

THE COHEN INTERVIEWS

JACK HANSON -- Interview no 10.

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This is one of 26 interviews with social work pioneers conducted by the late Alan Cohen in 1980 - 81. The period of social work history Alan wished to explore with the interviewees was 1929 - 59. With one exception (No 24, Clare Winnicott) the interviews were unpublished until this edition in 2013. The copyright is held by the not for profit organisation WISEArchive.

Each interview is presented as a free-standing publication with its own set of notes. However, readers interested in the Cohen Interviews as a whole and the period discussed are referred to:

- (a) the other 25 interviews
- (b) the Editors' Introduction,
- (c) the select at.

All of these can be found at

http://www2.warwick.ac.uk/services/library/mrc/explorefurther/subject_guides/social_work

In common with several of the Cohen interviewees, the remarkable nature of Jack Hanson's personal story is partly disguised by the modesty of its narrator. But his progress from teenage clerical assistant to Relieving Officer and eventually into the ranks of the post-Seebom cohort of Directors of Social Services (and to the Presidency of their Association) is very interesting. Fortunately Alan's final question about lifetime achievements draws out two revealing comments from him. After the closure of the long-stay hospitals he sees that more is required from society: "my message is that we still underestimate the potential of the mentally handicapped." And on the rigours of launching a new era in social work he comments, "I had to build Bromley from nothing."

Apart from the invaluable Cohen interview, we suspect that most of the evidence of Jack Hanson's achievements are buried deep in the archives of the local authorities he worked for. We could find only one publication to his name: a 1972 NISW booklet on residential care. And there is the archived record of his efforts, as Honorary General Secretary, on behalf of the Institute of Social Welfare.

Fortunately we have the recollections of two eminent people. Firstly, Lady Gillian Wagner was the Chair of the Independent Review into Residential Child Care in the 1980's and she recalls that as a member of the review body he held certain very strong views that compelled him to resign at one stage. However, he rejoined and was a full signatory in 1988 to the final report, *A Positive Choice*.

Sir William Utting wrote to the Editors to say "I knew Jack Hanson as the DSS for Dorset when I was DSS for Kensington and Chelsea and later as Chief Social Work Officer of the DHSS. He was one of the ablest of the former Chief Welfare Officers and highly thought of by his colleagues –as his Presidency of the ADSS suggests – and I share that view. He was wise and experienced, hard-headed but committed to the welfare of service users whose needs he sensibly and forcibly advocated at national level. He was also a great champion of local government. I am sure his dry sense of humour helped maintain his balance during difficult years for social services and local government."

A.C. When did you come into social work?

J.H. Well, if by social work you mean Public Assistance work [1]; it was never regarded as social work at that time. That would be in 1938 just before the War, so that I did short spell before going into the forces for a couple of years or so.

A.C. Were you a Relieving Officer [2]?

J.H. Not at that time. I was recruited as a clerical assistant. I think there were about 160 candidates for two vacancies. It shows how popular local government was when compared with the present day doesn't it? Youngsters won't come into local government today, they all go into computing. But that was the situation then and I was allocated to a small local office in Nelson, a cotton town. As you probably know, it had had its problems through the years of depression which I just remember as a youngster and a teenager.

First morning at work I was there promptly as people were in those days, (they don't bother now do they) and I heard coming up the hill to the office two people talking very loudly, and they arrived and I was still on the doorstep, "You're early, you don't want to come to work so early." One of them was the RO, short tubby man, and the other was the assistant RO; long like a lathe, and they were both ex-miners, and that first morning in the office, I'll never forget it.

They were rough diamonds but they knew their stuff. The RO, first of all he said "Now Jack, you spend the first morning in this office with me and I'll show you the outdoor relief list, show you how it's kept. Atherton (who was the assistant) he'll be going in the back room to receive the clients who'll be coming in, new applicants, or to report changes or otherwise."

So I spent the first couple of hours going through this list, and his comments were – “Now take notice of me. Don’t bother about him in the back room. If you listen to what I say and get a grasp of this, you won’t go far wrong. He can’t manage the books.” Then after a couple of hours he said, “Go in the other room now and see what he’s doing,” and in a lull between clients, as we call them now, (‘applicants’ we used to call them), Atherton said, “Now if you want to know how to deal with people, don’t bother with him, I’ll show you, just take notice of me and I’ll take you on compulsory removals, Lunacy and Mental Treatment Action.” He said, “Billy, this is Roland the RO, he leaves that side all to me, so you follow me.” So I followed them both really. I was taught by both, and my word what a grounding that was!

A.C. And so you did that job right up to going into the Army did you?

J.H. Yes, I went into the Air Force in 1940, and I’d already started studying for my Relieving Officer’s Certificate **[3]** and I got that before I went into the Forces. I would be 20 I suspect, or just under 20; couldn’t be more because I went in the forces at 20.

A.C. Can you remember what you had to do for that Certificate?

J.H. Yes, the Law of Settlement and Removal **[4]**, Law of Lunacy and Mental Treatment general duties of an RO which I recollect was the most difficult paper because you had to know the entire Poor Law code and be able to quote 165 particular sections in the Poor Law Act and you’d to know the whole lot from A-Z. There were 5 subjects, I can’t remember what the other two were off hand, but there were 5 papers in the RO’s exam and you had to pass the lot.

A.C. There was an essay too wasn’t there. Can you remember what your essay was?

J.H. Can’t remember! But I did get through that exam and by the time I took that and passed, the old RO I mentioned had retired and a new one took his place. It was a transfer from the Fleetwood area and he remained in Public Assistance and then in Social Services until his retirement a couple of years ago, but I was too young at that stage to be appointed RO because you couldn’t be appointed under 21, even if I’d had the experience, but it was there. I’d got what was called the ‘RO’s ticket.’ And then in the RAF I did spells in Canada and the Middle East and as the War was drawing to an end I thought I’d take my Clerical Assistant exams. The name doesn’t convey the standard, but I actually took those whilst was in the Forces before demobilisation and got both parts 1 and 2 and came back, in effect, with at RO’s certificate, and the Clerical Assistant’s.

A.C. Was that the Royal Society of Arts (RSA) exams?

J.H. No, that was much later. So I came back – I was demobilised in 1946. Lancashire City Council, who I started with during the War, had made all the appointments of the RO’s temporary posts because they felt it was right to give the people who had gone into the Forces the opportunity when they

returned to be in competition for any vacancies that had arisen. So when I came back a number of posts came up, and within a very short time I was appointed RO in Colne, in the North East corner of Lancashire, an old Roman town. But of course public assistance had changed a good deal between the pre-war period and '46, because pensioners in particular were being taken off public assistance by legislation in '40, widows and so on, so that it was a diminishing number of clients or applicants.

A.C. Can you remember any anecdotes or examples of the sort of work you did at that time, in those early post war years?

J.H. In the earlier days, before the War, I think the number of people on the books in the office I mentioned would be about 400. When I went to Colne and was appointed RO I would imagine I had about 150 on the books. We used to do the entire services, if that's the right name for it, visiting them, you knew all the clients; you knew the families, you paid them money on the paying out day when they came to the office. Some were paid by post, those who couldn't come. It had begun in those pre-war years and the post war years I think, (and I'm not just saying this because I was involved in it) it had become a very humane service, and the people who were working in it, the old ROs I mentioned earlier, were very very kind caring people wanting to do their best within the system and really ensuring that people got what they were entitled to; whereas if you took it further back it was the other approach; give them as little as possible. But the whole climate, philosophy almost, had changed.

A.C. How did you account for that?

J.H. I think it was that some of the influences flowed from the depression years, and I think that very often the people who were providing a service were the people who had been through very hard times and I think they had an understanding about what people were going through. I think that's one very crucial influence. The people who were actually working the system had had direct experience of the hardship, but that's just my personal view. Certainly, you see the RO in those days, I mean my two years as an RO, if you made a judgement on the basis of medical evidence or anything else, that someone required hospital treatment, you had the authority to demand a bed, a vacancy. The RO's power to "act in sudden or urgent necessity" was endless, open ended. Section 17, Poor Law Act 1930 [5] writ large!

A.C. You were only answerable to the District Auditor. Isn't that right?

J.H. That's right, yes. Enormous flexibility.

A.C. Was that easily understood by your colleagues. Your senior colleagues, did they understand that when you took decisions?

J.H. Yes, I think so. I mean there were all kinds of occurrences with hospitals, with medical staff. In those days you had the voluntary hospitals and the general hospitals which were managed by local government. I always used to think it was funny if I admitted someone to a general hospital on an RO's Order, as it was called, because I couldn't get them in at a voluntary hospital. There was

an agreement that the voluntary hospital would pay, I think it was 21 shillings a week for three weeks, because that individual was a voluntary contributor, and of course it was a very modest contribution. We used to play hell about this misleading situation where people who were contributing voluntarily the tuppence or fourpence or sixpence a week to voluntary hospitals; when they came to need hospital care, no vacancy for them, no prospect of early admission. Go to the RO to get the bureaucratic order to get them into the general hospital. Funny really! That won't be written down in history will it? I think the same sort of issues arose with mental hospital admissions, where you see ROs were very familiar, not only with the legislation, but with some of the newer forms of treatment, and the extent to which psychiatrists were using the temporary provisions and the voluntary provisions of the Mental Treatment Act of 1930 [6] There were very important distinctions, and some reluctance to use those 1930 Act provisions, particularly for temporary treatment where the patient had no volition. But you could actually use the temporary arrangements under the 1930 Act without going through the Relieving Officer for either a Section 20 Three Day Order or a Section 21 Fourteen Day Order, and that sort of thing. Fascinating really.

A.C. So you were actually building up experience in both what later became the Health and Welfare services?

J.H. Yes, very much so. Personally, you see, with the grounding I had even in those couple of years before the war and then about 2 years as RO you saw every side of that work. Very much so. The institutional side, the mental hospital side and so on.

A.C. I know it's a long time ago now, but I wonder whether you can bring to mind any case examples that particularly hit you at the time?

J.H. There are perhaps three individual cases that I remember, I don't remember names obviously, but I remember going to see someone – and this is the first memory I have as an individual (and this is a bit macabre in a way) but it was someone who didn't turn up for payment. This was before the war when I was clerical assistant; I was 19 or 20 quite young. The RO said "Better pop up to see what's happened. Might not be so well, take the money, and pay him." When I went, I went in and found the fellow dead in the chair. Now at the time I don't think anyone in the office, would think about the effect that would have on a youngster, 19 or 20. I had to cope with it, to get the doctor and the police, and I did, but that was really throwing me in at the deep end, unwittingly. That isn't humorous, but nevertheless it's something interesting.

Then there was another occasion, which is different altogether but it has a bit of death about it, where we were having some problems with the contractor who carried out the burials; public assistant burials – and even in those days it was quite a reasonable specification. It wasn't just a box, it included linings and so on. We got a suspicion that something was happening, that the contract wasn't being complied with, so it was suggested that I ought to go to where they were making these things and have a look around, and see if the linings were going in. My visit wasn't conclusive on that, so that when a

funeral was taking place sometime afterwards, we insisted on opening the coffin, and there was no lining in. That was one of these extraordinary jobs. It was really to pin down the contractor on what he was providing. It was a case where there were no relatives at the funeral, but we went and insisted on seeing the corpse.

The other one is rather a nice story where I think on the last day of the public assistance regime, one of the applicants came and presented me with a book, in appreciation of the help over a comparatively short period, that I'd given to this particular widow, it was *The Rubaiyat of Omar Khayyam*. [7] That's always stuck in my memory. There were lots of other funny stories, such as when I went to a household that was riddled with tuberculosis, and the father, (I think there were 5 or 6 children in the family) he'd died, and all the family were behaving as though he wasn't there as a dead person. They were just carrying on excluding that sort of event. Tuberculosis went through pretty well all of the kids of that family. You don't hear much of tuberculosis these days. That was just after the war.

A.C. So then 1948 came...

J.H. 1948 was my first experience of reorganisation where the Public Assistance Service, in the words of Aneurin Bevan [8], was 'buried' and the Lancashire County Council, a good authority Lancashire, there was no question of jobs not being available for the people in the service if they could be fitted in. But the option at that time was whether – all the people in the Public Assistance, I think, applied for jobs with the Ministry of National Insurance, or the National Assistance Board. [9]

AC It changed its' name to Assistance Board in 1940, I think.

JH So now I was notified that I'd be appointed as an executive officer to the Ministry of National Insurance in Blackpool at Head Office, Norcross. I think it was only about a couple of weeks before I was due to take up that post that the person who'd been appointed as the senior administrative officer for the Health and Welfare Division in Lancashire decided to take his option with the Ministry of National Insurance and the new committee which was set up, a divisional committee, appointed me at a very late stage, 2 or 3 weeks before the new arrangement came into operation.

A.C. Did you have a choice, or were you drafted?

J.H. In effect I had a choice at the end. It was a choice in the sense that before the 5th July I was reconsidered because someone had moved out as a senior admin officer and I was appointed. Now, other people did have to go to the National Assistance Board or the Ministry of National Insurance because they'd no other option. It was coincidental if you like, good luck if you like, that that option came my way; which at that time avoided a move. I was a single person, but it avoided a move from home. Because as a RO in Colne, living in Nelson, I was just travelling and similarly as senior admin officer the offices were on the outskirts of Burnley, so that it didn't mean a move, whereas going to the Ministry of National Insurance in Blackpool did. The salary was better

too, as Senior Admin Officer, so when that was offered I took it. That was a Health Division No.6 of the Lancashire County Council (LCC) which had a population of about 96,000 at that time, and that was the beginning of the development of Health and Welfare services on the new basis following the legislation of '48.

A.C. That must have been quite a proposition, sorting it all out?

J.H. A new group of people were brought together, in administrative terms, people working in clinics and so on, generally stayed in those Health Service settings. The Public Assistance institution, whilst it in theory finished, (it was separate between sick and non-sick) the people stayed there until new small homes for the elderly were opened.

Actually a small home for elderly people, 12 people, was on the stocks in 1947 in Colne, a LCC home, I can't remember exactly when it was opened, but I think it was probably opened either just before or just after the appointed day. So very early on I'd had that experience of a small adapted home for elderly people, which in the words of Aneurin Bevan was "to be provided as an alternative to the workhouse" and in fact people who were going in there, you thought of them as people going in to a home which was very similar to a small hotel; not really needing care and attention as we know it today, but a small establishment of that kind.

But capital building restrictions lasted until the mid '50s, so some authorities, and Lancashire was one, they acquired almost the stately homes of England, here and there, to provide alternatives to the Public Assistance provision, and gradually began to run down Public Assistance institutions. I think in every authority I've been, I've closed down a Public Assistance institution because it's taken since '48 to the present day (1980), and there are probably one or two Public Assistance institutions still around. I mean the last one we closed in Dorset was two or three years ago, "Star View". I helped to close one in Bromley, and in South Shields they'd just closed it. So that it takes a long long time for new policies to be fully implemented doesn't it?

A.C. Yes, it certainly does. The Senior Administrative Officer is like, what, a Divisional Director?

J.H. I'll just explain the set up. There was a divisional Medical Officer who was responsible for Health and Welfare Services in the area, and we were responsible to the County Medical Officer of Lancashire, (in-line accountability) and he had a Divisional Committee to whom he reported and who made decisions within the delegation scheme adopted by the County Council for Health and Welfare Services.

A.C. These were local government officers of the Committee?

J.H. That's right. The Committee were elected members from the constituent authorities, so you'd have a couple of representatives from the Borough of Nelson, Colne, and one or two co-opted members, and so on. The sort of divisional administration at that time was concerned with all the local authority

services under the National Health Service Act of 1946 [10] which included day nurseries.

So I've long experience of day nurseries, clinics of various kinds, convalescent home care, health visiting services, National Assistance Act of '48 [11], district nurses, district midwifery, all those services.

The domiciliary services, if you like, which had a Health Service connotation, were within the orbit of that particular organisation, together with the services under the National Assistance Act Services and the Mental Health Services.

The interesting thing on the 5th July was that my wife, who was a Mental Welfare Officer for the County in another area, came into that division as the Mental Welfare Officer. That's when I met her on the 5th July 1948, and we got married about 12 months later. People were brought together from different settings.

So that some of the things which were developed in those earlier days were the home help service; I'd a lot to do with the organisation of the ambulance services in the area. There were beginnings of new services for the physically handicapped. We weren't recruiting occupational therapists in those days, but we were recruiting handicraft instructors and setting up social centres for the handicapped, one of which in Nelson is still going strong in what is now a multi-purpose centre. A couple of years ago I had a contact with the secretary who was one of the founder members in those early '50 years, a physically handicapped person with a wheelchair. So that was the setting (as far as my career was concerned) for the next 9 years until I moved to South Shields.

A.C. You mentioned services and buildings, but to what extent was it taken on board that there was a need for people, social workers, called something different perhaps, say mental welfare officers, to present the services to the public?

J.H. The mental welfare officers were the only authorised officers in those days to carry out the statutory functions and they were doing quite a bit of it. It varied from authority to authority but the extent to which they were doing pre-care, again depended upon liaison arrangements with doctors.

As far as services for the elderly were concerned, at that stage one wasn't thinking about people who are now described as social workers, but you were thinking about caring people who could handle personal problems and who were trying to help people in difficulties, so that I'm pretty sure that at that stage the possible impact of social work on, say, working with the elderly, wasn't really appreciated.

It was with children that social work was most recognised because of the Curtis recommendations [12], the Children Act [13] and the extent to which along with the Curtiss recommendations, training was embodied in the total strategy. Training in childcare was embodied before the actual legislation in the 1947 setting up of the Central Training Council in Childcare, [14] or whatever it was called at that time.

That's the right way to do it. If you prepare a strategy you ought to get your training input clarified at first. So that it wasn't until many years later, 'til the setting up of the Younghusband Committee [15], that one really began to focus on the importance of social work with other client groups. It was well recognised with those suffering from mental illness, and you had a small but skilled group of psychiatric social workers and mental welfare officers who had undergone some kind of training which was equipping them in a specialist field, so that there was a recognition of the importance of that group, but it wasn't until the report of the Younghusband Committee, which gave a real impetus to training in the social welfare side.

A.C. There was nothing 'til then?

J.H. Not really. It was interesting that after the Council for Training in Social Work [16] was set up to provide training for those in the Health and Welfare field, including the mental welfare officers, that I think the actual number of people completing courses came up in a fairly short period comparatively, to the same level of people who were going through the childcare training, and then of course there was the fusion of the two at a much later date.

A.C. Did you give evidence on behalf of your authority to the Younghusband Working Party?

J.H. Not on behalf of the authority, but at that time I was very much involved with the Institute of Social Welfare, [17] and for some years I was Secretary of that Institute.

A.C. Can you tell me a bit about that then as well?

J.H. The Institute? Yes, that was set up soon after 1948. Again, I'm speaking from recollection, so that the dates are not likely to be accurate, but there are one or two founder members of the Institute still around I think. Len Molton, who was the Director of Welfare Services in Bournemouth was one of the founder members of the Institute of Social Welfare, and its main objective was to bring people in the new services together and to provide some sort of training for them. Now it never did achieve that objective of mounting training programmes, although it did bring a great number of people together to discuss professional issues. It certainly did produce a statement of evidence to various committees that were set up to look at different aspects of services; and I'm pretty certain, although I can't remember the content, that evidence was produced to the Younghusband Committee, and I know that oral evidence was given as well. I think at that time people like George Evans of Cheshire, and Tom Tinto (Interviewee no 19) who was on Younghusband Committee, were very influential people at that time and were very enthusiastic about creating opportunities for training.

A.C. Did you feel yourselves then at a disadvantage, as compared with people in the child care services?

J.H. I'm not so sure that we felt there was a need for training. I think the work was seen as different and I wouldn't have thought that people working in the health or welfare field really thought themselves at a disadvantage.

Certainly there was a general feeling that there was more to learn, and there was an application of theory and practise which was desirable in dealing with the elderly and the physically handicapped. Because remember in those years, after 1948, how services did develop in those client groups, not only in the residential sphere with the new homes for the elderly, but in community initiatives. Because years and years ago in the '50s we were exhorting voluntary agencies to cooperate, particularly with services for the physically handicapped. I can remember one of the early circulars in 1951 which was saying something about the role of voluntary bodies, which has a very familiar ring to it today in 1980.

A.C. The reason why I asked whether you felt at a disadvantage in relation to the childcare service is because my memory of those days, (I was just beginning in social work at that time) was that there was a feeling of there being some kind of hierarchy. At the top of this hierarchy, although they weren't part of the local authority, there was the probation service, and they all had individual rooms and plenty of technology and secretarial help for doing the records. Then there was the childcare service who had a much bigger establishment of field workers than we did in the mental health service, because mental health and welfare were separate in Nottinghamshire.

J.H. That's where Pinchin was, the chap who developed Unit Homes.

A.C. By 'Unit Home' what do you mean?

J.H. It facilitated small groups of residents living together, eating together, and then a central concourse sort of thing which is all the rage at the moment. Pinchin and Chambers, really pioneered this kind of home to provide a more homely atmosphere in an institutional setting, and so on. They also pioneered some of the earlier centres for the physically handicapped in those two counties.

A.C. I wondered whether that's what brought them together; a common interest in the buildings?

J.H. I would have thought it was the quality and calibre of the two people I've mentioned. Those are not the only two, but they're two that stick in my mind who I knew quite well and who were always anxious to seize opportunities to do something different and better. Many of us copied what they did. You tended to pick up what you thought was the best practise and try to implement. I remember going down to Worksop to look at a Centre for the handicapped there, when I was planning one in South Shields, the first that South Shields ever opened. There was a good cross-fertilisation of ideas all really seeking to move forward – anyway, we've digressed a bit.

A.C. Yes. Can I come back to the point I was trying to provoke you with?

- J.H. Yes, the hierarchy. Well, my view would be different. If there was a hierarchy, and it's only my perception, I would say it was the PSWs in child guidance, they were the people who stood out as the very special and skilled people. Not the probation. I can never remember probation officers featuring in any thoughts about the relative standards if you like. They wouldn't have entered into my mind. Childcare people would, but more on an equal basis to our visiting officers, partly because we had a very good local arrangement with childcare people, and interestingly enough in my little corner of Lancashire, I finished up as Director. George Creighton who was the Area Children's Officer in Nelson is Director for Stockport, and Helen Seed who worked with him is the Director for West Sussex. All out of that little small corner of North East Lancs! And Geoffrey Ellis, who was in the adjoining County Borough of Burnley, is now Director of Walsall. Interesting, isn't it?
- A.C. Yes, it is. Lancashire is contributing quite a number of Directors of Social Services.
- J.H. Well I think Tom White's **[18]** a Welshman really!.
- A.C. Yes, he built his career up in the Lancashire Childcare Service didn't he? Can I press my point a bit further? I remember in my Nottinghamshire days that we had one MWO who was on duty every night of the week and every weekend at one point, because his adjoining MWO was away. There was no-one in the establishment. And he was left for quite a long period before they made an appointment and they wouldn't even give him two people's mileage allowances, so he was soon on 3½ pence per mile, and he was on duty, as I say, practically the whole time. The psychiatrist we both worked with used to call him the unofficial psychotherapist for Mansfield because they all used to arrive at his office to see him.
- J.H. I think you've got a fair point there.
- A.C. We never reached the staffing norms that were recommended did we?
- J.H. Certainly not, we'd had the Mackintosh report **[19]** we'd had various reports about mental health services and the staffing norms, and the training related to those staffing norms, and these were never achieved. It's quite true to say, even in my days as RO, I was on call all the time. If I went out I had to say where I was and it wasn't unusual for me to be called out of a cinema or a dance hall to attend to people. And the mental welfare officer in the post 48 years had to be available. I acted in emergency between '48 and '57 and there were only two of us for awhile for the entire area, and then we got a further person. So you're quite right. When you compare that with standby arrangements today – it's a luxury job today! and paid for it too! No pay for standby then!
- A.C. You were saying that the Institute of Social Welfare was concerned about training and tried to run its own in-service training. How did it set about that?
- J.H. I think the Institute, and members of it, were very influential in focussing attention on the need for training in the services. They hadn't the facility to

organise courses. They would have, had they had the backing of an organisation. I think the objective was to provide courses for the people in these 'new services' and it was beyond that kind of association, so that they tried to exercise their influence, not only through the Ministry of Health as it was then, and Geraldine Aves (Interviewee no 2) who was Chief Welfare Officer, and she had a great deal of influence there. But I think that the very fact that members of the Institute were involved in the Younghusband enquiry in itself indicates the stance of the Institute and the regard it was held in at that time as the only organisation crossing these boundaries between residential and what we now call field services. So that I think it was influential because at that time it was the only organisation. Its influence has waned in recent years because of the emergence of new training, new professional groups, and so on; I wouldn't pretend that it is now the influential body it was in those early years – over a long period really.

- A.C. The Mental Welfare Officers always had the National Association for Mental Health (NAMH) [20] to turn to, didn't they? And to lay on courses for them. I guess there was no equivalent body in other fields?
- J.H. There were some courses. The National Old People's Welfare Council (NOPWC) [21] provided some short courses. I used to go in as tutor to some of them, mainly for the staff of residential homes. NAMH provided a few short courses for similar groups didn't they, with those on the mental health side, not only for residential but for field staff. Because the residential provision in mental health, in a way, came later. The Institute also made efforts with universities to lay on short courses, so a number of those were provided. Not under the aegis of the Institute but I think they motivated people to lay on different courses for Social Welfare Officers. Then of course after the report of the Younghusband Committee, the Institute did press for implementation of that Report and did influence the setting up of the National Institute for Social Work Training, [22] and I think at that time we actually provided them with the table, the great big oval table at the Institute, we made a contribution to the NISW library, and there was a third thing which I've forgotten. So we made three contributions. It cost our Institute, the Institute of Social Welfare, well over £1,000 for the table alone, but it was quite, on our terms, a significant contribution, so that we were fully supportive to that.

Then of course the first courses were mounted by the new Council, but by then I was in South Shields. I know I got someone on the first course. One of the three pilot courses at the North West Polytechnic in London. But that was coming then into the early '60s. Of course I influenced the Seebohm Report [23] very much because I contributed an article which is long-forgotten but is mentioned in Peter Townsend's *The Last Refuge* [24] I had a lot of contact with Peter Townsend when he was writing this book and on page 417 I think it is, he acknowledges an article I wrote: '*Administrative Principles and the Younghusband Report*,' which really saying, what we needed was a Seebohm reorganisation, and bringing the different services together. I did that on the basis of The Machinery of Government Committee, the *Haldane Committee Report* (1918) [25] which, if you're familiar with it, analysed the way in which functions ought to be allocated in services provided. This Report was

concerned with principles or organisation, and my recollection is there are two main choices. You either organise services on the basis of client groups, or you organise them on the basis of functions to be performed. My little article was about the organisation; defined by functions to be performed, that is, 'social work' or caring services, rather than a client group approach: children, mental illness, the elderly.

- A.C. Can I come back to the Institute of Social Welfare, and what you were saying about The National People's Welfare Council courses. Can you remember what you saw as the content of the training? Was it better understanding of services available? Or how people tick? Or actual methods and social work skills? What was it that you were after?
- J.H. Well, I think we'd really recognised, people of my age and experience, that dealing with people and helping them to come to terms with their disabilities, or helping them to make decisions about their future, (that could be related to someone having to make a decision about going into a residential home) demanded the kind of skills and knowledge about human behaviour, motivation. That these were very crucial decisions and required a good deal of skill and knowledge, and that hitherto quite a lot of people working in those settings were gaining their experience on the job. There was far more to it than that. That's not to denigrate the people who were doing the work at all, because I think that they were very caring people and they were doing their best at the time. But I think there was this realisation of the complexities of the job, and the extent to which it was getting more complex with people living longer, with the range of disabilities and the extent to which new technology, even at that time, was helping people, children and adults, to overcome disabilities. It wasn't unrelated to the activities in other fields, I mean I can remember for example when you looked at the registers for the blind that there was a significant number of children on the registers. Nowadays that is not the case. Very few children are on the registers today because of the attack on glaucoma and other conditions, where mainly it was the ophthalmologists and the opticians who were making a contribution in preventative terms. But there was an interesting link with welfare services department in pursuing these initiatives, in trying to alert their visiting officers to the indications that someone might require their eyes testing. This is just one example that the people working in welfare services were beginning to see, that their boundaries were open ended in a way, that they were linking into other services.
- A.C. You mentioned the PSWs a couple of times, and I was wondering when you were saying just now about increasing awareness and the complexity of the problems you were dealing with, I wondered whether you were influenced by the sort of things PSWs were saying at that time and doing, or that MSWs were doing?
- J.H. I think we were. I'm glad you mentioned the MSWs because, again, the Institute of Medical Social Workers [26] and the PSW group had a specialised training, and we tended to see those people as skilled people and in short supply - not available, generally speaking, to Health and Welfare services. We

felt that that sort of experience or something similar to it, was required in the community whereas those people were mainly in institutional settings, excluding the few PSWs in mental welfare services and there weren't all that many, and excluding the PSWs in child guidance. They were mainly PSWs in child guidance, but numerically it wasn't a significant number so that the entire focus of training tended to be in institutional settings, and the community was totally lacking in that sort of skill, and I think we realised that.

You were talking earlier about the Institute. It's interesting that at the Institute, people who were members found their way on to the Younghusband Committee. Similarly, members from the Institute along with others, as I did, found their way on to the Williams Committee [27] which looked at the training for residential staff: see *Caring for People*. So that in a sense when committees were set up to look at particular aspects they could only draw on the experiences people around at the time, who tended to be active in what you might describe as a voluntary association of people concerned with similar services, and that's how things do evolve isn't really? You're using experience to build upon and create new opportunities, new frontiers really.

- A.C. Did you and your colleagues at the Institute come into touch with government, via the Civil Service? For example, did you make any formal links with the Ministry of Health?
- J.H. Very much so. I would say that through the Institute at that time we probably had closer links with the Permanent Secretary of the day than perhaps some professional associations have now. It's a different set up now, but I can remember people like Sir Bruce Fraser [28] and Sir Arnold France [29] who were Permanent Secretaries in their time coming to the Institute meetings, annual meetings, and being very friendly on a very casual basis, listening to some of our views and so on, so that there was a good link there. I think if you asked people who were in the Ministry at that time they would say that they regarded the Institute as a very useful sounding board, and the kind of body to proffer advice on a range of matters. It's not the only one in the field, but it happened to be the one that focused particularly on the welfare services.
- A.C. That's the really interesting aspect of social policy isn't it? Where these important links are, where you drop a little seed into somebody's ear. Can you remember any seeds that flowered?
- J.H. I don't know that I could sort of realistically put the finger on anything like that. There was one personal experience, but you're never sure just what influence there was about this. This was the Under-Secretary who was very much involved in the service development. He was an observer on the Seebohm Committee. I wasn't on it because they were careful not to draw anyone from interested parties on Seebohm. Sometimes it's criticised because of that. But there was a point at which there was all this business going on about the Kilbrandon Committee in Scotland [30] and a particular Under-Secretary heard me say that we oughtn't to go in one particular direction, which would have meant mental welfare services finishing up under the aegis of the medical umbrella.

A.C. Which they were lobbying for.

J.H. My word! I could talk about some of those conflicts with the medics! My life's been full of that. Working in Health and Welfare and seeing, as an adviser to the Association of Municipal Corporations (AMC) [31] as it was then, the pressure of the Medical Officers even at the last, almost the last phase, of implementing Seebohm, almost within hours, it was uncertain as to whether mental health would go with Health or stay with Social Services. It was on this particular point that an Under-Secretary asked me up to lunch at the Atheneum and said "Come on, I've got a paper to write. I've got to head this off in some way," and it was related to Kilbrandon. It was, I suppose, a departmental brief he was preparing and perhaps I could have had an influence on the eventual outcome, but that might just be my ego coming to the fore. But as you say, you never know do you? And Under-Secretaries don't invite you to lunch for nothing.

A.C. Sometimes it happens even less explicitly than that. What you think has just been casual conversation, and it's taken away and made use of.

J.H. That's true. I think you heard it today. To the extent to which some people suggest that sheltered housing is an alternative to residential care, and I think that some of the earlier contacts I had with Peter Townsend helped him to see things a little differently, despite all he found out in his survey *The Last Refuge*.

A.C. You were saying how you influenced Peter Townsend's thinking about sheltered housing for the elderly.

J.H. I think we tried to disabuse him of the ideas he had. That if you just provide more and more sheltered housing you wouldn't need residential accommodation. I'm not sure that he doesn't still adhere to that view, that you could still do without residential accommodation. I question that because I think some people need that kind of intensive care, but I suppose some experience from other countries suggests that you can manage without it.

Although when I went to have a look at services in France some years ago, where they hadn't very much residential accommodation, what I found was an amalgamation of the sick and the non-sick, as we had pre'48. I think it's quite a difficult issue unless you look really across the board. Judging from the comments made by wardens of sheltered housing, they've an awful job to care for some people these days because of the extent of their frailty and disabilities. So I think Peter Townsend's research on residential institutions had an enormous impact on people in the services of that time and I can remember going to all kinds of meetings and conferences to discuss his report. I'm sure it had an influence on the design and practise in many of those establishments, and that influence is still operating today because we've still got residential establishments which are like the curate's egg. Some provide opportunities for residents to make decisions, choices and so on, and others don't, despite the philosophy of the Department! The philosophy in Dorset is major input from residents, but you look at individual

homes and it all depends on the calibre of staff you've got, the attitudes of staff and so on. It doesn't matter what the Department says really.

A.C. You mentioned that article which obviously had an impact on Peter Townsend, and maybe elsewhere for all you know, but I wonder, have you written any papers or memoranda that influenced things?

J.H. I haven't been a prolific writer, I've contributed odd articles, but I think the main influence I've had would be, for example, when as Secretary of the Institute compiling statements of evidence to different committees or bodies. In a more remote way when you are adviser to local authority associations you're very much involved in commenting about proposals for services and so on. I was adviser to the AMC, as it was then, for about seven years during the time I was in South Shields and Bromley. So at that time it certainly was an organisation where I think the influence of officers was equal, or greater, than that of the members.

A.C. I didn't realise the AMC had they own advisers.

J.H. The AMC and the County Councils Association **[32]** (now the Association of Metropolitan Authorities, AMA, and the Association of County Councils, ACC), had always had advisers to their particular committees so that, for example, the old Welfare Services Committee had two advisers from Directors of Welfare Services and I was one for several years. They also had a Medical Officer of Health so that those authorities where the functions were combined were represented. Similarly, the Children's Committee would have a couple of Children's Officers, the Fire Committee would have a couple of Fire Officers. So that during all those years, whatever came to the AMC in terms of government proposals, the officers had to respond. It was a very hard life being an adviser, and still is. To those who are advisers it's a very strenuous commitment. The ACC have tried to spread it a bit more in the last two or three years with having a lead adviser and a group of people he can call on, but over the years, beginning when I was at South Shields, not only did it mean responding to documents which flowed pretty frequently, but also attending meetings of the AMA and representing them in meetings with other bodies, including government departments, voluntary organisations, such as Scope, The Royal National Institute for the Blind, and the Deaf, and so on..

I have had many different roles in my 40 odd years. I was adviser to the AMC, Secretary to the Institute, member of the Council for Training in Social Work, again because that was an AMC nomination, for several years. I was Chairman of their Committee on Residential Social Work for a short time and a member of the committee which looked at epilepsy. It was a joint committee between two advisory committees to Ministers. So there's a whole range of experience that I've had so that you never know how much influence you exercise but what you're certain about is you pick up a lot of knowledge, and that helps you to deal with unexpected situations. There's very rarely a situation arises and you don't know either how to respond to it, or where to go to get some specialist advice or some further advice, because you've been around in these circles! Now I'm not so linked in apart from this year as

President of the Association of Directors of Social Services (ADSS) [33]. You know the scene. You know the spheres of influence. You know the bodies of knowledge and so on. And it is fascinating really!

- A.C. Yes indeed! Was South Shields very different from Lancashire? Because when you went to South Shields you went as Director didn't you?
- J.H. Yes I went as Director of Welfare Services, a more imposing title than Chief Welfare Officer I thought, and it was an achievement at that time. At 36, I think, I was to become a Head of Department. It's fairly common now I think, because they go for younger people much more. But they didn't in those days, I don't think. And I went there '57 to '65. They thought I was from the Midlands. They thought Lancashire was in the Midlands! They were very kind hospitable people. South Shields always struck me as a bit like a parish because it's bounded by the Tyne, the North Sea; everybody seemed to know what everybody else was doing. Everybody seemed to know everybody else, even in a town with a population of 100,000, and I think it was because of the peculiar geographical features. And what struck me in all the time I was there, was the influence in their thinking which the Jarrow march and the depression had had. They always talked about it. They always related some event to the bad old days of the '30s and Ellen Wilkinson [34] was a household name with everybody in South Shields. You can understand why, because they'd been through a very traumatic stage. I don't think they have ever come out of it because when I was there Lord Hailsham [35] came with his cloth cap image.
- A.C. Oh yes, I remember that.
- J.H. I was there when they set up this development council or whatever they called it, with George Chetwynd [36] as the Director, and the North East was going to have new blood, new industries and so on. A lot of those aspirations were demolished after a time. New industries came, but they came and went, quite a number of them. But the derision with which Lord Hailsham's visit was associated with – they talked about that for the long time – the cloth cap image. To be acceptable there they say "He's one of us" and I don't think I was very acceptable in South Shields, but my goodness my son was! And would be forever because he was born there.

One of the things I always remember about South Shields was when my son was born. My wife recounts this story that when she took him out in the pram, she came back and found sixpences and other silver coins in the pram because strangers used to, with a new born baby, drop silver in the pram: an interesting custom of that area. I always said of the South Shields, and the committee there, that they were prepared to accept any proposal I put up for developing welfare services. They were enthusiastic. The only thing they wouldn't do in South Shields was give you any salary increase. You had to fight for that! But they'd give you anything you wanted to do with Services.

- A.C. So did you have a very well developed welfare service?
- J.H. Yes. The previous holder of the post, he'd been there about 40 years, previously as Public Assistance Officer, so that I was the first new blood

they'd had in a long time. The previous Director had just got to the closure of the Public Assistance institution and set up all these small adapted homes, dotted around the town. He had done a very good job there. My initiative there was concentrated upon domiciliary services where we had a very intensive visiting scheme round the town. We had a register at that time of elderly people, I know people criticise registers, you can't keep them up to date, but it was a very extensive visiting scheme and the authority gave me the staff to carry it out. So that it was a scheme of contact. Then we had all sorts of arrangements for, what I suppose, were the precursors of some of the wardens' schemes, with street wardens and so on. But it was that kind of urban area where there was a great deal of interest in providing services. I remember setting up a work centre there for retired pensioners, a local authority work centre, not a voluntary agency's. Things of that sort where the committee were always very, very supportive. And also that committee (I know it was on my recommendation) did for the first time send a member of their staff to the first social work training course at the North West Poly Younghusband course. Then the following years, or two years afterwards, they sent a second person, so they accepted the importance of training.

Now, that's interesting for a County Borough of that size, very interesting because a lot of the authorities, even in that area wouldn't look at the Younghusband courses for some considerable time, particular smaller authorities. "Oh, we can't spare the staff," sort of attitude. But South Shields did. A Chief Officer can't do anything without his committee's support. Whether he gets the support might depend on the way he approaches something, but credit must be given to that authority that they went along with it. Excellent.

- A.C. Can I ask you two last questions. I ask these of everyone. The first – some rather critical things have been said about social work and social workers during this period, '29 to '59. I'm thinking of the sort of things Barbara Wootton [37] said and Audrey Harvey [38] said, I wonder what you'd say about it all?
- J.H. I think Audrey Harvey talks rubbish anyway, I don't think Barbara Wootton talks rubbish, but Audrey Harvey – I used to come across her activities when I was in Bromley, London, and she is quite entitled to her views but she's a bit like June Lait [39]. They're way out you see. I suppose they could be right, but they are way out!

If you're really saying, what do I think about their views about social work, I think some of the views that are presented are on the basis of incomplete knowledge about what social workers really do and I think that's one of our failings in departments today, that we haven't really conveyed to people what social workers do. We are anxious to convey what they don't do when there's a breakdown and so on, but if you look at the extent to which they've enabled people to get a better quality out of their lives, I think that's sufficient testimony. Nowhere is this more evident, I suspect, and I'm leaving the childcare and the elderly services out now, and just using this as an illustration, the mentally ill and the mentally handicapped. But for the intervention of social workers and others, (people in training centres and

nurses for example) a lot of people would still be languishing in hospitals today who are outside, managing in the community. So they've had a share, a part in that success story. We don't talk about it very often, but that's a success story and if you'd been in mental health, as I think you were suggesting, you'll know the extent to which things have moved on that front, whereas they might have moved back on the pre-care and the after-care front, but they've moved forward from that shift from hospital to community care. I don't think this answers Barbara Wootton and Audrey Harvey, but it's a relevant comment.

A.C. Yes absolutely. You might find this one a bit embarrassing. What do you think is the best thing you've done, you know, in your period in social work?

J.H. One tends to think of more recent things, I suppose.

A.C. You don't have to confine yourself to the period we've been talking about.

J.H. I think, in a sense, because it's a culmination, the way in which I've moulded this department together to provide what I think is a caring service and which has initiated a number of schemes. I would look at it in that broader way. It's a total achievement in terms of the department here. It's not easy to segregate out of that, or any other experience, one particular scheme you think was marvellous. One could focus on a particular capital project, such as a new super-doooper centre for the handicapped, but that is such a narrow focus. I think the broader focus would be that when I came here, I don't think anybody wanted me here in 1970, except the Clerk to the County Council, the Chief Executive, and he seemed to be adamant in appointing a Director from outside. The Children's Officer didn't want me, the Medical Officer didn't want me, I had a terrible 8 months as designate. I tried to leap away but nobody would have me, they felt sure I'd done something wrong wanting to get away from a new Seebohm appointment, and from that very lousy beginning that is what I've built up here. I could only build it because I've got the people around me who have contributed to it, I think it is an example of a good service for clients. But any Director would say that wouldn't they? That's my answer to your question, but it might not be the kind of answer you were wanting.

A.C. No, that's OK but it's virtually asking someone to blow their own trumpet.

J.H. Do you want me to elaborate a little bit on some of the department's achievements?

A.C. Yes please, but also I wondered whether you could take your mind back to earlier stages of your career.

J.H. Well, let me deal with just two examples. The extent to which we moved so many people out of mental hospitals that the psychiatrists were getting worried because they hadn't enough patients to treat! I won't say any more than that.

And the extent to which the mentally handicapped who 10 years ago wouldn't have been thought to have the potential to live with minimum support in the community, are living in the community, despite sometimes the pressure in

the opposite direction from their relatives and friends. So my message is that we still underestimate the potential of the mentally handicapped. One could again point to the kind of unit homes we had and the kind of home help service, which I think is well managed. But I'll leave it at that and try to go back.

If I go back to Bromley, let me go back in reverse sequence. I haven't said much about Bromley. Bromley was an unusual authority. There was a reorganisation problem there. I had to build Bromley from nothing, because I didn't pick up more than one or two staff from Kent because they were down at Maidstone. So I'd set up an entirely new organisation. My recollection of Bromley, apart from the one or two new capital projects and so on, was the extent to which I had a relationship with voluntary agencies. Because Bromley is an authority where you bet your bottom dollar there's every example of what a voluntary agency might be doing, because it's that sort of area which throws up such a lot of voluntary help. I think that one of my main achievements there was the relationship I established between the voluntary agencies across a wide range of services, and the local authority.

Going back to South Shields, summarising the contribution there, it would be the extent to which I influenced the development of domiciliary services for the client groups I was dealing with. The elderly, not the mental health at that time, because there was the NAMH, but the elderly and the physically handicapped and the deaf and the blind.

A.C. Thank you very much.

EDITORS' NOTES TO THE HANSON INTERVIEW

- 1 **Public Assistance.** Public Assistance Committees (PAC) and Departments were created after the abolition of the Boards of Guardians in 1930, when workhouses were also abolished. They inherited responsibility for the administration, at local authority level, of poor relief in the U.K.
- 2 **Relieving Officers** were employed by the Poor Law Union to receive applications for relief and make payments when approved by the Board of Guardians. Could also issue orders to admit people to the workhouse.
- 3 **Relieving Officer's Certificate** had originally been awarded by the Poor Law Examinations Board but under the Poor Law Act 1930 the authority was transferred to the Counties and County boroughs.
- 4 **Act of Settlement 1662** obliged the parish authorities to give poor relief only to those who were long term residents or had been born in the parish. All others had to return to their place of origin

- 5 **Poor Law Act 1930** transferred the responsibility for the management of hospitals to local authority committees.
- 6 **Mental Treatment Act 1930.** The background to the Act was the appointment in 1924 of a Royal Commission (the Macmillan Commission) on mental illness which reported in 1926. The Act permitted for the first time voluntary patients, who could discharge themselves at 72 hours notice; temporary patients who could be detained for up to a year but then had to be released or certified; and out-patients. Some nomenclature was changed for the better: asylums became hospitals and lunatics became patients. However the Lunacy Acts remained in force and were not repealed until 1959.
- 7 **Rubaiyat of Omar Khayyam** is the work of a 12th century Persian poet. It was translated into English by Edward Fitzgerald and the first two editions were published in 1859 and 1868.
- 8 **Aneurin Bevan** (1897-1960) He was a Welsh Labour party politician, elected as MP in 1929 serving until his death. He was Minister for Health in the Attlee government 1945-51 and is regarded as the founder of the NHS.
- 9 **National Assistance Board (NAB).** The National Assistance Act of 1948 was one of the major welfare reforms of the Attlee government and the National Assistance Board (NAB) was the mechanism for sweeping away the harshness of the previous Poor Law with its Public Assistance Committees and means testing. While insured workers could obtain benefits by right, the NAB's function was to assess the needs of the uninsured and make payments to them. The NAB took over from the old Public Assistance Committees and for the first time, without the earnings of their families being considered, claimants were interviewed to see what kind of help they needed. Means testing was ended.
- 10 **National Health Service Act 1946** made clear that the new national health service was intended to secure improvement in people's mental as well as physical health, and the prevention of illness as well as its diagnosis and treatment. The Act placed an obligation on regional hospital boards to provide specialist services, which commonly included child guidance.
- 11 **National Assistance Act 1948** ended all of the Poor Law mechanisms, some of which had existed since Elizabethan times. In addition to the major changes outlined in note 9 above, section 29 of the Act gave local authorities the power to promote the welfare of physically handicapped individuals. And the social needs of the mentally handicapped were to be the responsibility of mental health departments which, being part of the new National Health Service, were to provide its services to all those needed it, regardless of ability to pay.
- 12 **Curtis Committee** Report of the Care of Children Committee. 1946. HMSO, (Cmd: 6922). The modern statutory framework of public provision for deprived children, was created following the recommendations of the Curtis Committee, set up in 1944. It was chaired by Miss (later Dame) Myra Curtis. The Committee's findings focused on three areas: the absence of a single centralised authority responsible for deprived children, who were left to the charge of five different authorities; the lack of properly trained staff; and the

insensitive and sometimes excessive discipline of the residential regimes. It insisted on the need to establish personal links in the care of children, and recommended the appointment by local authorities of children's officers: qualified women who would specialize in childcare and take a personal interest in each individual child. This was important in opening and securing the status of a new vocation for educated women. A single central department would have responsibility for maintaining standards in homes run by both local authorities and voluntary organisations.

- 13 The recommendations of the Curtis Committee were embodied in the **Children Act of 1948**, which vested in the Home Office responsibility for overseeing the care of homeless or deprived children. The Act ushered in new local authority structures and responsibilities for the care of children and placed over-riding emphasis on the welfare of the child. Local Authorities were free to develop a variety of child care provision when children's natural parents were absent or unable to look after them. For example, to decide on the balance between foster care and residential institutions; and on the services for children with particular needs.
- 14 **Central Training Council in Child Care.** In 1948 the Central Training Council in Child Care was set up under the aegis of the Home Office Children's Department. In 1971 the Central Council for Education and Training in Social work was set up as an independent quango, superseding the CTCCC. That too was wound up in 2001 and responsibility for training moved on to other organisations.
- 15 **Youngusband Committee / Working Party** sat from 1956 to 1959 and produced a Report with radical proposals for the future use of social workers in the local authorities health and social services departments. The Committee's recommendations were presented in the *Report of the Working Party on Social Work in the Local Authority Health and Welfare Services. (1959). HMSO.*, Robina Addis Thomas Tinto and Eileen Youngusband (Interviewees nos. 1, 19 and 26) were members, in addition to seven others.
- 16 **Council for Training in Social Work, (CTSW).** existed between 1962 and 1971 and awarded recognised Certificates in Social Work for completed training in some specialist areas of social work. Predecessor body to CCETSW.
- 17 **The Institute of Social Welfare (ISW)** dated from 1953 and had three predecessor organisations. Its membership was open to welfare services staff, originally in local authorities and later also for those in voluntary social services. The Institute was concerned with conditions of service, qualifications and with improving the quantity and quality of staff training in the social welfare field. It published a monthly journal, *Welfare*, and had about 1,500 members by 1975. Several of its positions were taken up and advanced by the Youngusband Report of 1959. However the Institute was unsuccessful in its attempts to join the Standing Conference of Social Work Organisations during the 1960's largely because its members included administrative staff who were not directly providing social work services. The Institute's south west regional

centre was dissolved in 1989 due to declining membership. (The Editors are grateful to Professor Andrew Sackville for references to the ISW and for information about its archives).

- 18 **Tom White** was an active member of ACCO and became its President. He served as Director of Social Services for Coventry from 1970 to 1985.
- 19 **Report of the Committee on Social Workers in the Mental Health Services.** [Chairman J. M. Mackintosh.] London, 1951 (Cmd. 8260). The Mackintosh Committee sat from 1948 to 1951, but by the time that the Committee had reported and made its recommendations, a working party on health visitors had been set up under Sir William Jameson. That working party took another three years to consider the matter and action had to wait until it was seen how the social workers in the mental health services would fit into the general picture of social work provision.
- 20 **National Association for Mental Health. (NAMH).** Was established in 1946 by the merging of three major mental health organisations. These were: the Central Association for Mental Welfare (established in 1913) - led by Dame Evelyn Fox; the National Council for Mental Hygiene (founded in 1922); and the Child Guidance Council (established in 1927), which set up the first child guidance clinics and launched training courses for their staff. The amalgamation was recommended by the Feversham Committee on voluntary mental health associations, which reported in 1939. The formal merger had to wait until the end of the Second World War. The title was later changed to MIND.
- 21 **National Old People's Welfare Council. (NOPWC).** The National Council of Social Service set up an Old People's Welfare Committee to be concerned with the needs of old people being evacuated as the war started. It became a national committee in 1944 and a Council in 1955. By 1970 it was independent and renamed Age Concern. In 2010 it became Age UK after merger with Help the Aged.
- 22 **National Institute of Social Work National Institute for Social Work Training (NISWT or later NISW)** aimed to raise standards of social work and social work management through research, publications and training courses . It was set up in 1961, following the recommendations proposals in the report of the Ministry of Health Working Party on Social Workers in the Health and Welfare Services (the Younghusband Committee) in 1959. The Institute wound down its activities from 2001 onwards and closed in 2003.
- 23 **The 1968 Seebohm Committee and Report.** (Home Office. *Report of the Committee on Local Authority and Allied Personal Social Services.* [Chairman, Frederic Seebohm, later Baron Seebohm (1909–1990), banker and philanthropist.] London, HMSO (Cmd, 3703) which gave birth to the new local social services departments in England and Wales in 1971. The Report recommended that an essential feature of these departments was that they should be unified in character; that service users would have to enter only one door rather than apply to several; and that services should be integrated under

a single management structure, but accessible through local area offices. This inevitably led to comment and debate about the implied loss of specialist knowledge and expertise.

- 24 **Peter Townsend** (1928-2009) was a sociologist and co-founder of Child Poverty Action Group in 1965 and the Disability Alliance. In 1962 Routledge and Kegan Paul published *The Last Refuge: a survey of residential institutions and homes for the aged in England and Wales*.
- 25 **Haldane Committee, 1918** produced a report on The Machinery of Government. Richard Haldane (Viscount) (1856-1928) chaired numerous committees and commissions from 1909-18.
- 26 **Institute of Medical Social Workers (IMSW)** was the main professional body for social workers attached to hospitals in the United Kingdom. It was established from two separate associations of hospital almoners. The Almoners' Committee was established in 1903 and successively changed its name to the Hospital Almoners' Committee in 1911, the Association of Hospital Almoners in 1920, and the Hospital Almoners' Association in 1927. The Hospital Almoners' Council was established in 1907 to handle the selection, training and employment of almoners and changed its name to the Institute of Hospital Almoners in 1922. The two amalgamated as the Institute of Almoners in 1945, and this changed its name to the Institute of Medical Social Workers in 1964. Merged with others to form BASW in 1970.
- 27 **Williams Committee and Report**. This Committee of Inquiry was set up by the National Council of Social Service. Williams, G (1967). *Caring for people: staffing residential homes*. Report published by Allen & Unwin.
- 28 **Sir Bruce Fraser** (1910-93) served in the Treasury 1936-60, then in the Ministry of Health 1960-64 and the Department of Education and Science 1964-65.
- 29 **Sir Arnold France** (1911-98). Was Permanent Secretary at the Ministry of Health from 1964-68 and a close ally of the Secretary of State, Kenneth Robinson. Handled the negotiations with doctors on new system of payments and the 1966 charter for general practice.
- 30 **Kilbrandon Committee and Report** . The Committee was convened in 1961 and reported in 1964. Many, but not all, of its recommendations were translated into Scottish law through the Social Work (Scotland) Act of 1968. The Committee focussed on the needs of "children in trouble" identified by Lord Kilbrandon as: a) those with delinquent behaviour, b) those in need of care or protection, c) those beyond parental control and d) those who persistently truant. As with the Children Act of 1948, the Report's paramount considerations were the welfare of the child and a proper assessment of the child's needs . And for such measures to be effective, the child had to be viewed in the context of family support or the lack of it. The Committee recommended that children under sixteen should not be brought before adult criminal courts but that their cases, including care proceedings, should be heard by a lay panel of three

members, the Children's Hearing. This innovation became standard practice in Scotland and was much admired elsewhere.

- 31 **Association of Municipal Corporations** was founded in 1873 as an umbrella body for city and borough councils until the local government reforms of 1974 when it was succeeded by the Association of Metropolitan Authorities.(AMA)
- 32 **Association of County Councils** was formed in 1974 and succeeded the County Councils Association (1889). It was incorporated into the Local Government Association in 1997.
- 33 **Association of Directors of Social Services** is now the Association of Directors of Adult Social Services after the adult and children's services were split.
- 34 **Ellen Wilkinson** (1891-1947) Socialist and MP for Middlesbrough East and later Jarrow. She was an organiser of the Jarrow March of 1936 and author of *The Town that was Murdered* (1939). Appointed Minister of Education in the Attlee government of 1945 and was the first woman to hold that post.
- 35 **Lord Hailsham** (1907-2001)The reference is to his well- known self-publicity efforts. Disclaimed his title in 1963 in order to be elected an MP and thus be eligible to contest, unsuccessfully, the leadership of the Conservative party. Accepted life peerage in 1970.
- 36 **Sir George Chetwynd** (1916-82) was elected MP for Stockton-on-Tees in 1945 (defeating Harold McMillan) and resigned the seat in 1961 to become director of the North East development Council until 1967.
- 37 **Barbara Wootton**, Baroness Wootton of Abinger (1897–1988). Eminent economist, criminologist and social scientist. After leaving Cambridge, Wootton took up a research studentship at the LSE and later worked for the research department of the Labour Party and the Trades Union Congress. She was Principal of Morley College from 1926, and Director of studies for tutorial classes at London University from 1927 until she became Reader at Bedford College in 1944 and Professor in 1948. She published widely and her *Social Science and Social Pathology* (with Vera G. Seal and Rosalind Chambers. Allen & Unwin, 1959) remains a classic in the application of utilitarian philosophy and empirical sociology to the enlightened management of society. It is a wide ranging 400 page book and Alan Cohen, in his interview questions, concentrates on a chapter ("Contemporary attitudes in social work") that was very critical of some approaches to social work and the claims made about what social work could achieve. It would be difficult to find more trenchant and sustained criticism of the attitudes, language and assumptions of the selected social work writers and academics quoted – in particular of the claims made for the more high-flown psychoanalytical approaches to solving human problems. These she ridicules and claims that they do a great disservice to social workers in their daily tasks. It is clear from the edited transcripts that Alan Cohen was keen to gather the views of his interviewees about the impact of the Wootton bombshell and most of them give a response. From 1952 to 1957 she was Nuffield research fellow at Bedford College. She was created a life peer in 1958

and was the first woman to sit on the woolsack in the House of Lords; and later held several senior public appointments. Her reputation as a fiercely independent thinker was sustained during the following years of public service. Accounts of her life and work are available from her autobiography, *In a World I Never Made* (1967) and Ann Oakley's biography *A Critical Woman* (2011). (Sources: Personal Papers of Barbara Wootton, Girton College Archive, Cambridge; and the books cited above).

38 **Audrey Harvey** (1912-1997) was a journalist and long-term contributor to the *New Statesman* and leading campaigner on welfare benefits and homelessness. Author of *Tenants in Danger* in 1964 and a founder member of the Child Poverty Action Group, she was impatient of a perceived lack of involvement by social workers in these fields. For this reason her name was often associated with Barbara Wootton's 1959 criticisms of social work – and this is mentioned by some of Alan Cohen's interviewees.

39 **June Lait** at the time of the interview (1980) was a social policy lecturer at University College, Swansea and had formerly been a social. The reference here is to the controversial book she wrote with Dr Colin Brewer, *Can Social Work Survive?* (Maurice Temple Smith).
