

THE COHEN INTERVIEWS

ELIZABETH IRVINE -- Interview no 13.

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 With one exception (No 24, Clare Winnicott) the interviews were unpublished until this edition in 2013.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

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

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

All of these can be found at

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

Elizabeth Irvine gives Alan Cohen a glimpse of how she almost accidentally slipped into social work through the bankruptcy of two schools. She was a graduate of Cambridge University in modern and medieval languages and teaching may, at the end of the 1920s, have seemed an obvious career choice. Fortunately some friends knew about child guidance and steered her towards the LSE social science course: we hear of the practice placements, chasing up money owed for dentures and begging letters seen as an art form. Following the completion of the LSE Mental Health course she was launched on a PSW career, principally in child guidance. As a young woman she must have had much independence of mind: no one else in her group seemed willing to clash with the formidable Aubrey Lewis. In the central part of the interview we hear about her pre-war service in several child guidance clinics and a mental hospital, some of it rewarding and some distressing, and then her post-war work in Israel with Gerald Caplan until 1952.

Thanks to Caplan's recommendation she was then appointed to the staff of the Tavistock Clinic where she worked for 14 years and, as Senior Tutor, set up the Advanced Casework course. In 1966 Irvine became Reader in Social Work at the University of York where she initiated the first British Masters course in social work. Following that, in 1973, she was a consultant to the Open University on the *Social*

Work, Community Work and Society course. An important service to the profession was her chairing of the working party that produced BASW's original Code of Ethics.

In the interview Elizabeth Irvine refers to "that first article of mine" and anyone interested in delving more deeply into her ideas should consult the collection of 19 articles published in 1979 under the title *Social Work and Human Problems*. These range across the knowledge and value base of social work; the casework process; inter-professional education and much more. A later 1982 article in the BJSW is entitled *The Clayhangers: Father and Son* and places Irvine in the group of Cohen interviewees who derived valuable insights from literature.

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

E.I. Well I was teaching at the Malting House School [1], the school where Susan Isaacs [2] got her material - until it collapsed owing to bankruptcy. Then I started teaching at a private school and that collapsed. So some friends of mine had heard about child guidance by that time and suggested I should go into that, So I never really thought of any other kind of social work. In fact I had never really heard of social work, I think, until then. So I applied to LSE [3] and took the Social Science Certificate entirely with a view to qualifying for the Mental Health Course, and finally got into the Mental Health Course in 1932. [4]

A.C. Malting House School, that would be in the 1920s, would it?

E.I. Yes, that was 1927-1929.

A.C. And at that time you were a teacher?

E.I. I was appointed as a teacher, but I hadn't trained. Just at the time when I graduated at Cambridge there was a one-month locum advertised at the school, and this friend of mine was interested in it. She'd heard about it from the Cambridge Child Study circle, and suggested I apply. And I was appointed. Then a permanent job developed. So I had to have an interview with Geoffrey Pyke, who was the owner and founder. He asked me what I would do if I didn't get the job, and I said I would train as a teacher. I was planning to go to the London Day Training College [5], as it was then. He asked why I felt I needed to train. I said, 'Because I can't keep order.' and he said, 'Oh that's fine, I don't want you to keep order.' So I got the job without any training!

A.C. And there you worked with Susan Isaacs?

E.I. Susan Isaacs had given in her notice at the time when I started, so we only overlapped for one term, but Samuel Slavson [6] was also there, Slavson who later became the king of group therapy in the United States, or the king of group therapy for children. The proprietor of the school, who was extremely ambitious, had taken full-page advertisements in *The Times* and the *New Statesman* and various journals advertising for a top-flight scientist to research the ability of young children to think scientifically. Slavson won the competition, as it were; he had previously been teaching in a progressive school in New York.

- A.C. When the Malting House School went broke, you had one other job and then decided you would like to train for child guidance. And you needed the Social Science Certificate, presumably to get on to the Mental Health Course?
- E.I. In fact the Mental Health Course was only intended for social workers who were experienced as well as qualified. So they made a bit of an exception in my case, accepting my rather peculiar teaching experience in lieu of social work experience.
- A.C. What was the social science course like? Can you remember the sort of topics? What did the students argue about at that time?
- E.I. Well we had some very distinguished lecturers, of course. We used to go to Laski [7] and Eileen Power [8] and Lionel Robbins [9] and Ginsberg [10] and John Gray. There was a man called Lloyd [11] who was Professor of Social Administration, I think, at the time, and Lucy Fildes [12] lectured on psychology. I also remember Cyril Burt [13] but that might have been on the Mental Health Course.
- A.C. Was Eileen Younghusband (Interviewee no 26) at LSE at that time?
- E.I. Yes she was, but I don't think I had any contact with her at all.
- A.C. Was she actually working there at that time? I have interviewed her as well and she was talking about this period and mentioning those people.
- E.I. Yes she was somewhere around. But there was a Miss Eckhard [14] who was my tutor on the Social Science Course.
- A.C. Did the Social Science Course involve any practical experience?
- E.I. Yes I was trying to remember last night what placements we had. I was a bit surprised to find that the only placement of any length I remember was in the COS [15] as it was in those days, and because I was intending to take the Mental Health Course, I was placed at the Southwark Office, where the secretary was Olive Crosse [16], who was one of the original group who had been to the States to be trained as psychiatric social workers. But I don't think the setting really gave much opportunity to apply what she'd learnt. I remember taking lots of histories and writing lots of begging letters, which I really enjoyed as a kind of art form! There was an awful lot of trailing round collecting instalments of money that had been lent for dentures and spectacles and various prostheses. Because, of course, that was before the National Health Service.
- A.C. So this would be between 1930 and 1932?
- Thinking back to those, (before I was born) years and of the high unemployment of the time and the whole spate of reports showing things like poor health and the effect of unemployment on morale, and I wondered how much of all that impinged on you and your thinking? You say you came raw to social work, so to speak, and whether you remember how it hit you at the time?
- E.I. Well there was obviously a great deal of poverty, and of course that was the period of the hunger marches, so one certainly shared the general feeling that something should be done. But I don't remember any special feeling that this was a special mission of social workers. Social workers were employed to alleviate these things as

much as possible for the individual, but I think not many of us felt it was our mission as social workers to reform society.

- A.C. I wondered whether on the Social Science Course, particularly, whether the students found themselves in any sort of discussion relating to social policy which arose out of the practice experience you were describing, like the COS and the debates that were going on at that time, say, about the way in which unemployment insurance should be paid. I think Eleanor Rathbone [17] had already started the beginnings of the family allowance campaign by then hadn't she? And Marie Stopes [18] was active in birth control round about then. I wondered if that got injected into student classes?
- E.I. It may have done. Unfortunately my interests didn't lie in that direction. I was already rather narrowly interested in psychological problems as such and I think that such political awareness as I had was rather directed towards the rise of Fascism.
- A.C. You were more interested in international affairs really?
- E.I. Yes.
- A.C. So did you go straight through to the Mental Health Course from the Social Science Course, so it was really like doing three years?
- E.I. That's right yes.
- A.C. What are your memories of the Mental Health Course in 1932?
- E.I. I remember it was nice to be dealing with personal problems at last. The practical work was a lot more meaningful than the placements I had had in the Social Science Course. I didn't get along too well at the Maudsley. [19] I felt there was a tremendous emphasis on historical facts, but very little on motivation or psychopathology. I was already very interested in psychopathology: perhaps it had started at the Malting House where behaviour was interpreted in analytic terms, and I'd been wanting more of the same ever since.
- A.C. So when you said the emphasis was more on history you meant what?
- E.I. Well, the personal history of the individual. The pre-morbid personality and behaviour; the onset, sudden or gradual; the details of symptomatology, but without really looking for meaning in the symptoms, as it were. They were symptoms as symptoms; symptoms as part of a disease process.
- A.C. Presumably you found yourself on a different wave-length?
- E.I. Yes. I must have been reading some Freud already, though I can't clearly remember.
- A.C. Was it uncomfortable to be in a student position, but on a different wavelength?
- E.I. Yes. I felt very resentful of Aubrey Lewis's [20] firm refusal to discuss psychopathology. I think I had a feeling that it wasn't necessarily because he wasn't interested in it, but because he thought it was no business of ours as social workers.

- A.C. And by that time, as far as you were concerned anyway, you thought it definitely was part of the concern of a social worker.
- E.I. Yes. Yes.
- A.C. Did that figure as an issue amongst the students on the Mental Health Course at that time, as to whether or not it was the concern of social workers.
- E.I. I think there certainly were others who agreed with me. I don't know if anyone felt quite as strongly about it as I did.
- A.C. I wondered whether in the seminars or classes there were clashes of view about all that?
- E.I. I remember challenging Aubrey Lewis about it on one occasion, and being very firmly dealt with, and not getting any support from the group, as far as I remember. Of course I was much happier at the Child Guidance Training Centre, which was then the Canonbury Child Guidance Clinic [21], and I suppose still the only child guidance clinic in the country, apart from the East London and Guy's Hospital Child psychiatry department.
- A.C. Who was your field teacher when you were at the Child Guidance Training Centre?
- E.I. Nancy Fairbairn [22] was my supervisor, but there was also Mary Mason who subsequently became a child psychotherapist and worked with Anna Freud,[23] and William Paterson-Brown [24] was there as a registrar. The Medical Director was William Moodie, the father of Robert Moodie. [25]
- A.C. So your interests actually, from very early on, were in the area of psycho-pathology?
- E.I. Yes, right from the Malting House days. That was what I was pursuing really.
- A.C. Social worker as therapist.
- E.I. That's right yes.
- A.C. Can I ask you more about that? It interests me that other social workers I have met of that vintage had interests that took a slightly different direction, and so I assume there must have been some kind of discussion amongst you all as to whether or not social work was therapy or social work was something else. A lot of the ideas that we sort of inherited must have been hammered out in discussion between you all, even as early as that. I know when we get to the end of the period when the papers, your papers are appearing, and the papers that were in the *Boundaries of Case Work* [26]. But I met Molly Bree (Interviewee no 5)...
- E.I. Who was very much against ...
- A.C. She had a quite different experience and different interests. I would think it must have been very interesting to be in classes and be involved in those discussions. Do you not remember any of these?

- E.I. I wish I could remember more about discussions. I remember being quite exercised about the problem or about the question. And I remember being enormously relieved when Gordon Hamilton's [27] first book came out because she said very firmly and openly in the first edition that the social work role was a therapeutic role, and I was extremely pleased that this had been said with authority, as it were. Because up till then I had felt there was a lot of ambiguity about it.
- A.C. What happened after the Mental Health Course for you then?
- E.I. Well that was rather a difficult year, because that was 1933. Of course the depression was in full flood and I was unemployed for about the first half of that year, so I worked voluntarily at Guy's Hospital. Part-time so far as I remember. R.D. Gillespie was the psychiatric consultant, [28] and Miss Finlay and Mrs. Hardcastle [29] PSWs. Both of whom were among the original people who trained in America.
- A.C. Yes. Mrs. Hardcastle's name has cropped up in the context of the NAMH [30] and in other conversations. So there was a problem for social workers getting jobs at that time?
- E.I. Oh yes, there was a lot of unemployment. Of course part of my trouble, I think, was that I was dead set on child guidance. I might have been able to get a job in a mental hospital if I had wanted one. But of course at that time there was so little demand for PSWs (whom nobody had ever heard of), that the Child Guidance Council [31] was lending PSWs to clinics or hospitals which were willing to accept a free sample for a year. Yes, that's how most of the original PSWs got established. Anyway I was unemployed for about 6 months I suppose, and then I got a research assistantship at LSE in the Department of Social Biology. That department was set up by Lancelot Hogben [32] (of *Mathematics for the Million*). However, he must have been very busy elsewhere, because I think I only met him once. I was enrolled in a team under John Gray, who had already been my tutor in the Social Science course; he was carrying out an investigation on the intelligence of children in secondary schools the main object being, I think, to demonstrate what a waste of superior ability there was owing to the lack of places in Grammar Schools. So together with one or two others I was going around applying group tests to children in various schools and then scoring them. And then at the beginning of the next academic year I became one of the PSWs who was lent out. In this case to a clinic in Cricklewood, the North Western Child Guidance Clinic, which was set up by a committee drawing its funds from the usual charitable sources, but mainly from gala performances of films. The secretary of the committee was the wife of an executive of United Artists, and so at least once, possibly twice, United Artists gave us the proceeds of the first night of a new film. That carried the clinic on rather precariously for some years.
- A.C. This system of loaning out free samples as you put it, how was that all financed? Were the free samples paid by someone?
- E.I. Yes. The Child Guidance Council was financed by the Commonwealth Fund of America [33] which had financed the training of the two groups of social workers who went over, and the setting up of the Child Guidance Training Centre. They probably financed the supervisor at the Maudsley; I don't know. But they had really undertaken to launch child guidance in this country.
- A.C. So in effect they became your employer, then said there's a spot there for you, Then they'd got a free PSW

- E.I. Well it wasn't quite like that. I think the job was advertised, on the basis that it was going to be financed by the Child Guidance Council, and I obtained it.
- A.C. What was the Cricklewood Child Guidance Clinic like?
- E.I. It was a pleasant little clinic. It was a single-team clinic. The first psychiatrist was Mildred Creak, [34] but she left after a short time and was replaced by William Paterson Brown, who was at the time training as a psycho-analyst.
- A.C. You mentioned his name in connection with the Canonbury Clinic.
- E.I. That's right, he was a Registrar at Canonbury at the time I was there. Then he became the psychiatrist of this clinic in Cricklewood.
- A.C. It already sounds quite a small world in which everybody knew everybody else .
- E.I. Of course, that was very characteristic of the APSW. In its early days, you know, it was one of those face-to-face groups where everybody knew everybody.
- A.C. We're talking about 1935, '34 to '35. The ideas which you developed and have written about subsequently, were they beginning to formulate in your head at that time? Had you got as far as that? Where were you in your thinking by then?
- E.I. Yes they were germinating when I was at the Canonbury Clinic under Nancy Fairbairn. She had a very dynamic approach. She was in fact, I think, the sister of the analyst Fairbairn, in Edinburgh [35]. I didn't find Mildred Creak was quite so encouraging in that direction. On the other hand Paterson Brown was extremely so. So I learned a great deal when I was working with him.
- A.C. So who would you look to at that time for professional sustenance?
- E.I. That's very interesting, I got it from Paterson-Brown. But the whole question of supervision or reliance on other social workers was extremely interesting. I remember a meeting of the APSW when I suppose I had been in the field a few years, and Mrs. Hardcastle had been back to the Philadelphia Child Guidance Clinic [36], (where she'd trained), on a visit, and spoke to a meeting of the APSW about her experience in America, and told us about this system of supervision, that by then was well established in American casework. The reaction was really one of horror, at the idea that any trained PSW would need to seek help from any other PSW. Once you were trained you were supposed to know it all, as it were. And if in spite of your training you ever needed any further help, then you could always turn to your psychiatrist. I don't know whether you've come across it, but Margaret Barnes (later Margaret Dobie) [37] wrote an article fairly early in her career, entirely about the difficulty for a newly trained PSW of getting any guidance from senior colleagues. How very much, as a newly trained PSW one felt one needed further guidance, and how extremely difficult it was to get it, because the appeal for guidance was felt as unreasonable dependence. That really struck a chord with me.
- A.C. It's fascinating to hear you say that, because two days ago in Reading, Ilse Westheimer (Interviewee no 22) said practically the same thing. The idea that one could look to colleagues for professional guidance didn't seem to figure in the organisation.

- E.I. Looking back one feels there was on the one hand a tremendous omnipotence an assumption that we shouldn't need any further help. But on the other hand there was this dependence on the psychiatrist. Of course it very soon appeared that many of the psychiatrists knew much less in respect of dynamic psychology than many PSWs.
- A.C. What effect do you think that had on the profession's image of itself?
- E.I. Well I think it led to quite a lot of conflict. In fact, I remember one PSW, who subsequently became an analyst, telling me that she had been very strongly attacked by the psychiatrists at the clinic where she worked for asking the parents to tell her about their early histories. In fact I rather think she left the clinic on that issue.
- A.C. How long did you stay at the Cricklewood clinic?
- E.I. Well the original loan was extended for a second year, at the end of which it terminated, and the clinic then decided it couldn't afford a PSW any longer, which was rather unfortunate for me because I was in hospital with diphtheria at the time, and they didn't like to tell me for fear of upsetting me. This was all in the summer when the last course had finished, and all the jobs of course were advertised at that point and snapped up so that by the time I came out the very few jobs in child guidance had been filled. So I was more or less forced to get a job in a mental hospital, and worked for something over a year at Bexley Mental Hospital. **[38]**
- A.C. Were you their first PSW?
- E.I. I can't be quite sure whether there'd been one other before me, but I found it a very restricted role. Really mainly histories, and a little bit of after-care. Visiting people on trial or on license to see how they were getting on, and whether one could recommend final discharge.
- A.C. It must have been an enormous contrast after all the responsibility you were used to carrying in a clinic.
- E.I. Well it was, it was very frustrating, yes.
- A.C. That's the thing that keeps cropping up in the conversations I've had and the thing that strikes someone going round talking to a lot of people is the difference between the role of the child guidance PSW and the way in which PSWs in mental hospitals were really having to fight for a role. Even fight for somewhere to sit and work: even for a place in the appropriate canteen.
- E.I. That's right, I used to eat with the Sisters as far as I can remember, at Bexley.
- A.C. I was just wondering how you accommodated that experience with the ideas that you had up to that time about social work and the role of a social worker.
- E.I. I think I found it pretty depressing. I didn't find it very surprising because my experience at the Maudsley had prepared me for it. In fact I remember that for a week or two before I started that job I was having dreams about prison. Then of course one got involved in dreadful financial tangles, because there was all this business of patients being assessed to contribute to the cost of their treatment

according to their means. Not that one had to do this, as a PSW, that was done by administration of some kind, but there was one unfortunate family of three spinster sisters who all lived together and pooled their resources. I think they were all retired by this time. They were quite elderly, but they'd been working as dressmakers or governesses or some kind of genteel jobs, and they'd always pooled their resources. One of the sisters was a patient at this time, I think it was her second admission, and once more she had been asked to say how much of this common stock of capital belonged to her. Of course she couldn't really say. But she was pressured to state a figure, and the second time she put a different figure from the first time round. This led to enormous complications, and I was asked to accompany her to some tribunal, where they were trying eventually to come to an agreement with her on a figure, and the poor old soul was totally confused. In the first place she wasn't very well, and in the second place it was all a fiction as far as she was concerned, and it was all very distressing and certainly wasn't doing her any good. I can't remember whether they finally arrived at a solution. I think one of the other sisters was admitted shortly afterwards.

A.C. Presumably it was that kind of experience which strengthened your resolve to get back into child guidance as quickly as possible?

E.I. Well I don't know that it really made much difference from that point of view, because I'd never had any doubt. One of my problems was that I wanted to stay in London. If I'd been willing to go out of London I think I might have got a job in child guidance at that time. It was only when I failed to get a job in Child Guidance in London at the end of my first year at Bexley that I became more flexible and willing to move out of London. Then I applied for a job at a new clinic at Southampton because I already knew the psychiatrist who was applying for the job, Dr. Sybille Yates, [39] who was an analyst, so we applied together, and were appointed together as it were.

A.C. Were you then part of the circle of analysts or people interested in psycho-analysis, not exclusively PSWs.

E.I. I'm trying to think, I had quite a bit of analysis myself at that time from J.C. Flugel, [40] but I can't remember how I met Sybille Yates. There was also a group I attended in London, a group for PSWs or it may have been just for social workers who were interested in analysis but that was later, that was during the war. I was in Southampton when war broke out and later in Bradford.

A.C. I see, so you got the job in Southampton in the child guidance clinic. Why did you move on to Bradford from there?

E.I. Oh well, the clinic was eventually closed as a result of the war.

A.C. I see, you stayed there till '39?

E.I. Yes. They closed it down at the outset of war because a lot of the children were evacuated. The psychologist and I were drafted into the fuel office to copy out applications for extra allowances for fuel, in triplicate. Things remained in suspense until the air attacks on Southampton, and the decision was finally taken to close the clinic. At that time I had an impassioned letter from Mrs. Hardcastle, who was then working with the Provisional National Council for Mental Health, [41] saying the

PNCMH needs you! What they needed me for was to go to the Bradford Child Guidance Clinic to replace Margaret Cullen, who had been the PSW and whom the Provisional National Council wanted to be their regional rep. in Leeds. Because they were setting up these regional offices all over the place.

A.C. So you moved to another clinic, and then you said you were there all through the war.

E.I. Well no, I left before the end of the war because I married in 1942 and I had a child in 1943. I did go back with him to Bradford, when he was a few months old and found a family to live in with a mother who was a very good mother-figure for small children. But eventually the situation became a bit unsatisfactory, mainly from the point of view of my husband I think, who was in the Merchant Service. So shortly before the end of the war, sometime in 1945, I moved South and got a part-time job at the Ealing Child Guidance Clinic and lived with a family of friends, who had a child a little older than mine, so the mother looked after him too.

A.C. Were you writing papers by that time?

E.I. No. I think I tried to write something about child guidance at some time in the mid-forties, but I never got as far as offering it for publication. My first published articles was after I returned from Israel in 1951. Of course *The British Journal of Psychiatric Social Work* was only launched while I was in Israel.

A.C. When did you go to Israel?

E.I. I went to Israel at the end of 1949.

A.C. So what happened at the Ealing Child Guidance Clinic?

E.I. The Ealing Child Guidance Clinic was very unsatisfactory. I never could quite make out why the Medical Officer of Health had set it up at all, because he certainly didn't believe in the treatment of children. We had a psychiatrist for half a day and week, and we had no premises. For that half day a week we had the use of a physiotherapy room, where we installed some sand and water and so forth, but there were complaints if any mess was made. On other days of the week there was a half-time psychologist, Sylvia Anthony,[42] and I was a half-time PSW, and on our various sessions we operated in various rooms which happened to be free in the local health centre, one of which was a dentist's room! I had some of my interviews in the dentist's room. Mrs. Anthony had a regular weekly meeting with the Medical Officer of Health, and invited me to join her on one occasion when she was trying to persuade him to give us the use of the physiotherapy room for one more session a week so that she could have a playgroup, because, naturally the psychiatrist couldn't see very many children in his one session. But we were told that it was impossible for us to have this room or any other room, and in any case the MOH didn't want the children coming to the clinic for regular treatment. They might have an accident on the way, and the authority might be held responsible. So I said, well didn't other children attend clinics? Oh they attended clinics, but not regularly over long periods, just now and then. Eventually I said 'Well what you are really saying is that you want us to cure these children without treating them,' to which he had no reply, but I was never invited to another meeting.

In the course of the same meeting Mrs. Anthony asked him when we could have some premises of our own, and there was no prospect of premises of our own in the foreseeable future. So at the end of that academic year the whole clinic staff left for various reasons: I don't know whether the other members gave their reasons to the Medical Officer, but I did. I wrote him a long letter giving my reasons for leaving, saying that we hadn't been doing child guidance at all; we'd been doing a parody of child guidance, and I was tired of running round telling teachers that we might have been able to help this child if we'd been able to treat him, but as we hadn't, we hadn't. That clinic got a whole house for itself within three months!

- A.C. They were suddenly left without any service at all if everyone was handing in their notice.
- E.I. I don't really know how much the Medical Officer of Health cared about having a service, but I expect it would have been loss of face if his clinic had collapsed, having decided to have one, having persuaded his committee to have one, he obviously had to keep one going.
- A.C. So does that then bring us up to your going out to Israel?
- E.I. No, I gave up work for a while at that point, for family reasons. My arrangements for the substitute care of my little boy had broken down. So I stayed home with him for a while, and then a year or two later started part time work at the Bishop Creighton House Clinic in Fulham.**[43]** That was another of these private clinics with rather precarious financial support and, in fact, it was just running out of money at the time when I joined the staff, and there was a serious threat of closure. So that an ultimatum was sent to the LCC during the summer holidays saying that unless they agreed - I don't know if it was a subsidy they were asked for, or full financial responsibility, I think it was full financial responsibility, that the clinic would close within a month. There was a real panic, and the committee couldn't be called because everybody was on holiday, so the officials took a decision on their own account to commit these funds and to keep the clinic going. So it became a LCC clinic, and was finally transferred to ILEA **[44]** Until that time, I think the LCC had only had one child guidance clinic of their own, at Brixton.
- A.C. And you stayed there for a period?
- E.I. I can't remember quite how long. Then a friend of mine who was working at Ipswich lured me down to the clinic there, which wasn't a terribly satisfactory clinic. It belonged to the educational authority, which closed it down when the National Health Service was introduced, and a new clinic was set up under the National Health Service, which was hospital-based.
- A.C. If we can just backtrack a bit over the whole of that period in terms of the atmosphere at that time, and I'm thinking of things like the Beveridge Report **[45]** and the great hopes for what Britain would be like in the post war years, and all the thought that went into developing Welfare Services of one sort and another. Were you part of that? Or was that part of your thinking, at that time?
- E.I. Well, I think I mainly rejoiced that the services set up under the Beveridge report would get rid of poverty and this would release social workers in general to focus on the personal problems of children and families.

- A.C. Were you a political person? Did you have political commitments?
- E.I. I don't think I can say I was ever really a political person. At times I was more interested than other times.
- A.C. You mentioned earlier in the inter-war period being concerned about the growth of fascism.
- E.I. Yes.
- A.C. What is quite difficult for someone of my generation to get hold of, and I think even harder for the next generation on to get hold of, is the way in which professional life and professional thinking and one's political thinking were two quite separate things. I wonder what comment you'd make about that issue?
- E.I. I don't know really.
- A.C. I can't understand why the context in which people were having their personal problems didn't play a greater part in the thinking of social workers in the inter-war period. Or it doesn't appear to have done. I've met a lot of social workers of that period, who say 'Yes I was politically active and I was campaigning for this, and I was campaigning for that, but I didn't think of that as part of my professional life,' yet the material they were dealing with professionally, the personal problems, were sometimes very much political. Certainly bordered on, were affected by, the social context in which they arose. Things we have talked about, the poverty, the unemployment and for other people the international things. I'm thinking of people who came over as refugees to this country and found themselves suddenly in sudden poverty because of no support through refugee committees and so on, and I wonder why social workers of that time didn't make the link between the job they were doing, social work as a job, and if you like what we would nowadays refer to as agency function, reflected in law or the terms of reference. For example, talking about the child guidance clinic and the Ealing one, and the MOH really not wanting or caring to have the clinic. That's a social policy, a political thing - I wondered whether you thought of that as a separate bit of yourself, the bit saying you want us to treat, you want us to be here so long as we don't actually treat children!
- E.I. You could say it was a sort of mini-politics, struggling for what I understood to be a decent service. I think I felt that as a social worker I dealt with people's problems in the situation in which they found themselves, which of course included attempts to help them improve their circumstances, get them re-housed or whatever. As a citizen one had certain political responsibilities. I don't think one must generalize about the social workers of that period. I can remember having several social work friends who were also communists. I was quite sympathetic to communism, although I never managed to muster sufficient conviction to join the Party, and of course I was considerably affected by all the pro-communist propaganda that was going on, under cover of the wartime friendship for Soviet Russia. Once Russia came into the war on our side, then there was very active propaganda. I did belong to an organisation for cultural relations with the Soviet Union or something like that. I belonged to The Left Book Club [46] for quite a while I remember. I also didn't mention that I did get very much involved on the side of the Spanish Government during the Spanish Civil War. Before I left London I used to go along once a week and address envelopes, but in Southampton I became secretary of the local

committee for Spanish Relief and helped to raise quite a lot of funds for food and medical aid. Once the Spanish war was over, I joined the local refugee committee and eventually became secretary of that.

A.C. Nowadays that would be considered political activity wouldn't it?

E.I. Yes. But it wasn't party political.

A.C. No, political in the other sense.

E.I. Part of the frustration during the Spanish Civil War was that it was so hard to induce the Labour Party to take any effective action.

A.C. Did you find yourself involved in discussion groups about the shaping of what we've come to call 'The Welfare State' during the war?

E.I. No.

A.C. Were PSWs consulted about services for children and so on? I'm thinking about Curtis Committee. **[47]**

E.I. The APSW did begin to be invited to give evidence to Royal Commissions and things, but I don't know exactly when. I should think some time in the 50's. You'll probably find it mentioned in early numbers of the British Journal.

A.C. But you weren't asked to give evidence to the Curtis Committee?

E.I. There may have been some evidence, but of course it was a very, very small body at that time. It was only really during the war that any significant number of people had begun to understand that there were such things as psychiatric social workers. I think really PSWs put themselves on the map largely by dealing with evacuated children, and to some extent with service casualties.

A.C. Yes that's the Provisional Emergency Committee.

E.I. The Provisional National Committee for Mental Health. Yes. Their regional offices were set up primarily to deal with people discharged from the services on psychiatric grounds, but I think in most cases also extended their services to the civilian population. Tilda Goldberg **[48]** did some very interesting work as one of the regional representatives. There's an early paper of hers describing how she ran an office with several other trained social workers who were not PSWs and how they distributed the work among them. And the kind of support she gave to her non-specialised colleagues. I can't remember the details now, but it's a very good description of one of the earliest ventures in community care.

A.C. The prototype really.

E.I. Yes but it's unusual to get it so well described.

A.C. Was it after Ipswich you went to Israel?

E.I. That's right, yes. I think there was probably some delay before they decided to close the clinic, it wasn't before 1949. I was a widow by that time and I had these in-laws in Israel. I couldn't afford air travel at the time, and I thought 'The only hope of going

to Israel for any worthwhile period is to go by sea, and I'll have to do that between jobs.' So I sold up my house and my car and went off to Israel with my son. I knew there were some LSE trained PSWs there, so I got a list of them from LSE and looked them up. And through my contacts with them I was offered this job at the Lasker Centre in Jerusalem.

A.C. Why did you choose Israel?

E.I. That's where my in-laws were. I went out on a visit, you see, but made these professional contacts and got offered this job. I hadn't gone with a view to working there.

A.C. What was the Lasker?

E.I. The full title is the Lasker Centre for Mental Hygiene and Child Guidance, and it was set up in 1949 on the basis of a special grant made through Hadessah by Albert Lasker in memory of his late wife. He offered them this money to Gerald Caplan [49] be used for a special project. So this centre was set up, and he was appointed as psychiatrist. He, being a very fundamental thinker, decided not to reproduce the familiar pattern of child guidance, but to tackle the problem *ab initio*; he reckoned that a major problem of child guidance was that it was getting its patients too late, when the disorder had already been established for some years, and the thing to do was to try and get in on the preventive level. So in the first instance he offered a service only to pre-school children through the Well Baby Clinics and the kindergartens, and eventually in fact, cut out the kindergartens and focused entirely on the Well Baby Clinics. Staff members used to go down to the different clinics for regular sessions and act as consultants to the nurses, (the equivalent of the health visitors), who were running the clinics, and accept referrals when they thought this was necessary.

A.C. This period was the earliest working out of the ideas that are in his book *The General Approach to Community Mental Health*. [50]

E.I. Yes and then we were also asked to provide a mental hygiene service for Youth Aliyah [51] for which Youth Aliyah were ready to pay. So we undertook this, although it was really on quite a different basis from the preventive mental health work. And that was a very interesting experience which I described in my first article, which was published in 1951.

A.C. Did you speak Hebrew, or did Gerald Caplan speak Hebrew?

E.I. No, I didn't. He spoke Hebrew; all the other staff members did. But my post was staff supervisor, and as it was only possible at that time to train as a PSW in the United States or in England, so the few PSWs we had were English speaking. There were only two of them actually. We expanded for the Youth Aliyah work. We couldn't get any more PSWs, there were only about 12 of them in the country. There were so few that we all managed to get together for a monthly meeting, and I think that included trained caseworkers as well as PSWs. There were a few psychologists to be had, so we engaged them, and because we couldn't call them PSWs we called them Counsellors. Before we arrived at this agreement with Youth Aliyah we had accepted a few of their children as out-patients from the Jerusalem area, and we'd run into difficulties which reminded me strongly of difficulties I'd known in this

country whenever one offered child guidance treatment to a child who was in residential care. And that was staff sabotage. They'd forget the appointments, or they'd arrange some particularly attractive activity on the day when the child should be attending the clinic. They'd forget to report relevant incidents in the home. They would be very punitive if the child acted out at all as a result of his treatment. On one occasion I remember they suddenly expelled the child without any reference to us because he'd been more difficult than usual. So we asked ourselves what to do about this, and I think I rather naively suggested that perhaps we should explain to the different homes the children came from that we could only treat the children under certain conditions. But then we saw that that would simply lead to a growing blacklist of places from which we did not accept referrals.

We then decided that we would simply offer what we came to call consultation. A staff member would visit the home or kibbutz which had referred a child, and would discuss the child with them with a view to helping them understand him and his difficulties, his needs and his motivation better. We would support them in finding ways of dealing with him, and where possible the staff member went back at regular intervals to discuss that child, or any other children that they wanted to discuss. We were amazed at how good the results were. Far better than any results from out-patient treatment of children in homes. The staff, initially, were very angry because they had referred the child in the hope that he would be taken off their hands, or if not removed, at least treated by us. So they were very angry when we explained that we couldn't do this. It was impossible anyway, because all the residential special institutions were full with long, long waiting-lists. But they quickly became very enthusiastic, and we realised that this was because we were not only leaving them with the responsibility, which was a vote of confidence in them, but also we were creating a situation in which any success was their success rather than our success. There was one particular PSW, Jona Rosenfeld[52] who is now the Professor of Social Work at the Paul Baerwald School of Social Work in Jerusalem,[53] who had a very marked gift for this from the start, firmly resisting all the temptations to give a lecture on infantile sexuality or whatever, and any temptations to give advice, but focusing very firmly on understanding the child and the feelings of the staff which were interfering with their relationship with the child. This was the experience on which Caplan based his theory of consultation. It consisted largely of a conceptualisation of what these PSWs were doing, including what they learned by various mistakes. It was the remarkable response to this kind of help which led him to formulate his theory of crisis, as the optimum point for intervention.

- A.C. So you were actually in on the first ideas? Did you bring those ideas back with you when you returned to this country?
- E.I. Yes. I wrote it up in that first article of mine. Also later on at the Tavistock [54] I was very much concerned with initiating the consultation for Maternity and Child Welfare staff. And also later on the programme of consultation in certain schools, although there the major role was with the psychologists.
- A.C. When you came back it was to the Tavi was it?
- E.I. Caplan had been a Registrar at the Tavi and advised them that I would be a good person to enrol, and I think already with a view to succeeding Noel Hunnybun

(Interviewee no 12) because she hadn't got very many years ahead of her. But they hadn't got a vacancy for me immediately, because they had a full complement. Only Robert Todd, who was then there, was leaving because the basic PSW salary was really not enough for a married man in those days. So by sometime in late 1951 he moved to the Home Office Children's Department. I then replaced him at the Tavi.

A.C. Bringing all those ideas back with you?

E.I. Yes. Not that they came to fruition for some time. It was only when the London County Council's Medical Officer of Health approached John Bowlby [55] because the preventive medical service had been so successful it was doing itself out of a job. And he had this idea that they should now devote more attention to preventive mental health work. He organised a series of lectures on mental health for the Maternity and Child Welfare staff, and I think originally invited John Bowlby to give one or two of them. John Bowlby said he didn't think that lectures were a very effective method of training, for that kind of thing, and suggested a joint LCC -Tavi working party on the subject, of which I was a member. I think this must have been the point at which I mentioned my previous experience with Caplan, and alongside the working party we set up a little pilot consultation group for doctors and health visitors which I ran together with Mollie MacKenzie. [56] This was a very small group, two doctors and two health visitors besides ourselves, and we were all members of the working party and were all able to feed into it from one meeting to the next, what we had learned in the pilot group.

A.C. It's the Tavi that your name is mainly associated with. So you weren't actually teaching on the Advanced Casework Course to start with?

E.I. Yes, I was supervising students of that course from the beginning, but only became senior tutor when Noel Hunnybun left.

A.C. How was that course seen in relation to other social work training at that time?

E.I. Well, it was originally set up because the Tavi had been very unhappy for some years at the shortness of the LSE placement. You see, the Tavi had always been a placement for mental health course students, but were very frustrated because they only had them for five months, I think, and because they had such a lot to teach that they thought was really essential, and it couldn't be taught in that time. They tried very hard to persuade LSE to extend the Mental Health Course for a second year. And they didn't get anywhere on that, so they eventually decided to set up this full-time one-year course of their own. They were also very pleased to be responsible for the theoretical as well as the practical input.

A.C. When you say "persuaded LSE" you mean the School authorities, or the course tutors, or whom?

E.I. Ultimately it would be the school authorities. The course tutors couldn't do anything about it on their own because of the resources. But of course all that was before my time, so I don't know any details of those discussions. I only know there had been an attempt which had failed.

A.C. So really the Tavi course was an attempt to produce better social work training than what was felt to be currently available.

- E.I. Yes. It wasn't of course, intended as a basic course. All the students had to have already taken a basic course, as they did at LSE.
- A.C. I suppose nowadays it was what we would call a post-qualifying course, was it?
- E.I. That's right, yes.
- A.C. Was it seen as a course which was transferable into a variety of settings, or was it specifically for people working with children?
- E.I. No no, the whole idea was that it should be transferable. We always took probation officers as well as child care officers. In fact throughout the course we had just about as many probation officers as people from all other branches of social work combined. There were quite a few child care officers, there were some people from Family Service Units, [57] there were medical social workers. But about half of them were usually probation officers. Partly because the probation department at the Home Office was so much quicker to support the course than anyone else.
- A.C. Were there certain core ideas that the Tavi considered important, to be an important ingredient in social workers' training, which they wanted to put across during that training which could then be taken out into this variety of settings.
- E.I. Well, there was psychoanalytic theory in general, but perhaps particularly the understanding and use of the transference and counter-transference. That was a special Tavi contribution as it were.
- A.C. Could it be accurate then to say that you are the person in British social work, I guess, who actually put that into language for social workers? You put it into a social work context?
- E.I. Well, Noel Hunnybun and Margaret Ferrard [58] wrote a book, which was largely about transference and counter-transference.
- A.C. That was afterwards.
- E.I. It's true that they published it later, but that was mainly because when two fully employed social workers are writing a book, they write it literally, in a month of Sundays. And they were very meticulous authors. But in fact I think they were probably already writing this book when I when I joined the Tavi. I simply got into print quicker, partly because I was content with articles rather than a book, and partly because I write a bit quicker.
- A.C. So you write that stuff easily?
- E.I. I wouldn't say all that easily. I don't write as easily as people sometimes imagine that I do. It varies a good deal actually. Some things I find hard and slow to write and other things come much more easily. It was very interesting the history of that paper on transference and reality. After a while at the Tavi I became uneasy, because I felt the boundaries between casework and psychotherapy were becoming so flimsy, and partly I became aware that the students we had from the various settings to which they were returning, would not find the psychotherapeutic technique appropriate with a lot of their clients. Also I became aware through contact with them and other social workers and other things I read, that other methods did work. I was quite impressed,

for instance, by that paper by Ratcliffe and Jones [59] that I quote and by that time there were quite a number of papers which I quoted in that article that made me think, as it were, and made me doubt. I was beginning to be aware that there were different ways of using the transference, apart from interpreting it, which was the only use then contemplated at the Tavi. I tried to explain this in a staff meeting but there were so many interruptions that it was extremely difficult to get anything across. I remember for instance, saying that I thought the aim of working through all the paranoid and depressive anxieties in the transference was much too ambitious for social workers, but some people thought that nevertheless that was the direction they were aiming in, and I said that if I wanted to go from London to Watford, I wouldn't say it was the fraction of the way to John-o'-Groats! But I ended that meeting very discouraged, feeling that I was never going to be able to get this across. John Bowlby encouraged me to continue my efforts, but said I ought to write a paper and circulate it before the meeting as a basis for discussion, which I did, and which was more successful. I think that was the Freud centenary year, and I was asked if I would like to contribute an article to the *Journal* [BJPSW] specifically in relation to the Freud centenary. So I worked this Tavi paper up into the paper which was eventually published: *Transference and Reality*. Now you also mentioned the paper on *Renaissance in British Casework*. That had an interesting genesis. The first year of the advanced course in casework we succeeded in getting four students who were self-financing, but it was quite clear we wouldn't get very many self financing students. Noel Hunnybun fortunately had a connection with the Field Foundation [60] arising from some work she'd done with English evacuees to America during the war.

A.C. I read her article about that in an early *Journal*. The first or second issue of the *Journal*.

E.I. That's right. So having this contact with the Field Foundation she applied to them for support and they made available grants for a certain number of students each year. After a few years we thought that they might be glad of a little publicity in acknowledgment of all this help, and so I undertook to write an article for *Social Work* for this purpose. As I began to write it I got very interested in the double theme of the impact of psychoanalytic ideas on casework in this country, and the intermittent influence of American social work on British social work. So that I became quite interested in it for its own sake, as it were. One of the interesting things that I dealt with in that paper, to some extent, was the extreme difficulty that the American-trained PSWs had in influencing casework in this country. Casework in general was understood in COS terms. It really hadn't developed as it had in the States. I think the PSWs came back understanding that psychiatric social work was only casework in a special setting, but it was very hard to get this accepted in the country as a whole. For everybody else casework was one thing and psychiatric social work was another, and so there was very very little influence on casework in general before the war. Then I think the demonstrated value of psychiatric social work with evacuated children during the war made a difference.

By the time I came back from Israel the COS had become the FWA and Olive Crosse, who had been secretary of the Southwark office when I was a student, had now become the secretary of the organisation, and so she was arranging occasional conferences with PSW speakers, to try to get across some quite basic ideas like confidentiality, and the more conscious use of the relationship in casework. There'd

been two or three of these conferences addressed by PSWs and then a group was formed to meet regularly with Betty Joseph [61] as tutor or consultant. During the period when I was waiting for my job at Tavi I was asked if I would conduct a group for FWA staff and agreed. It wasn't until later that I gathered that these were the people who had not been accepted for Betty Joseph's group, so they were not in the best frame of mind in any case. I met the group as a whole: (quite a big group, I think, something like 30). So I had a talk about what I hoped to do with them, presenting what I offered very carefully and modestly, saying that I proposed that they should discuss with me cases that were presenting them with problems, and that we would explore whether a PSW as such had anything to contribute. I also proposed to split the group into two and meet with the two halves on alternate weeks. One of these groups was fairly accepting and cooperative, but the other one had several quite hostile members, one of whom was quite outstandingly hostile. I reminded this sub-group that we had already made some plans, and one member said 'Yes we were going to discuss the New Casework.' This other member, whom I will call Mrs. X, immediately said 'There's no such thing as The New Casework; there is nothing new in casework, or if there is, it's all rubbish. There are a few crazy notions like confidentiality for instance. Over my dead body, confidentiality! Confidentiality! is nothing but lack of confidence in other social workers. And all this about the use of the relationship, we were taught not to think about ourselves but to think about the clients, and now when people say we ought to be thinking about the relationship it puts you off your stroke.' There was a lot of anger about these conferences they'd been to, which completely unnerved them, made them feel that everything that they had learned and practised was out of date, and that they were quite unable to offer what was now demanded. One of them said she'd gone straight back to the secretary after a conference and said 'Don't you send me any more students' and another one chimed in and said 'Yes and I bet she sent you twice as many.'

- A.C. You wrote an article about the Tavi course didn't you? that was published in one of those Eileen Youngusband collections. *What is advanced casework?*
- E.I. Yes.
- A.C. In there you seem to be having not exactly second thoughts, but I think you said you regretted using the word 'advanced' in relation to that course because you thought people had got the wrong end of the stick.
- E.I. That's a paper I was asked to give at a meeting at Barnett House.[62] I subsequently changed the title somewhat. Yes, because people like Arthur Hunt, [63] a former Tavi student, had been describing advanced transference, and at the same time we're saying that this was inappropriate for many of their clients; that they could only use this method with certain clients. It arose out of very much the same kind of thinking that went into *Transference and Reality*. He changed the title of the course from 'Advanced Casework Course' to 'Advanced Course in Social Casework.'
- A.C. *Transference and Reality*. That was presented when I did my training. We were all sent off to read it together with Tilda Goldberg's paper, *The Function and Use of Relationships*. There were a series of meetings of the APSW on that subject weren't there?

- E.I. Yes, in the Barnett House paper I was pretty much going over the material of *Transference and Reality* again. Presenting it rather differently and also insisting that the alternative way of using the transference in terms of a corrective relationship is just as difficult, and therefore just as advanced, as the more psycho-therapeutic way.
- A.C. Was it your hope that all social workers would be able to understand and use the ideas that were in those papers?
- E.I. Yes.
- A.C. What are your thoughts about that now? What are your feelings about the capacity of the profession to make use of those ideas you have given us?
- E.I. Well I think the opportunity to use them is now highly restricted ; because of all the practical tasks. Apart from that, I don't know what proportion of social workers are trained to have that insight. It seems to me that a diminishing proportion are trained in that way.
- A.C. Because for my generation those were basic ideas. Those articles were putting into words a whole frame of reference in which we work. Also the things you wrote about the working with so called problem families. My work background was with FSU Talking about the social worker taking a role that was basic to my generation.
- E.I. But that isn't so now, is it?
- A.C. No it's not.
- E.I. In fact the first review of my book to come out, said that it was quite refreshing to be reminded of casework because we have almost forgotten all about it!
- A.C. I've got young colleagues who come into my room to borrow my copies of the Journal, to get to those articles again. My young colleagues find those articles, yours and others, as a revelation.
- E.I. You know that I have republished them all in a book?
- A.C. You must be familiar with PSWs at that time saying 'I'm not a high-powered PSW' What they often meant by that was really 'I'm not an Elizabeth Irvine type PSW'. A tribute to you!
- E.I. I think one very sad thing, which made me feel very guilty, (and this was one strand of motivation which went into those papers we have been talking about) was that I found that colleagues, particularly in the adult field, would describe what was obviously very sensitive and successful work that they'd done in the use of relationship, but would describe it so apologetically because it wasn't interpretative. I came to feel that we'd really done quite a bit of damage by being so much more articulate about interpretative work than the people who practised relationship work.
- A.C. Did you feel that you were like a lonely voice?
- E.I. No I don't think I ever felt all that lonely. Of course I edited the *British Journal of Psychiatric Social Work* for a while. There was Ferrard and Hunnybun and Tilda Goldberg was also writing as you said, and various other people wrote some very

good articles. Irmi Elkan, [64] of course wrote two or three. (Another PSW who also eventually became a psychotherapist) There were some very good articles by Margaret Eden, [65] Margaret Tilley, [66] and Edgar Myers (Interviewee no 15) and A. M. Laquer. [66a]

- A.C. A lot of critical things were said about the social workers of 1929 -1959, I'm thinking, basically, of Barbara Wootton's book [67] but also of the sort of things Audrey Harvey [68] was saying round about this time, I just wondered what you would say about them all?
- E.I. I think they all really stem from Barbara Wootton's line. That the major problems of the poor stem from poverty; that such other problems as they may have are not problems that people can be helped with; and that although we have services to deal with poverty, they're so complicated that the poor can't use them without a lot of guidance. There was also the phrase 'the social worker is setting up to be the poor man's psychiatrist'. My answers are that, we do have services to deal with poverty, that if they fail to deal with it effectively because they are too complicated, the answer is to simplify them rather than to commandeer a whole profession to guide people through an unnecessary maze; that I see no reason why the poor should not have just as many emotional problems as the rich, some connected and some unconnected with their poverty, but not problems that will be removed if you remove the poverty. I think they have just as much right to help with their emotional problems as the rich.

I also had a period recently at the Open University. I was concerned with the course on *Social work, Community Work and Society*, and I found that many of the contributors there were making a false dichotomy as regards whether people needed help with practical problems or emotional problems, whereas I think the great virtue of casework is that it can help people simultaneously with both.

- A.C. Reminds me of Edgar Myers' article he wrote with Lacquer dealing with the clients' inner and outer needs.
- E.I. That's right.
- A.C. So you didn't comment on her "mini-psychiatrist" criticism?
- E.I. Well I did in a sense, when I said that I think the poor have just as many emotional problems and therefore just as much right to have help with them. I don't see why they should be deprived of help just because they can't afford psychotherapy!
- A.C. And it's part of the social worker's brief to do that?
- E.I. Well if the social worker doesn't help with the emotional and relationship problems I don't see who else is going to do it. But for many of them casework, with its more active relationship is more appropriate than psychotherapy. When you come to problems like battered babies for instance, I don't see how you can deal with that effectively without as much knowledge about motivation and irrational process as possible. One fallacy I think is this assumption that because so many of the clients are poor, the function of the service ought to be to deal with poverty. Because in fact the services which were united according to Seebom [69] were not set up to deal with poverty. The Child Care Service was not established to deal with poverty! But suddenly this has become their major function.

- A.C. Have you written about that anywhere?
- E.I. I wrote a little bit in the OU Course. I think Bill Jordan [70] has made this point very well in *Poor Parents* hasn't he? Yes, I might come back to it if I got a stimulus, but I've been writing about other things recently. I was asked to provide a commentary on some case studies on post partum mental illness, which I think I have more or less finished now. I'm also helping to condense a monumental book on disabled children and their families.
- A.C. The reason why I reacted just now when you were giving your reply to the Wootton argument was that you were talking, to my mind, about social policy, and the way in which social policy-makers choose to characterise problems. Which goes back to the earlier part of our conversation when I was trying to get at agency functions. Thinking back on our conversation your major interest has been in helping people. I was trying to understand where were the links with social policy, the way in which we choose to deal with problems, what we say social problems are, and how we tackle them, what we believe to be their cause, and so on.
- E.I. I belatedly learned to think a bit more about social policy through working at the OU!
- A.C. What is the best social work thing you have ever done during your career?
- E.I. Are you thinking in terms of a case or what?
- A.C. I purposely left it open-ended. What are you most pleased about professionally?
- E.I. Well, that's a difficult one. I think I felt a lot of satisfaction with some of the groups for maternity and child welfare workers. On the other hand there's a client I described in at least one of those papers, a client who started out quite hostile, wanting to know why social workers were always elderly women; and the one to whom I offered a second hour because I felt that one wasn't enough. It was a long case such as one couldn't have carried for that length of time elsewhere than in child guidance; but it did work out extremely well. She made this rather unsatisfactory second marriage, while I was working with her, to a very self-centred un-giving sort of man, who kept her in a continual state of frustration because he could be generous with other people, but not with her. They were not very satisfactorily housed somewhere in London. It wasn't really bad housing, but it wasn't all that good. She wanted to move, but there was a financial problem. Eventually it emerged that her father, who owned a cinema somewhere had in fact settled a capital sum on each of his children, but whereas he had given it outright to her siblings he was keeping hers for her, and she could never screw up her courage to ask him for it in case he refused, because then she would be so furious. She had a lot of trouble with her temper. We did a lot of work in the course of these three years on her oedipal problems, and eventually she and her husband had notice to quit their home in London, so they had to do something. So at that point she was able to screw up her courage to ask her father for the money, and to her surprise, he not only gave it to her quite willingly, but believe it or not, her mother had no objection! After which she was able to go ahead and find a very nice little cottage that she and her husband really could enjoy and take a pride in it. He started decorating, and when I last saw them things seemed to be going quite nicely.
- A.C. Thank you very much.

EDITORS' NOTES TO THE IRVINE INTERVIEW

1 Malting House School. In 1924 Geoffrey Pyke, eccentric and wealthy, opened an infants' school in his own home in Cambridge. He wanted an imaginative education for his son, his own having been very unhappy. The school closed in 1929 due primarily to bankruptcy.

2 Susan Isaacs (1885-1948) In 1907 she trained as a teacher for 5-7 year olds at Manchester University, then took a degree in philosophy and graduated in 1912. She was an educational psychologist and psychoanalyst. 1924-7 she was Head of Malting House School, Cambridge (see below), 1929-40 she was the agony aunt (as Ursula Wise) on children's problems in child care journals. In 1933 she was appointed as the first head of the Child Development Department at the Institute of Education.

3 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.

4 The Mental Health Diploma Course at the LSE. This one year course was established in 1929 with financial aid from the Commonwealth Fund in the USA and

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

5 London Day Training College was opened in 1902 to train male and female teachers. It was a proposal of the LCC to the University of London. By 1909 it was renamed University of London, Institute of Education.

6 Samuel Slavson (1890-1991) trained as an engineer and then a teacher. Began groupwork with children in 1934 in New York. Described in 1979 as being among the “select group of explorers acting as their own guide”.

7 Harold Joseph Laski (1893-1950). Marxist political theorist, academic, author and broadcaster. There exists a substantial literature about Laski--his political ideas, his influence on the British Labour Party and Labour Governments for 30 years, his radio broadcasts and his professorship at LSE from 1926 to 1950, the latter being most relevant to the brief references to him by some of Alan Cohen's interviewees.

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

9 Lionel Robbins (1898-1984) graduated from the LSE in 1923 and spent all his working life there. Was Professor of Economics 1929-61 and continued on part-time basis until 1980. Best known for the *Robbins Report* 1963 which urged massive expansion of university education. Made a baron in 1959.

10 Morris Ginsberg. (1889-1970). Lithuanian born, graduated at University College London and was invited by L. T. Hobhouse to join him on the staff of LSE where he eventually became Reader and then Professor of Sociology. *Psychology and Society* (1921) and *Sociology* (1934) were among his publications.

11 Charles Mostyn Lloyd a barrister who was Head of the Department of Social Administration at the LSE 1922-44. A prize is awarded in his name for outstanding performance at MSc level.

12 **Lucy G. Fildes**. Assisted William Moodie in establishing the Canonbury (London) Child Guidance Clinic. Wrote some practical articles such as *Suggestions for a Clinic Playroom* (1936), co-authored with Susan Isaacs and Gwendolen Chesters. In 1937 wrote *The relation between Difficulties and behaviour Problems*.

13 **Sir Cyril Burt** (1883–1971). Psychometric psychologist and eugenicist. His first teaching job was at Liverpool University at a time when the Eugenics Society was very influential and the 1913 Mental Deficiency Act required children with learning difficulties to be transferred from elementary schools to schools for the “feeble minded”. His career was mostly involved with research and debate about the inter-relationship between heredity, intelligence, race and class: highly contentious territory between champions of universal education and its opponents. In the 1920’s and 1930’s he chaired the Eugenics Society’s long-running Pauper Pedigree Project, which was designed to show that the pauper class was a closed, inbreeding group of interrelated families, and that pauperism could be traced to a heritable biological defects that revealed immorality, feeble-mindedness and criminality. The results of the study were published in 1933. He continued in several influential positions, including with the LCC, and published widely until the 1960’s when the tide turned against policies of rigid selection. After his death much of key research findings on twins were shown to be questionable, if not fraudulent, and his reputation suffered severely.

14 **Miss Edith Eckhard** taught at the LSE from 1919 to 1952, firstly as Assistant Lecturer, then as Senior Tutor (to the Almoner students) and finally as Deputy Head of the Social Science Department. Miss Eckhard was part of a long campaign to encourage the mutual raising of standards in social studies departments in the face of a proliferation of *ad hoc* courses. She was Secretary of the Joint University Council which published *Training for Social Work* in 1926 and in which the training needs of Almoners were recognised. For a period she served on the Executive Council of the Institute of Almoners.

15 **Charity Organisation Society** frequent was founded in London in 1869 and led by Helen Bosanquet (1860–1925), social theorist and social reformer and Octavia Hill ((1838–1912), housing and social reformer. It supported the concept of self help and limited government intervention to deal with the effects of poverty. The organisation claimed to use “scientific principles to root out scroungers and target relief where it was most needed”. It organised charitable grants and pioneered a volunteer home-visiting service that formed the basis for modern social work. The original COS philosophy later attracted much criticism though some branches were much less doctrinaire than others. Gradually volunteer visitors were supplanted by paid staff. In 1938 the COS initiated the first Citizens’ Advice Bureau, and continued to run CABx branches until the 1970s. The COS was renamed Family Welfare Association in 1946 and still operates today as Family Action a leading provider of support to disadvantaged families. [For more information, see Charles Loch Mowat *The Charity Organisation Society 1869-1913* (1961), Madeline Roof A *Hundred Years of Family Welfare: A Study of the Family Welfare Association (Formerly Charity Organisation Society) 1869–1969* (Michael Joseph 1972) and Jane Lewis *The Voluntary Sector, the State and Social Work in Britain* (Brookfield 1995). Michael J.D. Roberts, in an article ‘*Charity Disestablished? The Origins of the Charity Organisation Society Revisited, 1868-1871*’ in the *Journal of Ecclesiastical History* (CUP 2003, vol 54).

16 **Olive Crosse** is described as an “early social work tourist” by David Burnham in *The Social Worker Speaks: a history of social workers through the 20th century*. Ashgate. (2012).

17 **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.

18 **Marie Stopes** (1880-1958). Palaeobotanist, coal scientist, sex educator, publicist and advocate for birth control. After graduation Stopes went on to a remarkably successful scientific career in palaeobotany, the study of fossil plants. A passionate advocate of many causes, she focussed on the need for, and methods of, birth control for most of her life. Her books *Married Love* and *Wise Parenthood* were bestsellers and made her name internationally. Her first birth control clinic opened in London in 1925 but thereafter she had great difficulty in co-operating with other birth control organisations.

19 **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.

20 **Sir Aubrey Lewis** (1900-1975) first Professor of Psychiatry at the Institute of Psychiatry, London –which was the designation given to the Maudsley Hospital Medical School in 1946. He had a profound influence in the development of psychiatry in the UK, partly through his own work and published papers and lectures, partly through his influence on many of his students. From a Jewish family in Adelaide, he attended a local Catholic school and went on to graduate as a doctor from the Adelaide University Medical School and then practice in the City's Hospital. Awarded a Rockefeller scholarship, he trained in the USA, Germany and England and became thoroughly committed to psychiatry. In 1928 he obtained the membership of the Royal College of Physicians and went to the Maudsley Hospital, London, first as a research fellow, and from 1929 as a member of the clinical staff. He remained there until his retirement. During the thirty years of Lewis's leadership

the hospital and institute emerged as a postgraduate research and teaching centre of world rank, with a leading position in the United Kingdom. Around himself Lewis established a group of research workers who transformed British psychiatry from a clinically orientated study to a respected academic discipline with foundations in the empirical sciences, particularly epidemiology, psychology, neuroendocrinology, neuropathology, and biochemistry. He helped to train a generation of psychiatrists who later occupied many of the principal psychiatric posts in the United Kingdom and elsewhere. Although Lewis wrote no books, he published numerous papers, notably on melancholia, neurosis, history, and biography. He was particularly interested in social and economic influences on mental illness. In 1942, for example, he was honorary secretary to the neurosis subcommittee of the Royal Medico-Psychological Association which examined the relevance to psychiatric disorders (such as neurosis) of poverty, occupation, unemployment, and housing. He is remembered primarily for his creation of an internationally recognized institute for psychiatric research and training. [Further information available from: Royal College of Psychiatrists online Archive No 14.]

21 Canonbury Child Guidance Clinic (sometimes referred to as the London CGC) was started in 1929 with financial aid from the American Commonwealth Fund whose officers wished to give support to child guidance and psychiatric social work with children in England and Scotland. Several distinguished staff members worked there, including John Bowlby from 1936 to 40.

22 Nancy Fairbairn was a PSW at the Child Guidance Training Centre and followed the US model with visits to the child's home with reports on the whole domestic environment. Said to have had a profound impact on Bowlby's perception of the social and family influences on the developing child.

23 Anna Freud (1895–1982). Psychoanalyst. Sixth and youngest child of Sigmund Freud, the founder of psychoanalysis, and his wife, Martha. Educated in Vienna, she began to take an interest in her father's work on psychoanalysis from the age of 14. An early visit to England was interrupted by the First World War but she returned with her family in 1938 to avoid the growing persecution of Jewish people.

Her career followed the path of her father and contributed to the new and developing field of psychoanalysis. Alongside Melanie Klein, she may be considered the founder of psychoanalytic child psychology: her father stated that child analysis had received a powerful boost through "the work of Frau Melanie Klein and of my daughter, Anna Freud". In London, she pursued many of her interests from Vienna and, following the outbreak of war, she was deeply concerned by the plight of children made homeless by bombing. Accounts of the work she did with Dorothy Burlingham are collected in *Young Children in Wartime* (1942) and *Infants without Families* (1944). At the end of the war many of the staff sought further training and a course in child analysis was instituted in 1947. This was followed in 1952 by the foundation of the Hampstead Child Therapy Clinic – later to be named for Anna Freud - to which the course became closely linked. Her work on child development, normal and abnormal, was now greatly expanded and reinforced by the new facilities and over several years there was a substantial output of important publications, many of which stemmed from the staff's own clinical research. For example, Anna Freud's most important book, *Normality and Pathology in Childhood* (1965).

24 **Dr. William Paterson Brown** “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. 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.”

Extract from Alan Cohen's interview with Robina Addis, Interviewee No 1.

25 **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 the London Child Guidance Training Centre was opened as a clinic in Islington under his professional direction and with financial support from the Commonwealth Fund. This clinic was the first centre in this country in which psychiatric social workers as well as psychiatrists and psychologists could be trained.

Moodie's publications included: *The Doctor and the difficult adult* and *Child Guidance*, both published in 1947.

26 ***Boundaries of Casework: A symposium*** was published by the APSW in 1959 and it was the report on a residential refresher course held by APSW in Leicester in 1956.

27 **(Amy) Gordon Hamilton** (1892- 1967). Social work educator at the New York School of Social Work at the Columbia University School of Social Work from 1923 to 1957. She was an admired teacher, thinker and writer with a considerable influence on European social work pioneers as well as in the USA. Her particular concern was for the direction and quality of social work education. She was an outstanding contributor to social work literature and her most important work was *The Theory and Practice of Social Casework* first published in 1940. See *Notable American Women: the modern period: a Biographical Dictionary*. Harvard University Press. 1980

28 **R. D. Gillespie**.(1897-1945) studied in Glasgow and America. Was at Guys Hospital, London, from 1925 and was a psychiatrist to the Royal Air Force, 1939-45.

29 **Mrs. D. H. Hardcastle** wrote an article *A Follow-up study of one hundred cases made for the Department of Psychological Medicine, Guys Hospital* in *J. Mental Science*, 90, 1934.

30 **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.

31 **Child Guidance Council** was set up in the 1920s funded by the Commonwealth fund. It bankrolled British child guidance until 1939. A full history, *The Dangerous Age of Childhood: child guidance in Britain c.1918-1955*, was written by John Stewart (2012).

32 **Lancelot Hogben** (1895-1975) In 1930 was the Professor of Social Biology at the LSE and went to Aberdeen in 1937 as Professor of Natural History. His book *Mathematics for the Million* was the first popular maths book, and was published in 1936.

33 **The Commonwealth Fund (of America) and Commonwealth Scholarships** had its origins in the philanthropic efforts of the Harkness family. Its original 1918 endowment of \$10 million expanded to \$53 million by 1959. Child welfare has been a major focus of its grant making. In 1925, the Fund launched its international program of fellowships called The Commonwealth Fund Fellowships (now the Harkness Fellowships). A number of people in the UK (including some of the Cohen interviewees) were invited by the Commonwealth Fund to visit the USA in 1927, and an offer was made to train a group of UK social workers in psychiatric social as a preparation for opening a child guidance clinic in this country. When the visitors returned to the UK, they presented a report to the Child Guidance Council on the development of child guidance clinics in this country. This report stressed the need for making clinics an integral part of the school system and it also advocated co-operation between clinics and hospitals. From 1929 to 1940 the Commonwealth Fund also completely financed the LSE to deliver the first university training course for psychiatric social workers: the Diploma Course in Mental Health. For an informed discussion see: Stewart, J. (2006). *Psychiatric Social Work in inter-war Britain: American ideas, American philanthropy*. In Michael Quarterly. www.dnms.no and Noel Timms (1964). *Psychiatric Social Work in Great Britain: 1939-62*.

34 **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 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, but mostly from genetic factors.

35 **Ronald William Fairbairn** (1889-1964) Scottish psychiatrist and psychoanalyst who spent his entire career in Edinburgh. Was a central figure in the development of the object relations theory of psychoanalysis.

36 **Philadelphia Child Guidance Clinic** was opened in the mid 1920s with the Children's hospital next door. Was bought by the hospital in 1996 but closed in 2000 for financial reasons.

37 **Margaret Dobie** was a general secretary of APSW. When BASW established its Social Work Educational Trust in 1972 there was a Margaret Dobie Fund as part of it. .

38 **Bexley Mental Hospital** was opened in 1898 as the seventh asylum in London. By 1915 it held 2544 patients, none voluntary, with wards of 60. It closed in 2001.

39 **Dr. Sybille Yates** is described as "psychologically sophisticated" by Brett Kahr in a 1979 biography of Donald Winnicott.

40 **John Carl Flügel** (1884–1955), psychologist and psychoanalyst. It was claimed that he was virtually the only British psychologist of his day successfully to straddle academic psychology and psychoanalysis. He co-founded the London Psychoanalytical Society with Ernest Jones, and later, in 1919, the British Psychoanalytical Society. He became secretary of the International Psychoanalytic Association (1919–24) and assistant editor of the *International Journal of Psychoanalysis*. His *Psychoanalytic Study of the Family* appeared in 1921 and other highly regarded books were *Man, Morals and Society* (1945) and *Population, Psychology and Peace* (1947).

41 **Provisional National Council for Mental Health** At the start of the war Mental Health Emergency Committees had been formed and in 1942 they became the Provisional National Council, divided into 13 areas. By 1946 it had become the NAMH.

42 **Sylvia Anthony** was a psychologist who had a particular interest in children's understanding of death.

43 **Bishop Creighton House Clinic** was opened in the 1930s. The House was a settlement in Fulham which began in 1907 and was founded in memory of Bishop Creighton, a former Bishop of London. The settlement is still operating.

44 **Inner London Education Authority** was the education authority for the 12 inner London boroughs from 1965 until its abolition in 1990.

45 **William Beveridge** (1879-1963) was an economist, writer and academic. Joined the Board of Trade in 1908 and became an authority on unemployment. He had become interested in unemployment and other social issues through working at Toynbee hall in 1903 where he had close contact with Sydney and Beatrice Webb. He was Director of the LSE 1919-37 but resigned in 1937. This was thought to be over his serious interest in eugenics, he was a member of the Eugenics Society. *The Beveridge Report on Social Insurance and Allied Services* (1942) was part of the foundation of the welfare state.

46 **Left Book Club** was founded in 1936 by Stafford Cripps, Victor Gollancz and John Strachey to revitalise and educate the British left. It recommended a book a month and by 1939 it had 57,000 members.

47 **Curtis Committee Report.** 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.

48 **Tilda Goldberg** (1912 -- 2004) was a well known and respected social researcher who was born in Berlin and studied psychology and economics at the University. Came to England in 1933 and worked in a child guidance clinic for seven years; from 1943 to 1949 she served as an aftercare officer in Newcastle and assessed the needs of people discharged from military psychiatric hospitals. Was editor of the *British Journal of Psychiatric Social Work* from 1961 to 1965 and Director of Research at the National Institute for Social Work for 14 years until her retirement in 1977. She was a strong advocate of evidence based research and evaluation; and she bequeathed a substantial sum for the establishment of the Centre for Social Work and Social Care at Bedford University. The paper referred to here is *The PSW in the Community* in the BJPSW iv,2, 1957.

49 **Gerard Caplan** Studied child psychiatry in Birmingham and at the Tavistock. Went to Israel in 1948 and gathered information for Bowlby on children reared in the Kibbutz. Spent many years in Israel and the USA. He is best known as a community psychiatrist and is viewed as a hero in that field.

50 The book mentioned may be Caplan's standard work *Principles of Preventive Psychiatry* (1964)

51 **Youth Aliyah** was set up in 1933 on the day Hitler came to power, 30th January, by Becha Freier, a rabbi's wife. It aimed to rescue German Jewish children. Its work continues but now focuses on young newcomers to Israel.

52 **Jona Rosenfeld** He was a social worker at the Lasker Centre and also worked with Youth Aliyah. Was the first full professor at the School of Social Work. In 1998 he was awarded the Israel prize for research in social work.

53 **Paul Baerwald School of Social Work** It was established in 1958 by the Israeli Government and the American Jewish Joint Distribution Committee. The latter had been founded by Paul Baerwald (1871-1961) in 1914, who had been a successful banker until 1930 when he retired to devote his life to philanthropy.

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

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

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

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

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

of the trilogy *Attachment and Loss*, followed by *Separation: Anxiety and Anger* in 1973. The trilogy was completed by the publication of *Loss: Sadness and Depression* (1980).

56 **Mollie MacKenzie** (1907-2000) Trained at the Royal Free Hospital 1925-30 and was a GP during the war. Then she trained as a psychoanalyst and went to the Tavistock Clinic in 1950 as senior registrar to Bowlby. She became his deputy in 1957 and a consultant in 1966. She was the director of the department for children and parents from 1968-72 when she retired.

57 **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.

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

59 This may refer to an article by T. A. Ratcliffe and E. V. Jones, *Regional Community Care in Mental Health*, 8, 1949.

60 **The Field Foundation** was established in 1940 as a family foundation and was concerned with the impact of the economic depression in the USA. Its work in support of disadvantaged individuals and communities continues today, primarily through the Chicago Community Trust.

61 **Betty Joseph** (1917–2013). Trained at Birmingham and as a PSW at the LSE. She assisted Sybil Clement Brown by giving occasional lectures on the LSE Mental Health Course. Then became a psychoanalyst and eventually a distinguished senior member of the British Psychoanalytic Society. For her own account of her work see the 2006 interview with Daniel Pick and Jane Milton at www.melanie-klein-trust.org.uk

62 **Barnett House** was opened in Oxford in 1914 as a memorial to Canon Barnett, a former Warden of Toynbee Hall. It was a centre for study, training and debates on social and economic issues. By 1961 the House was fully absorbed into the University as the Department of Social and Administration Studies.

63 **Arthur Hunt** eventually became Director of Social Services at Southampton and then Hampshire.

64 **Irmi Elkan** was a psychiatric social worker attached to the Child Guidance Clinic at Paddington Green Children's Hospital and worked with Donald Winnicott there.

She represented the APSW on the National Child Development Study consultation committee and published *Interviews with Neglectful Parents* as a pamphlet in 1956. She appears in the 1971 photograph (on the LSE website) of the staff of the LSE's Social Science and Administration Department.

65 **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

66 **Margaret Tilley** For example she wrote *The Religious Factor in Casework* in the BJPSW in 4,1950 and *The Trained Social Worker's Approach to the Individual Prisoner* in the *Howard J. of Criminal Justice*, 9,1954.

66a **Miss M. A. Laquer** qualified as a PSW in 1950 and went on to work in the Walthamstow Child Guidance Clinic. Both she and Edgar Myers (Interviewee no 15) addressed the "caseworker's tasks and problems in meeting the inner and outer needs of clients" in the October 1954 issue of the BJPSW. In the same journal in March 1953 she published *Interview with a mother in the presence of a young child*.

67 **Barbara 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* (1967) and from Ann Oakley's biography *A Critical Woman* (2011).

68 **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

69 **The 1968 Seebohm Committee and Report.** (Home Office. *Report of the Committee on Local Authority and Allied Personal Social Services*. [Chairman, Frederic Seebohm, later Baron 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.

70 **Bill Jordan.** Professor of Social Policy at Plymouth University in 2012. The book referred to is *Poor Parents: Social policy and the Cycle of Deprivation*, Routledge and Kegan Paul, 1974
