

THE COHEN INTERVIEWS

ELIZABETH GLOYNE -- Interview no 9.

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 With one exception (No 24, Clare Winnicott) the interviews were unpublished until this edition in 2013.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

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

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

All of these can be found at

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

Elizabeth Gloyne

Successful career choices can have unexpected starting points. Elizabeth Gloyne decided against medicine as her father was a doctor and mother a nurse - but social work seemed possible and medical social work was chosen as her father said they were "the best dressed". By her mid- twenties she was qualified and thereafter handled a range of challenges which were a far cry from what was probably a comfortable upbringing in Buckinghamshire, though no doubt she had heard many medical tales. She speaks highly of her training as being "very rigorous", though she highlights how little was written in case records and how much was learnt from "hearing other people's skills in practice".

During her training she was visiting clients in tenement houses, a client in a large lodging house and on one placement was asked to read and comment on the case histories of five patients who had had operations to change sex because of physical problems. When

qualified, the second world war saw her as an on-call registering officer for casualties of the blitz, as were other of the Cohen interviewees.

She experienced jobs one of which at Redhill County Hospital she viewed as “the most wasted two years of my professional life” and others where she made a great difference. Appointed to the post at the Coventry and Warwickshire Hospital, being the only applicant, and working single handed for a year, she stayed for four years until 1950 leaving a stronger department and having bedded it in for the new Health Service. It is worth remembering she was still only in her thirties.

As practitioner and trainer (tutor at the Institute of Medical Social Workers) she clearly had a lot to offer but found, for example, after two years in America (1956-8) that “nobody was interested in my splendid experience” and in this she was certainly not alone. She wrote very little and simply talks of maybe finding things scattered around “with my initials on”.

She was unusual in ending her career working in a local authority (back to Buckinghamshire), but this sadly is little discussed as it falls outside Alan Cohen’s 1959 cut-off. Elizabeth is also unusual in that she mentions a sibling, a brother, and very few of the 26 interviewees in fact do so. What other career choices were made especially by sisters? As so often we are left wanting to know more.

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

E.G. I started my medical social work training in August 1935.

A.C. Had you come with previous experience of social work?

E.G. Not really, no. I came from a medical family. My father was a doctor, my mother was a nurse. I’d been brought up in, you might say, very much a Christian Socialist atmosphere, and so I think in a way I was very attuned to things. But quite frankly until about 18 months before I came into training, I’d no intention of being a social worker at all.

A.C. Really? How did you get to hear of it then?

E.G. Well my father was much involved in it. He’d been on the council of Institute of Medical Social Workers [1]. Well, it was called then, The Institute of Almoners [2]. And I went up to the University determined I’d have nothing to do with science, because there was far too much science and medicine in the family and really wanted to be an archaeologist and I read a classical degree mostly. And then of course one realises, when you get up here, that it was only in those days that first class honours men, very lucky and probably with private means, got into archaeology. So I started looking round for another profession, because I knew I’d have to work. After discussion with my father I came up with social work. I always rather laugh about it now because when it came to

what kind of social work, he said well he thought medical social workers were the best dressed. So immediately to my immature or undergraduate mind that meant they must be slightly less dotty than the rest of the world, as it were! So I decided to try for medical social work. I went into the course run by the then Institute of Almoners; they had an 11 months training and a 16 months one and you did the 16 months if you had not got any practical experience, hadn't done any family welfare which was the old COS [3]. You were supposed to have a social science diploma, but I'd changed subjects in my last year at Oxford and done economic history and theory, and I bamboozled my way through the committee. When I became a tutor many years later, I would never have thought of letting anybody do what I did! So I came down from the University and in August I started off as a COS student in the old Holborn and City, Finsbury COS office in very, very, hot August weather.

A.C. What was it like in that office, what sort of things did you do?

E.G. Well, we were of course sent on visits. The pattern of the day was that in the morning you did most of your telephoning and correspondence. In the afternoon you set off visiting, with a list of places and people to visit. I remember I was scared stiff of my first ones. And of course a lot of it was preparing cases, material to go to the committee which decided on what help COS would give. You might say now in our terms "following up", the decisions of the committee. There was quite a bit of "almoning" of pensions of special cases like the Master Bakers Association pensions. There was a good deal of money of course in the old city trusts and so on; City Parochial Foundation [4] and things like that. A lot of them were administered through the old COS offices and so that you would go off and do that. There was a very well known secretary of the office who you might say was your casework supervisor, and boss and controller of everything. Someone called Miss Bolton. I should think she's probably dead by now; I just don't know. I think she was an extremely able person but to a woolly young newly qualified graduate, with an awful lot to learn and capable of writing a moderately good essay every week, but quite incapable of writing a business letter, it was quite an eye-opener. She was pretty strict too. It was a very good training really because the kind of things that she was absolutely emphatic on was accuracy, i.e. that you didn't say the client had lost his job. You said the client says he has lost his job. She was very precise. This appealed to me I think basically with one's education and background. This intense accuracy and I hope I've kept it all through my professional life really. It's so easy to assume this happened – when most of your evidence is purely circumstantial. It is what the patient says happened, isn't it? She was good about that. But you got an awful lot of your letters returned. I have known them be flung across the office at you! I don't think we minded it you see. Probably the modern student would be very offended at this, but I don't think honestly we minded somehow. We wrote those letters with some special kind of ink which then the man called the Agent, took them down to some mysterious room in the basement and laid them on a jetty-thing and rolled them, and a sort of yellow rather blotchy ink copy came up which was your carbon. And the ink on your letter was then a little bit blurred. Incredible really. I don't even know what the process was. In that office you always took up references from employers to verify wages. He did all that because it was an area which covered a lot of warehouses and city

businesses and things like that and he knew his way in better as it were. So that was how I began.

- A.C. Did your supervisor discuss things like methods of interviewing and things like that?
- E.G. I think “yes” as far as I can remember, it’s so long ago now, but only probably if you didn’t bring the goods home you might say. If you had visited somebody and really came back with a pleasant conversation about the weather, and not got to what was the problem, she would then cross-question you, and say “Why didn’t you” and “Couldn’t you have said so-and-so?” But if you managed to get what was needed out of your interview, no she didn’t. I suppose, honestly I can’t remember now, I suppose the very first day I went out I was told about knocking at doors and introducing myself and so on. Of course there was a very high standard of confidentiality there and looking back I think quite as high a standard, if not higher, than we’ve got of allowing client self determination. We tend to think that these were the bad old days when social work was very kind of paternalistic, but in actual fact there was a very great respect I think, for people there and perhaps acceptance as well. It was a sort of contract in a way. If you don’t want to meet COS terms which were (a) your wages were verified, your rent was verified and (b) it went to a committee and they decided this that and the other, if you didn’t want help on those terms well you didn’t have to have it. You were told the terms very clearly and in that way I don’t know that we’ve moved. We’ve gone through a phase of moving further back really.
- A.C. Presumably a lot of the people you were visiting through the Holborn COS offices were the people who today would be covered by state unemployment insurance, or National Health Service things like that.
- E.G. Yes. There were quite a lot of referrals from hospital social workers and a large collection of clients where you had to provide artificial teeth and so I suppose you’d say that was partly the Health Service. In actual fact the Health Service doesn’t cover artificial teeth now. I’d be intrigued to know what happens to very poor people because frankly one doesn’t hear very much of it from the social services point of view. Practically everything like convalescence, artificial teeth, extra diet, prostheses and so on. There was a certain amount of money from the friendly societies because the more stably employed people paid their National Health Insurance through things like Foresters [5] and Ancient Order of Buffaloes [6] and they had a varied collection of extra benefits. So there was quite a lot of that. There were these pensioner people, and quite a lot, I suppose, of poverty from sickness and possibly giving people short-term financial help. A very strong policy of, (if it was a long term financial help), seeing that they’d got what they should get out of the Poor Law [7]. Because it was in those days, 1935, it was the old Poor Law days. I think COS wouldn’t have taken on a Poor Law case, but I think they would have done a good deal towards chivvying the Poor Law into doing justice to the client.
- A.C. Acting as sort of advocate.

- E.G. Really basically as an advocate, although we didn't go in for names like that. It was just a question of: "He doesn't seem to be getting what he ought to" do, you know." Get their permission to ring up 'X'." So this was more what it was.
- A.C. I was thinking what you said at the very beginning – you said that your family background was Christian Socialist, and I wondered whether when you got into it, as you had no idea of social work until about 18 months before joining, whether it was actually what you expected it to be, and how you related that to your own beliefs.
- E.G. Bit difficult to say. Obviously some of the ways people lived was a surprise. On the other hand there were plenty of tales at home from my parent's experience. Like my father saying when he did his training in Leeds, on the district with visits, raising and sitting under an umbrella because of the 'thingummies' that fell out of the wall and ceiling. So you weren't really, in a sense, aware of that kind of poverty and poor conditions, you hadn't seen them with your own eyes but you knew they existed. You knew that chronic handicap existed from hospital experiences, I suppose we knew unemployment existed because – we were Quakers actually – we'd heard a lot about the Quaker allotment scheme [8] for people in 1926, you know down in the mining areas, during that year's strike. So that I suppose you might say that theoretically it was quite familiar to me and one was instantly sympathetic with it and the reality of it. The actual people who wore the clothes as it were, was of course new. I think, honestly, very quickly one got to like them too, even though I was a very shy person and had been brought up a bit out of this world you know. I hadn't been to the cinema much and I hadn't been out and about much. I'd been to University and been brought up very quietly. Honestly I think one quite quickly liked them and one had a great appreciation of London in a way and interest in it.
- A.C. Were you not a Londoner then?
- E.G. We'd lived in London since 1930 that was all. I'd been brought up in Buckinghamshire. I think one had, I suppose, what you could call it an artistic appreciation of the people's beauty and the beauty in the most unlikely circumstances. There were really very funny things when you knocked at a door. There were these three family tenement houses, and you were told not to ask for anybody because of the neighbours. If you couldn't get an answer, you crept away. In one case where I knocked and after a bit a voice at the top said, "If you're looking for Mrs So-and-so, she's gone 'opping'". It took me a long time to decide what in actual fact what it was: she had gone Hopping. And of course towards the end of August and September there was an enormous exodus in those days of people who went down to the Kent hop fields. In actual fact this was a rich experience in a way. I didn't go down to the hop fields, but it was very much feeling part of the pulse of life of a place. But I was fascinated by it frankly. I was a very poor social work student I'm quite sure. I never got any of the very difficult jobs to do, because I think I was probably considered quite incapable of doing them.
- A.C. Did it impinge on what you saw as the socialist solution to the problems you were confronted with? Was that confirmed for you, disconfirmed or didn't impinge?

E.G. Probably it impinged. I was brought up in a kind of Christian Socialist atmosphere. It was not a political atmosphere. It was more Christian perhaps than socialist you can say. They had brought one up to believe in the essential worth of all people. I was brought up in a very classless sort of attitude to class. I think this sort of affected one. One was horrified at poverty. I don't think I had any political solutions to it. I'm sure I didn't. I used to have some annoyance when we sat like mice round the edge of the committee room and listened to these people pontificating on their decisions, and feeling a bit superior and being very judgmental.

A.C. Was this the COS?

E.G. COS yes, because all the cases went to committee. I certainly do remember feeling upset sometimes. One's sympathies were always with the client frankly. You perhaps thought that they should be a bit more generous. On the other hand, I didn't have an inkling of the budget they were working on, and they only had a limited amount to spend. After all they were supported by voluntary contributions.

A.C. I wondered whether you had any thoughts about the workings of the Poor Law for example and whether state provision should be altered in any way. Whether there was any of that in the air at the time?

E.G. I didn't meet it personally. I suppose these were the days before sociology you might say entered into social work and with discussions about social consciousness and class consciousness and so on. One was much more concerned with plain economic theory and history. I think one was concerned about unemployment but I don't know that I saw any political or economic solutions to it.

There must have been some reorganisation of unemployment assistance because it was in the financial crash in the 30's that the government started raiding the funds for unemployment benefit, and then it was re-structured on a more economic basis. I think we always referred to it as unemployment assistance so it had come off the Public Assistance Committee (PAC) I think we always used to write UAB [9]. I don't think there was probably a great deal of unemployment, relatively, in London then. It was still the pre-war era of small businesses and warehouses. A lot of the Holborn, City and Finsbury area was that old fashioned property by St. Bart's Hospital and down to Soho and then we went up toward Myddleton Square, until we almost touched Islington. There weren't I think people working in large factories and therefore I suppose the implications of unemployment were not so devastating. I think it is when you get a very large industry employing thousands of people like Cowley, (the motor manufacturing plants in the Cowley district of Oxfordshire) that recession really makes unemployment intolerable. It's intolerable in a way in any case but when it is 20 people in a firm and perhaps they have to drop one, it is just not so visible and maybe because you do find it easier to get back into employment.

A.C. While you were doing this placement at the COS and having been accepted by the Institute of Almoners did you have seminars at the Institute?

E.G. No we didn't have anything at all. In actual fact we had to change placements after two months and for my second placement I went to Lambeth. The Holborn Office was quite a big one, and there were 4 or 5 students there, and certainly one of them Miss [Elspeth] Hope- Murray, [10] who became Deputy Chief Welfare Officer of DHSS: she was one of our famous students there. I went on then to Lambeth North, which was a very small office run by somebody called Miss Barton who was a very young COS secretary and I think possibly she may have had some supervision from Miss Cope in South London. I was the only student there. Of course it was very different. One of the things you immediately felt was that it was a different bit of London. It's difficult to explain that the feel of it and the feel of your clients was different. In a way there was much less of the working class respectability, and much more costers and people working in Lambeth Market. A very colourful environment and I loved it from that point of view. It was really a delight to be sent out but, even if you were going to the most grotty kind of place for a visit, because you could walk down Lambeth Marsh and places like that. I thoroughly enjoyed that just because it was so colourful. The people were very different. I got different experiences.

When I was in Finsbury I was sent off to interview some damsels who were in bed at 3 o'clock in the afternoon, buxom wenches who were probably very busy in the evening, shall we put it. When I was at Lambeth I had to go and see somebody who was in Carrington House [11], I am not sure if this was the name of that particular common lodging house, a man's common lodging house. There was a Carrington House in Deptford where I was an almoner. There was a common lodging house in Lambeth and I had to prowl into that to see somebody which was quite an eye opener. I was certainly much less concerned with political solutions than compassion. Here were people that needed help and rather than people who should be organised to have a revolution. This I suppose was the attitude in which we were all brought up much more in those days. I much prefer it too. I couldn't see myself doing anything else but rolling up my sleeves and working along with them as a kind of servant almost. But not being a political agitator. That took me up to Christmas. That was four months, at which time I was probably on probation because I seem to remember an interview with Miss Roxburgh, as to whether I was going to make it into the almoner's training. I had been accepted for this but I'm pretty sure because - obviously I had no experience - they would want to have reports on you and I presume Miss Bolton and Miss Barton sent jolly little reports to the Institute of Almoners who were responsible for my training and had placed me there. And then I went off to St Thomas' Hospital.

A.C. Was that supervised practice as well?

E.G. Supervision as we know it now really didn't exist in medical social work training and I suppose it had begun in PSW training, which I think had got going about 1926 hadn't it?

A.C. No later than that - 1930.

E.G. On the other hand it was the kind of supervision an apprentice had in a way. It didn't mean that you didn't get discussion about your cases. It was very different in a way I suppose, perhaps less different than some of it is now. But there was no sort of 'Oh you must have a formal one and a half hour session' and so on: it just trickled along.

- A.C. Was that the first time you'd actually set foot inside a hospital when you went there?
- E.G. As a worker yes. I must have stepped into a hospital before somewhere. I hadn't been a patient certainly. It didn't give me too many shocks in any case. I think because of my background and so on. I mean there were a lot of new things and customs about it which I was unaware of. Because in actual fact in whatever I picked up was really from either a nursing or medical student tradition, rather than a social work student tradition.
- A.C. As an organisation it was much bigger than working in, say, the Holborn Office even though that was large?
- E.G. Yes there were nearly 20 medical social workers, almoners at Thomas'. It was one of the hospitals in which the almoners were also responsible for assessment. If you belonged to the Hospital Savings Association [12] or Hospital Saturday Fund [13] or Callender's Cables Fund, or whatever was the particular hospital fund. Most people did and I should say more than 50% of your patients, and certainly the ones in more regular employment paid into them. There were certain firms which ran their own hospital club as it were. When they were in benefit it paid for hospital treatment. They produced green or yellow certificates from the group secretary of the group they paid into. Provided they produced that proof of who they were. Some were well armed and produced it straight away; some didn't, they were covered for quite a lot of hospital treatment or out-patient treatment. Otherwise you were supposed to extract some money from them. You see if at that time you'd gone to King's College Hospital they had a different system. If you didn't produce your voucher, or the promise of it, you put something in a box. You kind of bought a ticket and so the medical social workers there didn't have any responsibility for assessment. You ought really to go and see one of the people who were brought up in the King's tradition because it was very different. There were than 3 groups of training hospitals in London for Almoner Students. There was Thomas', King's then there was one called the Group which was Brompton, Great Ormond Street, Royal Free, I think, and St. Mary's. And you whistled around between them whereas when you went to Thomas' you whistled around the departments.
- A.C. You say whistled around. You mean you moved between each of the hospitals?
- E.G. If there were 20 almoners you moved about once a month, which again really presumably meant there was no possibility of learning casework. Not on a long-term basis, but then hospital social work, a fair proportion of it, is short term work. But you moved round, you see about every month and then you had to do 2 months out on what was called your provincial. I went up to Liverpool in July/August to the David Lewis Hospital in Liverpool for 2 months.
- A.C. And when you moved around like that were you allotted to different working on different wards?
- E.G. We were allotted to a medical social worker who actually worked in the unit or a ward. I started off with a very nice young social worker called Miss Tew in the eye department, and that was a small compact department. She covered the eye ward and out-patient eye patients. And then I moved to what was known as the Northcote Trust. [14]

There were about 4 or 5 medical social workers all working on the in-patient wards and I went to a very dear lady called Miss Deacon. What happened was you worked alongside your 'Supervisor', you were sometimes lucky to have a desk of your own. If not you sat more or less beside your supervisor. If you had a desk you could start seeing patients if they came in. You'd both be working in the same room. You'd often, of course, listen in to her interviews and this is something very different. Although we're now coming back to it a bit. You do read now of people who are saying we're the only profession who doesn't give its students the benefit of hearing other people's skills in practice. But you did quite a lot then. It was a very friendly relationship really. You'd be sitting beside them, slightly back; told not to make yourself obvious. To look at a bit of paper so you didn't stare at the client, but you could take a good quiet look. You'd better take a look at them even though you weren't trying to be inquisitive. It was an effort for you not to intervene in the relationship, and yet observe it. Then as they would go out, having decided perhaps on a course of action, maybe they'd been planning a convalescence or something like that, or a summer holiday for a poorly kid, they'd turn to you and say, 'You might like to read that case paper. She's been in 'X' ward. I've known her 2 or 3 years'. Or, 'She's quite new'. Sometimes quite a rich amount of social detail and assessment of personality would come through just in conversation to you. Never written down. Very little written on the case record really. But these were, some of them, very good experienced people. I think we got an enormous back like that out of it.

A.C. Sophisticated. All being held in your head and just transmitted.

E.G. Yes just transmitted by word. Perhaps if you had done the interview they listened in and commented on it to you. The good ones were very gentle with you. Quite firm, but very gentle. There were four, you might say, 'holy horrors' whose names I won't mention because I think they were probably very able social workers. But they scared the wits out of their students! Mostly we used to go over the road to lunch; to buy rolls and cheese and things from Mr. Pentecost who had a little corner shop just opposite Thomas'. It's probably bombed down now. Then we'd go off to Royal Street which was a very early Maternity and Child Welfare Centre which was really run by the hospital before any State provision. We'd make ourselves tea and eat our sandwiches and discuss like students do, what had gone on. So I think may be some of the stories got a little bit magnified about these four dragons. A lot of our conversation used to be a guessing competition as to where your next move would be, because you probably wouldn't be told until your 3rd or 4th week who you would go on to. So you sort of watched the chess board slightly!

A.C. You were told?

E.G. You were told. Quite firmly, you were told. And woe betide if you had disagreed. I don't think any of us thought of saying, 'I won't'.

A.C. And you used to speculate as to where you might be going?

E.G. You knew you had been to Ophthalmic or Northcote Trust and, say, the Tuberculosis Unit and you'd got several more to do. You hadn't done casualty or orthopaedics or

skins and mental health and you hadn't done maternity, so gradually as you moved you got nearer and nearer the fact that the only other place you could be sent to was there!

- A.C. Did each supervisor talk to you about some of the conditions that the people on the wards were suffering from?
- E.G. Oh yes. You got a lot about their medical conditions. You were very openly allowed to see their records and used to be taken on the ward. Later on you were sent up on to the wards on your own. But to begin with you used to go round with your almoner, go and talk to Sister with your almoner. Yes you got a lot of good medical information larded with a great deal of the social implications of it from this. You were expected to have a medical dictionary to look things up. Another thing I forgot to tell you. Before you in actual fact got accepted, I think even before you went to COS, all prospective almoner students had to spend two days in hospitals sitting beside an almoner for them to see what it was like and for the Institute to see what you were like, and I'd done my two days at Thomas' too. So that one was really quite carefully chosen. Really a very rigorous training. You might have said some of the things which we now teach students were not taught. But you were watched over like a hawk if necessary. A lot of the Thomas' traditions slightly rubbed off us. Like, frankly, you weren't supposed to run in the corridors. There were various camps of opinion about whether you should have your overall buttoned up. We all wore grey overalls like barrage balloons, and you found some almoners you were working with say 'Miss So-and-so you ought to keep your overall buttoned up'. I think all students should do. Of course we can't enforce it because Miss Deacon never does hers up! She was one of the senior ones who always went around without it buttoned up. And things like this.
- A.C. Can I just come back to something else you said right at the beginning, you were talking about your choice of social work and you mentioned in passing looking for, the problem of finding a profession which was open to women. Can you say something about that?
- E.G. I don't think I did. You were thought-reading there a bit. What I was saying was that Oxford specialised in classical education and was a very male preserve. There were about 30 men to about 5 women, I think, in my year doing classics. When I decided that Archaeology was not for me, I then started thinking that I didn't want to have a profession like the civil service where in a sense I wouldn't exactly be apeing a man, but I'd then arrived at thinking one needed to use one's feminine qualities, to be important as a woman perhaps. This perhaps lead me into social work which was then of course much more only a woman's profession except for, well, child care hadn't begun and probation had a fair amount of men in, but the vast majority were women then. Probation was the one that always had more men in it. But apart from Probation, there was only Psychiatric Social Work, Medical Social Work and Family Casework from the COS and the very few professionally based family casework agencies in the provinces. There was one up in Glasgow or Edinburgh. They could be counted on the fingers of one had probably.
- A.C. The fact of your going into social work wasn't a reflection of the unequal position of women at that time?

E.G. I don't think so. I can't say I'm sure one was conscious of it. There was somebody, one of the lecturers at Oxford who lectured on Aristophanes. I've forgotten who he was but he lectured on Aristophanes' *Comedies* and of course they are fairly crude sometimes, and he wouldn't let women into his lectures! On the other hand I went, as I was reading Honour Classical Mods, into men's colleges. Most of the lectures were in the men's colleges and I suppose I spent a vast amount of time sitting round college dining rooms. I had men tutors all the time.

A.C. To recap then. You did two COS placements, St. Thomas' and King's.

E.G. No I didn't do King's. This, I was saying if you want to look at Medical Social Work training, was a rather different hospital with different financial assessment rules. No I did Thomas' for 11 months and for about 5 months of that scooting round on this monthly tour. And then I went up to David Lewis, Liverpool, under Gwen Price who was a marvellous person and teacher. She was one of the people who really did take you aside and talk to you about your work and so on. When I got back I was sent to do an unpaid student locum for about 5 weeks at the North Middlesex County Hospital which was a Public Health Hospital and the Head Almoner there was Margaret Coltart [15]. Then I went back to Thomas' for the autumn until Christmas time, and then I was told that they were a bit anxious about whether I was quite ready to be qualified and so they were going to give me another month. I was placed with Agnes MacIntyre [16] who in actual fact had pioneered medical social work over in Melbourne. She was one of the very great characters in medical social work and she was back in Northcote Trust, so I bounced off to sit with her.

In actual fact it was very interesting, she gave me practically no casework, I don't think she gave me any casework to do, she'd take me round with her and she'd chat. The only test she gave me, and I thought it was really quite acute when you think of it. She had been particularly interested in a group of patients who had had operations to change sex because of physical problems. Not just because they felt manly to turn from women to men or vice versa, there were quite as many moving from male to female, but I think certain people have deformities as it were. She'd got a bundle of about five of her case records of these, and she shoved them into my fist and said 'You read those and I'd like to discuss them with you. Tell me what you think about them'. That's the only test she ever gave me.

But one of the things I can recall is walking along an upstairs corridor in Thomas' with her. We were going to her medical ward which was right at the far end, at the Westminster Bridge end, and in actual fact her office was right at the Lambeth Bridge end. This was January 1937 and she said to me 'What do you think of what's going on in Germany?' So I said, 'Well you know one reads it in the paper. I don't know really what I think about it'. I was frankly not very interested. I was much more interested in getting through my social work training. As we walked along that corridor she said 'Liberty's being killed out there. There are the most dreadful things happening'. In any case she suddenly woke one up to an international political dimension. Now I think she'd probably got concerned about this because the Head Almoner, Cherry Morris [17], had been much involved in helping German and Austrian refugees, so probably Agnes MacIntyre had seen her. But it wasn't in a sense because of these people, it was

that I think she suddenly put in a few words the absolutely glaring offence against all the principles of liberty which was going on in Germany. In a way she was almost saying we will have to make a stand about it sooner or later, and we need to know where we stand as persons. I think this was one of the things you could pick up, How important, in those days, one's personal convictions were, and yet they were totally divorced from political convictions, which is almost hard for us to understand now.

A.C. They are expressed in a very generalised sort of way you mean?

E.G. Well that you can have a personal belief in liberty and social justice, and find no political party which gives expression to it. Not even perhaps in those days, could you find one that gave political expression for it. Maybe I'm misjudging people now but I think in a way it almost felt that you can't believe in social justice without you hook yourself onto one of the political parties, or Marxism or something like that. I don't think there was a sense of being brought up with a very strong conviction about the liberty of the individual and the right of patients to say no, not to have things if they didn't want it. There was no question of really bullying people into things. I suppose healthy persuasion putting the points of view went on obviously. It goes on now much more than we are prepared to admit probably. But you see medical social work really has always been because it's working in an inter-disciplinary environment, (what we used to call in the old days, a secondary setting), one of the freest from the taint of power, of any social work that you can find even today. Perhaps less tainted now than it ever was, because you could say we did exert power. "They" had said she needed to go to convalescence and you did your best to find the right solution. This was another great emphasis which came through that you didn't take no for an answer. If you needed to find some resource, whether financial, or maintenance, a convalescent home, or whatever, for your client, you were a rotten social worker unless you got it! And you would move heaven and earth for it. I suppose when I went into community care ages afterwards one realised this was very single-minded: my client, first, second, third, last, and in the middle. When you got into community environment and saw that there were half a dozen people asking for that half of cake, you did perhaps see things slightly differently. But I think it stayed with one and I suppose it stays with social workers now too. This is our client and we'll get what they need. We'll fight for it.

A.C. After your placement, you qualified and got a job?

E.G. I can't remember how it all petered out. But I got my certificate and it was dated December 1936, so quite why I was given that extra month, I can't remember. I think I was not a particularly traditional Thomas'-type student, to be honest. I was slightly disbelieving in tradition in a way. I quite liked Thomas' but I never felt deeply attached to it, and I came away saying I don't want to be a social worker in a teaching hospital.

A.C. So where did you go after?

E.G. On the third application for a job, I got a job as assistant almoner at a hospital called the Miller General Hospital, Greenwich. Their Head Almoner, Miss Brennan had gone back to Dublin, and Peggy Meers who had been the assistant was promoted. And Peggy Meers must have been about 5 or 6 years older than me. Sometime afterwards she told

me, of the 3 candidates who were interviewed for the job they chose me because she thought I was the least challenging of the lot! A kind of innocent which she could manage to manage. Which was rather funny! On that selection committee there was a very nice physician called Dr. Maurice Davidson [18] And about 2 days later he met my father in Harley Street and he said, "Hi Gloyne. We've appointed a young almoner with the name of Gloyne." I don't think Daddy knew him well, but everybody in Harley Street knew a bit about everybody in Harley Street or Wimpole Street. "Any relation of yours?" so my father said "Yes, it's my daughter." "Why didn't you tell me Gloyne?" and this was typical. In a way there was a good deal of telling each other, but also typical of the way my brother and I were brought up, absolutely no permission to ever swing your family contacts around. You went into a situation and you mustn't let anyone know that you've got this kind of background or that you've a father who could pull strings if he wanted to. I don't know if he could have done, but you know there was the risk. There was a very strong sense that you stand on your own feet, and we were both brought up with that. You are being trained and we've got no money to leave to you afterwards, or very little. You have a good education and then you stand on your own feet in the world.

A.C. Did you stay working in general hospitals like Greenwich ?

E.G. I went there in March 1937 and stayed until November 1941.. I was just about getting myself around to thinking I'd better move and was really very interested in trying to get one of the Commonwealth scholarships [19] to do psychiatric social work at LSE [20]

But of course there was Munich in 1938 and war in 1939. I think one felt one just didn't want to "rat" out of London. Of course one went through a lot of evacuation and then all our dear Deptfordian and Greenwich patients drifted back. And then 1940 you might say the war began in earnest, and one stayed on. I became resident in the hospital and went home every weekend except one in four. Because Peggy Meers lived locally and therefore she didn't do any midweek living in, but she did for three weekends out of the four, and if casualties came in during the night you were just woken up. One had to get up and deal with it.

A.C. Were you still a Friend at this time? Were you involved with the Friend's Relief Service?

E.G. Not at all. It was quite busy! After all from 9-5 I was an ordinary medical social worker. Directly the office cleared of the day workers, I was an on-call kind of registering officer for casualties, blitz casualties. And sometimes one went for days without much sleep. The downstairs, sort of semi-basement nurses dining room were sandbagged up, and had about 60 beds in it and there was one bed allocated to the social worker on call. I also had a bedroom up on the 3rd floor Restall ward. You'd sometimes start going to bed up there and then it would get a bit blitzy, so you'd come pottering down to your other bed, and you made a decision, 'I'm not going up and down those stairs every time the siren goes in and out. If I'm up, I'm up. If I'm down, I'm down.' In any case if the siren went you were supposed to be pretty available. Sometimes you'd lie in bed and wait until things got hot, until night sister would come and tap you on the shoulder "They're beginning to bring casualties in. Get up!" You'd get up and you had forms to fill in. Then in the morning part of the work was that these forms had to go off to whatever office they went to. Then there would be ambulances coming, evacuating some of the patients

and some of the others when casualties came. Out-patients would be laid around all along the corridors as they came in and, going towards them as soon as you could, you'd try and get hold of their names and addresses. If relatives came in to enquire about them, they probably ended up somewhere near the social workers' office. So one did that, on and off, until I suppose the blitz was practically over in May and we settled down again. Then I decided I really must leave. There didn't seem to be any end to the war. An almoner student friend of mine at Thomas', called Margaret Burstall, had gone to the Radcliffe Infirmary Oxford, and I think had been promoted Head, and then had a breakdown in health, and was given 3 months sick leave. She wrote to me and said, 'If you're looking for a job, it's sort of temporary, but would you like to come here and work for 3 months?' So I did as a locum. There were a group of us there. There was Helen Bate, Jean Snelling, (Interviewee no 18) and myself. I worked there and came and lived midweek with some friends in Kidlington that I've still got. This friend and I went up to University together. She and I stayed on for more than 3 months, until Helen Rees [21] was appointed.

Then of course I left. In 1941 or thereabouts, the Tomlinson Report [22] had come out about the rehabilitation of the handicapped. The Institute of Medical Social Workers was arranging a short course for people to specialise in work with the handicapped, and learn about the services. I did that. I think by that time medical social workers or almoners as we were called had become a reserved occupation. The responsibility for seeing that we stuck to our work lay with the Institute. From about March or April 1942, until November, I did this course that they arranged very much ad hoc. It included a month up in Glasgow attached to the Victoria Infirmary and looking at miners' centres and things like that. There were various visits to places like St. Vincent's Hospital and Queen Elizabeth College, Leatherhead, interspersed it with a hectic round of locums. Because never a moment must I be out of work, because I was reserved. It was a very interesting 6 months. I did a locum at St. Andrew's hospital. A locum at Mile End, I twice did locums at Leeds General Infirmary. I did one locum at Stafford Royal Infirmary and I did another at the Dental Hospital in Bristol, and I shot around the country like this which was very good experience. I quite enjoyed it in a way. Then I thought I'd better settle down and curiously enough when I started applying for jobs I suppose there were more of us and less jobs around. I didn't get a job in rehabilitation services in the end. I ended up at the Redhill County Hospital Middlesex, which is near Edgware, as an almoner and doing at least 50% maternity work! Under a very redoubtable character called Mrs Owen.

A.C. Is this towards the end of the war?

E.G. Well no, this would be November 1942.

A.C. You did all those locums in that short time!

E.G. Yes. It was really fascinating. You'd be sent down to do a locum, say at St. Andrews, which was a London County Council (LCC) hospital for a week, and by the time you were checked in at County Hall and at the area office at Mile End Road, you arrived at mid-day on Monday. In case you nipped off before you got your pay, they had a system of paying you on Wednesday, so you got your pay up to Wednesday and on Saturday

morning you probably were in the office, but you had to leave a bit early in order to check in at Mile End area office and collect the rest of your pay and sign off. The others were more leisurely. I'd come home for the weekend and I'd pack my bags and be off again on Sunday night. If I'd been in the Services I'd have been doing much the same. Then I settled down for 2 years at Redhill.

- A.C. During this early period up to 1943, were there any text books? What was the literature that you would have referred to during all this time? Was there a literature to refer to?
- E.G. I don't think there was. Certainly I wasn't reading it. Of course we had our own little journal, *The Almoner*. [23] One read various articles I suppose on this rehabilitation course and had a copy of the Tomlinson Report. But I certainly wasn't reading a great deal.
- A.C. What about *The COS Review*? [24]
- E.G. One of the problems was unless you subscribed to it, and I was too broke to subscribe to it, you didn't get it. I think it is the same today. In actual fact I wonder how much better off people are now. But there's still a great difficulty in getting hold of journals regularly if you are in the agency aren't there?
- A.C. So really, as you were describing earlier, the practice ideas were transmitted from person to person by word of mouth.
- E.G. Person to person by work, and you picked it up as you went along. Of course you discussed with other people. You read your *Almoner*. You read a newspaper.
- A.C. Did the Institute have meetings?
- E.G. There was an Annual General Meeting. If you took any other profession, say, medicine or nursing, during those war years, we were all pretty starved of professional input. People didn't have time to write. They were either on active service or scooting around the country like I was, or working in hospitals pretty hard. This probably applied to all professions. I don't think even lawyers were writing I expect they were all somewhere else.
- A.C. Was that the position before the war as well?
- E.G. Not so much but I think social workers always have lacked writing. Whereas medicine has not lacked writing. Nurses got going more quickly on it. And social work was limited by the fact it had all its different journals. *British Journal of Psychiatric Social Work*, yearly. Ours was a monthly one. [25]
- A.C. That comes into post-war. So it would be mistaken to ask the question on what the influential ideas were, or what the debates were, or who was arguing for what? It just wasn't that kind of world really.
- E.G. I don't think so. I suppose by 1943 or 1944 Beveridge's first document [26] was out. And I do remember arguments about that. When I was up in Leeds General Infirmary there was a ferment of ideas, but I don't think there was much written about it. People

were discussing it. Then there was wider debate about what form a health service could take. In so far as casework was concerned, I suppose more and more we were learning to talk in psycho-dynamic terms.

A.C. Yes I was wondering about that

E.G. This was the influence of people who had done the Mental Health Course. Certainly when I was at the Miller General Hospital, my first autumn, a girl called Daphne Phelps [27] who had been at Oxford (I hadn't really known her. She'd been about 2 years senior to me at Oxford.) came and had a job where she was PSW to the psychiatric patients at the Miller, and also did the children's wards and out-patients. She'd trained as a medical social worker and then very quickly she had got a Commonwealth Scholarship to LSE to do the Mental Health Course [20] and I think it was she who inspired me, and told me about this scholarship. Daphne and I used to spend ages talking casework and cases. I think she was just longing to pass on what she'd learned in the Mental Health Course and I was a very open-eared recipient of it. So I got a lot really out of discussion with colleagues in the hospital. We were a fairly young group of people. Daphne brought in this flow of ideas from the Mental Health Course. It may have been more for me than most. I don't think there was a written theoretical formal input in those days.

A.C. Can you pin it down to a time or a moment when presumably your own thinking must have taken a jump forward. You got into psychoanalytic ideas. You were into process and what happened between people.

E.G. It was an exciting and interesting field, but I've always maintained that if you've been well trained in classical mythology, psychoanalytic theory is no stranger to you. I was interested the other day because I was reading a book on Transactional Analysis by two American chaps, and at the end of one of their chapters, they're illustrating something by saying this is illustrated by mythology and they've got a whole list of classical mythology. So in a way I think the Oedipus complex didn't come as any shock to one, and also my father had been medical adviser to a private mental hospital called Bowden House in Harrow [28]. This was where the psychiatrist Dr. Crichton-Miller, [29] a very ancient psychiatrist worked, so that the atmosphere I was living in when I went home, and we discussed work or anything like that, and I talked a lot to my father, was all pointing this way. So really it almost grew like Topsy in one.

A.C. Were you ahead of your colleagues then?

E.G. I think I possibly was. You probably met colleagues and discussed things at equal level, and perhaps didn't meet the people who hadn't much time for it.

A.C. When we are talking, you make yourself sound a retiring sort of person who wouldn't be abrasive.

E.G. I'm much more abrasive now than I ever was in those days! That's what local government taught me!

- A.C. Presumably people who were antipathetic towards those new ideas wouldn't be particularly challenged by that approach?
- E.G. I think probably they would just change the conversation a bit.. But I think in actual fact I never really felt there was great opposition. There may not have been much exploration, but there was never really much opposition. I think as time went on, probably, I was interpreting and thinking in you might say theoretical terms arising out of practice, maybe more than some of the people I've met to be honest. This was not so much social work, it was probably the educational background I'd had which had brought me up to philosophise a bit as it were. But when we discussed something I became more interested and developed, at least to myself, the theoretical concepts and constellation of ideas round it, and argued it out in these kind of terms and saw general principles in it, rather perhaps more than other people did who say just cited examples for practice. But it's very difficult to say. One is never objective enough about oneself.
- A.C. At what point did you go to the local authority?
- E.G. Not until 1960. I had a long career beforehand .I had two years at Red Hill, which was the most wasted 2 years I think in my professional life because I really wasn't challenged. We didn't work hard. The Head Almoner we had, had a marvellous talent, bless her heart, directly you had an interesting case of plucking it out of your hands and doing it herself. I was a bit dissatisfied with it, and by then we'd had D-day, in June 1944. I started sculling around for another job and ended up in Coventry. I'm a very poor interviewee, and most of the jobs I put in for I never got. It was a mixture of being rather shy, and then very naughty and saying things, 'Well if your going to employ me as a typist' (when you discover there is no typist in the office), 'you are really not on a good economic wicket are you?' More or less! I was pert along with being shy sometimes! In any case I ended up at the Coventry and Warwickshire Hospital, Coventry. I was the only application they'd had. Somebody called Miss Guerney had retired, about 5 or 6 months ago. They'd appointed somebody else who had not liked them, and they hadn't liked her, and they'd parted company very rapidly. Then they'd been empty. They took me on I suppose frankly because there was nobody else, and they needed to fill the job. The hospital was already bombed and there was only out-patients down in Coventry and the wards were outside the city. So there I went. I was single handed. I took over an office that had been without a qualified almoner for at least 6 weeks with a backlog of work, and a charming senior secretary who spent the whole of the first morning bringing one thing after another. I thought, 'My God, she's not letting me have any peace at all!' Soon my desk was laid high with problem after problem which she had been holding. However, I sorted myself out of that and I worked single-handed for a year.

I was in lodgings in Coventry and drove home most weekends to Amersham where my mother (and the family house) was. As the branch hospitals were out of Coventry I was very lucky because I got petrol allowance, a rather handsome one which enabled me to do quite a lot of driving as well as one's standard allowance. I worked away at the job. It was a very interesting experience being single-handed because owing to the kind of rather bad flavour that had been left behind by the previous person there, and a not very helpful hospital secretary, (I think it's probably true of all single-handed jobs) there was

really nobody to talk to. Honestly you go mad talking to yourself. I wrote voluminous letters, and there was nobody with which to share your professional life with at all. I think it's a very rugged experience really and should be one of the advantages of our present Social Services Departments that nobody is left in that position, or should not be, or need be, where they are carrying total responsibility without any professional safety valve to talk to. However I managed to get them to let me have an assistant and we appointed Margaret Winterburn who had just qualified. She had done a maths degree and then the 'quickie training' which was being arranged by the Institute of Almoners before the emergency course. The emergency course technically, was post-war. This centre was where they ran a course for graduates you had to graduate in two years and then do this course in Cambridge, and I think only about half a dozen people ever did it. Margaret did it and she came. We became very good friends; we're still good friends. The next year I managed to acquire another assistant! In fact I ended up with a department of myself and 3 assistants.

A.C. You built it up from scratch?

E.G. Yes, by all sorts of fair and foul means as it were! I think in a way you became terribly manipulative. You manipulated individuals, perhaps, who then put your case to a committee. This went on and I saw in the new Health Service in Coventry and left in 1950. Of course all hospital assessment went out because it was a free service, and there you were at the end of June 1948 going round collecting Coventry and Warwickshire Hospital Savings Association vouchers saying, 'This is a week you pay but you won't have to pay next week'. And next Monday there was no need to go round, and it was a tremendous jolt to those of us who'd been in hospitals where there was assessment as part of our job. Was the *raison d'être* of your being there financial? I suppose to the committees, it was. I don't honestly think to your colleague staff it was. You went up to the ward and said to sister, 'Well I don't need to see all these people to get money off them. But on the other hand, you and I are pretty aware that it's not always money that's the problem. So shall I go round and see them all? How shall we play this one?' One sort of learned how to play it a bit. Of course in actual fact there were just as many social problems. One's formal case load, in one's case register dropped, because one became more dependent on referred work, though I, personally, never did referred work only in that hospital.

Things really livened up professionally. At the Institute, Betty Read, became tutor. The emergency course started. Training got back a bit with a lot of new ideas. I started taking students at the hospital. Two kinds of refresher courses were run at Offley, in Hertfordshire, and Margaret went to one of them and came back full of ideas, which we discussed and some of them we put into action. Then in 1949, Helen Rees left to become Director of Studies at the Institute [of MSWs], and Betty Read arrived to become Head Almoner of St Thomas', because Cherry [Morris] had retired. Helen Rees ran a fortnight's course at Phillips House, Dinton, which was a YWCA Centre, on supervision and staff supervision for an invited group of people, and I was one of the people she invited. Because I had done some studies they'd been using me for student placements. That of course was a great excitement in a way. Helen was peddling a lot of new ideas which I found absolutely exciting, and some of them I'd been working on

myself in a way. We had to produce some case material. Great pride and joy, one of my cases was one of the ones we discussed. It was an interesting group because at that time, at that particular Dinton fortnight, Dr. Cicely Saunders [30] was here - she was still a medical social worker. She went on to St. Christopher's, and then quite quickly trained as a doctor. Joyce Cuthbertson [31], who became the head of Westminster in the end, was there. The tutors were all there from Helen's course which she was building up. Well then two of her tutors Helen Bate and Marjorie Moon [31a] wanted to go back into practice and Helen wrote to me sometime after that, it must have been nearly a year afterwards, and said that Helen and Marjorie were going to leave her, and would I consider applying for the job? And I did.

In October, September 1950 I became a tutor under Helen Rees and Doris Thornton [32] who's now head of the Middlesex if she hasn't retired, who'd been at the London Hospital, also joined it and Jean Snelling was the senior tutor, and we were the core tutors. I had 6 very interesting, hard working, immensely intellectually stimulating years there and loved it. In actual fact it was the first big bit of teaching I'd done. We were working in the Institute of Medical Social Workers and one heard what was going on professionally, more than I'd ever heard before. Because I'd really restricted myself to a little provincial course as I wasn't going to go near a big London teaching hospital!

Well that brings you practically to the end. We're going up to 1959 aren't we? I left the Institute in 1956 and got myself into the Massachusetts General Hospital, Boston on a Fulbright [33], independent of the exchange scheme. This was very naughty of me according to the person who organised it over there. I had a very good two years in America, came back in 1958 and to my slight horror nobody was interested in my splendid experience in America. I thought I'd like to come back and do a staff supervision job but really it didn't work out that way. I don't know why. But it just didn't. Perhaps I was too senior. I remember one person saying to me 'We've all got young almoners now and we want somebody who's young enough to be their supervisor who's not going to look like a mother figure.' In any case I ended up taking a locum, as senior social worker in a geriatric unit in Oxford and then I took the job permanently, and I stayed there until September 1960 when I went into local government into Bucks, and there I stayed until I retired. But I did all sorts of different jobs. So that's the history as it were.

- A.C. Before asking my last two questions I would like to move into 1960. I'm interested in your decision to move into the local authority, into community care. I wanted to ask you about that because I worked with an M.S.W. when I was in Nottinghamshire, Kathleen Bates who also moved out of hospital into local authority.
- E.G. I know her; I've met her once or twice.
- A.C. Funnily enough we both worked in the same local authority and then she was my boss when we were tutors on the Nottingham CSW. course, and she said she met quite a lot of opposition from her colleagues when she moved into the local authority and was thought to be not doing quite the right thing. Deserting the ranks, so to speak. Is that something in your experience?

- E.G. Yes, except – I don't think anybody particularly bothered to keep me in the ranks. I suppose I had been out of the general run of practice in teaching, and I'd been to the States so perhaps I was slightly out of touch in a way. Even before I'd finished teaching I was saying to myself that the care of the client does lie more and more in the community. Of course very much doing geriatric work made me realise this when I got back from the States. No, I'd always wanted to try it, so I thought I would try it and if I didn't like it I would go back to the States. That was my plan. And I liked it. When I went to a professional meeting people would come up to you and say, 'Oh you've gone to Buckinghamshire County Council,' which had a very good record in actual fact with the medical social workers. 'Do you like it?' 'Oh yes I think it's absolutely fascinating.' And then 6 months later they'd meet you. 'Still there, do you still like it?' 'Yes I do.' There was a great disbelief. We were regarded I think as rebels, which probably most of us were. Loners. Again some of us may have been very much loners. There was a lot of disbelief that you could remain truly professional in that environment.
- A.C. What did they mean by that?
- E.G. Really professional. I think it really referred to one's independence of judgement. I think that very good hospital social workers had possibly imbibed some of the attitudes and prejudices about public health and local government which the doctors had. When I went into local government I would think, with shame sometimes, as to the kind of letters my hospital colleagues wrote. Demanding, rude letters really, to MOHs, demanding services, giving them no background and so on, which really were awful. It wasn't all of them, but every now and again you came across one. In Buckinghamshire any kind of letter like that was slung onto my desk because I was responsible for medical social work service, for the handicapped in the county. And one would really be appalled. The sort of maddening thing was that if you wrote back under your own name, which I was often allowed to do, then they turned round and were as sweet as honey. It was all based on the fact that I think very few of them knew what went on in local government.
- A.C. When you were at the Institute as a tutor did you get caught up in the arguments about genericism versus specialism?
- E.G. One heard a lot about it because of course the generic course got going in 1954, and this was really being very much discussed between Eileen Younghusband (Interviewee no 26) and Helen Rees. We heard bits of it. I suppose we heard practitioners debating about it. I think we were firmly on the side of generic social work so that one may have met it, say, from supervisors and so on.
- A.C. Was it something that was actively discussed at meetings or when groups of social workers were together?
- E.G. I don't think so that I can remember. People like Jean Snelling, who was a bit more involved in kind of policy that I was, could tell you more of that.

- A.C. By the time you were a tutor at the Institute you were beginning to get some kind of literature weren't you? Cherry Morris's book, [34] the first edition came out in 1950 with Jean Snelling's essay on medical social work.
- E.G. Yes I read that and Jean Snelling's article on grief reaction. I would never have recommended any of my students to read Cherry Morris's book on social work. I think there were some early attempts at writing then. There were some 12 case studies that Flora Beck did, which was quite good [35] But we weren't writing much. These were the very early attempts I think to write about cases with a psychodynamic approach and really analysing the person/situation problem. You know we were all doing it I think, or the thinking people were doing it, the others rather unthinkingly. I "took on" the library at the Institute of Almoners while I was a tutor and used to spend a lot of time going through all the journals we had, and trying to produce a subject index, which was a ghastly job. I don't think we gave them much medical social work literature to read. We were much more likely to give them any kind of article you could pick up out of the *Lancet* [36] or anything which gave patients' versions of what it felt like. Of course there was growing literature in *The Almoner* and in the family casework journal [37], and we were using a lot of American literature too. That was really all one had. We didn't have reading lists, I don't know that the student did read as much. By the time we had got them into the teaching school, they'd got their lectures and lecture notes, and we had weekly groups with them. You know making bridges and so on, teaching them something about theory of social work. A lot of it was done through practice really. There was a bigger emphasis on practice teaching.
- A.C. Did you write up any of your early experience yourself in *The Almoner* at this time?
- E.G. I wrote up one article certainly about social work in the local authority setting. They were mostly really articles after I'd given a talk or something. I wrote something in *Case Conference*. [38] It was in the 60's I worked with Clement Brown (Interviewee no 7) on that book [39] I've written a bit, mostly articles. I also acted as editor for a bit I think, or part of the editorial board for the *Almoner* when I was at the Institute. I don't think I ever was editor. I just was on their kind of editorial board. You'll probably find something scattered around with my initials somewhere.
- A.C. What would you say were the biggest change in ideas you've seen during the period 1929-1959?
- E.G. I suppose one of the big things is the politicising of social work.
- A.C. Between 1929-1959?
- E.G. Oh no, not between 1929-1959, I suppose we were just beginning it then. We hardly had begun; we were sowing the seeds for it. I don't know. I think I was in a very quiet corner. The medical social work part of it was less involved in political thinking I should imagine because illness is no respecter of persons. Therefore perhaps we didn't see problems in the light of poverty. Probably the growing child care service for instance, with its greater involvement in local government and having its own chief officers became much more aware of the political dimension, but then of course local

government wasn't anything like as political then. When I went in, it was very much, especially in the county, a semi-rural county, not a very political scene.

A.C. Would you say it was the growth of the child care service with its own chief officer in the local authority which brought out more clearly the importance of agency function in social worker's thinking?

E.G. No. I read some of the things that Clare Winnicott (Interviewee no 24) was writing. There's a very good article of hers on agency function. I would have thought in many ways it's blurred the sense of agency function, and the relationship of social work to its agency. Because possibly we've tried to have the best of both worlds. We are both the political regulating agency and the profession who cares and heals in a way.

A.C. I just wondered whether agency function wasn't such an important issue somehow for MSWs and PSWs?

E.G. It had a very different function. Because your relationship with the agency was different. I think the very old terminology of primary setting and secondary setting was fairly expressive, but the multi-dimensional aspect of problem solving, I think, was probably more seen in medical social work and psychiatric social work because the patient didn't belong to us only. Most of it belonged to the doctor. So I think it may well be that the sort of very independence we can go on our own way without involving the other disciplines is a facet which has come into social work possibly via child care. Because they really didn't need to. They had these kiddies to take care of and so on, and they had financial and parental responsibilities often, which loomed more important, (bereavement, separation etc), more important than perhaps to the other disciplines coming in.

A.C. That hadn't occurred to me.

E.G. I think this is it because, (right out of context with 1959), one of the things the modern Social Services Department, in some cases, I don't say all of them, has forgotten to have, (and perhaps doesn't think it necessary) is a good, honest, equally respecting working relationship with other professions. We have become, sad to say, I think a little bit of God knows best, and we're God. But to be quite honest, we were all very against it when the doctors or any other profession characterised us that way. But a professional hazard you might say.

A.C. That was one of the criticisms Barbara Wootton [40] was making of that early generation of social workers.

E.G. But I don't think we were thinking we were God then. God was the doctor if anybody was. She really thought we were prying into people and I suppose she thought God did pry into your personality.

A.C. American texts make it sound as though the social worker was had infinite powers, and could sort out anything and everything. It was written in a very mystical decontextualised way and she said that actually what the social worker needed was the skills of a secretary or words to that effect.

- E.G. That was nonsense really. I suspect she had one of these peculiarly English profound reactions against the American language. There are some people who really cannot see the good in any American writing because they get bogged in the language. Aren't there?
- A.C. Yes there are. It can be difficult.
- E.G. I think this was why it was a tremendous help for those of us who went over to America because we got behind this barrier of this rather circumlocutory sort of language.
- A.C. Could you say a bit more about your views on Barbara Wootton's criticisms?
- E.G. What do you mean? That we psychoanalysed people so they can face their problems. I think we possibly did that more with the welfare state. I certainly wouldn't want to go back to people paying for hospital, and don't get me wrong, I do believe in universal services. But what it removed I think, perhaps, from our consciousness was the reality of money. It wasn't until I got back to the States that I suddenly woke up to the fact that increasingly social services and the health service had become very expensive. This may have made us not look at the realistic problems, but I honestly don't believe that Barbara Wootton was ever right about this, because she was really making a dichotomy between physical material needs and the personality and the emotional content which go along with them. That is a dichotomy I just don't think one should play around with. In many ways you could argue that she was repeating the old argument which the Webbs [41] had with COS, way back before the First World War. That if you get all this right and remove poverty, people will not have problems. This was what they were saying - COS were saying - people are individuals who have problems about knowing how to manage their lives, and perhaps poverty is one of them. I think if you read historically you can see there was a complete clash. Curiously we didn't see it in those terms.

I think in 1948, when in a way the welfare state gave us perhaps what the Webbs were asking for, we still went on finding patients with problems. We had some false moves about being asked to do nothing but social histories on patients instead of really facing the social difficulties. But certainly in the medical field, illness was just as much a problem. There were just as many mining accidents, and therefore a Warwickshire miner had just as many problems about losing his mining house, or giving up perhaps a bit more wage because he couldn't go down the mine, and he had a pretty mutilated leg. It didn't stop his kid or anybody's kid getting coeliac disease and having all the pain and problems of handicapped children. We were dealing with those. We didn't have to fight for surgical aid letters to get a leg for somebody who'd had an amputation, but we still had the problems of what follows after you have had an amputation and in a sense one of the problems was having to get straight to the real problem. It is sometimes a help for both the client and yourself to focus upon a practical problem, and out of this comes all the feeling. I think we did get involved in this dichotomy. Now we are facing it the other way round because in actual fact we are again saying if we had all these services you wouldn't need social workers. I know people like Tilda Goldberg [42] in her research find it very difficult to prove what you do, and to a certain extent some voluntary work does it just as well because if you emphasise the relationship angle of the helping process, then obviously many people, any client, has many relationships

and will find helping material of more or less any degree in that, as well as from the volunteer as the social worker. So all you're saying in training is that you are giving people the background knowledge and structures of thinking and practice which enable you to enrich relationships. Enrich that person's relationships with the volunteer who's having to help them more, or do it yourself, if you think it's needed. This means of course a fairly acute understanding of the problem. I have sometimes been horrified at what qualified workers will hand on to volunteers. I've done a bit of Red Cross work examining, for a year or two, and I was sometimes horrified at what Red Cross workers would tell you in their written papers about cases who had been referred on by a professional social workers, which I thought jolly well that professional social worker should have taken it on themselves. But then you knew perfectly well that one very unhappy old person, or making a mess of handicap person's problem is not going to excite the press like a Maria Colwell [43]. Frankly I think very much our focus in social work has been pointed towards these child abuse cases, with the horrible propaganda we've had about this; and the fact that social workers haven't been stood by at all, not even by some of the senior staff. Some directors and some others have been notable for standing up, and being counted. Olive Stevenson [44], Dennis Allen [45] and people like that. But I would say that the little, down at the bottom rung professional qualified social worker, has not always had great confidence in senior management going to the stake on their behalf. Maybe they want more than is realistic because at the other moment they are saying they want more professional freedom. If you want more professional freedom to do what you like with a client, irrespective of what the departmental policy is, then you can't have your cake and eat it. If you've made the wrong guess and ended up with a battered child, you can't expect the boss to support you perhaps. Can you? Well that's the answer to the Barbara Wootton question.

A.C. What do you think the best social work thing you've ever done? What do you look back on with the greatest pride and pleasure?

E.G. I think... Excluding teaching do you mean?

A.C. It can be anything. It can be several things.

E.G. I think honestly I did give a very good contribution to the students I had. Otherwise I would say some of the casework I did, and learned how to do, when I was in Massachusetts General Hospital and was able from that experience to practice at Cowley Road and in local government. Basically I suppose I am a teacher and a case worker and have learned some of the arts of administration, but not fundamentally a person who wants to be a very big fish. I did put in for Directors' jobs, but I don't think I would have made a very good one and I came to the conclusion about two or three years later that it was a jolly good thing I didn't get them. Because I didn't really want the life of figures and of arguing with committees.

A.C. Thank you very much.

EDITORS' NOTES TO THE GLOYNE INTERVIEW

1. **Institute of Medical Social Workers (IMSW)** was the main professional body for social workers attached to hospitals in the United Kingdom. It was established from two separate associations of hospital almoners. The Almoners' Committee was established in 1903 and successively changed its name to the Hospital Almoners' Committee in 1911, the Association of Hospital Almoners in 1920, and the Hospital Almoners' Association in 1927. The Hospital Almoners' Council was established in 1907 to handle the selection, training and employment of almoners and changed its name to the Institute of Hospital Almoners in 1922. The two amalgamated as the Institute of Almoners in 1945, and this changed its name to the Institute of Medical Social Workers in 1964. Merged with others to form BASW in 1970.
2. **Institute of Almoners.** See note 1 above.
3. **Charity Organisation Society The Charity Organisation Society (COS)** was founded in London in 1869 and led by Helen Bosanquet (1860–1925), social theorist and social reformer and Octavia Hill ((1838–1912), housing and social reformer. It supported the concept of self help and limited government intervention to deal with the effects of poverty. The organisation claimed to use "scientific principles to root out scroungers and target relief where it was most needed". It organised charitable grants and pioneered a volunteer home-visiting service that formed the basis for modern social work. The original COS philosophy later attracted much criticism though some branches were much less doctrinaire than others. Gradually volunteer visitors were supplanted by paid staff. In 1938 the COS initiated the first Citizens' Advice Bureau, and continued to run CABx branches until the 1970s. The COS was renamed Family Welfare Association in 1946 and still operates today as Family Action a leading provider of support to disadvantaged families. [For more information, see Charles Loch Mowat *The Charity Organisation Society 1869-1913* (1961), Madeline Roofff *A Hundred Years of Family Welfare: A Study of the Family Welfare Association (Formerly Charity Organisation Society) 1869–1969* (Michael Joseph 1972) and Jane Lewis *The Voluntary Sector, the State and Social Work in Britain* (Brookfield 1995). Michael J.D. Roberts, in an article '*Charity Disestablished? The Origins of the Charity Organisation Society Revisited, 1868-1871*' in the *Journal of Ecclesiastical History* (CUP 2003, vol 54).
4. **City Parochial Foundation** was founded in 1891 to benefit the poor of London. It brought together all the endowments of the City parishes where there was no longer any significant population. It was renamed the Trust for London in 2010.
5. **Foresters** is a non-profit and non-masonic organisation which held its first meeting in Leeds in 1834. It helps its members and their families.
6. **Ancient Order of Buffaloes** is a non-profit and non-masonic organisation which held its first meeting in London in 1832. There are various theories as to why it is called Buffaloes.

7. **Poor Laws.** Several of Alan Cohen's interviewees were working under Poor Law statutes originating in the parish-based Tudor period but subject to major reforms in 1834. These introduced a more centralised system of Poor Law Unions of combined parishes, with workhouses nominally under the control of Guardians and under the daily management of workhouse Masters. Some historians have observed that one single system could not cope with two distinct groups of people: those who were unable to work through old age, infirmity, family responsibilities; and those who were healthy but unable to find any work. This dichotomy is still at the root of much public debate as we go to press in 2013. Much time and expert attention was given to the complex issues by the Royal Commission on the Poor Laws and Relief of Distress 1905-09. But a comprehensive plan for tackling poverty and distress had to wait for the Beveridge Report of 1942 and the reforming Government of 1945 – 50. There is an extensive literature on the history of the Poor Laws and their application in England and Wales and on the separate system in Scotland.
8. **Quaker Allotment system** was started in 1926 in south Wales to help the unemployed. It spread through Britain supported initially by the government.
9. **Unemployment Assistance Board** was created under the Unemployment Act 1934 and it had the responsibility of paying means-tested unemployment assistance to those who did not qualify through contributions made.
10. **Miss Elspeth Hope-Murray** (1914 – 2013) was a senior civil servant and acted as Secretary to the 1959 Younghusband Committee. Later became Deputy Chief Social Work Officer at the Department of Health and Social Security. She is referred to in an article by Jane Lewis in 20th Century British History, Oxford Journals, online edition 2012.
11. **Carrington House** was a large lodging house for 800 men which replaced slum lodgings and was opened in 1903. It is named after Lord Carrington, Chairman of the LCC's Housing of the Working Class Committee. It is now flats called Mereton Mansions.
12. **Hospital Savings Association** was set up in 1922 to provide savings schemes for affordable medical care. In 2009 it joined with others to become Simply Health.
13. **Hospital Saturday Fund** is a registered charity founded in 1873. It provides assistance to individuals with medical needs and to other health charities.
14. **Cicely Northcote Trust** was founded in 1909. Hugh Northcote, impressed by hospital social work in America, met with Anne Cummins, appointed in 1905 as the first almoner at St. Thomas' Hospital and gave in 1909 £15,000 to develop social work in the widest sense in the hospital. This was in memory of his sister, Cicely, who had died aged 18. Working in the Northcote Trust refers to the social work department. Cherry Morris wrote a book *The History of the Northcote Trust 1909-69*.
15. **Margaret Coltart** was elected to the Institute of Almoners in 1941 while serving as Almoner at North Middlesex County Hospital. Later Head Almoner at the Brompton Hospital London and co-author of *Social Work in Tuberculosis*, 1960.
16. **Agnes MacIntyre.** "Professional social work in Melbourne traces its beginnings to the arrival of Miss Agnes MacIntyre in 1929" (Australian web source.)

17. **Cherry Morris**. Succeeded Anne Cummins in 1929 as Head Almoner at St Thomas' Hospital in London. Author of *An adventure in Social Work: The Northcote Trust 1909-1959* and Editor of *Social Casework in Britain* (1950). See also Note 34 below.

18. **Dr. Maurice Davidson** (1883-1997) was a well-known chest physician and author of *A Practical Manual of Diseases of the Chest* (OUP 1935).

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

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

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

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

20. **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.

21. **Helen Rees** (1903-1989) influenced important developments in social work education in England and Australia. She read English at Newnham College, Cambridge and then in 1928 trained as a hospital almoner, serving for five years at Sheffield City Hospital. She went to Australia in 1933 to take up an appointment as Almoner at the Melbourne Hospital and as Director of Training at the Victorian Institute of Hospital Almoners. She held four important posts in Australia from 1935 to 1941 when she returned to England to study medical social work under wartime conditions and its role in post-war reconstruction. For the next twenty five years she was strategically involved in most of the major British developments in social work education and practice. From 1942-46 she was Head Almoner at the Radcliffe Infirmary in Oxford and then became Director of Studies at the Institute of Almoners in London until 1958. (Source: *Australian Social Work* March 1990, 43 (11), 46-47).
22. **Tomlinson Report** of the Inter-departmental committee on the rehabilitation and resettlement of disabled persons. Chairman: G. Tomlinson. H.MSO. 1943. The Tomlinson report did two important things. It defined for the first time what was meant by 'disablement' and it sketched a scheme for the adaptation of existing services, particularly those of the Ministry of Labour, to provide new employment arrangements for disabled people.
23. **The Almoner** was published from 1948 to 1965.
24. **COS Review** was published from 1885 to 1921.
25. **British Journal of Psychiatric Social Work** began publication in 1930.
26. **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. The main 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.
27. **Daphne Phelps** (1911-2005) was educated at Oxford and the LSE, becoming a PSW. Was in New York 1939-41 and then returned to research the effects of the blitz with Sir Solly Zuckerman. She then went to the London Hospital and from there to the West

Sussex child guidance service set up by her guru Kate Friedlander. On the death of her uncle in 1947 she went to manage his house, Casa Cuseni, in Sicily and stayed there for nearly 60 years.

28. **Bowden House** is still (in 2013) a psychiatric clinic in Harrow.
29. **Dr Hugh Crichton-Miller**, (1877–1959). A pioneer psychotherapist who founded Bowden House, an in-patient clinic for the early treatment of psychiatric illness. Later, in 1920, he was one of the co-founders of the Institute for Medical Psychology Tavistock Clinic, which as the Tavistock Clinic opened a children's department in 1926.
30. **Dame Cicely Saunders** (1918--2005) during her course at Oxford she was from 1940-1944, a student nurse at St. Thomas' Hospital. She qualified as a medical social worker in 1947 and was an almoner at St. Thomas'. She then trained as a doctor, qualifying in 1957. She is regarded as the founder of the modern hospice movement, starting St. Christopher's Hospice in 1967.
31. **Joyce Cuthbertson** specialised in child guidance work. She trained students in the UK on a special shortened course for almoners. Worked in Australia 1946-48 doing Red Cross in country areas of Victoria.
- 31a **Marjorie Moon**. Author of *The first two years: a study of the work experience of some newly qualified medical social workers*. Institute of Medical Social Workers. 1964 or 1965.
32. **Doris M Thornton** wrote *Communicating in Writing as part of Social Casework* in *The Almoner*, Jan. 1963.
33. **Fulbright Programme** was formally established in America in 1946. It was the idea of Senator William Fulbright who in 1945 proposed that the proceeds of the sale of US government war property should be used to fund international educational exchanges between countries including American faculty members going abroad to teach for up to a year. China was the first country to make use of the programme.
34. **Cherry Morris**. *Social Casework in Britain*. (1950). Faber.
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*
35. **Flora Beck's** book is *Ten Patients and an Almoner* (Allen and Unwin, 1956)

36. **The Lancet** was started in 1823 by a surgeon, Thomas Wakley. It is a weekly medical journal containing peer reviewed articles.
37. '**Family Casework Journal**'. This may be a reference to either *The Family: Journal of Social Casework* or *Social Casework*.
38. **Case Conference**. Journal initiated and edited by Kay McDougall (Interviewee no 14). Several interviewees such as Edgar Myers and Elizabeth Gloyne were contributors
39. *The Field training of Social Workers* 1966 by S Clement Brown and E Gloyne.
40. **Barbara Frances Wootton**, Baroness Wootton of Abinger (1897–1988). Eminent economist, criminologist and social scientist. After leaving Cambridge, Wootton took up a research studentship at the LSE and later worked for the research department of the Labour Party and the Trades Union Congress. She was Principal of Morley College from 1926, and Director of studies for tutorial classes at London University from 1927 until she became Reader at Bedford College in 1944 and Professor in 1948. She published widely and her *Social Science and Social Pathology* (with Vera G. Seal and Rosalind Chambers. Allen & Unwin, 1959) remains a classic in the application of utilitarian philosophy and empirical sociology to the enlightened management of society. It is a wide ranging 400 page book and Alan Cohen, in his interview questions, concentrates on a chapter ("Contemporary attitudes in social work") that was very critical of some approaches to social work and the claims made about what social work could achieve. It would be difficult to find more trenchant and sustained criticism of the attitudes, language and assumptions of the selected social work writers and academics quoted – in particular of the claims made for the more high-flown psychoanalytical approaches to solving human problems. These she ridicules and claims that they do a great disservice to social workers in their daily tasks. It is clear from the edited transcripts that Alan Cohen was keen to gather the views of his interviewees about the impact of the Wootton bombshell and most of them give a response. From 1952 to 1957 she was Nuffield research fellow at Bedford College. She was created a life peer in 1958 and was the first woman to sit on the woolsack in the House of Lords; and later held several senior public appointments. Her reputation as a fiercely independent thinker was sustained during the following years of public service. Accounts of her life and work are available from her autobiography, *In a World I Never Made* (1967) and Ann Oakley's biography *A Critical Woman* (2011). (Sources: Personal Papers of Barbara Wootton, Girton College Archive, Cambridge; and the books cited above).
41. **Beatrice Webb**, née Potter. (1858–1943) sociologist, economist, socialist, diarist and social reformer and **Sidney James Webb**, (1859–1947), social reformer and Labour Party politician, were among the most prominent and productive pioneers of social science in Britain. They attracted both admiration and ridicule in their time but one outstanding achievement was their *Minority Report* that emerged from Beatrice's membership of the *Royal Commission on the Poor Laws and the Relief of Distress* that sat from 1905 to 1909. The Webbs advocated the scrapping of the Poor Laws, the creation of employment bureaux and expenditure on essential services such as education and health. Though the Asquith Government ignored these Minority recommendations at the time, the Webbs'

aspirations re-appeared in the Beveridge Report of 1942 and the post-war reforming agenda of the Attlee Government.

42. **Tilda Goldberg** (1912 -- 2004) was a well known and respected social researcher who was born in Berlin and studied psychology and economics at the University. Came to England in 1933 and worked in a child guidance clinic for seven years; from 1943 to 1949 she served as an aftercare officer in Newcastle and assessed the needs of people discharged from military psychiatric hospitals. Was editor of the *British Journal of Psychiatric Social Work* from 1961 to 1965 and Director of Research at the National Institute for Social Work for 14 years until her retirement in 1977. She was a strong advocate of evidence based research and evaluation; and she bequeathed a substantial sum for the establishment of the Centre for Social Work and Social Care at Bedford University.
43. **Maria Colwell** refers to one of the first highly publicised child abuse cases (since the infamous O'Neill case) in 1973 where the child was killed by her stepfather. *The Report of the Committee of Inquiry into the care and supervision provided in relation to Maria Colwell* was published in 1974. The Committee was chaired by T.G. Field Fisher, a Crown Court Recorder.
44. **Olive Stevenson.** (b.1930). A well known and respected social work academic who has published and taught widely. Now Professor Emeritus of Social Work at the University of Nottingham. After graduation from Oxford, she studied social work at LSE and had Clare Winnicott (Interviewee no 24) as her tutor on the Child Care course. Professor Stevenson has created her own website at www.olivestevenson.com , a researcher's treasure trove in that it includes details of her career, published and unpublished papers, reflections on current issues and charming personal recollections and photographs. There is also an Olive Stevenson sound archive at the British Library which is part of her professional and personal legacy. More recently, in 1913, Professor Stevenson has published *Reflections on a Life in Social Work: a personal and professional memoir*. Her narrative bridges the events and personalities of Alan Cohen's period of inquiry (1929 - 59) and increases our understanding of the subsequent development of social work in the UK.
45. **Dennis Allen** (1919–1998). Went on to be appointed as a Director of Social Services and became President of the Association of Directors of Social Services in 1973.
