

THE COHEN INTERVIEWS

JEAN SNELLING -- Interview no 18.

Edited by Tim Cook and Harry Marsh

Annotation research by Diana Wray

Transcription by Sarah Houghton for WISEArchive

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 With one exception (No 24, Clare Winnicott) the interviews were unpublished until this edition in 2013.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

Jean Snelling (b 1915) medical social worker and author. Her interview with Alan Cohen was brisk and well-informed about the events of her time-- and she gives an interesting account of her career, beginning with the positive role model of the beautifully named Marion Perfect. After graduation from Oxford University and the LSE, she obtained the Institute of Almoners Certificate with practical training at the Brompton Hospital. Her reference from a Lady Almoner at the time said she "...had a critical approach to her work, inspires confidence in patients and fellow workers...has the makings of a very capable Almoner". And so it proved to be, though JS and many contemporaries could not wait to get rid of the 'Lady' part of their job title. During the second world war she held posts in Hemel Hempstead and at the Radcliffe Infirmary, Oxford and her talents were further recognised in 1946 when she became head Almoner at Churchill Hospital, Oxford and a tutor on the Institute of Almoners 1947 emergency training courses. She gives an informative and entertaining account of the post-war gathering that took place in Tring, Hertfordshire where the eminent authors of *Social Case Work in Britain* were saved from starvation by a supply of oatmeal biscuits from the village shop.

She was keen to have a year's study and practice in the USA, returned to a lectureship at the Social Studies Department of Edinburgh University and in 1958

she was appointed Director of Studies at the Institute of Medical Social Workers where she worked until 1970.

Jean Snelling was an occasional contributor to professional journals and conferences and her chapter on medical social work to the 1950 Cherry Morris book is often referred to in the Cohen interviews. But what work did she do between 1970 and this interview in 1980?

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

J.S. Well, when I was at school, I was at St Paul's and was going to Oxford to read history but was very unsure what would come after that. I didn't want the civil service, which my family advised, and was advised by teachers not to teach. The history mistress there had a friend -- Marion Perfect who was Head Almoner of Westminster Hospital then -- and she thought that social work was a good thing to go into professionally and arranged for me to meet Marion Perfect. It sounded to me like the kind of thing I might want to do after college. So I went to Oxford with that in mind. It wasn't a very easy choice in a way because most people who were doing social work, were going to do it as a personal private activity, unrelated to their job, so that if you were going to try and do it professionally you had a kind of confusion about the identity that it was. There was also a wish that if you talked with people about it (friends, for example) they would understand that you were going to try and do it professionally and weren't going to try and be a Lady Bountiful. That word was around a lot. So in my final years at Oxford, where I really had no contact with anything like social work, I went to the Institute of Hospital Almoners [1] which was the training body at that time, and found that I would have to do a further two years of training which would mean one year in the special course that they had for graduates at LSE [2]. It was a two year course.

I was at Oxford '33 -'36 so I was at LSE for a very crowded post-graduate year, '36 -'37; and then I had a further year with the Institute of Hospital Almoners which would be '37 - '38; and I finished in November '38. The LSE year had to have with it four months with the Charity Organisation Society (COS) [3] either four months at a stretch, or two before and two after. The LSE course itself was part of the general social administration, course, but it was particularly for the almoners. There were a group of us in with the rest of the students and the head of the Department was Edith Eckhard [4] and she was especially the tutor for the almoner students. My personal tutor was Eileen Younghusband (Interviewee no 26), who at that time was a social administration person. So it was very much a condensed, very crowded course, largely on social policy and economics. But it included people like Mannheim [5] on sociology and Laski [6] on politics and Eileen Power [7] on social history, and Marshall [8] was really the academic head of the section, was teaching on social policy. My COS, I think I must have done one month before that course, and then three months afterwards. The one month before was with Hammersmith COS with Miss Kenrick who really was a very

frightening lady, but I did begin to have clients then and of course can remember them, because you do remember those very early ones.

A.C. Can you say some more about that placement and what the office was like?

J.S. Yes. It was a converted house of course in I think what became Hammersmith Grove - Goldhawk Road something like that - and we must have been about four students some of whom I later met up with again, and we were given out the cases that we had to go to visit. They were these old case papers where you wrote up what you did and they came up to a committee every so often. There was always a great scramble to get the visits done in time for the committee. We were dealing with things like applications for dentures. There was one girl who was counselled out while I was there. Very aristocratic young woman who used to slam the table and say "God's dentures"! It felt like that! It was very companionable. There was Miss Kenrick in charge and another younger worker with her, and the clerks, and the committee people who came in and out. It was amiable and friendly really, and they certainly did try very hard to give us a good grounding and beginning. We must have been terribly naive. I can remember the same problem about starting interviews and getting out of them at the end, and doing home visits. From my first term at LSE we were packed off to Denison House [9] for seminars with Miss Cosens [10] who was one of the very first workers you know who went to the United States for the child guidance training. I can only remember being totally bewildered as to what on earth she was talking about. Later I realised she must have been talking about casework, as she had met it in the States and as she was bringing it into her COS work, but I wasn't ready for it. I had not a clue as to what all these things meant and I think probably about half the group hadn't a clue either. Although those of us – because all students were at different stages you see, so that those of us who were further on probably made more of it. It took me several years to connect up what that must have been about. Certainly I didn't get any help in working it out either from college or from the practical work. So that was really wasted.

A.C. There was no supervision in the sense that we would know it today?

J.S. There was supervision on your cases, but she was talking about this theoretical stuff, at Denison House and I really never knew what she was on about; it didn't seem to me to link with anything that I could recognise either in the practical work or at college. So then after that was over, after the LSE year, I had to do three months with the COS at Battersea, with Miss Morris. Not Cherry, no. The COS had two Morrisises and this was one of them: gentler Miss Morris. That was a very profitable sort of time. I spent that autumn there - this would be the autumn of '37. And that was very profitable. I knew far more what I was doing and was able to carry some cases through and to feel much more confident as to the real questions I wanted to ask and in dealing with a committee and dealing with the probation officers and the police where we had links with cases.

A.C. Can you remember any of those cases?

J.S. Well I don't remember those cases so well, perhaps because it wasn't quite such a traumatic experience as the first one probably was. But they were largely families. One tended to get a lot of people who were described to you as being neurasthenic. It took me some while to learn that you did not put that in the letter, if you were asking for help for them. So that they tended to be lonely widows who wanted to talk and talk, or families not dissimilar from the later Family Service Units (FSU) [11] families with multiple problems. Some enquiries were carried out in London for family agencies elsewhere in the country. We probably had some seminars or lectures again at Denison House, I think, because they used to gather us together, the students from all the agencies that were in London. I think I probably met Olive Crosse [12] and Ben Astbury [13] at that time first, although as a student they were far beyond me. And I was looking forward very much to my next bit which was going to be the hospital training, so that I saw it as a transitional period. Nevertheless one was very much aware of the old link between the COS and the hospital social workers. Though it looked to me a very different kind of activity.

A.C. Can you remember enough to describe the process of presenting things to a committee and who was on the committee and that sort of thing?

J.S. Yes. There would be a mixture but always some usually aristocratic lady in the chair: somebody like the Countess of Limerick [14], who was often extremely good; on the ball, knew the district, a very good chairman. There would be clergymen, perhaps the probation officer would be there; and perhaps somebody from a general practice. Quite a mixture of people but not a very big committee. The students had to learn to present their own cases.

You tended to take cases to committee only because you wanted permission to spend some money. Now sometimes there was a much bigger discussion, but quite often you had to select what it was important to say because unless it was sanctioned by committee you couldn't spend money. But it meant a lot of the other work never got to the committee.

A.C. Did you have an opportunity to discuss with your supervisor beforehand; the politics of presenting a particular situation?

J.S. Oh yes, they didn't want you to fail after all because then that would delay the case and you'd all be in a mess. So there was that. You really could have a lot of discussion about cases and also you tended of course, because you were always with a group of students. There was a lot of companionship, and you would know a bit about each other's cases. Many of these cases had been handled by so many different people that you really had to plod through the case paper and keep bringing it up to date. If you were short of work you were asked to summarise case papers from time to time because they were "rag-bags", so you got experience in that; in trying to work out what exactly the position was, and whether somebody had better do an up to date interview to try and bring the thing back into focus. It was very good experience. You got out and around and learned a lot about the district.

- A.C. Can I just bring you back to the very beginning again before we move on? The Institute of the Hospital Almoners is the next step isn't it? You didn't say why you wanted to take up social work as a profession.
- J.S. It wasn't religious. Like everybody who goes into social work training I wanted to work with people. I would quite like to have taught, but was very much warned by people who were, let's say about 39 to 40, that at that age they got sick of working with kids, and couldn't move onto anything else. So I did see this as work where you could have a range of people. I was a bit put off some of the COS work. Not really the workers but the committee and so on and the aura that I felt they had, though I don't know where I got this from. They were much more associated with a kind of charitable activity. After all, their name was the COS and they were still pretty much ambivalent about state help; that it wasn't good for people. There were hangovers of this, and I wasn't too comfortable with this. It seemed to me to have some patronage in it. So I wanted a branch of social work where in some way you could be in some kind of partnership operation, not with colleagues (I didn't really see it much like that) but somehow with what we would call applicants then. We called them patients in hospital obviously, but "applicants" was the word. Where there was a fairly clear transaction going on and it seemed to me that the hospital world where people went for a certain kind of service would have some kind of transaction basis that was clearly a working job. I didn't spell it out to myself more than that, but it did seem to me to be not as charitable as the general pictures of COS work in the public mind anyway. So that it was working with people where you had (I couldn't use the word contract because that's an infinitely later word) but it was some kind of mutual understanding as to what was going on, and vaguely I thought, that whatever social work activity was there, was pertinent to their purpose in seeking the main service.
- A.C. That sounds as though you really had quite a worked out philosophical approach.
- J.S. Well I could put it into words later. The problems of those days was that there weren't professional words for many of the things we wanted to express.
- A.C. I meant bringing you into social work in the first place.
- J.S. Oh yes. Lots of people, as lots of my contemporaries were going in as graduates (because there were a lot of graduates going in then; I mean I suppose we were a small number but comparatively, it was one of the things that women were going into) we saw it in these terms. We were going to do a job. We were going to be paid for it. Not much of course. We hoped we were going to acquire some skill and having something to offer and not do it as I've said before as Lady Bountiful, which was the ghost that haunted people.
- A.C. So was it part of the feminist movement?
- J.S. There was no sort of suffragette feeling about it because by my day that was pretty much behind. It was certainly a feeling of women's professions. Very much so. And I think that with the COS that some of the excellent workers

there were in fact more or less volunteers working on a pittance. That didn't quite look like the sort of professionalism that I was seeking, and I'm sure some of my contemporaries were.

A.C. It wasn't political in the sense of party political; it wasn't religious; it really does have something to do with the position of women at that time.

J.S. Yes. And it was a career. I mean, it was a serious career where you would use (so you felt and were told) your graduate learning and experience, although you weren't too clear as to how you would do it. You did know, you'd got some kind of systematic method in learning which you would then have to add to in terms of skills and professional knowledge. I don't think we would have used the word professional very much, but quite committed and as a proper career.

A.C. I met Margaret Simey (Interviewee no 17) up in Liverpool and she was saying something very similar. And much more emphatically. And saying how important it was to her that it was a career for women.

J.S. That's right, and where you saw that you would be able to take some responsibility and make decisions. Now my family urged on me the civil service because there had been a family member who was very successful in the civil service and they kept saying, "You'll get a pension"! At 21 who cares about a pension! I wanted a job where I could take some risks, and use capacities that I must have thought I had, and where I would really have some responsibility and contribute something and which I would find challenging and stimulating.

A.C. The other thing that was striking me when we were describing all that earlier on was that, there were two other choices open to you. You could have become a probation officer presumably at that time, or you could have become a PSW. You made your choice, and I wondered why that particular choice?

J.S. I suppose that since I was probably choosing in about 1931 and '32 and I was still at school, I'd never heard of PSW's. It happened that the school teacher's contemporary at college had become this head almoner, so that to me was a sort of limit on the horizon. I didn't know about the other things. I don't think PSWs in 1932 would have been very widely known at that point, unless you were already in social work then. A lot of people moved to become PSWs having started as something else. But I was right outside. Probation – I didn't think of it at first and of course at that time they were (I met them when I was a student), they were largely men, pretty bossy, as I saw it as a student, and sure of themselves and with all this police court atmosphere. You know it was really not terribly attractive to me seeing it as a COS student being put in my place. So I think it was perhaps accidental but I'm not sure how many women there were in probation at that time. There obviously were some. I just don't know about that.

A.C. So then you'd got as far as finishing the LSE?

- J.S. That's right and the COS.
- A.C. There was one more thing I wanted to ask you about that actually. You mentioned people like Laski and Marshall teaching at LSE. Did they influence you at all? Laski, had the reputation of being the person that anyone who was left-wing wanted to go to the LSE to sit at the feet of Harold Laski?
- J.S. Well one wouldn't miss his lectures, just as you wouldn't miss Mannheim's or Marshall's or Eileen Power's. I mean these people were tremendously stimulating. Of course at LSE then as now, a lot of outside visitors came in. Marshall and Moiseiwitsch [15] would give lunch time concerts, etc. Marshall played the violin. Professor Marshall was a good amateur musician and they used to give lunch time concerts in the theatre at LSE Moiseiwitsch and Marshall together. LSE was marvellous really. Well they did influence me in many ways. That is I'd got a modern history degree, so I'd got a lot of academic method but I was very ignorant about all that content, and I must say I found the sociology quite difficult because I hadn't met it before, and it was only just moving out of anthropology really at that point. In fact it hadn't quite moved out, so I was fascinated by the Melanesians and Ruth Benedict [16] and the rest of it. But it did seem a bit remote. Laski was having a fine old time because we were working up to the abdication. So his lectures were absolutely crowded as he carried on about the King and Mrs Simpson and all the rest, and he was playing to the gallery even more. So one didn't really feel comfortable with him as a person, but of course he was such a stimulating lecturer that however much you didn't always care for what he was saying, you wouldn't dream of missing it. It was extremely entertaining and very interesting and challenging. I mean here were ideas one hadn't met before and, while I wasn't politically influenced directly, of course it widened your horizon a lot. It was a very fascinating place.
- A.C. You had classes and tutorial discussions. Did things like the question of unemployment and the PAC [17] and the rate of benefit come up?
- J.S. Yes indeed. Eileen Younghusband, (Interviewee no 26) you see, would know a lot about that. Also things like contraception and so on; people then had a theory about carbolic soap doing it, which were jokes at LSE. Everybody roared about them. We had of course rather large lectures because they tended to put a lot of classes together. There were some smaller classes, I would think of 20 to 30. There were certainly individual tutorials because if like me you were a graduate picking up bits of the two year course, it was more chaotic than it has become now, but even so it still has its problems. You were very much working out with your tutor what you had better take and what you'd better not. I was assuming that as on the Oxford system, all lectures would cease three weeks before the final exams and I would then myself fill in all my gaps, because I had a lot of gaps about the welfare service and the development of it, particularly about the industrial revolution. I intended to do the industrial revolution myself in the last three weeks before exams. I was horrified to find that they meant to keep us on lectures right up to the very end because we were taking this one year course. So Eileen Younghusband and I had a panic together as to what we'd better do about the industrial revolution, and we decided what bit of it I would work up. She had a

kind of cupboard which was off a corridor and she used to give individual tutorials there. Including our essays. I used occasionally to have a sort of working tutorial with Edith Eckhard to work out my plans and where I was going and so on. She was the director of that bit of the course, but Eileen Younghusband was responsible for one's actual academic work, holding it together, seeing where we were going and discussing the development. So, yes, the welfare services and their development and so on was really very well done except that as a history graduate I was expected to select what I needed.

There was psychology of course. He's now (in 1980) Emeritus Professor Harding of Bedford College [18]. He was a young man then and lectured to us about Freud and his ideas and he used to blush which amused the large class enormously. There were, of course, men and women in these classes, but women probably predominated, and he explaining Freudian sexuality and so on really got himself so tangled we used to have a delightful time watching his colour rise as the lecture went on. The rest of the tutors were tremendously amused about this as well so that in individual tutorials the jokes came out again. But still it was obviously considered extremely important that we understood psychoanalytic ideas although their application in lectures to the sort of work we might do was left totally to the imagination. Perhaps reasonably there was no attempt by the psychologist to say what use we might make of this, but it was thought important that we understood them.

A.C. Were you affected by the political debates of the time?

J.S. Yes I was. Germany, Fascism, that's right. A lot of people I met in social work were joining the Communist Party or going to meetings. That happened not too much at LSE. We had a terrific load of work to get through and these big exams at the end which limited us. But one was aware that people who had more time and who weren't doing a one year crash course, were very much interested in political meetings and so on. Of course that went on in my working years too. There was tremendous concern. There were people on the staff who were hot from Germany and were beginning to work in England. One was very aware and concerned; and Russia to a lot of people seemed to be the answer. Because I think of my history degree I wasn't really as swept up about revolutions, because I had studied what happens after revolutions, but many contemporaries were extremely caught up with this.

A.C. Did you go to the Institute of Hospital Almoners after this crash course?

J.S. Yes. They had an attic in Tavistock House which is the BMA building. There were offices up there where they organised the training. That was the sort of administrative headquarters where they interviewed you and took you on, having got you to spend two days in a hospital social work department first; an almoners' department. I think I must have done that before I went to LSE. I went to St. Thomas's and liked the idea of the work, but was petrified by the sort of rather high society atmosphere at St. Thomas's. I found it socially overwhelming and asked if I could do my training in a smaller organisation. So eventually I was put into what they called a "group training", based on Brompton hospital. They had no teaching organisation. It was

administrative and they farmed the students out to certain head almoners who then arranged the training programme for the students. If you were in the St Thomas' lot, you probably would stay in the St Thomas's or one of its associated hospitals for all your eleven months of training. Since I'd chosen the "group" I was under the aegis of Brompton Hospital and the Head Almoner there, Miss Marx [19] But she arranged for me to go to, I think, seven or eight different hospitals, so over eleven months you were meant to see a range of places and most of my placements were for one month only; occasionally they were for two months. Included in that you must have a London Teaching Hospital, a provincial a local authority hospital because they were just starting to get almoners into the LCC hospitals [20]. So you had a mixture and you were supposed to have some general and some special. It was carefully worked out.

I started out with a month at the Metropolitan Hospital in Kingsland Road (which was marvellous for starting), Hackney. It was a little local place with two almoners and a clerk and they were great fun. I was their first student. They were so nice; they were delightful. They kept telling a joke and then saying we'd better not tell our next student that! I enjoyed this enormously although it was a terrible muddle, an awful little hospital really. One of the things one had to learn to do was to find people's medical notes, because you couldn't make sense of what you were supposed to be doing as a social worker if you didn't understand what the medical position was. The out-patients was in the charge of a terrible old porter who kept all the notes in a big cupboard, that he could get into and he knew his way about it, but nobody else could find a thing. One of the almoner's skills, which I acquired quite quickly, was to wait until lunch time and go and raid this cupboard and find what you wanted. We were dealing with all kinds of practical problems mixed up with real social problems. We were having to deal a certain extent, then, with patients' contributions if they weren't in hospital schemes. Also if they needed dentures, if they needed artificial limbs, these sums had to be raised by charitable means. In helping people to get their insulin or whatever really became a social work problem then. So that in helping people to do this one was dealing with the social needs of the time; a great range of problems and patients as you can imagine in that area. I think I did very few home visits from there. It was a very happy introduction and they took great trouble with me, very encouraging and helpful.

- A.C. It sounds very carefully worked out.
- J.S. It was most carefully done and from there I went to Moorfields Eye Hospital which of course was at the other end. Highly specialised. A fascinating place with very, very able staff of all kinds. Even the porters were highly trained. You had unusual patients with very severe conditions. A number of the referrals for social work were made by the porters and of course by the nurses. The porters would come in and say, "I think this person is in trouble" or, "Here's an old chap who doesn't seem to know what he's doing".
- A.C. Can you remember any stories about, or is it difficult to think back?

J.S. Eye doctors live in a little microscopic world of their own really. They have to be very, very skilled technologists and that meant that their awareness of patients as people was usually extremely limited. They were tremendously able in what they were doing, but they never noticed the person because the eye itself required so much. Which meant that all the other people around had to try and pick up the bits, which they were aware of doing. I can remember when I was working in an office rather far from other people (I must have been on my own for a little bit) when I got a man who was deaf, dumb and with failing eye sight. He had some neurological condition which was going very badly, and the porter brought him because the porters were very skilled at getting people through that building, and the porter brought him saying, "This man's a problem, he can't speak, he can't hear and he can hardly see". He was a tramp, living in lodgings and so on, and I can remember having to think how do you communicate with this person. He could read if I wrote very, very large, and that was how we had to do it. But this man was obviously competent in that he got himself around. He probably was in a Rowton House [21] or something like that, and he managed but he was on his own, and we had to find somewhere for him to go. I had to learn how to communicate with this person, knowing that if as the almoner you didn't do it, there wasn't anybody else who could spare the time. The porter had been very sensible, very appropriate in bringing this patient, and I had to take him to different parts of the building and explain to him what was to happen. He had to see the doctor; he had to get some treatment, although I think it was probably an optic nerve failure that he'd got, and he was going to get worse. Nor I think was this man asking for any permanent solution. He had his way of life, but we had to help him get fixed up for a few days at least, and somewhere to go. That kind of thing could take you easily half a day and you would have to get in touch with your supervisor on the telephone, or going to see her, to ask step by step what to do. Yet you did have these opportunities of carrying through. I think I probably was the only social worker who saw that man.

There were obviously, terribly distressing problems that come to a place like that. Moorfields is like Great Ormond Street, and would get people with vast problems that other places would not be able to help. So that you were aware all the time of the great stress that was in these places. I don't remember so much else there except a Head Almoner who was young, Margaret Watson [22], extremely able. Soon after that she went to Hong Kong to start the hospital service there and then came back much later. She was, again, an Oxford graduate; a very bright, outgoing woman who had the social poise and the toughness to cope with these very able doctors. I do remember one doctor coming in and saying, "I'm sure this woman should be a private patient. She's wearing a fur coat", and Margaret Watson, who did know something about this patient, really going at him on the absurdity of assuming that because people wore fur coats, etc, they could manage. The people who weren't clearly hospital patients at that stage were the people with incomes of about £450, the middle class. They could not afford private treatment. They were on the border line of hospital treatment and you had very often to argue that these people should be treated by the hospital and not sent away to Harley Street.

- A.C. So they became what was known as “rate aided patients”.
- J.S. You see the hospitals then were still charities, although desperately in debt. Most people belonged to a contributory scheme, a private insurance scheme, a penny a week or whatever. The poorer people did, but those schemes had an income limit of £400 or £450 so these middle class people had really nothing unless the hospitals would accept them, and they jibbed, though the social workers often argued that they should go through. The doctors wanted to take them off to Harley Street, where they had their private practices of course, which is what the doctors lived on. But the hospitals were massively in debt. What they got from the hospital schemes and the contributions which patients who were not in schemes were asked to make (and we often had to do that) were pittances and they were all, by then, terribly in the red.
- A.C. Were the doctors’ services in the hospital honorary services?
- J.S. They were honorary services. So they gave two days a week and of course because these were great medical schools the prestige was valued. This is the consultants. The registrars and the housemen were paid, but the consultants gave their services and made their money in the rest of their time with their private practices. So they were not on the premises except for their operating or teaching days, and the registrars were the people you dealt with, and the housemen.
- A.C. Where were you picking up your medical knowledge at that time?
- J.S. Any almoner that you would be with, would sit down and tell you the things you needed to know and throughout our training there were certain lectures arranged by our training Head Almoner, that we had to go to. We went to the rheumatism clinic for lectures there by almoners and doctors, and we had surgical instrument men lecturing and we must have had something on neurology. They would collect all the students who were in London. I must have gone to about six or eight lectures. We also went on a visit to one of the mental hospitals at Epsom, we would have gone to the epileptic colony at Chalfont St Giles; to the Royal National Institute for the Blind. A lot of visits were arranged. And somehow you caught up with those which were on when you were in London and you went to some lectures. I remember Enid Warren (Interviewee no 21) giving a lecture on being an almoner in an LCC hospital, one of the first people to do that. So there was a programme. But you were very much in the hands the almoners that you were with, for any teaching about social work or teaching about how you managed in hospitals and what you should read about, either the work or the medical conditions, and so on. Because in those days you never interviewed much on your own; you were usually working in the same office, perhaps at the same desk, as your supervisor. You heard her interviewing, and she heard you interviewing and while that was a bit of an ordeal, you heard so much interviewing going on that you could really sit and watch and listen and criticise and say to yourself, “That patient doesn’t mean that. He’s trying to say something that she hasn’t understood.”

You learned an enormous amount because you see with eight hospitals, and often several almoners in a room, and sometimes two students in the room, there could be a crowd of you. So it was embarrassing but at the same time you could see other people in action so much, and watch different ways of approaching, which was I think extraordinarily valuable.

- A.C. What I can't understand is why it took so long for all this to be systematised in print. What do you think about that? As you tell it, it sounds a sophisticated training scheme.
- J.S. It was in a way, and after all these were highly educated women, who were battling because hospitals often wanted them to do just administration. They all had clerks by the way. Of course clerks were cheap and these were good clerks, so there was no doubt that it was seen that there was an administrative job. Most of the people that I was listening to and working with all had different systems. I mean I was at Salisbury General Infirmary, I was at Bristol General Hospital, I was at Brompton and at Hammersmith Hospital (which was LCC) and then I ended up again by going back to Brompton where my last month was with Margaret Streatfeild [23]. Now she was one of the almoners who had gone to the United States for the child guidance training. I think she was in the second batch that went.

When she came back like most almoners who did that, she went into a PSW job: into child guidance. This would be in September or October 1938. She moved to Brompton because she wanted now to see whether she could use the techniques she'd learnt in the US and had been applying in child guidance, whether she could apply those to medical social work with adults and people who were not psychiatric patients. The moment she got there, as always happened, she got a student, which was me. She was taking over a job from a highly competent worker, administratively very good, who'd had masses of case papers and you couldn't read a word in them. She and I spent a lot of time sweating over these ghastly records and then deciding between us what we would do! I was in the last month of training and was seen as a competent student by then. Now she was very tentative about using her techniques and yet she'd got them very clearly for herself, so she never spoke a word of theory to me but I was able to watch and listen to what she was doing and she had an extremely different style. It was immediately obvious how different she was. Because the people I'd been working with loved producing a solution to a problem and saying to the patient, "Look, I know the very thing that you need. I know the very person you ought to go to. I'll tell you how to do it." Most devoted, but in a way rather pushing people, with the best of intentions. She was so different. She would listen most carefully, say very little but pick up things and ask a bit more, put a plan perhaps or a query, or a suggestion very, very tentatively and say, "What do you think about it?" and say, "Don't you think we shouldn't try to make any decision today. You do need to talk this over with your wife. What about coming back next week and we'll talk about it again, but you ought to think about this and think about that." I was tremendously impressed by this. It was a very different way of relating and I was able to watch it enough to get some of the hang of it.

Then we had these ghastly case papers. It was at the time of the year where we had to write off the case papers, and count up the number of telephone calls and visits and grants and so on, and we couldn't read all this writing. So we used to sit on the floor with the papers around us and sweat away over them. Then she would say, "Alright", she would then dictate, because I took it down, "Six visits, five telephone calls, three grants". She'd made this up, because we couldn't make it out between us! But she sort of put this in its place.

Well this was a Margaret Streatfeild case that I sat through both hearing her interview and being present at her discussions with the doctor. It was about this man who was an old tuberculosis patient attending the dispensary and worried about his daughter aged about fifteen who had suddenly left home and got herself a job in some village in, I think, Surrey. He didn't know if she was alright or not, and he and his wife were terribly upset that their daughter had done this thing. They couldn't understand it. They described this girl whose name was Gladys, who was so fond of little bits of jewellery and altogether he didn't understand this younger generation person, and he was totally bewildered as to what he ought to do about a girl who'd gone in to a country village; really wasn't very. And he couldn't help talking about his problem far away, but to him was another world. When he came to the hospital for his check-up every so many weeks and Margaret Streatfeild picked this up. I can recall this interview going on for quite a long time with her asking rather carefully, what the girl was like and what his wife, who wasn't present, thought about all this, and how it had come about and so on. Then in this interview, she was meeting this man for the first time, though he was an old patient with a huge case paper, she said to him very tentatively, "It happens that I know the Vicar's wife in that village. She's a friend of mine. It's just a fluke, but she is. I could, if it's wise, put an enquiry through to her to see if this girl is alright, and if this family that she is boarding with and presumably working for, if they're alright. But I don't know whether it's really wise to do this; whether it's really wise to interfere in this way, and I do think that you and your wife ought to consider very carefully whether that is the right thing to do. Take time to think it over and we'll discuss it when you come back, because it might make things worse", she said. He was obviously enormously helped by having talked to somebody outside the family circle about this, and agreed that he would try and work out with his wife whether they ought to pursue the girl, or whether the fact that she had moved away, but that they knew where she was, was something that they should take much more time over. Now that was typical really of the way in which she worked. I was fortunate because I was at a stage where I wasn't too clear about the method, but I could see that to some extent it meant if people seem to want to do something, or move in a certain way, you may as well let them do it because it's probably the right thing to do. I found that exceedingly helpful and something very good to go out of training with. So when you say, "Why didn't people write it up more?" - they did write it up in various pamphlets. But they were very much struggling to assert the social work activity through all this welter of dentures and artificial limbs and hearing aids. This burden that they'd got on them by then of patients' contributions which they did regard as

a burden, and yet they didn't want patients to suffer by somebody doing it worse. Great dilemmas really.

- A.C. Fantastic parallel with the predicament of social workers in some social services departments.
- J.S. It is exactly! It's very interesting how it is. You did have to work very hard with the older generation of doctors, you know. They were tough and they couldn't communicate very easily themselves. Nursing staff were great allies. Occasionally they were rivalrous, but on the whole they were great allies. And so on the whole were the administrators, but the doctors, the top men were really tough.
- A.C. Can you remember any stories about doctors? You've told me one story about the fur coat lady.
- J.S. I remember it more when I was in a job. The rows that one had with doctors and the difficulties. I mean the younger ones were always better. They were younger and you could deal with them more. That's paid off because I notice now, those people who in my day were the young men that you could work with, how very different they are. People still complain of doctors, but they're enormously different from what they were then. They do learn much more to communicate with patients. I do recall (this isn't my story, it's one from my colleague later), who had a young doctor trying to persuade a very sick woman that she should not discharge herself from hospital because of the sort of condition she had. Trying to persuade her to stay. Now she had a bad condition but she was also pregnant, and it was thought that she didn't realise that she was and this was an additional reason why she really ought to stay in hospital and not risk going home. All this young man could say to her to persuade her was, "But you have a gravid uterus". Either he didn't know the word pregnancy, or he was too embarrassed to use it. But he couldn't communicate with her because what did that mean to her! It meant nothing! The fact is that these, on the whole, very middle class young men, had no means often, of communicating with people. They really didn't know how to do it. But I did see this much more later. As a student I used to hear these stories about these difficult consultants, but I was dealing more with registrars and housemen at that level, who really were on the whole much better. They were one's peers, more likely. But, of course, there were lots of ways of understanding and dealing with him? If he's a person who is very impatient in a clinic but has a bad conscience two hours later, then you have to arrange that somehow you are in his way two hours later, and he says to you, "I've been thinking about that woman; I don't think we made the right decision". One wasted perhaps a lot of time in being sure that one was available two hours later, but you really had to think, "How does this person work?" Because I tended to work in places where there were extremely good staff and you did respect them for their skill. But you had also to think of the pressures on them, and how some of the ways in which you wanted to work could pick up with what their interests were. Because they cared terribly, that their patients should be alright! But they often weren't very imaginative, or were too busy with their own preoccupations to want to be involved

personally. I think there was a lot of this. They couldn't afford to widen their interests too much because of the sort of decisions they had to make.

A.C. So where did you go after you'd trained?

J.S. When I finished training, it was November 1938 when there had been the Munich crisis and everybody who had a job was staying in it, everything was at a standstill. Nobody was expanding and there were about twenty of us out of work. And we met at all the jobs. You know wherever you went there were part of the gang being interviewed as well. We made quite a profitable use of this, because the first person in to the interview would come back and say, "Look, the snags are this and this and this. There's a terrible committee and they want this done, and they want that done." The rest of us, we were all allowed to sit and wait together you see. So we would then work out a strategy. Alright, X is going to say she couldn't dream of taking the job unless they appoint a clerk. Y is going to say there must be a telephone. The other one was going to say there must be a proper office. We knew only one of us could get the job and the thing to do was to bargain it up. We were very efficient about this over a year. I did some locum work, but very short.

Because my family were terribly tolerant (there were no grants and you trained on your family's back, and mine were not well off) they were willing for me not to go into any job if I felt it was wrong. I was offered a job with the LCC on their waiting list. They had some jobs coming up and they said they would be prepared if I would like, to put me up for one of those. But I'd seen LCC work where you spent all your time getting assessment information for the relieving officer to handle, and I just felt that was a dead-end at that moment. I couldn't have coped with it. So I did Care Committee work, for the LCC as a fill in, and was offered a Care Committee job, but I didn't feel I wanted to do it permanently. It was limited. As a Care Committee worker I was the volunteer who looked after two schools. It was very helpful; I could use my social work knowledge, and could get on well with the staff. I mean having learned to work in hospitals I could transfer that to seeing how to work in a school. It was interesting. I kept my hand in. I had to think very hard, because I didn't get much help from the Organisers, as to how far I went with the home visiting I was doing, what I said to the school teachers and so on. It could have been a job, but I felt I'd been trained for something which was more of a professional job. I didn't want to be a District Junior Organiser, or whatever.

I held on and then as soon as the war started I got a job in 1940 at an evacuated hospital. That was Hemel Hempstead Base Hospital. It was the former work-house, but evacuated there was part of Great Ormond Street Children's Hospital and part of University College Hospital. We were that part. But the Matron was the Work House Matron of the whole place. It was absolutely fascinating. We had very skilled doctors, very skilled nurses, Great Ormond Street nurses, ward sisters and University College Hospital ward sisters. So the hospital part in its orange boxes was excellent, and the work-house part was rather crowded up on its own but gradually of course these very able physicians wandered into the work-house and came out saying, "I've never seen conditions like this; these old people!" Geriatrics was an

unknown word, but they were beginning to say, "Here are medical conditions that I don't understand but they do need somebody doing something; not just the local GP popping in once a week". The children's work that we got from Great Ormond Street was very elaborate: terribly sick children; very skilled work. In those days they were afraid of mothers bringing in infection, so that visiting was terribly limited so there were great problems of distressed mothers seeing children through screens - terribly difficult. We also got the sick army at that stage. Because this was the phoney war period with the dog fights overhead, but the bombed folk from the East End used to come straight out to us having spent a night in a London Hospital and then being moved out to us in big motor coach ambulances. Those I found very interesting to work with. We weren't terrible hard-pressed for work. There were two of us. I was the junior with a clerk and the clerk learned to do all the emergency medical service counting of beds and so on. So we were free to spend a lot of time with patients in that phoney war bit. But it wasn't really phoney because we got these air raid casualties who had been buried for hours before they were dug out, and weren't desperately injured. The desperately injured they would keep in University College Hospital or Charing Cross or somewhere in town. But those who were wounded, but could be moved, came up to us. What I found was that these people needed to talk. They talked and they talked repetitively about this experience of being buried, and wondering if they would be found. There was one woman who was always so thankful that she'd pinned a £1 note to her corsets because she thought something might happen to her. So at least she had £1. These were repetitive stories and since I had time to go back and listen I used to wonder, "What should I do about this?" I didn't know what this reaction was. I'd never heard of it. So I used to say to myself, "Well what would Margaret Streatfeild do?" She would say, "If they seemed to need to talk, you'd better let them". So I used then to go back to these people and just sit it out. The fact that the story was being repeated, I couldn't do anything about it and so I used to go and sit and listen and then of course found that after a while they stopped talking about it, and were able to be much more in the present. So that for me that was one of the applications of what I'd been observing at Brompton in the last training stages. We had some fun there. We were all on our own. It was blackout. The doctors and the doctors' wives, the nurses and the social workers were all friends together.

In about 1943 I moved to Oxford, to the Radcliffe. Now there the war was much worse we were getting head injuries and terribly bad injuries, flown straight in from the battle fields of France. They would come straight in to the Radcliffe by air. I was there also for the D-day business, and it would be the head injuries we got straight from there, and terribly bad abdominal injuries and so on. What happened was, they would dress them at a field station in France or Belgium, wherever they were, and fly them straight to Oxford. And these were terribly injured men. Often you couldn't speak to them, but what a large bit of the job was then was helping surgical ward sisters and doctors to cope with that sort of thing. That happened a bit at Hemel Hempstead as well, because if you got somebody very badly injured doctors in casualty were terribly upset at these ghastly injuries which they'd never been trained for. Bomb damage to people is terribly distressing. When I was at Oxford I moved

from the Radcliffe to the Churchill where again we got many of these terribly wounded men from the battle field, young men. And ward sisters from the surgical wards, who'd been trained to do gynaecology or straight hernias and things like that, used to come down to the social work office and say, "I had to get away. I can't go back yet". I recall a lot of walking round the vegetable patches with ward sisters talking about their wards, saying, "I'll have to go back soon I can't leave the nurses, but I can't go back yet". And talking about these patients that they found so terribly upsetting. These young men that were obviously going to die, very slowly or quickly. There was real support work that one had to do to the staff. It always seemed to me extremely appropriate that they knew they could come to the social work office, and they used to say at times because they were so upset themselves, they were rude to us if we went up to the ward, and they couldn't bear it. But they knew that it wouldn't make any difference next time we met. They did look on us as an outlet. Everybody was doing all sorts of odd jobs because it was war time.

A.C. Did you see these terrible casualties? Did you find it hard?

J.S. Oh yes, I did, but then I wasn't actually having to handle them. But yes, some of the wards when you went in everybody was strung up and had drips, and you knew that a great number of them were going to die. It was terribly difficult and for the young nurses, and the young doctors, it was frightful. But the older people as well found their defences weren't sufficient for this. Of course they were all so tired, because these men needed so much doing, and it was extremely stressful.

A.C. Echoes of *Testament of Youth* [24]

J.S. Yes. Although that was an earlier war. But all the same it's like that. Also of course we were living in blackout and there weren't many raids for us but when you went home to London for the week-end you were in that as well. On the other hand you also had a lot of local patients, and Oxford was fun for that. People in from the Berkshire Downs and all over, and often the nurses who needed to get in touch with relatives outside or District Nurses, or whatever, had no idea how to do that. So they would come down to say, "I must get this woman back to Shipton-under-Wychwood but I must get somebody to fetch her, and it must be someone who can come and understand all the medical instructions. What can you do about this?" So you'd get out the telephone directory and you'd ring up the post office or the general shop in Shipton-under-Wychwood (you could tell that from the ordinary Kelly's guide or whatever). You'd ring up and say, "Can you help us? It's the Radcliffe Infirmary". And they'd immediately say, "Yes, what do you want?" You'd say, "I want to get a message to Mrs So-and-so at Such-and-such". And sometimes they'd say, "Hold on, she's just going out of the shop". Or else they'd say, "There's a boy with a bicycle. He'll take a message and get her to phone back". You did find that you could ask for any help in that area by saying, "We are the hospital. Will you help us?" Of course the nurses soon learned to do that for themselves. We didn't need to go on doing that. But you had to use your knowledge of resources in all sorts of ways. I stayed there after the war so that we were then moving into the social medicine

phase. We had one of the first Professors of Social Medicine. But it was a very rewarding kind of work.

- A.C. When you've been describing your work - that last thing about contacting the local shop keeper for example - I thought, oh yes, Caplan [25]. And then when you were describing working on the organisation, oh yes Pincus and Minahan [26]. A lot of the contemporary books that have conceptualised these things are conceptualising things that have been going on for a very, very long time. Not actually saying anything new.
- J.S. Yes. They are clarifying it. They're drawing it together. Whereas one looked upon it much more as a day-to-day chore. But nevertheless one thought a lot, about how it had to be done. I had a Head Almoner at Oxford who used to say, "It's going to take us three years to get this. But never mind we'll bring it up each year, and by the time they've turned it down three times (the committee or whatever it was) they'll be getting used to the idea, and they'll be saying, "We'll have to do something about this". So we used to work on that sort of time span. The Head Almoner was Helen Rees [27]. Now her brother was Jack Rees [28] who was then Director of the Tavistock Clinic [29]. Helen who'd come back from Australia because of the war and had a lot of widespread medical social work experience, knew that Bowlby [30] at the Tavistock was wanting to have some kind of discussion on relationships with patients. I don't know how this came about, but there was a discussion group at the Tavi with John Bowlby, Noel Hunnybun (Interviewee no 12) and I think Olive Crosse in COS and Helen, myself and another of the Oxford almoners, Francesca Ward (Interviewee no 20). Helen was a friend of Betty Irvine (Interviewee no 13). They'd been at Cambridge together but I don't think Betty was actually in on this. This would be, I suppose, probably in 1944 or '45 and Bowlby at that point I think had published *Forty-four Juvenile Thieves* but nothing else. We were discussing together, I recall, what you were doing in interviewing and whether what we were doing was similar to what he, as a psychiatrist, was doing. I was working in the VD clinic at the Radcliffe at that time, and I can recall our discussing how in an interview by your movement, or your tone of voice you were trying to convey a great deal to the patient about accepting this person. I mean this was particularly significant in VD interviews for example. Not moving too fast, being careful how you move the things on your desk to, to imply a kind of ease and acceptance, and not horror and not disapproval. And keeping a level voice and all sorts of things like this which Bowlby was interested in because he said that he in treating patients was doing the same things. This was very, very stimulating. We were in our own department having quite a lot of discussions about cases at this point. Trying to find our own way to discuss cases. Helen had come through the States; she'd known of Gordon Hamilton [31] and Florence Hollis [32]. We couldn't get those books, because of the war. But she knew they existed and she had met those people, so she was way ahead of the rest of us. She didn't thrust any theory on us. But she did encourage us to have a lot of case discussions, which we were trying to do and there were people in other places who were also trying to do this. The influence of the PSWs who'd done that early training in the States was very considerable. They were around; they were in groups and so on. And we were trying to do it as well. But certainly

those times with Bowlby were rather bewildering because he's a fumbling kind of person when he's talking, but very encouraging to us who were trying hard to think what was going on and what was happening.

- A.C. I'm not sure whether you've never worked in a bad hospital, or where the working situation has been difficult, or whether you've always made the best of whatever you've found, and come out the other side.
- J.S. Well, there was a great grape-vine and you knew the places where more experienced and better people had failed and which you kept clear of. There were blacklists.
- A.C. Do you mean a formal blacklist or an informal blacklist?
- J.S. An informal blacklist. The Institute had of certain places that nobody should go to except a very experienced person who didn't mind something very tough, but where often they'd failed and come out. So you could find out a lot about places when you applied. I was always very careful where I applied.
- A.C. You could phone up the Institute?
- J.S. Yes phone up the Institute or you could get in touch with your old training Almoners and say, "What do you think?" I mean it was small enough for everybody to know everybody, so there was always plenty of information. You perhaps had contemporaries who'd been students there. You could find out. After all it wasn't a very large profession you know. About 300 people in practice at that time, I think. So I was at places where the medical and nursing standards were good.
- A.C. And where they had a good understanding of their social work department and the way in which it worked.
- J.S. Yes. You had to present it. But you were dealing with people who cared tremendously for their job, so that you could really find a link. This was true, you really could find it, although you often had to work for it and you had to get to the point where they trusted you. They really had to find that you performed. You came up with the goods. I didn't always have an easy time at Oxford. There were some very difficult doctors there, who were very impatient of social work, and thought that we interfered and so on.
- A.C. Can you illustrate that?
- J.S. There were some fights. Well I remember a colleague having manipulated it somehow, so that an outpatient, for whom she felt a lot of concern, didn't go to the consultant himself, but to the registrar because she felt that the registrar would handle this woman much more sympathetically. The consultant found this out and came in, in an absolute fury with her for having interfered with his patients. She stuck it out, but it was an extremely awkward situation and she had to go to the Head of Department, Helen Rees, and say what had happened. Helen said, "Look I will defend you, as you know, in any fight like this and come to help" (because she always did) "but you really were in the

wrong. You took a risk and it went wrong. And I can't really defend you although I'm very sympathetic with you for having tried to manipulate so that the patient got a certain kind of service". So she said, "This is one of the occasions where I cannot go to this very senior" (he was a senior physician at the hospital) "and row with him for having been so rude to one of my staff because you were in the wrong". To which the colleague said, "Yes I know I was in the wrong. It just failed to come off." There was one of the surgeons with whom I never got on with well, because he felt I interfered with his patients. Now my successor got on quite well and a fresh start was a good idea. But if you were trying to persuade somebody that a patient had a problem that needed sorting out and could the surgery be postponed so that you could get this sorted, sometimes you could get it done but sometimes they were so angry because they saw this as interference.

I worked with a gynaecologist, John Stalworthy [33], who was a very, very able gynaecologist. They used to call him the Oxford and District Pelvic Floor Repairing Company! Such horrible jokes! But he was brilliant at these ghastly operations of prolapses which these poor women had suffered with for years and years and years, he was superb! But I remember one patient saying to me, one simple woman, "Mr Stalworthy is such a marvellous man that if he wanted to cut my head off and turn it round and put it on the other way, I would let him do it". He was a superb doctor. He was terribly quick, so that people emerged dazed. He'd given them excellent information and advice but at such a speed they couldn't take it in. So I used to be the picker-up-of-bits. I really used to sit with those patients and say, "Can you tell me exactly what he said?" They used to say, "He didn't say anything", so I'd say, "No, well but he probably used some words. So if you think about it can you tell me what he said?" When they could do this we'd be able to start talking about what this meant. They'd got to come in for an operation; what it would mean, how long it would take, what they were going to do. What they were going to say to their family when they got home, and so on. Though Stalworthy would be appalled by the queue outside my door and burst in at times and say, "How can we help you?" Again, this was extremely stimulating because you really were doing something to try to help people to work it out, so by the time they left the hospital they were actually working on the problem. I think now I was too reassuring to many of them that they would cope and that they would be alright, but as a matter of fact he was such a good surgeon, that they were alright. But I'd got to that because I found when I took that work over from an untrained worker, that his wards were constantly having crises. The ward sister would say, "Here's a woman who's supposed to be going out. Her family can't cope. She's made no plans." And I used to get so irritated working with crises which I felt could have been foreseen. So that was why I got onto the out-patient work, thinking if we could get these people working on the problem as soon as they leave the out-patients, by the time they come in it will be more ordered. They're all quite capable people who can make their own plans, but it does need some thinking about.

It's very stimulating to have these problems and begin to find the way round them. Stalworthy was marvellous. We had the day when the plumbers had to do something urgent in the clinic, so he said, "That's alright we'll carry on.

We'll just put screens round the plumbers". So the plumbers were having to listen to all these histories being asked about, behind screens and so on, and they retreated for coffee and they never came back! So in lots of ways you could see a problem, think, "What have we got to find out about this? What have we got to know about it? And what are some of the ways of working on it?" So there was plenty in those places if you were really dealing with very good staff, that was the point I think. It could be much duller in a slower kind of place. Not the places where I was, but there were people who left saying, "This was a lousy job". Of course anybody who married was expected to leave then. The idea of coming back wasn't all that widely spread.

A.C. Do you mean literally that you were expected to leave if you married?

J.S. It was assumed by everybody that you would wish to do so. I don't think there would have been a problem about employing a married woman. It just didn't arise. Those people did not really expect to come back to work, but I know that many of them now have, so they've changed their minds. I was thinking that the war coming gave the almoners a great opportunity, because the emergency medical service which was a trial run for the National Health Service, put an end to all these patients' payments and things. The contributory schemes kept on, but they took care of so much that gradually the almoners were able to get out of that administrative chore. It was important not to get caught up with new ones, and the Ministry of Health, or whatever it was in those days, and the Emergency Medical Service [34] did begin to make pronouncements that Almoners are there for the service of the patient.

So that things really began to look up a great deal. One still had to work out rather carefully what the job ought to be, because you then hadn't got the excuse of all these wretched patients' payments and so on. There still had to be new processes in hospital to take care of a big bureaucratic organisation. They had to have far more records and registry and so on which they hadn't always had very much. So one could only step up gradually, but it did make a difference. I suppose something else that made a huge difference to us quite soon after the war, was the number of American social workers who felt that they wanted to come to Europe and make a contribution for having been out of it. And they came particularly through the United Nations. I don't know whether you've come across that but there was an American working in Geneva for the United Nations, an American social worker named Marguerite Poheck [35] who was a friend of Gordon Hamilton and Florence Hollis and Lucille Austin [36] and a great number of people, Cora Casius [37] and so on, of that generation. She got them over to give seminars, or Cora Casius to go to the Amsterdam School and teach. So that there were these international seminars held somewhere in Europe, usually one each year for quite a while. Perhaps this would have been 1946, '47, until the early 50s. I was lucky because I was encouraged to go, and remember sitting at the feet of Gordon Hamilton out on a lake landing stage in Finland and thinking to myself how ludicrous! It was known that all this intellectual development and writing was going on in the States, but with the book shortage and so on there was this

great backlog to catch up with in the later 1940s, I think that many of us were sort of starved, and these opportunities were just marvellous.

A.C. You were still at the Radcliffe?

J.S. I was still at the Radcliffe. I stayed at the Radcliffe until 1949 and by that time they had an emergency training scheme, a shortened training, an emergency training, Institute of Hospital Almoners. It had joined up with the professional Association by then and had become the Institute of Almoners.

A.C. Can you just explain that? I didn't realise until quite recently there was an Institute of Hospital Almoners and there was another. There were two organisations.

J.S. There were two organisations always, and they joined up. The two organisations were The Hospital Almoners Association which was the professional organisation, and the old Institute of Hospital Almoners which was a training body which had to fight its way free, rather, from the COS and they were twin bodies closely linked [38] until they became jointly The Institute of Almoners. So they started after the war an emergency training course to run for three intakes, when with a lot of academic help they put on a shortened combined training of academic and practical work with a lot of support from the government. It was for people who'd come out of the services: a few men, largely women older on the whole, late 20s onwards. They ran this emergency course for three intakes so it must have taken four years or so to do, and they wanted to send a group of these students for their practical work to Oxford, so as one of the social workers there who had had a student or two in the old arrangement, I became a sort of tutor on the spot, for the students while they were in the hospitals. I wasn't their immediate supervisor; they were farmed out to different social workers and I was responsible for their programme and for their progress, for some seminars with them and general arrangements. So then I started teaching. From that I moved, as senior tutor, to the Institute of Almoners in 1949. From then onwards I was in teaching jobs except that I had a lovely year in the States, where I did some practice in '53-'54.

A.C. So '49 would be about the time when you had been drawn into that little group that put together *Social Case Work in Great Britain*.

J.S. That's right, that was published in '50. I think I was at Oxford for it. We came up to London for constant discussions all together, Una Cormack [39], Cherry Morris [40], and the other people who were contributing. I know Mr Mann, the probation officer, vanished in the middle of it all to New Zealand and it was uncertain as to when his bit would arrive. We took a jolly long time over that book but we came together for lots of discussions as to how it was to be done. It was worked out what Kay McDougall (Interviewee no 14) and Una Cormack were to do with their big chapters, and then how the rest of us were to go off into our separate ones, but the probation one was always a kind of query because it was always uncertain what was going to emerge.

A.C. When I recently read the book I think one of the things that struck me was how the different contributions sort of reflected the different generations of the people contributing. Yours and Clare Winnicott's, were two you could thrust under the nose of a student today.

J.S. We were the younger ones in the group.

A.C. There were others which are still couched in a language of an earlier generation.

J.S. Yes that's right.

A.C. I wondered what the discussion groups were like.

J.S. The discussion groups were largely practical in sorting out who was to do what and what the general line was to be and Cherry took quite a prominent part. But I don't think we necessarily discussed ideas very much in those gatherings. But we tended to know each other because immediately after the war, I think the COS and perhaps the London Council of Social Service [41] organised seminars, because there was such a feeling of needing to catch up with a lot of social work developments particularly in the States, but generally because in the war you couldn't move about very much and there was a feeling of needing to come together. The British Federation of Social Workers [42], (or its predecessor) and Una Cormack were full of ideas about coming together. We had one conference at Pendley Manor in Tring when it was all rationed and we were all terribly hungry. They were having a Police Convention the next weekend and we suspected that our rations were being saved for the Police. Oatmeal biscuits were unrationed, and there were oatmeal biscuits at the village shop, and I was one of the first group which discovered these, and the word got around like wildfire so that as we marched back to Pendley Manor across the park with our biscuits, we met Eileen Younghusband and Ben Astbury leading a whole contingent to go and buy biscuits. I can recall Noel Hunnybun and Eileen Younghusband who had adjacent rooms, I think on the ground floor, leaning against their doors in the evening talking to anybody passing by looking rather like village housewives chattering. We were all terribly cold and there were great crises about blankets and all sorts of things like this which helped after all to weld us all together. I was one of the reporters of one of the discussion groups, because we then were discussing should we not have a common training course of some kind and should not all these different branches of social work at least come together in training terms and do very much more together.

A.C. What date's this?

J.S. I think it must be the late '40's - no it may even be 1946-47. We really were saying there should be a training course.

A.C. Pre-Carnegie Report [43]?

J.S. Oh, yes! Leading up to it, because Eileen was there for all this, you see. Una was tremendously important in this, and I know my discussion group was so

optimistic that it saw various problems but they could be overcome. We reported this in the most euphoric terms but it was the mood; that the war was being left behind, we were still being rationed but at least we could get around, we could see each other, we could find a great wish not to be so divided in our administrative units and so on. Now that people of all generations were joining in.

A.C. So you were actually debating amongst yourselves then, presumably, “genericism” versus specialism.

J.S. We wouldn't have used those terms, but we certainly wanted to find a common training to get rid of the divisions because we felt that we had much more that was common than was different. So that was really the sort of movement that Eileen Youngusband was in. She didn't become converted to casework until she went to Chicago. She was really rather doubtful about it. But then she went to Chicago and met Charlotte Towle [44] which did sell it to her, so that when she came back she was using her influence with LSE to get the applied social studies courses started in '54. Now all the working up to that, its relationship with the Mental Health Course, was very peculiar at that point and it was as though the new stuff coming in from the States wasn't really recognising all that the PSW's had already done. Because they always described things in PSW terms, they didn't pick out always the real social component because it was so much caught up with descriptions of psychiatric treatment.

I left the Institute and I went in '53-'54 to St Louis, the George Warren Brown School of Social Work [45], which was a good medical social work place. But I wanted very much to study social work education in the States, and then to come back and apply it in some way. I had a Smith Mundt Fellowship [46] for that and it was an excellent place. I was attached to the University School of Social Work which was very coherent, but I was also able to practise as a student in the local hospital. So I learned a lot there. I was playing back my teaching experience and being a student, and also able to go to a number of conferences and so on. Then I came back and while I was away I was appointed to Edinburgh University, as lecturer in social work to start the medical social work course there. So I was very close to the old PSW course that they had at that point, but which they were not thinking of linking. I was realising that we were out of date in trying to run a PSW course and a medical social work course in parallel, but there was nothing else you could do at that point. It was all set up. But one was aware that the LSE applied social studies course was starting at exactly the same time as a generic course.

A.C. It would have been a big problem unscrambling all the organisation infrastructure.

J.S. For some time the two LSE courses were kind of in parallel with an uneasy relationship and with Donnison [47] as the chairman of the committee, trying to bind them together. Being in Scotland I missed a lot of this, but I came down to some meetings. So the only thing one could do I felt at that point, in Scotland, was try to set up the course so that you had a kind of core, and some special things, thinking that sooner or later somebody else is going to

want to come in on this. And hoping, and being convinced, that sooner or later the sort of barrier between us and the PSW's would dissolve, as indeed it did. It did in time. But thinking then you have to have a framework which will permit a common course as soon as people want it. Indeed the next bit that came in to the medical social work course was the child care section. So those two were able to run a common course with special bits, but a common core. And then eventually the mental health bit came in as well. But working very closely with my PSW colleagues there, who were excellent and I respected them enormously, I could see what I suppose I'd known about my own practice before, that if you are only mixing with your own kind you don't have to explain the common function. You can take so much for granted and therefore it takes a great effort to pick out what really is common between the social work bits and find the words to put it in to express it.

- A.C. Can I ask you a bit more about the Cherry Morris book? Can you remember any anecdotes of the discussions? I don't mean did you fall out. You must have been in contention over some things. It must have been a very difficult job for the editor. And it must have been very difficult for Eileen Younghusband putting all this lot together, because they are such diverse contributions. Her opening comment is about the diversity of the contributions.
- J.S. I'm sure that there were some about which she would have liked to do something but it wasn't possible to. Since I was much the junior of the group I tended, I think, to be rather quiet at the meetings and was aware of difficulties and tensions and so on. I think Una and Kay McDougall carried a great deal of the load. Cherry was an excellent writer. I don't think she always liked some of the views we were putting forward, but it was her firm belief that people had the right to say their thing. And as long as they said it in good English, she was really was prepared to settle.
- A.C. I was wondering what you would say now looking back, were the most influential ideas of this period you've been surveying, and which were the most important changes that occurred in people's thinking?
- J.S. The war came as an interruption and as a benefit I suppose. The almoners were all set for a whole series of discussions they could go to, for the people in practice, on these new psychoanalytic ideas. They mixed enough with the PSW's to know they were missing out on something. The war stopped that and put everybody into their dark little box, where you couldn't travel in the blackout and so on. At the same time because it took away the old administrative structure, it put much more emphasis onto the quality of work for the future and there were great agonies about this. There were people who felt that all this new psychoanalytic stuff was terrible dangerous, dabbling and so on. I recall going to professional conferences where some people brought their knitting or their embroidery, and at the tense moments would retreat into it. Later around about '50 to '53 or '54 that battle turned into a training battle: we were corrupting students. What the students were learning was something that was very disturbing for some of the people in practice. Yet it was got over extraordinarily quickly really. One of the things of course that happened in those 1940s was that the social work bodies from being little

groups where everybody knew everybody, which gave you a great sense of support when you needed it, then turned into much larger organisations where you couldn't know everybody and where people came in with a much wider range of ideas, and values. On the other hand one was so accustomed to the old defensive posture. You had to be! You always had to explain social work. You knew you were in a minority which was thought to be a very odd minority. That made it very difficult by the time, say the 60s, when social work was really arriving and being wanted, to switch round into that new position of being the wanted body. You were so accustomed to the sort of up-hill struggle that once it was gone it was rather like losing your balance a bit. I think that one had to remember how much of social work thinking and behaviour and attitudes did develop in this sort of negative underpaid thing. I look back and see that I was getting four guineas a week as a student when I was doing locum work. Earning about £250 per year I think in my first job, and thinking it wasn't bad. Well everybody, of course, did live much more simply but you took it for granted that you weren't in it for the money and that the people who were in it on the whole were the people who wanted to stay. That's not entirely true there must have been some who were trapped and couldn't get out. But it was a sort of select band with a great deal of common support.

A.C. Was it like the PSW's where it was bad manners to talk about salaries and so on?

J.S. Oh no. It wasn't bad manners. We bargained! I was too junior for that. Margaret Edminson [48], who was one of the well established people when I was a student, has a story. She was the big bargainer; I mean the leader of the Association of Hospital Almoners' delegations to bargain with the hospital employer bodies in the voluntary days. There was an occasion when they were to go and bargain on salaries. This would be before the war, and the hospital council or whatever council it was, of hospital organisations, had agreed to meet them in their HQ so that the almoners were going as a delegation to the other people's place. When they got into the room to meet the employers they found that the employers were all sitting round the table having had a discussion already. There were chairs for the almoners around the door, but they were excluded from the table, and they were expected to sit there with everybody's back turned to them. It was entirely men against women. Margaret Edminson was a grand lady, a very intelligent woman, and head social worker of the rheumatism clinic in Peto Place. She was a very graceful person and at some point early on, she burst out laughing and said, "Gentlemen do you know! We can't hear what you're saying, and we can't see your faces!" The table became very embarrassed and they got to their feet, and lugged the chairs in that the ladies had been sitting on at the back and began to have some discussion across the table, which was a trifle politer; only a trifle! But bargaining had to be done like that, and the blacklisting of certain places and making sure that nobody applied for certain jobs was the only weapon that people had really. They were very, very tough days and people therefore needed this great support. There were always some doctors, plus the COS, who were helpful and did give support. But I

think that this minority struggle, which went on for so long, really was carried into the new situation.

A.C. Have you ever felt a sense of injustice of the stereotyping of almoners that went on in some social work circles anyway?

J.S. Yes it's funny. I think that this title 'Lady' was an enormous mistake. And I was one of a group of people who disliked it intensely. Apparently – at least the belief is – that it came from hospitals which already had courts of almoners as part of their old monastic-type government and therefore the new people (because it was Loch's [49] phrase, almoners), they had to be distinguished in some way, and this wretched 'Lady', got tacked on as an identifying thing, so that they didn't get mixed up with the court of governors. Loch felt very strongly that they must be called almoners. He saw that as the function because the almoners had been the alms givers and controllers in monastic institutions and he thought it was rather similar. The sort of sorting out job that he saw. But most of us felt terribly embarrassed by this wretched term. At least a lot of us did, I won't say most. Some never used it.

You really did have to have a little bit of family money, to help you to train because there was nothing else. Also you had to have a certain appearance of social poise. I think a lot of us didn't have it, but you had to have an appearance of this really to cope with these doctors and, in many hospitals, to cope with these senior nurses. Great Ormond Street had a reputation of taking only the daughters of clergymen on the nursing staff. Now I think it wasn't entirely true. So you did have to be able to hold your own, and however nervous you felt, you had to have enough poise to be able to cope like that. And I'm sure this helped to build up this image. The fact that the almoners were highly organised and felt terribly strongly about training as being crucial for the establishment of the profession, did mean that they were seen very much as an elite. They were methodical; in the days when people began to come together you'd always find it was an almoner who was secretary of the group. I still know that my own voice sounds an almoner voice. I hear it, and I can see why people feel this sort of exclusiveness.

A.C. This seems a good point to follow up with my last two questions. I've asked these questions to everyone. Some very critical things have been said about social workers during that period, particularly leading up to '59 (the Barbara Wootton book [50] and the Audrey Harvey thing [51]) I wonder what you'd say about the critical things that have been said?

J.S. I suppose at first we were very hurt by Barbara Wootton. I think much of the reaction was hurt. Perhaps we weren't really used to being taken so seriously that somebody wrote a critical appraisal. It was a very new experience. Audrey Harvey. There were several people like her who seemed always to be on the fringe of things and one respected their argument but at the same time felt that there was a great deal that was personal in it as well; at that stage. Also I suppose we were very much caught up with the thinking of the time that through the welfare state we would eliminate poverty. One did believe it! One knew there was a long way to go, but it was quite a long time before we woke up to it: that it wasn't going to work out. It was a terrible shock. As the

almoners we collected information between us and published a little book in. I was still at Oxford, so it would be the 40s, showing that there was not enough accommodation for sick old people, and that we could not solve this problem by being ingenious and finding beds. It was a real gap. That was for us the beginning of finding that perhaps the problems weren't working themselves out in quite the way that we'd all promised ourselves as a result of Beveridge [52] and so on. But it took a long time. I suppose that the psychoanalytic solutions or the solutions of that kind which suggested that, if you could find a way to help the client to manage his problems better, that would be the most profitable way to pursue, led to some neglect of the wider social issues and so on. I think that came partly from the much earlier stage where there wasn't a welfare state and you could bash your head against a brick wall, because you could not get the material aids and you couldn't affect the housing, you couldn't raise the money, etc. So that unless you and the client could find some way out together, you were up against a great many imponderables. If you were only about 300 workers, which we were the smallness of it all meant that the public impact wasn't very great and therefore I think there was a great built-in tendency to try to find something that you and the client could work out together. I can't recall that when I was a student, or subsequently, that any of the social workers that I was with, and I was with a great many, blamed people. I don't think they felt it as blaming the clients, so that much of Barbara Wootton and later Crescy Cannan [53] and so on, seemed to me to be unfair. I mean from COS, Helen Bosanquet [54] and people like that, there really wasn't a blaming. The seeking within the individual for the seeds of improvement or whatever, was because, where else were you to look for them? So that much I did feel was unfair and a later assumption that material ways of helping, welfare state ways of helping, would have been available if you'd chosen to use them. They wouldn't. And when it took you ages to find how to finance a man's artificial leg, because the hospitals didn't provide that, so you really had to raise it from charity. It took you ages! Or even dentures! When you had to work so hard to do those things, you didn't really say, "The state should be providing and will solve this." You looked to the poor law which was very, very minimal and said there's no help there. We've got to find some way of working this out together. Therefore I think there was much more emphasis on people's own part in their problems because if that, you thought, had produced some of the problem, it also contained in it the seeds of the solution. That does seem to me to be quite important and therefore when I do hear some of my colleagues saying that the casework way was to blame the client for the seeds of his own misfortune, I feel, well, at the time we really didn't feel that. It's a later assumption.

- A.C. One last question. What do you look back on now and think of as the best social work thing you have done in your career?
- J.S. It happened that in the States when I was there in '53 – '54 I did meet people who were influenced by Caplan. Caplan's colleagues were in St Louis, working on grief reactions. We didn't apply it much to separation generally at that point: it was more grief by loss, though we saw that as a pretty wide thing. And that came back with me because I wrote an article on it in *Case Conference* [55] Now other people have done it and as soon as the 'Crisis'

book [56] became available here that helped. The first article in that is by the psychiatrist who really worked out about grief reactions from the Coconut Grove fire in Boston – Erich Lindemann [57]. Now I had the Lindemann article in photocopy in the States and I brought it back and was able to spread it, plus writing the article. So it was a fluke really that I happened to come in on this at a point when you still couldn't get it in Britain. There wasn't anything comparable. The moment people read the article or got a copy of the Lindemann thing they began to know where they were with a whole lot of things. And I began to know where I had been with the bomb damage people who in Hemel Hempstead wanted to talk so much, and it provided a theory that we'd wanted so badly. But otherwise, I don't know. After all I'd been at it for a jolly long time, and I suppose I'd do the same again. There are moments when I say I wouldn't but I guess I would. I'd probably go for social work again in the next world or the next life. Although at times I say, "Well I wish I'd gone in for painting or something like that".

A.C. What about your practice experience? Anything there that you look back on with particular pleasure?

J.S. My most recent practical experience as being terribly short little bits, which I've fitted in summer vacs., here, not too recently, but in Social Service Departments where of course there's an enormous pleasure in finding that however much things have changed, (a) you can still do it and (b) a lot of what you do hasn't changed, and you can pick it up quickly. But that's not terribly satisfying that's just mere reassurance to oneself when teaching that what one's asking the students to do one could, at a pinch, still do oneself. I did get a lot of satisfaction from the '53 – '54 episode, because that was the longest bit of practice I've been able to do. This is one of the dilemmas, isn't it, of teaching?

In '53 and '54 I was working particularly with a very disturbed adolescent girl who wouldn't talk. She blackmailed everybody by not talking. But I was better at not talking than she was! So that after a bit she began to say to me, "Why won't you talk?" But it was a terribly bewildering case and the psychiatrist who was a friend of Lindemann and Caplan and so on, who was working in St Louis and who I was taking the cases from, gave me terribly little help. I would go to him and say, "Look I'm stuck and I don't know where I am or what I'm doing. I don't know what to do next." And he would listen and say, "Well, carry on, carry on." I realised afterwards he didn't know any more than I did! That girl eventually absconded. She was an absconder, violent, dangerous and she was very aggressive to her step-mother, and so after a number of interviews where she did come and we did manage to talk, with some difficulty, she totally vanished. That was in 1954: then I found in about '74 that she'd come back to that hospital and one of the social workers who was there in my day had recognised her and had asked her about that earlier contact. This girl had said, "That was the beginning of my being able to relate to people". When she absconded she had a rough time; she was sleeping rough and all sorts of things, but she eventually managed to get and hold a job as a telephonist. Then she married and had children, and by the time she came back twenty years later, she was a housewife with a ropery history but

she had a coherent family. But she did say that those interviews had been the first things that indicated to her that she could make contact with people and there were people who understood some of her problems. From then on she'd begun to sort of come back into society and that to me was very reassuring because until I knew that, I didn't know what had happened to that girl. And had vested a lot in her.

It's not often you get feed-back. Some of my friends who've stayed at work at the Radcliffe all these years do get feed-back. That has struck me. I say, "Who on earth gave you that ghastly tea cosy?" and they say, "It was made by so-and-so. Do you remember?" They've lived with these patients for sixteen years or so. People in paediatrics who had terribly severe conditions and then lived on and kept in touch with them as adults. I've thought there's much to be said for staying in the same patch. You do see some of your results, that kind of reassurance that one needs so much. I suppose that work with students and some of the people who were supervising for us and have gone a very, very long way, have been people of whom I wasn't sure it would turn out like that. It's very good for one to discover that this happens even if you were very doubtful about it sometimes. It just shows!

A.C. Thank you very much, Jean.

EDITORS' NOTES TO THE SNELLING INTERVIEW

1 Institute of Medical Social Workers (IMSW) was the main professional body for social workers attached to hospitals in the United Kingdom. It was established from two separate associations of hospital almoners. The Almoners' Committee was established in 1903 and successively changed its name to the Hospital Almoners' Committee in 1911, the Association of Hospital Almoners in 1920, and the Hospital Almoners' Association in 1927. The Hospital Almoners' Council was established in 1907 to handle the selection, training and employment of almoners and changed its name to the Institute of Hospital Almoners in 1922. The two amalgamated as the **Institute of Almoners** in 1945, and this changed its name to the Institute of Medical Social Workers in 1964. Merged with others to form BASW in 1970.

2 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.

3 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).

4 Miss Edith Verena Eckhard taught at the LSE from 1919 to 1952, firstly as Assistant Lecturer, then as Senior Tutor (to the Almoner students) and finally as Deputy Head of the Social Science Department. Miss Eckhard was part of

a long campaign to encourage the mutual raising of standards in social studies departments in the face of a proliferation of *ad hoc* courses. She was Secretary of the Joint University Council which published *Training for Social Work* in 1926 and I which the training needs of Almoners were recognised. For a period she served on the Executive Council of the Institute of Almoners.

5 Dr. Hermann Mannheim. (1889 –1974). Was born in Germany and studied at four Universities before practising law, later becoming both a judge and a professor. At the age of 44, faced with the rise of the Nazis, he emigrated to England and took up an honorary post as Lecturer at LSE and gave important lectures on criminology. See: *Criminology in Transition: essays in honour of Hermann Mannheim*. Tavistock Publications.

6 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

7 Eileen Power (1889--1940) Lecturer at LSE 1921-24, Reader at University of London 1924-31, Professor of Economic History at LSE 1931-38 and then at Cambridge University.

8 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 to1944 and held a similar post at UNESCO from 1956 to1960. Lectured and published extensively including his *Citizenship and Social Class* (1950) which was both influential and controversial.

9 Denison House was the substantial headquarters building in Vauxhall Bridge Road of the COS in London since 1905. Subsequently sold by the Family Welfare Association and re-developed.

10 Miss M. Cosens. Author of *Psychiatric Social Work and the Family* for the British National Committee for the International Conference on Social Work 1932. With Sybil Clement Brown wrote *Developments in Psychiatric Social Work* for the Third International Conference on Social Work 1936

11 Family Service Units (FSU). An independent charitable social work agency, founded in 1948 in succession to the Pacifist Service Units created during World War 2. Alan Cohen worked for FSU for a period in the1960's and published in 1998 *The Revolution in post-war family casework: the story of Pacifist Service Units and Family Service Units 1940-1959*. (University of Lancaster). In common with the 26 Cohen interviews, this book was based on interviews with pioneers. The charity merged with Family Action in 2006. An FSU archive can be found at the Modern Records Centre at the University of Warwick.www2.warwick.ac.uk/services/library/mrc

12 **Olive Crosse** is described as an “early social work tourist” by David Burnham in *The Social Worker Speaks: a history of social workers through the 20th century*. Ashgate

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

14 **Countess of Limerick** Angela Olivia Trotter (1897--1981) married the 5th Earl of Limerick in 1926. Created a Dame in 1946

15 **Benno Moiseiwitsch** (1890--1963) Ukrainian born British pianist who settled in the UK and took British citizenship in 1937

16 **Ruth Benedict** (1887--1948) American anthropologist and folklorist who was the first woman to be recognised as a prominent leader in her profession. Best known for her book *Patterns of Culture* (1926).

17 **Public Assistance Committees (PAC)** and Departments were created after the abolition of the Boards of Guardians in 1930, when workhouses were also abolished. They inherited responsibility for the administration, at local authority level, of poor relief in the U.K.

18 **Denys Harding** (1906-93) Psychologist who helped establish psychology as a respectable subject of study. Lecturer at the LSE 1933-38, Liverpool University 1938-45 and Professor of Psychology at Bedford College 1945-68

19 **Miss Marx** was an almoner at Brompton Hospital and was elected in 1935 to serve on the Executive Council of the Institute of Hospital Almoners.

20 **LCC Municipal Hospitals** after the Local Government Act 1929 and the dissolution of the Metropolitan Asylums Board in 1930 the LCC took on 93 hospitals with 71,771 beds. It was described in the BMJ 1934 as “the largest municipal hospital organisation in the world”. Some said it was the “finest.”

21 **Rowton House** A chain of hostels were built in London 1892-1905 by Lord Rowton, a philanthropist. One was still in use in 2011. George Orwell in *Down and out in Paris and London* said they were the best lodging houses, a view echoed by homeless men many years later

22 **Margaret Watson** Described in *China to Me: A Partial Biography* (2008) by Emily Hahn as having “red hair and a sympathy with the leftist element in politics”, p.286. She is also mentioned in *The Fall of Hong Kong* (2003) by Philip Snow, p.81

23 **Margaret Streatfeild** In 1937 she was the Assistant Secretary of the Institute of Hospital Almoners. In 1942 she gave a talk to the British Federation of Social Workers on *Social changes due to the War and their Significance*. She was then representing the Tuberculosis Care Committee of Chelsea.

24 **Vera Brittain** (1893-1970). Writer. *Testament of Youth: An autobiographical study of the years 1900-1925*, Victor Gollancz, 1933. The book was a best-seller on publication and earned Vera Brittain instant international fame. Based on her First World War diary and research notes, it quoted poems and letters by Roland Leighton and others, to represent both personal and collective experience. The book argued for peace, in the face of the coming Second World War, while respecting the bravery of those who had sacrificed their lives in the First.

25 **Gerard Caplan**. Formerly Associate Professor of Mental Health at Harvard University. Author of *Concepts of Mental Health and Consultation* (Harvard, 1959) and *Principles of Preventive Psychiatry* (Basic Books, 1964.) Developed crisis intervention theory with Erich Lindemann: see note 57 below.

26 ***Social Work Practice: Model and Method*** (FE Peacock, 1963) by Allen Pincus and Anne Minahan

27 **Helen Rees** (1903--1989) influenced important developments in social work education in England and Australia. She read English at Newnham College, Cambridge and then in 1928 trained as a hospital almoner, serving for five years at Sheffield City Hospital. She went to Australia in 1933 to take up an appointment as Almoner at the Melbourne Hospital and as Director of Training at the Victorian Institute of Hospital Almoners. She held four important posts in Australia from 1935 to 1941 when she returned to England to study medical social work under wartime conditions and its role in post-war reconstruction. For the next twenty five years she was strategically involved in most of the major British developments in social work education and practice. From 1942- 46 she was Head Almoner at the Radcliffe Infirmary in Oxford and then became Director of Studies at the Institute of Almoners in London until 1958. (Source: *Australian Social Work* March 1990, 43 (11), 46-47.)

28 **J. R. Rees** (1890–1969). British physician and psychiatrist, Jack Rees was Fellow of the Royal College of Physicians. was a wartime and civilian psychiatrist and became a brigadier in the British Army. He was a member of the group of key figures at the original Tavistock Clinic (more correctly at that time called the Tavistock Institute of Medical Psychology) and became its medical director from 1934. This group specialised in the new 'dynamic psychologies' of Sigmund Freud and his followers, and in particular the Object relations theory of Ronald Fairbairn and others.

Rees encouraged training in psychiatric social work and child guidance. In the 1930s the Tavistock Clinic was eclectic, with Jungian, Adlerian, and other psychotherapists of many persuasions. Its leading figures were James Arthur Hadfield and Ian Suttie, whose 1935 book *The Origins of Love and Hate* had an important impact in British psychotherapy. Both John Bowlby and Donald Winnicott acknowledged this influence. Suttie attempted to integrate the individual, the social, and the spiritual. Among the staff in the 1930s was Wilfred R. Bion, who treated Samuel Beckett. Henry Dicks, for many years

his colleague, described Rees "as a natural unselfconscious leader and originator."

29 **The Tavistock Clinic** was founded in 1920 by Hugh Crichton-Miller (1877–1959) and other pioneering psychotherapists, social workers and psychologists concerned to provide treatment for adults and children experiencing psychiatric illness. These professionals served on a voluntary basis and this enabled the services to be offered free of charge. The Clinic opened a Children's Department in 1926 and thereafter the wellbeing of parents and children remained a central focus of the work.

Prior to the second world war the services included psychological assessment projects for the Army, industry and local government. However, the Government's post-war plans to launch a free National Health Service compelled the Tavistock Committee to devolve that type of work in 1946 into a separate Institute and to position the Clinic as a skilled psychiatric service for out-patients in the new NHS.

John Bowlby (1907 -1990) and a few fellow psychiatrists from the Army medical service joined the Clinic in 1946. According to Eric Trist, a former Chairman of the Committee, "not many of the people at the time were analysts – but they were psychoanalytically inclined". The Clinic established a high reputation for new approaches and original thinking, particularly in the field of preventive psychiatry. Bowlby's development of "attachment theory" and the observational work with children of Jean and James Robertson in the 1950's attracted international attention and had lasting impact of policy and professional practice in the UK and elsewhere.

In succeeding years the Clinic continued to expand its range of services within the NHS: a specialist Adolescent Unit was established in 1959; multi-disciplinary approaches developed; and teaching, training and research relationships established with a number of academic bodies; and in 1994 a formal merger with the Portman Clinic to form a NHS Trust.

30 **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).

31 **Miss (Amy) Gordon Hamilton**. (1892–1967). Social work educator at the New York School of Social Work at the Columbia University School of Social

Work from 1923 to 1957. She was an admired teacher, thinker and writer with a considerable influence on European social work pioneers as well as in the USA. Her particular concern for the direction and quality of social work education. She was an outstanding contributor to social work literature and her most important work was *The Theory and Practice of Social Casework* first published in 1940. See: *Notable American Women: the modern period: a Biographical Dictionary*. Harvard University Press (1980).

32 **Florence Hollis** (1907--1987) Began her teaching career in 1934 at Western Reserve University. Prior to that she had worked at the Family Society in Philadelphia and attended the Pennsylvania School of Social work. Taught at the New York School of Social Work 1940-72, being Professor 1952-72 and also maintained a clinical practice. A key work was her *Social Casework in Practice: Six Case Studies* (1936)

33 **John Stalworthy** (1906--1993) Born and studied in New Zealand. In 1938 joined the new department of Obstetrics and Gynaecology at Churchill Hospital, Oxford. In 1967 became the Nuffield Professor of Obstetrics and Gynaecology at the John Radcliffe Maternity Hospital, Oxford. Developed an international reputation for treating female cancers. Knighted in 1972 and retired in 1973. Held many distinguished posts.

34 **Emergency Medical Services** formed in 1939 and gave the government the right of direction over both voluntary and municipal hospitals

35 **Marguerite Poheck** moved from New York in the 1920's to be ordained as a Unitarian minister in Massachusetts and then went into social work.

36 **Lucille Austin** was a member of the Columbia University School of Social Work 1930-66. Her teaching was complimented by extensive practice at the Community Service Society, New York. Wrote widely on casework and supervision. She died in 1977 and the Austin lectures were established in 1978.

37 **Cora Casius** Editor of *New Directions in Social Work* (NY Harper, 1954). Taught at the New York School of Social Work

38 Amalgamation of **Almoners Associations**. The complex history is summarised in note 1 above.

39 **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.

40 **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*.

41 **London Council of Social Services (LCSS)** originated in the foundation of the Social Welfare Association for London in 1910 with the aim of securing “systematic co-operation between social, charitable and industrial undertakings throughout the metropolis”. It acquired the LCSS title in 1919 and its wide ranging activities included promotion of social services, training for London’s charitable bodies and supporting local Councils of Social Service in the boroughs. It became the London Council for Voluntary Service in 1979.

42 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.

43 **Carnegie Report.** *Social Work in Britain. A supplementary report on the employment and training of social workers.* Dunfermline: Carnegie United Kingdom Trust, 1951).

44 **Charlotte Towle** (1896-1966). Social work leader and scholar. Her major accomplishments included her work in creating a generic casework curriculum, her study of the educational process of training social workers and other professionals in human service. She worked in the Institution for Child Guidance in New York City where she supervised students and in 1932 became a full time faculty member at the University of Chicago School of Social Service where she taught until her retirement in 1962. Her most famous publication was *Common Human Needs* (1945), a manual written for public assistance workers.

45 **George Warren Brown School of Social Work** Washington University began a Social Work unit in 1925 with money from GWB and it was named after him in 1928. It became an endowed school in 1945 with a further gift of \$1m from GWB

46 **Smith Mundt Fellowship.** The US Information and Educational Exchange Act 1948, known as the Smith Mundt Act, authorised the US State Department to communicate outside the USA through among other things educational, cultural and technical exchanges

47 **David Donnison** was on the staff 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 for the first time. Among several publications, 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.

48 **Miss Margaret Edminson** was elected to the Institute of Almoners in 1941 when almoner at the British Red Cross Clinic for rheumatism. Gave an address to the Institute in 1941 *Milestones: the Story of the Hospital Almoners' Profession*.

49 **Charles Stewart Loch** (1849-1923) Appointed at the age of 26 as General Secretary of the COS and served from 1875 to 1913. *The Times* obituary said 'he made the COS: he was the COS'.

50 **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).

51 **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.

52 Beveridge Report 1942. The war-time Government appointed William Beveridge to chair the Inter-Departmental Committee on Social Insurance and Allied Services in 1941. The Report was a best seller on publication and is remembered as a foundation document of the post-war "Welfare State". It identified 'Five Giants' that had to be overcome by society: squalor, ignorance, want, idleness and disease. The solution offered by the Report was a contributory social insurance scheme combined with: financial support for families with children; full employment and a national health service free of charge at delivery. Cecil French is correct in saying that the Beveridge themes were very much "in the air" in the 1930's in addition to keenly felt problems such as housing and education. See *The Five Giants: a Biography of the Welfare State* by Nicholas Timmins. 1995.

53 Crescy Cannan wrote an essay *Welfare Rights and Wrongs in Radical Social Work* edited by R Bailey and M Brake, (Edward Arnold 1975). Cannan's position was that "because social workers are in the front line in the attempt to control the effects of poverty and environmental stress, they are subjected to particularly pernicious ideologies. Only by constant awareness of these will they be able to use their position in the fight for real changes."

54 Helen Bosanquet (1860-1926) Social theorist and reformer and one of the leaders of the COS. Was a major influence on the Majority Report 1909 of the Poor Law Commission 1905-9

55 Case Conference. Journal initiated and edited by Kay McDougall (Interviewee no 14). Several interviewees such as Edgar Myers and Elizabeth Gloyne were contributors.

56 The reference here is probably to *Crisis Intervention: Selected Readings* edited by Howard Parad, 1965

57 Erich Lindemann (1900-74) American author and psychiatrist who specialised in bereavement. Was Chief of Psychiatry at Massachusetts General Hospital. Wrote a seminal paper following the Coconut Grove Night Club Fire 1942, *Symptomatology and Management of Acute Grief*, Am. J. of Psychiatry, 101, 1944 pp.141-48. Was a key figure in social psychiatry and a community mental health centre was established in his name.
