”. However they did suggest plans for a part-time course for existing DAOs and the introduction of diploma/certificate training for future DAOs. Similarly in their evidence to the Macintosh Committee (see below) the NAAO claimed that the DAO “is of course, primarily a social worker engaged in cooperating with all those other parts of the Mental health Services in treating and rehabilitating the patient” (P 9/7:9). Unsworth comments that the DAOs “aspired to transform their traditionally narrow legal and administrative function into a social work role which would be respected as an integral contribution to the effort of the clinical-social team” (Unsworth 1979, p.114-115).

3.4. The second association – the National Association of Local Government Health and Welfare Officers (NALGHWO) was also formed in 1949, as the successor to the National Association of Local Government Welfare Officers (see 2.8 above). Few records of this Association survive, but the main membership appears to have been those workers employed as General Welfare Officers for “the halt, the sick and the blind” who also performed DAO duties (P 9/7:7). This emphasis on general welfare functions with mental health duties as just part of the job, tended to isolate this Association from the other three associations (NAAO; AMHW; and APSW) who all stressed mental health work as a specialism (A9/7:12). The NALGHWO continued to protest at being excluded from discussions held by the other Associations on mental health training and it continued to maintain an independent existence until 1961 when its small membership eventually joined with the Society of Mental Welfare Officers.

3.5. Finally the Association of Mental Health Workers continued to exist covering the wider field of mental health work but also attracting some DAOs into membership. By December 1951 it had 582 members and it was still running conferences, circularising vacancies, cooperating with other organisations, and supporting regional activities much as it had done in the late 1930s. It had however modified its stance on training in 1946. AMHW had then stated that whilst it still adhered to the ideal of a Mental Health Course for all workers as the qualification, it recognised that due to the establishment of the NHS and the rapidly increased demand for workers it was an unrealistic aim. The Association therefore proposed that the possession of a Social Science certificate or Diploma of a University should be accepted as the basic qualification (P 20/4:8). In their submission to the Macintosh Committee the AMHW pressed for an emergency training course to be set up for all mental health workers (P17/4:23).

3.6. The Mackintosh Committee on Social Workers in the Mental Health Services had been established in July 1948, although it did present its Report until June 1951, An Interim Report on psychiatric social workers had been presented in April 1949, which had made various recommendations about training, but the final report made the specific recommendation that a central consultative committee should be set up, consisting of representatives of the Universities which have established a mental health course, AMHW, APSW, NAAO, the National Association for Mental Health, and the Royal medico-
Psychological Association. This committee was to devise and oversee a trainee scheme under which suitable candidates could become assistants in mental welfare work under the supervision of experienced psychiatric social or mental welfare workers (Mackintosh Report 1951). This Committee was duly convened in October 1951 by APSW, bringing the three associations of specialist mental health workers into a closed working relationship. In their first year of meetings, the committee discussed both the organisation and content of a proposed trainee course for Mental Welfare Officers, which was then submitted to the Ministry of Health for its approval (P17/4). The early optimism and commitment to improved training was however dissipated, when the Ministry of Health took over twelve months to respond to the committee’s recommendations. Following a meeting with representatives of the Ministry of Health in October 1953, the minutes record the bitter disappointment of NAAO and AMHW over the lack of movement to establish a professional training for them. The letter from the Ministry of Health to the Central Consultative Committee, dated 10th November 1953, was a classic justification for doing nothing – claiming the social worker in the mental health field could not be dealt with in isolation, since the future of other workers had also to be taken into consideration – a process which necessarily took time. The Ministry was also impressed by the danger of multiplication of training courses and the consequent over-specialisation in the field of social work (P17/4:42). Not surprisingly the Central Consultative Committee recognised that the Ministry had no intention of supporting any action towards the training of mental welfare officers, they felt protest would serve no purpose and then adjourned sine die (P17/4).

3.7. Although the mental welfare workers had to wait until the Younghusband Report (1959) for a full acknowledgement of their training needs, the concern for training had led to the formation of close working relationships between NAAPO and AMHW, and in 1952 the two Associations set up a joint committee to “tidy up the scene”. In 1953 the NAAO had membership in 73 Health Authorities with several strong regional groups. Its full members were all DAOs, although it had some occupation centre workers in associate membership. The AMHW covered some 138 mental welfare officers, together with 337 occupation centre workers, home teachers and teachers of defectives, and 93 “so varied they could not classified” (P17/4:48). The two Associations agreed that they should both dissolve and form two new professional associations – one for occupation centre workers and teachers, and one for mental welfare officers. Subsequently on 8th May 1954, two separate association – the Society of Mental Welfare Officer and the Association of Teachers of the Mentally Handicapped came into being. The two Associations retained links with each other via the Federation of Associations of Mental Health Workers, which they jointly founded at the same time.


(a) Membership and Organisation.
4.1. Initially membership of the Society was open to Mental Welfare Officers who were performing statutory duties under the Mental Health legislation or
who were undertaking mental health social work within the community as their main function. The executive committee was also given the right to admit any person engaged in work which they recognised as essentially part of the mental welfare field. Thus membership rested on the type of work undertaken, no on qualification. In 1964 the Society became an incorporated society, registered with the Board of Trade, and changes were made in the criteria for membership. Existing members were blanketet into the reconstituted Society, but new members had to be qualified by formal training or by length of experience as accepted by the Council for Training in Social Work, as well as completing minimum periods of actual experience in the mental welfare field. This change of emphasis to qualification for membership was of significance to the Society since not only was it viewed as a “status-raising” strategy but it also allowed SMWO to become a member of SCOSW. Mental welfare officers who were not qualified formally or by experience were accepted as associate members.

4.2. When the Society was established in 1954 there were approximately 400 members but membership figures slumped significantly in the 1950s reaching an all-time low of 222 in 1958. Following increased activity by the Society during the Passing of the Mental Health Act 1959, and the publication of the Younghusband Report on Training the same year, membership figures revived. By the end of 1960 there were 367 members, whilst by December 1963 this had risen to 748 members. Membership remained constant between the 700 and 800 mark for the rest of the 1960s. Even these latter figures only represented around 33% of the potential membership. The low membership figures in the 1950s meant that the Society had major financial problems of maintaining activities at this time, and its services were literally run on a shoestring. However the finances of the Society improved after the early 1960s although there was still potential members who did not join because of the necessity of having to pay Union dues (to NALGO) as well as a subscription to a professional association.

4.3. The size of the Society and its perilous finances, meant that the activities of the Society were run by a small group of dedicated honorary officers from their own homes. Although it was possible to pay for some part-time clerical assistance to the honorary secretary, the Society did not employ any full-time staff. Consequently a good deal of the business of the Society was carried on by telephone and correspondence. The Society had an Annual General Meeting each year at which business was transacted, and an Executive Committee, consisting of the honorary officers and one representative from each formally constituted Branch of the Society, also existed. However it appears that because of financial constraints the Executive only met twice a year, unless a major item of business demanded extra attention. After incorporation in 1964, the Society did reform its structure setting up a Council of branch representatives together with five committees – a Professional Standards Committee; a Law and Parliamentary Committee; a Public Information Committee; an Administration Committee; and an Editorial Board. These committees did serve to broaden the work of the Society; but even so the Annual Reports reveal that they only met once or twice a year to conduct business.
4.4. The membership of the Society was divided into branches based on geographical areas. Initially 12 branches are listed and by 1964 this had risen to 23 branches covering the whole of England, Wales and Scotland (although Scotland was only organised as a branch in 1962). Activity in the branches was variable, depending on the energies and commitment of a handful of members to keep them going. In the Annual Reports each year several branches are noted as being dormant. The officers continually stressed the need for local branches, which they saw as providing an opportunity for communion with colleagues, and in 1961 they instituted a general meeting of branch honorary secretaries in an attempt to stimulate activity. The Administration Committee set up in 1964 had as its main task – the preparation of a model constitution for Branches. Branch news was included in the quarterly publication of the Society, but this again confirms the general low level of activity of most branches.

4.5. It was a group of dedicated members who also kept the journal of the Society going during this period. The first issue of “The Mental Welfare Officer” was issued in December 1957, as a 8-sided newsletter. A further 18 issues were sent to members between then and March 1965. The publication remained essentially a newsletter, carrying reports of annual meetings and of other activities, interspersed with short articles on aspects of the work of mental welfare officers. In Autumn 1965 the Journal was presented in a new format as “Mental Welfare” but despite early promise, by 1967 the magazine was struggling and was becoming thinner in its content. The final issue (the 10th) came out in the Summer of 1968. Prior to 1962 members also received “Mental Health”, the publication of the National Association for mental Health, as part of the Society’s service; but this became too heavy a financial burden for the Society to maintain.

(b) The activities of the Society.

4.6. Four major areas of activity stand out when reading the annual report:- first, the concern with the organisational structure of MWO work; second, the issue of training; third, salaries and conditions of services; and finally, relationships with the wider fields of mental health and social work activity.

4.7. Before the formation of SMWO in 1954, the NAAO and the MHWA Had been separately invited to give evidence to the Royal Commission on the Law relating to Mental Illness and Mental Deficiency. The evidence collected by the two associations was collated and presented to the Royal Commission, and on June 30th 1954 the honorary officers of SMWO gave oral evidence to the Commission. The delegation was flattered by the reception they received from the Commission chairman – Lord Percy – who commented that their evidence had been of much greater value than had been anticipated. Unsworth has argued that their evidence reflected the transitional position they were in between a legal-administrative and a social work role (Unsworth 1979). On the one hand they stressed their role as social workers, able to make an assessment of the patient’s social environment and the need for removal or otherwise of the patient to hospital; on the other hand, they indicated their legal role as being one of questioning another profession’s
judgement of the need to deprive a patient of his/her liberty on a compulsory basis. When the Report of the Royal Commission was published in 1957 it was received with considerable interest and some disappointment by the Society. “Although on the whole the work of the mental welfare officers appears to have been well regarded by members of the Commission, and the desirability of proper training for them is raised, there was disappointment that more emphasis was not used in this connection. Many of the suggested new procedures for admission will be welcomed by everyone who has experience of working under present laws, but will, at the same time, have misgivings about the suggested new arrangements for emergency admissions and the proposed abolition of the present powers of the Duly Authorised Officer under Section 20 of the existing Lunacy Act” (Annual Report 1957-58).

4.8. When the Mental Health Bill was published in late 1958, the Society made representations to the Minister of Health and sent a communication to all members of the Standing Committee of the House of Commons which was considering the Bill. The Society concentrated on twelve specific clauses in the Bill which they felt needed amending; but they also wanted a requirement made on local authorities to provide adequate Mental health services, together with improved training facilities for MWOs. The lobbying carried out by the Society appears to have had some effect, since its views were quoted in the debates about the Bill and an amendment was accepted which placed a duty of MWOs to make an application for admission or guardianship under certain circumstances (Mental Welfare Officer No.6). The 1959 Mental Health Act did spell out a much clearer role for the Mental Welfare Officer, and possibly as a result of their activity around the Act, the Society did establish a clearer presence in both the minds of practitioners (leading to a membership rise) and in the policy-making circles (the Annual Report 1962-63 noting how the Society was being consulted more frequently by the Ministry of Health and other medical bodies).

4.9. In contrast to this flurry of activity around the Mental Health Act 1959, the considerations of the Seebohm Committee and the proposed reorganisation of the personal social services caused barely a ripple in the Society. The Council of the Society, after considering the evidence presented by SCOSW for the Seebohm Committee, decided not to submit separate written evidence and simply endorsed the SCOSW viewpoint, although the officers of the Society did give joint oral evidence with APSW on 16th December 1966. Similarly the Annual Reports for 1968-69 and for 1969-70 are quiet about any response to the publication of the Seebohm Report, with only the Professional Standards Committee briefly discussing the topic of confidentiality as raised in the Report. Perhaps by this time most of the Society’s energy was being directed to the operations of SCOSW and the formation of BASW – nevertheless the absence of reaction did surprise me.

4.10. Since two of the three objects of the Society focussed on training, it is hardly surprising that this was the second major area of activity for the Society in the period 1954 to 1965. As paragraph 3.6 has indicated, the training of MWOs had received a setback in 1953 by the prevarication of the Ministry of Health over the central consultative committee’s proposed training scheme.
The SMWO took the initiative in establishing a new Joint Committee on the Training of Mental Welfare Officers with representatives from the Royal Medico-Psychological Association and from the Society of Medical Officers of Health. This Committee set about devising a syllabus of training, and the 1954-55 Annual Report was confident that real progress was being made towards the introduction of a national pattern of training for MWOs. With the support of the National Association for Mental Health (who would conduct the training) and the Royal Medico-Psychological Association (who would examine candidates), a scheme was put forward to the Ministry of Health in 1955. However, the SMWO’s hopes were shattered when the Ministry announced the setting up of a Working Party to consider the whole question of social workers at all levels in the local authority health and welfare services, and pending the report of that committee, the Ministry were not prepared to recognise any further training scheme. The SMWO then set about preparing evidence for the Younghusband Committee, submitting written evidence in December 1955 and giving oral evidence in July 1957.

4.11. In early 1956, with the support of NAMH, a deputation from SMWO met the Minister of Health, but despite friendly exchanges, the Minister reiterated that nothing could be done about the training of MWOs until he had considered both the Younghusband Committee Report and the Report of the Percy Commission. The Society then spent time considering the alternative of devising and administering its own Registration scheme, which would list officers whom it considered competent by training or by experience, but although this proposal aroused great interest, essential support was not forthcoming and the scheme was abandoned. In the end the Society had to wait for the publication of the Younghusband Report in 1959, which it generally welcomed, although it then became increasingly frustrated at the slow speed with which the Government implemented the recommendations. The 1960-61 Annual Report sums up the Society’s views:- “Recognised training and qualifications have been among the main objects of the Society since it was founded seven years ago, the story of frustrated effort is too long to recount here, but efforts have never relaxed, and will not cease until the objective is attained. The nature of their work requires that Mental Welfare Officers are persons not easily daunted, and this quality will stand them in good stead in the struggles that continue” (7th Annual Report).

4.12. The Society kept up its pressure on the Ministry to set up an officially sponsored training course for MWOs; but eventually the Society accepted that MWOs would be trained alongside other social workers on the new Certificate in Social Work courses. It then attempted to influence the Younghusband Courses as they were established to include a significant element of mental health teaching in the courses, and it was gratified when its Honorary Secretary – Jack Westmoreland was appointed as a member of the Council for Training in Social Work. The strategy of Incorporation of the Society in 1964 was also seen as a way of preserving and improving the standards of work of MWOs, and the Professional Standards Committee of the Society set about formulating a code of professional conduct for members. Thus gradually a form a nationally-recognised training for MWOs was devised and introduced, although the main role of the SMWO appears to have been
keeping the issue on the agenda, rather than influencing the shape and content of training.

4.13. The third area of activity for the SMWO was the contentious issue of salaries and conditions of service. Although the SMWO was not a trade union it was recognised by NALGO as an ancillary professional society and thus had two (later three) seats on the Union’s Joint Consultative Committee. The task of the Society’s representatives on this Joint Consultative Committee was to press for improvements in the salaries and conditions of service for MWOs. The SMWO representatives found they had the task of explaining the MWO’s case and in 1957 they submitted a claim for the revision of all salaries for mental health workers. Unfortunately this coincided with a NALGO decision to press for a complete revision of Local Government salary scales which delayed consideration of the MWO’s claim. Again the Annual Report sums up the feeling: “The Society has done all that is humanly possible to ventilate the very real grievances of its members on salary questions and now has to leave the matter in other hands, unable to do anymore for them moment than to hope that the justice of the claim will be appreciated and will prevail” (Annual Report 1957-58). When NALGO finally took up the claim in 1958 the SMWO were again frustrated when the Employer’s side refused to consider the matter further until they had time to see the effect of the Younghusband Report and the Mental Health Bill (Annual report 1958-59).

4.14. After being considered for three years, the MWO’s claim for re-grading was included in a general review of local authority scales, and although some increments were granted, the award was so ambiguously worded as to encourage local authorities not to pay all their MWOs on the higher scale (Annual Report 1960-61). The Annual Report for 1961-62 indicated the profound dissatisfaction with the application of the 1960 salary award and demonstrated the Society’s ambivalent position to being involved in salary issues as follows: “It cannot be too often reiterated that the Society of Mental Welfare Officers is a professional organisation primarily interested in professional matters and not a trade union – yet when the trade union to which we subscribe negotiates a settlement which is nothing but a rebuff to our reasonable aspirations, how can we avoid an interest in salaries and conditions of service?” (Annual Report 1961-62). Further major concerns with salaries occurred in 1965-66, with SMWO increasingly allying itself with representatives of ACCO in presenting a common front to the NALGO officials (Annual Report 1966-67). This front took up issues of the grading of social workers, the introduction of a proposed trainee grade, and the question of stand-by duties. It was this last question which came to dominate SMWO during its last year of existence, with Branch representatives agreeing that some form of militant action should be taken if a form of payment for stand-by duties was not forthcoming (Annual Report 1969-70).

4.15. In this area of salary negotiations, the SMWO again appears to have made limited impact, but the records do reveal the way in which the issue became more central in some professional associations in the 1960s with the growth of both cooperation between different groups of social workers and a
growth of feeling that militant action may be the only way to resolve disputes around conditions of service.

4.16. The final area of activity for the SMWO centred around its relationship with other associations and organisations. As was indicated in paragraph 3.7 above, the SMWO retained links with the Association of Teachers of the Mentally Handicapped by means of the Federation of Associations of Mental Health Workers. This Federation was strengthened in 1956 by the accession of the Society of Chief Administrative Mental Health Officers; in 1962 by the Association of Psychiatric Social Workers; and in 1966 by the Society of Mental Health Hostels Officers. The main function of this Federation was the organisation of a residential conference each year at which distinguished speakers read papers, each Association or Society held its own AGM, and various social or educational activities took place. Attendance at this conference gradually grew until in 1967 at Brighton some 300 workers attended, when the Conference was addressed by the then Minister of Health – Kenneth Robinson. The Conference served as a focus for the mental health community and the Federation was also represented on the Council and the International Committee of NAMH. Its other major function was the circularisation of vacant posts, which was administered from the NAHM offices, and provided the major finances for funding the Federation. Relationships with NAMH remained close throughout the period of the life of SMWO, and annual reports acknowledged the benevolent interest in the development of the Society by NAMH.

4.17. In 1956 the Society established a Standing Joint Committee with APSW to discuss matters of common interest. APSW was supportive of SMWO’s efforts to obtain better training facilities for its members; but a more tangible outcome of the cooperation between the two bodies was the organisation of two successful joint residential conferences in November 1960 and January 1962. The Standing Joint Committee was dissolved later in 1962, when a APSW joined the Federation of Associations of Mental Health Workers. Similarly the links with the wider social work occupation were strengthened when in 1964. the SMWO became the eighth member of SCOSW. The leading members of SMWO played an important and active role in the Standing Conference and also supported other joint social work activities—such as the establishment of the Social Work Advisory Service.

4.18. Finally the Society also maintained links with the wider medical and nursing professions. Mention has already been made of cooperation with the Royal Medico-Psychological Association and the Society of Medical Officers of Health over training issues (see 4.10 above). But the Society also supplied speakers to the Royal Society for Health’s annual congress, to conferences organised by the Royal College of Nursing, and to a conference organised by the Medical Practitioner’s Union (Annual Report 1962-63). It also supplied evidence to a Royal College of Nursing Working Party which was considering the role of the psychiatric nurse in community mental health services (Annual Report 1966-67).

5. Conclusions.
5.1. For a small Society run by a group of dedicated voluntary officers, the SMWO was remarkably active in a number of different fields. Although they received many setback, particularly in the area of training and salaries, they always appeared to come back fighting. However having studied the reports and remaining records of the Society, one if left with the feeling that it was an elite, small circle which kept the Society going and claimed to speak for much larger numbers of workers. A limited number of names continually recur among the officers (See Appendix B), and it is remarkable that they steered this relatively “untrained” and disorganised group of workers into membership of SCOSW and eventually BASW.

Andrew Sackville
December 1987.

Bibliography.

Primary Sources.

Federation of Associations of Mental health Workers. Annual reports 1954-1970
The Mental Welfare Officer No. 1-19, 1957-1965
Archives of the APSW (includes material relating to MHWA and NAOO).
BFSW “A Survey of the Conditions of Service of Social Workers” BFSW 1939.
Feversham Committee – “The Voluntary Mental Health Services” Report 1939.
Macintosh Committee “Report of the Committee on Social Workers in the Mental Health Services” Cmd. 8260. HMSO 1951
Studies in Mental Inefficiency 1920-24; Mental Welfare 1925-1939; Mental Health 1940 onwards.

Secondary Sources.

Hargrove,A.L. “Serving the Mentally Handicapped” NAMH 1965
1911 National Association of Relieving Officers


1949 National Association of Authorised Officers

1961

1964 Society of Mental Welfare Officers (Incorporated).

1920s Association of Mental Health Workers

(Part)

(1954 Society of Mental Welfare Officers)

(1954 Association of Teachers of the Mentally Handicapped)

1954 Federation of Associations of Mental Health Workers
S.M.W.O.; A.T.M.H.

1956 Society of Chief Administrative Mental Health Officers.

1962 A.P.S.W.

1966 Society of Mental Health Hostels Officers.
### Appendix B. Officers of SMWO 1954-1970.

<table>
<thead>
<tr>
<th>Position</th>
<th>Period</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>President</td>
<td>1954-55</td>
<td>Mr. F. Morton</td>
</tr>
<tr>
<td></td>
<td>1956-57</td>
<td>Mr. J. E. Jones</td>
</tr>
<tr>
<td></td>
<td>1957-58</td>
<td>Mrs. K. M. Beevers</td>
</tr>
<tr>
<td></td>
<td>1958-59</td>
<td>Mr. G. J. Catmull</td>
</tr>
<tr>
<td></td>
<td>1959-60</td>
<td>Mr. E. M. Harborow</td>
</tr>
<tr>
<td></td>
<td>1960-61</td>
<td>Miss E. M. Rendle</td>
</tr>
<tr>
<td></td>
<td>1962-63</td>
<td>Mr. T. Rattray</td>
</tr>
<tr>
<td></td>
<td>1963-64</td>
<td>Mr. N. Coombs</td>
</tr>
<tr>
<td></td>
<td>1964-65</td>
<td>Mr. C. J. Gallant</td>
</tr>
<tr>
<td></td>
<td>1965-66</td>
<td>Mr. D. E. Twivey</td>
</tr>
<tr>
<td></td>
<td>1966-68</td>
<td>Mr. A. H. Edwards</td>
</tr>
<tr>
<td></td>
<td>1968-70</td>
<td>Mr. J. E. Westmoreland</td>
</tr>
<tr>
<td>Chairman of National Executive</td>
<td>1954-55</td>
<td>Mr. E. M. Harborow</td>
</tr>
<tr>
<td></td>
<td>1956-64</td>
<td>Mr. A. Austin</td>
</tr>
<tr>
<td>Chairman of Council</td>
<td>1964-70</td>
<td>Mr. A. Austin</td>
</tr>
<tr>
<td>Vice-Chairman of Council</td>
<td>1964-70</td>
<td>Mr. T. Rattray</td>
</tr>
<tr>
<td>Hon. Secretary</td>
<td>1954-68</td>
<td>Mr. J. E. Westmoreland</td>
</tr>
<tr>
<td></td>
<td>1968-1970</td>
<td>Mr. D. E. Twivey</td>
</tr>
<tr>
<td>Hon. Treasurer</td>
<td>1954-62</td>
<td>Mr. R. A. Johnson</td>
</tr>
<tr>
<td></td>
<td>1962-1970</td>
<td>Mr. J. Denison</td>
</tr>
<tr>
<td>Hon. NALGO Liaison Officer</td>
<td>1963-69</td>
<td>Mr. C. J. Catmull</td>
</tr>
<tr>
<td></td>
<td>1969-70</td>
<td>Mr. F. Denison</td>
</tr>
<tr>
<td>Hon. Legal Officer</td>
<td>1965-70</td>
<td>Mr. A. H. Edwards</td>
</tr>
<tr>
<td>Publicity Officer/Edicor.</td>
<td>1954-56</td>
<td>Mr. A. Austin</td>
</tr>
<tr>
<td></td>
<td>1957-60</td>
<td>Mr. J. B. Jolley</td>
</tr>
<tr>
<td></td>
<td>1960-65</td>
<td>Mrs. D. R. White</td>
</tr>
<tr>
<td></td>
<td>1965-69</td>
<td>Mr. J. F. East</td>
</tr>
<tr>
<td>Hon. Treasurer</td>
<td>1954-62</td>
<td>Mr. R. A. Johnson</td>
</tr>
<tr>
<td></td>
<td>1962-1970</td>
<td>Mr. J. Denison</td>
</tr>
</tbody>
</table>