

# THE COHEN INTERVIEWS

## ROBINA SCOTT ADDIS – Interview no 1.

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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 With one exception (No 24, Clare Winnicott), the interviews were unpublished until this edition in 2013.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](http://www2.warwick.ac.uk/services/library/mrc/explorefurther/subject_guides/social_work)

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**Robina Addis** (1900--1986) was one of the earliest professionally trained psychiatric social workers in Great Britain, qualifying in 1933. She went on to have a varied career, first in child guidance and then with the National Association for Mental Health from which she retired as a staff member in 1965 after eleven years of service. As the interview reveals, she continued to take a keen interest in the work of NAMH and the causes it supported.

She also had a concern for the development of the social work profession as a whole; this would undoubtedly be the reason she was invited to serve on the Working Party on social workers in the local authority health and welfare services, the 'Younghusband Working Party'.

Alan Cohen's interview draws out her wide range of interests and commitments: in relieving the suffering caused by war and famine; in social work and child guidance in support of families and children; in comparative international approaches to mental health questions; and in writing and teaching. The interview also conveys her sense of humour as she comments on some of the incidents in her life. Readers interested in researching her life and work in depth should consult her papers, donated by her nephew David Addis, at the National Archives held at the Wellcome Library.

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A.C I'd like to start by asking you when you came into Social Work.

R.A I came in rather later than other people because I had not intended from the beginning to be a Social Worker. I went up to Oxford to read History and after two years, my career there was cut short by illness and I could not go back. The next job I took up was that one of my Professors asked me to do some research work for him which he said would take six months. He was Professor (of the History of Medicine) Charles Waley-Singer [1] and he had been making a history of chemistry. He wanted to make a complete catalogue of the alchemical manuscripts in the British Isles, and I was to help him to do this for six months. Alchemy was part magic and part chemistry. We threw out magic and only included experiments which had a recognised chemical change in them. I did that for five years and at the end of the five years realised that I did not want to go on for the rest of my life studying manuscripts. Uncertain of what to do, I thought I would try teaching. I had become interested in child psychology partly because I belong to a large family and already had nephews and nieces, and partly because my Professor had adopted two children while I was working with him. He did it very thoroughly, reading books and asking all sorts of psychological questions, which made me interested. So I decided in the interim to go to the London School of Economics (LSE) [2] to some lectures there on child psychology.

A.C What year are we talking about?

R.A We're talking about 1931, I think, and immediately I got caught up in the idea of child guidance which I had never heard of, and applied for the Mental Health Course, [3] as it then was. I took that and qualified in 1933.

A.C Did you do the Social Science Diploma?

R.A No. You see I was not a proper Psychiatric Social Worker at all because you were supposed to do two years Social Science. I had not done that, but I had been two years at University and that gave me certain credit and I had done one year's working in a children's playgroup in Paddington looking after four year olds. I had also done some voluntary work in a clinic for epileptic children at Maudsley Hospital [4] and Dr. Mildred Creak, [5] one of the well know child psychiatrists gave me a wonderful recommendation from having worked with her, so I was allowed off the first two years. I was born in 1900, so I go with the years and thought I was getting too old for anything; I must get started. So I was allowed to go straight to the course and although I had had some experience of visiting for the Invalid Children's Aid Association (ICAA) [6] in East London, very poor families with family problems, I was not at all prepared for the acute problems into which I was precipitated at the Maudsley Hospital because we had to do six months adult work before we did the child guidance.

A.C But you worked with the ICAA and in a playgroup before you went to LSE?

R.A Yes.

- A.C Your Professor adopted two children, and you had lots of nephews and nieces but your interest in children could have taken many directions couldn't it? Why did you choose to work in those particular areas, identifying with deprivation?
- R.A I wanted to help sick children, children who suffered and so on, that was my driving force I think really. The first possibility was through the Invalid Children's Aid Association who did not ask for a qualification and I could just visit for them. In visiting I was immediately struck with the enormous difference in the way families tackled their problems. One child, desperately ill would be in a fairly balanced stable family going on as usual; then with a child with some comparatively minor problem the whole family would break up and disasters would follow. I began to think that it was not so much the things that happen to you, but the way you took the things that happen to you. I began trying to work that out for myself and then began reading and became interested in Child Psychology. I regarded the adult work as something I had to get through before I could work with the children. Although afterwards it stood me in good stead as most of my work was with adults later. I could never have done it without that experience in the Hospital. In those days, we were a group of thirty in that year's course. We were all women and at the Maudsley Hospital we had a wonderful tutor, Miss Ashdown [7] who was very deaf and very saintly, very gentle and very sympathetic. She was always preaching to us that we were in the Hospital on sufferance and it was a great privilege that women social workers were allowed to train there, and we must be acceptable to everybody and fulfil our work without complaints and all the rest of it.

In those days, although it was the first hospital with only voluntary patients, some doors were locked, and the students were not allowed keys. If we went into interview a patient we would be locked into a side room with the patient and no hope of coming out again until the nurse remembered that she had locked us in there! This for a nervous student was quite terrifying particularly as one of the first times I went into a locked ward a patient had got a knife and attacked a nurse who had grasped the knife, and had all the tendons of her finger cut. We were all told how heroic this was of the nurse, and I thought to myself – is that what we've got to do!

I remember the first time I was sent out on a visit, this gentle Miss Ashdown had been telling us how we would have to visit depressed people and try to help them, and there came a call that a visit was urgently required, and Miss Ashdown looked round and seeing me, one of the oldest, suggested that I should go. I was told it was a patient who has attempted suicide with her new born baby and gassed herself. The baby had died, she had come into hospital and was said to be recovered and been sent home again. The landlady rang up to say that she appeared distressed and upset; she had suggested to her to come into hospital but she would not come, so would somebody go and see. So I went there timidly quite unaware of what I could or could not do, and when I came there, there was a distraught young woman in the room. The first thing I noticed was that she had a gas kettle. In those days they used to have a long rubber pipe leading from the gas that you plugged into the kettle. She had taken the kettle off and the gas tube was lying on the floor there, and as I came in she was sharpening the carving knife on the wooden table backwards and forwards. In the room was the empty cot, the empty pram. However, she was a little bit in touch. I asked for a cup of tea. I thought anything to get that kettle put back on to the pipe. She made me a cup of tea and then began to talk a bit and talked about

her distress and she came back to the hospital with me. And so the lions were tamed, and so one began to learn.

A.C What was the course work like? What sort of things were discussed in seminars? And what sort of things did students argue about in those days?

R.A In the case work seminars with Miss Ashdown we were very much taken up with the idea of communication. There were certain of the tutors and lecturers who said one must smile as if nothing had happened if they're rude to you and so on and you must accept whatever is said. And some of us, myself included, passionately felt this was wrong, thinking that honesty was the only way in which you could be with the patient, and if they had to go into mental hospital you had to say so, and not that you were taking them out to tea or something. Because in those days people were still doing this persuasive business, and lecturing on it saying it was the right thing to do

A.C Pretending you were going to take someone out instead of telling them the truth?

R.A Yes, and this was one of the things that we discussed again and again and people fighting to the last ditch, saying "well, you needn't say everything that you know, you could just say half-truths" and so on and so forth. We were very much admitted into the training of the Doctors at the hospital in those days. We went round the wards with them and when the Registrars were interviewing new patients, very often they would invite us in. This was very valuable. As you know, that was to begin with two days a week while we had three days a week in the LSE and then the other way round. That fitted in very well with Miss (Sybil) Clement Brown's (Interviewee no 7) lecturers, Dr. Hadfield [8] and the others.

A.C Was there formal teaching of interviewing techniques?

R.A No, I would not call it formal. It was much more on the practical line. You must go and see this patient and persuade them to come into hospital, and then we had to recount what had happened, how you got on, why you think they refused etc. Why the husband didn't come in and so on, it was that sort of teaching, rather than background theory. It was only much later that I began reading American Books.

A.C After you left the course you mean?

R.A Yes, but one exciting thing happened to me at LSE- which seemed to me like a railway station after an Oxford college. Lancelot Hogben [9] was lecturing on experimental biology, and one of my student friends there, not on our course, said to me, why don't you come it is absolutely fascinating it's absolutely first rate, a genius, so I slipped into the lectures and we did exciting experiments with frogs and decerebrated cats and so on, but what was so exciting about it was I remember the first lecture I went to, he started off by saying "What is life? How can you define life?" We were all striving to answer this all the way through. As I came out the first time, he said to me, "You don't belong to my class do you?" And I said, "No but may I come." "Yes if you want to". There were the most exciting of the lectures that I went to.

A.C During the period are we now talking about, there were a lot of social surveys being published from London, Merseyside, Bristol and York which showed the effects of the depression on social conditions, unemployment, health and so on. To what extent did that impinge on the discussions of the Mental Health Course at that time?

R.C It certainly impinged but did not overwhelm, and was not taken up as a political issue. Quite different from the students now. We felt it was an enormous revelation we had had, that it was how people took things and not what had happened to them that mattered. You could help them to take them satisfactorily and this was the thing which we worked at and we were inspired by, of course we knew there was unemployment and the rest of it and this was before the National Health Service. We still had mothers who would not go to the doctor because they could not afford it, while the man got covered by his insurance and agonising things like that. We worked away at the penny a day hospital saving association or a penny a week was it? Trying to get people to prepare for illness. With remarkable success. But we were much more involved with the personal problems and the uses of personal relationships, those were the new things we were struggling to master.

I qualified in 1933 and Betty (Elizabeth) Irvine (Interviewee no13) and I were the first two to get distinctions, which was very exciting because the mental health course had only been going for four years and I think it was rather a feather in their cap that they had two distinctions: great celebrations over that. Then Dr. William Moodie [10] took me back onto the staff of his clinic in Islington at Canonbury Place). I had done my child guidance training there, and he was the most sympathetic encouraging fatherly figure. With a very gentle way he could run a large clinic with three different teams in it, he would move us from one team to the other. I worked with a Freudian team for a bit of a Jungian and so on. There were the usual warning elements. People being analysed but he was always calm and gentle and I remember going to him at an early stage with some frightful problem, and he was listening very gently and then saying that "Oh well good work is never wasted". And those words have often come to me since. He had that knack of holding you up when you were falling down.

A.C Can you describe a bit more about the atmosphere of that clinic. You say there were three different teams and three different theoretical orientations. Could you explain a little about that.

R.A Well, Dr. William Paterson Brown [10a] , WPB, worked in several child guidance settings and became Medical Director of the North West London Child Guidance Clinic. He contributed a chapter on "Habits" to the 1937 book, *The Growing Child and Its Problems*, edited by Emanuel Miller [10b]. He was the Freudian and he had attached to him a PSW and a Psychologist, I cannot remember how big the team was altogether. And he ran the case discussions and allocated cases to the social worker, but he saw most of the children himself. He was a born teacher and one idea at that time was considered very new, was running a playgroup for pubertal boys, running about and climbing trees and throwing things about and so on. He encouraged all of us to have our own playgroups of different ages and encouraged me to take a four year old group. He used those groups for teaching. Whatever happened in the groups was reported back and we tried different children in different groups with different permutations. Afterwards, I was on the Canonbury Staff 1934 to 1937. He was made Director for the Willesden clinic which had just opened, and he took me with him there. There we had the Institute of Education teachers in training sent to him as students, it was most illuminating. The discussions etc., about how the playgroups differed from teaching and so on. He wrote wonderful reports. He believed in sending reports to the school who sent the students and that they should be really teaching documents.

We had only been there a little over a year when the war broke out and the clinic was closed in a week.

A.C. Before we come onto the war, I wonder if I could go back to that Clinic with its three teams. I wondered at the ways the differences showed themselves in either discussion or work.

R.A. Michael Fordham [11] .was the Jungian and he was very Jungian at the time, taken up with transference He kept referring us to Jung's teaching and Jung's books and so on. We used to rather laugh about it, saying the answer was a mandala, but he was also an interesting and exciting teacher and did produce some remarkable drawings from his children.

John Bowlby [12] was there as at that time the child psychiatrist did six months in a child guidance clinic. They did it very much along side the social workers in training. They shared the seminars and it seems to me that is the only way for making a really good team. We still understood each other, we respected each others approach to work and were a close team. When I hear now all the discussions about autonomy and who does what, I say it is because you haven't trained together, you don't know each other, you don't know what you can do and what you cannot do. I'm sure they will have to come back to that if they are to go on with child guidance.

A.C. Who actually financed the clinic?

R.A. At the first, the American Commonwealth Fund [13] worked with a Ministry grant. They financed the course at LSE we should never have got the course if they hadn't offered to pay for it.

A.C. That was just for a couple of years though, wasn't it? What happened after that? Who took on the clinic once the Commonwealth grant was withdrawn?

R.A. They then started getting payment from the Local Authority. At first it was all free. There were great discussions going on. The London County Council offered to pay so much per head, I've forgotten what it was, there was a great deal of scorn, the LCC was meaner than the smaller local authorities. Then they tried to raise money with grants and appeals. It was always an anxiety, and the American Commonwealth Fund continued to send a diminishing income. They sent over one of their Directors every year. I can show you her photograph. She was a remarkable woman, she was a great support in policy and strategy and the rest of it as she had been through it all in the States. Very understanding. The child guidance council had been formed here with the object of collecting money and financing and helping to run the inter-clinic conference because it was felt very important to keep this new idea, of a team working together in front of the public and working together not only in a clinic, but right throughout the country. So the inter clinic conferences were run first every two years then every year. There was no press allowed so clinic discussions could be confidential. That went right on up to the war, and started again in 1947 I think. You may know that the National Association for Mental Health (NAMH) [14] was formed from the three bodies. When the Child Guidance Council was absorbed into the NAMH in 1946 they took over its functions. I was on the staff then and was there until 1965 running that conference. Then there were changes and it was handed over to administration, they sent administration office to speak at the conference, people wouldn't go and it faded away. Then three years ago the clinic teams

demanded that it be revived and we had just formed a Child Guidance Trust [15] with the idea of promoting it. Very precarious, no money and whether that will survive we do not know.

A.C. Were you actually involved in the amalgamation of the three organisations that created the NAMH? Were you one of the people involved in that?

R.A. In a junior way I was... but I have to explain.

You have probably heard of the After Care of Psychiatric Casualties. [16] I was employed by Willesden right up to the war, and then we closed with one week's notice and we all volunteered to the Ministry Of Health to do what they wanted with us. They sent me up to Northampton to the evacuated children as Welfare Officer to them. I stayed there until 1944 and again hated to leave though I had enormous number of problems with the children and I started a child guidance clinic there, I demanded a psychologist and the Ministry sent me one for one day a week. We managed to keep going on that. I was the social worker providing mental hospital support to the psychiatrist and there we were, we had a clinic. Then came Dunkirk, and the soldiers back from there were sent immediately out of London. They came up to Northampton exhausted, at the end of their tether, on the verge of breakdown. When they got out of the train at Northampton a lot of them slumped on the platform, just passed out. We billeted them in Northampton with families, and as I had been billeting the children, I was in on that. All the local people knew me so they came to me with: "this man is ill what can you do?" One couldn't help it, it became an adult centre as well, and I had to report every month to the Ministry as to what cases I had taken on, and I wrote to them saying that I must serve these people the best I can.

In 1942, there was an official After Care of Psychiatric Casualties Scheme and they asked me to go down and take over the South East regions in Kent, Surrey and Sussex. So I came into adult work willy-nilly, it just happened. Before I left Northampton I learned a lot of things there. One of them was working with people who are not trained and not members of a team. The Billeting Officers were mostly the old Education Officers and in fact they all were I think. I used to have regular meetings with them. They actually took the children and placed them. I also worked closely with health workers.

A.C. By Education Officer you mean Education Welfare Officers: School Board Men?

R.A. That's who they were. Splendid chaps many of them. They wholeheartedly came into the scheme and they came into the office saying you know this child had not settled down and we have put him in a very good home, etc things like that. They knew everybody, they were invaluable.

Then we started running hostels as some children were un-billetable, they were so disturbed nobody could take them. So we opened the hostel for boys and girls and that ran pretty well. They I had to open one for skin infections, scabies particularly, and nits. Some were really infested and had sores, and were bedwetters. By the end, I was running thirteen hostels for adults as well as children. We were asked to take women before their confinements so they shouldn't have them under the bombs and so every Friday we had a coach load of women said to be in their last month of pregnancy and we received them in a school hall. The health visitors and I tried to sort out their social problems and what sort of people they were. Then we tried to

work out what sort of place would be suitable. Some were un-billetable and we soon had three hostels, two for the women about to have their babies and one for those who had had their babies and nowhere to go. We were also asked to take boys with heart cases who were unable to live in ordinary billets and had to have a hostel for them. So thirteen hostels in the end and again I was working very closely with the health visitors there. Every Friday we had a meeting with the new influx and constantly during the week they would drop in with some problem or I would call on them. This broadened my background very much because we were very professional in the old days of child guidance. Everything was very confidential and they said you have to learn about everything before you can talk about it. When I came down to Tunbridge Wells in the After Care Scheme I had to recruit what staff I could as we had a large case load there. I had retired nurses, one actress, who was an excellent social worker, and others who later became psychiatric social workers. I think my previous experience of working with people untrained was useful.

A.C. So you had to offer them a form of in-service training while they were doing the job?

R.A. Yes, with weekly interviews both individually and in groups and carefully measuring the amount of responsibility they could take. Well that has convinced me more and more that there should be mixed teams. We should have the core of the child guidance specialist trained people but its function should be to spread out its teaching into the schools and amongst the health visitors. And afterwards, I did a lot of health visitor lecturing. The Royal Society of Health **[17]** made me their social work advisor. I made a presentation at their annual conference programme for ten years I suppose. So that through the chances of my life, I've been made to spread out more, but I believe its right, I feel it's the right way to train.

A.C. Going back in time a little, but linking on with what you are saying, were you involved in the move to set up The Britain's Federation of Social Workers **[18]** just before the war?

R.A. No. I was enthusiastic, certainly a firm member of the Association of Psychiatric Social Workers and used to go to their Saturday afternoon meetings where we discussed our common problems and found these extremely useful and stimulating. I enjoyed that very much. I was very reluctant for them to lose their identity by sinking into British Association of Social Workers (BASW) **[19]**

A.C. I'm not really talking about that though, just the fact of the pre-war Federation.

R.A. No. I wasn't involved in that. You probably heard that there is a group of old stagers who have a meeting every year in the Maudsley up until last year.

A.C. I heard that there was a meeting but I did not know it had now stopped.

R.A. Well, Margaret Eden **[20]** who organised it died a few months ago and that stopped it for this year. Whether anyone will take over I don't know. She was the moving spirit of the thing. She was the Senior Social Worker at the Maudsley.

A.C. So you worked with the emergency committees throughout the war?

R.A. Yes. I first was working with the evacuees and running the child guidance side to it and then the Dunkirk adults, then I came in 1942 to Tunbridge Wells to start an office there for the After Care of Psychiatric Casualties from the Forces and we tried to

keep up a standard of visiting a patient within a week of their being sent home. They were all visited before they left hospital, I visited all hospitals, saw the notes. Talked to the Staff and patients and asked them what it was going to be like when they went home, what they were looking forward to.

This was the discharged people, not going back in the Army. I then wrote up that report immediately, a copy went to the Ministry of Health and a copy to the region where the patient was going to go. We had this enormous file of documents about 30,000 cases.

A.C. Did you have a car to get around?

R.A. I didn't have a car of my own, but the Ministry provided a driver and car for me when I wanted one. Particularly because they asked me to do another job and that was to visit 30 residential nurseries in the area, they had evacuated all the day nurseries from London. They were scattered about in Country houses, one at Glyndebourne. I had to go round and visit, then send in a confidential report which again is very interesting and valuable work. I'd had my own hostel so I knew something about running hostels and what to look for. I felt it essential to keep the confidence of the Matron or Master so I told them what I was going to say and discussed it with them although I did not actually show them the report, which was a great help so I was able to go again and visit them. There were one or two disasters and they had to be closed and there was a great lack of understanding of the needs of children in the sense of play and close relationship with an adult. They had a hospital nurse in charge of each of them and there was a great stress on cleanliness and hygiene and very sad to find 30 children aged two in one room with one adult. The toys were all locked away in cupboards in case they spoiled them. I was so worried about these locked away toys that with a colleague we started what we called a "circus" of making toys from rubbish, empty cartons and things. We made a series of easily make toys and then went round the hostels displaying them suggesting the staff should make some and let the children tear them up it didn't matter. That was great fun.

A.C. While you were doing your job you were lobbying for better care for children?

R.A. Yes, more human care for children.

A.C. Can you remember any anecdotes from that time?

R.A. I was going to say I think that that dated from my playgroup in Paddington, that I was so appalled at the lack of contact between adults and children (the four year olds). My own family were so different. My nephews and nieces look and run to me, but these children would huddle in corners and I tried to introduce them to play. I got someone to present them with a rabbit and when I wasn't there the rabbit was killed by the children, by mistake, all grabbing at it not realising it was real, it was literally pulled limb from limb by these deprived children. A child fell down and grazed its knees, I couldn't help picking it up and hugging it. Then the other children would rush up wanting the same things and I couldn't give it to them. Not 30 children at one.

A.C. How did you set about trying to get the nurses to change the way they worked or the Ministry to change provision for these children?

R.A In these hostels? Well one way was the introductions of the actual toys, and talking with the staff, asking them about problems of the children and then suggesting perhaps this child needs... whatever....

A.C. Were they receptive?

R.A Yes. I remember at Glyndebourne: there it was large and beautifully hygienic but it seemed to me, no human contact. The nurses said to me "Oh little children only want to be kept warm and fed, they are not old enough to meet nice people" and we went out (it was summer) into a field with the children and I suggested the children run races and so on. She said they would run away or get lost. I said I didn't think they would let's try, I'll help. So we did and the children immediately rushed away and I was horrified, but after a bit, after they had got as far as they dared they turned round and came running back. I said to Matron "There I told you about invisible elastic, there you are attached to adults by invisible elastic, there you saw it pull them back". She was astounded because it was really dramatic how they went just that far, then came back.

A.C. Were those ideas ones which you had worked out for yourself? Or part of the training course?

R.A Both really, and part and parcel of the course.

A.C. That was a very telling metaphor you just used. I have never heard that before they are tied to you by invisible elastic'

R.A I think I heard that from Paterson Brown. I don't think I made it up. The idea was very vivid, as I had seen with my own nephews and nieces it is true. There again my way of working was always through people, through human relationships through discussions with them. I never forgot my lecturing to the Health Visitors asking them to bring problems in if they are difficulties etc. Let's discuss it. Some of them said but we don't have any problems with our children we are trained to look after them. Years later running a course for hostel staff a residential course, after we had met for a little while I suggested to they bring up the problems that they wished to discuss and gain, but we don't have problems, we are the Matron, Warden etc., that is why we were appointed. We wouldn't be worth our jobs if we had problems".

I was much more concerned with personal relationships always but then the After Care Scheme, as you know, came to an end in 1948 and the local authorities had the power to carry out these duties. And in my area I had Kent, Surrey, East Sussex and West Sussex. Kent and East Sussex and West Sussex asked me to stay on and work until they got adjusted. So I went on working there gradually doing less and training with the staff who were taking over until 1952.

A.C. Who was your employer then at that time?

R.A Each Local Authority.

A.C. It seems like a joint appointment.

R.A Yes, a joint appointment, and the NAMH had asked me to come on their staff as soon as I was free, so I started doing two days a week in London and three days there. So I was gradually weaned to London where they had kept on their after care

department. They didn't mean to, again they thought the L.A would take it over but couldn't as they still cannot. Requests came in all the time there and at that time we had a full team of Psychiatric Social Workers and we offered interviews to anybody who wanted it. The only thing we could not do was visiting. We offered interviews and discouraged long telephone calls and tried to refer people to the appropriate agency or treatment whatever was required, or helped them ourselves. We tried to do it as a short term intervention which again was a whole new way of working which we had to learn. How to be effective in the short term and how to extricate yourself in a helpful way.

A.C. I see you have accumulated all this experience. Did you write about it?

R.A I'm very bad about writing. I've found it difficult, partly because I've always gone on doing odds and ends and although I retired in 1965 things have crowded in on me. I was immediately asked to run the World Federation for Mental Health's international Congress in London. [21] It took two years doing that; that was in 1968. And then I was to run a Conference for Prevention of Suicide; that took another year. And then another one the year after that. Then I was taken up by the Save the Children Fund and I'm still on that. Then in 1978, or 1977, we started the Inter Clinic conference and 1979 we did it again. It's 1980 and here we are doing it once more, so that it is difficult to get extricated from things that happen.

I have left out a whole series of things such as Younghusband Committee [22] which I served on and gained enormous interest because it was there we were discussing the theory of training and the possibilities. And then served on the Council for Training Social Workers [23] and also the National Institute for Social Work Training [24] and there I got on the administrative training side and during the war, I had been on the committee for United Nations Relief for Refugees Association . These things came my way, they just happened. I always said I only applied for one job in my life and that was refused.

Other things you know, there's suddenly a demand and it's got to be done and you find yourself doing it. Though I would never had imagined I was going to.

A.C. You have always been asked if you would do this job rather than applying for them?

R.A Yes, actually I found myself doing it and then had to ask for authorisation. It might be that way round sometimes, as it was during the war.

A.C. So once you found the job with South Eastern Counties came to an end you were full time with NAMH. And your work there was what?

R.A I was deputy Director and I was General Secretary or something, of the Social Services Department and I had two committees there. We ran various schools and hospitals with different social work problems. The clinical services committee combined child and adult clinics. Those were really very effective committees with experts serving on them and people regarding it rather as an honour to serve on them.

A.C. Was that then your first introduction or contact with the machinery of government when you got on those committees? Up to now you have talked a lot about practice and then you got into an administrative position with the NAMH and its moving away

from practice and towards shaping policy and contributing towards it. Was that your first contact with the world of government and the way policy is made?

- R.A Yes I suppose it was. The administrative side started chiefly at the Willesden Clinic because we were opening that and had to make our contacts with the Local Authority. It was a voluntary clinic funded with voluntary funds and so we had to make contacts with everybody and work out our relationship with the various voluntary and official bodies there. So that began my administrative work and then very much during the war as I was my own boss with my own department. Then at NAMH taking on as you say those commissions. Partly, we had to deal with government policy. I remember one of the first things there was the protest which came from the camps of women who felt they were not treated properly by the medical staff, and they were examined in public and that sort of thing. This seemed to us completely unnecessary, there were all sorts of hardships we knew that we couldn't do anything about but this was something that was one of policy and there was a great deal of to and fro with various governments to get that put right.
- A.C. We, being the NAMH?
- R.A No, the United Nations Refugee Relief Association committee. I served on that in my personal capacity.
- A.C. Whilst at the same time dealing with these other things?
- R.A That was the great advantage of the NAMH that they allowed one to do all these things; they liked it really.
- A.C. Did you actually get out to see the Displaced Persons camps?
- R.A No I didn't. But I did get out to Switzerland eight days after the end of the war to discuss what the Swiss could do for children who had suffered in the bombing and so on. The Ministry of Health was asked to send two people and they sent Lady Allen of Hurtwood [25] and me, and we had this extraordinary experience of travelling out in the military trains coming to broken down bridges and having to go on detours. And coming in to Zurich all bright lights and shops full of pretty things when we were still severely rationed here and had not seen frivolous things for years. SEPEG [26] was formed there and I became the British Rep and the years following we had an annual meeting abroad somewhere that time had a great struggle because the Swiss had largely supported by a Swiss Newspaper man, planned a very generous scheme for the children from London, and they had taken over one of the grand hotels on the Lake and they were going to invite children out there for a glorious holiday. I had had some dealing with children who had been dug out of from bombed buildings and knew that all they wanted was their own families and the things they knew. I couldn't see them being sent out to a grand hotel and luckily the Chief Psychiatrist there, Oscar Forel [27], was immediately convinced when I told him about children that we had had, two children who had been several hours underground, the parents killed and were sent up to us a Northampton. They arrived speechless from shock and I did not know what to do, whether to put them in a hostel with a motherly Matron whom I knew, but I felt they couldn't stand the crowd they needed a family, so I found one of my best billet mothers, and told her the story and she at once opened her arms to them. A boy of 6 and a girl of 8 I think. We put to bed together and next morning I went round to ask how the children were, if they had spoken at all and she

said that they were out playing with the other children. Her children had taken them out they became part of her family, clung to her very much.

A.C. When you say they were speechless, do you mean they were elective mutes as a result of the bombings?

R.A Yes. They would not speak to anybody who asked their names or anything.

A.C. But then getting into the billet the other children helped?

R.A You see the other children just called them out to play, and out they went. They wanted their own kind of people with them. Well anyway SEPEG went on for many years with money supplied by the Swiss mostly and they sent teams into Poland and Italy to help with problems on the spot instead of taking them to Switzerland, and this was really a great piece of work. They had conferences every year to support and strengthen each other, very dramatic, and it was when I came back after the war I went to Dame Evelyn Fox [28] saying to her, we must have a Mental Health Conference, we must have a world conference as these people are crying out for support to meet others and break down the barriers. Because in Switzerland they had a Pole, a Dutch etc, who suffered terribly in themselves personally and the 1948 conference was one of tremendous enthusiasm and started the whole World Federation of Mental Health.

A.C. I did not realise that you knew Dame Evelyn Fox. Did you work with her?

R.A Yes, she was the first Chairman when the three bodies amalgamated in 1946 she was the one who was elected although hers was the mentally handicapped section, but she was an outstanding personality and everyone agreed she was the leader. And it was she who formed the Mental Health Emergency Committee before the war. She saw the war coming and knew it would be a great threat to mental health and we must get together and do something. She had a remarkable intellect, and made most valuable criticisms of the Bills before Parliament, so much that she was always consulted. They always sent her a draft and asked her what she thought, the weak points and the strong points. She was Irish and very quick tempered, blind in some ways, but a great character.

A.C. When you were working with the Association, were you still active in the APSW? [29]

R.A I never was an office bearer, I refused office as I felt I had other more important things for me to do. But I did go to their meetings and took part in their discussions and through the inter clinic conference kept closely in touch with many of my colleagues. That was what I felt I could contribute to them.

A.C. How did it come about that you joined the Younghusband Working Party?

R.A I don't know. I suppose - I really don't know. I was asked and along I went.

A.C. What happens? Does a letter arrive asking?

R.A Oh! Yes an official letter. The Younghusband was a "Royal Commission" - no that sounds too grand.

A.C. A Working Party?

- R.A No it was grander than that. You get a letter saying the Minister requests, something like that. I think that was it.
- A.C. Can you remember the meetings of the working party and how it was set about?
- R.A Yes, the thing I chiefly remember about them was that I was the only psychiatric social worker on the Committee, we had local authority reps and people like Geraldine Aves, (Interviewee no 2) representing social work and Eileen Younghusband (Interviewee no 26); an almoner and so on. We started off seeing what was needed for the different kinds of training. I remember at the time holding out for a year of full time, expert training on top of the social work background although I hadn't had the social work background. But there it was, and I felt it was essential to have this full year of specialising because you had to combine practice and theory and you could not do it in less than a year and that it was part of the personality development; you had to grow into it yourself. There was a great deal of pressure particularly from local authority people, that at least half of it should be done by correspondence. I held out from the beginning that psychiatric social workers must train specially. Then we went on for about a year and had a residential weekend, to work out our common problems, the things we could not agree about and at that weekend I was converted to the idea of having two years training for social workers. There was a lot of argument about what should be called professional and what shouldn't and so on; that we were creating a second grade of social worker, and all the rest of it, but all their arguments about how people had to be trained for this kind of work with the deaf, blind and specialist work of this kind, they must have the same background, finally convinced me, and I would agree to that but leaving the third year with a degree. And that was accepted. Everybody agreed to it even those who had held out against it. We really agreed that weekend. The report seemed to run smoothly on.
- A.C Was it a particular person's development of the arguments that persuaded you, or was it you sort of cogitating, reflecting in a quiet corner?
- R.A It was a mixture, with a lot of quiet corners. Eileen herself was a powerful personality and she was very keen for it, but I had always been critical of her generic approach and it seemed to me that at this weekend, she had dropped this approach and realised that these were needs of different kinds and it was partly that that made me agree.
- A.C Was it just you holding out, or were other people with you taking the same view as yourself up to that point?
- R.A I was the one who held out the most I think. I kept saying this is a specialist thing it cannot be done with short cuts. But, no we seemed to agree then. Then of course it was followed by Seebohm [30] and I was not on the Seebohm Committee and Seebohm seemed to have run away with all this administrative framework, and to miss the function of the social workers. I think a lot of disasters have followed. It was strange you see because Seebohm was Chairman of the National Institute Social Work Training when I was there and we all said how wonderfully receptive he was and how he understood our ideas. But naturally he had to listen to his advisers.

- A.C. If I could come back to the Younghusband Report, how did you work out between you the writing of the report? Did you all submit drafts of chapters and agree them, or that happened?
- R.A. No. The Ministry provided a secretary who wrote it, who was excellent. She wrote the chapters as we went along almost. We would do something and she would submit a draft and we would correct and alter and it came occasionally, particularly about Mental Health things when I would say this is necessary, you have to go by this. Eileen would say will you write a paper on that. We did a great deal of writing things then. We had an enormous amount of stuff to read, every document.
- A.C. Did you keep the papers that you wrote?
- R.A. No I didn't. I gave the whole batch to the Institute. I just gave it away, there was so much.
- A.C. I was shocked to discover when I trying to find out about something else, that all the statistics that were collected in the survey that was done for the Younghusband Working Party about staffing had been destroyed.
- R.A. It is dreadful how things are destroyed. I mentioned the 30,000 cases we did for the Ministry, the After Care cases. They have been destroyed. And I suppose for a long time after the war the patients turned up at the hospitals and when we could provide something that gave an account of their war condition it was valuable to the treatment of the patient. I'm sure a lot of research could have been done on it. But it is this awful problem of storage.
- A.C. Where you happy about the outcome for the Younghusband Working Party?
- R.A. Yes, at the time I was. I had to do quite a lot of lecturing on it. People up and down the country asked me to describe what had gone on and I felt that we had worked very hard and very seriously and come upon some very good things. But I have wondered since; Seebohm was such a splendid man, and he so got off the rails to my mind - whether the seeds of that trouble were laid in the Younghusband Report.
- A.C. Was it that the resources needed to be put behind the ideas? In a sense you could argue something similar about the 1959 Mental Health Act [31] couldn't you?
- R.A. I was a staunch supporter of 1959 Mental Health Act and I did a lot of lecturing on that vein.
- A.C. Where you connected with the Percy Commission? [32]
- R.A. No.
- A.C. But you were a progenitor of the Act?
- R.A. Yes. I felt it had such great possibilities. It could be interpreted in a very liberal way and the after care provisions particularly. Then you see, I retired from NAMH 1965 and took on these other jobs. And for some time remained on the Council, but four or five years ago Tony Smythe [33] asked if I would become a Vice-president. As he wanted a working VP I went to see him and told him that I disagreed with a lot of things and they undermined things that I had worked for, and he said that that is what they want, someone to tell them that. This was so disarming that I agreed

though some of my friends thought it a renegade thing to do. But I am glad that I did it because I have kept in touch and I can talk to him openly, I think he had learnt a lot, and has modified a great deal.

A.C. Certainly the character of NAMH has changed a lot in recent years?

R.A. Yes, very much. Some people think fundamentally. I think it still has the same aims, the methods have changed very much and there is something to be said for change of methods. We were running services in my day, that was what attracted me, running hostels and after care services and so on. Now these are supposed to be supplied largely by local authorities, may be it's better to turn attention to human rights. I think in time they will come back again to try to improve the services, contributing to those.

A.C. Can I ask you – I've an idea you have answered this already - what you would say was the most influential idea – from the ideas which most influenced you during this period? 1929 – 1959?

R.A. It was something to do with personal responsibility, and the unconscious – which extended your personal responsibility. Both for oneself and one's clients. And that it might be possible to help people to realise more what they were, what they were doing in that way help them to work better with reality. I think that was the basis of my clinical work and teaching and after care committee work. I was fascinated by the reactions of people on the committee and how there were certain prejudices which simply had to be brought out, and dealt with and discussed.

A.C. When you say the Committee, which Committee?

R.A. Any Committee.

I'm fascinated now by my current one, Save the Children Fund, which is chiefly retired ambassadors and their wives and people from very high admin posts, and we have appalling human problems to discuss, where our help can be given, it must be limited; how we can help and so on. It's very interesting to see the different lines that people take and how if you passionately want them to go one way, how you can get them to accept that and see things outside their own experience.

A.C. You know some very critical things have been said about Social Workers during this particular period, I have in mind people like Barbara Wootton [34] and Audrey Harvey [35] and so on, I wonder what you'd say about it all.

R.A. Barbara Wootton as you know, in the first book she wrote about social work, I've forgotten what it was called, gave her evidence against social workers so to speak, from the American Literature. None of her quotations were from things that happened in this country. And a party was given for her by Miss Grier: she was a retired Principal of Lady Margaret Hall [36]. She gave a party to celebrate the publication of the book.

A.C. *Social Science and Social Pathology* [34] – that book?

R.A. Is that what it was called? Yes, and I went to an evening meeting at Miss Grier's to talk about this, and to drink Barbara's health and all that, and Miss Grier said to me "What to you think about this book?" and I said "Do you really want to hear?" Barbara

Wootton said “yes of course” – And so I told them I thought that it did not apply to this country and it was about American social work and it failed to understand what social work was about. Unfortunately, she was unable to discuss it and just got very angry, that was sad.

A.C. End of conversation then?

R.A Yes, everyone hastily started talking about something else. But she has such a brilliant analytical brain, and wrote so well and so clearly. I’m very surprised that she did take such a narrow view, and allowed herself to be misled. Because she had something to say, something constructive.

A.C. I was struck by that very point, I was recently reading Mary Stocks’ [37] biography of Eleanor Rathbone, [ 38] who was another very powerful persuasive lady. There is a chapter in there on the work Eleanor Rathbone did on behalf the rights of women in India. Eleanor Rathbone could not understand why with all the Indians she came across she put their backs up, and she was being polite and persuasive, but I think Mary Stocks makes the point to the effect that Eleanor Rathbone just did not understand what it was like to be in the shoes of an Indian. I recall Barbara Wootton commenting on social workers, you just needed to be a sort of polite secretary, and that was the end of it. I thought yes, well look where it got Eleanor Rathbone.

R.A Barbara Wootton is such a brilliant person and she made herself unhappy and other people unhappy by this refusal to look at what she was talking about.

A.C. Do you think she was disappointed at the response to the book.

R.A Yes she was very much, she was hurt.

A.C. Hurt?

R.A Yes. One of her helpers was a psychiatric social worker and she kept saying that she had been assisted by a psychiatric social worker when as I pointed out, she said that training for psychiatric social work didn’t make people different so why should she think that all psychiatric social workers were the same. They had the same training, it didn’t make them any different from other people. I heard her speak often on her legal side in court and so on and she is brilliant.

A.C. She writes in a very tough kind of way. I’m surprised she was hurt. Did you know the article she wrote about the Youngusband Working Party? -- *Daddy know best*, which is another very tough article.

R.A Yes. Again I thought that this was not worthy of her. It was childish really. Curious character.

A.C. So the sort of criticisms that she levelled are not really legitimate criticisms as they are based on American literature?

R.A As they were based on the American experience and American claims, she kept quoting excessive claims, and they were from American literature and I don’t think you would ever have found it in any English literature. There is always the danger of excessive claims, and I think there was particularly in the early days when child guidance was trying to establish itself. It had to prove it was something different and

necessary and this was the bugbear ever since, this confidential attitude issue, but the [child] guidance people felt they must keep everything to themselves.

In some ways I think they must, but there was no need to expand it over all their relationships with their families it was perfectly possible to discuss with teachers and health visitors the day to day relationships with a family. If the parents had confided something, one can perfectly easily keep quiet about it without the job being confidential.

A.C. What would you say was the best social work thing you have ever done?

R.A. The best thing I've done? When I was working with Dr. Paterson Brown. I certainly had the best clinical cases. With help, I had cases where I had been able to make fundamental changes in people who were confirmed neurotics etc. I learnt from that but I never again did such deep work as when under his tutorage.

A.C. Can you say a bit more about that, can you give an example?

R.A. I remember one depressed woman who was a policeman's wife with a very correct, fine Sergeant Policeman, with two little children, a boy and a girl. When she first brought the boy to clinic saying that he was impossible and so on; then the boy's problems cleared up. Then she brought the little girl. The girl was "impossible" and both times I was left to discuss with her about things. She began to talk much more freely after she brought the girl, because I had to open it up and say to her, is there something in you that has brought problems to the two children. In those days there was a great difference, people came to the clinics saying this child is neurotic, cure him, whereas nowadays they say, I know it's my fault but... etc. There was a great indignation usually when you asked to see the parents, as they did not regard it as anything to do with them. Anyway she began to talk about herself and her deep depression and worked out all sorts of problems that she had. Marriage problems and child bearing problems and her own family and so on and, for a long period, I saw her every week, and we worked through a lot of these problems. She gradually improved, you could see the depression lifting and finally her child was discharged. I said to her "Now your problems are over you can get on with yourself now" she said that she thought she could, and this was marvellous. She went on to say an extraordinary thing – I find I have so much more energy now I can do my housework and be finished in the morning, things I like that. I could hardly believe my ears because she had been in a slow depression, and I said to the doctor. I can't believe this is true we must wait. But she remained reassured. That sort of experience was good. I think if you look outwardly at the things I did, I suppose my war work in Northampton was really the most satisfactory. That I did it alone in the face of enormous difficulties and was able to create things which have gone on. The hostel for disturbed children is still there as far as I know. That work was more enclosed, a total picture that you could see in the town and the people I worked with. Whereas the After Care was scattered over counties. Not everybody saw things in the same way. We had quarterly meetings of the Regional After Care Officers to discuss what we were doing, and I felt very much that we must be open to all comers. Even if we could not do a tremendous amount we must have the servicemen know there was some place they could go. But many of the others felt this was dissipating one's efforts that we should take as many as we could manage and then close the doors. That is a discussion that still goes on now.

A.C. All during this period we have been talking about, there was a gradual proliferation of literature wasn't there the APSW Journal started up in 1946-47 and then Cherry Morris's book [39] came out and the texts coming over from America, would you say your thinking and/or your practice was effected by that literature, or would you say your ideas were formed during the courses, and then you developed them yourself?

R.A I think really I got very little from literature although I had great interest in meeting the authors when they came over. I was on the Fulbright Committee [40] and we had scholars here and we arranged programmes for them. I had enormous stimulus from discussions with them but I never really responded much to the literature. I never felt it key literature in any way.

When I was on the Council for Training Social Workers, (CTSW), [41] I got all these as regular books there, and read them dutifully but didn't get much from them, particularly Eileen Younghusband's collections. They were not stimulating to me at all. I admired the diligent collection of social history with the dates set out like Barbara Rodgers [42] those seem to me to be hard work, but casework theory I found I never responded to much. There was something artificial about it.

A.C. It was not a true reflection of the social work experience?

R.A Yes, I felt it was looking, picking out certain points in order to fit in with the theory.

A.C. Did you represent that view at the APSW meetings?

R.A I don't think so, not very much.

After I retired I did a series of lectures for Adult Education and there was a group of mostly mothers, some grannies a few teachers, who asked for a series on children's problems and I did it two years running, and had to provide a book list for them. I went through agonies trying to get a books that I could recommend that we could discuss because the Adult Education were very keen on having these book lists produced, and really I found it hard to find some. They kept saying technical books, but I was much more inclined to suggest a novel or children's story. I didn't find books very useful. Jack Kahan's book on development - do you know it?

A.C. I have heard of him but don't know the book.

R.A Well it is not particularly for social workers, it is a book on child development. It is very good and I found that was a useful book.

A.C. Oh! *Human growth and development!* I know the book.

R.A Yes that's it. I recommended that one. There was not much else.

A.C. You said earlier, you could think of plenty of novels rather than text books, which novels would you recommend to social work student?

R.A The other day I was talking to a group of students and advised them to read Charlotte M. Young *The Daisy Chain* because they were saying what did people do in the old days when they could not go to an analyst and that, so I said read Charlotte M. Young and you'll find the heart to heart talks they had when they were brushing their hair at night, and the prayer and the religious side, they were

discussing all the problems that people now go to analyst now for. Therapy was just on a different level then.

A.C. Any others?

R.A. *Baa Baa Black Sheep* was of course one we discussed and in fact with friends I was talking about the life of Kipling that had been published and how useful that would be, for understanding somebody's development and crisis in their lives. Because he was able to express it in his writings which gives us something to look at. Whereas lots of other people can only express it in behaviour or in silence or in something that is intangible.

A.C. Lots of the people of your generation who came into social work, when you get talking with them, say they came in for some reasons you have given me, opportunities suggestions and so on, but they also talk about either a religious commitment or a humanist commitment – was there anything like that in your own background, in your own thinking which drew you toward social work as a profession?

R.A. No. Not religious really as I'm not a church person. But not so much theory. I just wanted something to do with children and originally I thought of teaching. I'd had this break you see in my training, as I was training as a historian at Oxford, then I took scarlet fever and nearly died from it, then I had a year convalescing going abroad to China and then could not go back to Oxford. I began thinking about what I could do. I thought of teaching and thought I have no degree and that would be difficult for me. And meanwhile someone suggested the Invalid Children's Aid Association and I started visiting them and took on the Paddington children, never thinking of social work as a career just something I could do at the time. Then I had my five year research work. Which again you would think was something quite out of touch with the rest of my life but I'm most grateful to the training research methods, I found it invaluable the way of analysing, keeping records.

A.C. Were you 18 when you up to Oxford?

R.A. No, I was 20. It was just the end of the war you see. I'd been through the war and my parents had been very exhausted I thought, so they went off for a trip aboard and left me with an elderly aunt in charge in charge of the family, which prevent me going up for another year.

A.C. You weren't there at the same time as Vera Brittain?

R.A. No, I wasn't. Also I was the first girl in the family wanting to go to University and my parents thought this unwise and my father said well, stay at home another year and try and get a scholarship and if you get a scholarship then I know you really ought to go. I did get an exhibition so that was all right. I was able to go. Afterwards my younger sisters were encouraged to go to University. I was one of the first Oxford students to be a full undergraduate that year, 1920. We wore gowns for the first time and came under the proctors.

A.C. Yes I remember reading *Testament of Youth* where Vera Brittain describes that.

R.A. Once more we were told, everybody's eyes are upon you, you must behave well so everybody realises how worthy you are to be an under-graduate. We were still under

strict chaperonage then, which didn't really hinder one's enjoyment. One had to take a married woman with you in a party going out with undergraduates, and there were a lot of charming young dons' wives who really added to the party. I never thought of it as a great grievance. Though I did get into trouble for going to tea with an undergraduate without a chaperone, in sheer innocence. I knew we were not allowed to go to an under-graduate's rooms, that seemed fairly sensible, but we went out to tea at Fuller's what could be more innocent than that? Unfortunately, walking across the park coming back, we loitered, and when we got to the gates they were locked. So we went back to where we got in, and the gates were locked there so I had to climb over and descended on the college side in full view of the Principal and I was sent for the next morning and asked what I had been doing, and I told her, still feeling perfectly innocent. She said but don't you know you are not allowed out without a chaperone and I said, "Yes of course to College, not to tea rooms" and her comment was "No lady would have thought of it." The rules were then altered to add "No tea parties in tea shops without a chaperone". Those were the days.

A.C. I think undergraduates today would be amazed.

R.A. I was even asked out to a 21<sup>st</sup> birthday dinner with a great friend, and we had to get permission to be out after eleven at night. I asked permission confident I would be allowed to go, and was turned down as I had been out too often that term. I was most indignant and said I thought it very unfair as it was a special occasion but no, I couldn't go. I said what would happen if I do go? You will be sent down. After anxious thought I decided to go and nothing was said!

## **SECOND INTERVIEW WITH ROBINA ADDIS**    Transcribed by Suzy Seed.

A.C. We were talking about the emergency mental health service during the war. Could you fill in some more details about that? Your place in the set-up and so on. How it came about and whether you were directed there by the Minister of Labour. How it was all handled.

R.A. Well it was Dame Evelyn Fox's vision really. In the year before war broke out, she was so convinced there was going to be a war, and she always said that mental health would be the first casualty. And she was very anxious that some efforts should be made to develop the services which would be more needed than ever. And so psychiatric social workers were approached, I think through the APSW, and asked if they would volunteer to work during the war in whatever way they were required in the cause of mental health. And I think most of us did volunteer. I certainly did. Although we were very vague as to what would be required.

A.C. You were approached before the war about that? 1938?

R.A. A year before the war. If we would volunteer to do something for the mental health cause, and we had to say that we would be ready to do anything, and I thought to myself, "I know I shall be posted as a nurse to the mental hospital which will terrify me." We were heavily involved with the work at the clinic. I was then at the Willesden Child Guidance Clinic where we had a group of students from the Institute of Education as well as our own cases, and various other teaching things that we were

doing there, William Patterson Brown and I. So we were very worried about the question of whether in fact war was coming, the clinic would have to close, how we would wind up, what we would do. But we didn't get a chance to do any elaborate winding up. The clinic was closed with a week's notice and William was called up into the Air Force, disappeared. So I was left with the heart-rending business of telling the patients that we had to go, we couldn't be there. And the students, saying goodbye to them and so on.

Almost immediately, I think I had only a few days, I got a letter from the Ministry of Health, asking if I would conduct a party of evacuees and act as welfare officer to the evacuees in Northampton, giving me a date to go. And I'd hardly time to make any preparations and no time to book a room or anything, but the old CAMW (Central Association for Mental Welfare; Dame Evelyn Fox's outfit) ran courses for workers who were going to work with mental defectives, under the Act. And she had a trainee in Northampton who'd trained with her and she wrote to this trainee and said she would find a bed for you. So I went off with about 800 evacuees up to Northampton, and we were met by the billeting officers who had arranged accommodation for them. I could do nothing except watch them go at that point. By this time it was about 7 o'clock in the evening, and I was going to start looking for a room, going to my contact, I was afraid she would have left her office. And they told me there was an SOS, would I go out to a girls' home where there had been a disturbance and there was trouble.

Anyway this is the beginning of it. So I had to go out and this was the Northamptonshire School for Maladjusted Girls, or some such title. A residential approved school, which was run by a PSW and they'd had a riot and the girls were on the roof throwing down tiles and so on, and refusing to come down. Strange though it seemed, it turned out a very lucky introduction for me because I found out that a psychiatrist visited the Home and that the girls were fond of him, so I asked if I could ring up the psychiatrist and ask his advice and help. He was the medical director for the local hospital. And he came round and was a delightful person. He did all the right things, the girls were soon down and talking to him and so I was introduced, though eventually we had to close the Home. But this made an unorthodox introduction: afterwards with him I started a child guidance clinic in Northampton. But anyway after that incident was over I then went back to the station and couldn't make my contact, so I had to ask a railway porter to direct me, and I went to a very low class pub for the night. And then the mental deficiency worker the next day said that Northampton was overcrowded and there weren't any rooms and so on, and I had a lot of problems. However, I was then put under the Director of Education.

A.C. No rooms for you or no rooms for the children?

R.A. Oh all the children were billeted that had gone smoothly, although a lot of them were on my doorstep the next day. But I was given as my accommodation a book room at the local authority education office, and the Director of Education who was Mr. Perrin [43] who was a remarkable man. He accepted this strange thing, that there I was in this room surrounded by books, which teachers came in to look at and choose, and no telephone. And as I was constantly wanted on the telephone, I had to walk down the passage and go into the accounts room and telephone. They soon gave me a telephone as it was too much a nuisance. And then I got another room and so on.

But I found from the beginning it was a full-time job in helping the evacuees to settle down and the billet holders to cope with these strange London creatures. And the staff, school teachers who'd come with the children and who did a half day at the school, they had a lot of problems too because it was half day London children and half day Northampton children. They'd turn about week by week: one had the morning and one had the afternoon. You can imagine these London teachers hid the chalk, and the Northampton teachers came and couldn't find the chalk and so on! And we had to have a lot of discussions and meetings, trying to help the Northampton people to understand the London children. And the London children to understand a different life, particularly trips to the countryside where they left gates open and so on and so forth. So there we were quite busy straight away. Almost immediately, we set up a hostel but there were protests that some children were impossible. They were so disturbed they couldn't be billeted anywhere, so we had speedily to open a hostel for difficult children. We put boys and girls together, we had a London psychologist in charge at first, but she didn't last long. Then gradually other problems came up such as the chronic bed wetters, we had to start a hostel for them. And then skin cases, impetigo and scabies particularly. We couldn't billet them until they were cleared. And we had a very successful Unit with remarkable results for the scabies clearing-up, with a wonderful nurse in charge, and good modern methods, and head nits which we didn't take into residence although we did that as out-patients. But we all had to work very closely together. The billeting officers were the education officers from the local authority. And they were men who knew the neighbourhood in and out and many of them very wise and good people to work with, and I used them a lot with some of my families. And then the health visitors, we worked very closely with them. They again were very helpful local people. They had school clinics every morning between 9 and 10. Of course I encouraged all my billet mothers to take the children for anything they wanted help with, and then the doctor attended once a week and you could refer through to him. So we worked very closely with them, and the health visitors would come to these clinics too. And I've often thought it's something that could well be repeated under the health service, where a nurse could deal with the minor things successfully.

- A.C. Did you anticipate all these problems with the children, or was it all a great surprise to you?
- R.A. I'd done research before I joined the clinic staff, so I was particularly interested in skin problems. I'd never seen scabies before. And I had to learn to detect it. And nits I'd never seen before. Impetigo I had come across one way and another. There were new people to work with in a new set-up altogether because I'd never worked for a local authority before. Another thing that I hadn't foreseen was the starting of these hostels. Particularly as I was given so much responsibility. I would go and choose a house, and then the Director of Education would come with me to approve and I was given a free hand in buying the equipment. I used to go to auctions and buy chairs for 5 shillings, and all sorts of things. It was really great fun. And some of my volunteers, the mothers, would be able to be evacuated with their children if they would volunteer for work, and I had some very good people amongst those. One of them became the resident head of the hostel while her daughter was there.
- A.C. Did you choose the way you were going to work, or were there directives from the Ministry of Health or did you just get on and do the job as best you could?

R.A. Yes as best I could. No directives at all. I really could have done anything it seemed to me, and the Ministry was, I thought amazingly indulgent, what I asked for I got. For instance, when I found some of the children with severe problems and I needed a psychologist to help, and I suggested you send one from London one day a week, we could fully employ them. And they did. We had a first class psychologist. And also I said that I must have a consultant psychiatrist, and they allowed me to use this friendly psychiatrist – I don't know what terms they did with him. But no, it was improvisation really, and one could do what you wanted. And then the hostels multiplied until there were 13 in the end. We were asked to take on heart cases. Boys who were discharged from a school for physically handicap, who needed special care in the special hostel. Another hostel for the adult blind, and a Jewish hostel for children who had to have kosher diet, from Willesden. And I had problems with that because they had a Jewish rabbi in charge, resident in the hostel who started making it a Zionist centre and having collecting boxes for Zionism and so on, and I said that was not that we were there to support and so on. It was quite a problem. Well, I couldn't have done this by any means if I hadn't had a splendid deputy who was a trained social worker, and she came and worked with me, and then in '42 I was asked to go south.

A.C. Sorry. When you say she was a trained social worker, do you mean she had a social science certificate? Or that she was a PSW?

R.A. Not a PSW no, she had a Social Science Certificate, I think Nottingham.

A.C. What was then called a "trained social worker."

R.A. Yes that was it, quite right she was then called a trained social worker. She was a splendid person. I had the utmost confidence in handing over to her. Then as I saw, we were going along with these hostels, and I had this Mary Stewart helping me, when Dunkirk happened as I've already mentioned. Some soldiers collapsed on our station platforms and we'd arrange to billet them, and the army arranged soup kitchens at the end of every street, so that the billet holders wouldn't be bothered by having to feed these men. And the soup kitchens were never used. The billet holders just took them in, in a wonderful way. And most of them within a few days of food and sleep recovered and were ready to discuss going home or whatever. But some of them weren't, and some of them were a problem and had nowhere to go, or didn't want to go home or there were problems and so on. And those I found myself having to deal with daily. And this I reported to the Ministry; and it was happening up and down the country. The other regional representatives were finding this too, and it was then that the Ministry, with great imagination founded this aftercare of psychiatric casualties.

We were each given a region; there were twelve regions. Well, then I was appointed to the S E Region and came to Tunbridge Wells. Again I'd really no instructions. I had a letter to each of the local mental hospitals asking them to give me facilities and to say that I was to be allowed to visit each of the service casualties in the hospitals, and to see their medical papers. I had no office and no equipment (I used to work in the public library until I managed to get a room), and no staff. But I was very lucky I was able to find a room in the Conservative Association Office. A charming office on the Green in Tunbridge Wells and very soon got two voluntary typists. One took shorthand as well. They felt it was their war work to come, and we gradually

expanded. Then I reported every month to the Ministry what cases I'd seen and what I'd done and so on, and they authorised further staff until we were 6 or 7 I think on the staff, Kenneth Brill [44] being one of them. And there I personally visited each of our hospitals, there were 4 in the region that took psychiatric cases from the forces, and each week went through the case records of the people there and saw the patients, and discussed with them how they saw going home. What were they going to do next. And I wrote up that report which was sent up to the Ministry, one copy, and the other copy went to my office and we sent somebody within the first week of their return home to visit them. If it was in our area it was one of our staff, if it was – if they were going to a county outside our areas, I wrote to my opposite number, the regional representative and gave them the full particulars, so that they could visit. And we kept case records of all these patients which were stored at the NAMH, over 30,000 by the end of the war, and very bulky papers. And of course they became a difficult problem, how to store them, and they were moved down to the country, to Farnham where we had a place. A home which we had for those we called mentally frail old ladies, disturbed elderly woman, and sadly after I'd left, they were thrown out. Which lost a great opportunity for somebody's research.

- A.C. Can I just ask you about it. Firstly I suppose a personal bit. One of the things that strikes me hearing you say all that and again Clare Winnicott (Interviewee no 24) told a similar tale about Oxfordshire. The question that runs through my mind is to what extent did the Mental Health Course prepare you for working in that context, because it was geared to clinics or hospitals wasn't it? And there you were working in the community, having to ad lib and improvise so to speak, and I wondered whether any of the knowledge from the Mental Health Course was transferable in a sense. Or whether it was from outside the course and you were working on your wits.
- R.A. I think a great deal did come from the course, particularly this idea of never feeling alone, that you were part of a team. I think that was a great lesson of the course, to train you to work as a member of a team, and it was the strength of the regional representatives that they had been trained as members of a team and could collect a team round them. I think that also the experience at the clinic, working with all sorts and conditions of people, making contact and entering into their family lives with them, did give us experience, and it was remarkable that each of the 12 regions had a PSW put in charge, I mean they could have chosen an almoner, or probation officers, but in fact it was a PSW and it seemed to me that that was appropriate.
- A.C. Yes, it was all very creative wasn't it? It pushed back the boundaries of social work knowledge, that experience didn't it?
- R.A. That was what was so stimulating and enabled us to carry really tremendous burdens.
- A.C. Was that the first time PSWs had (a) worked in the community in that way, and (b) sort of had to relate their professional knowledge to understanding of professional relationships as opposed to relationships with clients?
- R.A. Yes, well I think to a certain extent the fact that the early clinics were voluntary had given us an introduction to that world, because we had to raise our money. To begin with the Commonwealth Fund supported the Canonbury Clinic but with a reducing income. And so that we were having to say now how can we approach the local

authority, how can we interest them? Who are the people of the local authority we can get in contact with? How can we put a case to them that they can put before their council? How can we interest the local community? That really opened my eyes to the workings of the local authorities and the attempts at getting to people beyond your own particular field. We had to do it in order to survive.

- A.C. During the war. Who was the person you were answerable to there?
- R.A. The Director of Education in Northampton was the local boss. I asked about my office, I demanded a telephone and so on and so forth about the hostels. But anything such as the consultant psychiatrist coming I just wrote to the Ministry of Health. And told him I was doing it.
- A.C. Was it ad hoc administrative arrangements then with each local authority, because Clare Winnicott was saying she was answerable to the Clerk to the Council. Did that depend on where you worked?
- R.A. I suppose so.
- A.C. Did you have meetings together to talk about problems?
- R.A. The regional representatives? Yes we did. Dame Evelyn was very keen to do that, and first we met very seldom and then we agreed to meet I think once a month. And then we had a residential week end. And these meetings usually were very much on the case problem side, because we had a lot of problems about how far you would go with a case, and how much intensive work you could do, do you have to neglect others, and if you took on unqualified staff, what you could let them do and how you could teach them and so on and so forth. We had a lot of practical problems of that kind. And I remember Tilda Goldberg [45] was asked to collect the data. They were very anxious to know how our cases were faring. And each of us was asked to present a description of 6 cases we considered successful, and 6 cases we considered failures. I dare say you've seen it. And Goldberg developed these and put them together and tried to get guidelines out of what had happened and this was discussed at the conference continually. That sort of thing.
- A.C. Did you also have meetings with the Ministry of Health, with Geraldine Aves? (Interviewee no 2).
- R.A. Yes I did those personally when I could. I came up to London and put forward my claims about things. We'd had the most absurd discussions, for instance, should we wear uniform? It was said that you couldn't have any discipline or indeed contact with service personnel unless you were an officer or had some authority. All the psychiatrists went into uniform and it was too funny to call and see an old psychiatrist shambling along dressed as a Colonel, going into the wards. And at one time it was suggested that we would be better off wearing uniforms. We were all against that because we went in as one of the family, so to speak.
- A.C. I noticed in the appendix to the Curtis Committee (see note 54 below) that John Bowlby is referred to as Lt.Col. John Bowlby.
- R.A. Yes. Strange world! Yes and we did have various doctors would sometimes say they didn't want us to see the medical notes. But we had our letter from the Ministry and in fact there was no real difficulty over that, nor of seeing the patients.

- A.C. Was your Director of Education always sort of helpful and cooperative or did you have battles, working out strategies on how you could cope and so on.
- R.A. No he was a really rather remarkable man. I think from a very simple background and thrilled with his position and with the war time stimulus it had given to his work, with all these evacuees coming in and that he was having contacts and attending conferences, and things he never had done before. Northampton is a very prosperous town, and it had the curious feature that its men were not called up in the war because they were boot makers. They made boots for the Americans as well as the English, and so it was a very unusual town with prosperous families and prosperous children, and he was a very practical man and enjoyed the situation. I remember going to him one morning early on, and he said "You know our chief trouble now is with the water works and sewage and so on. Can you imagine we've got all these thousands of extra children, imagine how many plugs are pulled in the morning!" He was that sort of man you know. But he was great fun. We enjoyed each other I think really. He got ...I think it was the MBE ....with enormous pleasure and excitement and really I think he deserved it.
- A.C. That's very interesting you telling me just that little story there, because Rose Mary Braithwaite (Interviewee no 4) surprised me by saying, asking me did I know what determined which areas should receive evacuees and how many they should receive? I made various guesses which were all wrong, and it turned out it was the sewerage of each area. Somerset had more than Devon because Somerset had a superior sewerage works!
- R.A. Well it was a very practical point you see, and had never occurred to me. But certainly Northampton was a good choice. It was free from bombing, and the children were fed at a very high level. I think I told you of a child saying to me in Northampton, "We have Sunday dinner every day". And that really occurred and a lot of the children you could see putting on weight and really flourishing.
- A.C. Did you pick up work from other departments of the local authority that were responsible for children. Nothing to do with evacuee children, but boarded out children. Things like that? Did your work grow?
- R.A. Well I had to take on the registered mental defective children, because this colleague who was supposed to find a room for me had a mental breakdown and had to go into hospital. And there was no replacement, so I had to take on her families with my staff and work with them. and then through knowing the teachers in the school, I was quite often asked about this and that, and that was why I started the child guidance clinic. I said we must have a clinic open to all, not just for evacuees. And there was a very cooperative almoner at the hospital there. We held the clinic in the hospital, and she gave all the facilities, and helped with clerical help and so on. That really was extremely lucky.
- A.C. By the end of the war, I know it was precipitated by the tragedy of the O'Neill boys [46] and so on, but there was this sort of pressure for an enquiry into the care of children who were deprived of a normal home life wasn't there. And I know Clare Winnicott (Interviewee no 24) for example did say to me, that she kept on picking up so many funny little pieces of work, that in the end she actually did say one day "We could just have a department here for children. Never mind the evacuee children."

- R.A. Well we started this child guidance clinic which still goes on and the hostel for maladjusted children still goes on. Something else just floated into my mind then...I know what I was going to say. You were saying about the question of care of children away from their own homes, and of course that concerned me very much about the evacuees, for instance the question of how much it was emotional stress and so on. But also another very interesting thing was we had evacuated to Northampton the Willesden children's homes. And these were large formal homes with children dressed very much the same in uniform, and the little boys wore boots. Which astounded the Northampton children. A boot making place and they didn't know about boots. And I had tremendous talks with the Willesden staff, they sent visiting staff who came down and gave the children pocket money and so on, I had great talks with them and I went up and interviewed the Willesden people to try to get them made more like ordinary children. And I remember the Director of Education saying, "Well you can always tell a Willesden child. They are better dressed than the others." I said "I don't want to tell a Willesden child! I want them to be the same as the others! Take them out of those boots!" And I think we were able to do something about breaking down these very high material standards and letting the children be ordinary children, as they were billeted about.
- A.C. The thought that just came into my mind then, of how fantastic it is, on the one hand you get someone like Clare Winnicott whose main interest centred on these children and went on after the war to concentrate on them and all that side. And someone like yourself who's main interest was focused on these adult psychiatric casualties, and after the war developed all that went with that. It's amazing.
- R.A. It happened to me so to speak.
- A.C. Such enormous developments coming from two people who happened to do a Mental Health course, happened to get focusing on these interests, during the war. Like the war was a forcing ground for these things.
- R.A. But one of the things that also affected my interest though still was in children but which expanded my horizon was the international work. I remember I mentioned that to you that 8 days after the end of the war I went out to Switzerland to discuss their offer of convalescence for children who'd suffered from bombing. And I made a close association then with the psychiatrist who planned all this, Oscar Forel, and afterwards became the British representative for his international team for sending children home. And this brought me back into interest of children and how best to help them; the ones who'd lived through severe war experiences as well as orphans and ones who'd lived under pressures of different kinds.
- A.C. Can we move on to the end of the war then and when you decided to join the NAMH. That was a deliberate choice was it?
- R.A. No. It happened to me. There I was working you see for the Ministry of Health when the section 28 came into force, they wound up. And I said that's the end of it, and Dame Evelyn immediately said to me, "Well then you'll come and work with me in London."
- A.C. Could you say that a little more elaborately?

R.A. Well – in 1942 I'd been appointed to the after care scheme and at the end of the war, the Act came into force in '48, we went on working until '48, and the Ministry wrote, I understand, to all the local authorities saying "Now its your responsibility. You go ahead and do this, we've done all we can." And I think they were advised or encouraged to take on the staff that they had, and I had these 4 counties, Kent and East Sussex asked me to stay on and Surrey and West Sussex went their own way. But this didn't take up my whole time, so that I had, I think, 3 days a week in Tunbridge Wells and 2 days a week on the staff in London. And there they still had Miss Heyshaw who was running the after care, or the after care of psychiatric patients because of the community care section of the NAMH. She was running that. I came up to help her and we did part time there, particularly on the training side of the outsiders, and then she decided to go to Canada, and so Dame Evelyn said "Well you're taking over." That was just that. And I said "Well, temporarily, until I see what I'm going to do."

And at that time I applied for a research job - the only job I've ever applied for, and the only one I've ever been refused – at the National Bureau for Co-operation in Child Care. It was the predecessor of the National Children's Bureau and they were going to do research there in child development, which would have interested me. But I was glad in the end that I didn't take that on because the NAMH work developed so much. Because then I became interested on the training side, which I'd already had to be concerned with for my ad hoc teams. Particularly the training of health visitors. And there I had remarkable fortune in meeting the senior health visitor, LCC, who enthusiastically took up the training of health visitors by psychiatric social workers, and so I did for her a course of 20 weekly lectures with health visitors and repeated sections of that several times, and had several residential conferences with health visitors. And then the Royal Society of Health took me on as the organiser of their social work sections of their annual conferences. And that brought me into contact with other people and other spheres.

A.C. Had you got yourself by that time committed to the training demands and problems of the Mental Welfare Officers in the newly created local authority health departments and mental health services. Didn't the NAMH organise a lot of short courses for them?

R.A. Yes we did. That was part of it too, and I immediately saw how much wider training they needed, and that led me on really to my Younghusband thoughts.

A.C. Does that have its roots in the war experience?

R.A. Yes from the war experience. Because there were all sorts of people that I worked with for the first time. The education officers, who were the billeting officers whom I worked with very closely, and their experience seemed to me so valuable and yet so uncoordinated and so much more could have been got out of their experiences and given back to them: their dealing with truants and so on and so forth. And they were splendid men they really were and then the Mental Welfare Officers, and I was involved in two or three cases of certifying people and working with them and so on, and there again there seemed to be such opportunity for working with the patients and with the families and for getting people to go peacefully to hospital, instead of having the police involved and they were ready to learn that. So that interested me

you see, and this possibility of training and more training and also the health visitor side.

- A.C. Did anybody respond wholeheartedly to that NAMH initiative or did you have uphill fights in some areas?
- R.A. Yes we had uphill fights in some areas. We had enormous difficulty in getting any financial support for any courses. Some were prepared to let people come to a free course, but we couldn't run them free. We were a voluntary body. That was a great problem. And then problems of whether the local authority would pay or the Ministry would subsidise and so on. There was a lot we had to learn there. But then followed on you see the service on these various committees and councils, and that encouraged my training interests and gave me a chance of expressing some of them, through the Council for Training in Social Work and . And then the Family Welfare Association [47] also. I was on their council for a long time and the Family Service Units. [48] All were concerned with training. They all had a burning interest.
- A.C. Did you lobby the Ministry of Health about the training needs of these Mental Welfare Officer chaps?
- R.A. To this extent, that we asked for grants for running the courses and put forward cases of their need for training.
- A.C. Did they give you grants?
- R.A. I'm not very well up on that side, but we certainly did run them, we must have had some grants I think. I think we did get support. Our efforts with the police failed. Now somebody else said to me who are they? I'm trying to remember those courses, The Society of Prevention of Cruelty to Children [48a], we tried to do some courses with them, and the Moral Welfare Workers [48b], we tried to expand their experience in mental health work.
- A.C. At that time the NAMH saw itself partly as a provider of services, partly as a sponsor of training courses, partly as a lobbyist for reform of mental health.
- R.A. Yes that was Dame Evelyn's strong line. She had some high powered friends and she was a very strong advocate. Full of Irish fire and enthusiasm and a great orator. She really did marvels I think.
- A.C. Was that an NAMH initiative that led to the Percy Commission. Was there a build up of pressure of that sort?
- R.A. I think there certainly was, and at one time no Bill came before Parliament without their discussing it with Dame Evelyn first. Mr. Justice Scott was a great friend of hers and they used to draw up the legal side together. And then she had all sorts of friends at court who consulted her. And she would sit up all night. She would say, "Look at these papers. Can you make any comments, and give them to me and bring them in tomorrow morning." And then she'd sit up all night. She was a terrific worker. A great enthusiast. Great personality. And she had to be you see, because when the three bodies were amalgamated to form the NAMH they each had pioneering strong women in charge, and Doris Odlum [49] who'd done the Mental Hygiene, she brought in her Director, and thought her Director would run the office, and there had

to be a lot of manoeuvring but it was undoubted that Dame Evelyn won the battle and managed to keep Doris as a faithful adherent, which was a great thing.

But we weren't able to win over the people who had all the hostels, the Mental Welfare Association. They had money and we had none and they didn't see the point of bringing all their capital into it. And they never have joined up. I mustn't over emphasise the training side of the NAMH. I mean I think it was more individual interest than the actual council meetings. I don't remember council meetings discussing training but I would ask if I could take part in this and was given approval. And I know Dame Evelyn very much approved. But they'd had their vicissitude because they used to run the mental welfare training for workers for mental defectives, a one year training. And Nelly Dean, I don't know if you'd be interested to interview her, she ran that course devotedly for years and years. And made it a very useful course for the people who were going to work at the centres for handicapped people. That was wound up. Then we gave Fellowships to psychologists and that was finally wound up. And we did try to have joint training with paediatricians, and that never came off the ground. We hoped the child psychiatrists and paediatricians would train together, which I'm sure they ought to but, it never came off the ground.

A.C. When did you first come across Letty Harford? (Interviewee no 11)

R.A. When I started in London after the end of the war, when I came up into the social services department, questions there arose about how to get things moving. And I would always ring up Letty and get a cheerful friendly answer. And she always knew everybody; who's the person to approve. She was indefatigable. She knew everybody, and she was most generous of her time and knowledge and everything else. Indefatigable, rushing from one meeting to another, and always carrying it off with good spirit you know, and light hearted. I always remember at her retirement party, Eileen Youngusband (Interviewee no 26) made the speech, and reminded Letty of an occasion, some very important occasion when they'd gone on a delegation to the Ministry of Health. And when they got there Eileen said to Letty "Well now you've got the papers haven't you?" "Oh no," said Letty "I thought you had", and burst out laughing. Eileen said that she was prepared to weep, but Letty carried off the interview in a splendid fashion. So she was a great person. And went on, you see she's now [in 1980] eighty eight or eighty nine or something, and she was serving on the Committee of Help for Algerian Students over here until about 2 years ago I suppose.

A.C. Was she really?

R.A. Yes, because I was on the committee too, and she used to come back and spend the night here. But she would come up from Essex to Liverpool Street, an awful journey and travel down, this was an evening meeting and we didn't get back here to supper until about 9 o'clock. I was always exhausted, but she was up next morning and off to do something else. Making the most of her night in London.

A.C. Yes. You were saying that she really collected the material for George Haynes. **[50]** She was the one who did the spade work.

R.A. The spade work yes. She was the social worker. I think she did a course in Liverpool, before there was a qualifying course. She was a pioneer.

A.C. She was telling me about that.

R.A. Yes. I think how I ought to put it is, that she was a great support and standby to George Haynes, who was the very skilled politician and statesman, and she was the one who had the personal contacts, the personal work and spoke about it extremely well. She was well known as a “summer up of conferences”. They had international social work conferences perhaps going on for five days. It ended with Letty Harford doing a brilliant summary, pleasing everybody. She could always be reckoned on to do that. And her sister, she was devoted to her sister Honoria Harford who died recently, who was a pioneer of the boys and girls clubs. A national figure really, did all sorts. And after she retired, took on club work for the handicapped, and ran summer camps and all sorts of things for the physically handicapped.

A.C. Was that the sister who worked at Barnardo’s with her and who took a group of children to Australia?

R.A. Must have been.

A.C. We were talking about personalities. We were talking earlier about Ken Richardson, and you said that was a name that vaguely rang a bell with you. Does it do any more than that, or is it just like a vague name?

R.A. Tell me who he was again.

A.C. Well, he was the chap who went down to NAMH in London from PSU in Liverpool, and he did two things. I think firstly worked amongst these ex-service men, psychiatric casualties, with some success, and so they took him on part-time continuing to do that work and also arranging for other people from Liverpool to come down and help out at NAMH; and he also stayed on at what was known as Unit “J” in Stepney. Somehow he had some degree of success with these ex-service men. A very vivacious kind of man, personable. And then I know that later on he became one of their regional representatives in Devon.

R.A. I really don’t remember anything personally about him. I just remember the name and that he was a personality so to speak. I don’t think I ever really worked with him.

A.C. Shall we have a look again at Younghusband? The point you were making last time about the Report? If I understood you right, you were saying there was some discussion about a generalised training versus the need for continuous specialism like with the blind and deaf and so on, and you started off as a PSW anyway in favour of the specialisms, but was persuaded at a weekend, that they organised, of the other points of view.

R.A. Which was quite far on as we’d been going for a year or more when we had the weekend. You say that Eileen Younghusband didn’t remember that, which amuses me very much you know because it was so enormously important to me, and I had felt all the first sessions, I think for about the first year, that they didn’t understand how specialist mental health work was. They didn’t understand how people needed a rigorous training really, and I always feel a personality training is necessary before they can undertake the work. And they had this idea about a general training so that then everybody could work with the blind the deaf or the psychiatric casualties. I thought “You don’t know what psychiatric casualties are like or what demands they make on you. It must be a specialist service.” But then we went on discussing how

much more important it was that the social workers should all understand each other, and there should be broadly based training, and that we could understand if it was two years. There were suggestions of one year at first; and one year could be done by correspondence! We were horrified. It was agreed that it would be at least two years of training for a person to be able to be a social worker. As I say, at this weekend I finally agreed. I haven't looked at the book for ages, and I was just looking at it this morning, and trying to see if anywhere, one could read between the lines. And I really couldn't. I didn't look at it thoroughly. I wrote various mental health sections for them but of course they don't appear as it's so condensed here. I was just looking at this chapter 6 I think it is. I used to know every bit by heart but I haven't looked at it for ages. "Our own view is that all students should be given the broader understanding of individual development and social functioning and of the structure and operation of the social services. Good general thinking, specialising in later employment if they wish to do so. We regard this common training as an important means of bringing about future cooperation between social workers and different services." That was the point that won me over. "In this general training students would learn a good deal about handicapped, elderly and ill people and those with social problems, and have substantial field work experience with them. It should also be possible for students to study particular aspects in greater depth."

"We recommend that the general training should provide studies for more detailed studies in line with the particular students bent. They should take refresher and more advanced courses as these became available." And so on.

So it doesn't really put it very explicitly but that really sums up I think what made me anxious at the time.

- A.C. Is that a reflection on the other argument that was going on at that time about generic training and the generic course versus specialist training and whole setting up of the Carnegie Course. **[51]**
- R.A. Yes. It all connected up together very much.
- A.C. Which all connected up?
- R.A. The generic training. Let me come back to that first. There was the disastrous disagreement at LSE which you know about no doubt. And I was personally involved because Kate Lewis **[52]** was a very great friend of mine, as was Eileen Younghusband. And it was difficult to be friends with both. And I remember one occasion when going to an APSW meeting at Bedford College I had lunch with Kay McDougall (Interviewee no 14). And as we got near the College, walking across the park, she said to me "You go on ahead and I'll follow." And I said "What do you mean?" and she said "I don't think it would be right for you to be seen entering with me." I thought what are we coming to? Most extraordinary. But I do believe that things did become very extremely difficult because of the two parties and the two sides they took. Kate Lewis and I were both involved in the training courses for health visitors, we were both very keen to spread that and spread the PSW approach to other bodies of learning, and so would be afraid of anything that threatened it and afraid that the generic course idea did threaten it. And at the time I understood that it was going to be side by side. There'd be a generic course for the broad stream of workers but the specialisms would remain. And so I supported Eileen but it's very difficult to see how things will turn out, particularly with Seebohm and the rest of it.

- A.C. Yes I think before Seebohm (which is really right outside this period) but just being a devil's advocate - because you decided which fence you were on - let me come on the other. You remember last time when I asked you about Barbara Wootton's book and the criticisms she made, and you said well they were all American texts, but I've been looking at it again and great chunks of it are from American texts but there are some bits from English texts are quoted and Clare Britton (Interviewee no 24: Winnicott), as she was then, is cited as well; Younghusband is cited.
- R.A. Well perhaps I should have said the damning bits of text came from America. I don't remember the English ones, but I don't suppose they were damning.
- A.C. I wonder whether during the 50's, whether it was that early generic course which was responsible for fostering the view amongst the general public, that social workers somehow regarded themselves as being omnipotent because although the specialist streams remained, it was a view of social work, which in a sense was decontextualised, because they were so concerned with the things everybody had in common, that the agency function didn't seem to figure very much in people's thinking and my memory is, that you'd hear social workers complaining about the agency getting in the way of all these fabulous skills that they had. This was their employer they were talking about! People who were giving the pay cheque every month! And I wondered what your comeback might be? What you would think in retrospect?
- R.A. Well it does seem to me to have been a complete change of balance, because in the early days, we'd trained and we'd had to establish there was something to train for, and there was a training to deal with psychiatric problems, and this was such a demanding thing that we really asked for nothing else but to improve our skills and be able to do the work, and it seemed to be alien when people started saying we must have a social work department, and we must have social work administrators and we must have this and that. It seemed to me quite alien from the concept. And I just know that its old fashioned but there it is. It is alien to my way of thinking. And Freddy Seebohm, the Committee's Chairman, I found most congenial person to work with then he was chairman of the National Institute of Social Work Training, and I was on the committee there for a long time, on the council, and always felt he had a very quick and good understanding and knew what it was all about. And I was amazed afterwards to find the Seebohm committee, how desensitised it had become, it seems to me.
- A.C. Going back to Younghusband. While you were serving on that obviously one of the things I'm never sure about, or it seems from what people say, that on occasions there's an informal network that works as well as the formal operating one. I wonder whether for example you had informal consultations with the APSW while you were serving on that committee, about the way things were going. I know APSW supported very strongly, didn't they, the idea that Medical Welfare Officers should get some training and had written to the Ministry of Health following the Mackintosh recommendations. Reg Wright (Interviewee no 25) said they never got any reply to that. Is that right?
- R.A. I don't know.

- A.C. I just wondered if you used your APSW network to sort out your thinking as you went along on that Youngusband Working Party or whether you just did it as an individual.
- R.A. Yes I think I just did it as an individual. I had no formal or informal contacts with the APSW beyond going to their meetings and sometimes speaking at them. I was asked, I can't quite remember when, if I would stand for President. But I refused to do so because I didn't want to become involved in that work. I was sympathetic with it but I'd got far too much else to do.
- A.C. But did you know a lot of them socially? And so you'd say have meals with them or be at parties when they were there? Might issues like that be discussed then.
- R.A. Yes I think they might. Certainly Kate Lewis I saw often, and I talked about it, Letty Harford I saw. My family took me away so to speak, because they moved down to the country and I went down to them for weekends which meant that it was a sacrifice to attend an APSW meeting on a Saturday. So in fact I gave up attending and that was one of the reasons I couldn't stand for office because I was not a good attender.
- A.C. Can I press you on it?
- R.A. Yes, do.
- A.C. I suppose the thing I'm getting at is that you were such a small world, there were so few of you, you were all very powerful distinguished people, and again bonded by similar educational background, very often a similar social background, and I wonder whether just meeting each other mid-week produced ideas. Because I know what goes on amongst my contemporaries now, someone might say I see someone or I hear such-and-such and very often one picks up (if you were to put it trivially it would be gossip), but in fact its not gossip, people are actually telling you the inside story of something which is going on. Its part of being in middle age I suppose. And you must have gone through this too, and I wondered whether when you were doing all these high powered things whether you were ever/you were influenced, whether people said that's interesting what about so-and-so putting seeds in your mind that wouldn't have been put there otherwise.
- R.A. I don't remember that so much from individuals but certainly from committees. I served on a great many committees. And worked closely with the people. For instance, there was the Family Welfare Association which had a sub-committee in Hackney. They started this Family Centre with Elizabeth Howarth [53] in charge and they did really very advanced case work and they published it. Well I was chairman of that committee so I went to there certainly once a month if not more and sat in and heard them discussing their problems, the case work, the relationship with the authorities and so on. So I drank that in rather than from an individual. I was on the Family Welfare Association Council and again heard their discussions about the training of their social workers and their placements and so on and so forth. The Family Service Units similarly, I served on a great many committees (some people said too many; perhaps it was too many), but I did feel they were my life lines and that I was closely in touch with the work in these different bodies in different places. I really don't know how I served on them all!

- A.C. And this all got fed into Younghusband?
- R.A. Yes and into my thinking. That was much more than individuals. Because I've always had a very full social life, I've got a lot of friends outside of social work. And those I love to see and relax with them.
- A.C. Yes I like that best.
- R.A. Don't you think it's important? I do. Its really once in a blue moon I'll have a group of social workers, I try to have once a year a group, but otherwise all sorts of young people come for one thing and another. So I really can't say I've had a network with individuals so much.
- A.C. Can I ask you if we come back to the point that you reacted quite strongly to, about social background. You remember when I raised it, you said it's got nothing to do with work with clients. I take the point. I wasn't referring to that, I was going back to this other thing about, if you like, in terms of the power structure. For example when I spoke to Letty Harford she said after the tragedy with the O'Neills [46] and so on, she said. "I went to the Home Office and saw a man there and he said to me of course we are going to have to have an enquiry." She could go to the Home Office and say to the guy, because that was her world. And I've had example after example. Clare Winnicott says at one point, after the Curtis enquiry [54] and drafting the Bill, she went up to Geraldine Aves to say, "They're not going to have a Bill like this, are they? We've got to include all children." It seems you were all of that world. I mean Eileen Younghusband just talked the Carnegie Trustees into putting all that money into the training course. It makes you very powerful people, really powerful people.
- R.A. Well I suppose it goes back into one's upbringing, its true. If you go to a school where you were given power and authority, that starts you off. But certainly this war time experience willy nilly put us in power situations. One just had to do it. There it was and it had to be done, and we'd been appointed to do it. And certainly in the regional work we went to all sorts of people and just demanded this and that because we had to.
- A.C. Yes but do you think you would have had the confidence to do that if you were not brought up to be confident people. It was your expectation you could do that. It wasn't something you did with butterflies in your tummy.
- R.A. Oh yes I had butterflies alright, but things you've got to do you just do. It's very difficult to answer. It is true that I had been brought up to take authority, I'd been head of both my schools. It happened!
- A.C. Did you go to a girl's public day school?
- R.A. The first one was just a little day school, but the other one was a girl's public school so to speak. St. Felix Southwold and there we were very much encouraged first to be prefects and look after the others and be responsible, and the Head of the school had really quite a lot of authority in one way and another. So it just happened, but I don't believe that somebody who hadn't been Head of the school couldn't have done the job and got along with it.

- A.C. I've asked several people this question and they've all said very similar things to you, but if I discuss it with somebody who has not been of that world, and my own personal view, I'm amazed that you don't see it. I think it's probably because you haven't had the experience of not being confident.
- R.A. How do you mean? That I don't see it's a chance so to speak.
- A.C. No just how significant, how it shapes your consciousness and your sense of occasion and social aplomb and so on, having had an upbringing where that has never ever been in question. I see this with my friends over and over again, it makes an enormous enormous difference. I can tell you a funny anecdote about it, when we were putting the course on at Lancaster which is all done entirely by periodic assessment. There are no formal examinations. And I went with my friend who is now the Professor and who went to Farnham and had quite a well to do upbringing. Very very confident chap, and we knew we were in for a hard time over this assessment and there was a Professor of English there who had already shot down a submission from another department because it was in part periodic assessment, and he had actually said "This is the thin end of the wedge, the next thing you know there'll be a submission before this board which is all periodic." And we quaked in our boots. That's us: we're on next. And sure enough when it came up he started right on at us and he put up his glasses and he rubbed his eyes. His eyes weren't too good, he said. "Am I right in thinking these are all periodic assessment." Now I went to Penge Grammar School and I had a working class upbringing and if it was me and I had to carry that can, my instinct would have been to say "Yes." My friend Roger, who's had quite a different background, didn't say "yes" and he didn't say "no". He went into a long ten minute speech expounding the assessment arrangements in which he even had the temerity to claim that a law exercise that we give the students was somehow comparable to a take-away exam. And he got away with all this! He explained it all at great length then just stopped. Collapse of opposition. And I think that kind of confidence not to get in a flap when you are being pressed is I think is a characteristic of people with upper middle class background. Although over and over again I find people with that background saying it's not true.
- R.A. Well I'm just wondering. Is it the only way to be born with it. Aren't there people who are not born with it who can surely carry it off?
- A.C. Well I suppose you hear a lot about another field where you might find that might be the area of trade unionism. Ernest Bevin he was renowned for his obduracy.
- R.A. Statesmanship really,
- A.C. Yes but he was pretty rough and ready. Abrasive manner. No great diplomatic skill involved.
- R.A. There may well be a thing. But I don't know really whether to say this, whether it's fair to David Jones. **[55]** But you know he was a very distinct accent, David Jones. Well at time that accent gets stronger, though he can talk without it at all practically. Sometimes when he's alone with me it isn't there. Then you find a public occasion when he's wanting to get all the students happy together, the accent comes out broader and broader then ever. It's quite useful and he's certainly got authority alright.

A.C. Kay McDougall told me a funny story about a meeting she'd gone to with the London Fabians about housing in London, I was actually at that meeting and she said something about O.R. McGregor. [56] He used to be at Bedford (College). When he got up he deliberately put on his strongest Scots accent, because she said people get emotional when people talk in strong Scots accents, they think about Jimmy Reid [57] and "the workers."

R.A. Yes it can be quite useful I think. You know and Maggie Thatcher saying she was born above the grocer's shop and so on, it can be useful. Why I'm resisting it so to speak is because I had such a belief in training and that I think that if you have the best training and the best teachers you could train anybody. But are you saying you can't?

A.C. No, not at all. No I suppose what I am saying is given the circumstances of those times the sort of changes that you've brought about, are most likely to have been brought about by people like yourself because you were of that world, and were not overwhelmed or overly impressed by someone because he had a particularly pukka accent, or spoke in clipped commanding tones. You'd seen all that before. Whereas somebody without that background would be pushed back a bit.

R.A. Related to that, I had always felt that it was an advantage in training and in particular for psychiatric social work, if you had had a broad background and had seen all sorts and weren't over whelmed by any type of problem that was brought your way. On one occasion in the clinic I had a card sent up to me from a mother with a crown on it, Her Royal Highness etc., from abroad. We had to take all sorts, and some could hardly speak English. There it was.

With training, selection is of course enormously important for the potential of the person, and I would regard background as just one of the factors to be weighed. But I don't know. You agree with me there?

A.C. Oh yes. I was just looking back retrospectively. I see it was part of the dynamics of this period, if you like.

R.A. Yes certainly the people who had the leisure and the education to do something like Letty Harford, Kit Russell [58], Eileen Youngusband, these *Time and Tide* people [59] from before the war, they were the ones who felt they were privileged and had something to offer, and who started all sorts of things.

A.C. I find it very difficult to believe that Eileen Youngusband could have achieved all that she has achieved, when you think of the obstacles, unless she had been Eileen Youngusband of that background. Not taking no for an answer. Shall I tackle it from another angle? One or two other people I've spoken to have talked quite a bit about the position of women in between the wars, and the women of the generation whose men, many of whom didn't come back from the first world war, and have talked about the by virtue of being single having to find a profession, looking for somewhere where you could assert yourself and use your talents and it was Margaret Simey (Interviewee no 17) who put it in the starkest way and said "We grieved for the husbands we didn't have but the sense of freedom and earning your own money and having a job were you said what was what was something which somebody of today could not appreciate." You could agree with that.

R.A. Yes, yes I dare say. I think I've told you that in my course at LSE we were 30 women. There were no men on the course, and it seemed to us quite strange when men joined the course later on and we thought what sort of men are they. Why aren't they doing something else, was rather our line, because it seemed to us that social work was a woman's job just as nursing appeared to be a woman's job in those days.

A.C. Can you recapture any of that feeling then: of breaking out from what society had ordained was woman's lot, and become a successful professional person in your own right with your own income.

R.A. Well not much of an income. We started with £250 a year! It was a very hard struggle. The LCC gave £250 and the NAMH gave £275 and the Ministry gave £300 when war broke out. And I think I told you, one of my colleagues, "What are you going to do with that £25?" She said "I shall have flowers on my desk every day." That was the way of it.

Well I was one of the people you see who had a struggle to go to college. That was the first step of the emancipation. I was the first woman in my family to go to college and there was a good deal of opposition to it. My parents were generally friendly common sense people: "What are you going to do next? Why do you want to go to college?" and so on. And they had said "If I had been a scholar they would realise it, but I really wanted to go as an ordinary undergraduate and they couldn't think why a woman wanted to do that. And so I was determined to get a scholarship and I in fact did get a bursary so that that proved in a small way that I should go. And I remember vividly the tremendous emancipation feeling coming to college. With my own room and my own fire and my own everything else, and going off and deciding what I was going to do myself. So after that there was never anything quite as wonderful as that. Then I told you 5 years research, working at the British Museum. So that emancipated me to London and so on. Then the Mental Health Course, which started me off into the child guidance, and now the wheel has come full circle and the Child Guidance Trust, the formation of that is taking up most of my days, and we've got out inter-clinic conference on the 10th of this month. And we're already planning one for April the 9th and 10th next year. Meanwhile desperately trying to start collecting some money because we've got no money for the Trust. As I say full circle back to children again.

And working very closely with the Earls Court Child Guidance Clinic which is just round the corner, which is a great happiness to me to be working with the young people there.

Well have you had enough?

A.C. Thank you very much for letting me ask quite cheeky questions.

R.A. Yes, they were personal ones. You're quite right.

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## EDITORS' NOTES TO ADDIS INTERVIEW

1 **Professor Charles Joseph Singer.** (1876-1960), was a doctor and historian of medicine, science and technology. Practised from 1903 as a doctor in England and abroad prior to appointment in 1914 at University of Oxford. Further professorial posts followed until 1942. He published separate Histories of Scientific Ideas, Medicine, Technology and Biology. Robina Addis's rendering of his surname may be accounted for by his marriage in 1910 to Dorothea Waley-Cohen, a distinguished medical historian in her own right.

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

The important role of the LSE in the development of social work education is referred to in several of the Cohen Interviews. The Charity Organisation Society (COS) sociology department - that had provided some theoretical training for social workers - was absorbed in 1912 into the LSE's new Department of Social Science and Administration. The range of courses later provided by the Department was described by David Donnison in 1975: "The Department was teaching about 300 students at this time (1956): about sixty were taking the Social Administration options in the second and third years of a course leading to an honours degree in sociology, ninety were taking a course leading to a Certificate in Social Science (later renamed the Diploma in Social Administration) and twenty five graduate students were taking the same course in one year. The Department also provided four one-year professional training courses designed in the main for graduates in social sciences: the Personnel Management course for about twenty five students, the Mental Health Course [established in 1929] for about thirty five students training for psychiatric social work, the Child Care Course for about twenty students training to work in local authorities' children's departments and involuntary child care organisations, and the Applied Social Studies Course for about twenty five students entering various branches of social work. A number of graduate students were reading for higher degrees, and various others were temporarily attached to the Department." The School ceased to offer professional social work qualifications in 1998.

3 **The Mental Health Diploma Course at the LSE.** This one year course was established in 1929 with financial aid from the Commonwealth Fund in the USA and this support continued until the 1940's. However, as Professor John Stewart has established by researching the archives of both organisations, the relationship was a complex one and not without difficulties. The senior staff of the Commonwealth Fund had had strong views on how the course should be run – particularly in relation to the course content and the experience and qualifications of admitted students - while the LSE wished to maintain its independence. However, threats to withdraw funding were not carried through and the course became established .

For a considerable period this was the only course of its kind in the UK and hence carried considerable prestige. It formed a focus for the expansion of the profession of psychiatric social work from a very low base: in 1930 the newly formed Association of Psychiatric Social Workers had only 17 members. The curriculum included the different existing strands of psychiatric theory and practice; intra-family relationships; and disorders of childhood. Those qualifying went into, or returned to, a variety of work settings; child guidance, mental hospitals, local authorities and voluntary agencies. Over the years the influence of this course gradually spread.

For a fuller discussion see: Stewart, J. (2006) *Psychiatric Social Work in inter-war Britain: American ideas, American philanthropy*. Michael Quarterly, [www.dnms.no](http://www.dnms.no) and Noel Timms (1964). *Psychiatric Social Work in Great Britain: 1939-62*.

4 **Maudsley Hospital.** The foundation of the Hospital dates from 1907 when Dr Henry Maudsley offered the London County Council a substantial sum for the creation of a new mental hospital. Because the first world war intervened, the LCC did not assume control until 1923. The Hospital gained a high reputation for the training of nurses and for the inter-disciplinary teamwork of its children's department. There was considerable expansion in the 1920's and 30's. A Child Guidance Clinic was opened in 1928 by Dr William Moodie. The children's inpatient unit followed in 1947. Several of Alan Cohen's interviewees had contact with the adult's and children's departments.

The Hospital was also recognised for the quality of its teaching and research. A Medical School was established in 1924 and became a pre-eminent postgraduate centre for mental health medicine, eventually evolving into the independent Institute of Psychiatry which shared the south London site with the Hospital.

5 **Mildred (Eleanor) Creak, (1898–1993).** Child psychiatrist who founded the children's department at the Maudsley Hospital in 1929. Later she became the first physician to be appointed to the Department of Psychological Medicine of The Hospitals for Sick Children, Great Ormond Street (1946-63). She became medically qualified in 1923 and at that time it was difficult for women doctors to obtain employment, and she made ninety applications before securing a post. In 1924 she was appointed assistant physician to the Quaker mental hospital, The Retreat, in York and in 1929 she was appointed to the Maudsley Hospital, London and there she helped to lay the foundations for what became an internationally recognized centre for research into child and adolescent psychiatric disorders.

In 1946, after war service, she went to the Hospital for Sick Children, Great Ormond Street, London, where she established a department with a strong training role. She worked tirelessly until her retirement in 1963 to establish the credibility of the speciality of child psychiatry in the world of paediatrics. Many autistic children were referred to her, and she developed what was then the unfashionable concept that the condition stemmed not from parental inadequacy, as was commonly believed by her colleagues, but mostly from genetic factors.

6 **Invalid Children's Aid Association (ICAA).** Founded in 1888 by clergyman Allen Dowdeswell Graham to assist children in poverty and children with disabilities. The volunteer workers delivering home supports were gradually replaced in the 20th century by health professionals. Following the improvements in health services post 1948 the focus of ICAA switched to running specialised schools with disabilities and special needs. Detailed records are lodged in the National Archives.

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

8 **J. A. Hadfield** (1882-1967). Graduated in medicine in 1916 at Edinburgh University and served as a surgeon in the Royal Navy. Practiced as a neurologist in Oxford and lectured at Birmingham University before beginning a long term career in psychological medicine in London. Joined the Tavistock Clinic and became Director of Studies. Played a leading role in training medical staff in psychiatry. Published extensively and reached a non-specialist readership with titles like *Dreams and Nightmares* (1954).

9 **Lancelot T. Hogben** (1895 -1975). Experimental zoologist, eminent academic and later a prolific author of many popular books on a wide range of subjects including mathematics. Held the Chair of Social Biology at LSE from 1930 and was Regius Professor of Natural History at Aberdeen University from 1937. A consistent critic of the eugenics movement.

10 **Dr William Moodie**. Served as General Secretary of the Child Guidance Council. In 1927 the Jewish Health Organisation opened the East London Child Guidance Clinic under Dr. Emanuel Miller; this was the first clinic in this country directly based on the American pattern. Two years later what is now called the London Child Guidance Training Centre was opened as a clinic in Islington under Dr. Moodie, thanks to the generosity of the Commonwealth Fund which continued to give financial help for many years. This clinic was the first centre in this country in which psychiatric social workers as well as psychiatrists and psychologists could be trained. His publications included : *The Doctor and the difficult adult* and *Child Guidance*, both published in 1947.

10a **Dr. Emanuel Miller** (1893-1970) was a founding father of child and adolescent psychiatry in the UK. He is credited with establishing clinics that became the forerunners of freely available child and adolescent mental health services in the UK. He assisted in the establishment of the Association for Child and Adolescent Mental Health and the *Journal of Child and Adolescent Psychology and Psychiatry*. And he was also a mover behind the establishment of the Institute for the Study and Treatment of Delinquency and the *British Journal of Criminology*.

In his early professional years he practised across the range of activities, with a special interest in children but also working in what was then called mental deficiency, and in neurology. In 1929 he became a member of the Royal College of Physicians. Miller's approach to psychiatry had a strong psychoanalytic and sociological bent. He was the psychiatrist to and director of the first child guidance clinic to open in England, which he founded at the Jewish Hospital in east London, working with the psychologist (as he then was) Meyer Fortes and a leading psychiatric social worker, Sybil Clement Brown. When some of those interested in this type of work with children combined to create the Child Guidance Council, Miller became a member of its governing body.

Miller believed that psychoanalytically informed work would help to prevent delinquency and neurosis spreading from the youthful individual to the adult. He published *Types of Mind and Body* in 1926 and two extremely influential and much cited articles in 1931 on the psychopathology of childhood and illusion and hallucination. He also wrote a moving but professional account of the state of psychotherapy in 1931 and in *The Generations* (1938),

the most sociologically inclined of all his writings, his rallying call for mental health to lead social reform for a better future.

11 **Michael Fordham.** (1905– 990). Leading English psychiatrist and Jungian psychoanalyst. Fellow in Child Psychiatry at the London Child Guidance Clinic in the 1930's; consultant psychiatrist to evacuated children's scheme in Nottinghamshire in second world war; editor of English translation of Jung's writings; and consultant at the Tavistock Clinic in London.

12 **John Bowlby.** (1907–1990). Psychiatrist. Bowlby was on the staff of the London Child Guidance Clinic from 1936 to 1940, and from 1940 to 1945 he served as a specialist psychiatrist in the Royal Army Medical Corps. From 1946 until his retirement in 1972 he was on the staff of the Tavistock Clinic, where he was director of the department for children and parents (1946–68). In 1946 Bowlby published a study of delinquent children entitled *Forty-Four Juvenile Thieves: their Characters and Home-Life*. The work which established his reputation began with an invitation from WHO in 1950 to advise on the mental health of homeless children. This led to the publication of *Maternal Care and Mental Health* (1951). Bowlby was the originator of what later became known as 'attachment theory'. His *Attachment*, (1969), was the first volume of the trilogy *Attachment and Loss*, followed by *Separation: Anxiety and Anger* in 1973. The trilogy was completed by the publication of *Loss: Sadness and Depression* (1980).

13 **The Commonwealth Fund (of America) and Commonwealth Scholarships** has 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](http://www.dnms.no) and Noel Timms (1964). *Psychiatric Social Work in Great Britain: 1939-62*.

14 **National Association for Mental Health (NAMH)** was established in 1946 by the merging of three major mental health organisations. These were: **the Central Association for Mental Welfare** (established in 1913) - led by Dame Evelyn Fox; the **National Council for Mental Hygiene** (founded in 1922); and the **Child Guidance Council** (established in 1927), which set up the first child guidance clinics and launched training courses for their staff. The amalgamation was recommended by the Feversham Committee on voluntary

mental health associations, which reported in 1939. The formal merger had to wait until the end of the Second World War

15 **Child Guidance Trust.** This was registered as a charity in 1980 but was wound up in the early 1990's.

16 **After Care of Psychiatric Casualties** was a war-time and post-war scheme organised by NAMH, at the request of the Ministry of Health and the Service Departments providing social supervision for those who had experienced trauma. The objective was to assist these casualties in readjusting to civilian life. 11,500 patients had been supervised between 1942 and 1947.

17 The **Royal Society of Health** was established in 1876 after the passing of the important Public Health Act of 1875. Under various names, it played an important educational role in public health matters. Merged with another Victorian creation, the Royal Institute for Public Health in 2008 to form the Royal Society for Public Health.

18 The **British Federation of Social Workers (BFSW)** was founded in 1936 and comprised associations of social work bodies, each retaining a separate identity and autonomy and operating through a joint committee. Two major drawbacks were lack of funds and slowness in decision making. Allowed individual membership from 1949 and changed its name in 1951 to **Association of Social Workers** and was part of the merger into BASW in 1970.

19 The **British Association of Social Workers (BASW)** was formed as the leading body representing social workers in the UK in 1970 through the merger of seven independent associations. This merger was the culmination of several years preliminary discussion and debate in the Standing Conference of Social Work Organisations which was chaired by Kay McDougall, interviewee no 14. The archives of the seven predecessor organisations are deposited with the Modern Records Centre at the University of Warwick.

20 **Margaret Eden** was a leading member of APSW who wrote *Practical Work Placements* with Jean Leared in 1965 and succeeded Elizabeth Howarth as the senior psychiatric social worker in charge of the Mental Health Course at the LSE.

21 **World Federation for Mental Health**, founded in 1948 with the aims of raising awareness of mental health issues and promoting preventive measures. It continues to have an annual international conference .

22 **The Younghusband Committee** sat from 1956 to 1959 and produced a Report with radical proposals for the future use of social workers in the health and social services. *Report of the Working Party on Social Work in the Local Authority Health and Welfare Services. (1959). HMSO*

23 **Council for Training of Social Workers.** Its foundation was recommended by the 1959 Younghusband Report. One of the predecessor bodies of CCETSW.

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

25 **Lady (Marjory) Allen of Hurtwood** (1897–1976). Landscape architect and promoter of child welfare. During her life she became increasingly interested in the well-being of children, both in Britain and beyond. In 1944 she ran a campaign to expose the conditions under which children in institutions were living. She was chairman and president of the Nursery School Association, a founder president of the World Organisation for Early Childhood Education, and a member of the Central Advisory Council for Education. In 1950, as liaison officer with UNICEF, she developed programmes for disabled children in Europe and the Middle East.

26 **SEPEG**. Semaines Internationales d'Etudes pour l'Enfance victime de la Guerre. International Study Weeks for Child Victims of the War.

27 **Oscar Forel** (1891–1982). Eminent Swiss Freudian psychiatrist. One of his patients was Zelda Fitzgerald.

28 **Evelyn Fox** (1874 -1955). Leading campaigner for better services and better understanding of mental disabilities and mental illnesses and the distinctions between them. Her long involvement in statutory and voluntary bodies, including five years service on the Wood Committee on the education of children with special needs, made her a feared and respected advocate. For a fuller portrait see *The Nature of Special Education* by Tony Booth and June Statham.

29 **The Association of Psychiatric Social Workers (APSW)** was the main professional body for social workers looking after the welfare of mentally ill people in the United Kingdom from 1929 to 1970 in which year Association merged with six other social workers' organisations to form the British Association of Social Workers (BASW). The archives of the seven organisations are lodged, and listed online, with the Modern Record Centre at the University of Warwick. R.T. Stacey and A.T. Collins (1987) assembled the *Catalogue and Guide to the Archives of the Predecessor Organisations 1890-1970* published by BASW.

30 **The 1968 Seebohm Committee** (Home Office. *Report of the Committee on Local Authority and Allied Personal Social Services*. [Chairman, Frederic Seebohm.(1909-1990), banker and philanthropist.] London, HMSO (Cmd, 3703) which gave birth to the new local social services departments in England and Wales in 1971. The Report recommended that an essential feature of these departments was that they should be unified in character; that service users would have to enter only one door rather than apply to several; and that services should be integrated under a single management structure, but accessible through local area offices. This inevitably led to comment and debate about the implied loss of specialist knowledge and expertise.

31/ 32 **Percy Commission** popular abbreviation for the *Royal Commission on the Law Relating to Mental Illness and Mental Deficiency*. Sat from 1954 to 1957. Its 1957 Report made a series of recommendations most of which were embraced in the **1959 Mental Health Act**. The concept of the voluntary patient was enacted. But Parliament did not support the proposal for wider responsibilities and increased resources to be devolved to local authorities. Much of the previous mental health legislation was repealed and the Act introduced new and contested terminology for patients and their conditions.

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

- 33 **Tony Smythe**. (1938 – 2004). Joined MIND (formerly NAMH) as Director in 1971 having previously held leadership positions at the National Council for Civil Liberties and War Resisters International. During his ten years, MIND moved to a rights-based approach to mental health and campaigned vigorously to amend the 1959 Mental Health Act which still permitted forcible detention of patients in some circumstances, censorship of their mail and irreversible medical procedures. One of the successes was the creation of a Mental Health Commission.
- 34 **Barbara Frances Wootton** (née Adam), 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. 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. Alan Cohen's interviews focus on a section of the book ("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. 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. Accounts of her life and work are available from her autobiography, *In a World I Never Made*, Allen & Unwin (1967) and from Ann Oakley's biography *A Critical Woman* Bloomsbury (2011).
- 35 **Audrey Harvey**, (1912-1997) was a journalist and long-term contributor to the *New Statesman* and leading campaigner on welfare benefits and homelessness. Author of *Tenants in Danger* in 1964 and a founder member of the Child Poverty Action Group, she was impatient of a perceived lack of involvement by social workers in these fields. For this reason her name was often associated with Barbara Wootton's 1959 criticisms of social work – and this is mentioned by some of Alan Cohen's interviewees.
- 36 **Lynda Grier**, Principal of Lady Margaret Hall, Oxford, 1921-1945.
- 37 **Mary Stocks** (1891-1975). Suffragist, university lecturer and writer. The Eleanor Rathbone biography was published by Gollancz in 1949.
- 38 **Eleanor Florence Rathbone** (1872-1946). Social reformer, researcher and campaigner:, she worked alongside her father, until his death in 1902, to investigate social and industrial conditions in Liverpool. She was elected as an independent member of Liverpool City Council in 1909 and served until 1934. In 1903 Rathbone began working with the Victoria Women's Settlement, which had opened in 1898 and was now expanding. In 1902 the settlement had appointed a dynamic new warden, Elizabeth Macadam (1871–1948), a Scottish social worker who had trained at London's Women's University Settlement in South London. In 1929 Rathbone entered Parliament as an independent MP and campaigned for cheap milk and better benefits for the children of the unemployed. In 1945, the year before her death, she saw the Family Allowances Act pass into law.
- 39 ***Social Casework in Britain***. Published in 1950. Edited by Cherry Morris.

- 40 **Fulbright Scholarships** were and still are awarded by the USA State Department for OSA students to study abroad.
- 41 **Council for Training Social Workers, (CTSW).** Predecessor body to CCETSW that awarded recognised Certificates for completed training in some specialist areas of social work.
- 42 **Barbara N Rodgers.** (1912-1992). Reader in Social Administration, University of Manchester in the 1960's and 70's. Her publications included: Rodgers, B. and Dixon, J. (1960) *Portrait of Social Work: a study of social services in a northern town.* Oxford University Press; and in 1963 *A follow-up study of Social Administration students of Manchester University, 1940-60.*
- 43 A photograph of **Mr H. C Perrin**, Chief Education Officer, is recorded in the archives of the Northampton School of Art. The History of Northampton's Trinity High School mentions his 1946 schools development plan.
- 44 **Kenneth Brill.**(1911--1991). First General Secretary of BASW who had a considerable reputation running children's departments prior to 1970 and had been Hon. Secretary of the Association on Children's Officers. A man "familiar with the studied formality of council committee meetings in oak-panelled rooms." Author of a 1959 booklet for NAMH on foster homes, *Room for More* and co-author with Ruth Thomas in 1964 of *Children in Homes* and of a Ph D thesis in 1991, *The Curtis Experiment.*
- 45 **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 fourteen 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.
- 46 **Dennis O'Neill.** The opening words of the book *A Place Called Hope: caring for children in distress*, by Tom O'Neill (Blackwell, 1981) who, when it was published, had just retired from his career as a residential social worker with Kent County Council are: "On 9th January 1945 my brother, Dennis O'Neill was beaten to death by his foster-father (Reginald Gough) in a lonely farmhouse in Shropshire". The trial of the foster parents two months later, at which their barrister tried to pin the blame on Dennis's brother Terence, prompted the local authorities concerned to ask the Home Secretary to set up a public inquiry (*Report by Sir William Monckton on the circumstances which led to the boarding out of Dennis and Terence O'Neill at Bank Farm, Minsterly and the steps taken to supervise their welfare, etc.* Cmd 6636 London: Home Office, 1945). This in turn led to the appointment of the Curtis Committee. Terence O'Neill published his first-hand account in 2010. (*Someone To Love Us: the shocking true story of two brothers fostered into brutality and neglect.* Harper).
- 47 **Family Welfare Association (FWA)** was the new title adopted by the Charity Organisation Society in 1946 and there followed a marked change in its work when the new local authority Children's Departments were set up in 1948. Volunteers were mostly replaced by paid staff and statutory funding was used to provide a number of therapeutic services for families and children. The operational area was confined for many years to London and the

south east, but this changed in 2006 when the Association, now re-named as **Family Action**, merged with **Family Service Units**.

- 48 **Family Service Units. (FSU)**. An independent charitable social work agency, founded in 1948 in succession to the Pacifist Service Units created during World War 2. Alan Cohen worked for FSU for a period in the 1960's and published in 1998 *The Revolution in post-war family casework: the story of Pacifist Service Units and Family Service Units 1940-1959*. (University of Lancaster). In common with the 26 Cohen interviews, this book was based on interviews with pioneers. The charity merged with **Family Action** in 2006. An FSU archive can be found at the Modern Records Centre at the University of Warwick. [www2.warwick.ac.uk/services/library/mrc](http://www2.warwick.ac.uk/services/library/mrc).
- 48a **National Society for the Prevention of Cruelty to Children** is a very well known charity that seeks to prevent harm to children. Originating as a series of local foundations --for example Liverpool in 1883 and London in 1884 -- it became regarded as a national organisation with the granting of a royal charter in 1895. Today Scotland and the Republic of Ireland have their own Societies. The NSPCC has attracted controversy throughout its history: for many years in working class districts it was referred to as "the Cruelty" and feared for its powers to remove children from their families. And in the post -Seebohm era some local authorities protested that its philosophy and methods were at odds with their own. Nevertheless it attracts many thousands of volunteers in addition to its paid staff and raises considerable funds each year.
- 48b **Moral Welfare Workers** were in the mid- Victorian period usually engaged by church and charity organisations on a volunteer basis and their concerns were for the welfare of illegitimate children, the rescue of "fallen women" and the incidence of prostitution. Refuges were provided in some cities and street missionaries appointed. R G Walton has outlined (in *Women in Social Work*, 1975) how these services became more structured towards the end of the 19<sup>th</sup> century and how statutory provisions made most of them redundant or inappropriate in the 20<sup>th</sup>. The focus of the work changed to maternal and child welfare as the 20<sup>th</sup> century progressed and a Moral Welfare Workers Association was founded in 1938 and merged into BASW in 1970. The records of the Association are held at the Modern Records Centre, University of Warwick. .
- 49 **Doris Odlum**, psychiatrist and psychotherapist, held a number of professional appointments and honorary posts at several hospitals, including the Elizabeth Garret Anderson. She was a member of the Feversham Committee on the Voluntary Mental Health Services (1939) and chaired a joint Committee of the British Medical Association and the Magistrates which led to the publication of *Cruelty to and Neglect of Children*. Author of *Journey through Adolescence* in 1965.
- 50 **Sir George Haynes** (1902-83). A distinguished social services administrator who began his career in a slum area of Liverpool as a schoolmaster and then as Warden Liverpool University Settlement. He joined the regional staff of the National Council of Social Services (NCSS) and became Deputy Secretary in 1936 and Director in 1940. Led the NCSS effort to expand the Citizens Advice Bureau (Cabx) network from 1939 onwards and initiated an important series of publications on major social issues. In the post-war period he assisted the formation of several national charities.
- 51 There was considerable deliberation at LSE and elsewhere about the introduction of a one year "**Carnegie**" **Applied Social Studies Course**, sometimes referred to as a Social Casework course, which was eventually established in 1954 and ran for four academic

years. Lectures included Eileen Youngusband on Social Administration and Social Policy; Dr Winner on Problems of Health and Disease; Mr E.M. Eppel on Social Influences on Behaviour; Miss Bell on Services for the Handicapped; George Newton on Law for Probation Officers; Dr William Goodey on Neurology; and Professor Raymond Fisher on Group Dynamics. Donald Winnicott and Dr Stewart Prince also gave lectures.

- 52 **Kate Lewis** was a co-tutor with Eileen Youngusband on the LSE's two year Applied Social Studies Course in the 1950's. Firstly a medical social worker and then a psychiatric social worker by profession, she went on to be an influential training consultant for the Home Office, the National Institute for Social Work and also for the National Association for Mental Health.
- 53 **Elizabeth Howarth** served as Senior PSW at the Maudsley Hospital. She wrote *The Scope of casework in helping the maladjusted* (Social Work, July 1949) and *The Present dilemma for Social Casework* (for the Family Welfare Association) in 1950.
- 54 *Report of the Care of Children committee*, September 1946. HMSO, (Cmd: 6922). The modern statutory framework of public provision for deprived children, was created following the recommendations of the Curtis Committee, set up in 1944. It was chaired by Miss (later Dame) **Myra Curtis**. The Committee's findings focused on three areas: the absence of a single centralised authority responsible for deprived children, who were left to the charge of five different authorities; the lack of properly trained staff; and the insensitive and sometimes excessive discipline of the residential regimes. It insisted on the need to establish personal links in the care of children, and recommended the appointment by local authorities of children's officers: qualified women who would specialize in childcare and take a personal interest in each individual child. This was important in opening and securing the status of a new vocation for educated women. A single central department would have responsibility for maintaining standards in homes run by both local authorities and voluntary organisations. The recommendations were embodied in the Children Act of 1948, which vested in the Home Office responsibility for overseeing the care of homeless or deprived children.
- 55 **David Jones**. General Secretary of Family Service Units from its foundation in 1948 to 1961 and later succeeded Robin Huwys Jones as Principal of the National Institute of Social Work Training.
- 56 **Professor O.R. McGregor** (1921-1997). The Scots accent derived from being the son of a Scottish tenant farmer. He was an eminent social scientist and held a number of academic posts in England, including the Professorship of Social Institutions at the University of London.
- 57 **Jimmy Reid** (1932-2010). Scottish trades unionist who became widely known throughout the UK in the 1970's through his leadership of the 1970-71 campaign against the Conservative Government's plans to close the Upper Clyde shipbuilding yards. His autobiography is *Reflections of a Clyde-Built Man* (1976).
- 58 **Katherine (Kit) Russell** (1909–1998). Social worker and university teacher. On leaving school at the age of seventeen, she at first combined running the family household with voluntary work in the impoverished dockside area of Bermondsey, in south London. The Time and Talents Settlement, started in 1887 by Christian society ladies, gave her early opportunities. In 1931 she went to the London School of Economics (LSE) and in 1933, having gained the Certificate in Social Science, she became the Warden of the Time and

Talents club house in Dockhead. She remained a devoted supporter of the Settlement and admirer of Bermondsey people until the end of her life.

In 1937 she was recruited by the London Council of Social Service to organize community activities on the new Honor Oak housing estate in Lewisham, but following the outbreak of the Second World War she moved in 1940 to become Warden of a youth centre in Southampton, a city by then suffering heavily from German bombing. In 1945 she took charge of five emergency courses run by the Institute of Almoners to ease the shortage of hospital social workers in Britain and in 1949 moved on to the Social Science Department at the LSE, first as practical work organiser, later as senior lecturer. She retired in 1973, but continued as president of the LSE Society for many years. After retirement in 1973 she a detailed questionnaire to 2000 past LSE social administration students and the published result was *Changing Course* (1981).

- 59 **Time and Tide** was a weekly political and literary magazine published and edited by Margaret, Lady Rhondda from 1920 to 1958 when she was succeeded by others. The magazine had many distinguished contributors over the years and possibly Robina Addis was referring to people like Rebecca West, Rose Macaulay, Margaret Bonfield, Margaret Corbett-Ashby and Eleanor Rathbone.
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