

THE COHEN INTERVIEWS

REG WRIGHT -- Interview no 25

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 With one exception (No 24, Clare Winnicott) the interviews were unpublished until this edition in 2013.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

Reg Wright

This interview reads very differently from the other 25. It took place in two separate sessions on different dates but that alone does not explain the qualitative difference between parts 1 and 2. (Robina Addis was interviewed twice by Alan Cohen but her second half flows on clearly from the first). Reg Wright in his second part speaks extensively on a variety of topics and for the most part unprompted by Alan. It may be unwise to speculate but possibly Alan provided a list of questions in advance and Reg took that as his cue to launch forth. Alan no doubt was used to this as he had Reg as a tutor at LSE. Whatever the cause - and despite some long-windedness and occasional lack of clarity - the Editors decided to let both parts stand as transcribed with only a little copy editing.

Part 1 of the interview provides an interesting narrative of RW's early career: Army service including the Medical Corps and working alongside psychiatrists; discharge in 1948

followed by the social administration course with Barbara Rodgers at Manchester University. Then the critical decision to take the LSE Mental Health course - an action which his contemporaries in Manchester thought was "mad" -- which in turn shaped the middle section of his career and introduced him to new ideas, new people (Edgar Myers was his supervisor when on training placement at the Maudsley) and new organisations such as APSW which he chaired at the end of the 1950s. Despite his better judgement, he served as a PSW for a local authority before taking a lecturer post at LSE on the Mental Health course in the early 1960's and had Alan Cohen as one of his students. He stresses several times that he is committed to psychiatric social work as a community service and he engages more fully than any other interviewee with Alan's questions on Barbara Wootton and Audrey Harvey's critical views of social work.

In 1963 he was appointed as Chief Professional Adviser to the Council for Training in Social Work (CTSW) and a curious feature of both parts of his interview is the absence of any reference to his specific work there nor at the Central Council for Education and Training in Social Work (CCETSW) where he was for many years an Assistant Director. He had a very long standing commitment to social work education and perhaps the reason for his presence in these two organisations was taken for granted. The Editors have been able to gather a few clues. For example, in 1975 the DHSS asked CCETSW to consider how best the lessons from the Maria Colwell tragedy could be disseminated and one result was the CCETSW discussion paper *Good Enough Parenting* by Olive Stevenson, Juliet Berry, Gill Gorrell Barnes and Sula Wolff. The discussion group that produced this paper was encouraged and supported by Reg Wright and he wrote a thoughtful introduction. And RW is mentioned in *The Social Work Business* by John Harris [(2003) Routledge] as the author of a 1977 CCETSW discussion paper – *Consultative Document 3* -- which aroused some heated opposition. It suggested that senior staff at CCETSW should form judgements and make public statements about the content of Certificate of Qualification in Social Work (CQSW, awarded between 1975 and 1991) courses. It met with much external criticism and a lukewarm CCETSW internal response and was not taken forward. Topics such as 'competence' and 'national standards' were apparently not in keeping with the spirit of the times.

Reg Wright – Part One

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

R.W. In 1951, after being in the army and then doing a degree in social administration at Manchester. When I was doing that I was debating between going into adult education and going into social work. It was the period after the war when there was a lot of enthusiasm for the development of what were then called County Colleges which were really meant to develop education for 16 – 19 year olds, which had never been developed since World War I, and still don't seem to have been developed. So there was a lot of enthusiasm for the development of young adult education, and I debated for a long time between that and social work. But, in the end, decided to train as a psychiatric social worker. I then went to LSE [1] and trained and then went to work in the local authority. Subsequently I came back to LSE and continued to work in the local authority on a part-time basis in London for the first three or four years when I was still at LSE.

A.C. What was it that brought you into social work? Was it religious or philosophical?

R.W. Well, originally when I was at school I was certainly a Christian and intended to become a parson. But I changed my mind about that before I went in the army. There, some of the army work I had to do was in relation to psychiatric hospitals, and that gave me quite a lot of links with the National Association for Mental Health (NAMH) [2] after-care scheme, which was the scheme for returning psychiatric casualties, and then was extended to civilians. I had quite a lot of experience in working with returning prisoners of war. I knew absolutely nothing about social work. I'd never heard of it, I don't think. So after leaving the army, or before leaving the army, I applied to go to University and had a choice between going to LSE to read sociology or going to Manchester and reading Social Administration. The LSE course was an honours degree in sociology; the Manchester course [3] was an ordinary degree in Social Administration. I decided to go to Manchester because I thought it was more a course which was concerned with the things I was interested in: social welfare, social policy, though I didn't know much about it. Also, because three or four of my friends from school and the army were also going to Manchester. People told me at that time that really if you read sociology at LSE the best job you were likely to get was as a secretary or a market researcher. Most of the girls became secretaries and the men became market researchers. I began to hear about social work when I was at Manchester. But I must say that when I finally decided to become a social worker I had really very limited knowledge of what it was about, but haven't regretted that decision.

A.C. Can I press you a bit more? Was it just an interest thing? I've found that a lot of people of your generation tell about a philosophical or political or religious set of ideas they'd worked out.

R.W. I couldn't say I had any very well worked out ideas. I think that I was of that generation, coming out of the army after the war, that was full of enthusiasm for a brave new world and social planning and to develop social policy and the notion that it would all be alright if we only behaved very sensibly and rationally. Basically, the reasons why I wanted to work with people were the same kind of motivations in myself that had originally pushed me towards going into the church, and that I've got in common with a lot of social workers of that generation. No longer being a believer, I suppose that the drive expressed itself in a different way. But the debate I had with myself between working as a social worker and working in education was the kind of debate between intellect and feeling, the debate about reason and non-reason, really. So in the end I ended up with a foot in both fields. But I can honestly say that when I went into social work I hadn't much of a clue what it was I was going into. It looked to me as if psychiatric social work was on the up and up and the one that seemed to me to provide the best kind of intellectual basis for developments in social work, and everybody told me LSE was the right place to go for that so that's what I did. I perhaps should confess, though I wouldn't like to say it too publicly, that the thought of working in the local authority was the last place on earth I would want to work and I didn't like the general context of local government. That was partly, I think, because I grew up with close associations with local government, because members of my family were much involved in local government in the West Country and it always seemed to me a very narrow parochial way of going along. So, I

suppose, part of my adolescent rebellion was against the rather parochial way of looking at things that I experienced from some of my family members who were local authority councillors.

- A.C. Was it a problem getting on to the Mental Health Course [4] without previous social work experience.
- R.W. Not as far as I know. Certainly they didn't tell me so because, of course, I was quite a bit older than the others. Also, I'd had three years working quite closely within psychiatric hospitals and with psychiatrists.
- A.C. Were you in the Royal Army Medical Corps (RAMC)?
- R.W. Yes. I was originally in the infantry and then, when the war ended, there was opportunity for transfer into other things, and as I was then beginning to think about social work or something like that (I don't think I would have called it that because I don't think I knew what it was) but it was that kind of area of interest. So I decided to transfer to the Medical Corps. I moved into what was originally clerical work in relation to psychiatric hospitals and then ended in an administrative job in the war office in the section that administered the psychiatric services in the army. So I had both worked in psychiatric hospitals, first of all in a clerical capacity, then in an administrative capacity; and then worked with psychiatrists in an administrative capacity in the War Office.

I was born in a family that was essentially split between part of the family that was entrepreneurial small businessmen with, one member of the family that was the first graduate, who'd become a parson. So that higher education and being a parson were really my only direct experience of higher education. And, the other half of my family were working class: mainly agricultural labourers. So I experienced a quite large extended family structure which was a mix of the two kinds of bits. And I suppose that must have influenced me. Certainly, I can remember having strong feelings about the fact that in a place like Torquay, which was where I was born, that there was a total split really between the better-off middle class people who dominated the town, and the working class people who were on the whole kept in their place. My family was caught in the middle.

- A.C. You were in the army during the war and you weren't demobbed until 1948. Then you went to Manchester [University] and did social administration. Do you remember anything about that social administration degree course?
- R.W. Yes, I enjoyed it very much. There's some of it which still sticks with me and that I periodically use. I suppose the thing that stuck with me all my life since then was really the very good teacher we had about politics and political ideas, and that's the part that I remember most vividly. A man called Teale [5] who subsequently became Professor of politics at Keele. He was a rather sceptical kind of character who worked with a very liberal kind of philosophy and it opened up a whole new area of ideas to me which I wasn't in anyway aware of. So that, I think, that was the most influential thing in the teaching at Manchester. I think the other piece that has always stuck with me was that I'd always be glad that Barbara Rodgers [6] had just come back from Canada, or came back in the second year I was there, and

developed a comparative social administration sequence in the course, and as a consequence I did that. There was a kind of special option for students who were doing rather better in the third year, so I did some comparative study of Russian, Canadian, French and British social policy and social institutions. That really, I think, was a very important influence in making me much more aware of my own culture and by comparing it with others, together with the (at that time), heavy influence of anthropology in the sociology teaching at Manchester. In fact, there was hardly any sociology teaching; it was almost entirely anthropology. That really greatly broadened my perception of the world from the rather narrow West Country view which was really a view that regarded anything north of Bristol as really pagan country.

A.C. It also must have given you a very broad view when you did the Mental Health course.

R.W. When I did the Mental Health course I met a lot of the social science students from LSE because I lived in Oxford House, the settlement in Bethnal Green [7], and I lived in the settlement in Manchester [8] for two of the three years I was up there. I was frankly shocked by the narrowness and rather itsy-bitsy kind of programme of the social science course at LSE through the students I met, and really what seemed to me rather an over-vocational kind of orientation of that course. Though I didn't put it in those terms then. It took me quite a long time to realise that a lot of other students coming into social work (or from the general sciences background) hadn't had the same opportunities to study across courses derived from anthropology and comparative studies, which had been a heavy influence on me and which has stuck with me. It is now part of my current [in 1980] preoccupation to try and encourage more development of comparative studies for social work in social work education. I've been having for the last two or three years periodic discussions with anthropologists about the ways in which we can reinforce the teaching of anthropology in social work education which has really gone out of the window in the last twenty years. Really, on the principle that I do think that most people find it much easier to begin to recognise their own culture if they really have to ask some questions about it in relation to other people's cultures. And I think sociology is too western industrial bound.

A.C. You graduated in '51 and went to the Mental Health course in '51. Can you remember anything about your interview?

R.W. I can certainly remember going and that many of the people at Manchester thought I was absolutely mad. The Mental Health Course was regarded as peculiarly esoteric and psychoanalytic and many of the people at Manchester at that time really couldn't see that social workers needed any further training than the social admin. course. Quite a number of people, in my view, were subsequently grossly misled in going -- particularly to Children's Departments -- having been discouraged from taking Child Care courses. My wife was one. They suffered badly from going into Children's Departments in a period when the situation was extremely difficult and when the work loads were very heavy indeed, with grossly inadequate preparation. I was interviewed at LSE by Netta Glass [9] who subsequently became Netta Goldblatt, who was Professor David Glass's [10] sister, and by Elizabeth Howarth [11] at the Maudsley [12]. Elizabeth Howarth seemed distinctly intimidating but it was also

quite an enjoyable interview. Subsequently of course, when I went to LSE, they both became good friends and colleagues. The Mental Health Course intake at that time, I think, was about thirty. Some of my co-students included Douglas Woodhouse [13] and Bob Farren who was then a social science student in his second year at LSE and there were quite a number of Australians. There were two or three people from Ireland who were in placements together. I got to know well some of the Australians and the Irish members of the course. The course was certainly very demanding in several ways. It was quite demanding intellectually, in some areas, anyway. It was certainly emotionally demanding both because of the expectations of practice and of supervised practice, but also, because of the constant speculation among the student group as to what was being observed and not being observed and what conclusions were being drawn and so on, much of which subsequent experience taught me was student speculation and not much to do with what actually happened. So that I've always been a little sceptical when I've heard either subsequent Mental Health students describing the Mental Health course that I'd been teaching on at the time, because I know from my own experience and from my colleagues' experience, the students' picture of it didn't always bear very much relation to what it looked like from the staff's point of view. There were two major placements: the first one was at St. Bernard's Hospital [14] in Southall and Madeline Williams [15] was my first supervisor and I think it was her first year as a supervisor. It wasn't helped by the fact that it soon became obvious that the senior PSW in the hospital, Margaret Ferard [16], a joint author with Noel Hunnybun, (Interviewee no 12) had stopped supervising Mental Health students on the grounds that she thought the hospital was quite an unsuitable place for students to have placements. It was certainly quite an experience, and it included working with people in pretty basic conditions in locked underground wards about whom, I can remember, getting very angry.

A.C. Locked underground wards?

R.W. Well, sort of semi-basement wards. I can remember that two of the pieces of work I was given, one was to follow up the wife of a patient who had suffered from general paralysis of the insane (GPI) about twenty years earlier and been in hospital ever since and recently drugs had remitted or cured him. One of my early tasks as a student was to go out and find this wife who'd virtually stopped visiting her husband, to announce to her the glad news that her husband would be able to come home soon, and about which she had mixed views. Also to try and ascertain twenty years later whether, in fact, any other members of the family had developed any symptoms of GPI since there had never been any check to see whether anybody else had been infected. With the enthusiasm of the teaching on human growth and behaviour, and this and that on the Mental Health Course, I went to visit an old man who was suffering from senile dementia and taking a very full and adequate history of him and his wife, which took her back to her temper tantrums, and she greatly enjoyed the experience, and so did I! But I can't imagine it having much to do with her husband's dementia. But she obviously enjoyed the experience and felt somebody was taking a lot of interest in her.

A.C. Did you find in class discussions that the other students were receptive to this broad view you said you'd got from your Manchester degree and that you've carried with you ever since? You must have brought all that to discussions?

R.W. I think it was a good group of students. There was a great variety of experience among them and a lot of different cultural backgrounds. It was really very stimulating and I learned a hell of a lot from the others. We spent a great deal of time with each other in discussions about this and that and preparing material and so on. I find it very difficult when I heard people describing the kind of narrowness - or their perception of the narrowness - of psychiatric social work of thirty years ago, because it didn't seem like that at all to me, and I don't think it was narrow. I'm always very glad that I experienced it. It was really just the end of the social medicine movement of the 30s and 40s and the end of the eugenics movement. So that we certainly all trooped off to meetings of the Eugenics Society [17] and discussed the pros and cons of eugenics policy. We also had a lot of discussion about the notion that a good citizen is a healthy citizen, which seemed to be very prevalent amongst the social medicine people at that time. The assumption was that good health was an essential part of being a good citizen and a responsibility of being a good citizen. Of course, there was an immense amount of debate about the social planning and social policy issues that everybody was then talking about and the development of the National Health Service [18] and the development of the mental health services in particular, which were much under discussion during the time when I was at LSE.

A.C. My memory is there was the enthusiasm you talk about but protagonists of the National Health Service had to spend a lot of time arguing against people saying things like "they keep coming into this country from overseas and getting free false teeth". And "old ladies go to their doctors to get prescriptions for cotton wool so that they can make cushions".

R.W. That was certainly true. I can remember a headline in the *Daily Express* somewhere around 1948 which was probably to do with the passing of the Children Act [19] which said, "NOW YOU WILL BE ABLE TO PLACE YOUR CHILDREN IN THE CARE OF THE LOCAL AUTHORITY WHEN YOU GO ON HOLIDAY".

Certainly the assumption was that when you got old you would be able to move into a local authority 'Hotel' and there were criticisms of wigs and false teeth and so on, and lots of case law I quoted in my social admin. teaching about cases when a decision has to be made about a man whose false teeth shot out when he was sneezing whilst crossing Westminster Bridge, and was he eligible or not for a new set of false teeth. That's been an immense help to me all my life!

But it wasn't really until the late 50s, I suppose, when I was at the LSE, that I began to become aware of the fact that there were people beginning to say, "Why is it that the context of all the thinking and teaching about social policy is on the whole a left-wing context?" For the first time in the social policy context, I began to meet students who were Conservatives. Or at any rate, students who had questions about the Labour Party, the assumed socialist basis of social policy and about prevailing Fabian assumptions. That is, questioning from a Conservative point of view and not from a more left-wing point of view.

A.C. Just to go back a moment, did you do child guidance placement?

R.W. Yes, my child guidance placement was at the Maudsley and Edgar Myers (Interviewee no 15) was my supervisor. That was quite an experience and Edgar

was a very good supervisor. The thing I liked and particularly remember about the Maudsley, as well as the supervision, was the opportunity it gave you to work with a quite wide range of psychiatrists and psychologists at all levels of seniority and juniority, and that if you had enough confidence to present your material in a reasonably confident way, you got treated in the medical conferences as somebody to be listened to just as much as anybody else. Sometimes some of the embarrassing things were, particularly with Aubrey Lewis [20] who periodically would quote the quality of the social histories taken by the social work students, to the poor quality of the histories taken by the registrars. This didn't greatly enthuse the registrars. But certainly, there was a good atmosphere and a reasonably demanding atmosphere, and one which enabled you to come to terms with the kind of normal fantasies about the medical profession and with the fact that they have their feet of clay like everybody else. What bothers me now in relation to a good many social workers who seem to me to overreact to the medical profession because they've never really quite resolved their own problems about that profession. They've never worked closely with them, then tend to attack them on a pedestal that they are actually not on.

- A.C. That sounds a good opportunity to ask whether social workers whose training has been entirely devoted to working as part of a team, do that job better than the all purpose social worker who could have finished his social work education and never come into contact with a doctor until they later get into work?
- R.W. I never have known what an all purpose social worker is and never believed in them if I ever had known. I now can't remember quite what sort of a social worker I thought I was when I was training in the Mental Health course, no doubt, thought I was a rather superior sort of social worker, because of the current enthusiasm for the psychiatric field at that time. But, in general, the general climate in which we were training and in which I subsequently taught, was really that we were preparing social workers, not caseworkers, and I hardly ever used to do "casework" until quite late in the '50s. Social work in the Mental Health course as I learned it and subsequently practised and taught, was really an area which drew on a whole variety of things, working, certainly, within relationships but also working to intervene on behalf of your clients, whether with practical assistance or to mobilise resources, so looking at their needs within some kind of a notion of a community context. The major discussions that were going on in the Mental Health Course when I was a student, were about the developments of community care in the local authority services. The general assumption was that you had to have experience in a hospital or a child guidance clinic before you went into community care. I didn't do that – I went into community care immediately after the course, but into a job which was a mix of child guidance and community care for adult patients.
- A.C. So you ended up with the local authority.
- R.W. So I ended up with the local authority. I don't think I had very clear ideas then but I certainly had by the time I was teaching in the '50s and they are views that I, basically, still hold: I firmly think that there are clear and general principles in social work which any social worker has to learn and that they are not only principles which apply to one's basic education and training and to one's practice immediately after training, but that they're really persistent general principles that apply throughout your social work practice throughout your career. I am very bothered at the moment

about the way in which those general principles are all mixed up with learning or attempting to learn some general things about clients, and some general things about the organisations in which social workers practice. What, currently, people mean by generic seems to me more confused than it was before, because it seems to me to apply to clients and organisations as well as to social work practice. But what I never did think was that however much you emphasise general principles in the education and training of social workers, that it logically led to people operating as general practitioner social workers.

- A.C. Like this peculiar jump in people's thinking from the recognition that local authority services needed rationalising, or even social work training needed rationalising, to what somehow an end product was supposed to be. In terms of ideas, what were the main pre-occupations during this time, during the course and after?
- R.W. I can't quite remember when it was started, but there was at that time a major debate going on in psychiatric social work summed up as putting the social back into psychiatric social work. There was a paper written by Stella Waldron in the *British Journal of Psychiatric Social Work*, I should think about '53 or '54, called *Putting the Social Back Into Psychiatric Social Work* and which was an attempt to off-set the over individualistic psychoanalytic approach as distinct from, those who took a broader view than that, although were heavily influenced by psychoanalytic ideas. That was a very major debate in PSW meetings through the middle '50s.
- A.C. Can you remember anything about that debate? Who was saying what?
- R.W. Well, I think it linked with those who felt that supervision in psychiatric social work was too heavily individualistic. That it was putting a very heavy emphasis on the role of the supervisor and placed the supervisor in an authoritative, rather than authoritarian, position in relation to the student's learning. I think that was undoubtedly the case in supervision. The assumption too was that this was much too much a narrow focus on the interaction on the worker and the client and didn't take sufficient account of either the family context or the other forces impinging on the client. Or intervening with those forces to try and change those since they might be the cause of the problems. Some of that may be hindsight; I can't remember. But certainly that was something like the context and certainly when I went into teaching at LSE, one of my remits was supposed to be to develop the more group community orientation of the Mental Health course, and shift it somewhat towards the community care context. One of the first things I did at LSE was to bring together some of the experienced social workers in local authority community care and this was the start of a community care special interest group within the Association of Psychiatric Social Workers (APSW) [21] There was, on the whole, a pecking order in psychiatric social work, in which it tended to be assumed that PSWs who went into community care, were less sophisticated in relationship work, rather administratively oriented, tended to be the men, and that they were perhaps, some of them anyway, rather preoccupied with the administrative activities of the local authority. One of the great debates also around that time, was whether, in fact, PSWs working in the in the local authority should be duly authorised and whether to remove a patient to hospital was consistent with one's relationship with them as a social worker.
- A.C. This is related to the discussion about authority?

- R.W. The point you've raised causes some confusion sometimes because it was not a debate about "authority" and "not authority". It was really a debate about different sorts of authority. To be fair, I think, some PSWs reflected a non-authoritarian ideology which, to my mind, denied the fact that they were often quite authoritative people. But some of them, I think, in reaction against their authoritative propensities, went overboard for, what I'm going to call a "reflecting board" kind of method of working with clients, and the same applied with some of the psychoanalysts that I knew. It seemed to me, some of the psychoanalysts who'd got the biggest authority problems, were the most enthusiastic people for a rather passive therapeutic approach, and really never faced up to the authoritative aspects of that role. Consequently they ignored or denied the extent to which their own work actually influenced people in the way in which they formulated and clarified issues that the client was bringing out into the open. They overdid the assumption that all the work was done by the client. I think that's still a problem in a different context now, in which many younger social workers overdo that, for more ideological egalitarian reasons but deny their own authority problems for exactly the same reasons.
- A.C. When I was interviewing Kay McDougall (Interviewee no.14), she was talking of the problems of presiding over the course, maintaining a democratic stance and responding to the demands of the students. She mentioned the thing you just said about you joining the course and part of your brief being, to develop the community care/social awareness side of things, but that a lot of the students were demanding more input about the controlled use of relationship, and that was their preoccupation at that time.
- R.W. I'm sure that was true. What I was trying to do was to kind of build bridges across sociology, as it was then, which was not very well-developed in this country and was still pretty historical, and psychology and psychoanalysis. I wanted to overcome the resistance of students to an over-emphasis on the relationship bit, without, in fact, looking at the broader social implications. Not in the general kind of social policy way, but really, in saying people are operating in group and community, family situations in which what we think we know from relationships, also impinges on the way in which they operate in social situations. And that the two interact.
- A.C. Why does the literature not always reflect that point of view? You can find a lot of people who say that and talk about different levels, and all sorts of ways of expressing those ideas, but it doesn't always come through in the literature.
- R.W. I think it was very difficult to do that. One of the problems was the continuing problem in social work - as in some other related fields - that we are still in the process of trying to understand better the aspects of humanity which are not easily expressible in purely intellectual terms. Certainly I wasn't the kind of intellectual genius that's needed to be able to make those connections in ways which still seem to me to pose a major problem. I think there are some people who are beginning to write about it, but certainly, at that period, the sociology was beginning to move out of its philosophical origins, beginning to move towards, in Britain, more concern with contemporary issues. But certainly, from my point of view, I really didn't know enough to be even able to begin to write sensibly about it. I found it hard enough to even begin to discuss it sensibly in teaching in classes. I was very conscious of fumbling around in an area which, I was partly aware, was a difficult area, but which I

thought I wasn't really very well equipped to pursue I think, in hindsight, I realise that nobody else was very well equipped either.

- A.C. I've been reading through some of my own students' papers and it suddenly occurred to me that you can find students are very often writing two kinds of obscurantism. It's either the all powerful, all giving, all loving social worker type stuff, who can sort out everything, just given enough time. Or, it's what is more fashionable and far more respectable now: social science gibberish. Not a client in sight. It occurred to me that one of the problems is that students fall into either of these two traps; write in a decontextualised way, and that's very often because the people who are responsible for their social work education have invited them to do that. They don't ask for case examples, so it's not until you ask students to write specifically about a piece of work they have done, that you actually see any integration of the different levels of thinking. Perhaps we do students a disservice. I wonder, during this period we're talking about, whether there was a lot of reaching out for different ideas and people still having to work very hard bringing them together.
- R.W. I'm certain that was true. Of course, the bias was much more towards the individual and the relationship bit, but I really do think that it was a real dilemma. There were people really making efforts to try and extend out of that, but extend out of it from really trying to face the impact of their own life experience on their perceptions of the outside world, not only their clients. What I'm not clear about now, because I don't really meet enough social work educators and students to be able to make a fair generalisation, but my impressions are really that in the process of trying to comprehend the social forces at work, which are much better understood now than they were in my day (or at any rate, much more clearly defined than they were in my day, as a student and a teacher), the students are not helped enough to really look at the way in which their own life experience biases their perception, and the way in which their own life experience has an impact in the way in which they respond to people and that is not an easy thing to learn. It's easy to learn about it and to know that such things happen. It is not so easy to learn what it actually feels like when, in fact, that is beginning to affect your relationship with somebody else, whether it's a client or anybody else.
- A.C. I looked through the first edition of Cherry Morris's book, which was published in 1950 [22] and it struck me, there in an early chapter, (the one that Kay McDougall wrote with Una McCormack [23] where they more or less set out the field of social work in Britain), one could easily fall into the trap of thinking that it was working with individuals that was the predominate concern. Although if you talk to someone like Clare Winnicott (Interviewee no.24), who was very influential in developing the child care service, you get a different perspective. And I know from talking to Cecil French (Interviewee no.8), that you and he and a couple of others actually helped shape the '59 Act [24] didn't you?
- R.W. Well, we had a lot of discussion about it. I can't say we helped shape it. But we had something to say.
- A.C. Did you send memos up to the Ministry of Health? You did a lot of filling in gaps, didn't you? Things that were poor drafting in the Bill.

R.W. What is quite important, and has been very influential in my subsequent career, was that the PSWs in '51 had been very actively involved in the discussions in the evidence to the Mackintosh Committee [25] (which was looking at the mental health services), and were closely associated with the recommendations that the Committee made, including the provision of training for mental welfare officers. Though that was clearly seen, at that time, as something secondary to the PSW training, there was already an understanding among the PSWs that something had to be done in the development of community care services to provide training for the large number of people in the local authorities who were involved in those services, including the duly authorised officer. So that, by the time I became involved in APSW – in the middle '50s - the Association was trying to reach agreement with the then Ministry of Health about the development of a training scheme for mental welfare officers. Elizabeth Howarth, as I remember, was the chairman of that Committee. No response could be got from the Ministry about implementing that bit and, in the end, it was overtaken by the establishment of the Younghusband working party.

By the time the Younghusband Report [26] was published, (I was by that time Chairman of APSW) it was possible for me, on behalf of APSW, to issue a press release the day the Younghusband Report was published, welcoming its recommendations and supporting them from APSW. Now, whether rightly or wrongly, I think Eileen Younghusband (Interviewee no.26) has always seen that as a very significant event because it greatly supported the development of the two year training in the so-called 'Younghusband' courses. It was a perfectly logical development that really went right back to those Mackintosh Committee discussions and the fact that the APSW had wanted to see a development of that kind. They may well have seen themselves, and still did at the end of the '50s, I'm sure, as the more superior social workers in relation to those people, but it wasn't difficult for the APSW by that time, and, subsequently, to adapt itself to seeing that social workers trained on the two year courses were becoming a big part of the work force. In that context, the discussions about both the evidence for the Royal Commission on Mental Illness and the subsequent Mental Health Act, there was a great deal of debate in APSW both in giving evidence and in discussions on the Bill, because the PSWs were seen as a major factor in the development of the community care aspects of the mental health legislation.

I periodically remind people that if you look back over the '50s and early '60s, some of the present unrealities about the expectations of social work and some of the disappointments in public policy about social work, go back to over-expectation about social workers as the solution, or as social work as the solution to a whole lot of residual problems arising from, if not failures, at any rate, the consequences of other fields of work not being able to cope with those people who weren't able to respond to particular provision, whether it was psychiatric treatment or in the normal range of employment services, or disabled services or what have you. If you look back over government reports and royal commissions of that time, it was time and time again you found recommendations that there needed to be more social workers. It was a rather bland kind of blanket kind of way of saying with any old problem that nobody else can deal with, what we need is more social workers. The big debate around the Mental Health Act in 1959, - the one I remember most clearly - was the provision for the indeterminate sentence for those patients who were placed in

psychiatric hospital by courts and the debate about the definition of “psychopathic disorder”. The strong feeling on the part of many PSWs was that “psychopathic disorder” was such a rag-bag kind of definition that an awful lot of people could be cast into that definition, and that just to hear psychiatrists or anybody else refer to somebody as a “bloody psychopath” showed what the limitations of that so-called diagnosis were. It was a way of attaching a name to a range of behaviour that caused personal and social consequences and that you wouldn’t, on the whole, hear someone talking about a “bloody cancer patient” or a “bloody neurotic”. Well, you might, but not in quite the same way. So I think a lot of people in psychiatric social work felt that the indeterminate sentence, and the psychopathic piece in that Bill were, in fact, major snags, and there was a hell of a debate about that.

There was a general welcome, as I remember, for the broader definitions and the move away from the Justice of the Peace and the Magistrates acting to make the order for the work being done by the professionals. Whether that was right or wrong I don’t know. I had mixed views about it myself because, on the whole, where there aren’t reasonably precise diagnostic criteria for treatment and where one’s dealing with areas of behaviour which have social consequences, whatever the nature of the condition, I’m not at all sure that you don’t, in fact, want some form of community intervention to protect the interests of people, because, (like psychopaths) all kinds of social and political assumptions get accrued onto the so-called diagnosis of that kind, and that I don’t think there the professionals, their judgements, are any more reliable than anybody else’s. Since, on the whole, I was brought up in a political tradition, I suppose that tells me not to trust the experts; I don’t trust social workers as experts any more than any other experts, and that I’m, on the whole, in favour of a lay intervention. That’s why I was not a great enthusiast for the 1969 Children and Young Persons Act [27] nor indeed, for the move away from the court system in the Scottish children’s hearings.[28]

- A.C. You talked about your making a press release on behalf of the APSW and I know a bit about the sort of discussions that were going on about the content of the ’59 draft, too. I was going to ask you whether you can remember any of this.
- R.W. What I do remember is that really the APSW had been on record right through to the middle 50s, in trying to get a training programme established. On the whole, they thought of it as an in-service training programme. The fact that the Younghusband Report recommended more than an in-service training programme was really a very welcome development. I’ve often meant to ask Eileen Younghusband and her colleagues whether they’d realised the implications of their references to the development of training in further education. Did they really realise what they meant because we were just at the beginning then of the rapid expansion of further education in the 60s? I’ve always suspected that many of the people on the Younghusband Working Party assumed that those developments would be in extra-mural departments and not in the further education field. Up to that time, and around the ’59 Act, as chairman of APSW, what I had been heavily involved in, (and it grew directly out of the group of PSWs in the community care field that I’d got together when I first went to LSE), was in setting up joint seminars and courses between PSWs and mental welfare officers. There were a group of mental welfare officers who had heavily invested in the development of training and who wanted closer connections with the PSWs and so a number of us developed two or three joint

weekend seminars or courses for PSWs and mental welfare officers. When they first met together, it was lightly sticky but very rapidly developed into really quite a good development and quite good relationships between the two; and also began to provide the base for developments, subsequently, for the Younghusband courses which, certainly, stood me in good stead when I came to the Central Council for Education and Training in Social Work (CCETSW).[29] There wasn't any doubt, it would be fair to say, that some of the underlying kind of tensions and assumptions that were occurring then was that there was a clear class problem with PSWs, who were still, on the whole, fairly middle class people: quite a lot of the older PSWs came from quite well-off social backgrounds. It's perhaps also just as well to remember that a lot of the political interests of PSWs in the '30s were, on the whole, in the direction of the Communist Party and the Left. And that the PSWs of the '30s were really seen as rather radical people who were both introducing psychoanalysis as a very radical idea, and some of the most influential ones, were really quite distinctly on the Left, rather like some of the PSWs in the USA, who got caught up and clobbered in the McCarthy period [30]

A.C. Who do you have in mind when you say that?

R.W. You sometimes have to remind people that some of the more respected people of the 1945 Labour Government were advocating in the '30s that if Labour ever came to power, it would probably have to pass legislation to ensure there wasn't a general election for ten years, because you couldn't create a socialist society in less than ten years. And some of those people became very respected Ministers in the '45 Government.

Can I go back a bit into the '50s because there were some things, that when I went to LSE, which were very striking to me. What most people outside assumed about LSE in the '50s, that, on the whole, LSE was a quite considerably right-wing institution. Both in politics and in economics, it was, on the whole, on the Right. Robbins [31] was the predominant person in economics and Oakeshott [32] was in politics, and that a persistent debate through the '50s, was really, that LSE as an institution ought to be concerned about anything that had happened since 1900. The Social Science Department under Titmuss [33] was increasingly seeing itself as the conscience of LSE about contemporary social policy issues. If you look at Beveridge's [34] *Power and Influence*, which is autobiographical about the period when he was Director of the School, I think he pinpoints a period in the early '50s when the school began to move from being an institution associated with the development of research and policy in relation to government, in the way that the Webbs had originally envisaged it, and began to move into a theoretical direction, particularly in economics. By the time Titmuss became head of the Social Science Department at LSE, that process had gone on so far that his Department was beginning to be the last vestiges of that kind of Fabian notion. Other departments of the school were, in fact, becoming essentially theoretical departments in social sciences. Obviously, LSE never, in fact, got too isolated from interchange with government policy but, on the other hand, it's certainly no longer the sole source of interchange with government in the area of economics and social sciences that it was in the '30s and '40s, and '50s. Just as a kind of anecdote, one of the things I can remember, that struck me all of a heap, at LSE, was seeing students starting to carry rolled umbrellas! Because in those days it was not done for men to carry

umbrellas and that if you did carry a rolled umbrella, on the whole, you were assumed to be a Young Conservative. Most of the time I was at LSE, until the late 50s, LSE was politically a dead duck. There wasn't really much political debate. It was the growing period of economic improvement in the standard of living of the population; for a lot of people, anyway. It was, I think, a heavy period of internal preoccupations with British Society, in a kind of consumer way, and I couldn't understand where, in fact, the radical movement had gone in LSE; certainly amongst the students, anyway. By the late '50s that was beginning to change, in as far as I can pin it down, it was really the beginning of the international Oxfam-type developments which began to turn people's minds out towards the developing countries and poverty in the developing countries, and the beginnings of the discussions about poverty in Britain. One of the interesting experiences I had at LSE was, really, being involved in, or attending, all the seminars between the anthropologists and Peter Townsend [35], and Wilmot [36] and Peter Marris [37] that led to the Bethnal Green studies, and the heated debates in those seminars about the relevance or non-relevance of anthropological methods to the study of industrial societies.

- A.C. Some critical things have been said about the social workers in this period but what would you say about it all? I'm thinking about Barbara Wootton's book [38] and Audrey Harvey [39], as well.
- R.W. Yes. I once had to share a platform with Audrey Harvey and Kay McDougall.
- A.C. Yes, I was talking to Kay about that. The London Fabian Society meeting at the London County Council about housing.
- R.W. First of all on Barbara Wootton. It was a very interesting book. I thought she was wrong, in some of her assumptions about social work. I still do. But, of course, what she had to say about the social context of social work and the social context of social welfare, a lot of that was right, and I didn't disagree with it at the time. On the other hand, I thought then, and still do, that she has never really fully understood, or has never made the connections sufficiently between, the way in which people's behaviour interacts with the social forces. This is, to me, an interacting process, and I just don't believe that social forces impinge on people from somewhere, from outer space, because social forces are made up of the behaviour of lots of people. I suppose, basically, where I differ from a lot of people currently, is that I don't think society is perfectible; I don't think human beings are perfectible. What I mean by that is that I have a basic hunch that whatever society, however much social conditions may improve (and I've seen social conditions improve hugely in the course of forty years) whether in terms of education or in social facilities and consumer goods and quality of provision in that sense, I have a basic hunch that human beings are people who really have the capacity to muck up any system. I would hate to be alive in a society where that didn't happen. That seems to me one of the enjoyments of living and that isn't a rationale for saying we'll always need social workers: maybe we won't, but I do think that human beings have a nice capacity for, in fact, ensuring that we don't live in Utopia. And I would never want to live in Utopia. It would be very boring.
- A.C. So you think that her criticisms of social workers at that time were unfair?

- R.W. Well, yes insofar as Barbara Wootton was attributing omnipotent qualities to social workers. I absolutely acknowledge that capacity in social workers and have been very critical of it, and that's one of the reasons why I think self criticism and self awareness among social workers is so important, but I would also have said that Barbara Wootton's ideas are not well known for being modest! I think you need people who are immodest in banging away at prevalent conventional ideas, and the Barbara Wootton book, I'm sure, did social work a lot of good in retrospect. But some of the things that it said about human interaction seemed to me just naive.
- A.C. Tell us the story about that meeting of the London Fabians. You were set-up, weren't you?
- R.W. Yes, we were set-up, certainly, at that meeting. We had no idea what we were walking into. Because, as I remember it, we wanted to share what we were going to say, as one would with two or three platform speakers, but we couldn't obtain any idea of what Audrey Harvey was going to say. So we had no idea of what we were walking into and therefore had to respond, rather, on our feet. But it's not really very easy to respond on one's feet, or, indeed, very easy to respond at all to attacks and comments which were either not really very relevant to the social worker's role or were really guying the social worker, and you can't really demonstrate the guy isn't really what you think. But, on the other hand, I had a lot more sympathy for Audrey Harvey's kind of comments about social work and social workers, partly because it was reality based. As I remember it, she had worked in a Citizen's Advice Bureau and could see some of the limitations of what actually was done. I think that, also, of course, there was always the danger, and still is, that a lot of things that were attributed to social workers in a kind of general way, were attributed to people who were not social workers, or my perception of social workers, by any stretch of the imagination, because they were often local government administrators, and really organisation men. But I wouldn't by any means excuse the trained social workers, or the people who saw themselves as professional social workers at that time, from being defective in many of the ways Audrey Harvey argued. I respected Audrey Harvey for her views because they were reality based, and because she got in there and was involved. I've less respect for the views and comments from people who haven't got in there, and who, when it comes to the point, (and that's quite a number of people now) run scared when they're actually faced with the kinds of situations that social workers are not infrequently faced with. I don't think social workers currently always handle them very well but, at any rate, the situations they face are really sometimes very difficult and complex. More difficult and complex than, I think, they always realise. But, on the whole, they don't run scared in the face of them, but some of the other people I know are the first ones to disappear.
- A.C. So what was the best social work thing you ever did? What do you look back on with most pride at the moment?
- R.W. In terms of social work practice or just generally in social work?
- A.C. Whatever you want it to mean. It can mean both.
- R.W. Well, I suppose, one of the things that I take pride in is that I caught on very quickly to the opportunities that were going to occur in further education in the early '60s and pushed hard for the development of social work education in the maintained sector

of further and higher education. I pushed, therefore, for a reasonably autonomous development in the further education field in social work education at a time when there was a lot of sniping about the further education field; when it was looked down on by the university sector and by quite a lot of social workers. Looking back on it now, there are a considerable number of polytechnic departments in the social sciences, which started with a two year Younghusband course, so-called, in the early '60s. The reason why I take some pride in that development, though I certainly wasn't the only one involved, was because I think it helped to change the class structure of social work. That whatever the problems continue to be about, increasing the proportion of people from more clearly working class backgrounds in social work clearly shifted the whole emphasis from social work from being so heavily dominated by people from a middle class, or lower-middle class background, to bringing into social work a variety of people with a wider range of experience in the more artisan social backgrounds. It also helped to bring more men into social work. It also laid the basis, I suppose, for the position that we're in at the moment [1980] (good and bad) of the services getting near to being adequately staffed with field social workers, not residential, but field social workers, which with all the limitation of the present position, provides us with a kind of jumping-off ground in the '80s for improving the quality. I take some pride in being involved with a lot of other people in helping to put social work and the personal social services on the map as a kind of major factor in British social provision. I shall retire with some enthusiasm about all of that, if by the time I retire the quality of social work practice is improving. I set it as a kind of thought for myself, that I would be lucky if, by the time I retired, the general quality of social work in the country had increased by five per cent or ten per cent but that we'd got some peaks of developments in practice on which subsequent developments could be built. What I would like to see before I retire, I think, is really a much better quality interchange between universities, polytechnics and teaching practice agencies, and a better balance between them, or a reduction in the overemphasis on teaching about social work in educational institutions, and an improvement in the teaching in social work, and in social work practice. I think, in some ways, one of the things that I don't take pride in, in the '50s and '60s, or in the '60s, was that I, among others have contributed to the process by which social work education became too theoretical.

I'll no doubt, be accused of being anti-scientific and anti-intellectual, but, whilst I'm not able to keep up with the amount of reading that I ought, or would like to be able to do, I don't believe that human knowledge about human behaviour has increased all that much in the last thirty years. We have, perhaps, some better ordered ways of describing it than we did, but whether one uses psychoanalytic or anthropological or sociological or psychological perspectives to try to put behaviour into some form in which one can communicate and discuss it, doesn't seem to me, looking back over thirty to forty years, to be the whole of the story, any more than poetry or drama or music are the whole of the story. We continue with the human problem of struggling to bring together the kind of wide range of human experience, and try to understand it and find explanations for it, and to influence it. But I strongly suspect that, at the moment, we may move from one fashionable way of defining and describing it to another. Many of those are really attempts to define or describe the same bits of behaviour, they have more or less validity but they may be helpful to social workers in learning to practice. They can also be unhelpful if they stand in the way of them learning how to actually share human experiences. Although it looks highly

experiential or an anti-intellectual approach, I think I would say that I don't really yet see that we've developed anything that is approximate to a sufficiently coherent explanation of human behaviour. The series of explanations that have been produced over the years provide a helpful context, but, maybe, no more than that. They may be just as ephemeral as the previous ones.

A.C. Would you not agree that going right back to this period that we're talking about today, there's been a solid core of ideas about process, a growing refinement, the first attempts to formulate that, in social work vocabulary. People seem to have an increasingly sophisticated understanding of the way in which people in helping professions relate together, with a much more coherent understanding of the role of authority, setting boundaries, confrontation, self-disclosure, things like that. The best examples of practice have come glowing through.

R.W. Yes, I agree about that. What you're saying is really like what I was saying earlier, in relation to psychoanalysis, that, in fact, one can very adequately describe and refine and become more sophisticated about the therapeutic processes, and be able to improve the quality of those processes and completely change processes as a result of learning new things. What I think is a snare and a delusion, is to assume that because one is improving those processes, that one wholly understands what the processes are doing. One has only an approximate understanding of what processes are doing, or an understanding of why some processes work and others don't. It's obviously our task to go on trying to discover. I'm not an enthusiast for some of the current preoccupations that all that matters is the experience and bugger the reasons, as it were. That seems to me not only defeatist but what really frightens me is if, in fact, people come to believe that because truth is hard to find, that it isn't worth bothering. That truth is so relative that you give up even trying. That really does worry me. To listen to people, whether it's politicians or intellectuals talking, saying things which are dishonest, for reasons which they think are clever, or necessary for political reasons, or for tact, or what have you, and thinking that it doesn't matter because everybody does it, offends my basic morality about trying to pursue truth, even if it's very hard.

A.C. Thank you very much.

Reg Wright Part 2

R.W. You were asking me about the National Association for Mental Health (NAMH) after care scheme, and the links I had with it when I was in the Army and subsequently. I only had a limited amount of knowledge of it when I was in the Army, although I was well aware of the fact that the scheme was a very important one, in trying to provide a rehabilitation service for military casualties returning to civilian life. I knew that there were teams of social workers, regional teams of social workers throughout the country who were linked also with psychiatric out-patient facilities to provide support for casualties who had been boarded out from the services due to psychiatric breakdown, which means they'd come before a medical board and been given their discharge from the Army on medical grounds. But they were discharged on

psychiatric grounds, and I'll dwell on that a little bit because this was a pretty new phenomenon.

In the British forces in World War II discharge on psychiatric grounds was a very controversial one because obviously there was a strong feeling that the 'trick cyclists,' as they called them in the forces, were in fact a soft option which enabled malingerers to get out of the services very easily. There was a good deal of controversy about the psychiatric services in the Army particularly. I don't know very much about the Navy and the RAF, but my impressions were that in those two services there was a rather better understanding of the problems than there was in the army. But the NAMH scheme always seems to me to have been not sufficiently understood as really the beginnings of community care in Britain. Although there were one or two examples of good community care schemes started before World War II, in particular there was one in Portsmouth which was very well developed by a psychiatrist called Dr. Beaton, [39a] who was the medical superintendent of, I think St. James' Hospital in Portsmouth, who developed a joint child guidance and adult community care service which was well established by the time World War II started. This became the basis for the NAMH scheme in that region, and continued after the war until about 1951 when changes in political membership of the local authority health department and the regional health authority resulted in its collapse just at the point when I was going to work there.

I now can't remember the details of the NAMH scheme but as I recall it there was a regional system of offices with teams of staff throughout the United Kingdom that until about 1944, was entirely concerned with military casualties. But after the disablement act of 1944, the title of which now I can't quite remember [The Disabled Persons (Employment) 1944], the scheme was extended to include disabled civilians, psychiatrically disabled civilians. The scheme continued in the period immediately after World War II and many people hoped that when the National Health Service Act was implemented in 1948, that these schemes would provide the basis of the new Mental Health Community Care Services, which the National Health Service legislation made possible. Unfortunately however, the government decided not to make the Mental Health After Care provisions that local authorities were permitted to provide, a compulsory activity; and as a result very many local authorities decided not to develop this scheme and the NAMH after care schemes in most parts of the country collapsed. But there were a few areas where they were maintained. The ones that I can particularly remember were Portsmouth, which I've already mentioned, Birmingham which continued for a long time with Geoffrey Rankin [40] who had previously been in Family Service Units (FSU) [41] and then headed up the scheme in Birmingham and was therefore there at the time when I was working in Worcestershire and for some years afterwards. I think some elements of the scheme remained in Bristol, but most of the schemes disappeared, most of the staff were dispersed, and effectively the community care programme that the NAMH had developed disappeared. There was some resurrection as community care began to develop in the middle of the late 50's .

My knowledge of the kind of politics and background of the psychiatric services in the Army is very limited. I've read some of the history of it. There is a good history of it by a man called Arnfelt a psychiatrist who I knew in the Army. But there was a great deal of controversy about both the decisions in World War II not to apply capital punishment to deserters, but to involve psychiatric reports on deserters.

There is a well known reference in Churchill's memoirs to a memo he produced sometime in the war, to the Officer commanding the Middle East who'd asked for more psychiatrists to be drafted in because of the number of desertions that were occurring there, and Churchill as I remember it is quoted as saying that there were already enough camp followers in the Middle East without adding to their number. I well remember that one of the first medical officers of health I went to visit when I was appointed as a PSW in the city of Worcester had this statement hanging at the back of his desk and it was very helpful to a newly qualified PSW to be faced with this statement! But it well illustrated the position of that particular health department.

I mention this because there may have been some surprise on the part of some of the people you've talked to about the categorisation and the labels that hung round people's necks after they been medically boarded out of the Army. What you have to remember is that 40 years ago it was quite a new phenomenon for people to be boarded out of the services on psychiatric grounds. It was not strictly a legal process - I don't quite know what the process was - but there were in fact rather peculiar categories, some of which I was very familiar with working in the psychiatric service. They posed the usual problems that, for example, the term psychopath has always posed of a mix of a kind of technical scientific diagnosis, and a description of a cluster of behaviour that posed a problem to the military services. For example one of the things that I remember very clearly in the Army was having to go with a group of psychiatrists to visit the depot of the Pioneer Corps, in Cheshire, where it always seemed to me that the compound in the middle of the depot which contained the people who were carrying out some longer sentences for some offences, and was getting larger and larger and overwhelming the rest of the depot. I don't suppose that was what was actually happening but it seemed like that. Certainly towards the end of the war a lot of as they were called then, spivs, were picked up in a kind of police trawl of people who'd managed to avoid military service by getting forged identity cards and forged ration books and this, that, and the other, and they'd somehow in some sweep had got all brought into the forces. God knows why, because in fact of course the forces had to spend a large proportion of their resources finding ways of getting rid of them. And certainly another piece of experience I remember was going to Shepton Mallet prison, which was condemned in 1922 as a civilian prison and was I think originally built for Napoleonic prisoners of war, which contained large numbers of these gents, who as I remember it, had to be taken into the square in the middle of the prison to be given a kind of run round the square at the double, every 20 minutes of half an hour in the middle of the winter because there wasn't any heating in the cells. A great proportion of these blokes were the product of this sweep of spivs who'd been picked up as having failed to register for military service or failed to turn up for military service. Now God knows what diagnoses got attached to these gents.

As I remember it there were various categories like psychopathic personality with continual behaviour disorder, or something or other. Or people with behaviour disorders of a continuous kind that made them unsuitable for employment in the military services. Clearly these were not very adequate medical diagnoses, to say the least, but they were a mechanism by which the psychiatric bit of the medical services was used as a convenient way of unloading from the services people who were clearly not going to be any use to the services and who were an embarrassment to them. I think in the process this brought the psychiatric field into some disrepute. I can well understand people reacting to these labels if they got hung around people's necks in their subsequent civilian life. Given the rigidities of

military operations it is of course understandable, if not excusable, that there were various rather rigid categories that were used in order to achieve their discharge on grounds other than dishonourable discharges. In many cases this was, I imagine, a device for discharging people without giving them an equally if not worse label round their neck of having a dishonourable discharge.

There were a lot of psychiatrists who come to play an important part in the development of community care, and the development of the psychiatric services in the period between the late 40's and the early 60's, who'd been heavily influenced by the very wide range of experience they'd obtained in the military psychiatric services. Although the experience was in many ways a rather peculiar one, I think what it did do was expose a lot of psychiatrists, who often came from rather sheltered privileged middle class backgrounds, to a range of people posing some very distinctive behavioural as well as psychiatric problems that they would probably never have experienced in the whole of their professional lives if they'd gone through the normal patterns of careers of psychiatrists in other medical contexts. I think this did heavily influence quite a number of these younger psychiatrists towards a better understanding of community care, and also towards the necessity of including community care and social work services in the mental health field. It always stuck in my mind hearing a talk from Alistair Cooke [42] many years ago describing the ways in which various professional groupings are trawled for their political opinions before presidential elections. I remember him describing very clearly that traditionally the medical profession in the United States voted Republican but psychiatrists voted Democrat. This has always stuck in my mind as really one of the reasons, or part of the reason, why social work and psychiatric services grew quite closely together. The social and financial problems of people with psychiatric illnesses and the narrow border line between the medical condition of psychiatrically ill people, and the social consequences of their illness were so close, that on the whole psychiatrists had to be rather more socially aware or perhaps it was more socially aware people chose to go into the psychiatric field, and that it's therefore not entirely surprising that they have tended on the whole to be rather more aware of the social problems, or were until comparatively recently. I'm not so sure that they are now. There were I believe quite a few close connections between the discussions which led to the Mackintosh Committee being set up in 1951 and the experience of the NAMH scheme, and it was certainly the case that there were a lot of people employed as untrained social workers in the NAMH after care scheme, who subsequently sought training as social workers and some of whom went into fields like Family Service Units, but who had not been able to obtain training, a number of them people whose educational background and by this time their age, made it difficult for them to go into University courses.

I'm sure that some of those people contributed quite considerably to the discussions that led to the identification of the need for non-graduate social work courses in the 50's that culminated in the Younghusband Report in '59. The Family Service Units were a phenomenon of their own, and certainly I was among a number of people who spent a great deal of time with Family Service Unit personnel, in the 50's and particularly at their annual conferences in Derbyshire, to which a number of us went every year. I can remember Kay McDougall and I among others, discussing with considerable agony what we were actually doing with FSU. In the process of discussing with them what they wanted, which was some of the more sophisticated aspects of social work developments and of the application of psychology and

sociology to the practice of social work. We worried whether in the process of doing this they might in fact become so sophisticated and stop being so concerned with the more nitty gritty problems that they were often faced with - with "problem families" as they were then called - who were in situations of severe poverty and severe housing difficulty. The FSU had built up for itself a reputation of going in and supporting families in very direct service ways and in ways in which most of the rest of the services were not willing to do. I imagine that any of those who you've talked to about the FSU will be aware of the fact that the FSU started as Pacifists Service Units during the war. The identification of conscientious objectors as scapegoats in society with problem families as scapegoats in society was a very close one. There were considerable problems for many of us in knowing whether in fact we might not be doing some harm to the whole problem family services if in fact people working with them somehow lost this close identity with a fellow scapegoat group.

Turning to anthropology, let me say that the things I valued from anthropology were that for somebody who'd grown up wholly in Britain, in rather isolated relatively sheltered rural background, it was in fact quite a new idea that people had well worked out moral systems, which they could justify by their own systems of beliefs and ideals and religious faith, and that these could in fact stand up to as much scrutiny as the traditional Christian ones. For somebody who'd been brought up in a Christian way of life in a family context that wasn't much further away from thinking that the natives in some countries would bow down to wood and stone and boil missionaries in the pot, then to discover in fact there were many people living in other societies that were in fact no less moral, if not rather more moral than people who claimed Christian morality, was really quite a revelation. Certainly these thoughts came back to me quite often when I was subsequently teaching in social work, particularly teaching people who had not had the opportunity for further or higher education but who'd come into social work at relatively late stages in their lives and seemed to come in predominately for rather Christian motives. I think, for example, of some groups of approved school welfare officers in the 50's that I did some work with, where it struck me that one of their great difficulties was that they faced the work they were doing with a rather Sunday School type of Christian belief and Christian system of ideas about human behaviour, which wasn't much better than Sunday School kind of level of thinking. They were really therefore very bemused as to how to find explanations for the behaviour that they were meeting, and tended to take what often looked to other social workers as rather a moralistic kind of position, when in fact it wasn't so much that it was moralistic from conviction, but for lack of another way of being able to perceive the behaviour they were meeting.

Similarly it always seemed to me that a lot of the people in the days of the National Assistance Board (and this may well be the case now with people on the counter in supplementary benefit offices) are similarly faced with difficulties of how on earth to explain behaviour that often looks to them exploitative. But for which they've no very easy way of understanding, and because there isn't within society any very obvious ways of being able to help people to understand extremely exploitive, odd, or peculiar behaviour. It's very easy to criticize all kinds of people for being unsympathetic or doctrinaire or condemning of behaviour that they don't approve of, when it's often, I think, the case that they can't comprehend or understand it, rather than they particularly condemn it.

So to my mind anthropology can make an important contribution to helping people to not only think, but also to begin to feel what it's like to live in different kinds of social context. I know that modern developments in sociology also make that possible, but it always seemed to me that the interests of anthropologists in roles and relationships within societies, in the network of relationships within societies, was so much less fragmented than what we currently see in sociology. The good anthropologists who had to go and live in a village or live in a particular community and observe and watch and participate to some extent in the behaviour of that village were at the same time trying to retain some degree of objectivity about what they were perceiving, had a lot of similarities with the position of social workers who similarly live in society and had to perceive, but try to maintain some degree of objectivity in perceiving, behaviour which might be quite common within their own experience or among people whom they met in other contexts. The anthropologists really had a lot to teach social workers about how to maintain that degree of objectivity whilst being in a participative role, whereas so many of the preoccupations of the social sciences in the 50's and 60's anyway, was really how to withdraw yourself from society as it were and develop an objectivity which seemed to me a fruitless exercise because nobody could do that.

I referred earlier to the value that I always felt I'd gained from participating in the seminars which Raymond Firth [43] at LSE ran specifically for Michael Young [44] and Peter Townsend, Peter Marris and others who subsequently staffed the Institute for Community Studies [45], and undertook the early studies in Bethnal Green. But that was a very fruitful series of seminars which were one of the early attempts to examine the ways in which the traditional knowledge and skills of anthropologists in communities in more simple societies, could be applied to the more complex relationships and more fluid relationships within industrial societies. Certainly that influenced my thinking too about the important role that anthropological disciplines could play in social work teaching and practice.

Turning now to the Mental Health Course. I don't know whether in what other people - in particular Clement Brown (Interviewee no 7) and Kay McDougall - have said to you, they have dwelt at all upon some of the things about the origin of the Course, as these had some bearing on some memories about Elizabeth Howarth. There is some documentation, I've forgotten now how much, but certainly there will be more knowledge in the minds of people like Clement Brown and others about the great debate that took place in '28/'29 and 1930, about whether in fact the Mental Health Course should be at the Maudsley or at the LSE and the debate as to whether in fact, in other words, it should be not just medically associated, but also should be in a teaching hospital or in a predominantly academic institution. I now can't remember all the arguments that exercised people about this, but one was to do with the important role that the child guidance movement and the Canonbury clinic was expected to play in the whole process. I imagine there were some politics around as to where in fact the Mental Health Course should be as between the Child Guidance Clinics and the Maudsley, and probably some apprehension about the Maudsley stance in the psychiatric field, and it may well have been that like Canberra becoming the capital of Australia, LSE became the base for the Mental Health Course. There was an issue that had some connections with the degree of tension that existed between LSE and the practice teaching institutions, particularly the predominant ones, in my day which were the Maudsley, the Tavistock [46], and the Child Guidance Training Centre [47]. When I first went to LSE as a teacher, on the

whole it was the practice teachers that were the dominant feature of the course, and the academics at the school were in fact regarded as rather below the salt compared with the importance of the long experienced practice teachers.

By the accident of illness and some bad luck on my part I was landed as an assistant lecturer at LSE with a group of practice teachers, who consisted of all the most long experienced and eminent psychiatric social workers, from Noel Hunnybun (Interviewee no 12) to Kate Lewis [48] to Margaret Ferard [49] and I'm not sure whether I had Elizabeth Howarth, but at any rate my practice teachers group turned out to be the most experienced lot because of Netta Glun's illness and death. It was the group she was going to take, so I found myself trembling while trying to conduct a meeting on supervision of students with people, some of whom had been supervising me, but who had also been supervising students for 20 odd years! Now Elizabeth Howarth was in a somewhat equivocal role for quite a considerable time at the Maudsley, because she was on the teaching staff of the Institute of Psychiatry, as distinct from the other supervisors who were on the staff of the Maudsley hospital, and as far as I know this post on the staff of the Institute of Psychiatry partly symbolised the continuing tension and the hangover from the days when the Mental Health Course might have been in the Institute of Psychiatry rather than at the LSE. I was aware of the fact that that tension existed and that there was a certain degree of rivalry between the Institute of Psychiatry role and the LSE role. Although Aubrey Lewis was a very helpful and strongly supportive member of the Maudsley staff in all the ups and downs of the Mental Health Course negotiations in the time when I was there.

Perhaps one of my most vivid memories of Elizabeth Howarth was, although it didn't directly involve me, that the group of students who were at the Maudsley Hospital when I was a student on the Mental Health Course and who undertook the second placement in the adult psychiatric department put on a play. I presume it was shown in front of Elizabeth Howarth and it was Alice in Wonderland, though I think it was called something like Alice in Maudsleyland, and Elizabeth Howarth was certainly the Red Queen. Fond as I have always been of Elizabeth Howarth and extremely grateful to her for the very many things that she taught me, there wasn't any doubt that there were aspects of Elizabeth which you could associate with the Red Queen. It does however remind me of another supervisor with whom I had a considerable debate because she was shocked by a male student for whom we jointly shared responsibility who had taken one of the clients from the clinic for a cup of tea after the interview. She regarded this as very unprofessional activity and particularly as the client was a rather attractive young woman. I was very shocked by this and thought she was being quite unfair on the student and I think she was on the evidence of that particular incident, although she turned out to be quite right!

I made some reference in the first interview to the mixed feelings expressed when I was a student at Manchester University about the need for social work training for people after the Social Admin. Course. We were only just moving out of the period when the social sciences and the few degree courses that existed had been seen as being the training for social workers, and where teaching about biology and economics and law in the social science courses were seen as essentially part of what was needed to become a social worker. Any notions of casework, whatever that was, and psychology (in that kind of technical applied sense) were not really seen as very necessary. The Child Care Courses started and it's always to the credit

of government that they actually promoted training for a new service before the service actually came into existence. These courses had been initiated by the Home Office, and were, I think, regarded by most of the universities as courses which they were paid to undertake by the Home Office and were no part integral to the university teaching and way of life and were really kind of agency bits of activity funded by Home Office money. The fact that the courses were relatively new, that they were short, and that the service was new I think led a number of people to believe that it was quite unnecessary to undertake a further training after you'd become a graduate to work in the child care field.

The courses were pretty trivial and pretty preoccupied with child care legislation and with the technical activities of boarding out and so on, and these things could be learned perfectly well on the job. I think this completely ignored the reality of the experience of many people who went into the child care field, where whatever the limitations of the work that could be done they frequently faced, particularly in the bigger cities, caseloads of anything from 100 to 150 and certainly a number of child care officers I knew, or boarding out officers that I knew in the early 50's had caseloads of something around 100 to 120 of whom 40 or 50 might be adolescents who were bursting out all over, as it were. Child care officers of that time were in fact working very long hours, with impossible situations, trying to be sensitive to the expectations of the new children's departments, aware of the public interest in those departments being effective, and also dealing with residual problems of children who'd been in the old style children's homes for many years, and who hit all the problems of the effects of institutionalising when they were thrown out into hostels, or into domestic jobs, or on to the labour markets. So that if the child care training courses did nothing else but enable young graduates to dwell on some of the kind of situations they would be faced with, and arm them with some knowledge and skills which would equip them more clearly for the job than they would previously have done with a purely theoretical teaching and degree course, and as well as giving them a chance to mature, they would I think have been a value in themselves. But that's a great misreading of the child care courses, and especially of the major contribution that Clare Winnicott, or Britton as she was then, (Interviewee no24) made to the development of the child care training at LSE. I think it was certainly the case that some of the child care courses were in fact not very good, others were much better and some were very good. But to throw young graduates into children's departments in the circumstances of the early 50's was totally unfair and really showed in the case of some of the university teachers I knew at that time a lack of understanding of what it was really like to be cast in that role.

I made some reference in the first interview to being in Oxford House when I was doing the Mental Health Course. An important bit of experience - which I suppose influenced me a lot in subsequent work - was working and living in the Settlement in Manchester, when I was a student for about two of the three years. I was there when the Settlement opened for the first time after World War II. I shared the experience with three or four other people, all of whom I still know, of living in a flat in a new housing area near the Settlement and having the temerity to teach some of the local mothers how to make jam, having never made jam in my life before. When we initially moved into the flats since one of the people in the flats was a very beautiful Indian girl in a very delightful series of saris, we gained the reputation that we were a group of film stars apparently, who had begun to make a film in this street. God knows what the poor people of Ancoats thought we were up to, but we got on

quite well with the people we met, and I think we thought we were doing something which would now be called community work.

Certainly I'd always been grateful for the experience of reading stories to children which I've subsequently used and as I say, I still use my experience of making jam. I certainly scrubbed out a good deal of the problem families' flats in the process, and we also had an after-care scheme for people leaving school. This was arranged with the youth employment service, and I remember having to visit regularly four or five adolescents, three of whom were girls, whose fathers looked at me extremely suspiciously when I arrived on the door step as a relatively young student, saying that I'd come to visit their daughter to ask how they were getting on at work!

As a father myself now I'm not sure I would have let me in. It says something for the over-visited of people in Ancoats that they in fact let us in. I never really did understand what I was supposed to be doing

With regard to the LSE and the Applied Social Studies course. I've dwelt at some length before, about the fact that I don't know and never have done, what a generic social worker is. I've some idea of what generic teaching is about social work, although I don't like the use of the term generic now because it's so misleading. But certainly at the time that I was at LSE the whole of my memory of LSE is greatly influenced by the tensions and discomfort of the arguments which went on at the School about the development of the new Applied Social Studies course, and the effect it had on both the staff of the department and the relationship between that new course and the Mental Health Course and the Child Care course.

There always seemed to me to have been two sets of arguments. The public arguments seemed to be about the relationship between a more general approach to social work education and practice and a more specialised one, and that was symbolised in the relationship between the new Applied Social Studies course which was an attempt to be 'generic' and the Mental Health Course and the Child Care courses as so-called specialist courses. The private argument was much more about the relationships between staff and the status of staff and their relative position within the Department. My own view is that many of the problems that arose in relationship between those two courses arose because of mismanagement of the whole situation at a departmental level, and too many attempts by some of the senior people involved to be popular with everybody and to satisfy everybody when in fact not everybody could possibly be satisfied when their interests were in conflict. But of course as a relatively new psychiatric social worker I had a personal identity with that field, and a sense of defensiveness about anything which took away from me, as well as others, the newly gained specialist knowledge that I had so recently and to some extent painfully acquired. I'm sure the reaction of a lot of people in the specialists fields of social work, was a personal one as well as a more objective one. But the objective issues, were I think very real.

It was perhaps an oddity of the position of the two courses I came to know best, the Applied Social Studies course and the Mental Health Course. But the Mental Health course having existed at the school since 1930, was well accepted in the school. Of course there were people who were critical of it and thought it was really an odd phenomenon on the face of the LSE but yet somehow its association with mental health and psychiatric matters somehow gave it a kind of air of respectability which a

course wholly described as being “social work” somehow didn’t have. The Applied Social Studies Course quite unjustifiably suffered from a degree of criticism within the school simply because of this. It was equally the case that there was a degree of support for the Mental Health Course among the staff of the school which was not very rational and the explanations and motives for which, it would be very difficult to understand.

There were a number of things that concerned me about the development of the Applied Social Studies Course and the whole movement that it symbolised. First of all it seemed to me there was a very real danger that social work was going to become some kind of technical training with too heavy a preoccupation with the technical aspects of practising. For example, I remember having lengthy debates and shocks of horror at hearing terms like “knowledge for use” or discussions about the need to teach skills. Nowadays I wouldn’t feel anywhere near so shocked about either. But at the same time there did seem to me a very real danger, still remaining, that the development of the Applied Social Studies Course movement might tend to put an over-emphasis on sets of tricks and insufficient emphasis on the development of people’s attitudes and capacities to respond flexibly to a variety of human situations and to use their imagination and capacity in a knowledgeable but also skilled way, without in fact feeling that they had to go through a number of rather ritualistic routines. Now, to put it like that is really unfair to those who were enthusiastic about the Applied Social Studies movement. But I think that what we did see - not so much at LSE but elsewhere – was a tendency both in some of the courses in Britain and also in the United States, a degree of preoccupation with the techniques of social work which overwhelmed the teaching on which those skills needed to be an outcome rather than the basis of it.

A.C. Can you explain that more?

R.W. The movement behind the Applied Social Studies courses was one which was based on identifying those common elements in the practice of social work which applied to all the fields within which social work was practised in the United Kingdom or in the United States. That’s a perfectly reasonable thing for a group of people to be doing, whether practitioners or teachers, and in fact a necessary and responsible thing for them to be doing; to identify those things. What I think tended to happen was that the general elements tended to be around the skills and methods of social work and that in the process of doing that, those skills and methods came to dominate the planning of curricula, so that curricula tended to be related to the need to support the development of that teaching. I just don’t believe that in fact you can so closely associate the range of academic disciplines that need to be taught to social workers so closely with the technical aspects of the application of social work.

I always had and remain having very considerable doubts about whether the generic movement in the United Kingdom was going to be a help or a hindrance. My current feelings are that it has turned out to be a hindrance. Although I can well see the need for reorganisation of services, we’ll say in the way in which Seebom [50] recommended. I can certainly remember in the 50’s having many arguments with people advocating the development of a local authority family service, Eileen Younghusband was one, since it seemed to me that there were positive disadvantages in facing the consumers with a monopoly in welfare. I’ve always believed in pluralism, in the division of power, and that it’s the basic democratic right

of the citizen to be able to play off services, if they allow themselves to be played off; there are more dangers in the rationale for bringing everything together on the basis that it will be more efficient and more effective because this tends to reduce the consumer to a kind of powerless position.

Personally I came to support the Seebohm developments, but as a transitory development. If you look back at the comments and evidence that the Council for Training Social Work (CTSW) [51] gave the Seebohm committee, I remember it being prefaced by our saying we did not envisage a blueprint, but something which might be useful for the next 20 years, say. That's still my view. I don't personally see the Social Services Departments in local authorities as a permanent feature on the British landscape. I don't think that we can forever go on without closer administrative connections between the personal social services and the health services and the education services. I regret the fact that Seebohm was implemented at a time when local government was pre-occupied with its own managerial and organisational problems, because it seems to me to have created a Social Services Department system which looks new, but in fact is very old fashioned in its managerial structure and which has not yet come to terms with the fact that it has a large number of highly educated personnel at the bottom of the pyramid in its hierarchical structure.

Local government has not been able to come to terms with that more generally. It has come to terms with it in the school system, but that's because the schools have their own autonomous units of operation. But if one looks across at other areas of local government, housing for example, then housing departments, it seems to me, like Social Service Departments have not yet been able to come to terms with the fact that the local housing personnel who are responsible for units of public housing are now often graduates, but are caught in situations of powerlessness and bureaucratic entanglement in ways very similar to many of the social workers in area teams of Social Services Departments. I know I shan't be very popular for saying this but I've got to the stage and age when I feel I can afford to be chopped, but it does seem to me that the future of social work in this country cannot possibly lie in the present structure of Social Services Departments and unless something pretty radical is done about the structure of those departments, social work will, ultimately, either die or come out and develop in different ways probably in the voluntary and private sectors. There are already signs of this I think, and I would expect them to develop and flourish.

So I suppose looking back on the last 20 years in this respect, I would blame myself as much as many others, to having contributed to a process which has been, I think, a large scale one in the United Kingdom of seeing value in larger scale systems, in larger scale organisations, in more effectiveness in bigger organisations. I think all of us have now learned not only in the public services, but also in industry and commerce that large scale organisations have very great disadvantages, and that the degree of depersonalisation, the degree of time spent in communication, the amount of time spent in actually keeping the organisations ticking is such that you may in fact divert into all of that, degrees of talent and capacity which ought to be making direct provision for the clientele whether they are in the industrial processes or the consumers of public services. So for my money if I was starting my career again now, one of my first preoccupations would be how to set about breaking up the systems that we've now got, into smaller units and smaller autonomous units, and as

far as social work is concerned, seeing the development of much smaller autonomous and semi-autonomous neighbourhood units, where social workers carry a degree of legal responsibility for their actions in which they are answerable to the courts. I have no great faith in statutory registration as a way of protecting the public, but I do have some faith in the courts as a method of protecting the public.

Let me now talk about the class structure of social work. I suppose that I was one of the generation of post war university students, from relatively modest backgrounds, who came into the university system in large numbers, people who were first generation undergraduates and from families who had no experience of higher education. I, like many of my colleagues, had to find ways of coping with the situation in which our families' and our parents' perception of the world seemed to us to be a much more limited and much less well informed and educated than our own. We varied in degree of arrogance or non-arrogance with which we imposed our new ideas on our families and our parents, and I didn't really get very far with my extended family who on the whole assumed that I was some jumped up character who'd gone out of the West Country to go and study, and that when I came to my senses, I would soon be back in Devon. There are certainly some of my aged relatives who still think after 35 years in London that I'm up here for a short visit, and will be returning soon when I've recovered from a minor aberration! So that some of them I think didn't let me get away with any degree of arrogance on the part of my newly found education.

I was very conscious of the fact that, for example, many of the psychiatric social workers that I first met came from financial and class backgrounds very different from my own, and whose confidence and poise and perception of the world was a very different one from mine. One of the most searing experiences, and one of the most valuable, gained from the tensions at LSE was to discover that if you were born into the right social class and the right social background, you could have access to a variety of people in powerful positions, simply because of your social network. This had nothing to do with your professional position and was one of the problems that posed considerable political difficulties for the LSE. I also learned that it was possible to offer one's resignation from a job on a point of principle if one had a private income, but much more difficult to do if one had a wife and family. So some of the conflicts between the social backgrounds from which I came and the social backgrounds from which some of my new colleagues came, were soon very evident. The local authority scene, and particularly the mental welfare officer scene soon made me realise that here were a whole different group of people whose background and life experience was very different from many of the social workers, particularly the older social workers that I know.

In saying all this, I'm in no way critical of those social workers: they had a sense of what I can only call a kind of *noblesse oblige* for which I've a very great respect. Not many of the ones that I knew in psychiatric social work could in any way be called patronising. They had a sense of responsibility of involvement and engagement in the social services which I suppose might have come originally from some degree of sense of superiority or certainly in relation to other groups in the community, but if they had, I think they had to come to examine those motives and to come to terms with them and that I had the very greatest respect for the ways in which they managed to extricate themselves from their own social backgrounds to come to a degree of equity in their relationships with their clients. But in social situations there

was no doubt that many of them were poles away from the average mental welfare officer, or the average welfare officer in a local authority department, and not least of course because many of the psychiatric social workers were women and most of the mental welfare officers and welfare officers were men.

One of the things that attracted me about the development of non-graduate courses recommended by the Youngusband working party, was that this would pick up on the interests that I had when I was an undergraduate student in adult education, and therefore in the development of courses within the further education field about which I knew relatively little. But I'd kept up some connections throughout the period when I was at LSE by a lot of extramural teaching in places like Southend and Guildford and all over the Greater London area in extramural department courses with a whole variety of people from customs officers to school teachers to bus conductors. It was that part of it which attracted me, with the strong belief that I had at that time and which I now don't wholly retain, that education was the means by which people could obtain more power over their lives and would come to a better understanding, would reduce conflicts, would reduce the potentiality for wars and that education therefore was an end to be pursued and something into which resources should be poured. I, like many others have now come to realise that one may in fact enable people to certainly exert more power over their lives, through being able to understand the processes that effect them better, and certainly I wouldn't want to advocate people remaining in the situation like many of my family were, in which they had a kind of fatalistic belief that what went on in London or what went on in Heaven or what went on in Bristol, somehow had it's end results in Devon and there wasn't anything very much you could do about it. I think we now understand a bit better that education may only make social problems more sophisticated ones and that they don't in fact solve conflicts or solve social problems, but like better housing there's no reason why people shouldn't have social problems in good housing conditions and express their problems in better educated ways and have better capacities for overcoming them through having better incomes, better housing, and better intellectual capacity to tackle them.

What I believe is that because of the difficulty of breaking across the barriers of one's own social background and the social background of one's clients or one's students, the greater variety of people in social work with a variety of social backgrounds, the more this would contribute, not only to the quality of the services given to clients, but also would contribute to social workers being able to share with each other the impact of their own life experiences on the ways in which they work. They would not make so many assumptions about the ways in which people live influenced by their own prejudices and assumptions, which however much one may try to examine them and allow for them and perhaps even put them aside are bound to influence one's perception of the outside world in ways that one doesn't even realise. Certainly it seems to me that the infusion into social work of large numbers of people from a wider social background has greatly benefited social work, though I think it has also been done at some costs. One of the costs I think is that some of the people who've come into social work from a social background with less confidence - and therefore less sense of inner certainty of what they were about - have, I suspect, been less willing to stand up and be counted in the face of some of the conflict existing between the needs of the clients, the needs of social work, and the needs of the organisations in which now social workers are employed. That maybe unfair but I suspect that it's the case. What I hope is one of the things that may have been

achieved is that with social workers coming from a wider social background we've perhaps overcome in local government some of the problems that, for my money the relieving officers symbolised. That was the people who moved into positions of relatively minor power, or the petty bureaucrats of local government in the earlier part of the 20th century who then tended to turn in a critical and sometimes punitive way on the people who remained within the social groups from which they had originally come. It certainly seemed to me that some of the problems that we had with the old poor law system could be accounted for by that movement of people into minor powerful positions. I trust that the better education and the thinking that social work education provides for people moving into more powerful positions has in fact offset that possible consequence of the widening of the social background of social work staff.

- A.C. It's well within most people's experience. I remember when I worked in one London borough the housing manager there, when you phoned up to tell him the sad story about a family, regularly told you that his mum brought up nine children
- R.W. You asked me about when I was teaching on the Mental Health course and the point that Kay McDougall made about the preoccupation of students about the controlled use of relationships. You have to set it in the context of the time when first of all a large number of older students coming on to the Mental Health course came from what they called social work jobs and they now wished to move into psychiatric social work. The best parallel I can draw would be to say that I think some of those students thought of social work as perhaps people might talk in a slightly derogatory way about welfare. That it was kind of welfare out there that was involved with giving people money or doing things for people in a direct way, and that what they now wanted to move into was something much more sophisticated. That much more sophisticated thing was indeed in the context of all the discussions derived from psychoanalysis and so on, about relationships.

But it would also only be fair to say that a lot of the people who came from say the Family Welfare Association [52] or from the child care services, or from the care committees, or some from health visiting, as well as people from social workers and trainees in the mental health services, through their experience in providing direct services had in fact come to think, whether rightly or wrongly, that some of those direct services were "just welfare work". It wasn't that they weren't important, but that they didn't in fact solve anything and that therefore they were looking for ways in which people could be helped to tackle more basic problems that seemed to create the situations in which they were frequently in need. Now there's no doubt that, on the whole, people in many cases thought of those as being problems which were within the person or the family. Although it would be quite unfair to say of social workers in that generation that they didn't realise that a lot of problems that people were faced with were in fact the creation of economic conditions, or employment conditions, or work situation, or the housing situation in which people were. I mean they weren't daft! They could perfectly well see that people were living in impossible housing conditions, or that they hadn't got enough money to live on, and they weren't suggesting that those housing conditions or the limited income were in fact the "fault" of the family or client. What I think that many of them did believe, and I think they were right to this extent, was that even if the income was better, or the housing conditions were better, or the employment circumstances were better, that this wouldn't result, by themselves, in solving acute marital problems, or acute

psychiatric conditions, or severe problems arising from depression and unhappiness that led people to become addicted to alcohol.

Why students thought of psychiatric social work as something called casework was I think because social work to people like me meant the whole range of things including relationship work, but also the things one did directly, either cleaning up or sorting out things for people when they couldn't do them, and the intermediary work that one might do on their behalf. But essentially also, thinking twice before in fact one did things on people's behalf to see whether in fact they really might not both do it better, and learn something of more permanent value to themselves, if one helped them to undertake it themselves. It certainly sometimes worries me at the moment when I hear people rushing off, and rushing about and doing all sorts of things for people without apparently stopping to think whether in fact, hard as it may seem, the clients themselves might not in fact greatly benefit from having been helped to undertake actions for themselves.

A.C. Thank you very much.

EDITORS' NOTES TO THE WRIGHT 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 National Association for Mental Health (NAMH) was established in 1946 by the merging of three major mental health organisations. These were: the Central Association for Mental Welfare (established in 1913) - led by Dame Evelyn Fox; the National Council for Mental Hygiene (founded in 1922); and the Child Guidance Council (established in 1927), which set up the first child guidance clinics and launched training courses for their staff. The amalgamation was recommended by the Feversham Committee on voluntary mental health associations, which reported in 1939. The formal merger had to wait until the end of the Second World War.

3 The BA (Admin) at the University of Manchester was adapted in 1937 to allow a specialism in Social Administration. It was the first degree course to lead to a social science qualification but not full professional training in social work.

4 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*.

5 Ernest Teale was the Professor of Moral and Political Philosophy at Keele University from the 1950s until his retirement in 1968.

6 Barbara Rodgers was lecturer and then Reader in Social Administration at the University of Manchester She was the author of a number of books including *Portrait of Social Work* with Julia Dixon in 1960 and *New Portrait of Social Work* with June Stevenson in 1973. She also did a follow-up study of social administration students 1940-60 published in 1963 by the Manchester University Press

7 Oxford House was one of the first university settlements founded in 1884. It derived its name and high Anglican traditions from Keble College, Oxford. It was

initially reserved for men intending to take holy orders. It is still operating in a modern context in 2013.

8 Manchester University Settlement. Roundhouse was the original home in Ancoats of the Manchester University Settlement founded in 1895. A new Roundhouse opened in 2009.

9 Netta Glass was at the LSE in the 1950s. Author of *Eating, Sleeping and Elimination habits in children attending day nurseries and children cared at home by mothers*. *Am.J. of Orthopsychiatry*, 9,4, 1941

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

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

12 Maudsley Hospital The foundation of the Hospital dates from 1907 when Dr Henry Maudsley offered the London County Council a substantial sum for the creation of a new mental hospital. Because the first world war intervened, the LCC did not assume control until 1923. The Hospital gained a high reputation for the training of nurses and for the inter-disciplinary teamwork of its children's department. There was considerable expansion in the 1920's and 30's. A Child Guidance Clinic was opened in 1928 by Dr William Moodie. The children's inpatient unit followed in 1947. Several of Alan Cohen's interviewees had contact with the adult's and children's departments. The Hospital was also recognised for the quality of its teaching and research. A Medical School was established in 1924 and became a pre-eminent postgraduate centre for mental health medicine, eventually evolving into the independent **Institute of Psychiatry**, which shared the south London site with the Hospital.

13 Douglas Woodhouse (1920--2011) was a social scientist and pioneer of marital studies in Britain. The Institute of Marital Studies was located at the Tavistock. He was an influential member of the Home Office Working Party which produced *Marriage Matters* in 1971. He did the research on which Fred Philp's book, *Family Failure* (1963, Faber) is based.

14 St. Bernard's Hospital The Middlesex County Asylum in Hanwell was opened in 1831 and by 1888 it was the largest asylum in Europe with 1891 patients. It became St. Bernard's in 1937 and had 2200 patients. It merged with Ealing Hospital in 1980 and became the psychiatric wing and is now an independent hospital trust.

15 Madeline Williams addressed the APSW meeting in Jan. 1944 on *Integration of Specialist and General Services*

16 Margaret Ferrard was co-author with Noel Hunnybun of *The Caseworker's Use of Relationships*. She features in a major way in Vicky Long's important article as a pioneer of the socially oriented approach to psychiatric interventions as distinct from purely medical models. See: V. Long, *Often There is a Good Deal to be Done, but*

Socially Rather than Medically: the PSW as Social Therapist, 1945 -70. Medical History, April 2011; 55(2).

17 Eugenics Society the Galton Institute was founded in 1907 as the Eugenics Education Society, dropping the word education in 1926. In 1989 it changed its name to the Galton Institute.

18 The 1946 National Health Service Act made clear that the new national health service was intended to secure improvement in people's mental as well as physical health, and the prevention of illness as well as its diagnosis and treatment. The Act placed an obligation on regional hospital boards to provide specialist services, which commonly included child guidance. The NHS came into existence in 1948 and the service was a central pillar of the reforming Attlee government's Welfare State.

19 Children Acts of 1948. Following the Curtis Report in England and Clyde Report (on Homeless Children in Scotland) there were two Acts of Parliament in 1948. Each arose out of a war-time concern for child welfare and from a number of cases where vulnerable children had been seriously abused by those responsible for their care. The respective Acts ushered in new local authority structures and responsibilities for the care of children and placed over-riding emphasis on the welfare of the child. Authorities were free to develop a variety of child care provision when children's natural parents were absent or unable to look after them. For example, to decide on the balance between foster care and residential institutions; and on the provision for children with particular needs.

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

research and training. [Further information available from: Royal College of Psychiatrists online Archive No 14.]

21 The Association of Psychiatric Social Workers (APSW) was the main professional body for social workers looking after the welfare of mentally ill people in the United Kingdom from 1929 to 1970. Several of Alan Cohen's interviewees were active members and office holders and wrote articles for the Journal. The Association joined with six other professional associations to form the British Association of Social Workers in 1970. The archives of the seven organisations are lodged, and listed online, with the Modern Record Centre at the University of Warwick. Collis, A. and Stacey, R (1987). *Catalogue and Guide to the Archives of the Predecessor Organisations 1890-1970* published by BASW.

22 Cherry Morris. Succeeded Anne Cummins in 1929 as Head Almoner at St Thomas's Hospital in London. Twenty years later she was in post as Almoner at the National Hospital, Queen Square, London. Author of *An adventure in Social Work: The Northcote Trust 1909-1959* and Editor of *Social Casework in Britain*. (Faber. 1950). Including chapters by:

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

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

24 The 1959 Mental Health Act arose from the deliberations of the **Percy Commission** – a popular abbreviation for the **Royal Commission on the Law Relating to Mental Illness and Mental Deficiency**. The Commission sat from 1954 to 1957. Its 1957 Report made a series of recommendations most of which were embraced in the 1959 Mental Health Act. The concept of the voluntary patient was enacted. But Parliament did not support the proposal for wider responsibilities and increased resources to be devolved to local authorities. Much of the previous mental health legislation was repealed and the Act introduced new and contested terminology for patients and their conditions.

See Kathleen Jones, *History of the Mental Health Services* for composition of the Commission and commentary on the Report.

25 Mackintosh Committee. *Report of the Committee on Social Workers in the Mental Health Services, etc.* [Chairman J. M. Mackintosh.] London, 1951 (Cmd.

8260). The Mackintosh Committee sat from 1948 to 1951, but by the time that the Committee had reported and made its recommendations, a working party on health visitors had been set up under Sir William Jameson. That working party took another three years to consider the matter and action had to wait until it was seen how the social workers in the mental health services would fit into the general picture of social workers.

26 Younghusband Report . The Younghusband Working Party sat from 1956 to 1959 and produced a Report with radical proposals for the future use of social workers in the local authorities health and social services departments. The Committee's recommendations were presented in the *Report of the Working Party on Social Work in the Local Authority Health and Welfare Services*. (1959). HMSO., Robina Addis Thomas Tinto and Eileen Younghusband (Interviewees nos. 1, 19 and 26) were members, in addition to seven others.

27 1969 Children and Young Persons Act . Prior to this Act, children and young people who were neglected or ill-treated or in "moral danger" could be committed to the care of a local authority under the Children and Young Persons Act 1933 and other legislation. The 1969 Act introduced community based "intermediate treatment services" intended to provide much more contact with potential offenders than supervision orders, while avoiding the alternative of taking young people into the care of local authorities..

28 Scottish Children Hearings were established by the Social Work (Scotland) Act 1968 following the Kilbrandon Committee which had been set up in 1964 to examine how young offenders were dealt with. The report wanted to separate the functions of the criminal court from those of a treatment agency. By 1971 the Hearings took over from the courts most of the responsibility for children under 16.

29 Central Council for Education and Training in Social Work (CCETSW) was established on 1 October 1971 under the Health Visiting and Social Work (Training) Act 1962. It replaced the Central Training Council in Child Care, the Council for Training in Social Work, and the Recruitment and Training Committee of the Advisory Council for Probation and After-Care, and also took over certain functions of the Association of Psychiatric Social Workers and the Institute for Medical Social Work. The responsibilities of the Council were: the promotion of education and training in social work; accrediting academic courses and awarding qualifications throughout the United Kingdom.

The Council was abolished in 2001 and replaced by the General Social Care Council for England and the equivalent Councils for Scotland, Wales and Northern Ireland.

30 Joseph McCarthy (1908--57) was a senator who wanted to root out communist subversion in America and the McCarthy era is broadly 1950-54.

31 Lionel Robbins (1898--1984) graduated from the LSE in 1923 and spent all his working life there. Was Professor of Economics 1929-61 and continued on part-time basis until 1980. Best known for the **Robbins Report 1963** which urged massive expansion of university education.

32 Michael Oakeshott (1901--1990) was a philosopher and political theorist. He was Professor of Political Science at the LSE 1948-69

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

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

35 **Peter Townsend** (1929--2009) Social researcher, senior academic and campaigner. He was strongly associated with the Institute of Community Studies in Bethnal Green, the LSE and the Universities of Bristol and Essex. His research and writing were influential including seminal works on ageing and the treatment of the elderly; unemployment; health inequalities; and above all on poverty. *The Poor and the Poorest* with Brian Abel-Smith in 1965 opened many eyes and led to the founding of the Child Poverty Action Group. This was followed in 1979 by the monumental *Poverty in the UK*.

36 **Peter Willmott** (1923--2000) was a sociologist who worked for many years at the Institute of Community Studies in Bethnal Green and later at the Policy Studies Institute. Was co-author with Michael Young of two ground breaking studies *Family and Kinship in East London* (1957) and *Class in a London Suburb* (1960) His solo work was *The Evolution of a Community* (1963) about the massive 1920s housing estate in Dagenham.

37 **Peter Marris** (1927--2007) was a sociologist also based at the Institute of Community Studies from the mid 1950's to the 1970's. He had a prolific output including *Dilemmas of Social Reform* (1967), *Loss and Change* (1974) and *The Politics of Uncertainty* (1996)

38 **Barbara Wootton**. Baroness Wootton of Abinger (1897--1988). Eminent economist, criminologist and social scientist. After leaving Cambridge, Wootton took up a research studentship at the LSE and later worked for the research department of the Labour Party and the Trades Union Congress. She was Principal of Morley College from 1926, and Director of studies for tutorial classes at London University from 1927 until she became Reader at Bedford College in 1944 and Professor in 1948.

She published widely and her *Social Science and Social Pathology* (with Vera G. Seal and Rosalind Chambers. Allen & Unwin, 1959) remains a classic in the

application of utilitarian philosophy and empirical sociology to the enlightened management of society. It is a wide ranging 400 page book and Alan Cohen, in his interview questions, concentrates on a chapter (“Contemporary attitudes in social work”) that was very critical of some approaches to social work and the claims made about what social work could achieve. It would be difficult to find more trenchant and sustained criticism of the attitudes, language and assumptions of the selected social work writers and academics quoted – in particular of the claims made for the more high-flown psychoanalytical approaches to solving human problems. These she ridicules and claims that they do a great disservice to social workers in their daily tasks. It is clear from the edited transcripts that Alan Cohen was keen to gather the views of his interviewees about the impact of the Wootton bombshell and most of them give a response.

From 1952 to 1957 she was Nuffield research fellow at Bedford College. She was created a life peer in 1958 and was the first woman to sit on the woolsack in the House of Lords; and later held several senior public appointments. Her reputation as a fiercely independent thinker was sustained during the following years of public service.

Accounts of her life and work are available from her autobiography, *In a World I Never Made* (1967) and Ann Oakley’s biography *A Critical Woman* (2011).

(*Sources*: Personal Papers of Barbara Wootton, Girton College Archive, Cambridge; and the books cited above).

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

39a **Thomas Beaton** (1888 –1963) was born in Portsmouth and trained in London. He worked at Long Grove Hospital; Royal Naval Hospital, Chatham; in the Department of Mental and Nervous Diseases, Bethlem Royal from 1914 to 1919; and He became a key figure in developing mental health services in Portsmouth. The integrated service there was lauded by the national Board of Control but ignored in the literature of the time. His obituary said he had a “tremendous pioneering spirit coupled with an extraordinary breadth of vision.” For an account of the work see Hugh Freeman, *The Portsmouth Mental Health Services 1926 – 52*, in the journal *The Medical Officer*, March 1962.

40 **Geoffrey Rankin** was a pioneering figure in the FSU of the 1960’s and 70’s. Appointed as Fieldwork Organiser of the Islington and North London Unit he stepped down after some years to continue as an ordinary caseworker. Considered as a maverick by some -- and as a hero by others for his a huge commitment to families in need and his demands for radical action: for example, with Fred Philp and others he was a co-founder of the Child Poverty Action Group. His correspondence with Alan Cohen survives among Alan’s papers lodged at the Modern Records Centre and the FSU archive, at the same location, contains some articles written by him.

41 **Family Service Units (FSU)**. An independent charitable social work agency, founded in 1948 in succession to the Pacifist Service Units created during World War 2. Alan Cohen worked for FSU for a period in the 1960's and published in 1998 *The Revolution in post-war family casework: the story of Pacifist Service Units and Family Service Units 1940-1959*, University of Lancaster. In common with the 26 Cohen interviews, this book was based on interviews with pioneers. The charity merged with **Family Action** in 2006.

An FSU archive can be found at the Modern Records Centre at the University of Warwick. www2.warwick.ac.uk/services/library/mrc.

42 **Alastair Cooke** (1908--2004) Journalist and Broadcaster for the BBC who reported on events in the USA from 1946 onwards.

43 **Raymond Firth** (1901--2002) An ethnologist from New Zealand who studied and worked in Australia and New Zealand. He joined the Anthropology department at the LSE in 1933 and remained there until 1968, being the professor from 1944-68.

44 **Michael Young** (1915 – 2002). Sociologist, social activist and politician. He helped shape the Labour Party manifesto in the 1945 election and was a Government adviser until 1950. He founded the urban studies think tank, Institute of Community Studies, in 1954 and often used that as the vehicle to initiate new organisations including the National Consumer Council, Open University, Language Line, and University of the Third Age. He was for many years closely involved with the progressive school Dartington Hall where he had been a pupil.

45 **Institute of Community Studies** see notes 36, 37, 38 and 44 above

46 **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 2nd 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.

47 Child Guidance Training Centre . Essential to the development of child guidance in America after 1918, was the philanthropic body, the Commonwealth Fund of America, which had been endowed by the Harkness family. Following an approach by British child guidance supporters in the mid-1920s, the Fund agreed to support the setting-up of the Child Guidance Council, its offshoot the London Child Guidance Clinic and Training Centre, and a training course at the London School of Economics for psychiatric social workers: the Diploma in Mental Health. In effect, the Commonwealth Fund, through its English Mental Hygiene Program, financed British child guidance until 1939.

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

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

50 1968 Seebohm Committee (Home Office. *Report of the Committee on Local Authority and Allied Personal Social Services*. London, HMSO (Cmd, 3703)) which led to the 1970 Local Authority Social Services Act and the birth of new local social services departments in 1971.

51 Council for Training in Social Work, (CTSW). existed between 1962 and 1971 and awarded recognised Certificates in Social Work for completed training in some specialist areas of social work. Predecessor body to CCETSW.

52 Family Welfare Association (FWA) was the new title adopted by the Charity Organisation Society in 1946 and there followed a marked change in its work when the new local authority Children's Departments were set up in 1948. Volunteers were mostly replaced by paid staff and statutory funding was sought and used to provide a number of therapeutic services for families and children. The operational area was confined for many years to London and the south east, but this changed in 2006 when the Association, now re-named as **Family Action**, merged with **Family Service Units**.
