

THE COHEN INTERVIEWS

ENID WARREN -- Interview no 21

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 With one exception (No 24, Clare Winnicott) the interviews were unpublished until this edition in 2013.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

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

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

All of these can be found at

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

Enid Charis Warren (1903 - 1980) was highly regarded as a medical social worker and as a person by her contemporaries and by the generation that followed in her footsteps. It was very fortunate that Alan Cohen contacted her towards the end of her life and as a result we can hear her clear personal recollections of people and events. There are many gems in this interview, including her account of the almoners' organisations that she served so well and also her frank assessments of a number of men who later rose to the highest political ranks: Clement Attlee, Hugh Dalton and Harold Laski. And she was obviously unimpressed by Barbara Wootton's comments on social work.

Her achievements and character have been described by Joan Baraclough and others in the 1981 *A Portrait of a Social Worker*. "Tall, erect and angular in build, she moved with an air of dignity and freedom. The direct and searching gaze of her blue eyes could, and usually did, express a steadiness and calm that was immediately reassuring." The book includes two photographs. The authors stress that her philosophy and practice were always based on the central importance of the patient. Her people skills were greatly appreciated in the establishment of BASW. Her career is summarised in an Oxford DNB entry written by Joan Baraclough.

A.C. When did you come into social work, Miss Warren?

E.W. Well to start from the beginning, I left school in 1922, and I went straight to the LSE [1] and did a 2 year social science course. At the end of that time I had decided that medical social work was the line I wanted to take, and I applied to what was then the Institute of Hospital Almoners [2], to be admitted onto the course. Well at the time they thought I was too young and I suppose inexperienced in life, because they said, "You run away for a year and then come back and we'll be pleased to see you. If possible spend a year away from home."

So from '24 - '25 I worked in a sub house of the Bermondsey settlement [3]. All sorts of different things were going on to do with social work, and there was a very interesting set of people who lived there, all of course quite a lot older than me and more experienced. Now I learned quite a lot there because the Head I worked with was extremely volatile. You never knew what mood she was going to be in. I used to find her very trying really, but I thought if I'm going to embark on social work, I must learn to control my temper. So I suppose in the year that one of the things I really learnt was this. But I also learnt from the other people and I learnt from many of the things I did, which was helping with clubs, one afternoon a week I helped in the infant welfare clinic, and that sort of thing. So you might say it was odd things.

Then in 1925 I went back to the Institute and asked them whether they would accept me and they said they would. So I started on my year's training, mostly at the Royal Free Hospital [4], but in those days you had to do some part in a provincial hospital otherwise you hadn't got an all-round training. I went to the Norfolk and Norwich Hospital for about a month, but while I was there they were having changes in staff, and they wanted somebody to do a locum. Well in those days students were allowed to do a locum, for a month without extending their training, and this was regarded as pretty useful experience. Well they wanted me for longer than that and this meant that my training got extended. That was very interesting experience, although it was at times very gruelling.

A.C. Can I just backtrack a bit to you leaving school and doing social science. I'm wondering what it was that aroused your interest in that field?

E.W. Well my overriding wish was to do something that was useful to people. I was interested in people, but I wanted to give a service to people. I decided, and I can well remember this, that I went to family welfare as we always did for a month or something of this kind, and I said to myself: if at the end of this time I do not get a good report, I am going to come right out of it because I have very high regard for social work in my own mind and if I don't come up to their standard, I'll abandon it straight away. Well fortunately the report was alright so I went on. And that was really how it all came about.

A.C. When you say you wanted to be of service to people, was that something that was a family tradition or religious conviction, or political conviction? Where did that all come from?

E.W. It's very difficult to say. You know I looked round at what people were doing. I wasn't in the slightest interested in commerce. I'd an older sister who was a doctor, but I knew that that was not what I wanted to do; study that sort of thing. My father was a lawyer, and he had a different slant of course on it, but it was interesting and in a way he was giving a service to people. The sister between the two of us was going to be a teacher and I knew that was not what I wanted to do. So in a way it was really elimination. Our family doctor had a daughter who had gone in for almoning, and he said to my mother, "Well if she doesn't know what to do why doesn't she do what Winifred does and go in for hospital almoning". Well when I heard this word I conjured up somebody in a very straight black dress sitting very stiff and stern and rather past middle age, and I said to myself 'if that's what they think I'm cut out for I'll jolly well go and show them that it isn't!' Well of course when I got there I found that it was very, very different from that, and was thrilled with what I saw and felt that this was it. I liked the hospital atmosphere, and in a way this combined an interest in medicine without being an only medicine thing. All through my career I have found this fascinating, because it was not only the changes in social thought, social developments, social habits and all the rest of it, but there was also running alongside of this, changing patterns in medicine. Which meant that, if you like, you had to keep on your toes all the time. Because treatment for various things changed; diseases were over and finished, which was extremely heartening. Of course it was working in a secondary setting. But working in a team in hospital I found very exhilarating. You've got your patient you've got your doctor, you've got your nursing staff and as the years went by you've got other people like physiotherapists, speech therapists and this kind of thing. But it was a team and you'd got the community outside. So that to me it was very rewarding and I would never have wanted to do anything different.

A.C. The poverty that you must have seen when you went to work in the COS [5] - was that something new to you?

E.W. Fairly new because I'd been brought up in a middle class atmosphere. But I was always very interested in people I saw around looking very poor, and you wondered who dealt with them and what they did. I was a little horrified when I first started that some of the staff who were working in the hospital would, just as an example, would say "Oh don't sit on that chair. That's a patient's chair." and I said to myself, 'Look, a patient is a person, is an individual. Unless they've got a leaking bottom, or something, I cannot see any reason why I should regard that as poisonous.' This was a thing one had to get over. Now, mind you at that time there was far more infection. You might have come across people with lice, and all sorts of things like this, which could be picked up easily. But it was the way it struck me, that that was not a chair to sit on. Of course clothes were far less hygienic than they are today and all the rest of it. The very poor they were uneducated, they didn't understand all sorts about hygiene, and it

was in many ways a different world because this was one of the things that I suppose changed more in my first 10 years, than almost anything else.

A.C. From what you've said my impression is that, it must have been a sense of compassion that brought you into social work. I was wondering whether that sense of compassion had a base in Christianity or in some kind of philosophy or in some political ideas? Or whether when you did the social science course at LSE, whether you began then to formulate some kind of view in those areas?

E.W. I think it was probably upbringing and realising what a good home, a good background and all this meant and saying, 'Now these people who haven't had these advantages, what can be done to help them?' It certainly was not political, although the LSE was red as red could be in the early 20's. I was with a very interesting group because many of them had just come out of the WAAFS [6] and the WRENS [7] and the ATS [8] and all these people would normally have been people who lived at home as ladies of leisure and so on. They decided having had this very active life for two or three or four years, that they wanted to something themselves, and so they came to the LSE and they were older students. I and another medical social worker were probably the two babes of the course. We were just in our very early 20's, the others were in their late 20's or early 30's. A very interesting set of people.

A.C. Eileen Younghusband (Interviewee no 26) said something interesting. We were talking about that group of people at the end of the first world war, and she said that she thought at that time there was a terrific feeling of idealism in the air. Not brave new world, but how things were going to be better. Everybody had suffered great privations during the war. Many people had been bereaved in some way, people went through a difficult time. Young people were determined that things were going to be better.

E.W. Better in the future yes. I think coming back to your earlier question it was probably a general compassion which was of course underlaid by a Christian foundation, but I didn't do it as a sort of evangelical thing. It was nothing of that kind, nor was it political. In spite of all the politics there, they never got hold of me really. There was some good in the red labour side, but there was also a lot of bad.

A.C. Can you remember anything about that social science course and the teachers?

E.W. A lot. They were all outstanding people. There was Tawney [9]. We used to have lectures from Tawney. Very gruff, very straight, but a good lecturer. We had Lloyd [10] who used to lecture to us on 'problems of modern industry'. He was quite interesting; he used to wear a red tie. He used to take a seminar with us, and one day he was sitting in the chair and he had a great habit, he used to go on one of these wooden armchairs and swing his leg over the side. And we all said to each other at different times, 'You know one of these days Lloyd will go right over.' And Lloyd went right over! It was very interesting what the reaction of the group was. There was about 15 seconds dead silence to see if he was still alive and able to

move. And then the whole class burst into merriment in which he joined. But we knew this would happen, and it did! We had Attlee [11] and in fact I was sent to Attlee for my tutorials. Another girl and I went to Attlee regularly. Attlee was a straightforward and honest kind of a man and so on, but he was totally useless as a tutor or a coach. He used to sit in his chair, and we sat in ours and it was the days when you had your essay back before you. And he didn't try to draw you out. Well I stuck this for something like a term and then I went to Miss Eckhard [12] who was the overall tutor and said "Look, I am sorry and I know it's really pretty awful, but I simply cannot get on with Mr. Attlee. "Could you possibly change my tutor." And she did to a woman called Minnie Haskins [13] who was as different as could be, from chalk to cheese. She was a lovely disposition. Now I mean looking back on it some of it may have been that I had not been brought up in a world of men and therefore having a rapport with a man like this who was revered and knew it all, was probably a bit daunting. But he did not go one inch to meet you or draw you out. So there he was.

We had Laski [14], the novelist Marghanita Laski's uncle and he was a good lecturer, but my word he cut people in two! I was there when he said to a student one evening who came in, "Oh you're 12 hours ahead of time" or behind time or something, because he had parallel classes and this chap, (he obviously recognised everybody) had come to the section that he didn't normally come to. Well this embarrassed the young man very much indeed. But at the same time he was very erudite and one put up with a lot to hear him. Hugh Dalton [15] was another one. We really did have a galaxy. Now he used to talk on economics and he lectured on economics. The thing that several of us could not abide was that he liked to bring in his funny stories. And they were nearly always at the expense of the clergy. His father was a clergyman and we thought this was in extremely bad taste. He used to tell the story and then sort of give a sort of snigger and wait for us all to laugh. One day we had a plot between us and we said "Look never mind what Dalton says, what story he tells, just nobody move a muscle." And he was totally put out. You could imagine it! It took him quite a minute to collect his next sentences. But I'm not sure that he was quite so bad after that. I think it taught him a lesson.

- A.C. What sort of hours did you do on that course? You talked about an evening class just then.
- E.W. I was an all-day student, so I don't know. I think we mostly had lectures 10 o'clock or 9.30 or something, and worked until sometime in the afternoon. And we were in the library. It just depended when you had your classes. Then you did all the rest either in the library there, or writing essays at home.
- A.C. And the placements were block not concurrent. That was a block time spent outside term time?
- E.W. Well no. One hospital I went to for two days a week. Now that was during a term when we did three days in college, two days in a placement. But the first placement I did was in the Lent term, I think in the first year, where

I went four days a week and I think this was Family Welfare Association, the COS, yes. And that was absolutely superb. I always said I was very lucky at the two offices we went to.

A.C. Can you remember any stories about those placements?

E.W. I can remember a lot of things. I'd been taught this, and taught that and told how to interview and all the rest of it.

A.C. You were taught how to interview?

E.W. Well, we were told how to interview and we were allowed to sit in the back and listen to interviewing going on. But of course the interviewing was going on from the woman who I had, and still have, the greatest admiration for, because she was a marvellous interviewer. And you could never imagine yourself doing anything like that. A person called Nora Hill and she was at St. Pancras, and then afterwards I went to the Finsbury Office where there was a woman called Miss Bolton. Now she was a much softer kind of person, but also first class and first class teacher too. But I shall never forget them. First of all you sat and listened in, then you went out on visits. Well this was a great deal easier because you would come back with reports and they could see whether they were good bad or indifferent. Then you got to the stage when you sat perhaps at a table in the window, as unobtrusively as possible, and you filled in the case form. They saw how much you'd got down, and then you did the write up to see how it was going. Well when you'd had all their experience! I well remember the first client I had, who was applying for dentures. She was a very mild easy person, willing to answer any question under the sun. I should think now, looking back, in her early 60's which at that time was pretty old. As I sat down with my case form and her on the other side of the table I said to myself, 'I don't think I can begin. Who am I to ask her all her personal affairs, because she wants this?' And that was overridden by the fact, 'Look, she won't get her teeth unless you do do your job, so get on with it.' That broke the ice and after that it wasn't half as difficult. But it was a very well-chosen person, because she wasn't going to be awkward or difficult or anything. But that was extremely good experience. And we did a lot of visiting.

A.C. Can I ask you something about the teaching about interviewing? Miss Hill and Miss Bolton did that in what today we'd call supervision settings - is that right?

E.W. Yes. Well you did have a supervision session but it wasn't the kind of supervision that anybody has today. It was much more practical and factual.

A.C. What telling you where things were and how to do them?

E.W. Yes and what you'd got to find out, and what you'd got to try and work out and why. In those days, they always took up two references, so that you'd got to ask people who they would be prepared to give to speak for them. Now, fortunately, we didn't usually used to follow up those; that was done

by somebody else. But this was one of the tough questions that we had to ask. "Who are you prepared to give?"

- A.C. That must have been very difficult.
- E.W. It was very difficult, very difficult but you had to do it if they were going to get their teeth. Teeth or whatever it was they wanted. You had to keep their goal in front of you and I think this probably helped me in the framing of questions. Because if you knew you were doing it, because if you didn't they wouldn't get it, if it didn't ring a bell one way you tried it round another.
- A.C. Did Miss Hill or Miss Bolton when they were talking about interviewing talk about things like the difference between asking an open-ended question or a half-formulated question that trails off, to leave the person free to make of it what they will. Or on the other hand asking a question which is closed.
- E.W. I think we got far more from listening. Hearing how they did it and since in later life and in my own experience, I am absolutely certain that it is other people's examples that teach you far more than anything else. I know from what my staff over the years have said to me from time to time and it was nearly always things they picked up as to what I did. Now I didn't know when I was doing what I did, that they were picking it up; not in that sort of way. But they picked it up and I think they learned quite as much, if not more, from example than they did from theory. I used to have staff meetings later on and told them what was going to happen over this and that. That was interesting and of course it was basic and they had to know it. But what they really went for, I think, between themselves and would have chatted between themselves, was how I worked it out. And this was very reasonable.
- A.C. In these interviews it has struck me that there's a tremendous oral tradition in social work. You ask people about books and things, what they learned from books, and a lot of what they learnt, they learnt from the example of other people, listening to other people talking about what they did.
- E.W. That's right. But I remember once having a student who was a member of my staff. She had to be off for two or three days and I took over, and I think this was still at the stage when students did sit in and listen and so on. And I think I said to her after the period was over, "Well now, have you found it very confusing to have two different people that you're trying to learn from at this early stages." And she said, "Well no, I haven't but I have been absolutely fascinated because' she said 'you and Miss whoever it was use totally different methods in your interviewing and come to a conclusion with your patient, but' she said, 'you both get to the same place in the end.'" And I said, "Now what does this teach you?" She said "That I have not got to copy any one individual, but I can develop my own way of doing things." and I said, "Well if you've learnt that through having a change for a week, you've learnt a very big thing because nobody wants you to go away a facsimile, or a supposed facsimile, of someone you've been learning from. It'll break down; it won't hold. But if you can make some parts of it your own, that's fine." But this was a very interesting experiment and before it happened I didn't think of it in this light at all.

A.C. Can we backtrack again because when you were telling me about the Norfolk and Norwich Hospital you said something to the effect that that was a pretty hairy experience.

E.W. It was pretty hairy. Well there was a staff of two. One was an extremely forceful woman who was the Head. She in fact at the time when I left, also left to take a medical training, although she was a fully qualified medical social worker. Now her assistant was just about the opposite. I used to say she had an indian rubber face and she was a delight to work with because she was very gentle and very kind and you could go to her at any time and discuss things with her. Now I landed in there just as the Head had gone off on holiday for I think a fortnight. Which really was merciful providence for me because I got in with the junior one and we had a very happy fortnight. Then she left and I was landed with this very severe Head, to carry on for the time being. She was extremely strict. I don't think she really had too much psychology in her make up, because here was I doing a locum as a student, and I used to write my own letters and she would say to me "You know you could use Miss Pogson. You can dictate to her." I thought I've had no experience in dictating, and to do it with your evil eye won't help me at all! But what I had to do was to dictate in the room where she was and she would chip in. Now if you could go through a worse hell at that stage, it was pretty awful! But I learnt a lot, and I always said through my training and at other times you learn negatively and positively. You say, 'Look if ever I'm a Head I'll never, never, never do such and such, because I know what I felt like when it was done to me. But others, even with the same person, you could say, 'If ever I'm a Head I hope I will have the grace or whatever to do things that way.'

This woman said one day, (understandably, because I have been a Head myself since then) that she was very soon to leave and she wanted to know that the work was in order. She said to me one day, -- and this was another thing, she didn't have the slightest idea of what she was putting me through. "I think this afternoon I'd like you to bring all your cases over." It was one of these hospitals where it was in two bits and you literally walked over. I thought to myself, 'My godfathers! Do I spend the next hour feverishly going through every case to see what it's like, what I ought to have done, what I haven't done?' I thought, 'I'll be damned if I will. I shall take them as they are, and I will have to take the stick for anything that isn't right.' Well I always very glad I did this and she was a very fair person. Out of the caseload, (I don't know how many it would have been) but out of the whole caseload she felt that they had all been dealt with absolutely correctly and rightly, except one where she would have applied to some voluntary society that I don't know whether I'd ever heard about. If I had I'd forgotten, being quite honest. But only one case out of all that. I thought, well, there it is you see and so I think this is a fair test that my work is pretty alright; because she had got an eagle eye. Quite rightly; because she was leaving and she wanted to know how things were. It was quite a good exercise it was just the way it was thrust on me. So we got through that one.

A.C. And then after that you'd finished your training?

E.W. After that I went back to the Royal Free to complete my training and I did a locum because somebody went off sick. And they said "Well if you're prepared to, you can do a locum until you can see a job that you're going to get," which was very kind of them. Then for the last three weeks or whatever we'll put you back into being a student, and then you'll be ready for your new job. I was there on and off for the best part of a year. Then I took a job in a voluntary hospital in London.

That was a very, very strange department in a way. The Head was an absolute die-hard. A nice woman, a right woman and all the rest of it but, she was high church, read *The Times*, wouldn't be seen with any Labour rag anywhere around. She spoke out so forcefully, she had no tact. She didn't seem to have any kind of compromise about any of it. Now the second in command, (there were only three of us), was a bohemian; absolutely the opposite side. As red as red could be And you can imagine that lunch time, (which we had to wait until after the men had had their lunch, because we were only the women), was almost purgatory. It didn't matter what subject was started these two were very soon at loggerheads. And I being very much the junior, much younger than the middle one, said to myself, 'Well look, the only thing to do is to attack. Think of a subject and start it, and start it absolutely clear of all these hard lines.' But it didn't matter what I thought of, they all petered out as conversations will. They all went into something, and I thought, 'Oh for heaven's sake! And I've started this!' Anyhow it was a time when you controlled your temper and all the rest. Now she had some liberal ideas, because in those days nobody signed the post except the Head. Now she said, "You're both fully trained people, and I see no reason why you shouldn't sign your own letters." So we used to sign them p.p. Now this had its good and bad side. That we were fully trusted was a very good side, but I used to feel at times, I've got no security. I have not got experience and I have got nobody looking at my letter to say this might be interpreted in that way or if you're writing to them I think you'd be better to put it this way, or that way, because of the way they will receive it. There was nothing of this kind, so one didn't get the tuition there.

Finally she left and I knew that the second in command was going to be made Head. And under no circumstances could I possibly have worked loyally under her. She'd just got that temperament that I could not have worked with and I said to myself, young as I was, the only thing for me to do is to get out. The secretary of the hospital was absolutely livid with rage. Livid! He stamped up and down his room when I went in to say that I was giving in my notice. I don't think I gave him the real reason. And I had by then got in touch with my training hospital – the Royal Free - and found that they were prepared to take me on for at least 4 months locum work, throughout the summer. And I thought this gives me time to turn round, and this is what I shall do. Well here was I an upstart of a youngster giving up a good permanent job at the toss of a coin. If I was a man I couldn't possibly do it for a temporary job. For a temporary job was the thing that really riled him. If I'd left to go to another permanent job I think he'd have been annoyed but I don't think he'd have been so livid.

- A.C. Strong rejection isn't it? If you say goodbye without having anything definite to go to.
- E.W. That was it you see. So I then had my four months locum at the Royal Free and at the end of that time, in the autumn, I got a job at the Miller General Hospital [16]. That's a voluntary hospital in the South East of London, where I was very happy. There were only two of us; the senior and I. And the senior was as Irish as could be but a delightful woman to work with. Very fair, very helpful, and a great friend. Even after I'd left she was a great friend. So I had 2 ½ years there.
- A.C. I wonder if we could pause in the chronology to comment on the position of almoners in the hospital, because one of the notions that came to me when I was talking with Francesca Ward (Interviewee no. 20) was that it has often been said that almoners have been stereotyped and caricatured as "posh ladies." It suddenly occurred to me when she was talking about her early experiences in the hospital, that unless almoners had been a bit like that they'd never have been able to establish themselves in the hospital. Because they were surrounded by people who were very confident and came from that strata of society. They were having to make a space for themselves, amongst people who very often didn't actually want them there or didn't understand what they were doing.
- E.W. At the Royal Free it was the hospital that had the very first almoner ever [17]. And therefore by the time I got there in 1926 it was established. So I didn't get that sort of a comeback. Now there had been one quite a long time at St. Mary's and when I went to the Miller, this Irish woman was a pretty forceful character. I would say she was one of the pioneers. But she had forged her place. She was totally accepted. She was very powerful. She did a lot of things which in after years we would never have touched, making appointments for special x-rays and seeing absolutely every single patient, and being responsible for assessment. But this was common throughout the voluntary hospitals that the almoners were expected to make an assessment of payment for whatever treatment they were having.
- A.C. In your experience the forging and pioneering had already been done and you fitted into a role which had already been carved out for you by your predecessors.
- E.W. That's right, but I came on to do the forging later, because I left the Miller in 1931 for two reasons. One was that my father died and I wanted to be rather nearer home because it was a long journey down to Greenwich every day and back. And they were quite long working hours too. We used to start there at about 8.30 in the morning, quite a long day and I really wanted to be a little nearer so that I could be with my mother a little bit more. But the other thing was that by the time I had this amount of experience I was, as I have always been, extremely anxious to have students. I knew that the Miller General wasn't big enough, it wasn't diverse enough to have students. So I got what you might call a proper job at the Royal Free Hospital. They were then advertising for somebody and I got a job at the Royal Free where I did get students. I was there from '31

until '35. Now in 1935 the London County Council Municipal Hospitals [18] opened their doors to almoners for the first time in a general way. There had been a few between 1930 and '35 but mostly they were in maternity departments where the need for them was felt to be the greatest. But in 1935 the LCC suddenly decided that they would man all their hospitals with an almoner's department. And this was interesting and also a bit paralysing because there just weren't the numbers to go round. I think there were 28 hospitals. So they wanted 28 people who could be in charge and then they picked it out very carefully. Where there was a maternity department they decided that they needed an assistant as well. But not a shred of clerical help; not a shred. Well I got a post at the Archway Hospital [19]. Nice little hospital just through the park. That was a single handed hospital, although they had something like 600 beds. Now that was a very interesting place to be in. It was a hospital with a very very nice atmosphere and I had my own office which in fact was a four bedded ward and I was the only one there so everything that went right, I could take the credit for. Everything that went wrong I hadn't got to look round. This was my first experience of being in charge of a department. But there were so many differences there, from a voluntary hospital to a municipal hospital that struck me all of a heap.

One of them was that if at a voluntary hospital you unfortunately opened a letter that belonged to another department, (and the matron was the worst), you had to go up to see them, at least the Head did, with great grovelling, and, 'I am so sorry. And I don't know how it happened,' and all this. When I got to this LCC hospital, I found I had slit a letter that belonged to somebody else and I thought 'Oh! My godfathers now I've got to go. I wonder what on earth will happen? Whether my head will be left on or of?' And when I got there I said, 'I am so sorry but it was put in my post by mistake and I've slit it, but I have not opened or read it.' "Oh" they said, "Thank you so much." It was just a matter of course. When we got a patient who rolled up in the afternoon who was after the time when normally out-patients would be seen, and I said, "What's going to happen? She doesn't sound at all well," and the outpatients had finished. Now at the voluntary hospital out-patient admissions stopped at whatever, 3.30 or something like that, and nobody was allowed in after that. If they were bad enough they went to casualty. But at the Municipal Hospital they said, "Oh dear! Oh dear! Well of course she's got to be seen." And I thought, well we're in on the ground floor. This is it and this is right. Working in that hospital on my own was very, very interesting.

Now I was supposed to see every single patient there and get a form filled in. I didn't do the assessment but I was supposed to fill in a form or else say that they belonged to some hospital fund or something of this kind and send it into the local area office. This went on for some time and I used to think to myself, 'Well I don't know if I wasn't here, I don't know if it would make the slightest bit of difference.' Sounds silly, but fortunately for me, King George V died, and everybody was told that if they wanted to go to the funeral they could be free to do so. And I thought, "well work is not all so pressing and it may be a long time before I get chance to go to another monarch's funeral. I think I'll go." It did me a power of good! Not the

funeral. Next day a ward rang down and they said “Oh I rang for you yesterday and then, of course I remembered.” But the mere fact that people had wanted me, and missed me, did a tremendous lot. The other thing that did quite a lot for my ego was that at that particular hospital they had as paid part-time consultants, people who had been honorary consultants at the Royal Free Hospital, and a whole chain of students one day nearly fell flat on their faces when a very nice chap who was an orthopaedic specialist came down the corridor, saw me, and said, “Fancy seeing you here! How nice!” And they thought, ‘Who is this peculiar young woman that he is taking notice of? But this was extremely nice. I had one patient who said “Oh it’s nice to see your old face again,” which was meant in an endearing way. But all those little things mean quite a lot.

After I had been there about a year, the LCC, in the way that they had, wanted to shift me on. Now I swear that everybody else knew about this before I did. Because the Area Officer instead of either ringing me up and telling me to ensure that I did know had written a memo and let it come through the ordinary messenger service, by which time I had had one person who had rung me up and said, “Can I come and see you sometime? I want to see how the department works.” And I said, ‘Certainly but what for?’ “Well” she said, ‘Oh dear! Don’t you know? I’m taking over on Friday week?’ I said, “I’ve heard nothing about it but it isn’t your fault Miss Dunn. By all means we’ll arrange when you can come but thanks for telling me.” Well she felt awful. And I didn’t feel too good! I rang County Hall about something to do with the Staff Association and I said this and that and the next thing about it, and the chap up there said “Well it will all be different when you get to area 8.” “Oh I said. Area 8 is where I’m going is it? Well do tell me more. What hospital am I going to?” Well he nearly fell flat, and said, “Oh for heavens sake don’t you know?” And I said, “No I do not.” So he told me that I was to be transferred to St. Giles at Camberwell [20]. That was the way that sometimes these things happened. What I call quite an insensitive sort of system. They could just transfer because you see we had joined the service, as a service, to go to any of the hospitals where we were wanted. Originally they put me in Archway. That was when they put me in Archway. But once having settled me there they decided that they would move me. Somebody was leaving at St. Giles and I moved down there into a department, where I had two assistants.

A.C. They made you Head of a bigger department?

E.W. That’s right. Because actually at the beginning there was a woman who had had very little experience who was put at the hospital on the other side of the road, St. Mary’s Hospital, and she felt very very uncomfortable because she said, “There’s Warren with eight years experience me with two, and she’s in an inferior place, and here am I with a staff.” Well we used to meet from time to time but they didn’t place people well from that point of view at all. It took them a long time to get to understand how you did place people. Nothing made them more angry, because it began to happen, (we were only under their management for 13 years), than for somebody who was prepared to join the service to say, “I will join if I can

go to a, b, or c hospitals. where there are vacancies.” And County Hall more or less said, “Well it’s not for you to choose!” And they said, “Right. Then I just don’t come into the service at all.” And they couldn’t understand this! They couldn’t understand this!

- A.C. So you had a choice of employers both in the sense of different hospitals, but also joining different administrative set ups? You could go to a voluntary hospital, a different in administrative set up from a local authority hospital?
- E.W. Yes. Once I got into a local authority I didn’t come out of it. They were more professional. Over the question, for instance, of assessment, they worked on a realistic basis. They said the costs to the council per week per bed is £X. Now if the patients can and are prepared to pay this, or say they’re prepared to pay it, you need do no further investigation whatsoever. Well at a voluntary hospital, the sky had been the limit, and you had to get financial particulars and get them to pay as much as they could, because there were many who couldn’t pay anything.
- A.C. Was that an onerous part of the almoner’s job, the assessment business?
- E.W. It depended how you looked upon it. If you looked upon it as your first priority that must be done whatever else came or went, then it would have been very onerous, but I said, having got my terms of reference from the LCC, they put down as the first duty of an almoner ‘to help and advise patients.’ If I’ve got several people outside my door in out-patients with difficult problems, and others are just waiting for me to assess whether they can manage one and sixpence per attendance or not, there is no question in my mind where I’m going to spend the time. I stuck to that and my staff stuck to it. You had in a way to make a stand. But there was a dichotomy there because you worked for the public assistance staff [21]. When the service was set up the public health side said if they’re going to have anything do with money or assessment we’re not having them on our staff. So we had to go on the public assistance. Now in some ways this gave us an extremely good position, because we had two masters! We could play off one against the other. And we weren’t really bound by any of the hospital regulations. We were dependent upon them for accommodation and every now and again when accommodation was short I said I needed more for something or other, the medical superintendent, one I remember in particular, was very vexed because he couldn’t give it to me because he knew that I was right and he ought to be able to. And therefore his reaction was “Well in any case you are not on my staff Miss Warren.” As much as to say, “This absolves me.” But the work there of course was fascinating! All the maternity cases, that in the voluntary hospital you’d said, “It’s a second illegitimate and therefore the voluntary hospital won’t touch it.” I said when I got to the LCC hospital, “Now I’ll get all these people with their problems and I will be able to try to help them, instead of just saying, ‘No we can’t take you,’” which went quite against the grain to me. I could see their point. They’d got a limited number of beds, and they were all so terrified of litigation. Which they were more likely to get. But mind you from a medical point of view the first babies were the

most interesting, and might have the complications. Whereas once they'd had a baby it wasn't as unknown, and therefore it wasn't as interesting medically.

A.C. Was it difficult for you at the beginning going on the wards? Whether it was upsetting, the trauma and so on?

E.W. I probably got over that difficulty at the Miller Hospital. Now the thing was that in my training I hardly ever went on the wards which was absolutely ridiculous! Absolutely ridiculous! I know once when the Head's clerk was away, I was sent up to give a patient their convalescent forms or their railway ticket or something, but I never did what I call a proper interview with anybody in a bed. When the Head at the Miller was going away on holiday and we were having a locum in, she said, "I think it would be best if you do my work, which is the in-patient work, and we have the locum for the out-patient work, because that will be easier for you to keep an eye on because you know it all." So I said, "Right" and I said to myself, "Heaven help me and the patients. Because I have never interviewed patients in the ward." I didn't tell her this, but I had this great wall between me and the patient because they were lying in bed. I said "Look don't be so ridiculous! They are people! They may be horizontal but they are still people. There is no difference." The only thing was of course that you had to steer round the ward etiquette. And that was quite a thing to do. Yes, quite a thing to do.

A.C. Have you any stories about that?

E.W. I think you had to tread very warily in getting to know very quickly when the consultants did their rounds. You also had to get to know your ward sister well to know whether they were prepared to let you in to see people. And sometimes they were a bit against this. Not always, but sometimes they were. And this of course was much worse in a voluntary hospital than it ever was in a municipal hospital because there you were taken as part of the furniture and you'd got to get on with your job just the same as anyone else had. So that there was far less question as to whether you went in or whether you didn't at a certain time. But these ward sisters, though many of them were absolutely admirable people, others were totally autocratic as can be and could make your life a hell, if you wanted! You never really knew what they were thinking. I had a member of staff once who was leaving and I told the ward sister, the most tricky ward sister. I said to her, "Oh, we're we are losing Mrs. Lyon." "Oh," she said, "Whatever shall we do without her?" When I told the girl this she said, "Well, knock me down. She'd never taken a blind bit of notice. Frequently it's been totally inconvenient. I didn't think she valued me in the very slightest." "Well," I said, "She doesn't know what she's going to have in the future and she's going to miss you very much. So it's a good thing you know it before you go." And you just had to pick up bits like this so that you could keep people's egos up a bit.

A.C. By the time we are into now, the mid-1930's, psychoanalysis was becoming part of the culture and I wondered whether any of it had percolated through?

E.W. Oh it percolated through. But a lot of it left me fairly cold. To my mind common sense and sensitivity was far more important than some psycho analytical whatever. I remember once when I got to Hammersmith - which was in 1942 - I had one staff meeting that was administrative, and I used to tell them what was going on and what was coming and this and that; and at the other meetings we used to discuss a case so that there could be discussion on a case. I had one or two very good caseworkers. One was describing a case one day and we were getting a bit deep in this psychoanalysis and I looked round at my staff and I thought, "You know they admire the way she does it, but they are not following it and, they're not really learning very much from it." I thought, "I've got to break this somehow." And I suddenly said, "You know Mrs. Lambrick, [22] I have no idea what this man is like. Is he married or single? Is he middle class, working class? What is his background? At present he is just a sort of analytical whatever." The whole staff breathed a sigh of relief as much as to say, "We've been longing to say this, but didn't dare."

Well I think at times it's useful in its place, but not to go beyond and not to have what I call the bare bones of the person there. You must know what their social setting is, and what kind of person they are. That was missing. First things first.

A.C. Did you say you came to the Hammersmith in 1942?

E.W. Where have I jumped from? I was '35 to '36 at the Archway and then in '36 I went to the St. Giles Hospital which was a much bigger hospital. They had about 800 beds. I enjoyed that very much. I was there over the beginning of the war. In fact I was bombed out from it. They had a bomb right on the centre boiler. It only killed the boilerman, which sounds an awful way of putting it, but I mean at the time they had at least 800 patients there and not one was harmed. But the boilerman was killed. They could do nothing without the boiler, so all the patients had to be evacuated to other hospitals, and then gradually they got this put right and it started up again. But there was a time when it was clear, and they asked me to go to St. Luke's Hospital over in Fulham, Chelsea, and that was a totally different set up. Very, personal; very, very genteel, a very nice little hospital to work in, where all the little Chelsea ladies used to come in as though they'd come in for their afternoon cup of tea. And working round in these different hospitals, different parts of London, it was most interesting that you got totally different reactions from clients, and you had to treat them in totally different ways. Well, when I say treat them I mean you had to work with them in quite a different way.

But I remember at St. Giles, the Friday before the bomb fell on the Sunday, and my clerk said to me, I think one of the clerks had left so it was my assistant said to me, "What are you going to do on Monday now Miss Cherry (or whatever her name was) has left?" And I said, "I do not know."

She looked at me in blank amazement and we both went home. On Monday morning we came to pick up the bits. And I said, "This is what we are doing on Monday morning." She said, "I was staggered. I have never, never, never, heard you say, "I do not know!" I don't know, there was something about it that I felt, "I can't deal with that now. I must wait until Monday." In fact I could not have been righter! Whether it was intuitive, or what it was, I don't know but on the Monday we were busy taking sticks and hats and coat and goodness knows what, from the St. Giles round to Kings College Hospital, where a lot of our patients went, and where the almoners there, poor dears, had never seen a pension book. They had no idea how to cash them; how to get the patients to sign them; what they did with them or anything! So I said, "Oh you poor dears. I'll give you a lesson and if you run into any difficulty let me know and I'll come round immediately." I knew the staff there well. But that was quite an experience.

When they got on their feet a bit at St. Giles I went back to St. Giles because much to my amazement the matron asked me whether I could come back again. The matron and I had never been buddies. Alright we got along quite well together, but I never thought I counted for anything with her, but there was she saying, "Why can't we have Miss Warren back again?" So I went back for a time. And then the LCC said they wanted to transfer me to Hammersmith which was the only post graduate school in the country. It was the first in the world, I think. And an intensely interesting place to work in because in a way you were working again in a very complex situation. You got the whole of the medical school, and the Dean of the medical school, and you got the administration being carried on by the London County Council. In a way, underneath. So that in each of the sections, maternity, medicine, and surgery, you had what they called an LCC officer, who was a fairly senior person and if it was a question of discharges or something, that really hit the administration, then they were the ones to be consulted and make the decisions. But most of the medical treatment and so on was done by the others. But it was a very interesting situation because they had a patient in there, this was during the war, and they said to me, "Oh well this patient will go out." And I said "Well you know I've got a convalescent vacancy for her on Friday, and you want to discharge her on Tuesday, and in my opinion it will not work and you'll probably have her back again." "Oh no, no, Miss Warren! It will be perfectly alright." So I felt very strongly about this case and I went to the LCC officer and I explained what I'd explained to the other doctor, and I said, "I don't think it will work. I'll do everything I can to make it work. But I don't think it will hold" "Well," she said, "in this case I don't think I can override them." So I said, "Right." The patient went out, within 24 or 36 hours they were back. We lost the convalescent vacancy because they had to be back for about a week. Now I didn't very often take this stand because I thought if I do they'll just say, "Oh she's crying wolf wolf again." But every now and again like this one, there was a case that completely stood out and I said "Well it's my duty. Because if I say nothing they can all turn round on me later in the week, and say "Why didn't you tell us that this

wouldn't work?" She'd been sent out despite my saying that it wouldn't work. But on the whole we worked very amicably together.

A.C. Did the war make a lot of difference to the sort of patients that came to Hammersmith or the content of the work?

E.W. They moved them down to evacuation hospitals and therefore you often only had them in for a very very short time. So that was one of the big differences. We got a lot of war casualties in and you were dealing with totally different problems such as whether this person had got a home to go to or not. And perhaps comforting relatives who'd come in to see them and all this sort of thing so it was really different.

A.C. Were you actively involved with the Institute at this time?

E.W. Yes I was, almost right through. On the professional side, I became what they called a group secretary. They divided the country into groups. But particularly in London and you had an honorary secretary and a chairman to each of the groups, which wouldn't be a tremendous number of people. But the honorary secretary was responsible for discussion with the chairman - calling meetings, sending out notices, summoning people in and generally diffusing information and this sort of thing. And I was asked to do this and I felt rather chary at doing it because I'd only been qualified about five years. I think this was somewhere about 1933. Anyhow I did it for a year or two, and I can't remember when but I then got elected to the Institute. We used to have six representatives on the Institute of Hospital Almoners from the Association so that they didn't work on parallel lines and not know what was going on.

A.C. What was the difference between those two organisations?

E.W. One was a professional body, the Hospital Almoners Association [23]; while the Institute of Hospital Almoners was the training body which had doctors and all sorts of high-ups from here and there. But they also had six from the professional organisation who were mostly pretty senior people.

A.C. You represented the professional body on the training committee?

E.W. That's right I was one of the six to do this and it was very interesting to see how the higher echelons worked. Later on I became chairman and then the Association changed its name from Hospital Almoners Association to The Institute of Hospital Almoners. This was when the two bodies combined, because there came a time when the six of us who were on said, "Look we go and listen to all this on a Wednesday afternoon and then go through the whole thing again when we have one of our meetings. Do we really need to have two different bodies?" In 1945 I think it was the two were amalgamated. I can't remember when I first took any kind of office but the chairman and the president of that body were both medical people when we combined. The chairman of the combined body held office for five years and the same doctor who was very, very interested in doing it, had two extensions of five so that he served actually for 15 years altogether. There was a professional almoner who was a chairman. When

he was the chairman, the vice chairman was always a member of the profession. So that a lot of us got experience of being vice chairman, before we ever had to come into being chairman or anything. But at the end of his 15 years he said that he really felt he'd done his wack and couldn't go on any longer.

Alan Moncrieff [24] was asked to become president and said "Look we've been nursed along by the medical profession for so long isn't it time that we had one of our own members as chairman?" There was a lot of humming and harrang about whether it would be a good thing and whether it wouldn't and then it gone down to, "It might be a good thing in theory but who on earth could you put in there?" I don't know how it happened, these things always happen away from you, somebody said, "If Warren was prepared to do it we would all accept her." So I became the first chairman and I held that for three years, and at the end of those three years the secretary left. And the incoming secretary arrived. I said to her "Now look I am perfectly willing not to raise a finger but leave you a clear line to start with a new chairman and forge things as you like." Now she and I knew each other very well indeed. We'd worked together on professional matters for a long time. She said, "Oh for heavens sake don't go now. Do stay for at least a year or two years while I get into my stride and then it'll be a different matter." So I think I agreed to go on for two years.

A.C. The chairman's job was what, an honorary or a full time job?

E.W. You did a full time job and just did this in your spare time. The secretary was paid. She was paid from 1941/2 somewhere like that. From having been secretary of a group I had become the honorary secretary of the Association, which numbered then about 100 in 1930 and when I took this on later, in the 30's, probably between 100 and 200 but it was still just possible to do it as a voluntary thing although it took a lot of time. But I was very interested in it and did it. But we had a paid secretary from the early 40's.

A.C. And she asked you to hang on as chairman for a couple of years?

E.W. Yes but it wasn't that one actually. The first one we had given up. She was 60 and decided to retire. And the incoming woman had been a vice chairman and she'd been on committees with me and we knew each other very well and she said stay on for the time being. Well then at the end of the two years I said "Now I'll go quite definitely. No extension or anything." So I went. And they appointed another chairman to follow me. Shortly after that we got word from Alan Moncrieff, who had been the president and was by then a pretty sick man, and he felt that it wasn't fair to leave his name there and not do any of the work. He thought the time had come for him to resign. And then they looked round for a president. Well we were then working towards having the combined British Association of Social Workers which came in 1970. And they asked me to become the president. So I was the first professional president and I saw the Institute out so to speak.

I was one of the representatives from our organisation to work with similar representatives from seven other bodies that were hoping to join together and form the British Association of Social Workers [25], and we worked on this from 1963 to 1970. By which time we had hammered out a constitution that everybody had agreed to. We worked out what sort of professional association we were going to have, and this smallish group of us, about thirty in the end, had all got our eyes on David Jones [26]. Everybody had great respect for him and we felt that if he could be the first chairman this would be marvellous. Now Kay McDougall (Interviewee no 14) had been the chairman of what we called the Standing Conference of Organisations of Social Workers (SCOSW) [27] and she didn't want to become the first chairman of the new organisation. She said she'd had enough, and I think she was just about to retire then and wanted to be free of it. Anyhow the understood thing was David Jones would be chairman, and David was agreeable to do it and interested and I think wanted to do it. We called the first meeting, and I think the night before, or the morning of the meeting we got a message to say that unfortunately circumstances were such that he couldn't possibly take it. Now I think he was not free at that moment, although we all guessed what it was. He was being put up as the new Director of NISW [28] and I think that Robin Huwys-Jones [29] had said to him, "Look my boy if you're going to go for NISW you cannot take on the formation of a new association which will take an awful lot of time, if it's going to get properly established." So at the meeting I was the vice chairman of this SCOSW.

They deplored the fact that David couldn't take it and said to me "Will you take it?" and I said, "Not like this. You wait until the next meeting, and between now and then you really think who you want to take it. It's got to be one of the number of these people because they'd been through it all. You really think who you want, and we will have an election, if necessary, at the next meeting." Now my reason for saying this was that you can be forced into a position at a moment's notice, and you weakly say well you know perhaps I'm the obvious person or whatever, and you take it. Now if anything goes wrong afterwards, it is open for people to say, "Well of course she was never elected to it. She just slid into it and if we'd had time to think we shouldn't have elected her." And I could see this and I thought, "No. I'm not going in on that shaky kind of wicket. They can carry on with the vice chairman for one more meeting and they can do their thinking and at the next meeting we will take nominations. At the next meeting there were two nominees, I was one and a man was another. I think I got an overwhelming vote and so I became their first chairman. I then felt in a secure position because they had considered this and had plenty of time to talk between themselves. They'd come down on wanting me, the last thing I had ever anticipated. But there it was. Now I had not long retired. I retired in '69, and I therefore had time and I was able to do for the first time, really do quite a lot of donkey work in getting BASW started off. Doing some of the nitty gritty work that had to be done once, because it was the beginning, and therefore it was not really feasible to get a whole lot of new people in. So a small band of us who were volunteers (and it was in London so very easy for me), and I put, as well as others, a

lot of work into starting this off. In the first year we didn't have an elected council at all. We had the people who'd been nominated by the eight organisations. But at the end of the first year we had proper nominations. I was asked to continue as chairman, and the chairman's term was supposed to be two years and I said, "Yes, I'm prepared to accept it on the understanding that at the end of another year I shall then have done two years and that'll be it. So if you know that now you've whole year to look for your next chairman." So this was what happened. I did the first years '70—'72, then I became what they call the immediate past Chairman and therefore on the council for another year. And after that I was just out.

A.C. Up to the time of your retirement were you at the Hammersmith all that time?

E.W. Yes I was. I was there from '42 - '69, a very long time. But you see one saw an awful lot of changes in that time. Changes medically, and socially and the whole question of supervision came up which hadn't been on the map before. I well remember that in 1953 supervision was then what you might call in the wings. People were talking about it and nobody really quite knew what it was. But it seemed to me that it was something reasonably sound. I had several people who applied for two posts and one of them was very young, just through her qualification. I was having a preliminary talk with her before she went to the board for appointment and she fixed me with her eye and said, "If I came would there be supervision?" I thought, "Yes, you're catching me in a net because if you don't want it and I say there will be, this will be against it. If you do want it and I say 'No! then there'll be other trouble." So I said, "Well would you want it?" and she said, "Yes I would." I said, "Then it will be available." When I had said that I thought, "Heaven help me! Nobody on the staff has ever done it. I've never done it, but we've got to make a start somewhere somehow." So she was appointed and came on to the staff and I thought now I've really got to pull myself together and see what I do. What they want what they expect and all the rest of it, I cannot see all this high faluting language was going on about what you did and analysis and goodness knows what, and I thought I'm going to start at the bottom and I'm just going to see what really is needed. I said to her, "Now if you select the cases that you want to talk about, we've arranged for you to come tomorrow at 10 o'clock or whatever. Let me have them the night before." I thought at least then I'll be in on the ground floor and I can have a look through the case and get some idea as to whether there is anything there that I can help her with or anything that needs filling out or anything like that. Well, the moment I got these cases my mind cleared because it's all written out there for me. There were lots of things that simply through past experience I knew. So I was never a high-powered supervisor, but I was able to supervise her and to help her really. This is how I looked at it. To see things in the file, or things that weren't in the file, that I couldn't see she was going to get at, and help her get them.

For instance I remember one case, (I'm not sure if it was hers or not), and I had this case to read through and it was a maternity case and there was some problem or other. Well I read through the whole of this case, and

when the girl came, I said to her, "Yes I've got this and we'll discuss it, but tell me first of all is there a husband?" "Oh yes Miss Warren." So I said, "Well he doesn't figure anywhere. I have no idea whether he exists. I've no idea what his part is." And after all one of the problems this woman has got is a housing problem and I said, "If anything is the man's business to find a home for his wife and so on, surely this is." Well of course immediately she could see it and so on, and I thought I have got something but I've got it through my experience rather than anything else.

I can remember a funny one which I don't mind telling you about Mary Sherlock (Interviewee no 16) who became my supervisor after a time - and she was very good. But I remember her coming into my office one day and saying, "Look I want to get this clear," in her very direct way, "I want to get one thing clear." I said, "Right. Take a seat and tell me what it is." And she said, "Of these people, these staff that I am supervising, do you expect me to make first class caseworkers of everyone of them, or do you expect me to develop their potential to its highest?" "Well" I said, "Now look. How can I expect you to find something in somebody that isn't there? We know that people have got different limits, different standards, different things that they can do. All you are there for is to help this staff to perform at her highest level." "Oh well," she said, "that's alright then," and went out. I thought if she'd been harbouring this for several days, how could you expect anybody to put something there that just didn't exist? I said, "I'm not asking you to do the impossible. I'm just asking you to work with what is there." So this cleared the situation, but I shall never forget that day she came in in quite a state!

A.C. What other changes in ideas have you seen during your time?

E.W. Well the whole attitude to students has changed tremendously. In the early days, as I say, you used to sit behind and listen and hear what was going on and then there came the question that students had to have their own rooms for interviewing. Then came this business about this very full recording; process recording. I used to think I can't get half as much through that as I can through hearing them talk. Now it so happened that I had a marvellous example of one. Now I think this was a student, but we had to double up in offices, and I was sitting at one table and she was sitting at another but the client was back to me and I of course was not saying a syllable or doing anything and obviously engaged in something else. But she had a very sticky time with this woman! Very sticky time! And then she went out of the room to find out something or look up something. I thought if I can do anything to get this on to an easier footing for this girl it would help. I realised that what had happened was that this interview had been going on and never at one moment had the silly girl ever mentioned the boy that was the client. She'd never given any indication that she'd seen him in bed in hospital, or that she knew him, or knew a thing about it. And I think while this woman thought I was completely detached I said, "Your little boy, he's the one in the corner isn't he? I saw him the other day as I went down the ward." Her whole face changed completely and her whole attitude changed, because she thought here was somebody who was speaking of a reality situation; who knew the

boy. Then this girl came back and so they went on with their interviewing and that was finished. It was a tiny bit easier after that. But I said to her after it was all over, "Well how do you think it went." She said "Well it was a bit sticky," and I said, "It certainly was and have you any idea why?" She said, "No I haven't except that she didn't seem to be very forthcoming." But I said "You never gave her the slightest idea that you knew the boy in the flesh. Now you do, don't you? You do know where he is in the ward. You do know what he does. You have seen him playing with something in the ward or you've seen him talking to the men in the ward, but nothing to bring up a sort of personal thing, did you bring up." Well she saw it then but she hadn't seen it before. But it's very interesting how you can hear the gaps and you can see what's going wrong from behind.

A.C. That's a kind of management skill isn't it?

E.W. It is. Yes.

A.C. Something you've acquired through experience.

E.W. Oh yes absolutely. But what other changes? These students had to interview on their own and then bring back the report. Well you had to do far more asking them about this and that. "What did she sound like when she was saying this? Did she sound wrought up or did she sound unimpressed or as though it wasn't at all important or what?" You had to fill in that background and foreground and this sort of thing.

A.C. More text books began to come out a bit towards the end of this period didn't they? Cherry Morris's *Social Casework in Great Britain* appeared in 1950. Jean Snelling's (Interviewee no 18) essays and journal articles and so on. Did they impinge on you very much?

E.W. Yes I think they did. One read them and sort of put them into their place in your own thinking. You didn't just try to drag it in this way or that way. You've got to make it your own, before you could get it over with any kind of conviction at all.

A.C. In the conversations I've had I've found that people have reacted in different ways to the growing body of literature. Some people have said what you've just said. Some people have obviously got a great deal from it, others have got nothing and dismissed it. Did you find that there were things in the literature that you could identify with in that period.

E.W. Yes, but I wasn't glued to it. I wasn't trying to make a pattern from it.

A.C. It's interesting Noel Hunnybun (Interviewee no 12) said what you just said about making it your own.

E.W. You've got to make it your own before you can begin. She's a marvellous person. Marvellous. She was at the LSE in her third year when I was a raw recruit, and I always used to remember her. She was, even then quite a forceful person. She used to come swinging her hockey stick. A little person. Oh dear, she was great. I stood rather in awe of her because I was junior and quite a bit younger than she was. But she was nice.

Several of us, about half a dozen of us, I can't remember exactly when this was, it could have been in the 50's, we asked her if she would give us a series of seminars, or talks or whatever you like to call it. And she did this and we were all very grateful because it was on a realistic basis.

A.C. When I met her I was surprised, because in my mind she'd always been associated with the Tavi [30] and a Kleinian model of social work. But she's actually a very practical down to earth person.

E.W. Very practical. But then you see you've got to remember she started in the time of practice. You learned from one and another and there wasn't the literature and there wasn't anything that you worked on. She's lived through it, and therefore she hasn't been swamped with all these analytical ideas. But if you get the fairly young, who come up, and before they've had time to make a way for themselves or make any kind of pattern of what they're going to do, (I don't mean dogmatic pattern), they get swamped with all these ideas, when they are dealing with interviews and so on their mind is clouded with these ideas instead of taking it as it comes, really.

I can think of many such examples. I can remember knowing that I had to face a woman who had just recently lost her husband and she had other, what I would have called, very minor practical difficulties. I met her, as I hoped, quite sensitively and began sort of thinking a little bit about the loss of her husband and saying I was so very sorry to hear and this sort of thing. She almost brushed it aside. I had been thinking before, "Now what can I say to her that would comfort her?" Then I thought, "Don't be silly you've got to see the person first and you've got to take it from there." Well this got brushed aside and what she really wanted me for was what she was now entitled to. I mean a very practical level. I don't say the other wasn't there, and might have come out or we might have got down to it later, but this was not the pressing problem. This wasn't uppermost in her mind.

A.C. I wonder whether I can ask you about a slightly different angle, going back a bit to the part you played in the Institute. During this period we are talking about, particularly the post war years up to '59, there were various government committees and Royal Commissions, to which various bodies gave evidence, and I wondered whether you'd been involved in any of that?

E.W. No I hadn't. I suppose that what I had taken part in, in earlier days, was negotiating salaries and getting things on to the joint council.

A.C. Can you say something about salaries and the conditions, and negotiating that.

E.W. Yes. When I was at the Royal Free as a junior one of the things that I hoped I would never have to do was to go to the secretary of the hospital and say "Well you know Miss So-and-so. She's been doing very well recently. I think we ought to give her a rise." "Well yes Miss Warren, how much do you think it should be?" "Well I think so much." You went through

every member of staff that way. I didn't hear it going on, but used to hear of it. And I said to myself this really is humiliating. Professional people they ought to be on an incremental basis, and they oughtn't to be going cap in hand to the secretary of the hospital. It's ridiculous. Well when I got appointed to the hospital on the permanent staff, I wrote in and said that I would like to know what the terms of contract was, and what my increments would be. I heard afterwards it was unheard of to ask this. But I got the answer: that this was being increased by £10 per year for so many years. This in fact came when there was a slump and everybody's salaries went down automatically by 10%. What people would say about it today I've no idea, but that was just accepted! Well during that time I said to myself it was no good saying anything to the chief about me having an increment, because who'd pay an increment when everybody's being cut. Well I don't know how, but she did discover this and said "Well Miss you have your increment. To begin with," she said, "I've never heard of anybody asking what increments there were." "Well," I said, "I wanted to know where I stood not only for this year, but for a year or two to come." She thought that this was quite a good idea. But I think this probably started me off on the idea that there ought to be national figures and I was on some of those negotiating groups where you had the physios, the speech therapists, the pharmacists and the almoners. We managed to get ourselves into a group to bargain and to get a group of employers with whom we were able to discuss it. In the days I'm talking of were all from voluntary hospitals. We were invited to go to one meeting and it had one of these rather formidable polished tables. On both sides of the table were ranged the employers side, and we had a row of seats behind the backs of the people sitting up to the table. Well we had then, (you may have heard of her), Miss Edminson [31], very feminine, but very shrewd and very on the spot. Well we went struggling on with this bargaining and we weren't getting very far. All of a sudden Miss Edminson said, "You know Mr. Chairman, I have no idea what these gentleman in front are thinking. They've all got their backs to us and we just can't see what they are thinking at all." These people who were all men, sort of shuffled their feet and turned half round to see who this forward woman was. But it completely broke the ice. She had something that I wouldn't really call a giggle, but it was a most infectious laugh and she looked absolutely charming always. After that we really got down to some business, but that was quite one of the most amusing things. Then after a time they became the most frustrating things that I ever went to, because the employer's side I think had been given their marching orders by the Ministry, that they couldn't go above this or that and so however many times they gave us terms and we separated and went out to think it over, there was nothing really. No increase on before. It was most gruelling.

- A.C. I don't know if you would think this is fair or not, but some people have said to me that because the PSWs. and MSWs. were predominantly made up from the ranks of women, they were not as forceful as, say, probation officers were in salary negotiations.
- E.W. Well I think this is probably so because I'm talking' now about the 30's or 40's.

- A.C. It was an irony that the two best, most qualified groups, the almoners and the PSWs. were the worst paid of the social workers.
- E.W. They were. There was no question about this. But this was because you always paid women a little less than men, and of course there was no doubt about it, if you looked at the numbers we had hardly any men in our profession. And the PSWs I don't think had many.
- A.C. The first male almoner, in the post war years, was Lesley Carradin. [32].
- E.W. When I was a student for two days a week at the Moorfields Hospital, working in fact with this same Miss Edminson who was such a treat. I used to sit behind her and hear her interviewing. Now what I didn't learn about interviewing was just nobody's business and I used to lap it up and enjoy it. Well she wanted to give me something to do so that as far as the patient was concerned I wasn't listening to it all the time. She was honorary secretary of the association at the time, and she asked me to write the envelopes for the people to whom she'd got to send notices. So I did these and then I suppose the time came round again when they had to be done and when I got half way down the list I said "Oh what about this one. This Mr. Green seems to have been crossed off.' She said "He's died," I thought, "There you are you see. The only male and he's died!"
- A.C. Can I ask you my last two questions?
- Some rather critical things have been said about the social workers in this period, between 1929 and '59. I'm thinking of the sort of things that Barbara Wootton [33] said and wrote.
- E.W. Oh yes. She's a pain in the neck!
- A.C. I just wondered what you'd say about it all. What's your comeback to it?
- E.W. Well you see I don't think she really understands what social work is all about. Barbara Wootton. I really don't. I mean she's not in the social work field. She likes to think she is, but she isn't really. And I have not much time for Barbara Wootton.
- A.C. What did you think of the points that she made. She said that social workers had become too preoccupied with the individual psychology of the client and lost sight of the social circumstances he found himself in and the part they contributed to his problem. She said they became mini psychologists or mini psychiatrists. The way she saw the role of the social worker was as being the equivalent to, say, a private secretary or perhaps a solicitor that a more well-off person might go to, and therefore all one needed as a social worker were secretarial skills and good manner. She actually uses that phrase somewhere. She also says that social workers at this time were making enormous claims for their capacities; what they could achieve. She was saying that if they are as good as they say they are and they can do all these things, perhaps we should refer some of the world's leaders to them, because they can obviously sort things out more effectively than politicians. I think those are the points.

E.W. On the first one, there was a phase that I did say to you was certainly overweighted by the psychological analytical people, and therefore on that score I would say that a certain number, for a time, perhaps, did lose sight of the overall picture. Now over the question of just being a secretary. It just shows that she hasn't the remotest idea of what goes into a social worker's training. Or in a way what comes out of it from the point of view of clients, and how they are helped by it. Now the third one is this politician. That is just facetious. She's let herself go to seed and say, "Well if they're all so marvellous this that and the next thing." Well it's just not on!

A.C. Looking back on your career, what do you think of as the best thing you did as a social worker? It doesn't have to be a thing, and doesn't have to be restricted to the period we've been talking about. It can be anything or several things. What things give you greatest pride to look back on?

E.W. Well I don't know, this may sound a bit egotistical. But the fact that my staff and I used to keep the patient in the centre of the picture. Now I had a very interesting experience of this. I had a girl who was newly qualified and she came to me in about '41 or '42 and she was very inexperienced, but she was a bright young thing and she was only with me for a couple of years and then she got married. Well after about 15 years her family was beginning to grow up, and first of all she said she wanted to begin doing something, and so I said, "Go and do some care committee work and see how you like to getting back to the client situation or not. And if you find that you like this, you can then think about perhaps taking a part-time job or doing something else." Well she did this and then she came back to me and said, "Well, yes I have enjoyed this and I really would like to pursue it and I would really like to get in, but I do feel that I need rubbing up. Because a lot of things have happened since I trained." She was thinking of all this psychological stuff and all the rest of it. And she said "There are a lot of new theories and a lot of new Acts of Parliament and things you've got to work within. I really need rubbing up." Well I think she went to the Institute, and the Institute said to her "Why don't you ask Miss Warren whether she will take you for a month for a rub up." So she asked could she come. I said "Certainly I'd be delighted to have you."

This was really to my mind a two way stretch. I was very, very interested to see what difference marriage, bringing up children, living a domestic life had made on her capacity to be a good social worker. She on the other hand wanted to pick up all the gen for doing it. Well she came and she worked with me and she took on cases and all this sort of thing, and she worked with me for something like a month; three weeks or a month. Then she said "Oh I have enjoyed it. It has been fascinating, but you know the one thing is this that has not changed, and I am so relieved. The client is still the centre of the picture." She said, "If that is so then I could quite happily go back to work again in this setting. But" she said, "alright I've had the month and feel much better for it and I've learned a lot, but I don't really feel I could be ready to take a job." So I said, "Alright Dorothy of course you're not. I'm going away for a fortnight you can do all my ward work for me. When I come back you can tell me where your gaps are and

what you found. This is the quickest way of finding out. Now that you've had your rub up." And she did this and I think later she took a part time job. But it was this interesting thing. The client is still the centre of the picture. In other words whatever ideas and theories and everything there have been, has played round that and has not usurped it. I'm talking about the end of the 1950's. She married in '42; it was 15 or 16 years later. But I think that being able to build up a department of very diverse people who were able to work together in the department and you felt that you could help so many of them as well as helping your patients was an achievement. I remember ex-staff, Mary may have been one of them, who have said to me from time to time, "How you ever looked after a staff where there was so much divergence of opinion, of everything else, we never knew. But you did!" I don't know how I did it.

A.C. Was it your management role, did you enter it in a certain frame of mind or attitude?

E.W. I think so. That I'd got to share with them and that I wasn't the one to just make decisions and say nothing as to how I made them. I had a member of staff in 1963 who applied for the new deputy post. Three of them applied and I said to her, "Look I do not understand why you are applying for this post. You've been working in a single handed hospital." She'd been working in a hospital that was attached to the main hospital so that in a way she was working under the Head, but she worked on her own and they were quite happy to leave her there. She was a very good worker indeed. I said, "I cannot understand, you have been working on your own and now you say you want to come and work where there is a staff of six or eight, or maybe nine." And she said, "Well I'll tell you. If I wanted to do something that didn't appear to be quite regulation, I would go to the Head and I would say to her, 'Can I do this or whatever.' And the answer was, 'yes' or 'no,' and I accepted it. But I never had the slightest idea on what she made her decision." Well I was fascinated. Absolutely fascinated. So I said, 'If that's what you are really after, I think it is fairly possible that I could help you with it.' She came on to the staff very happy and everybody enjoyed her very much indeed. I said to myself, "Now look here, you've got to be jolly careful with this girl." Because she was an absolute delight. She's a very, very close friend to me now, and this is years and years afterwards. I could keep her because she's such a joy, and because she's so good with the other staff and everything. But this woman has got a career in front of her and I must not keep her, once she has learnt what she really needs to know. So whenever we went to discuss salaries with personnel officer or anything like that, I used to take her with me and she heard it all going on. She very rarely said anything very much, but she might to me afterwards say something. But she learnt it all through hearing what I did and what I was doing. Now I had really never had anybody before who was interested in this side of it and I had always longed to, if you like, teach it. Not in a grandiose way but in a helping way.

After she'd been with me for just over two years, I realised that she was beginning to know whatever she had come for. One day I came out of my

office, (I had an inner room and there was an outer room), and we were going over to a Christmas Party or something, and I saw her there in the middle of the group of the rest of the staff, and I said to myself, "That ought to be your staff. Now, I must take my opportunity, but at some time before too long I must indicate to her that she ought to be looking round for something." She was staggered, quite upset on the day that I did say to her "Look I think you have really learnt just about all you can learn from here or from me and I think it's time you looked for a job on your own." And she went back to a colleague and said, "I've got the order of the boot!" But I never believed in keeping staff, once they ought to be developing into something else. I once had a member of staff who was in a way a slow starter. I think she'd had a bad deal in her training. She was a bit disgruntled over this and that and she came to me and said she was going to leave and I asked "Well what are you going to do?" She said "I haven't any idea but I'm going to leave." I said, "Well you just can't do it. I can't have you leave in this sort of state. You've got to get somewhere before you leave, and you have got to either find a job or you've got to do something. You don't know this, but I do. Nothing is more difficult than to get a job when you are out of a job." Well I think she stayed with me for about a year and at the end of that time she came and told me that she wanted to take the Mental Health Course [34]. Now I thought by then that she was up to it and I said, "I'm very happy for you to go for it." So it did work both ways. Sometimes I would say you ought to be looking for a senior job or something. But it also worked the other way only with that one girl.

- A.C. You actually, through hard experience worked out a whole lot of things about staff development.
- E.W. One woman had only just really become a senior and I didn't feel she had enough experience over and above the rest of my staff to be the deputy above them. So she was a very nice girl but I didn't think she was ready for the job. Then there was this one who wanted to learn administration, and the third one was somebody who had worked in her own department for many years. And I said to myself, "If that girl comes, she will ride over me, and I will not be able to cope with her. I'm not going to appoint her, it's the wrong time in her career for her to be taking a deputy's job. If she wanted it she ought to have taken it several years ago. And so she was turned down for that reason. It was interesting that I think a year or 18 months afterwards I met her at a meeting, and she said "You know, it was quite right that I didn't get your job." She then went into a research job which I think she would have been excellent at. I don't think that personal relationships were her forte.
- A.C. Thank you very much for talking to me.

EDITORS' NOTES TO THE WARREN INTERVIEW

1 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.

2 The 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.

3 Bermondsey Settlement was founded in 1892 by Rev. Scott Lidgett as the only Methodist Settlement at the time. It offered social, health and educational services to the poor. It closed in 1967.

4 Royal Free Hospital was founded in 1828 to provide care to the poor. It was originally a dispensary IN Gray's Inn Road, London and became a hospital in the 1830s. It went to its present site in south Hampstead in 1975.

5 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 Roof *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).

6 Women's Auxiliary Air Force was created in 1939, had a peak membership of 180,000 in 1943. Was renamed Women's Royal Air Force in 1949.

7 Women's Royal Naval Service was popularly known as the WRENS. Formed in 1917, disbanded in 1919 and reformed in 1939. It had a peak membership of 75,000 in 1944. It was integrated into the Royal Navy in 1993.

8 Auxiliary Territorial Service was formed in 1938 as the women's branch of the British Army. It had a peak membership of 65,000 in 1941 and became the Women's Royal Army Corps in 1949.

9 Richard Henry Tawney (1880-1962) Lived at Toynbee Hall with Beveridge in 1903. Taught at the LSE 1917-1945, being Professor of Economic History 1931-45. His classic work is *Religion and the rise of Capitalism*(1926).

10 C M Lloyd. Lecturer at LSE in the 1930's. Author of three early Fabian Society pamphlets in 1920 on *Urban District Councils; Housing; and The Scandal of the Poor Law.*

11 Clement Attlee (1883--1967) Taught at the LSE 1913-23 and became mayor of Stepney in 1919. Author of the 1920 book, *The Social Worker*, which took issue with the prevailing philosophy of the Charity Organisation Society. Was elected MP for Limehouse in 1922. Leader of the Labour Party 1935-1955 and Prime Minister 1945-51.

12 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.

13 **Minnie Haskins.** (1875--1957) lecturer at the LSE 1919-39 and 1940-44. Also wrote three volumes of poetry, the first in 1908.

14 **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.

15 **Hugh Dalton** (1887--1962) After Cambridge he studied at the LSE. Was elected MP for Peckham in 1924 and lectured at the LSE and the University of London from 1919. Was Chancellor of the Exchequer in 1945 but had to resign in 1947 for leaking budget details to a journalist.

16 **Miller General Hospital** a Kent dispensary was started in 1783 and a hospital, the Miller Memorial, built in 1883 to celebrate its centenary. It was renamed the Miller General in 1908 and demolished in 1975.

17 **The first ever hospital almoner** was Miss Mary Stewart appointed to the Royal Free in 1895 but resigning due to ill health in 1899. The title "lady almoner" was prevalent for a long period. See E. Moberley Bell, *The Story of Hospital Almoners*, (1961).

18 **LCC Municipal Hospitals.** After the Local Government Act 1929 and the dissolution of the Metropolitan Asylums Board in 1930 the London County Council 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."

19 **Archway Hospital** was opened in 1879 and renamed the Whittington in 1948 after a merger with two others.

20 **St. Giles Hospital** The Camberwell Workhouse opened in 1818 and became an Infirmary in 1875. The London County Council took it over in 1930 and it joined the NHS in 1948 renamed as St. Giles Hospital. It closed in 1983.

21 **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 UK.

22 **Mrs. Helen Lambrick** wrote an article in *The Almoner Communication with the Patient* Oct. 1962

23 **Hospital Almoners Association.** For the complex history of almoners' organisations see Note 2 above.

24 **Alan Moncrieff** (1901--71) was the first Nuffield Professor of Child Health at the University of London in 1945 and founded the Institute of Child Health in 1946. Was also the medical correspondent of *The Times*.

25 **BASW** After seven long years of hard negotiation, the British Association of Social Workers (BASW) finally opened for business in June 1970. Seven organisations had agreed to join forces while the National Association of Probation Officers remained independent. The archives of the seven organisations are lodged, and listed online, with the Modern Record Centre at the University of Warwick. See also :Collis, A. and Stacey, R (1987). *Catalogue and Guide to the Archives of the Predecessor Organisations 1890-1970* published by BASW

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

27 **SCOSW. Standing Conference of Organisations of Social Workers.** The Chair of the Standing Conference was Kay McDougall, a post she took reluctantly, viewing it as a “dreaded vocation” which would “eat up my life”. And so it did. Looking back on it in the first issue of BASW’s then journal, *Social Work Today*, she described the effort as “back-breaking” and said that she had come to see the eight associations as “having very different personalities”. See also Alan Cohen’s Interview No 14 with Kay McDougall. The eighth organisation that did not merge with BASW was the National Association of Probation Officers.

28 **National Institute for Social Work Training (NISWT or later NISW)** aimed to raise standards of social work and social work management through research, publications and training courses . It was set up in 1961, following the recommendations proposals in the report of the Ministry of Health Working Party on Social Workers in the Health and Welfare Services (the Younghusband Committee) in 1959. The Institute wound down its activities from 2001 onwards and closed in 2003.

29 **Robin Huwys Jones** (1909--2001), social work policy maker and academic. In the mid-1950s, while Director of social science courses at University College, Swansea, Huws-Jones joined, and later became vice chairman of the Ministry of Health working party (chaired by Eileen Younghusband) investigating the staffing needs of social services. The 1961 Report led to the establishment of a staff college to train the trainers of local social service staff, the National Institute for Social Work Training, and Huws- Jones became its first Principal. He was an active member of the 1968 Seebohm Committee.

30 **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.

31 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*.

32 Enid Warren's identification of "the first male almoner" probably relates to the post –second world war period. The Editors are grateful to Joan Baraclough for the information that **Thomas Cramp** is widely held to have been the first ever male almoner. He served at the Metropolitan Hospital London from 1902 to 1923 and was active on the Almoners Committee as early as 1903. See Andrew Sackville's *Thomas William Cramp, Almoner: the forgotten man in a female occupation. British Journal of Social Work*, 1989.

33 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 for 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).

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