

THE COHEN INTERVIEWS

KAY McDOUGALL -- Interview no 14.

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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 With one exception (No 24, Clare Winnicott) the interviews were unpublished until this edition in 2013.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 Bibliography.

All of these can be found at
http://www2.warwick.ac.uk/services/library/mrc/explorefurther/subject_guides/social_work

Kay McDougall (nee Long) (1910—1999) was a psychiatric social worker, author, teacher, editor and diplomat in the field of social work politics. Alan Cohen encourages her to speak about all of these aspects of an outstanding career. She was remarkably successful in all of the projects she took on. For example, the launching of the *Case Conference* journal provided a platform for describing what social workers were doing, debating the ideas underpinning the work and examining the social policy implications. And her patient diplomatic skills were much needed over the long years of bringing the various professional bodies together into a unified British Association of Social Workers: she certainly earned membership card no 1.

With some of his interviewees Alan is keen to explore their networks of influence and their important family and professional contacts. With Kay McDougall what strongly emerges is that her influence was based on her progressive personal values, particularly in the field of mental health, and her ability to connect social policies (or the lack of them) with their

impact on people. The Editors had the privilege of working with her on a national committee of Family Service Units in the 1970's and have clear memories of her personal concern for parents and children who were coping with awful life experiences, and of her ability to resolve issues through sheer common sense. She seemed unfazed by heated organisational blow-ups and, having read the Cohen interview, we now understand why.

Joan Baraclough has written Kay's entry in the Oxford DNB and cites one of her many value statements that bear repetition. "We cannot make our professional life a nine to five persona...the need for other interests and for not taking client problems home with us are important, but a profession is a way of life and not a job of work. We are judged in the end by how we are seen to behave towards clients and towards each other."

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

K.M. I think I had always been involved in a little way in something like social work. In that I used to be a bit of a leader at school and got troublesome fellow pupils hanging on; and I was, both in school and at guides. I was a Brown Owl! Really I was beginning to be interested in backward children, so that I used to write plays which had parts that the more backward children, who didn't get much chance on the sports field and things like that, could take part.

Then, more precisely, I used to go to WEA [1] classes.

A.C. Was this in London?

K.M. In London, in Morley College [2] which is a marvellous place. Then I chummed up with, amongst other people, Olive Botelle, who was then very active with work with the mentally subnormal for the London County Council (LCC) and she and others and I went to a WEA Summer School. Barbara Wootton [3] was the sort of head mistress of the school, and Olive had been to Hillcroft College [4] and she said, 'Why don't you try and get into Hillcroft?' So I did. There were a lot of people at Hillcroft who were on the fringes of social work then: it wasn't so much of a paid job then. This was about 1932 something like that. When I was at Hillcroft I'd got a holiday job at an approved school and I thought I might not mind residential work. So I fished around and got an interview at a child guidance council, and through that got a job as Assistant Matron at the first school for maladjusted children, which was at Northampton, Dallington Home. [5] So I worked there as an Assistant Matron but the school which was then set up in (for then) a very modern way, was visited monthly by a psychiatrist and a psychologist from the child guidance clinic, the Canonbury Clinic.[6] I think it was at Canonbury. So that got me more interested and I then applied for a WEA Scholarship because I saw you had to have a University education, and I got an Ernest Cassel Scholarship[7] from London University to go to London School of Economics.[8] I did a Social Science Diploma there, but because I had been to Hillcroft for a year and also taken both, Summer Schools and a three year Economics Course they let me take the one year Graduate Course and so I took the one year course, and while I was doing that I heard about the

Mental Health Course (see Note 16 below) at the LSE applied for a Commonwealth Scholarship [9] and got it. It really came through residential work.

A.C. Can you describe what the approved school was like?

K.M. It was at Addlestone, The Princess Mary Village Homes, [10] and it was run by a very interesting and quite fey lady, run on the old fashioned lines of houses and a school for girls, all girls lots of girls of all ages on a big compound. So I did a housemother's job.

A.C. Can I ask how old you were when you did that?

K.M. I was 22. I don't suppose the girls were as tough as they are now, but they seemed very tough to me at the time.

A.C. What sort of things did you do with them?

K.M. We didn't have the staff like nowadays so I think there may have been a cleaning lady, but mainly I had 20 odd girls and it was as much as I could do to get their meals and get them off to school.

A.C. I see. You cooked?

K.M. You did everything, or involved the bigger ones in doing it too. I mean you just mucked in. I don't think I cleaned; there must have been a cleaner. Much more a mother function. The school teachers always seemed very privileged but they lived in too, so they were very much in things. Thinking of the problems they have now, I think the biggest problems we thought we had then were sort of school girl crushes on the teachers which with those rather more hysterical girls got carried to extreme lengths so that this created great problems. But I can't say anything singular from there as it was really only a holiday job. I didn't do it so long. The school for maladjusted children was a much longer involvement.

A.C. What was that like?

K.M. That was a big house, interestingly enough next door to Kate Lewis's house. [10a] The Lewises were the social leaders in the area and visited us on Christmas Day with the Mayor and so on. So that was my first kind of meeting there. And it took 26 children of all ages from 5 or 6 to girls of 14 or 15 and there was a matron who was a hospital nurse, which caused problems because she wanted everything extraordinarily clean. I was assistant matron so had to see everything was in order and extraordinarily clean! And there was a cook and a gardener. That was the lot, the older girls did the cleaning. So that was the total staff for 26 very maladjusted children. Because being the first home in the country, and with psychological treatment, we really got extremely disturbed children. There was a genuine attempt to run it like a home, if you could have one with that number of children. They had a lot of activities because the gardener and the cook and myself and matron were also prepared to spend lots of other time with the girls. The cook was the sort who would have them in the kitchen doing bits of cooking and I suppose in a way the gardener was the most popular person, but they were all women staff, because the girls would spend ages and ages doing bits of gardening for

her, and I would organise some the older girls to do the cleaning, then I'd sit with the girls when they came back from school. They used to wear long woollen stockings and there was an enormous amount of darning so we would have the gramophone on while those who could would sit round darning. Every Saturday morning, the whole school lined up while I looked in their hair, with a saucer of sterilising solution in my hand. I had never had to that before. I remember writing to Olive Bottelle to ask her what a nit was like, not letting on. Olive sent me back a long drawing of a hair with a nit on it, so I could look through the girl's hair. But we did have very big problems there. With kids getting out of hand, and how you dealt with one without the others running loose. It was very good experience, and when I left there I felt tremendously more confident because I couldn't think of anything that could happen that would be more catastrophic than some of the things that happened in the school.

I gained experience and confidence in terms of keeping control, not in an authoritarian way, but sort of keeping control so they didn't get out of hand and frighten themselves, because they would get panicky and they would get worked up. Of course there were too many children and not enough staff for that sort of situation. In the staffing of homes now there are staff to take the pressure off the others, to go out for a walk or something, whereas that was not possible. We'd get one kid playing up and the others were all round you.

A.C. Have I got this straight? You were 22?

K.M. I would have been 23 then. I was 22 when I was at Hillcroft.

A.C. Did you have a job before Hillcroft?

K.M. Yes, I was a shorthand typist.

I left school at 16 and did two or three shorthand typing jobs. And actually worked in the film trade when Radio Pictures started. I was one of their first staff, an office girl, and it was from there that I got the scholarship to Hillcroft.

A.C. Was there a tradition of voluntary service in your family? Where did all that commitment come from?

K.M. I think the church probably. There wasn't a tradition of voluntary service but the family had been church goers and I did. My mother and father didn't go to church in later life but saw that I did go to church and Sunday school. So I don't think it arose out of voluntary service as a background. That came much more from finding that one was treated as a leader and therefore having been brought up in a family with a church background, you had to act responsibly.

A.C. Where did the WEA thing come from? Was that later or about the same time?

K.M. That was immediately after leaving school. You see when I left school I would have liked to have gone on to further education, but there was no question when you didn't do well, only a very brilliant person would have got to a teachers' training college. That would have been the height of achievement. At our school about two girls in a year

would get to teachers' training college. So there was no question of going on, but I think the school I went to was very good, and so I had lots of interests. I think I automatically took it for granted I'd go to Evening School. At the Evening Schools (the nicest nearest Brixton, was Morley College up at Kennington) that is where I went and that was a tremendous place. All sorts of things went on there. We were terribly lucky because we had the most marvellous teachers because all the kind of university people who were making their contribution then to the adult education movement all did something at Morley College. So there was (Jimmy) Mallon [11] the warden of Toynbee Hall used to come sometimes, Cyril Joad [12] was always teaching there, Mrs Blanco White [13] who taught English, and Stephen Potter [14] later on. We had a very good economics teacher Tanner, who was a lecturer at Kings. It was a tremendous place to be and so I was very lucky there. Because I came into contact with all kinds of good people, whom I wouldn't have come across. So I always went there until I came to Hillcroft and when I came back from Hillcroft to the LSE I lived in North London so lost that link.

A.C. Some of the people I've talked to very obviously come from affluent backgrounds, or been connected with the Establishment. From what I'm picking up from you, you did not?

K.M. In no way, no. My parents were very ordinary working class people. My father was semi-skilled; I don't know what you'd call him, but he belonged to the brass and metal mechanics Union. It doesn't exist now. My mother had been a dress maker. But they were brought up in the West End and therefore had a certain cosmopolitan tolerance. We always had connections with the theatre, not on the acting side, but on programme selling. I had two uncles who did lights for Drury Lane and the Lyceum so there was another kind of useful bit of background which came that way in that I always heard talks about theatre and often got to preliminary shows and things like that. So I was brought up experiencing theatre and ballet in a way that many kids with my background would never have come across and that was a lucky chance. I think that and Morley were very lucky.

I didn't really come in touch with the establishment or establishment kind of people, except the academic ones at Morley, until LSE really.

A.C. Coming forward to the school for maladjusted children. To what extent did the staff meet and talk about the children, and handling specific problems?

K.M. All the time. You see there were only four of us so we didn't really have to meet. We had a little sitting room and so really we were very isolated and when you are in that situation its only you and the children, so you didn't really talk about anything else. But I don't think it was very self conscious. The psychiatrist was a Doctor Lucas who I think other people like Clement Brown (Sybil Clement Brown, Interviewee no 7) would know, so after they had done the visits and seen various children they might call any of us in and ask us about children and perhaps comment, so in a sense there was a little bit of guidance. But I think there was a slight problem, which would be more familiar now to people who've studied management structures and that was that the Matron was very much the Matron, and I think they had to be very careful not to be too directly working with us and not through the Matron. So in a sense we often got the messages via the

Matron and she wasn't really psychologically trained so that I can see now, and I could see three or four years after when I had studied more, that the Matron's interpretation of what the psychiatrist had said, by the time it got to the staff, often made the psychiatrist or the psychologist look as if they didn't know much about living in a Home. Which of course is a very stressful thing. We only had one half day a week and a weekend per month, as time off. You were on the job all the time, it was not a question of hours. To begin with the little ones 'the piglets' (they were in a dorm called the piglets, that's why I call them that) if they got up early they might come in my bedroom. I was Miss Long and often in the morning about 6 o'clock, there would be two or three piglets saying 'Longie, Longie, come on! Get up! Get up! So you just had to be in it.

A.C. Where did they come from these children? How were they referred to you?

K.M. From all over the country. They might have come through Courts, but by and large they came I think through the first child guidance clinics or that kind of development. People in Local Authorities who knew a bit about psychology. They weren't deemed maladjusted, but they were. It was called School for Maladjusted Children.

A.C. And from there you went to LSE?

K.M. And from LSE I went on to Social Science and Mental Health courses, one after the other. And from there Warlingham Park Hospital [15] as a psychiatric social worker.

A.C. Before we go to Warlingham Park. Can I ask you a bit about the Mental Health Course [16] and the Social Science Course? [17] What sort of things were students arguing about and discussing in seminars at that time?

K.M. I can tell you what we were talking about on the social science course and that was unemployment, and whether people could live on unemployment pay – that is my recollection, the overwhelming subject. This would have been 1933 and I was doing personnel management and hadn't thought to do the Mental Health Course. When I went up to LSE I got on to the Social Science Course on the then personnel management option which was part of the Social Science Course, not an additional course.

A.C. So that was actually a departure for you from the School for Maladjusted Children?

K.M. Yes. I mean I just saw it as linked. Personnel management was more like social work then, it was industrial welfare. I thought with my working class background and having been in the commercial side of things, which after all at that time was a longer experience, than my school for maladjusted. I thought that I might stand a chance in industrial welfare. I think it was called personnel management then.

A.C. So did you transfer?

K.M. Yes. I wasn't keen. As soon as I got into personnel management I began to have doubts. It was just beginning to be identified as "Management", which I had not thought when I went into it. I was seeing it as industrial welfare. So by the time I was half way

through it, I had begun to think that wouldn't be happy in it. I was very left wing then, and I didn't see myself being on the management side.

I finished the course, there was no problem about that. By the time I was half way through doing the course I was beginning to think that I wouldn't want a job as a personnel manager because I would be on the wrong side. So that's how I began to think about some other kind of social work. Which then didn't seem such an off thing to do, because it was just some other kind of social work.

A.C. What I don't understand is, did you do three courses?

K.M. No. There were no separate personnel management course then. You did a Social Science Course in what we'd now call the personnel management stream. What happened was you did different practical work. Instead of going to the Family Welfare Association, (called the COS then I think) [18] you went to a factory and were attached to the personnel manager. Actually I was attached to Marjorie Kerry who was Harold Laski's [19] sister-in-law, who was in Mackintosh's, the well known confectionery firm, in Norwich.

A.C. What sort of thing did you do?

K.M. Factory work. Mainly sitting in on things, but it would be the workers coming in with personal problems being in on management discussions about time and motions study and improving conditions in the factory. I remember one of the things that was very funny. The Mackintosh company had just had a study made by the Institute of Industrial Psychology: I suppose a kind of time and motion study. They had recommended music while you work. So when I got there, there were sort of loud speakers, I don't know how it was being done; anyway there was music while you work. But having spent all the money on Industrial Psychology Investigation and maybe they had come to the end of their funds, or maybe nobody went into the second bit of it. The person who had the job of putting on the gramophone records was the Sergeant Commissionaire who looked after the clocking in and whatnot. So once they were all clocked in, Sergeant put on the records: he had the choice. Well sometimes the records were quite good for getting the people working on the machines. But also he might put on quite dreamy nice sentimental ones, and as the girls had the whole of their benches overlaid with film stars and people, when Sergeant put on a really dreamy waltz, the whole chocolate making arrangements slowed down. I expect they soon picked it up later, but when I was there that was just the thing that amused me most of all. Then I would sit in with the Industrial Nurse and see the sort of things that happened and accidents and how to deal with them. Just in on everything that went on.

A.C. And so you decided that one wasn't for you?

K.M. Not because I didn't like the work, it was just that I could see it was gradually coming much more onto the managerial side. I quite liked it. The work was interesting. Certainly it has been useful to me to have trained in personal management as a social worker.

A.C. You had developed pretty firm political ideas by that time?

- K.M. Oh yes, but then I'd always had those – my father was a Socialist. I remember when I was at school, when they had a debate and I spoke for the Labour Party and I only got one vote. The very nice teacher said to me afterwards, "Katie you must not take any notice of that, because you were really one of the best speakers. But most of the girls hadn't really heard about Labour." In fact we didn't have Labour candidates. Brixton didn't have a Labour candidate then.
- A.C. Wasn't it a working class district?
- K.M. Yes it was. But the Liberals and Conservatives were there. There weren't many Labour candidates. There was a Labour Candidate for Lambeth. Harry Gosling [20] who was in one of the first Labour Governments I believe. But no Labour Candidate for Brixton, or Camberwell. He was a Liberal called McNamara. So one used to support the Liberal Party.
- A.C. You said that in those days the topic which overlaid the studies was unemployment?
- K.M. Unemployment and also public assistance and unemployment pay. I remember the students used to experiment by trying to live on public assistance and those of us who were left wing were very scathing about this and saying: "It's alright for these kind of middle class ladies who are all going to be Lady Almoners!" Living for two weeks on eight bob or what ever it was, because they were well stocked up anyway. But they were genuinely trying, one had all these kind of snobberies then. There were a lot of very well off people taking the Social Science Course at LSE which was one of the choice places to be.
- A.C. Were they very few of you on a scholarship?
- K.M. I wouldn't know, because you don't know whether people are on scholarships unless they tell you. It wasn't that they don't talk about it, it just doesn't crop up. There weren't many Cassel Scholars, only one or two in a year. But I'm sure there were lots of other scholarships. A lot of people would get small grants from the Pilgrim Trust [21] and all sorts of places and perhaps got £40, which was a lot of money then.
- A.C. The Pilgrim Trust financed the *Comprehensive Study of Unemployment*. [22]
- K.M. My guess is that at LSE there would be a lot of people who had small grants for books, or their fees paid or something like that. But I really wouldn't know because it hardly cropped up.
- A.C. Well, when you were discussing unemployment, presumably it went beyond just indignation and "...can you manage to live off this?" Did people have ideas about what there should be instead? Specifically how public assistance should be administered and who should be deciding who gets what. I have read some pretty graphic descriptions of people going to the Guardians in the 30's. Have you read that book by Rose Gamble? [23]
- K.M. Yes. It's very difficult to recollect now because I think one lived in a state of indignation. I can't sort it out now. But of course the thing was that coming to a University one for

the first time had to really look at things in a more academic way so that in a sense I was becoming more committed for the first time and trying to look at what all the evidence was, about all kinds of things. I enjoyed every moment of it. I used to go to lots of lectures that were not part of the course. As I had done economics I did not need to go to other economics lectures. For some reason I went to a whole series about transport. It was probably just a very good lecturer. I went to Professor Poston's lectures. I really did a lot more economics than I needed in fact. Then the left wing movement at LSE had an enormous amount of student do it yourself stuff and looking back they didn't think the regular teachers were sufficiently left.

A.C. You mean like an underground University?

K.M. In a sense. But one didn't think of it as underground. Lots of post graduate students would run classes to help the undergraduate students who belonged to the socialist party to get on with their work. So I went to lots of things that were not official.

A.C. So that was not a new thing of the 60's?

K.M. Good Lord no.

A.C. So you are trying to accumulate evidence and being objective about things like unemployment, presumably it led you to think about the nature of society more generally rather than narrower social policy issues.

K.M. I don't know.

A.C. Did you start forming an ideology?

K.M. I think I had done that before. I'd always grown up with uncles and my father talking about socialism.

A.C. Were you exposed to Marxist ideas?

K.M. Yes. I wasn't really exposed to Marxist ideas until I came to the LSE. I may have been exposed to Marxist ideas before and did not know it, but I only recognised theoretical Marxism. Although I could not have done an economics course without coming into contact with it. Although the lecturer clearly was not very Marxist. I think it was at LSE that it began to be picked out as a special theoretical development. The Labour Party itself was so much more exciting then so that one was not driven to Marxist analysis because there was ample in the socialist movement itself. But I certainly was quite in with a lot of Marxist people and had all sorts of Marxist ideas at LSE I suppose I would have been in with what would be the equivalent to Trotskyists now.

A.C. You weren't actually a Trotskyist?

K.M. There wasn't actually a Trotskyist group, well if there was a Trotskyist group I didn't then know it as such, but there was an identifiable left of Labour Party Group and I was in that.

- A.C. So it was with that background you then went into the Mental Health Course. What sort of things were they talking about on the Mental Health Course?
- K.M. What they have always talked about on the Mental Health Course! I found the Mental Health Course absolutely absorbing – you know the political things were there – but then I looked at the psychological things I was studying from that background, there was so much new to learn in the Mental Health Course. That was absolutely terrific. That to me was the most learning experience of all. Partly because it was new. And also because the people in it all had similar interests and so we were all much more involved with each other.
- A.C. Were they all left wingers?
- K.M. Oh no. But I don't really know too much about the group.
- A.C. Your political stance didn't come into say your casework discussion.
- K.M. Not really. It did come into discussing the social background of clients and that, but given that it was only a year there were such a lot of other things to do that you couldn't hold it up too much. I'm sure there were other people on the course who were quite left in their views, but it isn't anything that stands out.
- A.C. Can you remember more specifically the sort of areas that students talked about on the Mental Health Course?
- K.M. Freud and Jung I suppose. The psychology, we had a very good Jungian psychiatrist, Michael Fordham, [24] so there was more emphasis on Jung than there would be at other times. But I don't know that we talked about casework as such then. I don't think it was so theoretically spelled out. Clement Brown used to teach casework, but I don't know that we really discussed it so theoretically, or else it didn't register. Certainly we were doing casework under Margaret Ashdown's [25] supervision at the Maudsley, [26] there was no doubt that she was supervising us. By casework then, I am using it in the very limited sense of relationship therapy. We did talk quite a lot about social backgrounds, arising very much out of social history on the adult side, because one needed to know quite a bit about industry and people's work and what that meant, and what it implied, and so we did talk quite a lot about how necessary it was to learn about that. And of course family relationships – bringing up children – that side of it.
- A.C. I was wondering whether there was any overlap between the indignation about unemployment and student preoccupation with all that, and the snobbishness you described at the time of the affluent people who were going to try and live off unemployment benefit, and whether that came into the discussion of social history and the way people would describe their client's backgrounds.
- K.M. Yes we did discuss quite a bit in classes, the assessment of material that's quite true, different people would put in insights about what it was like to grow up in certain kinds of ways. But of course once you had already worked and moved into the mental health field you were dealing with a whole range of social class, that was the big difference. The range of people who you would come across at the Maudsley or the Child

Guidance Training Centre [27] or University College might be anyone. It might be somebody very poor; I remember having a solicitor's wife – and so it was a very different range of work, that was quite striking. But of course I think – now I remember it – there was quite an argument which came a little bit to the same kind of thing, and that was a to-ing and fro-ing going on about psychological interpretation of behaviour as against social interpretation. That was a major thing going on all the time, and on particularly the psychoanalytic side which wasn't so established, then, and so one kicked against the interpretations and brought up social interpretations. I can't think there was a time when that didn't go on. Because there is such an obvious difference in approach that you can't miss it.

A.C. Did the students line up in different ways?

K.M. Not really, it wasn't the kind of course where you lined up.

A.C. Was it students versus staff?

K.M. No it wasn't like that at all. That was the big difference in the course. There was much more equality, there wasn't a big difference between students and staff. Because the staff were all social workers or doctors or something, so they were part of you in a rather different way. Certainly in a place like the Maudsley there was a very big range of opinion so that we would all, even people who were quite conservative in their views, find some of the doctor's views extraordinarily conservative. You might say really all the social workers were revolutionary compared with some of the then consultant psychiatrists.

On the other hand there would be within psychiatry a very wide range of opinion too. People like Aubrey Lewis [28] who were very strict in not letting one wander off the point, and not having fancy ideas, was really very radical in his views about society. That would have been to do with his own background. He was Australian originally, and Jewish of course, and I think those two combinations probably set him off as slightly radical! He was a brilliant fellow.

A.C. That sounds terrifying, Australian Jew! Did the students or the staff take positions on the Jungian Freudian thing?

K.M. Yes. That created a great centre for debate.

A.C. What was your position, can you remember?

K.M. I was never very very committed to the analytic point of view although I've always found that gave me a lot of insight so that I was probably slightly more Jungian than Freudian, I should think. But I think that was simply because Michael Fordham was a very interesting teacher at the Child Guidance Training Centre.

A.C. Can we move on a bit to Warlingham Park because I've read in the Clement Brown and Ashdown book [29] that there were actually very few jobs going for people qualifying; and they said one year the whole course virtually applied for one job.

K.M. That was Warlingham Park.

A.C. That was the job you got.

K.M. Yes, I got it.

A.C. Really! Good grief! Tell me about that.

K.M. Well I nearly didn't get it. I never actually was convinced about it. It was very funny. It is probably an exaggeration to say the whole course, but a large number of people all got out of the train at Warlingham Station and laughed like anything when they saw each other, because not everybody had said they were all going after it. Then a bus met us, so that was also funny. The bus took us to Warlingham and we were all interviewed and I got offered the job. But – when I went – you know we all sat in a row and were called in one after the other, and when I was called in the Chairman of the Committee looked at me and said, "Well Miss Glover we have decided to give you the job." It set me back a lot as I was Miss Long. He was a very old gentleman. The medical superintendent corrected him somehow and he said, "Oh! no, Miss Long" and I got the job. But I should have thought that Miss Glover was as competitive with me as anyone could be, and it wouldn't have surprised me a bit if she had got the job. We have often laughed afterwards. She became Mrs. Bodmin. She went to a Bristol Child Guidance Clinic and married a psychiatrist, and one laughs and thinks well, what if our jobs had been reversed?

A.C. Can you remember that interview? What sort of things did they ask you?

K.M. I really can't remember.

A.C. Were you expected to turn up with a hat and gloves?

K.M. Oh, there was no question of turning up without a hat. No you would never think otherwise.

Olive Bottelle, Edie Pegram a probation officer and I then shared a flat. We had a hat which we used for all interviews. It was a very nice hat.

A.C. It simply wasn't regarded as decorous.

K.M. But on the other hand you were often asked to take your hat off for an interview.

A.C. Really, what was the idea of that?

K.M. So they could see you properly. So you wouldn't be hiding under the hat. So it was quite usual, you really wanted a hat that you could take off without completely disarranging your hair.

A.C. What sort of things did they ask, can you remember at all?

K.M. I can't remember anything about that. I've never really got over being called in and offered a job under the wrong name. I think I forgot everything about that interview. But the medical superintendent was a young, very impressive man. He knew what he

wanted. I didn't have any doubt that the job would be alright from that point of view. I wasn't going into a place where they hadn't a clue.

A.C. Molly Bree (Interviewee no 5) was saying yesterday that the old LCC [30] suddenly deciding they were going to have PSWs and her unexpectedly landing at Horton Hospital. [31] But she was not really welcomed there and was alarmed at the sort of hierarchical atmosphere with people shrinking to the sides of corridors as doctors came by. Was that your experience?

K.M. I think what Molly may not have realised was that really most of those early appointments were made as a result of pressure. The Board of Control of the LCC really took a specific line to encourage the appointment of PSW's. It was partly influenced by Ruth Darwin [32] (of the famous Darwin family) who was a Commissioner of the Board of Control and had been a social worker in the field of mental handicap. She was very well connected with the old Central Association for Mental Welfare, [33] and was one of the people on the Child Guidance Council and all sorts of things like that. She, plus others on the Board of Control made a policy decision concerning their visits of inspection. They suggested that a PSW would be of value on visits and the LCC probably took that up first. Because, as old fashioned as they were, they were still a bit in front of quite a lot of the other asylums. And certainly that's how they came to decide to appoint a PSW at Warlingham. But I wasn't the first PSW at Warlingham. There had been a Miss Brown who had done the Mental Health Course about two years earlier than me, and had in fact come as a student to the Children's Home where I was Assistant Matron, and she was a friend of Aubrey Lewis's. I quite liked having this Mental Health Course student, but I was terribly jealous because she went off in the evening to the Lewis's and had a different sort of life which was just next door. But Miss Brown was the first PSW for Warlingham. I followed her.

A.C. Did you feel the Mental Health Course prepared you for what you found was expected of you at Warlingham?

K.M. Oh yes, I thought the Mental Health Course a very good preparation and anyway when I asked T.P. Rees [34] what he wanted me to do, he said, "That's for you to tell me" and you see I was put in a very good position from the beginning although I was slightly taken aback because I'd been a student and I'd been a shorthand typist, but I hadn't really been put in a place, full of professional responsibility. But that was the view he took all the way along. I've got a PSW because I've been told it would be very valuable in the hospital, so you show me. So I began with what workers always begin with, and that was doing very good social histories which became very valuable. It was quite a job then to get out it. The doctors got used to it. I remember when I really felt I'd arrived when an elderly doctor asked to make a diagnosis said, "I can't I haven't had the social history." However, one soon began to see there were other things but that.

A.C. Were you the only one without a uniform?

K.M. I suppose so. The occupational therapists wore green overalls and the nurses had uniforms and the doctors had their white coats. Yes I was the only one without uniform.

A.C. And at that time everybody was locked in?

K.M. No. Warlingham was always a very progressive hospital.

A.C. Did you use the 1930 Act [35] as it was intended?

K.M. Yes, we had a high proportion of voluntary patients.

A.C. Can you say something about that, because that contrasts very much with Molly Bree's experience.

K.M. It was a very very progressive hospital. I suppose when I went there which was 1935 or '36 it was just beginning to benefit from the 1930 Act and T.P. Rees had only recently been medical superintendent for a couple of years following a medical superintendent, who had been there for donkey's years. One of those remarkable superintendents, I've forgotten his name now, but whenever doors blew open or opened accidentally in the hospital people used to say "Oh, it's Dr (whatever-his-name-was)". So he was still with us, although I never knew him.

So T.P. had got a quite young medical staff but there were a thousand patients and four doctors.

A thousand patients, T.P. Rees the medical superintendent, Doctor Shettley the Deputy, Kenneth Bailey who became superintendent of Taunton Hospital and James McGregor [36] who used to be at Saxondale, that was the four doctors and me. That was it. Then later on, we got another doctor. I think by the time I left there were six. Big deal!.

And well, of course it was the first hospital working with the Burden Institute which was researching the neurological impact of electroencephalograms (EEGs) on insulin users.

A.C. Yes. Now I remember you telling me a story about, was it T.P. Rees who was the sort of amateur engineer?

K.M. No that was McGregor. McGregor was an engineer before he was a psychiatrist. I think he had some money left to him when he was a young man and decided to train as a doctor. But it was always very useful that he'd had this engineering background. It was a proper engineering background, and he made the first electro-convulsive therapy (ECT) machine that we used from of bicycle handlebars found in woods near the hospital. That would have been a little bit nearer to the war. That was after 1936 and probably at the point at which there was a fair amount of improvisation going on. However, they used ECT which made a tremendous difference to the length of time people stayed in hospital. So when I first went, I was still dealing with people who had been in the hospital for 15 years or something. I can remember getting people out of hospital who'd made a spontaneous recovery of some kind, nobody could really say why; and I'd suddenly get the request, "Could you see Mrs. So-and-so everybody says she's very much better." Most of the referrals came to me via the nurses.

What was interesting you see was the canteens, – one of the interesting things which has probably altered now with full democracy – one now has canteens that everyone eats in. When I first went, of course they couldn't quite think where to place a social worker, so I was placed in the Assistant Matron's Mess. So I messed with the OT two or three Assistant Matrons, the Sister Tutor, and perhaps one or two of the trades, the Head Laundry person or someone. Anyway it was that kind of thing. Afterwards I got promoted to Doctor's Mess but that first Mess was the best one for hearing about what was going on. When I went into a meal always one of the Assistant Matrons would say, "You ought to go and see Mrs. So-and-so, I think she's getting better you know."

Of course they knew these people and were very good at spotting so I got referrals in advance which I never got anywhere at any time afterwards. That was quite interesting I think. But very quickly by about 1938, we were beginning to get people in and out of the hospital in three months, which after all was considered marvellous then. Then the problem was the social work increased enormously but I began to get other staff. Then I got a student unit. I was the next one after the Maudsley to have a student unit. So we began to be able to cope with the work.

A.C. Can I just ask you a bit more about your working yourself into the job. I ask that because yesterday, talking to Molly Bree she talked about a specific incident that happened one day which she seemed to regard as a watershed in her relationship with the nurses in the hospital. I wondered if that was your experience. It sounds as though you went to a quite different hospital and didn't have to work yourself in.

K.M. I didn't have to work myself in. I shared the Assistant Matron's Mess but my desk was in the Doctor's Room. I can remember the first doctor I met. I was sitting at this desk, which I had been given not knowing what to do, and in came a little man in a white coat, quite young, and so he looked at me and said "Hello" so I said "Hello I'm the new Psychiatrist Social Worker" so he sniffed hard and said "Good. Do you know anything good for a cold?" He was a doctor so I thought that cut both ways. So that was my first meeting with the medical profession on a professionally equal level. But because of always being in the room in a way one gossiped a lot and picked up things but I think the way that the quality of work got established was that we had every week a case conference. The doctors and I went and then when we had a psychologist, the psychologist also attended. All new admissions were discussed at that conference.

A.C. What year are we talking about now?

K.M. We are talking about 1936 perhaps, but I can't remember when we didn't have it, but it must have been started round about when I came. They might have been doing it before, but I don't know. But certainly that was one of the things where I came in professionally. So all the new admissions came in and I was supposed, once I had done one or two histories, to have at least a preliminary view at this conference. So I always had to present my kind of picture, and then the admitting doctor would say what he had done, and then they would all be asked to make a diagnosis and discuss what kind of treatment. That included me saying what I thought I might have to do. So really from the beginning that was established and so in a way they just got used to knowing what you do and also asking you to do things.

A.C. That really was ahead of its time wasn't it?

K.M. Much ahead of its time. So I never really had that problem. I mean my problem was more not being able to do all the things that were wanted.

A.C. You were single handed were you?

K.M. Yes single handed. But I suppose by 1939, when the war started or soon after the war started I'd got other staff. I can't remember when they came, but I did have two other staff social workers within a reasonable time.

But I still had the problem that I think all social workers in the medical field have and that was the doctors did tend to get you on odd jobs and not see the long term things that you needed to know in advance in order to get some kind of relationship with the patient, and then you would carry on. So they still tended to say, "Could you see Mrs. So-and-so and find her a job". They were all things that needed to be done.

A.C. Coming back to the Student Unit, at what point did you say the Student Unit was established?

K.M. I don't remember exactly but it must have been before the war. Because I know that the course went off to Cambridge so I didn't have students. Although they came back while the war was still on. So I think it was probably 1938.

A.C. Can you remember how it came about?

K.M. I rather think I may have offered. I was always very active in the professional association and through that I think I got onto the Mental Health Course Committee at LSE. Then as the numbers increased on the course, the Maudsley and the Child Guidance Training Centre couldn't cope, and therefore they wanted other places and I may well have said I don't mind having some students, or something. "Certainly", I said I would take some students on the adult side. That's how I got them. There was a small grant towards taking students. I think LSE made a small grant: £250 something like that towards the salaries of extra staff. Everyone was paid £275 per year anyway then so £250 wouldn't meet a worker's salary. I think we probably got one extra member of staff that way. T.P. Rees was the kind of person that would only need some excuse and he'd tag on to that some money for somewhere else. Though he may have used it for clerical staff because we had quite good clerical help which was better than most places and I think that might have come a bit from my own personnel management experience.

It was no good having skilled staff without adequate clerical backup so I probably had something to say in that myself. But I know we finished up when I left there were three or four PSWs and two quite good shorthand typists.

A.C. Before we leave Warlingham Park, can you, is it possible to remember now, what it was in the Mental Health Course that you found so helpful when you took on the job at Warlingham.

K.M. Well we had very good teachers in psychiatry, really good. Very good teaching indeed. That was Aubrey Lewis. He was the lecturer and was a marvellous teacher. We used to sit in at out-patient clinics at the Maudsley and be quizzed about the patients. He'd sit with a couple of doctors and a couple of PSW students and you all had to speak up when the patient had gone out. He really gave you a hard life, but really taught you. So that I never felt at a great disadvantage with psychiatrists. I don't mean I felt I knew better than they did because I didn't know about treatment. But as far as coming to some conclusions on evidence, and having some idea about outcome, I think that was very good. We had very good teaching about the social factors: I think the Social Science Certificate work came in there. I had quite a good background in understanding where resources were. But I would say that as for holding my own in the hospital, it was the fact that I had more psychology teaching than the doctors. I had a much better grounding in psychology and the doctors were just beginning to be interested in that so I could often feed in information there. Also I had worked at the Maudsley as a locum after I finished training. I stayed on as a locum to Mark Lane and I think the fact that I could get myself round a hospital was very valuable.

A.C. Bringing you back to some of the things you taught us on the Mental Health Course now, I remember either you or Reg Wright (Interviewee no 25) who referred us to an article by Kingsley Davies [37] which was about The Mental Hygiene Movement [38] and class structure. It was all to the effect that notions of mental hygiene were class loaded and I'm thinking back, to you as a radical at that time. Did that impinge on you and your thinking?

K.M. No. Because I don't think this class analysis came after I trained.

A.C. It was a 1930's article...

K.M. It might have been, but things don't begin suddenly one day. The more common knowledge is more to do with the establishment of sociology teaching. Sociology teaching did go on at LSE Hobhouse [39] did it. But the real sociology courses are post that time. They are really David Glass [40] and McCrea and all that later group. Sociology teaching is a post-war, very post-war thing in most universities.

A.C. I remember you in a tutorial once telling me how Croydon got its Child Guidance Service. Was that when you were at Warlingham Park?

K.M. Yes. I started the Child Guidance Service in Croydon.

A.C. Can you tell that story.

K.M. To begin with you have to remember that the hospitals were then the hospitals of the local authority, so I was a local authority social worker. I worked in an office in the street where the Town Hall was, The Public Health Department was next door. So the kind of connections with health visitors and probation officers were all very easy. I wasn't isolated in the hospital. I went up to the hospital two or three times a week, but I was in an office, as was the Health and Child Guidance. A psychiatric social worker was seen as a strange bod – so that other social workers and other staff were quite curious and

they weren't unfriendly. The Health Visitors would sometimes ask me about a difficult child.

Then I began to be asked to see difficult children and even to the extent of the Medical Officer of Health suggesting to one of the health visitors that perhaps I would give an opinion. When we were trained we were taught very much that we shouldn't work independently of doctors and shouldn't make medical diagnosis so I became a little uneasy at seeing children, and giving an opinion, so I said to T.P. Rees "Look I get asked to see these children and as there isn't another PSW in Croydon I think I ought to be prepared to do a bit, I've been trained in Child Guidance, but I really think sometimes a doctor ought to see them." He was never loath to take on anything. So he said, "Well I don't mind, I'll see them." So occasionally I would ask him, if a child seemed to me to really need a doctor's view, either because I wanted a medical opinion or because the ramifications were such that it would be wise to have had a medical opinion.

So after a little while we acquired a few children. So then he said, "Well perhaps we'd better have one afternoon at the local hospital." We had an out-patient clinic for adults at Mayday Hospital [41] and that was the local authority hospital so there was no problem because the Medical Officer of Health was responsible for the hospital so you could do it all very easily. He was a senior medical consultant for the local authority, so he got (as usual) the thing you always get for the child guidance clinic when you start: he got the Dental Room, when it wasn't being used.

So we announced more or less, that children would be seen say on Monday afternoon at Mayday so gradually we acquired a little clientele of children, nearly always referred, either by the probation officers or health visitors. Then we began to need psychological testing and first of all a friend of mine, Mrs. Andrews, who had a psychology degree, did a bit of testing for us in the first instance. Then we acquired a sufficient case load - enough to feel that one should have a professional psychologist. Also the Chief began to think that he could use a psychologist in the hospital too, so by manoeuvring the budget he found we were in the running for a psychologist: so they employed a psychologist full-time.

A.C. The Chief being Rees?

K.M. Rees, yes, who was always called "The Chief" by the doctors and everyone. So that was another psychologist on board. By then we had two social workers and we were also picking up some children from schools. So we approached the Education Department and said what about sharing the salary of the social worker. The Education Committee agreed to share the salary of another social worker, and so a joint appointment was made. I remember being at that interview. There were some of the members of the Education Committee on the interview, and think they also paid for one of the clerks. Certainly they made quite a contribution. So we acquired extra staff that way. Then we were then really established as a proper Child Guidance Clinic.

So then the next time there was a vacancy on the Warlingham Park medical staff, (by then the staff must have gone up a bit), T.P. Rees said "We'll appoint a child

psychiatrist on the hospital staff who could do the clinic and could also work in the hospital.”

So that’s what happened. We then got a child psychiatrist, Dr. Mitchell, [42] who had trained at the Child Guidance Training Centre, came onto the staff at Warlingham Park Hospital and did the clinic. I didn’t leave Warlingham until after the war. In the war we got a lot more staff, and so gradually new young doctors quite liked doing a session at the Child Guidance Clinic so we began to get quite a rota of doctors. And it wasn’t until the war was over, and until the welfare state began, when the hospitals went to the Health Service and the Child Guidance Clinic had to be hived off to Education, that they found that they really had a Child Guidance Clinic. It just “grew” like Topsy, the clinic. I remember T.P. ringing me up after I was on the staff at LSE to say “Look. Can you remember how we got a Child Guidance Clinic? Because we are having to divide up the staff and cash and everything and looking at the last minutes there is a decision, before you came to Warlingham, not to have a Child Guidance Clinic.”

The last recorded decision of Committee was not to have a Child Guidance Clinic. But there has always been a Child Guidance Clinic at Croydon ever since. But it really just grew, and I think it was because the MOH. and the Deputy MOH. were quite supportive.

A.C. So you actually stuck with Warlingham Park for quite a long time?

K.M. I was with Warlingham Park until I left to go to LSE.

A.C. Over a long period of time there must have been quite a lot of changes that you saw?

K.M. Well the biggest change of course was that practically all the patients were voluntary and also that I don’t think there were any closed doors when I left.

A.C. That’s even before D.V. Martin, *Adventure in Psychiatry*. [43]

K.M. We weren’t the only open door hospital by a long chalk but we were very early on, no doubt about that. What were the other changes? Well much more out-patient work. That was a big development: ever so much more out-patient work. That’s how T.P. Rees became interested in community care. Too much so I think when he went on the Commission before the last Mental Health Act, he was with Mrs. Braddock [44] instrumental in the move to community care rather than hospital care.

A.C. He was on the Percy Commission. [45]

K.M. A lot was developed after I left such as the out patient clinic. Treatments such as drug treatment began. There was much more social life, more freedom in the Hospital and patients doing much more for themselves.

A.C. Having their own clothes?

K.M. Yes that was very early. I suppose they did have their own clothes when I went there and so they must have had their own clothes from very early on. Social activities were much more run by them. They had a debating society and all kinds of things like that;

not just the old hospital dance thing, but quite active. They had a nice kind of Hall in the grounds which had a pleasant canteen where they could go out and sit round tables and order themselves a coffee or coke or something like that.

It was quite free and pleasant place to be in. I did have all sorts of reservations. I can remember young patients who I thought should be treated much more by child guidance methods and not in the hospital wards.

A.C. How young?

K.M. Teenagers. Difficult adolescents, the sort of people who would be in an adolescent unit now. But there wasn't such a thing as an adolescent unit so they got into a ward of patients who were mentally ill and of course showing symptoms much more than they do now because drugs hide the bizarre behaviour. So I wasn't terribly happy about that. T.P. Rees took things up with great enthusiasm, so that if I found a way of doing something for a patient he'd kind of jump the gun. I mean I can remember getting an epileptic patient placed with a local farmer, it took me ages and ages to do this, and then one day going past the farm, and thinking "My God, they're busy in there, they must be haymaking or something", then discovering that on the strength of my one epileptic patient doing very well, he had kind of sold the farmer the idea of half a dozen other patients and of course that got out of hand. So in the end we lost the whole thing. He would do things like that. That sort of enthusiasm has its problems, but it also meant we all had tremendous opportunities there. The doctors as well. The reason why many things were done for the first time was because he could let people do things. So that in that sense he was good.

A.C. Yes. He saw the space and took the opportunity to use it.

K.M. Yes that's right and also backed you. You knew you would get backing, and he was a big impressive man who could back you. The Committee always followed him so it was a lucky chance to get there. If I hadn't got the Warlingham job I would certainly have got one of the LCC jobs and probably wouldn't have had anything like such an easy time.

A.C. You said you were active in the Association, so I guess you must have met colleagues who were also working in psychiatric hospitals who must have been quite envious of your lot, in the sense that Warlingham sounds atypical.

K.M. I think it was atypical then.

A.C. Didn't a group of PSWs get together in 1942? Molly Bree gave me a copy of a document she drew up with about four or five others, I don't know if they all came from that hospital, because hospitals never held on to their social workers. Writing to The Association saying something has got to be done about this. I haven't read the document yet so I don't know what's in it.

K.M. I don't recollect it.

- A.C. I wondered whether at the Association's Meetings there was sort of gripe sessions, which it would have been difficult for you to identify with because there was nothing to gripe about.
- K.M. Oh no. It was not as different as that. I had all sorts of things to gripe about. Anyway you look back on things so differently, I'm sure I often thought that my skills as a PSW weren't being recognised and I wasn't being given the opportunity, and I was told to do things that I didn't think were professionally right and all that: I know there were all those things. I certainly was aware that the people in the LCC had usually a less easy job, or other problems. I did know them all very well you see after all these were all hospitals around London. There was Warlingham then there was Netherne [46] which I knew the people at and yes I knew all the LCC workers. But if you think of a meeting, it wasn't very big. It would be all those and a few others. The meeting would be 30 or 40 people. In Miss Crosthwaite's [47] upstairs room at Clapham Common.
- A.C. I think you were also active in British Federation of Social Workers [48] at that time, we're going back to before the war now aren't we?
- K.M. Yes. I think it was called the British Federation, what was it called now? Association of Social Workers, or was that its second name.
- A.C. That was its second name wasn't it?
- K.M. I probably joined that from LSE. It would have seemed right to me to do that. I'm sure I would have seen it not as a trade union, but the equivalent, so my background would have made me automatically join that kind of thing.
- A.C. You saw it as your Trade Union?
- K.M. I didn't see it as a Trade Union. I saw it as a form of social workers getting together. But it was an Association wasn't it, so if I went to it I would have been going as APSW representative. So it must have been because I was interested in it. Probably the others weren't so keen to get mixed up in that, but I certainly went to meetings of the British Federation of Social Workers not just meetings, but I can remember going to committees. So I must have been an APSW representative on The British Federation of Social Workers.
- A.C. They were a motley collection. Weren't they Housing Managers and Public Health Inspectors, District Nurses?
- K.M. No. There were Housing Managers who were a very reputable body, very professional, and the women Public Health Officers, who were the health visitors, the main organisation of the health visitors. Certainly the leaders of that were very professional. I don't think they were motley in a professional sense. Gradually they decided they were social workers and possibly there was a kind of process of evolution. The Housing people were quite active in the beginning of it. They were the starters of it. There were women Public Health Officers, PSWs, Almoners, Probation Officers of course, the old Probation Officers. Then of course the Moral Welfare Workers and the Children's Moral

Welfare Workers, those small groups who had either amalgamated or dropped out. So there were those groups too. They seemed like social workers at the time.

A.C. When I said 'motley' I meant by today's standards.

K.M. Yes. From today's standpoint, I think we were always aware that there was a kind of query about the Women Public Health Officers. And the leaders, I expect the ones who represented their organisation on the British Federation, were always the ones who were more inclined towards social work. There was never any communication problem between us at that level in the committee.

A.C. What sort of things did you get together about, what was there to talk about?

K.M. Mainly about getting training for social workers. That was almost one of the major purposes of it: was how to get a common training and what it would be. Of course from the point of view of Housing Managers and Women Public Health Officers it kind of raised the whole question of training. Whatever the professional associations were talking about we were talking about. We would get things referred to us by the professional associations, but they'd mostly be about training. I remember it was either the British Federation or the Association of Social Workers, (I'm not sure which), which was a major factor in the whole argy-bargy of visiting children in hospitals. I can remember that very clearly. It was probably post-war – after Bowlby. It was to do with Bowlby. [48a]

A.C. Why did the Federation fold?

K.M. Well it never really folded. It went from one thing to another.

A.C. Yes. The Association of Social Workers (ASW) used to organise conferences and publish *Morals and the Social Worker*, *Ethics and the Social Worker*, *Registration* and things like that. It was a bit broader than, "How can we get some training going?"

K.M. You just have to look at it at the time. I mean there is a lot of difference between an organisation, which is based on an individual membership, and an organisation which consists of two reps., from each professional association discussing the things which those professional associations ask it to discuss. It's a completely different organisation.

The reason why the British Federation of Social Workers moved to being the Association of Social Workers was because the separate professional organisations were never then sufficiently committed to social work as a profession to give enough donations to the British Federation for the Federation to be able to function and do the things it was asked to do. It seemed that as long as you were trying to run an organisation based upon what could be collected from a number of organisations whose major commitment was to something else, you could never get very far because in a way it wouldn't even be to the advantage of those associations for the other one to be all-embracing. So it was decided that probably one would solve some of the financial problems and also get more commitment to one profession if you had an individual membership basis because then you would know that everybody who joined, joined

because as well as their professional association they wanted to belong to an Association of Social Workers. So that was the basis of the change. It wasn't due to a lot of dissatisfaction. I was urging them to change the constitution to an Association saying, I'm not fed up with the British Federation of Social Workers, I quite like it, but the fact is that it's not really ever going to be much of an organisation until there is more individual commitment. I remember this woman afterwards, I think a housing person, saying to me, "I did laugh when you said that, because I quite like it too!"

A.C. Were you writing by this time? Had you started?

K.M. Well not a lot. The first bit of writing I did was a pamphlet about psychiatric social work which the A.PSW issued as a handout. I expect it exists in the file somewhere. I think it was an adaptation partly of mine. A number of us tried it and I think that mine and Margaret Ferrard's [49] (co-author with Noel Hunnybun, interviewee no.12) were the ones picked out. I had the job of putting it together in the end. So that was probably the first thing I did and even that was a bit of editing. I think I've always been more an editor than a writer.

A.C. What year was that? When did you start?

K.M. I've absolutely no idea. The thing is if you trained before the war and then went through the war it's a whole period which is a rather frightful muddle. I suppose really the first thing I thought of as publishing was *Social Case Work in Great Britain*. [50] I think I was probably writing before that but after all that was a book.

A.C. When I did my training course it seemed in 1963 that social workers were getting to grips with the notion of the social worker having authority and using authority and establishing boundaries. People were reformulating some of the earlier important statements of principle about not being directive. It was said that to be directive was to be anti-casework, and incompatible with casework approach. Now I appreciate Warlingham Park was making good use of the 1930 Mental Treatment Act but to go into the area of adult psychiatric social work with the mentally ill was to enter an area where there was a lot of compulsion around.

K.M. In a sense I didn't have to meet the biggest issue which would have been carrying it out

A.C. That's the ultimate but presumably you must have met patients who said to you "Really I want to get out of this place." You'd have to say "You can't get out of this place because you are on an order." So I wonder how that worked?

K.M. That doesn't strike me as using authority. That to me would have seemed like facing reality. If the patient said to me, "I want to get out" I'd have said, "Well yes, but you can't just walk out." I can't imagine myself saying, "Because you are under compulsory order." I don't know how one would have dealt with it, but I'm sure it often happened. But I think that was a dilemma for us about being directive and therefore when I say I was not too happy about some of the younger people in hospital, I mean I wasn't too happy about some people who were being kept in hospital, who I thought could manage outside, so that in a sense I was never totally at ease. Although I have given quite a good picture of Warlingham, because compared with most hospitals I was very

lucky, but at the same time I did have quite a lot of problems about people being taken into hospital compulsorily, when often I thought that need not be. But then that wasn't such a problem because T.P. was so keen to make them voluntary that if people were taken in compulsorily they would be voluntary within a week or two. So that in that sense we were probably at one. But on the question of discharge I felt the doctors had a very benign approach where they assumed that because they cared for the patient, it was therefore to the patient's advantage for them to stay in the hospital. One wasn't experiencing what doctors in recent years are experiencing, and that is the urge to get people out. There was no pressure, doctors didn't have to show good how they were by showing how many people they could discharge. So that in that sense I often thought people could be out.

But in that there was only one social worker you had to be sensible about what you could do.

A.C. But did you follow people up at home?

K.M. Oh yes a lot.

A.C. So did the occasion ever arise where you would visit someone at home and you would think, "Oh er, slipped again. I think you're going to have to be re-admitted." And they would say, "No," And you would say, "Well I'm going to have to tell the doctor."

K.M. Yes. You see once people are in hospital and come out of the hospital I never thought that and neither did the doctors: I don't think we ever behaved as separate people. The dichotomy between the doctor and the social worker is a more recent thing. We were very clear about what professional behaviour ought to be, and I did have my disagreements with the doctors some times –

A.C. That is what I'm getting at. You might think that the patient should be re-admitted and say, "How about being a voluntary patient again?" And they say, "No" and then your next move is what? "Well I'm going to have to see someone to have that arranged because I'm worried about you" Or you'd have to say that to a relative.

K.M. Yes I'd have to say that to a relative. I mean I might say to the relative, "Look I'm getting rather worried. We may have to call in the doctor," and make sure they knew who it was. But more than that because we had a lot of out-patients clinics, and because there was quite good relationships in the community, I would say, "Can't you possibly get him to the out-patients clinic," and see one of the doctors in the hospital. They would know who the doctor was. I would say: Who is his doctor? Well he'll be down at the clinic on Wednesday. Couldn't you possibly get him in?" Or even say to the patient, "Look if you'll come to the out-patient clinic I'll come and call for you," or something like that.

So in a sense we weren't working at loggerheads so much as people are now. I mean on the whole the work wasn't saving patients from psychiatrists which I think has come into social work now and makes it very difficult. But I didn't always agree with psychiatrists and I can remember the one occasion when I felt very strongly, I couldn't do something he wanted me to do. It might have been getting somebody to hospital . I

couldn't do it and I said, "I can't. I don't really see how I can. It doesn't fit in with –" I probably said "my relationship" or something and I remember Rees saying, because he was quite authoritarian but acted both ways, "Well I don't agree with you, but if you say you can't do it, you can't do it."

A.C. That's something to do with professional autonomy isn't it?

K.M. He was ever so clear on that, in the same way he said to me at the beginning, "Well you know what a psychiatric social worker does." I can remember that very plainly.

A.C. Let's generalise it away from just the issue of social workers being directive or non-directive. I think one gets a lot of surprises, reading contemporary literature of this period and listening to people talking about what they did. It has struck me all this week how little justice is done by the formulations in the literature and what people put down in writing, to what the pioneers actually did, and the way they behaved as social workers. So if you read what was written at the time, you'd get no idea about some of the things people did. Molly Bree described some things to me yesterday.

K.M. She was probably one of the best caseworkers. She was a very sensitive person and never really someone who was to the fore as a kind of leader.

A.C. And very diffident. She was describing to me a piece of work she'd done with the wife of a man who had a serious infection and she'd a positive test. It turned out this woman hadn't gone out of the house in six days because she thought that just by talking she'd spread the illness. Molly was wanting to get home but as she came through the door she just happened to notice a tea tray laid and she'd worked out that she'd got to stay to tea as the woman had prepared it.

K.M. That would be Molly.

A.C. As it turned out it was also a kind of test, because she wanted to know that if Molly drank from the same cup it must mean that it wasn't transmittable. She had also made tarts, not a shop bought cake, because it was something she made with her hands. You wouldn't pick that up from literature.

K.M. Of course not because she wouldn't write it all up would you? You might if you were trying to get a piece out of it. You'd do more in discussing and supervising students. You might draw a bit on your recollections.

A.C. How much of that do you think had got into the literature? I always think of Cherry Morris's book [51] as being the first; the one before that would be Elizabeth Macadam's presumably, *Equipment of a Social Worker*. [52]

K.M. There was a very little one in between which you might be interested in looking up, which was written by The Hales', Charles and Sue Hales. Sue was a PSW and her husband was at the Family Welfare Association head of an office He probably was a social worker, but I'm not quite sure: certainly a social worker by experience. It is a little book probably called *Case Work Therapy* or something. That's probably the earliest,

you might say, modern case work thing. I expect it's given as a reference in *Social Case Work in Great Britain*.

- A.C. *Social Case Work in Great Britain* was an attempt to start bringing some of this stuff into the open, or into print.
- K.M. Yes very much so. I think we felt after the war, we simply must have an English book, because we were all using American books.
- A.C. How did it come about – the idea, the whole project.
- K.M. No idea. I certainly wasn't in at the very beginning of it but quite early on. It was probably Eileen again. Of course a person who was quite active in things then was Ben Astbury [53] who was in the Charity Organisation Society. Cherry Morris might well have been asked to be the Editor.
- A.C. Because she doesn't actually write – she writes the foreword.
- K.M. She was only the Editor, one of the early Head Almoners and a very good coordinator and a very charming person so that she kept us all friendly when we were likely to fall out.
- A.C. I thought it was very difficult for Eileen Younghusband to write the Conclusion because the different contributions are obviously of people of different generations.
- K.M. Very much. Of course Eileen wasn't so much in social work, not in professional social work. She was in LSE and very much in things, but she wasn't really in professional social work so that she's writing it partly as an outsider, I feel, from the professional point of view.
- A.C. Looking back on the contributions in *Social Casework* what are your thoughts about that now, as reflecting what people were doing?
- K.M. It was fair what people were doing. I wouldn't want to go back on my contribution. I'd add to it, but wouldn't deny anything in it. It's all pre-family therapy and all that kind of development.
- A.C. Listening to you talking earlier, it sounds as if you just slotted into Warlingham Park and got on with the job and had no difficulty translating the course into operational terms. When you say, "Right I had this background already, being an Assistant Matron, and I just knew how to carry myself in that job." For a lot of social workers leaving social work training (I don't think it's any different today), they still have a hell of a job translating the principles into the circumstances, the context of the job they go into.
- K.M. It was fairly clear. What happened? I did a field work placement for six months in a hospital, a field work placement for six months in a child guidance clinic. I visited most of the hospitals around that were at all significant. I wasn't having to learn how to do Child Care and how to do Medical Social Work and how to do half a dozen other things. So I'm sure I had lots of limitations if I'd been asked to do one of these other jobs. In fact I know I did as a medical social worker because in the war our hospital became an

emergency medical hospital, and so I had about eight wards of ordinary air raid casualty patients and it took me a long time to find out how to do anything about that. Which I'm sure if I'd been a medical social worker I'd have done it much more easily, but I'd hardly ever been in a general hospital in my life, although I was completely familiar with Mental Hospitals. So it is partly having a special training for working in special circumstances, and as the Maudsley Hospital was a place where many psychiatrists trained, you were likely in the hospital of any ambition to find itself trying to be a bit like the Maudsley, so it wasn't even strange.

K.M. One of the advantages of that kind of working class background and then coming up that way, is that you have to adjust to all sorts of circumstances. Many youngsters I think are brought up in a fairly affluent family, have good schooling and then go on to University and then doing a Social Science Diploma. So the first bit of adjustment they have to do is when they have a job. It's a completely different experience if you've been adjusting since you were about 11.

A.C. Coming back then to the Cherry Morris book, what happened? Were the drafts of each chapter circulated amongst you and you all sat down and said what you thought of it? Or did it all go in to Cherry Morris and she edited it?

K.M. Yes I think it all went into Cherry Morris, and I'm sure that Clare [Winnicott. Interviewee no 24] let me read hers. Because I can remember discussing that and it's quite likely that bits of ours went to our colleagues, but basically it went to Cherry and Cherry was busy editing. Then she came back and asked us to make adjustments and I'm sure she passed the papers round. We all got on quite well together and we didn't fall out. But then I'm not sure that Cherry ever got us all together much.

A.C. I could imagine people nowadays getting themselves locked into real rows.

K.M. No nothing like that. Una Cormack [54] and I had to kind of hammer it out, we used to meet together and I used to go to her rooms in Oxford and we'd struggle along. We didn't disagree fundamentally. She wasn't very psychoanalytic at that point. She is a very ardent Catholic and that used to tempt me into exaggerated Freudian interpretations. I always used to laugh and swear that we'd have a long discussion then we'd go for a walk down the High and Una would just leave me for a few minutes and pop into her church, and start to recover from our discussions. We thoroughly enjoyed doing it, but we came from very different backgrounds to do it.

Mind you I don't think we did fall out so much in those times. It was partly because we were a much smaller group and had much more reason for sticking together.

A.C. We are now into the post-war period now, and you have gone to LSE. How did that come about?

K.M. That came about through Aubrey Lewis ringing me up and saying, "You haven't applied for the job at LSE" and I said, "No". "Why?" "Haven't got a degree" "Well, doesn't rule you out entirely does it?" I'd never really thought of teaching anyway I don't think it's my milieu. I must say I had never thought of applying because I automatically just thought you wouldn't get a job in a University without a degree. That was it. That was the end of

it. Also I quite liked being a social worker and so nothing much happened. Then months and months later he rang again and said they'd interviewed and not appointed and now he was asking me would I apply for the job at the LSE. Other people were being approached and it had been agreed by the interviewing committee that people should be approached and he had been asked to approach me. Would I think very seriously about it? So I did, and really then I think it was too challenging, I thought I must have a go at this, so I applied, and got it, but I wasn't very happy. I didn't like it.

A.C. Did you follow Sybil Clement Brown? And she went to the Home Office then?

K.M. To the Home Office yes, and then Lulie Shaw [55] and I were the two tutors on the course and Lulie wasn't happy about the appointment because I think she had probably thought she would succeed Clement which produced a problem. Anyway I wasn't really happy in the job. I felt lonely in the University after the hospital, the patients and everything, being stuck in that room all day. I was in the top floor of the new building, up at the top. Professor Marshall [56] was in the room opposite where Titmuss [57] was later on. It seemed to be a very sedentary sort of occupation and so after a year, perhaps two although it was probably only a year, I told Aubrey Lewis I wasn't very happy about it and so he then said "Well come to the Maudsley." So I went to the Institute of Psychiatry (see under Notes 26 and 28 below) and became a supervisor, Field Work Supervisor, at the Maudsley under Elizabeth Howarth [58]

I had a lectureship at the Institute of Psychiatry you see. I was there for a year or two. It was part time: so I had a part time lectureship at the Institute of Psychiatry supervising students.

A.C. Were you married by this time?

K.M. Oh yes I married before the war, or the beginning of the war, and then Robert was in the Army the whole of the war. Then Lulie Shaw left and went to Bristol and Professor Marshall rang me up and wondered if I would consider coming back as Head of the course. At this point I thought: well, fate plays a hand. I'd been asked twice, I must be better at it than I thought I was. Anyway when I first went I hadn't really seen myself as a teacher. There were lots of reasons for not settling in and I thought this time if I go back I'll go back to make it a job. So I went back in a different frame of mind. Betty Joseph [59] was on the staff and I liked her very much and she was very happy for me to come back and be head of the course. There was a very nice girl Eva Seligman [59a] who became Eva Hamburger and who's gone out and probably become a psychotherapist or something I don't know, but she was a lecturer.

A.C. Haven't I read an early article of hers in one of the first issues of *The Journal*?

K.M. Quite likely. They were very nice staff to work with. When I came back I really liked it and settled down to do it, and knew what I wanted to do with it. So that's really how it happened.

A.C. Did you introduce changes into the course or did the course remain more or less the same from the Margaret Ashdown, Sybil Clement Brown days?

K.M. I don't know how much I introduced changes and how much changes had to be introduced because of student demands. The course became very much more a therapeutic casework course than it was before. It had always had a large case work element in it but that was because we had then reached the stage when all social workers wanted to look at work in that way. Although it was a change which I accepted, I wouldn't say that I introduced it. I let it happen, and in fact I became much more the teacher on the law and history side, which is how you would know me, because I was not so committed to that kind of casework development. I wasn't against it but it wasn't where I saw myself making the biggest contribution. Also I felt very strongly that it was terribly important that social workers who were going to work in the mental health field knew about the background of mental health work, so I was increasingly interested in the way things evolved in the history of social work, history of mental health work and so that's where I taught. There was definitely an increase in the history teaching but there was more emphasis on therapeutic casework, use of a controlled relationship sort of work. I don't know that I was very successful, but I did try to bring in more teaching about mental handicap, which I thought was lacking. That was a definite new introduction. No drastic changes but more an evolution. Betty Joseph was after all a practising analyst so she affected the case work teaching. The teaching on psychoanalytic theory became more part and parcel of the course. But that was because views about psychoanalytic theory changed. When I trained psychoanalytic teaching was new and came rather later in the course. Now when I became a tutor of the Mental Health Course in the early days, the psychoanalytic teaching came late, but after a few years William Gillespie [60] was able to start teaching psychoanalytic theory from day one, because the students were already coming up from other social science courses with that kind of background. They were reading ordinary novels which took for granted that there was an unconscious. You didn't have to teach them about it.

A.C. It's something to do with the ideas that are there in the culture anyway.

K.M. Yes quite. It never was a course which went in for revolutionary changes. It went with the trends really.

I think a later change which I was active in introducing was the teaching of Sociology and Social Problems. Reg Wright (Interviewee no 25) decided to read it up and get cracking on it, and I pushed him on that. I always felt that there was a bit of a lack on the Mental Health Course on that side, so I always had in mind that one should get more of that. But it was only as the theoretical side developed that one could see how.

A.C. You are the second person I've seen who has said something similar, I saw Sybil Clement Brown, she talked quite a lot about how she could see the value of the psychoanalytic ideas, and they had some meaning for her, but she wasn't completely absorbed by them. She was also very conscious of the importance of the social context and she talked about discussions they had about that when the Child Guidance Clinic was in Canonbury. It sounds as though you had a very similar orientation very aware of the importance of social circumstances.

K.M. I think that would be true.

A.C. Holding the ring on a course which was gradually becoming, through the demand from the students, more and more psychoanalytic.

K.M. It was very difficult. People said about PSW training that they saw the PSW post war as so concentrated on case work; one was struggling all the time with students who thought that anything that wasn't controlled use of relationship was kind of old fashioned social work.

It was quite a problem to get them to take in the whole range of social work. I saw the course as a much more rounded course; because we had to learn about involving the community, we were coming into a new service, so we had to learn about how you dealt with persuading a community not to mind having a child guidance clinic in the area. Or how you went to visit schools in order to talk to teachers. So that quite a lot of the course was about that kind of thing which would now be called community work probably, which was seen in a different way. It was quite difficult to get that in to the Mental Health Course, because it was seen as things that non- caseworkers did. After all the majority of social work students were perfectly straight forward sensible intelligent people who knew you had a whole range of things to do, and did it. But the pressure and the kind of the leadership pressure amongst the students was towards therapy. That was alright, as long as it wasn't seen as a solution to everything.

A.C. I wondered whether looking back, if you were doing it again, whether you would have held the ring in a different way and been firmer, in any way, asserting your own view more firmly?

K.M. I wonder about that. I don't know.

A.C. Because exactly the same thing is happening today only the other way on. Isn't it?

K.M. Yes. You see I had a very difficult member of staff whom I always had a high opinion of, but who was a difficult person because she had her opinions. I do think I probably was a bit too concerned to be democratic. I think I may have been but I don't know. It is a dilemma. It depends a bit who you have on your staff. I'm sure if I'd had other people if I'd had someone who was very good at something and I knew could lead the students, I might have said well go on you do it.

A.C. David Jones [61] was saying something very similar about holding the ring in FSU and having to hold a balance between the people who were pressing the organisation to make greater use of psychoanalytic understanding when working with families and another group, a traditional group who inherited the old Pacifist Service Units who weren't so happy about that. The ironic thing about that was that Peter Leonard [62] was one of those pushing hard for the psychoanalytic approach.

Could you say a little more about the casework approach?

K.M. It is my experience that when people come to you, they are not quite sure what they want. I do think (and probably always thought) that the sort of social worker who rushes in to tidy things up is an absolute menace, because people often get tidied up in the way that is the last thing they really wanted. I've come across people having to undo

what has been tidied up for them. That is one of the problems of communication I think when you are writing and teaching, that people will take you literally and you really can't do too much about that. You are teaching a whole range of people of intelligence and subtlety and some really are very subtle. I remember a really quite intelligent student almost on the last week of the Mental Health Course one year, when we were having a kind of post mortem on how things had gone, saying with absolute indignation to me, "But why didn't you tell us at the beginning that all psychiatrists weren't psychoanalysts." Well how she could have been at the Maudsley for two weeks without coming to that conclusion herself I have no idea. To put it as boldly as that at the beginning of the course, I never would have thought of doing. On the other hand afterwards I did begin to think well you never know, that poor girl was struggling for most of the course to understand how certain psychiatrists could possibly come to certain conclusions given that they were all psychoanalysts.

So I do think it's a difficulty this question of how you get over to beginning social workers, or not even beginning ones sometimes, that really it's not your job to convince people they have got other problems than the ones they've come with, but at the same time do listen and make sure what they really are telling you is really all it is. Married people, for example, who in the end decide to separate, often at the beginning are wanting to have an opportunity to sort out whether they should or not. It seems to me they're more likely to go to Court or Probation Service if they really want to separate. But I don't think you should have any foregone conclusions about it. Only listen.

A.C. Do you remember a meeting of the London Fabians when Barbara Wootton's book was out? Were you surprised that this all suddenly broke loose about your heads?

K.M. No not at all. We were amused. I don't know how it would look to the audience. But what happened at that meeting was that we were set up. We were supposed to turn up, Reg Wright and I, from the London Mental Health Course or the LSE Health Course and we were going to, naturally, be caseworkers: to use all this analysis with no idea about social conditions at all. When we saw who the other speakers were we realised that they had assumed that our views were completely different from Audrey Harvey's. [63] Now many social workers might have been caught, it was just bad luck they picked me and Reg who both happened to have been brought up as socialist all our lives. We thought "typical stereotyping", I'd come across it often. They assume you're a middle class Tory if you're a psychiatric social worker and an academic, and a woman particularly. However, there we were and we were asked by the Fabians, we cottoned on to this but thought there was no reason why we shouldn't go. We've got views. A lot of it was about housing wasn't it, and we were most indignant about what the LCC had done! So we prepared our papers which we presented, but Audrey Harvey, poor dear, had really been given to understand that she would be debating with two absolutely committed caseworkers. Audrey had a paper prepared and she had to give it more or less. She made some adaptations, but she had to give it. And it really produced quite a problem because there really wasn't the disagreement that there should have been in order to make a good Fabian Meeting. But old MacGregor, who was in the audience, came in with one of his speeches.

That was O.R. MacGregor, [64] then Professor at Bedford College, he came in with his very Scottish accent, probably exaggerated in order to sound more a supporter of the workers, and so there was a real, very emotive debate.

A.C. What it does bring us into though in a more general way is the whole question of the way in which social workers suddenly found themselves stereotyped in this way. And I suppose I'm also asking you were you surprised to discover this because one minute social workers were considered reformers and radicals, particularly PSWs. In political terms PSW's were always thought of as radical and the MSW's were the conservatives. And then all of a sudden we're all getting stereotyped and particularly in Barbara Wootton's book.

K.M. Barbara began it probably. She kind of codified it, put it in words.

A.C. And started off a whole bandwagon.

K.M. But still there has long been an anti psychoanalytic, anti psychiatry development: nothing to do with social workers. Then there has been the sociological attack on the professions, all professions, the sort of institution of the professions and in that some of the PSW's and others were probably the most professional. Probably the generic development stereotyped the PSW's unnecessarily.

A.C. How?

K.M. Because they then became stereotyped as people who specialised, and were limited, and were hanging on to their elitist ideas.

A.C. Yes, David Donnison [65] in that chapter of *Social Casework in Britain* - in the second edition - talked about the PSW's as the Brigade of Guards, and the Applied Social Studies lot as the Commandos.

K.M. Well quite. It has its funny side. I said to David at the time, the only trouble was that the social class of the leaders had got mixed up.

A.C. Yes absolutely. I was new and young in social work at the time that all burst I started with FSU in 1957 and Barbara Wootton's book came out in 1959, and the Audrey Harvey Fabian pamphlet and also the Titmuss one on *The Irresponsible Society*. I read Barbara Wootton's book, and I read *Daddy Knows Best* [66] when she wrote the thing on the Younghusband Report [67] and thought, "Yes this is alright. This is right."

K.M. There was quite a lot of element of truth in it but it all got pushed too far.

A.C. But when you go back to a lot of the literature and when you go round and talk to people about what they actually did, it wasn't right. I remember Lottie Blank when I did a placement with her, she had a car and I had no transport. On the way she said, "I just got to pick up a chap's clothing: you might as well see us high powered PSW's actually do these things as well you know."

A.C. When you read *Social Case Work in Great Britain* it is clear that social work consists of social reform, community work, and group work.

K.M. The only social workers who possibly didn't do any of those things, were people who went into very highly specialised child guidance clinics or sort of therapeutic clinics. After all they didn't do those things because it wasn't the function in that particular situation. They were working more as therapists.

A.C. Why didn't you fight back harder than you did at the time?

K.M. We weren't aware of not fighting back. You're looking at the literature. There were tremendous arguments and discussions and meeting and things at the time, not a feeling of not fighting back, except that it was happening everywhere. Also we had a lot of work to do. You can't spend too much of your energy fighting these things which are only going to be passing things really. It all comes out in the wash I think.

Some people thrive on fighting but I think lots of social workers in the past, certainly weren't those kind of people. Certainly I can fight back, and did on the generic thing, at tremendous cost to my own happiness and feelings, but I didn't really enjoy it, and I find it an awful waste of time. I'd much rather get on with people to do things, than spend time fighting. I'm sure a lot of other people are like that, particularly ones who go into social work. Also I like Barbara Wootton ever so much, because I see her as an old teacher. I just thought she was misled by Vera Seal [68] and she was very good on the chapters that she knew about like delinquency.

I think that Vera Seal did the research and supplied her with all these funny quotes from American books, and Barbara wrote on something she wasn't too familiar with, and as far as I was concerned it wasn't really up to her standards as an academic. Knowing the material, the delinquency chapters in the book are much better. The casework things are much more gossipy than Barbara usually goes in for, although she's very witty.

A.C. To what extent do you think the contribution that social work teaching at LSE could have made to the Social Administration department as a whole - actually impinged on it?

K.M. That was a very weak point. I don't think we had a lot of influence on the social admin. side. It's difficult to judge. We didn't really get much opportunity and I suspect the ones we did make an influence on, were the ones who came over to us. But I don't think there was an equal influence. After all Titmuss never gave a single lecture to the professional social work courses the whole time he was there, and yet look what an important person he was. I did ask him once, and he did come and give a talk, but he hadn't really prepared it, so he didn't come over as he should. He wasn't a marvellous lecturer in any case, but if he had really seen a connection he would have wanted to have some influence on social work and as a Head of the Department where could you have more influence? At least David Donnison taught social administration on the social work course, and I think if anyone was influenced a bit by social work connections it was David probably. But Titmuss was very interested in social policy and he wasn't antagonistic but I don't think he saw it as a really important knowledge base in the development. I don't know I may misjudge him on that.

- A.C. We haven't talked about *Case Conference* [69] have we?
- K.M. No alright, if you want to. Although I think probably from what I've written about it, you have got the main things, but you may want to ask me something.
- A.C. Yes. You wrote in the last issue. Have you said in there how the idea came into your head?
- K.M. How it came into my head was that I could never get any references for students, except these American books. You can't imagine how weighed down we were by those books. But also people have always complained that social workers didn't write. I could never see what they could write for. I'd occasionally get honoured by having something accepted by the *British Journal of Sociology* but if it was accepted it probably wasn't very suitable for social work reading, and anyway most social workers didn't read it. People writing is only one side of the coin as you only begin to write when you have somewhere to write for. I do believe that. Some people just naturally can't help writing, but others I think need to have something to write for. I think *New Society* [70] and other publications have increased the amount of writing and so I just thought we must have something to write for. So that was how it began. Plus the fact that I was interested in an amalgamation of the Association. One profession, it seemed to me you'd need at least one journal for that.
- A.C. So you'd thought of that as early as 1954?
- K.M. That was one of the purposes of *Case Conference*. I never expected to run that for 14 years. I wouldn't have started it if it was going to take that long to get them all together. I thought they would get together much more quickly than that.
- A.C. That is long range thinking.
- K.M. I saw it as an instrument for doing it you see, which indeed it was.
- A.C. Coming back to ideas then. The *Case Conference* thing is well documented. What would you say was the most important or most influential idea or conceptual breakthrough during this time? Remember we're talking about '29 – '59.
- K.M. I think the therapeutic development in casework was very important. One of the major concepts, or group of concepts, were to do with a controlled use of relationship and recognising projection and transference and counter transference. I think it definitely added to the ability of people to see what was going on and became more aware of certain things going on. So I think that was one very important concept. I think the concept of role has been a major contribution to beginning to think about why people do what they do and how and also where you might kind of helpfully come into it. So I think that was very important. Then I can't put it into words, but the whole area around this sociology of social problems, I think has been a major introduction into social work thinking. It has to do with what social institutions are. Again it's a bit linked up with role, how the social institutions you most belong to give you a role and affect your behaviour. How identifying problems in itself has an effect on how people behave towards problem situations. I mean I think they are all concepts which have been very, very valuable.

A.C. There was also the importance of agency function and recognising the link between the social worker as an employee of an organisation which has a specific statutory, or specific frame of reference.

K.M. I don't think I would see agency function as one of the major factors. It seemed to me it was useful at the time and it comes into the unitary approach, so that it gets built in there. Whereas I think for instance the concept of role was a really new concept in social work.

I think also the development of social administration is a different subject and very important to social work.

A.C. That's why I wondered about agency function because isn't that the link with social admin., and leads you into social policy. I remember when I was your student you sent me away to read Clare Winnicott's article on *Case Work and Agency Function*.

K.M. Yes at the time I think it was very, very significant. I thought it a very important article. I do think it's a very useful concept, I'm really reacting to your "most important" question and therefore wouldn't put it as most important really.

A.C. The sentence I still quote is, "Agency function is the centre of the casework process"

K.M. But you see agencies were clearer then. It's very difficult to apply agency function in a social services department. I don't mean you can't apply it entirely, but I think it's a concept that probably needs a lot more hammering away at now if you're going to use it.

A.C. But it's an antidote to social workers thinking that they are somehow, she puts it herself in this way, running some sort of Robin Hood crusade independent of responsibility to an Act of Parliament.

K.M. It's run now in a sense of rebellion against the big departments, some people claim that professional autonomy. But you do need the support of the agency.

But I think in academic terms, that even with all the things I would rather not have had from sociology that sociology has made a big contribution.

A.C. And that was something you deliberately cultivated when you had responsibility for the course?

K.M. Yes. I always used to go to the sociology seminars, the staff seminars in the sociology department at LSE

A.C. Can I just ask you one more question then call it a day, what's the best social work thing you've ever done?

K.M. Can it be a case?

A.C. Yes it can be a case. It might be several different things you want to talk about. What are you happiest to look back on, and think "That was good."

K.M. It would be things in social work.

I think getting the Child Guidance Clinic started, that was a very good thing. And then two or three cases I can remember a case that gave me enormous satisfaction. An epileptic girl, adopted, who was put into a Home for difficult children (Moral Welfare or something) who went into the hospital. It seems so incredible she should have got into the hospital. I'm sure she was only an awkward hysterical girl really, she shouldn't have been there probably, but certainly her behaviour was very, very difficult, even in the hospital, difficult for a mental hospital. I really worked with her in the hospital and eventually she came out only because I and a woman solicitor, in the area, agreed to act as Trustees. She had some money, which is always fatal if you are young and have a mental breakdown. Everybody seems to feel they have to protect your money in case you spend it. I mean if she was poor she'd have been out on her ear probably, that's probably being unkind. But we had to agree to be Trustees and I really worked with her I should think for five or six years, until eventually she became a journalist, learnt to carry a note round on her which said that should she have a fit there was no need to take her to hospital or anything. She learnt to manage her epilepsy and of course drugs improved. So that in fact she very rarely had a fit except at night and she earned a living and she, the last time I saw her which would be many years ago she had a house of her own and was managing a normal life. Although I'm sure she was always an 'odd bod'. I always used to say to students if I had the chance, however rushed you are and whatever thing you do, you should always carry one or two cases that everyone says are impossible. You can't carry more than one or two because they are too demanding, and Elizabeth was one of the 'impossible' cases, and one just had to be available. Which meant that apart from one very old lady that I was available to, they were my two impossible cases, that had a kind of first claim in an emergency, and I had them for years.

When I went to the LSE I could no longer visit the old lady and within weeks she was in the mental hospital and within a month she was dead. But I only went to see her every Friday. The last thing I did before I knocked off, was go and see her. That wasn't much social work. She was a very mad old lady who managed. But Elizabeth was a very worthwhile and intelligent young woman. So they were two very worthwhile, long term cases. You know, the old lady died in the end, but I visited her I think for three or four years. I'm sure now it would have been a social worker's assistant's job. She might have done it just as well I don't know. I don't think so though. She was a very upper class old lady and very choosy about who the visitor was. Most people she shushed off very quickly. So that was that. I just want to add to it, that I do think that the Short Course programme at the National Institute [of Social Work] [71] that I had to do with in the last two years I found most exciting. I don't know whether it was good but certainly I found it tremendously interesting and I know a number of the courses were very good. Other people also were good. So that was a really nice bit of work at the end, which I think made quite a contribution, particularly to the development of training officers in social work.

A.C. Well thank you very much.

EDITORS' NOTES TO THE MCDOUGALL INTERVIEW

1 **Workers Educational Association (WEA)** was started by Albert Mansbridge, a civil servant, and his wife in 1903 as an Association to promote the Higher Education of Working Men. He was elected by his wife Hon. Sec. pro.tem. It was renamed WEA in 1905 and today provides 14,000 courses a year in 500 local branches.

2 **Morley College.** Founded in 1889, Morley College (for Working Men and Women) developed from the series of popular Penny Lectures organised by the social reformer Emma Cons in the 1880's at the Royal Victoria Coffee and Music Hall --now the Old Vic. With an endowment from Samuel Morley MP, the College established high quality adult classes in the sciences, music, drama, literature drawing and painting. The College attracted high quality teaching staff in all disciplines and maintained its commitment to the education of working class people over several generations.

3 **Barbara Frances 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).

4 Hillcroft College Hillcroft College has occupied a unique place in the education of women since the 1920s. However, its history dates back to the late nineteenth century. At that time, reformers were becoming increasingly concerned about the lack of further education opportunities for working women. A series of campaigns were launched and in 1919 a letter appeared in *The Times* asking for support to raise funds to establish a residential college for working women. Originally called The National Residential College for Women, the college was established in 1920, and has always been a residential college solely for the education of adult women. The college is owned and operated by the Hillcroft Charitable Trust.

5 Dallington Home reference is made in The Underwood Committee on Maladjusted Children (1955) to a home in Northampton for 25 maladjusted girls being opened in 1932.

6 Canonbury Child Guidance Clinic (sometimes referred to as the London CGC) was started in 1929 with financial aid from the American Commonwealth Fund whose officers wished to give support to child guidance and psychiatric social work with children in England and Scotland. Several distinguished staff members worked there, including John Bowlby from 1936 to 40.

7 Ernest Cassel Scholarship Sir Ernest Cassel, financier and philanthropist, founded a Trust in 1919 to support adult education including higher education for women. Grants were made to Oxford, Cambridge and London University.

8 The London School of Economics and Political Science (informally, the London School of Economics or **LSE**) was founded in 1895, the moving Fabian spirits being Beatrice and Sidney Webb, Graham Wallas and George Bernard Shaw. The initial finance came from a bequest of £20,000 from the estate of Henry Hunt Hutchinson, a lawyer and member of the Fabian Society. He left the money in trust to be put "towards advancing its [The Fabian Society's] objects in any way they [the trustees] deem advisable". The aim of the School was the betterment of society through the study of social science subjects such as poverty and inequality.

The important role of the LSE in the development of social work education is referred to in several of the Cohen Interviews. The Charity Organisation Society (COS) sociology department - that had provided some theoretical training for social workers - was absorbed in 1912 into the LSE's new Department of Social Science and Administration. The range of courses later provided by the Department was described by David Donnison in 1975: "The Department was teaching about 300 students at this time (1956): about sixty were taking the Social Administration options in the second and third years of a course leading to an honours degree in sociology, ninety were taking a course leading to a Certificate in Social Science (later renamed the Diploma in Social Administration) and twenty five graduate students were taking the same course in one year. The Department also provided four one-year professional training courses designed in the main for graduates in social sciences: the Personnel Management course for about twenty five students, the Mental Health Course [established in 1929]

for about thirty five students training for psychiatric social work, the Child Care Course for about twenty students training to work in local authorities' children's departments and involuntary child care organisations, and the Applied Social Studies Course for about twenty five students entering various branches of social work. A number of graduate students were reading for higher degrees, and various others were temporarily attached to the Department."

The School ceased to offer professional social work qualifications in 1998.

9 The Commonwealth Fund (of America) and Commonwealth Scholarships had its origins in the philanthropic efforts of the Harkness family. Its original 1918 endowment of \$10 million expanded to \$53 million by 1959. Child welfare has been a major focus of its grant making.

In 1925, the Fund launched its international program of fellowships called The Commonwealth Fund Fellowships (now the Harkness Fellowships). A number of people in the UK (including some of the Cohen interviewees) were invited by the Commonwealth Fund to visit the USA in 1927, and an offer was made to train a group of UK social workers in psychiatric social as a preparation for opening a child guidance clinic in this country. When the visitors returned to the UK, they presented a report to the Child Guidance Council on the development of child guidance clinics in this country.

This report stressed the need for making clinics an integral part of the school system and it also advocated co-operation between clinics and hospitals.

From 1929 to 1940 the Commonwealth Fund also completely financed the LSE to deliver the first university training course for psychiatric social workers: the Diploma Course in Mental Health.

For an informed discussion see: Stewart, J. (2006). *Psychiatric Social Work in inter-war Britain: American ideas, American philanthropy*. In Michael Quarterly. www.dnms.no; and Noel Timms (1964). *Psychiatric Social Work in Great Britain: 1939-62*.

10 Princess Mary Village Homes were founded as an Industrial School in 1872. They became a Home Office Approved School in 1933 under the Children and Young Persons Act of 1933, and in 1969 a Community Home for girls.

10a Kate Lewis was a co-tutor with Eileen Younghusband on the LSE's two year Applied Social Studies Course in the 1950's. Firstly a medical social worker and then a psychiatric social worker by profession, she went on to be an influential training consultant for the Home Office, the National Institute for Social Work and also for the National Association for Mental Health.

11 Dr. Jimmy Mallon (1874-1961) There is a plaque to him at Toynbee Hall erected by the GLC in 1984 describing him as a Champion of Social Reform.

12 **C M Joad** (1891-1953) was a philosopher, author, university teacher and broadcaster. He was especially well known for his contributions to the Brains Trust, a popular radio programme.

13 **Mrs. Blanco White** was also known as Amber Reeves, the novelist and daughter of Maud Pemberton Reeves, the lover of HG Wells and the recognisable prototype for his *Ann Veronica*

14 **Stephen Potter** (1900-69). At this time he was a serious academic and writer. He was to make a huge reputation as the author of the humorous *Gamesmanship* and similar books..

15 **Warringham Park Hospital** was opened in 1903 as the Croydon Mental Hospital and was renamed in 1937. By 1927 it had 656 patients, the majority being women as was usual at that time. It closed in 1999 and its archives went to the Bethlem Royal Hospital.

16 **The Mental Health Diploma Course at the LSE.** This one year course was established in 1929 with financial aid from the Commonwealth Fund in the USA and this support continued until the 1940's. However, as Professor John Stewart has established by researching the archives of both organisations, the relationship was a complex one and not without difficulties. The senior staff of the Commonwealth Fund had had strong views on how the course should be run – particularly in relation to the course content and the experience and qualifications of admitted students - while the LSE wished to maintain its independence. However, threats to withdraw funding were not carried through and the course became established. For a considerable period this was the only course of its kind in the UK and hence carried considerable prestige. It formed a focus for the expansion of the profession of psychiatric social work from a very low base: in 1930 the newly formed Association of Psychiatric Social Workers had only 17 members. The curriculum included the different existing strands of psychiatric theory and practice; intra-family relationships; and disorders of childhood. Those qualifying went into, or returned to, a variety of work settings; child guidance, mental hospitals, local authorities and voluntary agencies. Over the years the influence of this course gradually spread. For a fuller discussion see: Stewart, J. (2006). *Psychiatric Social Work in inter-war Britain: American ideas, American philanthropy*. Michael Quarterly. www.dnms.no ; and Noel Timms (1964). *Psychiatric Social Work in Great Britain: 1939-62*.

17 **Social Science Course at the LSE.** This led to the award of the Certificate in Social Science which was later to become the Diploma in Social Administration. The complex web of courses at the LSE is described in the words of Professor David Donnison at note 8 above.

18 **The Charity Organisation Society (COS)** was founded in London in 1869 and led by Helen Bosanquet (1860–1925), social theorist and social reformer and Octavia Hill ((1838–1912), housing and social reformer. It supported the concept of self help and limited government intervention to deal with the effects of poverty. The organisation claimed to use "scientific principles to root out scroungers and target relief where it was

most needed". It organised charitable grants and pioneered a volunteer home-visiting service that formed the basis for modern social work. The original COS philosophy later attracted much criticism though some branches were much less doctrinaire than others.

Gradually volunteer visitors were supplanted by paid staff. In 1938 the COS initiated the first Citizens' Advice Bureau, and continued to run CABx branches until the 1970s. The COS was renamed **Family Welfare Association** in 1946 and still operates today as Family Action a leading provider of support to disadvantaged families. [For more information, see Charles Loch Mowat *The Charity Organisation Society 1869-1913* (1961), Madeline Roofff *A Hundred Years of Family Welfare: A Study of the Family Welfare Association (Formerly Charity Organisation Society) 1869-1969* (Michael Joseph 1972) and Jane Lewis *The Voluntary Sector, the State and Social Work in Britain* (Brookfield 1995). Michael J.D. Roberts, in an article 'Charity Disestablished? The Origins of the Charity Organisation Society Revisited, 1868-1871' in the *Journal of Ecclesiastical History* (CUP 2003, vol 54) .

19 **Harold Joseph Laski** (1893–1950). Marxist political theorist, academic, author and broadcaster. There exists a substantial literature about Laski--his political ideas, his influence on the British Labour Party and Labour Governments for 30 years, his radio broadcasts and his professorship at LSE from 1926 to 1950, the latter being most relevant to the brief references to him by some of Alan Cohen's interviewees.

20 **Harry Gosling** (1861-1930) was the minister for Transport and Paymaster General in the first Labour Government 1924.

21 **Pilgrim Trust** was founded in 1930 with a £2m. grant from Edward Harkness, an American philanthropist. Today its annual grants total about £1.5 million.

22 **Men Without Work** was published in 1938 by the Cambridge University Press. It was a report to the Pilgrim Trust which investigated the causes and effects of long-term unemployment. There was an introduction by the Archbishop of York.

23 **Rose Gamble** was the author of *Chelsea Child* (1930)

24 **Michael Fordham** (1905 – 1990). Leading English psychiatrist and Jungian psychoanalyst. Fellow in Child Psychiatry at the London Child Guidance Clinic in the 1930's; consultant psychiatrist to evacuated children's scheme in Nottinghamshire in second world war; editor of English translation of Jung's writings; and consultant at the Tavistock Clinic in London.

25 **Margaret Ashdown** (1892-1962) was an early psychiatric social worker and a leading member of the Association of Psychiatric Social Workers (APSW). She was a tutor at the London School of Economics for several years and edited the *British Journal of Psychiatric Social Work*: a tribute to her by Sybil Clement Brown was printed in that journal in 1962 - Volume 6, no 3.

26 **Maudsley Hospital**. The foundation of the Hospital dates from 1907 when Dr Henry Maudsley offered the London County Council a substantial sum for the creation of a

new mental hospital. Because the first world war intervened, the LCC did not assume control until 1923. The Hospital gained a high reputation for the training of nurses and for the inter-disciplinary teamwork of its children's department. There was considerable expansion in the 1920's and 30's. A Child Guidance Clinic was opened in 1928 by Dr William Moodie. The children's inpatient unit followed in 1947. Several of Alan Cohen's interviewees had contact with the adult's and children's departments. The Hospital was also recognised for the quality of its teaching and research. A Medical School was established in 1924 and became a pre-eminent postgraduate centre for mental health medicine, eventually evolving into the independent **Institute of Psychiatry**, which shared the south London site with the Hospital.

27 Child Guidance Training Centre was based at the Canonbury (London) Clinic. The training of staff in child guidance philosophy and methods was seen as the prime method of spreading the word and increasing the supply of clinics throughout the UK.

28 Sir Aubrey Lewis (1900-1975) first Professor of Psychiatry at the Institute of Psychiatry, London –which was the designation given to the Maudsley Hospital Medical School in 1946. He had a profound influence in the development of psychiatry in the UK, partly through his own work and published papers and lectures, partly through his influence on many of his students. From a Jewish family in Adelaide, he attended a local Catholic school and went on to graduate as a doctor from the Adelaide University Medical School and then practice in the City's Hospital. Awarded a Rockefeller scholarship, he trained in the USA, Germany and England and became thoroughly committed to psychiatry. In 1928 he obtained the membership of the Royal College of Physicians and went to the Maudsley Hospital, London, first as a research fellow, and from 1929 as a member of the clinical staff. He remained there until his retirement. During the thirty years of Lewis's leadership the hospital and institute emerged as a postgraduate research and teaching centre of world rank, with a leading position in the United Kingdom. Around himself Lewis established a group of research workers who transformed British psychiatry from a clinically orientated study to a respected academic discipline with foundations in the empirical sciences, particularly epidemiology, psychology, neuroendocrinology, neuropathology, and biochemistry. He helped to train a generation of psychiatrists who later occupied many of the principal psychiatric posts in the United Kingdom and elsewhere. Although Lewis wrote no books, he published numerous papers, notably on melancholia, neurosis, history, and biography. He was particularly interested in social and economic influences on mental illness. In 1942, for example, he was honorary secretary to the neurosis subcommittee of the Royal Medico-Psychological Association which examined the relevance to psychiatric disorders (such as neurosis) of poverty, occupation, unemployment, and housing. He is remembered primarily for his creation of an internationally recognized institute for psychiatric research and training. [Further information available from: Royal College of Psychiatrists online Archive No 14.]

29 This probably a reference to *Social Service and Mental Health: an essay on Psychiatric Social Workers* by Margaret Ashdown and Sybil Clement Brown published in 1953.

30 **London County Council (LCC)** was the principal local government body for the County of London, throughout its 1889–1965 existence, and the first London-wide general municipal authority to be directly elected. It covered the area today known as Inner London and was replaced by the Greater London Council in 1964; this in turn abolished in 1986 and eventually replaced in part by the Greater London Assembly and an elected Mayor.

31 **Horton Hospital** was opened in 1902 as part of the Epsom cluster of 5 institutions. Its peak was in 1971 when it housed 1587 patients. It closed in 1997 and was demolished in 2002.

32 **Ruth Darwin** (1883-1972) was a commissioner on the Board of Control for Lunacy and Mental Deficiency from 1929 to 1949. Was an advocate of eugenics. She was the granddaughter of Charles Darwin.

33 **Central Association of Mental Welfare** was formed in 1913 led by Dame Evelyn Fox and it was mainly concerned with the mentally handicapped. It led to the creation of NAMH in 1946.

34 **T P Rees** was the Medical Superintendent of Warlingham Park Hospital 1935-56. He was renowned for his progressive views on the treatment of patients and the management of a psychiatric hospital. An article in *The Lancet* in 1953 identified three hospitals as being in the vanguard of “open door” practice: Warlingham, Mapperley in Nottingham and Dingleton in Melrose.

35 The **1930 Mental Treatment Act**. 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.

36 **James McGregor** was one of the pioneers of psychosurgery at Warlingham carrying out prefrontal leucotomies. Wrote various articles including one with J R Crumie *Surgical treatment of Mental Diseases*. *Lancet*, July 1941.

37 **Kingsley Davies** (1908-97) An American sociologist and demographer who coined the term “population explosion”. He argued that the social causes of mental illness were not fully considered.

38 **Mental (or Social) Hygiene Movement** was established in the USA in 1913 and was the successor to the earlier Social Purity Movement. Many involved advocated eugenics.

39 **Leonard Trelawney Hobhouse** (1864-1929). Liberal politician and sociologist and one of the leading proponents of social liberalism. Appointed the first professor of sociology at the University of London in 1907.

40 **David Glass** (1911-78) Graduated from the LSE in 1931 and was assistant to Beveridge 1932-40. Professor of Sociology at LSE 1948-78.

41 **Mayday Hospital** was formerly the Croydon Workhouse Infirmary, renamed the Mayday Road Hospital in 1923. It was taken over by the Croydon Corporation in 1930 and the NHS in 1948.

42 **Dr. Sydney Mitchell** was one of the pioneers in music therapy and in the late 1940s formed an orchestra of patients at Warlingham with the object of treatment not performance.

43 **Denis V Martin** was a male nurse who wrote *Adventure in Psychiatry* published in 1962 by Bruno Cassirer. The book describes social change in a mental hospital.

44 **Mrs. Bessie Braddock** was an active local and national Labour politician. She was MP for Liverpool Exchange from 1945 to 1970. The reference here is to her membership of the Royal Commission on Mental illness and Mental Deficiency.

45 **Percy Commission.** Lord Percy chaired the Royal Commission (see note above) from 1945-7. In addition to Dr.T.P. Rees and Bessie Braddock its membership included Sir Russell Brain and Lady Adrian.

46 **Netherne Hospital** was opened in 1905 to house 950 patients and developed pioneering ways of treating the patients. Eleanor Roosevelt visited in 1948 and was very impressed by its work. It closed in 1994 with 150 patients and was demolished in 2003.

47 **Miss Alice Crosthwaite** was appointed an Inspector of Factories and Workshops in 1931.

48 **The Association of Social Workers (ASW)** was the main professional body for non-specialised social workers in the United Kingdom. It was established as the **British Federation of Social Workers (BFSW)** in 1935 and changed its name in 1951. From 1949 it opened its membership to all social workers and from 1951 promoted itself as the body to join to work towards a unified profession. Was one of the organisations that merged to form BASW

48a **John Bowlby** (1907–1990). Psychiatrist. Was on the staff of the London Child Guidance Clinic from 1936 to 1940, and from 1940 to 1945 he served as a specialist psychiatrist in the Royal Army Medical Corps. From 1946 until his retirement in 1972 he was on the staff of the Tavistock Clinic, where he was director of the department for children and parents (1946–68). In 1946 Bowlby published a study of delinquent children entitled *Forty-Four Juvenile Thieves: their Characters and Home-Life*. The work which established his reputation began with an invitation from WHO in 1950 to

advise on the mental health of homeless children. This led to the publication of *Maternal Care and Mental Health* (1951). Bowlby was the originator of what later became known as 'attachment theory'. His *Attachment*, (1969), was the first volume of the trilogy *Attachment and Loss*, followed by *Separation: Anxiety and Anger* in 1973. The trilogy was completed by the publication of *Loss: Sadness and Depression* (1980).

49 **Margaret Ferrard** was co-author with Noel Hunnybun of *The Caseworker's Use of Relationships*. She features in a major way in Vicky Long's important article as a pioneer of the socially oriented approach to psychiatric interventions as distinct from purely medical models. See: *Often There is a Good Deal to be Done, but Socially Rather than Medically: the PSW as Social Therapist, 1945 -70*. *Medical History*, April 2011; 55(2).

50 Morris, C. (editor). (1950). ***Social Casework in Britain***. Faber.
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- Cormack, U. M. and McDougall, K. *Casework in Social Services and Casework in Practice*
- Snelling, J. *Medical Social Work*.
- Hunnybun, N. *Psychiatric Social Work*
- Deed, D. M. *Family Casework*.
- Britton, C. *Child Care*
- Minn, W. G. *Probation*
- Reeve, B and Steel, E. M. *Moral Welfare*
- Younghusband, E. *Conclusion* .

51 **Cherry Morris**. Succeeded Anne Cummins in 1929 as Head Almoner at St Thomas's Hospital in London. Twenty years later she was in post as Almoner at the National Hospital, Queen Square, London. Author of *An adventure in Social Work: The Northcote Trust 1909-1959* and Editor of *Social Casework in Britain* – see note 50 above.

52 ***The Equipment of a Social Worker*** by Elizabeth Macadam published by Allen and Unwin in 1925

53 **Ben Astbury** joined the staff of the Charity Organisation Society in 1930, long before the name change to Family Welfare Association in 1946. He was appointed as General Secretary of FWA and served a member of the editorial board of *Social Work* for several years.

54 **Una Cormack** was a member of the Association of Family Caseworkers and at one time served as Secretary to the Social Services Committee of Nuffield College. She wrote an important article in 1947, *Principles of Casework*, with reference to all types of social work, in *Social Work*, Vol 4 No 3. Gave the Loch Memorial Lecture in 1953 on The Royal Commission on the Poor Laws and the Welfare State. Was active in the 1960's in the Standing Conference of Social Work Organisations (SCSWO). Published *Church and Social Work* in 1977.

55 **Lulie Shaw** was recalled by a fellow student as “academically brilliant” along with Clare Britton (as she then was) and Betty Joseph. This is recounted in Joel Kanter’s biography of Clare Winnicott. By 1951 Lulie Shaw became a senior lecturer in social work at Bristol University. Wrote a report *Living on a State Maintained Income* (1958) for the Joseph Rowntree Charitable Trust.

56 **T. H. Marshall** (1893–1981). Sociologist, author and academic. Firstly a Fellow of Trinity College Cambridge then lecturer at LSE from 1919 to 1925. Was Head of the Social Science Department of LSE 1939 to 1944 and held a similar post at UNESCO from 1956 to 1960. Lectured and published extensively including his *Citizenship and Social Class* (1950) which was both influential and controversial.

57 **Richard Titmuss**. (1907-- 1973). One of his generation’s most original and influential academics who was appointed to a professorship in social administration at the LSE in 1950 despite having no formal academic qualifications. In his 23 years at LSE he raised the profile of social administration and strongly influenced the development of social work and other public services such as the NHS. Among his many publications are: *Essays on the Welfare State* (1958), *Commitment to Welfare* (1968) and *The Gift Relationship: From Human Blood to Social Policy* (1970).

58 **Elizabeth Howarth** served as Senior PSW at the Maudsley Hospital. Her 1948 talk, *The Art of Interviewing and the Task of Interpretation*, was published in *Social Welfare* (Vol 11 No 1). She wrote *The scope of casework in helping the maladjusted* (*Social Work*, July 1949) and *The Present Dilemma for Social Casework* for the Family Welfare Association in 1950 and a number of other articles for various professional journals such as *Education* and *Accord*.

59 **Betty Joseph** (1917 – 2013). Trained at Birmingham and as a PSW at the LSE. She assisted Sybil Clement Brown by giving occasional lectures on the LSE Mental Health Course. Then became a psychoanalyst and eventually a distinguished senior member of the British Psychoanalytic Society. For her own account of her work see the 2006 interview with Daniel Pick and Jane Milton at www.melanie-klein-trust.org.uk.

59a **Eva Seligman** studied Social Science and Mental Health at LSE and followed this with appointments at the Maudsley Hospital. She later joined the Tavistock Institute of Marital Studies in 1958. Has published *The Half-Alive Ones* (Karnac Books) which draws on 50 years of therapeutic experience. She is also a painter and a poet.

60 **William Gillespie** (1905-2001) studied medicine at Edinburgh then after a spell in Vienna decided to become a psychoanalyst and qualified in 1937. Was at the Maudsley from 1935 to 1971. In 1950 he was the youngest ever President of the British Psychoanalytical Society.

61 **David Jones** was General Secretary of Family Service Units from its foundation in 1948 to 1961 and later succeeded Robin Huwys Jones as Principal of the National Institute of Social Work Training.

62 **Peter Leonard** was for 10 years a social worker including at South London FSU. He had a radical and Marxist approach. He was a member of the Seebohm Committee and on the staff of NISW 1966-73. He was Professor of Applied Social Studies at Warwick University and in 2011 retired as Professor of Social Work at McGill University, Canada, having been in post since 1987.

63 **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.

64 **Professor O.R. McGregor** (1921-1997) was an eminent social scientist and held a number of academic posts in England, including a lecturership at Bedford College 1947-60, a Readership at London University 1960-64 and the Professorship of Social Institutions at the University of London

65 **David Donnison** was at the LSE 1956-69 becoming Professor of Social Administration with a strong interest in housing issues. He was chairman of the Supplementary Benefits Commission 1975-80 bringing a reformist approach and publishing annual reports. His *Politics of Poverty* (a study of the culture of poverty) was published in 1981 by Martin Robertson. His final academic post was Professor of Town and Regional Planning, University of Glasgow.

66 **Daddy Knows Best**. Article in *The Twentieth Century*, October 1959

67 **Younghusband Report** . The reference here is to the major report published in 1959 arising from the work of the Younghusband Working Party set up in 1956 with the long-winded title of *The Working Party on Social Workers in the Local Authority, Health and Welfare Fields* but always subsequently referred to as the "Younghusband Report". Given the challenges to social work and social workers in *Social Science and Social Pathology* it was not surprising that Barbara Wootton should repeat her major criticisms of contemporary social work in the magazine article. The claims made for it were high-flown and scarcely credible; and social workers had a pronounced tendency to impose their own conceptions of the clients' problems rather than properly to listen to the clients themselves. Younghusband and colleagues were highly critical of existing social work services from an entirely different viewpoint: they were disorganised, thin on the ground, lacking in certain professional standards and bereft of any preventive work.

68 **Vera Seal** The biography of Barbara Wootton by Ann Oakley, *A Critical Woman* (Bloomsbury 2011) is dedicated to Vera Seal who for over 40 years was an assistant, friend and helper to Barbara Wootton. The book describes their remarkable personal and professional relationship.

69 **Case Conference**. Journal initiated and edited by Kay McDougall. Several other interviewees such as Edgar Myers and Elizabeth Gloyne were contributors.

70 **New Society** was founded by Timothy Raison in 1962 as a weekly magazine of social inquiry and comment. It was published until 1988.

71 **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 Youngusband Committee) in 1959. The Institute wound down its activities from 2001 onwards and closed in 2003.
