

THE COHEN INTERVIEWS

CECIL FRENCH -- Interview no 8.

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 With one exception (No 24, Clare Winnicott) the interviews were unpublished until this edition in 2013.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

Cecil French

A few of the interviewees mention Relieving Officers for example Mary Sherlock (Interviewee no 16) comments on how as an almoner it was very helpful in terms of obtaining resources to be "on very good terms with the Relieving Officer". Cecil French who qualified as a Relieving Officer in 1936 gives us considerable insight into just what the role could entail. The exams alone were daunting requiring for example candidates to know the 32 columns which differentiated the many types of relief and for whom it could be given.

Although French was working at the tail end of the Poor Law system it was still as he saw it judgemental and unjust. There was a vast hierarchy of people to be chased when trying to obtain information about paying for someone who was chargeable on the rates. Making sure the right authority paid was also essential hence French and a colleague escorting a person from Bedfordshire to Scotland as the latter was his original home. It was important to distinguish between "lunatic" and "defective" as the latter had better support from the local authority.

The workloads were astonishing. French when newly qualified, aged 21, had 90 cases to be seen each week and this rose to 250 with promotion. You had to be available 24 hours a day, seven days a week and 50 weeks a year. French remembers being called out from the cinema for work. With the 1948 reorganisation it was at last possible to work in depth though still not seeing himself as a social worker. He moved then into the Health Department, under the Chief Medical Officer, to deal with mental illness and mental deficiency.

His subsequent career, entirely spent in Bedfordshire, was marked by his PSW training in Edinburgh, his work with colleagues commenting on the drafts of the 1959 Mental Health Act and his development of what he described as “one of the best mental health services in the country”. At the age of 35 he was a challenging pupil at Edinburgh frequently telling the law lecturers they were simply wrong and never sure himself that he had quite shaken off his “authoritarian yoke”. But it was “bliss” to only have 10-15 cases to work with. However he didn’t find that the course required “any major reorientation of approach”. We had always used casework principles even if we didn’t know the word. He was scathing about the Barbara Wootton criticisms in 1959: “she was talking out of the back of her neck”, whilst on the ground he and his colleagues were working in the face of “impossible odds”.

French worked with three professional associations in submitting evidence to the Royal Commission (the Percy Commission) which led to the 1959 Mental Health Act and felt that this and other work did influence the final outcome. It was the absence of financial provision which was to be the Achilles heel of the new system.

The development of mental health services in the county was what French felt most proud of when interviewed by Alan. In 1971 the Bedfordshire County Council published French’s report to its Health Committee: *A History of the development of the mental health service in Bedfordshire 1948-1970*. Earlier in 1966 Cecil French had written a report entitled *An Attempt to evaluate some aspects of a community mental health service for 1949-1964*. This was a report for the council but it was published in *Public Health* 80 (3), March 1966. French argued that with an adequate strength of officers and a training programme the admissions to hospital under compulsory powers could be reduced.

However with this interview there is a form of post-script. Some ten years after Alan’s interview (1980), Jan Walmsley interviewed Cecil French as part of her Open University PhD thesis, *Gender, Caring and Learning Disability* (1993). At the same time Dorothy Atkinson was conducting a Past Times project in Bedfordshire which over two years brought together nine older people with learning disabilities to discuss their experiences. Her findings were published privately in 1993. Then in 1999 the Professor of Oral History at the Open University, Joanna Bornat, was the lead editor of a book published by Routledge, *Oral History, Health and Welfare*. In the book there is a chapter headed *Oral History and Learning Disability* written by Walmsley and Atkinson, which essentially contrasts Cecil French’s view of the services for the group he terms ‘subnormals’ with the views of Margaret, one of Atkinson’s group: the professional’s perspective is set alongside the patient’s perspective. Cecil French admits that it had been a battle to provide services for some 350-400 ‘subnormals’ with no hostels being opened until the early 1970s and many of this group, as there was no community provision, were placed in Bromham Hospital. French says that life there “was as comfortable as you could possibly make

it". Margaret, born in 1921, was "put away" in Bromham hospital at the age of 14 and spent the next 36 years there. For 20 years she was on a ward where she and the Sister were at loggerheads and she spent those years scrubbing floors. She left in 1974 to move into a hostel. As the authors write, the professional and the client "certainly did not tell the same story".

They are critical of French for what they term his "Fabian zeal" saying that he saw the 'subnormals' as just a group for whom he had to provide services as his job, whereas for people like Margaret it was their life. Reading both the French interviews this does seem a rather harsh judgement as he had been pushing for community residential provision for many years, but his director had a particular blind spot in this regard. Service providers have to provide for the group but always need to heed the powerful individual voices as expressed in Dorothy Atkinson's older users group. There has to be common ground between professional and patient. As Mary Sherlock said, "the patients taught you".

A.C. How did you first come into social work?

C.F. I actually went into the field in 1937. I went into Local Government almost immediately on leaving school in 1932 and spent from 1932 to 1933 in the Clerk of the Council and Clerk of the Peace's Department of the Bedfordshire County Council as first a Junior Clerk and then a slightly-less Junior Clerk, spending the majority of my time, certainly the latter part, in the Legal Department of the Council. I think it has been of inestimable value over the years in that it gave me a very solid groundwork of Local Government, as such, and law in Local Government in particular. And then in 1935 being eager, of course, to rise as rapidly as possible, I went into the, what was then, Public Assistance Department [1], got a promotion to what was then known as a third-class clerk. Now the Public Assistance Department was one of only two local government Departments in which one could theoretically get to the top without having a professional training involving a University course. The other one was the Treasurer's Department, where you could take your various accountancy exams by private study. In the old Public Assistance Department there were two parallel lines. There was the Relieving Officer's Certificate [2], and then (I forget its precise name), but it was a Certificate, aimed at the administrator in the Public Assistance Department It was something like the Administrative Officer's Certificate, but I can't remember the precise name. But they were both run under the auspices of the Poor Law Examinations Board. [3]

The only reason why I embarked on the Relieving Officer's Certificate was that it was essentially the first one at the bottom of the ladder, as it were. And I went into that Department in 1935, undertook a course of private study with a local tutor and took the Certificate in 1936, not with the idea of going into the field, because my anticipation was of being an administrator.

A.C. Can you say what sort of things were involved in the Certificate?

C.F. Well in the Certificate itself there were a whole range of papers which one had to take, you had to do a paper on the statutory books and accounts, and these were enormous. I remember that the weekly account book had something like 32 separate columns which

had to be used for differentiation of the various types of relief and person to whom relief was given, and, very amusing this, but for the purposes of this exam you had to know those columns' heads off by heart because at least every second year a question appeared in the papers: "set out the columns". Then you had a paper on the Lunacy and Mental Treatment Acts, which of course were Lunacy Act 1890, Mental Deficiency Act – no, the Mental Deficiency Acts weren't included, because they were still in the Health Service. It was the Lunacy Act, 1890 and 1891 Acts [4] and the Mental Treatment Act 1930 [5], which provided, as you remember, for the first provision for voluntary, and what was then called, temporary, treatment.

A.C. Excuse me. The Relieving Officer had nothing to do with the subnormal?

C.F. Except in so far that the subnormal person might, because they were subnormal, be in need of poor relief. But you see, the local authority had alternative powers to make grants to what were then called defectives, and by and large they were dealt with under that part of the legislation because the Local Authority grants under that legislation were more generous than they were under the Poor Law. So that by and large one didn't have any direct dealings, almost except by accident, with the defective as opposed to what was then still called the lunatic. Although officially they had by then become "persons of unsound mind", because the name was changed in 1930. Then there was a paper on the Law of Settlement [6] which, of course, goes back to Elizabeth's Act of 1601 [7] almost precisely although there was a body of case law being built up, so that whole books were written on how you worked out to whom a person belonged, for the purpose of chargeability. Now I remember having actually taken somebody back to their original home, because they had become chargeable in Bedfordshire, and had been found to be settled in Scotland. I've actually escorted somebody back to Scotland.

A.C. How would you do that? Tell me about that, then.

C.F. Normally what happened was that if a person was not chargeable to the authority on whose books he fell, then a communication went to the "home" authority and that authority would agree to meet the bill after there had been an argument as to whom he belonged. But occasionally they wouldn't for a variety of reasons, and I quite clearly remember carting this bloke, escorting this bloke, back to Glasgow, and I'll tell you why I remember it. Because I went with my fellow escort to watch one of the football teams (Glasgow Rangers) at Ibrox Park!

A.C. Two of you took him?

C.F. Oh yes. Yes. Because you see if you only had one person then neither of you could go to the loo, because he might scarpers before you got back, you see! Then there was a fairly complicated business of the law of maintenance and desertion again going back to, virtually unchanged, Elisabeth's [1601] Act. Because if you remember under Poor Law the liable relatives were husband, wife, father, mother, grandfather, grandmother, and all the children. There was a real hierarchy of people from whom one was required to demand information as to finance, as to why they weren't maintaining this person.

Then we were required to do an essay in the exam and I still remember the subject which I chose, which was: "The days of the Poor Law are numbered. Discuss this statement". This was 1936. There were rumblings towards the break up of the Poor Law. This was immediately pre-war and the Beveridge Report [8] was obviously in the air and one knew that something was coming. The intervention of the war obviously put it back, but I remember my argument was that the Poor Law as we then knew it, its days might well be numbered. But the poor would still be there because the poor are always with us. I remember actually quoting this somewhere in the essay. One had to go and take these exams at a central examination centre. They were nationally recognised exams. I don't know whether you remember, but the appointment of every Relieving Officer had to be approved by the Minister. The Head of Department, as far as I remember, could be appointed by the local authority, but every individual Relieving Officer had to be appointed with the consent of the Minister. The reason being that the Relieving Officer carried certain statutory responsibilities in his own person, among them being those which are still being retained by the Mental Welfare Officer appointed under the Mental Health Act: that he is personally responsible in so far that he is acting as a Mental Welfare Officer, and no instructions from his Senior can absolve him from that statutory responsibility. Now the Relieving Officer, - and of course the Relieving Officers' predecessors back as far as there ever was anybody, which was the early seventies, and really going right back to Elizabeth - had this direct responsibility, and the Relieving Officer had a particular special responsibility in relation to the poor in that he had direct responsibility for meeting need in an emergency, and his decision on that could not be questioned by the local authority. It would only be questioned by the District Auditor and so one had to remember and keep notes as to why one reached a particular decision as to what one was actually giving, but one's seniors could not disallow although they might disagree. I've had more than one row with my then boss, who says why did you do this, why did you give this much, or something like that, because I always tended to be rather a generous bloke in that sort of context.

A.C. Have you an anecdote about that?

C.F. Well. I remember a deserted wife and two or three children in a village somewhere near Dunstable, where there was an emergency situation and I had given a certain amount of relief. It had to be relief in kind, you gave. You actually wrote out orders for local tradesmen: Please supply Mrs. So-and-so with so many shillings' worth of groceries, and for the coalman for 1 hundredweight of coal. You had a series of tickets which you issued, you see. I had given, mid week, what I regarded (taking account of the level which was then operative) as sufficient to carry through to the beginning of the following pay week. Then the next pay week the thing was still going on. I then gave a further amount which was a full week, and my departmental boss thought I'd overdone it. I said, "It's nothing to do with you." It was a Section of the Poor Law Act. But I said, "You read section so-and-so. That's my responsibility. The only person who can crib about this is the District Auditor. If it comes along then I'll answer him." And we had a flaming row on the telephone over this. Anyway, I took this Relieving Officer's examination as I say, purely as a stepping stone towards doing something else.

A.C. Can I ask you one thing before you move on? When you keep talking about your boss, what was he called?

C.F. The Public Assistance Officer.

He was the Chief Officer of the Public Assistance Department, which operated under the Public Assistance Committee of the County Council.

There fell a vacancy for a Relieving Officer in the middle of Bedfordshire at Ampthill which is about 8 miles away down the road, and I happened to be the only person then in the department who had that bit of paper, and who was sufficiently junior still to be prepared to consider a Relieving Officer's post in a small district. I applied for this job, I was then just 21 and one had to be 21 by law in order to be appointed. I remember quite vividly attending the interview at the board room in the Institution which is still standing, incidentally, in Ampthill, and is still in use, it's now been refurbished and is an Old People's Home. It's one of the few that are still left in this area. The Chairman of the local guardians' committee for that area looked over his glasses at me and said: "I think you're a bit young" (and as a matter of fact that's why this moustache is here, because I came away from there and started growing it and I've had it ever since!)

Anyway, I didn't get the job as appointed, they appointed an outsider. Within about two months of the fellow being appointed, he fell ill and had himself to be admitted into the infirmary. I shot out there as a temporary replacement. I couldn't even drive and I had to (at the department's expense) hire a vehicle and somebody to drive me round. Because I remember for Bedfordshire there were two districts based on Bedford, Bedford No. 1 and Bedford No. 2. Each of them had part of the borough of Bedford and a great slice of countryside. Then there was a Biggleswade district based on Biggleswade and Ampthill district based on Ampthill. Now the Ampthill district, in geography, was something of the order of 75,000 acres. Nearly all villages. One urban district which was Ampthill itself and there was one bloke looking after that little lot. And there was one bloke in Bedford No. 1, one in Bedford No. 2, one in Biggleswade, one in Ampthill, two in Luton (that was divided geographically on a line) and one in Dunstable and South Beds. which in itself was approximately 50,000 acres.

I went and took this job over in Ampthill on a temporary basis. Well, it was a very very easy job to cope with really because I think it only had something about 80 or 90 cases on the books, and I know that I could (even over this quite vast tract of countryside using a hired car and chauffeur) get round. Remember one was required by law to visit all these people once every week. There was no mucking about. You didn't give them a book for six months. They were visited every week and you actually were required to see in person the main recipient of the relief. There was no argument about: "Oh, he's out." Well, if he was out, you didn't leave the money! He jolly well had to be seen, in person. It wasn't until quite late on, when petrol rationing came in, that that was extended to once in two weeks and there was quite a big furore as to whether that would mean a lot of people getting away with murder, and fiddling a week and going back to work and still drawing the money.

Going back to the story. I took over this district and while I was there the chappie (who was again a new appointment) who had been appointed in Dunstable was caught fiddling his books. It was terribly easy if you removed somebody to hospital you were entitled to employ an attendant. Now, the standard fee for an attendant was 2 shillings and 6 pence. Now, that in today's money would be 12 ½ p. Now, he was caught having "employed" people who he hadn't employed and was sacked on the spot. The boss rang me up while I was at Ampthill and said, "I've made two appointments from outside the County. One of them's gone sick and the other one's been caught fiddling the books. Would you like to take this district over?" I sort of hummed and harred just to make sure he didn't think I was falling over myself, and eventually of course said "Yes." Now just as an indication of the difference in values: in taking up that post I doubled my salary from £130 to £260 per year. I took over a district of some 50,000 acres with a case load of something of the order of 200/250 cases which had to be visited every week. Now that was the prime task, of course.

Then there was, of course, the incidence of mental disorder cropping up and in those days at least 80-85 % of people admitted to mental hospitals - even though the Mental Treatment Act had been in force for some 7 or 8 years - went in under compulsion. Those things happened, of course, at the most awkward periods. They never gave any warning. There was that to do. There were still a great number of hospitals which were voluntary hospitals, but there were also a number of what were in fact Poor Law Infirmarys which were effectively very good hospitals. Bedford General Hospital North Wing was the old Poor Law Infirmary. It had at least as good a reputation as the voluntary hospital which is now Bedford General Hospital South. But if somebody went into a Poor Law Hospital, they were technically becoming a charge on the Rates, and one had to deal with that application in exactly the same way as one did for an application for relief. One took a full case note (well we called it a case paper – it wouldn't be a full case record) and, of course, remember that that also included full details of all liable relatives, every one of whom had to be communicated with to see what their financial situation was, what they were prepared to contribute.

A.C. Were they asked, or were they told?

C.F. They were told. The letter said "Your", let's say, "mother has been admitted to St. Peter's Hospital, Bedford suffering from appendicitis" or something like that. "She is a charge on Bedford County Council: in accordance with Section so-and-so of the Poor Act you are a liable relative and are required to give information as to your ability to make a contribution. The full cost is so-and-so. If you are not able to pay this please complete the following -" and that was it! If those reports didn't come back they were chased up if necessary by the central Department, which had somebody on the staff chasing defaulting liable relatives. There was the ability to take the person to Court over this. When one reported the admission to the Guardians Committee which sat once a month, and at that committee you reported every single case which had come into your hands. What it was for, what you had done, what you recommended, and then they took a decision. Among those things were the details of the liable relatives. Then the committee said, Joe Soap will pay so much, and he had a notice to the effect that he was required

to pay so much and if he didn't like it he had to appeal. If necessary, as I say, he'd finish up going to Court, on the basis of failure to maintain.

Now one of the things which you mentioned was working conditions, and particularly in the light of the present day and the growth of night duty teams - and some of our young colleagues claiming as the basis for their demand, (and it is a demand; we had strikes threatened here) for the establishment of a night duty team. They refer to "Inordinate demands on their private lives" of standby duty. Now, I think their standby duty here works out at about three times a month. When I went into the field we were on duty 24 hours a day, seven days a week, 50 weeks in the year; there were only 7 of us in the county and if you wanted to be away, you had to make arrangements with your next door neighbour to stand by and take your calls. Our departmental boss would never allow a holiday replacement to come out even, to take over, until the Saturday morning that you were starting your holiday and you had to be back in order to take over again on the Saturday morning a fortnight hence. So that your holiday, (which was a fortnight; and that was the lot), started after you had handed over on the Saturday morning, which meant that you didn't get away until at least the afternoon. You had to come back on Friday night in order to take over on Saturday morning. And that was it! Whenever you went away from the office, day and night, one had to leave word and I always had an arrangement with the local police as to where I was.

A.C. Did they actually contact you then?

C.F. Oh yes, I've been called out of one single cinema performance three times and finally given up and not bothered to go back. When one starts to think in these sort of terms, these rather naïve claims of gross overwork annoy me and what got up my nose, particularly, was the claims of inordinate demands on private time.

A.C. When you were being called out were these mental health emergencies?

C.F. They would be mental health emergencies, or physical health emergencies or someone found wandering in a state of destitution and needing, say, immediate admission to an institution of some kind, which would almost certainly be a Poor Law Institution. It might be in certain circumstances a casual ward. Can you remember what a casual ward was?

A.C. No.

C.F. The casual wards were located approximately one day's walk apart. There were casual wards in North London: there was one at Luton, then one at Bedford and then one at Northampton. The casual, as the people became known, or colloquially "the tramp" or "wayfarer", he or she spent the night at the casual ward, was required to do certain work the following day, and (I think, if I remember rightly) they had to stay the second night and then were allowed to move on the next day. But what is now St. Margaret's Residential Home for Elderly Men, in the northern part of Luton was originally built just about 1938/9 as a casual ward, a new posh casual ward. It must have been prior to 1937 because I remember I was still then in the HQ Office, and I remember part of the specification for the place that it should be surrounded by an unclimbable wire fence to stop people scarpering after their night's lodging without doing their stint of work. In 1948

when the new Act came in, there was a devil of a furore when it was proposed to change the usage of this place from a casual ward to an old men's home. Nye Bevan, the Health Minister himself, came down to inspect the premises, specifically to ensure that it was properly suitable for the new job that it was going to do. There was quite a kerfuffle about that.

What one became more and more conscious of in the period leading up to 1948, (because I went into the army in 1940 and then came out in 1946; so I had from 1937 to 1940 and then from 1946 to 1948 of the old regime) – what one became increasingly conscious of was the fact that one couldn't do any job properly. Purely and simply, one had so many and diverse jobs to do that it was totally impossible to do any of them to any depth at all. One of the things which one welcomed about the 1948 reorganisation was the fact that it would allow one actually to do some sort of job to some degree of depth. Because it was some considerable time before I was even given a clerk. One did all one's own books and the idea that one should have a clerical assistant to actually do some of the donkey work was not even accepted.

- A.C. Did the notion of being a social worker figure in your head at that point at all?
- C.F. Well, it wasn't in that kind of terminology.
- A.C. How did you think of yourself and the job you were doing?
- C.F. One thought of oneself as a Relieving Officer. The term social worker as such didn't really exist. There were Probation Officers about who were really the social workers.
- A.C. When you described earlier on as having had an argy-bargy with your boss, about the deserted wife, did you find yourself being drawn into her domestic problems?
- C.F. In a very peripheral sort of way, because after all that wasn't our responsibility. Our responsibility was to ensure that even though her domestic affairs had gone adrift she and her children were not left destitute and the defaulting husband was pursued with extreme vigour. It was more a basically sort of financial sort of approach although depending on the individual officer. Of course, I suppose, in a way, I have a very heavily weighted non-conformist background. John Howard [9] was a local man; his statue sands in the market place in Bedford; philanthropy and “good works”. I don't think one really thought of oneself in these terms, but at the back of one's consciousness I suppose, there was a feeling that, well, at least one is doing a worthwhile job because one is relieving distress. But the term “social worker”, well, no. These were people who after all were employed by the church army or voluntary organisations and so on and you know they didn't really count. As far as we were concerned, we did the nitty gritty. Well, we didn't know much about them apart from the fact that in certain circumstances you might be able to get something from one of the voluntary organisations which one couldn't through the council. But no, I don't think one really consciously thought of oneself in those terms. In fact there was later quite a strong feeling which was reflected in the use of the term Mental Welfare Officer, that there was something particularly important about the word Officer as such. And one thought of oneself in those terms.

That's not to say that we were not effectively carrying out social work in pretty advanced sort of way.

If I jump a few years, when I went up to Edinburgh I spent the first term in a state of semi-bewilderment not knowing what the hell they were talking about. This thing called casework, which was a mysterious thing on which we had lectures and so on. It wasn't until towards the end of the first term that I really began to realise that this is what I'd been doing for the last 10 years, 15 years, approaching people on the basis that they were people, taking into account their feelings. I wasn't really aware of my own feelings and this is one of the things that training did for me; that it brought an awareness to me that I had some effect on the situation and the situation had some effect on me. But the actual inter-personal relationship technique one was using without being aware of it. What training did was to bring an awareness but it didn't actually create that situation. It was there already, at least as far as I was concerned, I can't speak for anybody else.

That of course came later. What transpired from 1948 was that with the implementation of the Curtis Report [10] and the coming into operation of the National Assistance Board (NAB) [11], the old department was gradually disappearing. All the monetary stuff had gone over to the NAB. With the Unemployment Assistance Board that was about 1930, the unemployed ceased to be our responsibility. The hospital admissions had disappeared. So what we were left with was the elderly and handicapped and the mentally ill. Children had gone over to the Children's Department. And the NAB had come into existence for all the other things. Of course we had at the time in the '48 period the opportunity to make a choice: did we go to the Ministry of National Insurance (MNI)? Did we go to the NAB? Did we go to what became the Mental Health Service within the Health Department, or did we not do any of these things, and did we stay with what was left?

Of course, it was interesting that there were considerable variations from authority to authority as to how they rearranged in 1948. We in Bedfordshire quite definitely and deliberately hived off mental disorder and put mental illness and mental deficiency together into the Health Department, under the Chief Medical Officer (CMO). Quite frankly we who went into there went into it deliberately. The people who went from the old Poor Law Service into the Health Department, as what were then called Duly Authorised Officers, did so deliberately. They did so, certainly in my own case (and three of us went over from the Poor Law Service to the Health Department), we did so because we had over the years acquired a real interest in that particular aspect of the work. We saw an opportunity to do a specialist job and over a narrow confine, to get into some depth as opposed to spreading ourselves over an enormous field and only just scratching the surface of everything.

There is a little blue book in there (in my desk) which enumerates the way in which the Service, the Mental Health Service, was gradually augmented. We began in 1948 with a senior – what was called a Senior Mental Welfare Officer. She was the former Mental Deficiency Officer in the Health Department; she was on the spot and got the senior job. Then there were three of us who were recruited from the Poor Law Service. One other person who was recruited from outside had all her experience in Mental Deficiency, so there were three people with experience in mental illness and two in mental deficiency.

Five people for the whole county for that purpose. The senior and two were based in Bedford, and I and the other girl who had mental deficiency experience were based in Luton. Because I had been working in Dunstable you see from 1937, through to 1940 when I was in the army, then went back in 1946 and was still in Dunstable in 1948. What we had then, for two people remember, was my old district plus Luton. In other words the whole of south Bedfordshire (taking a line through Barton, Toddington, Heath and Reach) the whole of the triangle below that, including Luton, for two people. There hadn't been up to that point any specific training other than the Poor Law exams; no social work training as we would now think of it. Our then Medical Officer of Health had the idea that he ought to do something about training and our senior officer who had been in the mental deficiency service had been on her own account making some enquiries, and she was seconded to the University of Edinburgh in, I think, about 1950.

All the council did for her was to continue to pay her salary and give her leave. I don't know whether they even paid her fees. I'm not sure about that, but I know they paid her a salary and then she came back and I'm afraid that those of us who'd come over from the Poor Law Service were a bit sceptical about this: thought it a fair old load of cobbles. After all there's a law to administer and you'd better get down to it; and it's a tough old game. We weren't at all convinced, quite frankly, that to be a Mental Welfare Officer was a woman's job anyway. By and large most of the sticky jobs were done by the men. Funnily enough (and I don't know whether this is rose coloured spectacles or what) but I'm sure in my own mind that there were a lot more sticky situations in those days than there are nowadays. I personally have been shot at, been attacked with knives, had to climb through upstairs windows and with somebody trying to push me off a bay window roof, had fire engines out and police out. I don't know whether it's the intervention of different treatment methods and the intervention of various drugs which quieten things down a bit sooner, but you don't seem to hear quite so much of that kind of madness. You get the occasional thing like you had in the paper this morning with this fellow and the bus who's obviously gone off his rocker right in the middle of a working day, with tragic results. But we were fairly sceptical.

Then the boss said to me some little while later, "You ought to think about going for training." I said, "Yes, but you can only get training at a University." Because, the only places you could get PSW training was Edinburgh, Manchester and LSE. Apart from the Almoner's courses and the Home Office Probation course there were at that time no other courses at all, were there? There weren't any Child Care Courses then. I said, "Well, all right, I've got a school Certificate which on paper gives me University entrance. I've got London matriculation exemption on a school Certificate Oxford and Cambridge school Certificate" But I said, "In any case I couldn't possibly afford to go unless I not only got my salary but I should have to have some extra money, damn it. I've got a mortgage, I've got a car, I've got a small son. I can't do it. How can I do it?" He said, "You see whether you can get in, then we'll see what we can do." So I wrote off to LSE thinking, well, that's the nearest possible, and LSE turned me down flat. I didn't fulfil their criteria for admission because I hadn't got a Social Science diploma and that was it.

Then I got in touch with Edinburgh and Edinburgh said: "Yes, we are quite prepared to consider you. We have a certain degree of flexibility. We don't require that everybody of

necessity has a Social Science Diploma, but if you haven't you'll have to come up for a fairly extensive grilling. We'll let you know." Well, this was early 1952, and somewhere about late August I got a telephone call to say there was a possibility of a vacancy in the coming term, would I go up! So of course I get on a long distance coach, because one had to do things in the cheapest possible way in those days (almost like today, isn't it?), I got on a long distance coach, arrived at Edinburgh at some godforsaken hour like 8.30 a.m., went into a public lavatory and had a shave, went round to the University, was interviewed by Megan Brown. (Bit of a dragon I felt then, but I subsequently became very fond of her!) I had a personal interview with Megan and then a further interview with the course tutors other than Megan. Then I was sent to get some lunch, to come back for a further interview with Professor Drever. [12]. Now, I'd done this because there was nothing else, and that's the extramural course in psychology which we did locally. I had a fairly hectic time with Drever and showed him details of the course and after a fairly lengthy time he said he thought it looked as if I'd managed to do, in a rather unorthodox fashion, the equivalent of first year ordinary psychology, and he would report accordingly. So of course I go away and back to Megan who said, "Go away for a bit but just in case, go to the students' advice centre and get some addresses. Go and make some enquiries about accommodation, which I did, and come back in an hour or two hours' time or something. And so I got a couple of addresses, picked the first one off, rang the lady up, she instructed me how to find her, I went up to Comiston (a suburb of Edinburgh), met her on the door step, went in and made arrangements provisionally to go and stay there, found my way back to the University, to be told, "Yes. Come up the first week in October."

I'd then got to get back, get this to the boss, the boss had to get it to the Chairman. What they eventually did (and I think I was about the first person in the country who had this) I had my salary, all course fees and expenses paid, and £100 towards additional expenses. But in order to get that I had to provide a full, detailed statement of my financial situation. Had I got anything in the Bank? What was the amount of my mortgage? The whole means test arrangement. But personally I was very happy to give the information. I had nothing to hide. And so I went off in the autumn of 1952, getting this one third of £100 for each term and of course I was immeasurably better off than anybody else on the course. In fact, there were 10 of us and I was the only man, and I was the only one who was getting a salary; all the others were on grants, and I was quids in as far as that went. But I reckon it took me three years to recover financially after my return, even so. Then when I got back (my senior put in her notice that same day). I went in to greet the boss he said, "Oh yes. Just a minute, I think we've got something special to say to you. You're going to be promoted." So I was immediately, having come straight off a course, made what was then called Senior Mental Welfare Officer to take charge of the department. On the day I got back!

- A.C. Before we move into that, can you say a bit more about the course?
- C.F. Yes. Well, as I say I had this rather mystifying first term when I wasn't really clicking because I didn't know what the terminology was all about.
- A.C. You knew some psychiatric social workers, presumably?

C.F. Well, I knew there were such animals because we've had them in the local mental hospital and the general atmosphere between them and us was hostile. They regarded us as being something less than the dust between their chariot wheels, and we thought they were so far away in ivory towers that they didn't know what the hell it was all about really. They'd never come up against the nitty gritty of an acute schizophrenic at 1 o'clock in the morning, rampaging round in a village miles from anywhere. All they saw was somebody nice and quiet in a hospital who was no particular bother. Now as far as the administration and legal side of it was concerned, with due modesty, I had so many times to say to the lecturer, "Look, I don't want to interrupt again, but that's wrong", well she finally said, "Well, you'd better jolly well take these lectures!"

Which I did. I finished up doing the law lectures or most of them. I wrote for them a detailed paper on the Lunacy and Mental Treatment Acts and the Mental Deficiency Acts, because I suppose as inevitably happens, what appears in the text books doesn't necessarily happen on the ground. But what I gained most during the course was a really first class psychiatric knowledge, which I'd never had the opportunity to get before. I mean I had met all these clinical types, but I'd never had the opportunity to read them up, to have any sort of clinical guidance, and what one was doing all the time was playing this purely and simply off the cuff, as pure intuition with no real understanding and knowledge. What one was using, I suppose, was a modicum of common sense, a degree of humanity, and a sense of, without sounding too pi, a social conscience. What I gained there was a first class tuition in psychiatric disorders. Our main lecturer (at least, the Prof.) was Henderson of *Henderson and Gillespie* [13] who was the most incredible man that you ever sat under. I remember we used to attend his clinics. Now the idea that a psychiatrically disturbed patient could be interviewed by a psychiatrist in a lecture in a clinical lecture theatre with tiers of seats with medical students and nursing students and PSW students and Hendy would bring in a patient, and a "glass wall" would go round, as it were. An invisible glass wall went round Hendy and the patient. And he talked to the patient. And they fought to get into his clinic! They would rather go and see him in front of all the students than anybody else in private! But he would take the patient and do a preliminary exam, and then he would as it were open the "glass wall" and say, "There you are, ladies and gentlemen, you see what so-and-so, and so-and-so, and so-and-so – ". And he would expound on what he had seen and what we had seen, and then close the "wall" round again and go back with his patient, and we sat outside. We became, again with due modesty, pretty expert diagnosticians. One brought that back into practice with a depth of knowledge which one would never have acquired any other way. Now that sort of thing just isn't there now. Training courses nowadays just don't have it. We had in psychiatry – we had precisely what the medical students had, plus a great wedge of additional stuff which we had in addition to what the G.P. students had. We had a far deeper grounding in psychiatry than any general practitioner student even though that was one of the best G.P. training schools in Great Britain. Our direct tutor was a doctor named Batchelor [14] who did a great deal of work on suicides, and we each of us worked in the clinic. We took cases from the clinic. We worked in the hospital as part of the course. We did 6 months actually in the hospital and 6 months in the child guidance clinic. And our clinical tutor in the child guidance service was an absolute dragon of a woman, Dr. Methven [15] who drove us like galley slaves! But you see what was so fascinating was that my fellow students were saying, "Oh, I can't possibly cope with this,

I've got 5 cases!" I said, "Good God! You wait 'til you get back in the field, or you get into the field for a first time. You'll be lucky if you have less than 50!"

For me to have 10 cases at once, or 15 cases at once, was sheer bliss. I'd been used to having a case load of 70/80/100 at a time and to be able to actually work in detail on 10 to 15 cases was absolute bliss. But I learned a great deal from that side. What one acquired there I think was a far deeper understanding of what made people tick. The whole of the school was very heavily Freudianly orientated although both Batchelor and Henderson disclaimed any allegiance to a particular school. There was a very heavy leaning towards Freud within the school itself. But across the actual clinical experience one had, I should think, the widest possible collection of people. I have sat in on clinical meetings (and it used to be a regular occurrence) in the clinics and in the hospitals. We used to have the whole lot, from the junior registrar, right round the senior nursing staff, the junior nursing staff, the senior doctors and us. You would have 6 different doctors and you'd get 6 different opinions depending on what was their individual orientation and then they would be brought together and this was a wonderful training ground, in that sort of way.

- A.C. What sort of things did you use to argue about on that course?
- C.F. I think the vast majority of the arguing between myself and the course tutors was as between theory and practice. Just that really. "This is fine in theory, but it doesn't work like that in the field."
- A.C. On handling actual situations? Can you remember any specific examples? I know it's difficult.
- C.F. It is difficult. There was a tremendous amount of discussion going on at that time as to whether it was possible to exercise authority and also be a social worker. Of course I was saying, "Don't be daft, the mere fact that you are a social worker representing a local authority or a hospital means that you are exercising authority. You can't escape it." You are not the man in the street. By simply being a social worker, being a member of the hospital staff, being a member of the local authority staff you are exercising authority. I may as a Mental Welfare Officer exercise a different level of authority, but you are still exercising authority. It was very difficult for many of my contemporaries, many of whom were many years younger, because I was then 35 and these people were 24, 25, one or two of them in their late 20's, but I was way in advance in years, and, of course, immeasurably in advance on actual practical experience. But they had something I hadn't got which was an academic background. Because all of them had come up via Universities having taken a variety of other courses.
- A.C. How did they take it when you said those things?
- C.F. Initially this was just a bolshie man, who was just putting the cat among the pigeons, but it did become accepted.
- A.C. But did you get a dialogue going among the students and staff? Was that a feeling of trying to hammer out that you carried authority and somehow that had to be reconciled with some of the sort of things they would say in casework?

C.F. It was still very difficult for most of the people, particularly other students, to accept this. One of the doubts about my acceptance onto the course was that I could have been too heavily impregnated with an authoritarian approach. There's no doubt about it. I did see a note which Megan made about me, that there had been doubts in my mind as to whether I had managed to throw off the authoritarian yoke, as it were, in a new situation. But I obviously must have come to terms with it, up to a point anyway. No, I think the expression of the doubts did have a considerable leavening effect and I acquired some of their thinking and they acquired some of mine. As to detail I know one of the things I quoted and it's quoted in that article on the coming into operation of the new Act, was that after all the Probation Officer has been exercising authority in conjunction with social work ever since he was a court missionary because he always had the sanction of taking the bloke back to court. Whereas the Mental Welfare Officer has the sanction with other people of saying this is as far as society will allow you to go. I always argued that after all a parent is a very poor parent if they can never say this is the point beyond which you don't go. In other words there must be a point when society says, "No further." This is the exercise of authority. But it was very difficult for this to be accepted in the psychiatric social work profession at that time. I don't think it was until, well, considerably later, with the infusion into the APSW [16] of people like Reg Wright (Interviewee no. 25) and perhaps to some degree myself and a few more men in what was then a female dominated profession. When I first joined the APSW it was totally impossible and quite "not done" to discuss the question of money and salaries. It just wasn't on. It was taboo. The APSW didn't discuss salaries. They had a service conditions committee which was more or instructed to negotiate salaries, but the idea that we should have a general meeting of the APSW and spend time on salaries! Oh dear no no no, it's not done at all! Once you began to get some men, and particularly married men, into the Association we began to say things like, "That's all very fine and large but it doesn't pay the ruddy rent!"

The atmosphere began to become a little bit more realistic as the years went by, and by the time we had got to the point where there was on the cards the formation of a national association of all social workers, in anticipation or preparation for Seebohm, we were actually able to have a service conditions committee and people were prepared to talk in firm terms about money, and the necessity to have enough money to actually pay the bills.

A.C. Those Whitley council scales were the worst.

C.F. They were appalling! When I came back from Edinburgh my boss said, "Yes, you'll go on to Whitley council scales now." [17] I said: "Well ..." "Well," he said, "they're the thing!" And they were. The top scale then was better than the top scale of Administrative, Professional and Technical (APT) in Bedfordshire. I said, "You do the best you can for me at the moment, but I reserve the right to argue at a later stage." It took me three or four years to get off Whitley. On the basis that I might be paid the same on an APT scale but on Whitley that was the top that there was! There weren't any scales above that. I might be on the same money on an APT scale, but at least there were some scales above it onto which I could fight to get. I went on the senior PSW scale of which the maximum at that time was £725 when I came back. The maximum (I didn't go on to the

maximum of course; I was on about £560 or so, odd at that time) but £10 per week in 1952 was good money. Well, it certainly was in local government!

A.C. But you were the senior Mental Welfare Officer.

C.F. I agree, but you see the Mental Welfare Officer was on somewhere between £375 and about £400. Then you see going back to that £260 that I went out in the field on, that was £5 a week. And I remember my mother said to me "I should think you'll be satisfied now! You've doubled your salary." I said, "Mother, I shan't be satisfied until I'm earning £500 a year!" She said, "Don't be silly. People like us don't earn £500 a year!" £500 a year was wealth beyond the dreams of avarice. On £5 per week I paid £1 a week for full board in lodgings and was waited on hand and foot. Tea in bed in the morning, and if I was called out at night my landlady was always up with a hot drink when I got back.

A.C. Gosh! She did the duty as well!

C.F. Absolutely. My car was a deluxe model and cost me £110! That means that cost just under 6 months salary. Now when you compare what a qualified social worker is now paid, and compare that with the cost of a car, it's fractionally over 6 months salary is the cost of a car. All we've done is put a lot of noughts on the end. We're not much worse off, or actually better off. It just doesn't mean anything any more. Petrol then was 1 shilling and sixpence a gallon - 7 ½ pence now.

A.C. When you came back from the course in 1953, what were you then called?

C.F. We used the term Mental Welfare Officer among ourselves.

A.C. Had the Society of Mental Welfare Officers been formed at that time?

C.F. The Society of Mental Welfare Officers **[18]** was formed, if I remember rightly, very very rapidly after 1948.

A.C. Were you involved in that?

C.F. Oh yes. You see I was a member of the Relieving Officers Society **[19]**. Because there was a National Relieving Officers society.

A.C. Could you start off from there?

C.F. This was purely and simply a national organisation but I don't think it ever did anything very much. I suppose it did but I wasn't aware of the fact. When one became a Relieving Officer one became a member. I can't remember whether we had a journal. I think we had a magazine of some sort, but it's a long while ago, I can't remember the details.

A.C. Salaries and conditions of service?

C.F. No, no that was through the National Association of Local Government Officers **[20]** (NALGO).

A.C. What was the meaning of it then?

C.F. Well, largely I suppose the maintenance of the status of the Relieving Officer and to see that no-one eroded the special responsibilities. We felt very definitely that we were the elite of the department. We might have administrators over our heads but we were the people who actually did the job on the ground. For instance, the Relieving Officer had a certain status in the community. I always received, as Relieving Officer for Dunstable and South Bedfordshire, a special personal invitation to the Mayor-making. It didn't go to the county council. It went to the local Relieving Officer. Local functions of that kind one was invited to as the Relieving Officer. I had a very close (I think we all did) and special relationship with the police. Because the police were the first line that got most of the calls. It was with the police that we liaised as to where we were at any given time. So we had a very close relationship with the police. We had quite a good close relationship, of course, also with our colleagues in the ambulance service because they did the donkey work when it came to actually moving anybody.

Then in 1948 some of the ex-Relieving Officers stayed in what became the Welfare Department, and some went into the Health Department, and became Mental Welfare Officers. And those who went into the Mental Welfare Officer jobs ("Duly Authorised Officer" jobs) formed themselves into the Society of Mental Welfare Officers. Those who stayed in the Welfare Department formed the Institute of Social Welfare. [20a] That's where that came from. There was a pretty edgy relationship between those two bodies. The Society of Mental Welfare Officers pressing for training parallel to, at least, the PSW courses which at that time we felt were a bit beyond what we could expect for most of us. A few authorities like Bedfordshire went in for secondment and University training on a specific basis, but the majority of authorities didn't, of course. Even in Bedfordshire which was pretty well committed to it, it was never more than one person at a time, and we never had any replacement in the department of the person who was away. The basis was that, "Well, if you want to go for training yourself, you'll carry what your mate's not able to do because he's away while he's away, and when he comes back he'll carry your load. No question of putting somebody else in place. It took way beyond 1960 before that happened. Somewhere about 1962 was the first time we had an increase in staff, one of which was specifically to allow somebody to go for training. But before that it was assumed that you carried your mate while he was away because you wanted to go later. Which was a cunning way of getting a lot more done for the same money, but not the idea of the kind of massive programme of secondment which has been current. I think social workers themselves have in substantial measure killed things by their attitudes, and councils are not going to go on forking out large sums of money on promises given for future service when those promises are broken. I never had the slightest sympathy, of any kind whatsoever, for anybody who tried to break a secondment contract, I don't care on what grounds. My boss, I'm happy to say, was equally adamant on this one. We fought tooth and nail. We wouldn't accept anything as an excuse apart from the odd case where somebody got pregnant half way through the course, or something like that, when you could do damn all about it. But as for coming back and saying, "If I don't get more money I shall go somewhere else - God, that used to make me absolutely boil!

The Society of Mental Welfare Officers came into being on the dissolution of the Relieving Officers' Society. This is really what it came to, because the Relieving Officer ceased to exist and the two groups went their separate ways. The Society of Mental

Welfare Officers was more and more involved in trying to evolve a professional approach. We didn't concern ourselves directly with salary negotiations because by and large we were all members of NALGO and we fought our salary battles through NALGO. Incidentally, it's interesting looking back, that the Mental Welfare Officer initially was always paid one grade higher than the Welfare Officer or the Child Care Officer because of the demands which were made on him. That disappeared.

A.C. Do you mean one grade up?

C.F. Yes, instead of being AP1 it was AP2 or something of that order. Because this was before we had AP grades. But we always were paid one grade more than anyone else, because of the demands which were made on us. I don't think that there were as many out of hours calls then in the child care field. Nowadays there seem to be far more in the child care field than there are in even the mental health field! Whether this is again the introduction of tranquilising drugs which the GPs lob out in large quantities, I don't know. But of course, you see, we always regarded ourselves as it being incumbent upon us always to be available. If a call came then there was never any question of saying, "Oh dear! Are you sure you want somebody out there?" If a call comes you go and answer it. That's what you're there for. The idea that you should say to a GP. "Well, have you made the arrangements for a hospital bed?" We should automatically say, "Well, all right, I'll do it." Because we undertook it as part of the job. I'm horrified sometimes at the attitudes which some of our modern day social workers take in trying, as far as possible, to fob off what they regard as being, well, I don't know, non social work matters, or something.

Whereas I see the totality of dealing with a situation (which includes the arrangements for this and the contacting of that, in addition to the esoteric casework bit of it) as all being one. It seems to be to be just as improper, if that's the right word, to say that it is not social work, as it would be to say pre-1948: "that's the Children's Department, that's the Welfare Department" Or rather pre-1960. I'm sure that the thing will come full circle and it's quite clear that it's beginning to do so. You look through the *Journal*, you look through *Social Work Today*, and you see adverts for specialist social workers and so on. I'm quite convinced that the creation of a social work Department, as such, was absolutely necessary. If I give you an instance. We had a sub area office in Dunstable, pre-1960, in which there were on separate floors: the Children's Department, the Welfare Department, the Mental Health Service, the Nursing Service and the Probation Service, who didn't belong to us but happened to be in the room down there. Now I remember a classic instance where something was started by the Nursing Service, and I looked at what it was, and what it had come for, and sent it back to two floors above where it had started in the same building. It had gone through a whole gamut of people, whereas if it had gone two flights up in the first place it would never have gone out of the building and been dealt with at least 10 days earlier than it was. Now those sort of fat-headednesses had to be got rid of. But I think the mistake that was made, was that we tried to go too far, too fast. I applied for Directorships, as I suppose everybody else in similar position did. I applied from everywhere from Cornwall to Kent.

Incidentally, having then worked from 1970 to 1979 in close proximity with one of the best Directors in the country, the one thing I am thankful for is that I didn't get any of the Directorships for which I applied. I got as far as being shortlisted for Oxford City, I think it

was, but didn't get it and was bitterly disappointed at the time. Particularly as my son was likely to be up at Oxford. But I am absolutely thankful that I didn't get any one of them. But that's beside the point. If I had got one of those jobs, I think what I would have tried to do, would have been to take the Child Care Officers, the Welfare Officers, then Mental Welfare Officers, and put them all together, but say, "Look, for the time being you carry on doing your jobs as you have done before, but remember you are now one Department, and by God if I find you not communicating, I'll have your guts for garters." And I would have had these people running side by side in the same office under the same roof and insisting on communication and waited for something to rub off. And there was a hell of a lot to rub off. Because, you see, with all due respect to them, by and large the least well trained of all people in 1970 were Welfare Officers. Very very few of them had had any training at all. A few of them had done a CQSW or the original CSW [21], but by and large they were people whose knowledge was almost 100% experience.

But by golly, they didn't half know their stuff within those limitations. The Children's Officers were probably the best qualified on paper but were pretty much head in the clouds and I think I'm right in saying that the PSWs in local government, were probably the nearest to well trained and "feet on the ground" of anybody. That doesn't go for those of them who were in hospitals and clinics because a more "ivory tower" lot I never did come across, with some notable exceptions, obviously. But if we only had had the opportunity to have this period of working in close association. You see here in Bedford the three Departments. were in three different buildings in different parts of the town. There was at least a mile and a half between each of them. It was damned near impossible to communicate! When you had in addition to that a pretty strong feeling, in each case, on the part of the Welfare Officers that these other two: "Well, of course, they've got a lot of theory in their heads and it's pretty woolly and they don't get down to the nitty gritty"; those of us in the Mental Health field who thought we were God's gift to social work anyway, because we were so well up in, what weren't really social work matters at all but medicine, and the Child Care people who with some justification, regarded themselves as the best trained of the lot of us, but were pretty precious mind you. I mean it was difficult enough to get any information out of a hospital. To get information out of a Children's Department was damned impossible! Because they immediately, on anything, even though they wanted information, took refuge in confidence and so forth. I was always reminded of my army days, where we used to joke: TOP SECRET. DESTROY BEFORE READING!

- A.C. We're leaping ahead a bit really, aren't we?
- C.F. Yes, but it's a logical leap up to a point. Where were we when we made that leap?
- A.C. You were explaining to me why the Society for Mental Welfare Officers came into being.
- C.F. It was purely and simply that we had always been in an organisation. We felt it was necessary to maintain and carry forward into the new situation. We were the only social workers who had these personal statutory responsibilities which no other social worker had.
- A.C. And by this time you started thinking of yourselves as social workers?

- C.F. Oh yes. We still didn't like the idea of being called social workers or signing ourselves social workers. We still wanted to be known as Mental Welfare Officers. And I think this was a truer reflection of the situation, because we regarded ourselves as people with some specialised knowledge dealing in a particular fairly narrow field, having something which was unique among other people in the same kind of job in that we had a degree of responsibility in our proper person which nobody else had. In that we were answerable not to our local authority, not to our senior officers but to the High Court in the event of our doing something irregular. We felt that it was important that we should maintain an appreciation of that fact and I don't think it was in relation to money. In modern parlance it was, presumably, some sort of status symbol. We were very conscious of it. We were also very conscious of the complications of the narrow front of law with which we were concerned, and of the importance of our accurately interpreting that law. We had a Law Committee of which for several years I was secretary, who met from time to time to provide, as best we could, answers from members throughout the country, who would write in and say this has happened. Now what is your interpretation of this particular point of law? We were particularly concerned with professional standards within our particular speciality.
- A.C. Because wasn't the Society of Mental Welfare Officers influential in shaping certain sections of the 59 Act? **[22]**
- C.F. Absolutely. There were 2 or 3 things. Section 25 which provides for admission for observation, in the initial draft said nothing about treatment and there was considerable doubt in everybody's mind as to whether during the period of detention under observation you could even give an aspirin. It was the Society of Mental Welfare Officers, with the psychiatric organisations, who were instrumental in having written into that section the words, "which may or may not include other treatment". Then there's the section which laid specifically onto the Mental Welfare Officer the duty to take action if nobody else was going to. Because in the original draft all sorts of people were permitted to do things, but nobody had any duty! It was a typical gross omission in the drafting. Another one which a number of people don't realise I think is, that the Society of Mental Welfare Officers were responsible for the writing into the Act, or having written into the Act rather, the provision which requires each Regional Hospital Board to notify what hospital will receive cases in an emergency. That was written in because, again, the original draft, the bill, took away from hospitals the requirement to receive patients. But it didn't make any provision for emergencies. We saw ourselves in the position of having an acute mania or an acute schizophrenic outburst in the middle of the night and having to tout round hospitals. I've used that many many times in practice. You get the situation where the consultant goes off duty and says to the junior houseman, "We're full up. No more admissions 'til the morning, except under compulsion". Of course the junior houseman daren't do anything else. I've more than once said to the junior houseman, "All right, fetch the consultant out of bed." Then they've hummed and harred and I've said, "I'm not accepting no. You will get the consultant out of bed", and when he's come to the phone I've said: "The general practitioner and I are of the opinion that this patient should be in hospital. You are designated by the Regional Hospital Board as the person to receive cases in an emergency. Are you refusing?" And a bed appears from nowhere!

You see, it's very difficult for young inexperienced social workers to deal with a person like a consultant psychiatrist in those kind of terms.

A.C. Wasn't the other big thing that the Society of Mental Welfare Officers shaped in the Act, was the right of the MWO to refuse to make the application?

C.F. Oh yes. We tidied it up and made it clearer. At least we put the recommendations in. There's a number of old legal cases, way back, which make it clear that if the law says somebody has to be satisfied, then that means that they have got to be able to take a decision. If they've got to take a decision, it's not only that it's "yes", but also that it could be "no". I've always advised, and in lecturing, have emphasised, that it is the duty of the MWO to satisfy himself and to take action in accordance with his judgement. He would be a bit of a B.F. if he refuses to act in the face of medical evidence, because nobody is going to support him against two doctors on medical matters. But it isn't all medical matters. It's a combination of medical and social. And he is perfectly at liberty, and the law will back him up, if he refuses on social grounds to operate what is a medical recommendation. And that was written in.

A.C. Can you remember those discussions in the Society, chewing that all over!

C.F. Well, we saw the bill and when we read through the bill these things stuck out like a sore thumb. The first thing we said was –

A.C. Say who "we" is.

C.F. Well, there were people like myself, and Alf Austin and Reg Wright (interviewee no 25). People in the APSW I was in both, you see.

A.C. Did you meet as a group then to discuss it?

C.F. We had working parties appointed by the Society of Mental Welfare Officers, working parties appointed by the APSW and there was also another body which was the Society of Chief Administrative Mental Health Officers, which was a group of people throughout the country who were Senior Officers in charge of Mental Health Services. But they were administrators as opposed to practitioners. There's such a vast variety of ways in which people organised services.

A.C. Can you remember some of those actual meetings where you were talking?

C.F. When we had these meetings we had the bill in front of us and went through it piecemeal and, of course, we had all read it beforehand with extreme avidity and I think almost universally we'd all picked up the same points. They stuck out like a sore thumb from the practitioner's point of view. We had seen this coming. We'd all produced our evidence. We'd all submitted our evidence to the Royal Commission. I helped draft the APSW evidence, the Society of Welfare Officers' evidence, the Society of Chief Administrative Officers' evidence. I helped draft three lots of evidence to the Royal Commission. I didn't appear on any of them, but helped in the drafting. Now we knew what we were looking for. We wanted the exclusion of the judiciary, but at the same time we foresaw all sorts of difficulties if the psychiatrists were left (and for that matter the medical profession were

left) just on their Jack Jones. Not that one was impugning their bona fides, but there had to be some kind of check. You couldn't just put it in the hands of one group of people. What we saw ourselves as becoming was the guardian of a patient's liberty. This is at least one of the principles which I preached for years: this is the function of the Mental Welfare Officer. Not only to make the application, but to be the guardian of the patient's liberty, and to ensure that of the various measures which may be available in a particular case, then that patient gets what is the best for him in his present circumstances. We embarked in 1948 in Bedfordshire with virtually a basic principle: that compulsion should be the last resort. That's what we wanted to see incorporated into the new Act. And of course it is.

A.C. Where did that come from in 1948? Who was the originator?

C.F. Us. The people who as far as Bedfordshire was concerned - . We're talking now in terms of groups of three or four people who had been in the old Public Assistance Department. In fact myself, Alf Austin and Freddie King, were known almost universally as "The Three Musketeers"! We brought into the Service in 1948 an interest in mental disorder.

A.C. Did you have to persuade your MOH this was the way you were going to operate?

C.F. Oh no, not really. He didn't know anything about the Lunacy Act. He knew a great deal about mental illness and about mental deficiency and he knew quite a lot about mental deficiency legislation but he had had no experience in operation of the Lunacy Act. Now on the other hand he was a lawyer, as well as a doctor. He was one of those unusual people who, for the hell of it, when he was about 55 or something, went and took the LLB and became a barrister. He never practised but he was one of those sort of people. He had one of the most rapier-like minds that I have ever come across. He was a wonderful bloke to work with. His committee technique needed to be watched to be believed. No committee ever refused what he wanted. I have known him have a confab with me beforehand and say, "Now for this purpose we want a small sub-committee; let's say three. Now who would be the best people? So-and-so, so-and-so and so-and-so?" Now what lobbying he did behind the scenes I don't know, but at the appropriate committee those three names came from individuals within the committee. That committee was appointed, and the people were appointed who we wanted! His dictum was: I must never present something to a committee which the committee can turn down; because if they once turn something down, they'll realise they can. They never did. But he was a very forward-looking bloke. When you think that here we are 1948 - 50 and here is a man thinking in terms of sending his staff on to University courses, on secondment ... Totally unheard of! Even to the extent of being prepared to back the situation, not only secondment but secondment on salary and, as far as I was concerned, plus a grant. Absolutely totally unheard of! No possible chance of having that before.

I'm never quite sure whether his wish, and his basic idea of having trained social workers, was on the same basis that the treasurer would have wanted the most modern form of computer, or whether it was really an appreciation. I was always suspicious because his attitude towards social workers and particularly my salary was that, "Well, of course, Mr French in no circumstances can you be paid higher than the most junior doctor in the Department" He was, and still is, a wonderful chap; I had a great admiration

for him. His name was W.C.V.B. Brothwood. A really first class principal officer who really ran a Department and really had his finger on everything; and rapier mind. Really wonderful bloke to work with, but with these particular blind spots. He had a blind spot on the question of residential accommodation under the Mental Health Act. We had no hostels of any kind in Bedfordshire until he retired. He was then actually being dragged into the provision of residential accommodation for the mentally ill and mentally handicapped, and so forth, by his committee, who were saying: "We've got to have some of these things." But that's why we're so well behind in that way, because he had this particular blind spot. "I'm not going to be having any Brothwood's white elephants." Mind you we went round and saw places where magnificent hostels had been put up with such crass stupidity. For instance, there was accommodation for the officer-in-charge and a matron but no accommodation for deputies. Therefore there were no deputies; therefore they'd never been able to appoint an officer-in-charge; therefore they'd never been able to open! These sort of things! People rushed in in 1960 like Gadarene swine in some places.

Now Brothwood's basic principle was that the first thing we had to do was to build a social worker service as well-trained as we could get, because the basis of knowing what the service required was investigative work on the ground, and without that you might as well beat the air. He was not going to dash into bricks and mortar until he had the assessment of what the need was. Because bricks and mortar are the sort of things that people can have their names on. You can show something. Then of course the reverse of the coin is that you're a long long way behind, and by the time that you come round to it the building is going to cost twice as much as it would have done in the first place.

But going back to these meetings. It was a small group of people who were appointed by their various organisations to look at the bill once it was published. We had extensive meetings on the Report of the Royal Commission, [23] trying to forecast what the thing would turn out to be in the shape of an Act or as a Bill, and I suppose it's true to say that the sitting of the Commission, the Report of the Commission, the publication of the Bill and the making of Act, was probably the fastest job that has probably been done in English legislation for two centuries. 'Fifty-four, '57, '59; operating in '60. If you look at the report of the Royal Commission and compare it with the Act of Parliament, the thing that's missing is the financial provision, effectively. And that's what's hamstrung provision ever since. Because nobody ever gave the authorities the massive injection of money which was vitaly necessary if the report was to be carried out. But the gaps and faults in the Bill, such as the thing we've mentioned (like everybody may do something but nobody must; yes, hospitals can have the choice, but there must be somewhere for an emergency), those sort of things. Well, they stuck out like such sore thumbs that they were pretty obvious and everybody saw them. And we didn't have any difficulty in getting them written in, without any bother.

A.C. Did you go up to the Ministry?

C.F. We submitted reports to the Department

There was one M.P. who was particularly helpful and I can't remember what his name was. But we did have some contacts within the M.P.s. What was his name? I can see his

face and can't put a name to him! He was very active in the mental health field about that time. Kenneth Robinson [24] He was very helpful. And one or two others with whom we had contacts. We got their ear, and they put these through at the Committee stage. We put written reports into the Department of course. Mind you, one of things which we as Mental Welfare Officers, and particularly those of us who had been Relieving Officers before, were terrified of the loss of our own personal power to detain. We foresaw all sorts of difficulties. Well, in practice that didn't happen. Surprising how many emergencies ceased to arise, or didn't become quite so drastic when we had the power of saying to the GP, "Well, yes, that's fine. Can I meet you at the house?" Under the old Acts, the GP would ring me up and say, "Look, I've just been to so-and-so and this is the situation. Will you go and deal with it?" And one said, "Yes," because there was no possibility of getting a magistrate out at that time of day; you couldn't do an order, or anything like that. One had to go and deal with it and we had a couple of emergency wards in the general hospitals where we stuck somebody overnight, as it were. But we foresaw all sorts of difficulties over this. But when it came to the question of the doctor having to come out anyway to meet you, in order to do the section 25, quite a number of things managed to stay put until the morning! That may be unfair on the GP but I'm afraid it's very true!

- A.C. When you came back from the course, did you come back with fresh ideas of things you wanted to see get going in Bedfordshire?
- C.F. Well clearly what one came back with was a desire to use in practice the concepts which one had picked up in the course of the training. But you see I had no opportunity, because of what happened, actually to practise much, although I did continue for a considerable time to carry a caseload. I also continued for a long, long time to take a normal full place on emergency duties. Because you see there were still only five of us. The former senior mental health social worker resigned as I came back, and I was appointed in her place. Now it had been planned that when I came back the second of the Relieving Officers recruited as a mental welfare officer, would go. He had already got a place at Manchester, but of course you couldn't possibly send one out of five. Well it was then one out of four, because one had gone. So fortunately Manchester agreed to hold his place until the following year and we recruited from outside a man of some considerable experience. I have a vague feeling that he had an external Diploma in Social Studies. But he certainly wasn't a fully trained social worker, but he was a first class bloke. One of a really rare kind. In fact I would have put him up against many so-called qualified social workers that I know.

So we were then back to five and I had to take a part, obviously. I don't think that what I had learned on the course called for any major reorientation of approach, either on my part or on the Department's part because our whole ethos had revolved round what you might call casework principles. But we didn't recognise them as such, because you didn't know the word! It didn't mean a thing to me, and it didn't mean a thing to anybody else. We worked with cases, but the idea that there should be a thing called casework, which you wrote all in one word, was a different kettle of fish altogether! So that we didn't have to reorientate ourselves to a new approach. We had already for many years operated the principle that you dealt with people as people, and not as numbers in your book. You

respect their wishes. That the best treatment you could get for the patient was what the patient could accept, subject to the limitations of what society could stand. So that there was no major reorientation to take place in that respect. What one had to do was to keep the service going, and work towards some kind of strengthening to enable us to cope with what we were generating. This is what it came to. It took us some considerable time because of the very nature of local government and the fact that the climate was against it. Even one extra mental welfare officer was a 25 percent increase. It wasn't really until 1960 that the intervention of the new Act really gave us a leap forward in numbers.

Now a leap in those days was three extra, you see. What we were doing at the same time, however, was going some way towards the expansion of services in other directions, and our main concern was the provision of day training for the mentally handicapped child. I and the CMO worked in very close collaboration. We had already got in Bedfordshire a very, what in today's terms would be the most God-awful junior training centre that anybody had ever seen anywhere! Remember that this was just after the war when building was impossible and buildings were very hard to come by. And what we had as a beginning, was a disused church hall in the village of Turvey, about eight miles out the other side of Bromham, to which we conveyed daily somewhere between 15 and 20 mentally handicapped children and young adults from Bedford and the immediate environs of Bedford on a day occupation centre basis.

Now we were already committed to the idea that we would provide extension of day training facilities and we got a piece of land in Kempston. Very, very restricted in size. At the time it seemed absolutely adequate. We had never had in Bedford and the immediate environs (and remember we were then not even thinking in terms of busing children from all over the county; the cost would have been regarded as totally beyond any possible bounds of possibility), we never had more than. I think the absolute maximum we had attending the Turvey centre was somewhere about 17. We made provision for the new centre at Kempston for nearly double that number, 30. I shall always remember that when we walked up the steps for the official opening, the doctor spoke to me out of the corner of his mouth and he said, "I hope to God you haven't sold me a pup, and we haven't over-provided!" Well, you'll find in this little booklet that within a matter of a year we were building an extension, and we went on from there. The site at Kempston was in many ways a mistake, although it is still in operation. It's now an ESN(M) School and has had umpteen extensions, but I think they got some land off the adjoining piece of land which then belonged to the electricity board.

We then embarked upon the provision of a centre, a similar centre, for the South of Bedfordshire. Now remember we were still thinking in terms of one centre for all age groups, and we made provision in the South of the county for a purpose-built centre and got the best figures we could get together. We actually had the then Minister of Health, who incidentally was Enoch Powell, down to open it. I must say that whether he had been very well briefed or whether he actually knew his stuff, I don't know, but he certainly was very well informed. Very well informed indeed. I hold no brief, of course, for Enoch Powell [25] but certainly at that time he knew his stuff. This building was something of a showpiece and we had people from all over the country coming to see this place. But of course, both of the centres became totally inadequate very rapidly, and

I remember saying to the doctor: "Well, we really have got to make provision for adults. These kids are not going to remain kids forever." "Oh well," he said, "we can't do that. When we have provided up to the age of 16, that's as far as we can go." We went first into a small separate building. Before we had the new Dunstable Centre we had a small makeshift centre in Dunstable. It was a disused factory building which accommodated about 30 people. We gave up the lease of that when we went into the new building but the numbers had overtaken us so fast that by the time we got in the new building we had to take an immediate re-lease of the old building and move all the over-16's, only we started off with only the over-16 boys. So we took the boys out, and made the old building into a little workshop, still providing for Luton and Dunstable only. We were officially providing for the country areas by peripatetic home teachers. Well we never ever had more than one. We couldn't recruit any more and then the one we did have was unfortunately killed in a road accident in France when she was on holiday. I often think that if Muriel can see things, she would say, "Well, I didn't die in vain." Because the mere fact that she died in this rather dramatic fashion, brought to a head the fact that we really were not touching 75 percent of the population.

I then undertook a feasibility study:

- (a) Provide for day centres North and South, and for the rest of the county (which is extremely rural as you know) by home teachers.
- (b) Provide day centres with adjacent five-day hostels, or
- (c) Provide day centres and transport children.

Option number one was a dead duck because we couldn't even recruit one let alone more. We would have needed something like 25, to cover the place! Of the other two options the transporting one was far cheaper than the other one, which appealed to the powers that be. It appealed to me from the social work point of view because it kept the kids at home, although of course the amount of travelling time they had was pretty hectic, and far too long, but one juggled with that as one could and said, "Well we must have an extra route, therefore let's cut these down." So that's how that part of the service expanded.

In parallel with that we had been gradually expanding our Mental Welfare Officer's strength. We were totally unable to recruit even experienced people, let alone trained people. It was a very slow business, of course, out of that small number sending, at the most, one a year for training. The only possible answer as I saw it anyway, was that we deliberately went out to look for people (a) of suitable personality, as well as we could assess it and (b) of suitable educational background, which would at least give the opportunity of the possibility that they could prepare themselves for University entrance. Because remember there was still no CQSW which was at technical college level. You had got to get into University level, and one couldn't continuously rely on the fact that Edinburgh had a slightly more liberal policy than LSE and so on. So what we began to do was to encourage people through the Stevenage College of Further Education (who had a course for the external diploma in Social Studies, London University) to do that on a part-time basis. Now we always went through the motions of attempting to recruit ready-

made. But rather than say as some authorities did, recruit on the basis that there were two feet, two hands and a car! We deliberately looked for a particular sort of person. It was interesting that at no time during that period did we get even a smell or a sight of a graduate. In fact between '60 and '68 the educational level at which we could recruit dropped. Gradually dropped and dropped and dropped until we were hard put to it to recruit suitable people even with 5 'O' levels, which would get them into a Diploma in Social Studies course.

Then in 1969 we, for the very first time, had graduates approach us! Now whether there was something significant about 1969, whether this was a point at which there became something of a glut of graduates, I don't know. But from then on we were having, as it were, to balance our recruitment as between graduates and non-graduates. Because I have always endeavoured to ensure that we did do that. We didn't exclusively recruit graduates. But that is more or less the story of that up to 1970, that we deliberately looked for a particular sort of person. Don't ask me to describe what, because I at that time interviewed every single one personally. In fact our system for recruitment of trainee social workers was that we used to run interview sessions, on a triple basis. Each candidate saw three separate people separately. And they really had a grilling. The only thing one can say about it is that our incidence of failure was fairly low! Whether it was right or not I don't know, but that's how we did it. We evolved a system of tri-partite interviewing and deliberately looked for people who we thought from a personality point of view would be alright. We would not even call for interview somebody who didn't fulfil the basic educational criteria. (No. That of course is a lie, because we did in fact recruit one or two who'd still got to do something to get to that level. But that was in the main something of a fluke insofar that we heard of somebody, or somebody approached us, and we liked the look of the person and we said we'd bend our own rules for once. But by God you'd got to get that extra "O" level mate! And if you haven't within 18 months, that's it. But it all came off.) And I wouldn't like to make any kind of differentiation between the quality of the various sorts of people whom we recruited. They came from different backgrounds. At one time I think we had on the staff (certainly in the Department post-1970), everything, from ex-engineers to graduates in zoology. It was a most incredible conglomeration.

- A.C. We're really talking about the way the service developed. When you came back and really set about shaping the Mental Health Service, and you were saying it didn't actually require a change of orientation.
- C.F. No, I think this is true.
- A.C. How had you all arrived at that?
- C.F. Largely by pure intuition. We had all come from a similar kind of background from a work point of view. We were all much of an age. We had come in at the tail end of the old Poor Law Service, as some of the younger people in the old Poor Law Service who were very concerned to liberalise approaches. When I tell you that during my service in the Poor Law Service, we used regularly to have a councillor who when we had the problem of a mother with an illegitimate child, and the question of giving cash relief came up, used to say in a loud voice: "Mr Chairman, we're subsidising immorality." And that was still

extant, you see. That same councillor, and others, would report that they had seen so-and-so who was in receipt of relief, hanging round the door of the local pub. The word had better be got back to them that if they didn't change their ways, they'd come off cash relief and either go on kind, or be offered the House.

- A.C. So it was like a reaction. A sense of injustice, a reaction to what they saw as injustice in the system?
- C.F. Oh yes, we were very much feeling that after all, damn it, these were people! These were some pretty tough times, too, the late '30's. Unemployment was pretty grim. I know from my own personal family point of view that money was extremely scarce and because somebody was sick or had got into what was known as "in trouble", didn't necessarily mean that they weren't deserving some sort of help from the community. But it was a fairly punitive kind of approach still. And I suppose in a sense we were reacting against that. As far as the mentally ill were concerned, and for that matter the mentally handicapped, I think we had acquired a degree of compassion for this particular group of people and certainly an interest in their general welfare, which really reflected what one would call, I suppose, basic casework principles. As I've said before, although we didn't recognise the term, we were actually practising it. I don't think in -. I think it's true to say that in what you might call the casework content of my training, there were new words. Actual names for things; but new concepts, no. Appreciating what we were doing and why, that was a different matter, but not actually saying, "Good God, I ought to be doing that!" Rather, "Oh, that's what it's called, that thing that I'm doing." Now how far that was general I wouldn't like to say. I can only speak in relation to the small group of people with whom I worked. And there's no doubt in my mind that many of my colleagues in other services did not in fact subscribe to those ideas, because we had many an argument about it. Of course they would apostrophise me as one of those people who'd had all sorts of weird ideas put in his head, in places of higher education!
- A.C. Can I follow that up by asking you (this is a question I've asked everybody): Pretty critical things have been said about social workers during this period we're talking about, 1929-59: I'm thinking of it all culminating in that book by Barbara Wootton [26]. I just wondered what you would say about it?
- C.F. Quite frankly, not to put too fine a point on it, I think Barbara Wootton was talking out of the back of her neck! You know, that's it as far as I'm concerned. I don't think that she appreciated at all what people on the ground were doing, or at least trying to do, in the face of pretty impossible odds. After all we were working very largely in the dark. We were given a job to do. I mean, I went out into the field on the strength of that Certificate and I had never knocked on anybody's door in my life! I went straight out! Now I didn't go out as our new boys do now, accompanying an experienced officer, and watching for six months, and being given courses and instruction and so forth. I did that course on paper but then I was given a district! And that was it! I got two hundred and fifty cases to visit, what were the addresses? What have I to look for? Now let me think. Well, there's such and such a form to fill up, I've got to do this in the book, and that's got to go to committee and one had to find one's way there. I don't know whether this was the case elsewhere.

By the time we got to 1948 I think we had found ourselves a long way down the road. Certainly, as far as we were concerned, in the mental health service, I think we had a pretty good idea as to what kind of direction we wanted to go. And I think it was fair to say that we were operating in a casework way. Even our administrative thinking was that way. At least up to my level. Now I think the advantage from the Department's point of view was that I was able because of my dual background in administration and in the field, I was able to bridge the gap in a way which somebody who had been purely field or purely administration couldn't.

I think that was the big advantage: I could talk both lots of language and I could be rude to social workers because, on the one hand, they complained about administrators and at the same time they refused to administer. And I could equally be rude to administrators because they didn't appreciate the approach of social workers. We were very fortunate as far as 1948 was concerned in that we had the kind of Medical Officer of Health that we had. I know of colleagues who had vastly different experiences. Now as far as we were concerned for whatever may have been the motives, and I've hinted that I think there may have been a different kind of motivation, but nevertheless the atmosphere was created such that we could do a job in a casework way. When he retired and we had a new MOH it was a totally different personality but at the same time an extremely enabling one. It was he who encouraged me to write this a Mental Health History. I think he had a closer appreciation of social work, but not the kind of rapier brain that Bill Brothwood has. Two different personalities and yet both complementary. I was very sorry, in a way, to break the link with the Health Department, although I could see that we were not going to get any further within the medical shield, as it were, because we were held at a certain level and we were continuously being compared with nursing staff, you see.

- A.C. What do you reckon is the best social work thing you've ever done, looking back on your career? What things do you feel most pleased about?
- C.F. If you say social work thing, then I think writing the mental health service history. Then there was the contribution that I made between 1948 and 1950. I don't for one moment profess that it was wholly me, although Machiavellian as Bill Brothwood was, in many ways, I wonder to what extent he was aware of my machinations in relation to him! I think that the one thing I regret is that the introduction of Seebohm really killed that. There is nothing comparable in operation now. I think if we had stayed as we were (and I fully accept that it was totally impossible that we should: we couldn't have gone on as we were.) But I would hope that sooner or later the reintroduction of a degree of specialisation within the common department will see the recrudescence of specialist knowledge, specialist understanding and specialist interest which was what led to that 22 years of progress from virtually nothing, to what was, with due modesty, one of the best Mental Health Services in the country. It was certainly far better than many services in much larger authorities. Also, it was very much social work orientated, and had got a certain amount of practical provision. Our junior centres had progressed to senior centres, to workshops and so on and so forth. If we had gone on from there without the break, I think we would have gone a long way. We had got to the point where we had got a certain number of hostels in place, or in the plans. What grieves me is the amount of

time over the years I've spent preparing statistical data for 10-year plans, which always came to nothing. The number of hours spent on forecasting. But you take the small things, I had got this to the situation where I had devised systems whereby I could forecast from the population in a junior training centre, how many places we would need in adult training centres in 15 years' time or 10 years' time. And I could plot that forward and was plotting it forward and attempting to write these things.

But so much time which could have been better spent. As far as post-Seebohm was concerned it's largely an administrative achievement because I became primarily responsible for recruitment and training. Because of the way in which the Department was structured I had to devise a means of establishment control, which was non-existent prior to 1970. When I tell you that in 1970 we were unable to obtain from the Children's Officer any definitive statement as to what her establishment was supposed to be and that we never did find out, and eventually what we did was to take the existing figure, and add two or three, and put that in. She did not know what her establishment was. It's totally incredible isn't it?

EDITORS' NOTES ON THE FRENCH INTERVIEW

1. **Public Assistance Committees (PAC) and Departments** were created after the abolition of the Boards of Guardians in 1930, when workhouses were also abolished. They inherited responsibility for the administration, at local authority level, of poor relief in the U.K.
2. **Relieving Officers** were employed by the Poor Law Union to receive applications for relief and make payments when approved by the Board of Guardians. Could also issue orders to admit people to the workhouse.
3. **Poor Law Examination Board** was established by the Poor Law Officers Association to provide qualifications for the Relieving and Institution Officers as none had previously been laid down. It was viewed as unofficial though the Ministry of Health sent a representative to it. Formally ceased in 1948.
4. **Lunacy Acts 1890 and 1891.** The history and some of the complexities of these Acts can be found at the National Archives. The usual caveats about the offensiveness of the historical terms used should be entered. The Acts provided for some judicial protection for the person deemed to be a lunatic; and they regulate to some degree matters such as lunatics placed in workhouses, private asylums, reception orders, restraint, discharge, escape and recapture.
5. **1930 Mental Treatment Act.** The background to the Act was the appointment in 1924 of a Royal Commission ---the Macmillan Commission -- on mental illness which reported in 1926. The Act permitted for the first time voluntary patients, who could discharge themselves at 72 hours notice; temporary patients who could be detained for up to a year but then had to be released or certified; and out-patients. Some nomenclature was

changed for the better: asylums became hospitals and lunatics became patients. However the Lunacy Acts remained in force and were not repealed until 1959.

6. **Act of Settlement 1662** obliged the parish authorities to give poor relief only to those who were long term residents or had been born in the parish. All others had to return to their place of origin.
7. **Elisabeth's Act 1601** required each parish to be responsible for its own poor. JPs had to set up a framework for the administration of the law.
8. **Beveridge Report 1942.** The war-time Government appointed William Beveridge to chair the Inter-Departmental Committee on Social Insurance and Allied Services in 1941. The Report was a best seller on publication and is remembered as a foundation document of the post-war "Welfare State". It identified 'Five Giants' that had to be overcome by society: squalor, ignorance, want, idleness and disease. The solution offered by the Report was a contributory social insurance scheme combined with: financial support for families with children; full employment and a national health service free of charge at delivery. Cecil French is correct in saying that the Beveridge themes were very much "in the air" in the 1930's in addition to keenly felt problems such as housing and education. See *The Five Giants: a Biography of the Welfare State* by Nicholas Timmins. 1995.
9. **John Howard** (1726 - 90) was a philanthropist and early penal reformer. Author of *The State of Prisons in England and Wales*. Several contemporary penal reform organisations bear his name.
10. **Curtis Report.** The Report of the Care of Children committee. 1946. 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.
11. **The National Assistance Act of 1948** was one of the major welfare reforms of the Attlee government and the **National Assistance Board (NAB)** a central mechanism for sweeping away the harshness of the previous poor law Public Assistance Committees and their means testing. While insured workers could obtain benefits by right, the NAB's function was to assess the needs of the uninsured and make payments to them. Under Section 29 of the Act, the power was granted to local authorities to promote the welfare

of physically handicapped individuals. The social needs of the mentally handicapped were to be the responsibility of mental health departments which, being part of the new National Health Service, were to provide its services to all those needed it, regardless of ability to pay. All these benefits only applied to insured workers, so in 1948 the National Assistance Board was set up to cover those not insured. The NAB took over the old Public Assistance Committees (PACs) and for the first time, without the earnings of their families being considered, claimants were interviewed to see what kind of help they needed.

12. **James Drever** (1873-1950) had a long academic career at the University of Edinburgh and in 1931 was the first Professor of Psychology to be appointed in Scotland. He was succeeded by his son, also called James Drever, as head of the psychology department
13. **Henderson and Gillespie** *Textbook of Psychiatry for Students and Practitioners* which was first published in 1927. **Sir David Kennedy Henderson** (1884-1965) was viewed as the Scottish doyen of psychological medicine and wrote in 1964 *The Evolution of Psychiatry in Scotland*. **Robert Dick Gillespie** (1897-1945) studied in Glasgow and America. Was at Guys Hospital, London, from 1925 and was a psychiatrist to the RAF 1939-45.
14. **Dr. I R. Batchelor** (1907-2005) worked under Henderson at the Royal Edinburgh hospital. In 1956 was the Physician Superintendent of the Dundee Royal Mental Hospital and then in 1962 became the professor of psychiatry at Dundee. Served in the war as a psychiatrist with the RAF.
15. **Dr. Margaret Methven** (1910-82) was a consultant child psychiatrist for many years at the Royal Hospital Edinburgh. Described at a history of Medicine seminar in 2009 as “the doyenne of Scottish child psychiatry”. In 1966 she wrote an account of the history of child psychiatry in Scotland (*Acta Paedopsychiatrica* 33;187-96).
16. **The Association of Psychiatric Social Workers (APSW)** was the main professional body for social workers looking after the welfare of mentally ill people in the United Kingdom from 1929 to 1970. Several of Alan Cohen’s interviewees were active members and office holders and wrote articles for the Journal. The Association joined with six other professional associations to form the British Association of Social Workers in 1970. The archives of the seven organisations are lodged, and listed online, with the Modern Record Centre at the University of Warwick. Collis, A. and Stacey, R (1987). *Catalogue and Guide to the Archives of the Predecessor Organisations 1890-1970* published by BASW.

16a **The Seebohm Committee and 1968 Report.** (*Home Office. Report of the Committee on Local Authority and Allied Personal Social Services. London, HMSO. (Cmd, 3703)*) which led to the 1970 Local Authority Social Services Act and the birth of new local social services departments in 1971.
17. **Whitley Council** the first Whitley Council was set up in 1919. They originated from the 1917 committee chaired by John Whitley to examine the relations between employers and employees. National pay scales in local government were agreed in 1946.

18. **Society of Mental Welfare Officers** was formed in 1954 from the National Association of Authorised Officers and Mental Health Workers Association. The Association joined with six other professional associations to form the British Association of Social Workers in 1970. The archives of the seven organisations are lodged, and listed online, with the Modern Record Centre at the University of Warwick. Collis, A. and Stacey, R (1987). *Catalogue and Guide to the Archives of the Predecessor Organisations 1890-1970* published by BASW.
19. **Relieving Officers Society** there was a national Association of Relieving Officers but it is far from easy to distinguish its role and history from say the Poor Law Officers Association.
20. **NALGO** was formed in 1905 as an association for local municipal officers. It joined with two other unions in 1993 to form UNISON.
- 20a Extract from Eileen Younghusband's *Social Work in Britain: 1950-1975*.
- “**The Institute of Social Welfare** was founded in 1953, largely for workers in the local authority welfare services, and pressed for training and better conditions in those services. By 1975 membership was open to those working in the statutory or voluntary social services, and affiliate membership to anyone in sympathy with its objective of improving the social services. It published a monthly journal, *Welfare*, and had about 1,500 members in 1975”.
21. **The Certificate of Qualification in Social Work (CQSW)** was issued by the Central Council for Education and Training in Social Work (CCETSW) to those completing approved two year courses. First intake was in 1971 and the last in 1994/5. **The Certificate in Social Work (CSW)** was issued by the Council for Training in Social Work (CTSW) between 1962 and 1971. For a fuller schedule of historical social work qualifications go to www.communitycare.co.uk/articles/05/08/2003/41746.
22. **Mental Health Act 1959** was a landmark piece of legislation which codified and modernised the previous laws. Informal treatments became possible for most patients. Greater powers were made available to local authorities through the roles of specialist social workers and new services, the provision of residential accommodation and improved training
23. **Percy Commission (and Report)** was a Royal Commission on the Law Relating to Mental Illness and Mental Deficiency and sat from 1954 to 1957. It had representatives of the medical and law professions under the chairmanship of Baron Percy of Newcastle ((1887–1958). Its terms of reference were to inquire into the existing law and administration governing the certification, detention, care, absence on trial or licence, discharge and supervision of persons who were or were alleged to be suffering from mental illness or mental defect; and to consider the extent to which it was, possible for such persons to be treated as voluntary patients without certification; and to make recommendations. It followed up the work of the MacMillan Commission of 1924-1926 (Report of the Royal Commission on Lunacy and Mental Disorders, 1926 (Cmd: 2700)),

and led in time to the passing of the **Mental Health Act 1959** which followed broadly the main recommendations of the Commission.

24. **Kenneth Robinson** (1911-96) was elected MP for St. Pancras North in 1949 and was Minister of Health in the Labour government 1964-8.
 25. **Enoch Powell** (1912-98) was Minister of Health in the Conservative government 1960-63. The reference here is to an infamous speech made by him in 1968 against the government's permissive policy (as he saw it) on immigration of black people from the Commonwealth.
 26. **Barbara Frances Wootton**, Baroness Wootton of Abinger (1897–1988). Eminent economist, criminologist and social scientist. After leaving Cambridge, Wootton took up a research studentship at the LSE and later worked for the research department of the Labour Party and the Trades Union Congress. She was Principal of Morley College from 1926, and Director of studies for tutorial classes at London University from 1927 until she became Reader at Bedford College in 1944 and Professor in 1948. She published widely and her *Social Science and Social Pathology* (with Vera G. Seal and Rosalind Chambers. Allen & Unwin, 1959) remains a classic in the application of utilitarian philosophy and empirical sociology to the enlightened management of society. It is a wide ranging page book and Alan Cohen, in his interview questions, concentrates on a chapter ("Contemporary attitudes in social work") that was very critical of some approaches to social work and the claims made about what social work could achieve. It would be difficult to find more trenchant and sustained criticism of the attitudes, language and assumptions of the selected social work writers and academics quoted – in particular of the claims made for the more high-flown psychoanalytical approaches to solving human problems. These she ridicules and claims that they do a great disservice to social workers in their daily tasks. It is clear from the edited transcripts that Alan Cohen was keen to gather the views of his interviewees about the impact of the Wootton bombshell and most of them give a response. From 1952 to 1957 she was Nuffield research fellow at Bedford College. She was created a life peer in 1958 and was the first woman to sit on the woolsack in the House of Lords; and later held several senior public appointments. Her reputation as a fiercely independent thinker was sustained during the following years of public service. Accounts of her life and work are available from her autobiography, *In a World I Never Made* (1967) and Ann Oakley's biography *A Critical Woman* (2011). (*Sources: Personal Papers of Barbara Wootton, Girton College Archive, Cambridge; and the books cited above*).
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