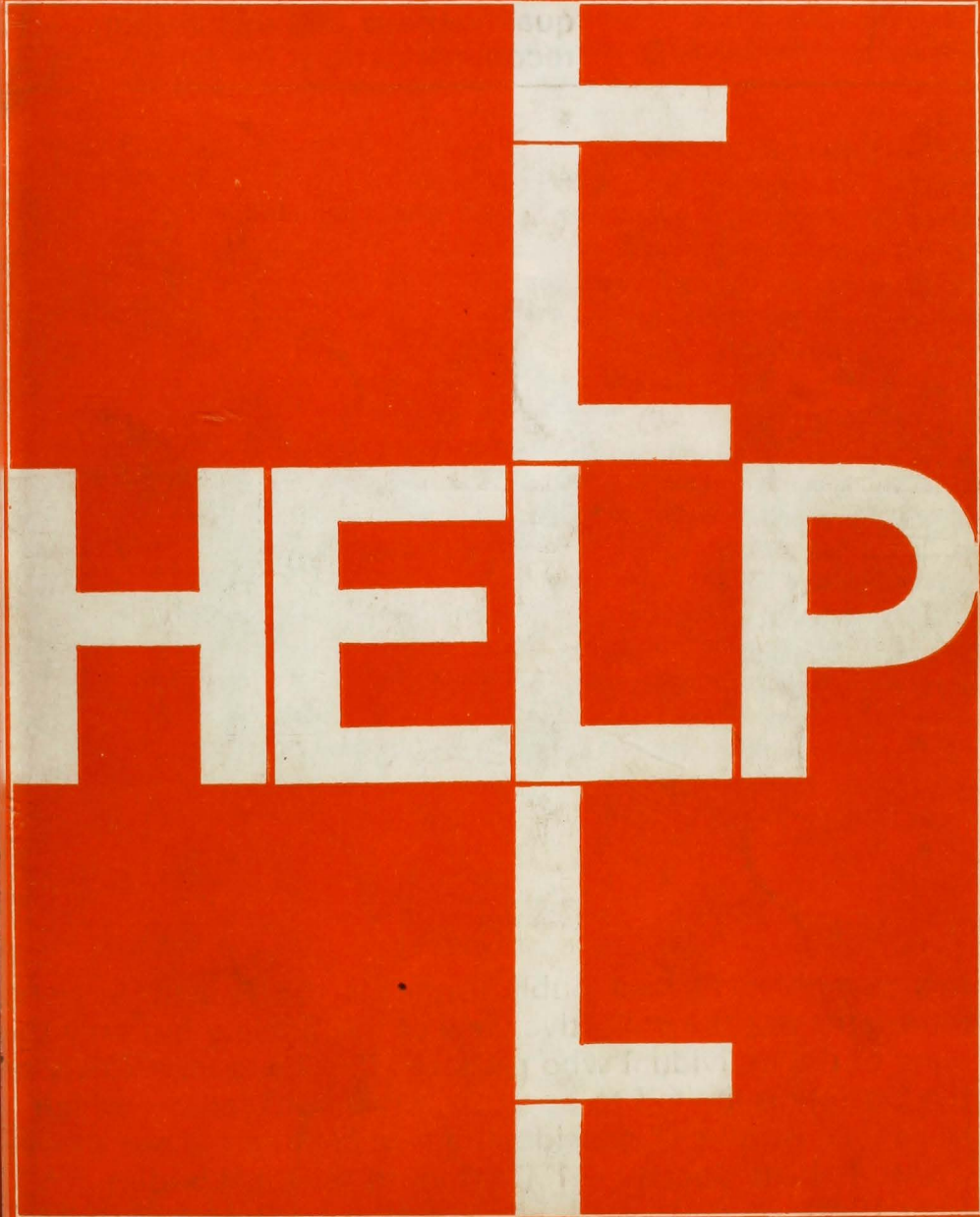


which way for social work?

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1. the Seebohm report

A social service department, providing a community based and family oriented service available to all—this was the major recommendation of the Seebohm Committee on *Local authority and allied personal social services* (cmdnd 3703). This new department will have responsibilities extending well beyond those of existing local authority departments and will, the Committee stated, “reach far beyond the discovery and rescue of social casualties; it will enable the greatest possible number of individuals to act reciprocally, giving and receiving service for the well-being of the whole community” (para 2).

But far-ranging, as the report was, it provided little answer to the basic issues facing the social work profession and the planner of the social services in this country to-day. What contributions has the profession to make in our efforts to improve the quality of life in a modern industrial society? What are the priorities for social workers—whom should they be helping and how? How do we ensure that the services of social workers are “available for all?” And how do we maintain the quality of these services?

These issues stand for any profession, whatever type or form of co-ordination is eventually implemented. They were in fact posed some eighteen years ago by Richard Titmuss in his inaugural lecture as the first professor of social administration in the University of London, when he spoke of the problem of priorities. “In a situation of limited resources, quality of service comes into conflict with quantity of service.” “To what extent, if at all,” he asked “are contemporary social needs being artificially developed by the professional, administrative and technical interests upon whose skills the services depend? What, to put it crudely, are we getting for our money? Is an increasing proportion of the cost going, first, to those who do the welfare rather than to those who need the welfare and second, for treating at a higher standard the symptoms of need rather than in curing or preventing the causes of need?” (reprinted in *Essays on “the welfare state,”* pp 23-24, Allen and Unwin, 1958).

unification and social work professionalisation

These questions gain added importance in the light of the Seebohm recommendations for the unification of the social services which will increase the professionalisation of social work. Both unification and increased professionalisation may bring considerable advantages. The firm establishment of a profession may lead to the strengthening of the professional in defence of his client, to higher quality in work and a greater assumption of responsibilities. But, equally professionalisation may bring dangers, coming between the worker and his client or the community at large.

Unification may serve a multitude of purposes. It may lead to a saving of resources

and reduplication of work, to a greater degree of consultation, and so collaboration in the provision of services, and to a better service to the public. It may strengthen the professional against the bureaucrat, but also against the public, and may help to legitimise demands for further privileges, rights and benefits to be awarded in deference to assured professional status.

There is the danger of "rigor professionis" if the co-ordinated units are set up too quickly. The social work profession may unify and very largely withdraw into itself. It may continue to refine and develop its existing skills but neglect its responsibility to adjust to the changing needs and expectations of the people and the community it exists to serve. There is the danger too that current disillusion with, and opposition towards, bureaucracies, and officialdom—the whole structure of establishment—may lead to an increase in the ever-present tension between the community and its official caretakers. As a result the larger departments may simply become even more isolated than the existing ones while "grass-roots" organisations multiply to help small areas and groups but without the power or the permanence to achieve more than a holding operation.

It is vital that these dangers should be faced now and discussed widely inside and outside the profession. An anonymous commentator has written "For those of us who have been looking forward to an authoritative case being made for the establishment of a comprehensive social work service, the Seeböhm Committee has served us well" (anon *Case Conference*, August 1968, p140). A citizen reading the report might indeed conclude that it had more to do with the work satisfaction and career structure of the professional social worker than it had to do with his own needs or rights in the modern welfare state.

Ten years ago Barbara Wootton referred to social workers as "largely the victims of the contemporary obsession with professionalism . . . the second revolution of the past half-century . . . One of the more regrettable features of the Younghusband Report is the unqualified and indiscriminating blessing which it gives to this" ("Daddy Knows Best," *Twentieth Century*, Winter 1959, p256) There is a danger that the Seeböhm report may have made the same mistake.

The Report received a generally enthusiastic reception at its publication in July 1968. "A great State paper" was the description by David Donnison, Professor of Social Administration in the University of London, in an article in the special enlarged October issue of *Social Work*. "For many social workers," the editorial declared, it represented "the fulfilment of their highest hopes." One of the leading members of the Seeböhm Committee described it as the most important report for social work since "the Majority Report of the Royal Commission on the Poor Laws" in 1909 (the report signed by Charles Loch of the Charity Organisation

Society, not the Minority Report signed by George Lansbury and Beatrice Webb). In the debate in the House of Lords lavish praise was bestowed on the committee which had produced a "black and white report" with "more than 200 specific recommendations," and the report was constantly coupled with that of Beveridge in 1942 as one of the landmarks in British social policy (House of Lords, 29 January 1969, cols 1168-1193 and 1198-1274).

Only a few voices have been raised in opposition, the most critical being a perhaps prudently anonymous medical officer who regarded it as "a national disaster." Yet while some social workers have described it as revolutionary, others have argued that it is only a tidying-up or "an enabling instrument for further work to be done."

an effective family service

This last view is perhaps the most accurate. After all the committee's terms of reference were "to review the organisation and responsibilities of the local authority personal social services in England and Wales, and to consider what changes are desirable to secure an effective family service" (para 1). Although refusing to be shackled by these terms on many issues, the committee did not reach any clearly-stated conclusion as to what constituted "an effective family service." This phrase reappears throughout the seven hundred paragraphs of the Report but there is little clarification of what is really meant. Ironically there is no chapter on the needs of the family and its social services but only ones on categories of children, old people, physically handicapped people and mentally subnormal and mentally ill people. The clearest reference indicates not the sort of service provided or need met but "a service which is accessible and acceptable and which meets the need promptly, that is, a service which is as far as possible community based" (para 582).

the urgent but unmet need for basic research

To provide this "effective family service" which will be "available for all" it is clearly necessary to have information about the basic needs which such a service will have to meet. It is also essential to know what needs are currently being met, and in what way, and to know in detail the ways in which current services are failing.

Ten years ago the last major report on social work prior to Seebohm, the Young-husband report, firmly and clearly called for basic research. "We were struck, in planning the field inquiries, by the lack of any systematic study of the part played by social workers in meeting needs within the framework of the social services. Such information could have had an important bearing on our own inquiry. We

should like to draw attention to the desirability of such a study. We think much of the confusion in regard to the functions of social workers in the health and welfare services, as elsewhere, is due to lack of analyses of this kind" (*Report of the working party on social workers in the local authority health and welfare services*, Ministry of Health, Department of Health for Scotland, 1959, para 11, see also paras 26 and 563). In fact the chairman of this committee had been stressing the need for such research for many years.

What could be clearer and more precise? Yet ten years later very little has been done to remedy this basic defect. The confusion referred to in the Younghusband report may derive not only from a lack of analyses but also, at least in part, from an actual confusion in the functions of the social workers. Seebohm and his committee do not clarify this, let alone attempt to fill the gap in our knowledge of the basic operations of the existing system. Indeed, one of the most remarkable aspects of their whole report is its lightning tour of the deficiencies of the existing system as if the case were already proven and documented elsewhere. In just twenty-eight paragraphs in five pages we are given an astonishingly brief and undetailed account.

There are, we are told, deficiencies in the amount, range and quality of provision. These three failings are exacerbated by poor co-ordination, by the difficulty of access for the would-be consumer and others such as doctors, and by insufficient adaptability to meet changes in the nature and extent of social need. Equally briefly, within these same twenty-eight paragraphs, we are presented with the "underlying causes of these shortcomings." These are, apparently, lack of sufficient resources, lack of knowledge (though on this we are invited to see further in chapter XV) and divided responsibility (paras 73-100).

Still, Seebohm too adds strong support to the demand for research (chapter XV). Lack of it "makes no sense in terms of administrative efficiency, and, however little intended, it indicates a *careless* attitude towards human welfare." (para 455, emphasis added). This in fact is an indictment of current practice. Very little opportunity has been taken of the great amount of encouragement in legislation for agencies to undertake research. For example under the Children's and Young Persons' Act of 1963 the Home Secretary and local authority children's departments have power to carry out, or to assist others in undertaking, research into child care and adoption and the statutory Advisory Council on Child Care established in 1948 has recommended five areas as a guide to research. The Health Visitors and Social Work Training Act of 1962 also encouraged research but as yet there has been little, if any, visible result of these invitations having been taken up.

While many social workers clearly have reservations about the value of research, Seebohm and his committee did not. "We cannot emphasise too strongly the part

which research must play in the creation and maintenance of an effective family service. Social planning is an illusion without adequate facts; and the adequacy of services mere speculation without evaluation . . . It must be a continuing process, accepted as a permanent and familiar feature of any department or agency concerned with social provision." (para 473).

"daddy should know better by now"

However much reports emphasize the essential need for research and social work textbooks stress the importance of client self-determination, there has been very little energy devoted to finding out what the recipients of social workers' help think of the services. Both the Younghusband and Seebohm reports, nine years apart, give similar and unconvincing reasons for not doing consumer research. "We should like to have undertaken a complementary inquiry into the reactions of those using the services. An investigation of this nature would, however, have prolonged our own inquiries unduly" (Younghusband, para 10). Appointed in June 1955, the working party reported in February 1959. The Seebohm Committee sat for some two and a half years and reflected in 1968 "We were, regrettably, unable to sound consumer reaction to the services in any systematic fashion. This was also related to the fact that we made no attempt to organise a research programme as this would have delayed publication perhaps for another year or two" (para 43).

Given the increasing emphasis on democratic participation and the fact that it was appointed by a socialist government, Seebohm's disregard for the potential or past customer of the social services is the more disturbing. Perhaps it is even more remarkable, or ironic, or just revealing, that the committee set up to assess the most appropriate training for community work, and chaired by Dame Eileen Younghusband, not only undertook no consumer research (perhaps because it was thought to be too expensive) but also made no reference to the lack of such enquiries—as if indeed they were of no relevance. The committee itself consisted strictly of "experts"—teachers or administrators in the social services and community work (*Community work and social change*, the report of a study group on training set up by the Calouste Gulbenkian Foundation, pp XI-XIII, Longmans).

This persistent neglect of the recipient, let alone the potential recipient of social workers' services, is particularly surprising, and disappointing, given the emphatic and astringent criticism of the Younghusband Report by Barbara Wootton in 1959. "Everything is viewed from the administrative angle, through administrative spectacles—benevolently, no doubt, but always from outside, at second hand. Only those who supply the various services, never those for whose benefit they are supplied, are fit to judge their quality. Be quiet, dear, Daddy knows best." (*op cit*).

2. the efficacy of social work

Implicit in much that is said about the services provided by social workers seems to be the assumption that anything is better than nothing. This is linked to the fact that, because most social workers feel themselves overworked, they do not very often stop to consider what their work is achieving nor whether it should be redirected. And because they are overburdened, they have little opportunity to follow the experiences of their clients; and they seem even less likely to do this when responsibilities cross jurisdictional boundaries. As the American poet Robert Frost said "It couldn't be called ungentle, but how thoroughly departmental." Though of course, we hope that co-ordination will at least put a stop to this fragmentation of responsibility.

The Seebom report never appears to question the efficacy of social work. Yet this question cannot be ignored if we are to decide whether the Seebom proposals are adequate. This crucial issue has received scarcely any attention from the social work profession, though without a clear and positive answer the necessity for social workers, and more of them, must remain largely a matter of faith.

In 1959 Mr. Robin Huws Jones asked "is our social worker really necessary?" and answered himself in the fourth of his twenty-nine paragraphs "surely only a modern Voltaire could deny that he sees the necessity!" (*The Almoner*, vol 12, no 2, p 61). Mr. Huws Jones however does go on to talk about the effectiveness of social work of all types, admitting the need to define the aims of "social work in specific, realistic operational terms" (*ibid* p67, and see also D. E. G. Plowman, "What are the outcomes of social work?", *Social Work* (GB), January 1969). Mr. Huws Jones believes that much help could be provided by the social sciences but confesses to "a disloyal spasm of sympathy with the complaint that the sociologists' cry is 'Give us the job and we'll spend the next seven years sharpening the tools'." This is a fair complaint about my own profession but it is doubtful whether many sociologists in this country have been approached for help. And this certainly does not explain the virtual failure of the social work profession to get on with its own research. Certainly some projects have been started since the Younghusband report but mostly on a very small scale. At the University of York a survey is just starting on the roll of medical social workers and the National Institute of Social Work Training has undertaken a potentially most valuable study evaluating social work help for a sample of 300 people aged 70 and over who receive welfare services in a London borough.

"girls at vocational high"

In the United States there have been more attempts to evaluate social work and measure its effectiveness. The best known is probably *Girls at vocational high*, an examination of the effect of social work counselling on some 200 teenage girls with

a control sample of the same size. I shall describe this study in a little detail because it seems to illustrate some of the basic problems facing social work in all countries.

The very cautious conclusion of the book was that "on these (objective) tests no strong indications of effect (of counselling) are found and the conclusion must be stated in the negative when it is asked whether social work intervention with potential problem high school girls was in this instance effective." (H. J. Meyer *et al*, *Girls at vocational high*, p180, Russell Sage, New York, 1958). There was a marked discrepancy between the results of the objective tests of progress and the subjective evaluation of the social workers involved: this led the investigators to compare the workers' evaluation with the familiar "the operation was a success but the patient died." The social workers in fact tended to pay more attention to the ways in which the girls actually behaved during their counselling sessions rather than to the effect of the counselling on behaviour outside these sessions (*ibid* p157). This is a danger of the psycho-therapeutic process when the social worker may become so engrossed in building up a relationship that he may lose sight of his reason for doing it.

Many criticisms can be, and some have been, made of the study both in its methodology and its theoretical analysis (see for the defence of the social workers, M. E. MacDonald, "Reunion at vocational high," *Social service review*, June 1966). Of course, too sweeping claims have been made for its findings which have been extended to cover—and denounce—the whole of social work. The blame here must lie not just with the publicists but with a profession that has persistently failed to evaluate its own efficacy. This failure to validate techniques can be partly explained, I think, by the fact that many social workers have come to regard themselves as checking their own work in the process of casework counselling itself and in the course of discussion with colleagues and supervisors. The criteria for "success" therefore are their own and not their clients'. For many the journey—the casework or group session—has almost certainly become the goal. Clients who are unwilling to discuss their difficulties in this way are classified as "unco-operative" or "lacking in insight." Some talk of a client's "willingness to use the casework relationship" or his "ability to use the service." In the last resort then it may be seen as the client who is the failure.

The social worker's own insights into the individual's problems may often be determined by the techniques employed. *Girls at vocational high* revealed very clearly that the use of different social work techniques led the social worker to change *her* view of the client's situation, and so brought her to consider different ways of solving the client's problem. In individual casework the social worker was more likely to assume that a client was magnifying or distorting the problem in some way. In group sessions the worker was compelled to recognise that what the

client said was true, as in these sessions, the girls had a greater opportunity to "bring in their world." "When all or a majority of members of the group, in spite of differences in their psychological make-up, almost simultaneously described situations of external stress in similar ways, the worker herself came to view the problem differently . . . Discussions of violent acts — suicide, gang warfare — occurred frequently in the group sessions. However in the group setting it seemed clear to the leaders that talk about such things was more related to actual happenings than to the girls' inner preoccupations with such events." (*ibid* pp133-34).

In some ways the authors come close to reversing the conventional wisdom of "treating" the deep-seated internal causes and argue for treating what is often called the "presenting problem." They argued that social workers needed to pay much greater attention to possible environmental changes in helping their clients. "Should we expect weekly interviews with caseworkers," the authors ask, "or weekly counselling sessions in groups, to have critical effects when situational conditions were hardly touched?" (p214). They lay stress on the importance for the social work profession of developing means of bringing about changes in the social conditions rather than trying to help clients by "indirect efforts through influences on internal psychological states." Helping a girl to stay on and get through school with material assistance is given low priority by the social workers in the study but failure to achieve this may make other desirable objectives even less attainable. Altogether this study emphasises the need not to let casework roles get out of proportion and the need to attempt new, and as yet less professionally fashionable, methods of help.

the definition of social work

It is impossible to study the effectiveness of social work, however, without inviting a clearer definition of social work. One definition of *casework*, provided by the Younghusband report (para 638), is "a personal service provided by qualified workers for individuals who require skilled assistance in resolving some material, emotional or character problem." Such an all-inclusive definition led Barbara Wootton to comment "if these skills really exist, surely they are wasted upon obscure members of the British working-class: would not the caseworkers do better to get their hands on some of our world's rulers?" (*op cit*, p253).

As recently as 1968 in a textbook on concepts the *aim* of casework was said to be "to help the client to manage in the community either simply with the aid of encouragement from the caseworker or also by changing some of the client's attitudes if they are proving harmful" (Jonathan Moffet, *Concept in casework treatment*, pp3-4, Routledge and Kegan Paul, 1968). This would seem to plunge us back into the social and economic vacuum of the client-worker relationship, a view which

social work and society

I am often told has been abandoned by social workers. Although it may have been by the practitioners, it certainly does not appear to have been rejected by many of those responsible for training the new social workers.

The difficulty of explaining and defining the skills peculiar to casework is well illustrated in a study of medical social workers' attachment to a group practice. "I have tried to discount any suggestion that casework is a mysterious skill only to be practised by an elite," writes the medical social worker, yet concludes the same sentence "but I should like to be equally emphatic that practising without a sound knowledge of human behaviour is *wrong and dangerous*." (J. A. S. Forman and E. M. Fairbairn, *Social Casework in General Practice*, p79, Oxford University Press, 1968, emphasis added). "This knowledge," the writer adds, "may not be gained in a quick or superficial way."

But within two pages of this forthright declaration Miss Fairbairn ends the chapter "*Casework is commonsense*—casework is having the imagination to foresee what might go wrong in a plan for an old lady's discharge and preparing for it in advance—casework is feeling sufficiently involved to accept the work and carry the responsibility." (*ibid*, p81, emphasis added again).

To illustrate the difficulties involved I have deliberately quoted from a study that is highly regarded by many social workers. It illustrates the dilemma that faces social workers who wish to claim possession of a special body of knowledge and appropriate techniques. Some would then want to claim a monopoly of these skills and to demand that only the fully qualified should be allowed to practise, and would concentrate their energy on refining these techniques with the hope that social work might be recognised as a science. It was this part of the profession, mainly teachers, whom Barbara Wootton so vigorously attacked in chapter IX of *Social science and social pathology*, (Allen & Unwin, 1959).

Although I believe this group is currently declining in strength—and has never been so influential in Britain as in the United States—their concern has tended to direct the questions that the profession has been asking inward into its own processes and led it to neglect the client.

3. social work and society

Social work might better be understood in social terms and not only socio-psychological terms. A social worker imparts information about rights, makes services available, helps to communicate needs to those in authority, and encourages action by the individual, family and group on their own behalf as well as on the behalf of the community. The advantage of this definition is that it suggests the role the social worker can play in the community whatever type of social work or organisational attachment.

This moves the emphasis away from the skills and techniques used and towards the objectives of the worker. In fact, although the social worker is trained to make contact with his "client," studies such as *Girls at vocational high* show how his understanding has been limited by his skills. As Forder says in his new edition of *Penelope Hall's Social Services of Modern England*, "information about the social services has been poorly disseminated; the social and psychological barriers that prevent people from using them have been ignored; professional workers have often been more concerned to have 'co-operative' clients on whom to practise their skills, than to draw their clients into active participation in the aims of the service; those who have been unable to make effective use of the service have been too readily labelled 'unco-operative' and rejected on this basis. Criticisms of the services by the consumers, even constructive criticism, is not generally encouraged and usually resented." (p 294, Routledge and Kegan Paul, 1969).

blowing in the wind

How far does the current narrow interpretation of this role and the lack of facilities and the inadequate services and resources available to him, leave the social worker with an acute sense of helplessness? This is a question that many social workers are greatly concerned about but so far there has been little attempt to bring this to the notice of a wider audience. With the exception of often rather oblique comments in chapter XIII on housing, the Seebohm committee scarcely raised this issue.

Indeed many social workers do see themselves as faced with the task of persuading people to tolerate the intolerable. They become agents of control or "social tranquilisers" (The Social Workers' Group of the Socialist Medical Association, *A socialist view of social work*, p13, no date). Despite their frustration most stay on in the hope of making the best of a bad job. Their dissatisfaction however is often evidenced by the vigorous support given by many social workers to such organisations as the Child Poverty Action Group and the Disablement Income Group, both established in 1965.

At the same time, there are many social workers who disapprove of such activities

and some senior workers in children's departments have regarded attempts by younger colleagues to obtain written explanations of supplementary benefit assessments as "militant." (Child Poverty Action Group, *Poverty*, no 5, p2, Winter 1967). Some social workers whom I met in the last few months did not even know of either of these groups and had no idea what was meant by for example the "wage stop," (the procedure whereby supplementary benefit—formerly national assistance—is not paid above the level that a man, unemployed or temporarily sick, is expected to receive in net wages even if his entitlement, because of a high rent, large family or some special need, is higher than this. Some 28,000 families headed by an unemployed man alone had their allowances reduced for this reason in February 1969.

social workers and the attack on inequalities

In examining the role of social work in a modern industrial and still class-bound society, it is vital to analyse its relevance to the basic issues of inequality and privilege. It is still widely believed that the social services, as the other parts of the "welfare state," are instruments of redistribution reducing inequality. A typical and recent statement of this view was made by T. H. Marshall, formerly professor of sociology and Head of the Social Science Department at the London School of Economics. "The social services proper—in health, welfare, education, housing, etc.—have undoubtedly had a profound effect on the distribution of *real* income" (*Political Quarterly*, Jan-March 1969, pp6-7, emphasis in the original). This seems clear and categorical enough, but a few sentences later Marshall changes his position remarkably. "This has been their aim . . . it is hard to say how much progress has been made."

No doubt they are redistributive, as are any other allocation of services or resources in kind. The important question is not "Do they redistribute?" but the much more complicated set of questions "In what directions do the social services distribute and redistribute? To what extent? How? and for how long, and with what effect?" The answers to these questions then need to be set against the intentions in policy as to the extent and direction of redistribution. The Seebohm Committee disregarded these questions in deciding what constituted an "effective family service."

Yet it is vital to know the actual effect of social workers in distributing resources, in kind in a society which is still more or less rigidly stratified by class and where there has been no significant downward redistribution of earnings since the beginning of this century. As long ago as the census of 1911 the proportion of average earnings received by unskilled and semi-skilled working men was the same as it was in 1960—about 79 per cent and 86 per cent respectively. (Guy Routh, *Occupation and pay in Great Britain 1906-1960*, p 107, Cambridge University Press, 1965).

There have been fluctuations since 1911 but two world wars, a cold war, the depression of the 1920s and 1930s and the introduction of the social welfare legislation after 1945 has not lessened occupational differentials at all between the main groups. In 1911 the average unskilled man's wage was 31 per cent of the average manager's, by 1960 this had fallen slightly to 29 per cent. If one considers that in the 1911 census, aeroplane pilots and aviators were grouped with acrobats, magicians and conjurers in the same occupational category headed "performer, showman," one has some idea of the vast changes that have occurred over this period. These have nevertheless done very little to alter the differences between the main groups in the socio-economic structure of Britain.

In 1955 Richard Titmus questioned the extent of redistribution by government and the reduction of inequalities by all forms of social services in "The social division of welfare" (*op cit*). In the last ten years an increasing amount of evidence has been published revealing that the total resources of many are well below the average standard of living. In 1960 as many as one in eight households existed at a level no better than that of the recipients of national assistance. (B. Abel-Smith and P. Townsend, *The poor and the poorest*, Bell, 1965, and for a summary of research into poverty, A. Sinfield, "Poverty rediscovered," *Race*, October 1968).

The apparent lack of interest on the part of social workers in the command of resources—or at least the vocal or literary members of the profession—must be related to two facts. Until very recently few were aware of the persistent inequalities in the distribution of resources and opportunities that survived the introduction of the "welfare state" and even today many social workers seem to see little relevance in the problems of inequality or the stratified class structure within which they are working. They do not pay sufficient heed to the possible connections between simple lack of resources and personal and family "disintegration."

Secondly, many social workers and social administrators have consciously striven to escape the image of charity workers amongst the poor, and some seem to have believed that in this way they could best improve the standing of their own discipline. They have welcomed the "welfare state," worried about the effects of over-dependency resulting from its "feather-bedding," and departed to fields of research and practice more in touch with the "better classes." The poverty they did see they tended to dismiss as due to the *misuse*, rather than the *lack*, of resources. Indeed, it can be argued that the emphasis on psychodynamic techniques in social work in the 1950s did much to make the poor "silent" or "invisible."

The chairman of the Seebohm committee however estimated that poverty and bad housing "probably cause something like 60 per cent of the work that is now carried on by social workers." (in a broadcast *Dole with everything*, Radio 4, 23

January 1969). Now this sort of statement backed up by evidence could be of great help in establishing the priorities for action for the social services. It also supports very strongly the view that much social work activity is simply a holding operation. If the energies of social workers are directed more towards the poor, there are strong grounds for thinking this leads more to social control than to social welfare and any redistribution of resources. It is a pity that there is no such comment, or evidence for it, in the Seebohm report. Given a different emphasis and a greater concern with material and environmental causes of family breakdown and individual frustration, the profession of social work might well have played a leading role in making society aware much earlier of the persistence of poverty. Instead, the major social work discovery of the 1950s was the "problem family" with an emphasis on the problems that came from within. It was left to others to pursue the questions of the level of social security payments and of individual rights.

the unfathomed extent of needs

Although the Seebohm committee seem to have been concerned about the lack of co-ordination leading to *multiple* visiting as much as that leading to *no* visiting and needs remaining unknown, it did however recognise the great extent of unmet needs and stressed how little was known about those who required help but did not seek or receive it. In an appendix to the report, J. Packman and M. Power estimate that "there are at least as many children in need of help as there are receiving help" (appendix Q, p 354).

The extent to which old people need the most basic help, let alone that of highly-trained and highly-paid workers, and did not receive it was made clear by a cross-national study of old people in three industrial societies, Britain, Denmark and the United States. Of those who were "unable to bathe themselves even with difficulty" 37 per cent received no help at all and only 7 per cent were helped by the social services in Britain. In Denmark the proportion without any help was 5 per cent and in the United States 4 per cent. While by many other criteria British provision was as high as, or even greater than, that of the other two countries, the extent of unmet need was still great. Four per cent of those who had difficulty in preparing meals received help from the social services while eleven per cent had no help at all. Although one per cent received "meals on wheels," six times as many seemed to be in need of them. Even then most recipients had meals only on one or two days a week. (P. Townsend in E. Shanas et al, *Old people in three industrial societies*, Routledge and Kegan Paul, 1968).

Smaller surveys also document the unmet need, especially among the very poor. In a study of large families in London, eleven of the eighteen families with an

income below the then national assistance level reported that they rarely saw a health visitor, school care committee worker or any other "lady from the welfare." They did not mention any of them, either, as people they would get in touch with when in difficulty. (Hilary Land, *Large families in London*, Bell, forthcoming). The government's own study of fifty-one families wage-stopped on assistance, Dennis Marsden's of fatherless families on assistance and the present writer's of unemployed on Tyneside also found very few poor families in contact with any of the social services. In that survey I questioned all families about the services they contacted or that contacted them but abandoned this because of a very high "nil" response and because of my own needs to shorten the questionnaire. At the time (1963-64) I had assumed that this type of research was being carried out more carefully elsewhere, so gave low priority to a tangential aspect of my own research and did not document systematically any of the data. But such research does not seem to have been undertaken.

the client's perspective

The few studies of social workers on the job that have been made have depended basically upon the worker's records or account. The reality of such reports appears to be accepted without question and the worker's view of the client regarded as final. The one-sidedness of these accounts deserves emphasis: it is all too easy to forget, when relationships are unequal, that the account of the person closest to the researcher or reader may not be the only version. (It is worth noting that this inequality is reflected in the convention of adding "was said to have stated" when quoting a "client" recalling a social worker's remarks but not when a social worker reports a client).

One small study of fifteen dissatisfied working-class clients shows the client and the social worker in a Kafka-esque situation, each expecting different reactions of the other. Consulting a social worker about the behaviour of a third party (usually a spouse or a child) clients were disconcerted to find that the social worker took no sides and gave no advice; he simply asked questions and then suggested a further meeting. They were particularly taken aback because most of the questions were directed to the client and *his* feelings and expectations rather than to the behaviour of the third party (J. E. Mayer and N. Timms, "Clash in perspective between worker and client," *Social Casework* (USA) January 1969. This is part of a larger study of sixty-one clients of the London Family Welfare Association, *The client speaks: working class impressions of casework*, Routledge and Kegan Paul, London, forthcoming). Mayer and Timms seem to see the causes of this disjunction in the different cultural systems of the working-class client and the apparently middle-class social worker, each having a different mode of problem-solving. But is the difficulty primarily a difference of culture? If the worker had some

knowledge of this, could he bridge the gap between himself and his client? From my own experience of interviewing recipients of the social services I am inclined to attach more significance to the inequality of the relationship and to the very different positions in the socio-economic structure of the social worker and his working-class client. In addition Mayer and Timms tend to overlook the fact that the client often feels in a desperate situation and urgently wants help to escape from the immediate crisis.

In 1963-64 I interviewed unemployed families on Tyneside and a year later in Syracuse, New York State. In both areas I came across many instances of what one might call "sweated social workers" with enormous caseloads, reserves of endurance, and incredible resourcefulness. At the same time I slowly became aware of the ways in which much of the social worker-client contact diverged from the textbook picture and from sociologists' view of the server-client relationship (see for example Goffman, *Asylums*, pp 321 *et seq*, Doubleday Anchor, New York, 1961). Although in many respects the picture that emerged was the same in the two areas in the two countries, the comments that follow apply to the families', and my, experiences with workers in the children's, health and welfare departments of one local authority and the local hospitals. Occasional contact with local authority departments in other parts of Britain suggests that my findings might apply more widely; and this belief has been supported by many social workers.

Both the unemployed and I were made aware of the various minor indignities inflicted on applicants for services, the coldness and sometimes deliberate rudeness of social workers—deliberate in that it was explained to me, confidentially afterwards, that it did a man good to be "dressed down" in front of a room full of people and to be questioned about his search for work. (This was not the local authority social worker's responsibility: besides, the man was disabled and unskilled and only unemployed three months, at a time when many absolutely fit unskilled labourers had been workless for six months). What surprised me most, I think, was the number of times families seemed to be treated discourteously by social workers. There was often no apology for keeping a woman waiting for an hour or more, or for having one's cup of tea in front of clients without offering them one. Sitting at a desk and busy with papers, some social workers did not look up when the client entered or welcome him in and one began the interview, still without looking at the client, "All right, sit down Mrs. ———. Now what is it this time?" At the very least such lack of good manners affected the establishment of a relationship.

People in fact often commented on this to me. I began to get the impression that they experienced peremptory treatment more often from the professionally-qualified social worker, teacher or doctor than they did from local or central govern-

ment officials. It may have been that the clients were particularly sensitive to this because they felt on a less equal footing with the professional. But there did seem to be little attempt to explain to a family what was being done with them in a way that they understood. All these points seem to be ones of what Miss Fairbairn would call "commonsense" and would appear essential for achieving social work objectives. As Noel Timms has pointed out, although social work "activity has been described as the attempt to cure through talk," . . . "language does not occupy a central place in social work and social workers themselves appear indifferent to its significance." (*Language of social casework*, pp 1-2, Routledge and Kegan Paul). When he was interviewing fatherless families on assistance in two towns in 1965-66, Dennis Marsden asked them about the help that they received from social services. Most seemed to have had little knowledge of where they could have gone for help and others were often dissatisfied with the advice they received. One separated wife whose husband was mentally ill and alcoholic went to a Citizen's Advice Bureau and was told "'Men are funny things you know. You've got to give in to them, you've got to humour them.' 'You can go back to him' she said 'I'm not so fussed for a man as you are.'" Of course, this was a voluntary worker who had only received a very brief preliminary training but it should be pointed out that the customer will not necessarily be aware of this — or regard it as a sufficient explanation. Besides one must face the fact that only a small proportion of all social workers are trained. A probation officer told one woman "Oh, I've got far more important things to do than listen to marriage arguments" (D. Marsden, *Mothers alone: fatherless families in poverty*, Allen Lane Press, Penguin).

Maybe these accounts were exaggerations. Indeed it is very tempting to dismiss all such remarks for one reason or another and very easy—perhaps too easy—to present convincing psychological grounds to explain apparent resentment of help given. What we need to know in undertaking a re-ordering of existing programmes is how representative and accurate these accounts are. There are admittedly two sides to what happens in any encounter. But the client's recollection and definition of the situation is important in determining both the effectiveness of services and the extent to which she is likely to make further use of them, or recommend others to do so.

In both studies the low status of those applying for advice or help seemed very relevant to the treatment they received. Perry Levinson has also emphasised the importance of the inequality in the relationship between the social worker and his clients. It is important, he argues, to study not just the relationship between two people, but between two people occupying often very different positions in the social structure, and meeting in a social organisation which has certain specific powers and which expects certain sorts of behaviour from those to whom it provides help. (*Chronic dependency: a conceptual analysis*, US Department of Health, 1964).

4. manpower : quantity, qualifications and distribution

Clearly any reorganisation of the social workers' services must take into account the manpower available, its level of qualification and its distribution across the country.

According to the Seebohm committee's definition of social workers, there were over 11,000 social workers in 1967 employed in the local authority services for children, mental health and welfare, the probation service and the hospital services. Nearly two in five were professionally qualified but the same proportion of practising social workers in those agencies had neither a qualification nor a declaration of recognition of experience. The estimate of one in two trained by 1975 looked optimistic at the best of times: after the cuts in central and local government expenditure it looks even less likely.

The proportion of these workers with professional qualifications was highest in the probation service (69 per cent) and the hospital services (62 per cent). About a third were professionally qualified among full-time field officers in the children's department and among senior officers in the mental health services. For the rest the proportion was lower than one in five and only one in ten of non-senior social workers in the welfare departments were fully qualified. (Appendix M, p 336).

In addition to these there were another 100,000 workers, both manual and non-manual, employed in the services reviewed by Seebohm and very few of these had any social work training. Among those services with most qualified workers were the residential staff in children's homes and nurseries of whom *one in four* (out of 5,600) were trained. There were of course those with other forms of training including the 2,400 medical officers or school medical officers with medical training, and those working as home nurses, school nurses, domiciliary midwives or health visitors—over 20,000 in all—who had at least a basic nursing training, if not as in most cases a further qualification. The largest group, excluding residential staff, were some 30,000 home helps working under nearly nine hundred organizers. (Appendix L, p 329).

To obtain a comprehensive total of those in the social work field one should add some 1500 full time and 4000 part time youth leaders and the many trained and untrained, paid and unpaid, full time and part time workers in Citizens Advice Bureaux, Family Service Units, Marriage Guidance Councils, the WRVS, the churches, community associations and many other organisations. The community workers were under study by the Gulbenkian committee under Dame Eileen Young-husband and the voluntary workers by the committee headed by Miss Geraldine Aves. Nevertheless it was a pity that the Seebohm committee did not provide a comprehensive analysis of workers in the social services, both statutory and voluntary. It is unrealistic to plan for expansion without taking all the social work

manpower into consideration. Shortage of workers is stressed throughout the Seebohm Report; for example, "It is clear that there is no hope in the foreseeable future of offering conventional psychiatric or social person to person service to all adults or children who are seriously maladjusted" (para 344) and "the entire social work staff now available to many local authorities could be usefully occupied solely in trying to support patients (suffering from severe mental disorder); helping them, their families and local committees to readjust" (para 346).

the curious desire for more and professional shortages

Despite our lack of clear knowledge about what social workers do and what they achieve, we still want more of them. "It is an interesting and often overlooked fact that, during the last twenty years, whenever the British people have identified and investigated a social problem, there has followed a national call for more social workers" (R. M. Titmuss, *Commitment to welfare*, p 85, Allen and Unwin, 1968 compare G. Steiner, *Social insecurity: the politics of welfare*, p 20, Rand McNally, Chicago, 1966, for a similar comment on events in the United States). No matter how intense the criticism of the services, the need for more trained social workers is unquestioned: more training and smaller caseloads remain the constant ideals. Both countries have experienced a constant shortage of social workers for many years.

Estimations and perceptions, or at least assumptions of shortage are common in the professions and can be determined by factors such as the changing pace of science with its new demands, the recognition of new needs, higher public expectations of the quality of services, the existence or creation of national structures with publicized personnel norms, a high rate of dropout of trainees, a high turnover of staff and perhaps the brevity of a professional career, particularly among women, the reduction of the work week, the employment of professional workers on "non-professional" duties such as administration. Many factors, therefore, in addition to the methods of utilization, affect perceptions of shortage for any occupational or professional group.

Acute shortages of trained workers have not been confined to the social work profession alone. In the nursing profession, for example, both Great Britain and the United States report an acute shortage of nurses; yet these two countries have two of the world's most favourable ratio of graduate nurses to population and the number of nurses has been increasing much faster than the populations in both countries. Indeed Glaser reports that "some graduate nursing officers of WHO — concerned with the practical service needs of countries and acclimatised to judging the actual problems of countries on the basis of objective statistics instead of national self-evaluations—do not think that Great Britain and America actually

are short of nurses." (William A. Glaser in F. Davis (ed), *The nursing profession*, pp32-33, Wiley, New York, 1966).

As Glaser points out, "occupations dedicated to the public service . . . usually seek more recruits and complain about shortages. These occupations are concerned with solving society's problems as defined by their own expert judgements, and the number of problems that exist (or that they think exist) invariably outruns the manpower. The incumbents have a vested interest in expansion: their social prestige rises as the popularity of their career grows, particularly among the ablest members of society." (*ibid* p 31). A very important factor determining demand may be the activity of the profession itself. "The national call for more social workers" referred to above seems very often to have been created, at least in part, by social workers and administrators. Indeed Titmuss' "British people" may well be the representatives of the profession, strengthened by those who do not want to transform the structure of society, but only the means of accommodating "problem groups" to the rest of society.

The public and private reaction of the vested interests to the Seebohm report cannot but heighten anxiety that a major function of the report has been to strengthen the position of the profession and of administrators. The committee itself consisted essentially of the various vested interests particularly from the National Institute of Social Work Training, the staff college of the social work profession. By the end it could be said to be represented by its chairman, its principal, one of its lecturers and perhaps too its president's wife—four out of ten.

geographical inequalities in services

One of the shortcomings of the social services and social work provision is the very uneven distribution of social workers across the country. This was well documented for some workers in the Seebohm report in Appendix G but it was given little attention in the body of the report. A strong argument for central government control is provided by this unevenness and Seebohm admits that the need for such control was argued "particularly clearly and forcefully" by an unspecified group of social workers, "the thought behind it was that the needs of the community would be better served by a comprehensive service, and that for administrative and financial reasons the present local authority structure would be inadequate to bear the weight of the service required" (para 137). The committee however gave this suggestion only one paragraph's discussion, mainly, apparently, because they understood their terms of reference as "implying that the services in question should remain the responsibility of local government." This at least is debatable but the committee apparently regarded the *description* "local authority . . . services" in the terms of reference also as a *prescription* on its work.

Apart from the recommendations for special "priority areas for community development" or "social development areas" (paras 485-490), akin to Plowden's "educational priority areas" and the "areas of special housing need" advocated by the National Committee for Commonwealth Immigrants, the Seebohm Committee does not make any specific proposals for rectifying the unequal geographical distribution of social workers and social services. Yet a better national coverage is essential if an effective family service is really to be made "available for all." This wider problem is discussed in part of one paragraph (490) and in the summary, at the end of the proposals for areas of special needs, the committee states "Central and local government, with the professions themselves, must accept responsibility for securing a better distribution of staff over the country as a whole" (p 230).

In 1962 local authorities' own estimates of their needs for social workers by 1972 varied widely, from 5 to 28 per 100,000 population in county boroughs and from 2 to 20 per 100,000 among the counties. Overall this represented an increase of 66 per cent over the ten years, from 2,940 to 4,880. In trying to estimate the need for trained staff, Paige and Jones decided that "needs are so various that a comprehensive estimate on the basis of numbers needing help would be impossible." (D. Paige and K. Jones, *Health and welfare services in Britain in 1975*, p 111, Cambridge University Press, 1966). As an alternative therefore they grouped local authorities with broadly similar social and economic characteristics together and estimated the provision that would be needed if the plans of all authorities were raised to the level of those 20 per cent in each group aiming at the most liberal facilities. This would mean an increase of not 66 per cent by 1972 but 145 per cent, giving a total of 7,200 social workers in the health and welfare services, almost half as many again as the local authorities' own estimates (*ibid*, p 112-113. Welfare assistants are omitted from the calculations in this paragraph and the next to enable comparison between reports).

The latest revised estimates of the local authorities still fall far short of that suggested by Paige and Jones. Although the estimates are markedly higher, because of encouraging recruitment figures, the forecast requirements for 1975 put forward in 1965 are still only 6,403. The need of 7,600 estimated by Paige and Jones for that year is still 20 per cent above that of the local authorities (*Health and welfare: the development of community care*, revision to 1975-76 of plans for the health and welfare services of the local authorities in England and Wales, p 14, cmdn 3022, HMSO, 1966).

the use of social workers

Quite clearly local authorities' own forecasts are mainly an extrapolation of their own present manpower. Very little attention has been given to the basic questions

of the utilisation and deployment of trained and untrained staff, and the advantages that derive from the combination of different levels and types of staff. At least one body concerned with professional training, however, is worried about "an over-emphasis of the manpower needs of the service at the expense of the educational needs of the profession."

Dame Eileen Younghusband, for many years a leader of the social work profession, has insistently argued for greater attention to the actual use of social workers. She said very forcefully in 1951: "Sufficient attention has been given to the qualifications which employing bodies 'should' require in comparison with *the quite insufficient attention given* to the much more pressing problem of how, in the present extreme shortage, trained and qualified workers can be used to the best advantage . . . and the job itself be so analysed and broken down that sledgehammers are not wasted in cracking nuts, nor personal problems mishandled by the incompetent." (*Social work in Britain*, p 28, Carnegie UK Trust, 1951 emphasis added).

This demand was expressed clearly and vigorously again in the report of the committee she chaired from 1955 to 1959, and she stressed the urgency for this once more in 1965 ("A comparative view of manpower problems: the British approach," *Social service review*, pp 454-458, 1965).

But there is as yet, to my knowledge, no detailed analysis of the use of qualified as opposed to unqualified workers. The general impression is that the higher the training, the higher up the career structure the worker starts and the faster he climbs it. The less trained therefore are most likely to make the first and continuing contact with clients. This paradox deserves emphasis. Better training is advocated because it equips one best for the current dominant professional activity of case-work. Yet it seems that the general trend is for the better trained to have less contact with clients or customers, to have the greater administrative responsibilities, and so have less opportunity for practising the skills they have been taught. The extent to which this is compensated for by senior workers acting as supervisors or by providing in-service training is not clear and certainly deserves closer examination. At the best, at present, this is simply assumed to be so.

the use of time

With an inadequate provision and distribution of trained staff and a lack of facilities to increase the supply of trained staff fast enough, it is important to study the ways in which social workers deploy their own working hours. The 1959 Younghusband report found that one-third of the average working time of a heterogeneous body of field workers was spent on "letter-writing, record-keeping or other administrative/

procedures," one-fifth in travelling and about one-third to one-half in direct contact with the client. (para 397).

A more detailed study of the child care service in seven Scottish local authority departments in 1960 found that the social workers spent less time than they estimated on what they regarded as their major functions and more time than they thought on other activities. One quarter of the time was spent travelling, one-third on administration and one-third on paper work. In contrast preventive work only took up one-tenth of the time, children being received into care absorbing the greatest amount of work. Less than 2 hours a week was spent with children and only about one hour in conversation with them, including chats on journeys. "It seems that the professional worker's conception of his job involves a much greater application to the casework and therapeutic aspects of the service than his situation allows." (T. Burns and S. Sinclair, *The child care service at work*, p 42, Scottish Education Department, Edinburgh, 1963).

A study of newly-qualified medical social workers found that they spent between a third and a half of their time on work which did not require professional training either in their view or that of their heads of department (E. M. Moon and K. M. Slack, *The first two years*, Institute of Medical Social Workers, 1965). Similar findings emerged from a study of the medical social work department at the Hammersmith Hospital (Z. Butrym, *Medical social work in action*, Bell 1968). It was agreed that an administrative or welfare assistant could in fact handle this work just as efficiently with considerable saving of resources, especially the time of trained staff.

Analysis of the working time of other professionals outside social work might well lead to similar conclusions but this does not weaken the significance of such findings. First, the demands placed on workers distracting them, so to speak, from the job they are employed, trained and publicly and professionally expected to do, can lead to acute dissatisfaction, increase the turnover rate, result in long and irregular hours and generally lower standards of efficiency. Yet the extent of these non-professional demands are often not recognised by those outside the work-group, leading to conflict between the workers and administrators. (see John Haines, "Satisfaction in social work," *New Society*, 5 January 1967).

In the end the major sufferers are the clients and those would-be clients who are not seen because of the lack of time. The workers have insufficient time to explain to clients what is happening or just to listen to them. Often secretarial staff, not only unqualified but inexperienced, are left to hold the fort and bear the brunt of many initial tension-ridden contacts with a department. In addition, when workers do fall ill or leave, it is often the poorest areas of a town that go longest without a

replacement, workers being transferred to fill gaps elsewhere. In one local authority I was told by other social workers that the most "inadequate" social workers were most likely to be dumped in the slum areas. As one man put it "If you let him loose in a respectable area, the office would be inundated with complaints." Once again the poor are the losers.

The very important role played by office staff, even when completely untrained, has been revealed in a number of sociological studies of organisations. Receptionists in an American state employment exchange exercised considerable discretion in handling applicants for work, although they were only clerical employees and formal criteria which circumscribed their powers had been very carefully laid down. Their function was to limit the flow of applicants for jobs, and their code of procedures laid down the date on which they should tell applicants to return (P. M. Blau, *The dynamics of bureaucracy*, pp 28-34 and 87-90, Chicago University press, revised edition, 1963). In another American study the application clerk in an urban housing department exercised considerable control over whether or not those coming in to her desk were eventually found the equivalent of a council house; in fact some would-be applicants never got further than her desk. "Whether or not the prospective applicant becomes an eligible applicant, whether or not the eligible applicant can hope to become a tenant, and in which project he is most likely to become a tenant—all of these depend, in large part, upon the impression he makes on the gatekeeper at the initial contact." (I. Deutscher "The gatekeeper in public housing," *Among the people: encounters with the urban poor*, p 40, Basic Books, New York, 1968).

5. recommendations for policy

So far I have tried to point out the deficiencies in our knowledge about the practice of social work, the strengths and weaknesses that we do know, the conflict and uncertainty over what social workers should be doing and the anxiety that many, for one reason or another, are at present becoming more agents of social control than of social welfare. Clearly we need better information and a wider and more vigorous debate about the role of social workers and the social services in Britain. But while the debating and data-collecting continue, decisions have to be taken now on the existing evidence, meagre as it is, and on the basis of current ideas and accumulated experience. These decisions may well shape the nature and distribution of the practice of social work for many years to come.

re-deployment and substitutability

The government must take hard, and probably professionally unpopular, decisions about the redeployment and substitutability of workers in different services and at different levels. This is what Dame Eileen Younghusband has been demanding at least since 1951.

With scarce resources how do we deploy our social workers? The evidence suggests that we should employ more home helps, welfare assistants and auxiliaries and extend this part of the service much faster than the numbers of fully qualified social workers. At once we are led into difficult and sensitive areas where one has to weigh the values of one service against another. This of course is a familiar problem for the professions: a major question in the field of medicine is the allocation of resources and personnel to what can be crudely differentiated as curative and preventive medicine. In fact in both the medical and social work professions those more involved in curative work have tended to have higher pay and status and greater power and influence. Only when they agree has it usually been possible to increase less skilled staff (compare also the teaching profession's reaction to teaching aides).

problems of professional demarcation

Every doctor, social worker, teacher and nurse in this country is well aware of the disruptive effect on the economy of semi-skilled manual workers arguing for weeks as to who drills the hole. Isn't it ridiculous? I mean I can drill a hole; can't you? Does it matter who drills it? Why can't the trade unions learn to live in peace—like *us*? The truth is that the country has been constantly held to ransom by the professions and the so-called professions—and the costs of the ransom have been paid most heavily by those least equipped to pay.

Amongst the professions public disputes are usually avoided. There is a gentleman's

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agreement that "dog does not bite dog" supported by nicely-phrased terms of reference and by professional decorum. Each report, public or private, on a profession therefore does not rock the boat — the Royal Commission on Medical Education, the (Salmon) Report of the Committee on Senior Nursing Staff Structure and now Seebohm and even Gulbenkian. Each report in its own blinkered way bears out the wisdom and insight of Everett Hughes when he writes about the professions, and the way in which the rest of society pays increasing heed to them. Each establishes a little wider the professional empire.

The Royal Commission on Medical Education, for example, does not include nurses in its index and even the few references in the text pay relatively slight attention to the ways in which their deployment affects the demand for medical staff. The four indexed references to social workers show equal neglect of the potential contribution that can be made by these workers either inside or outside hospitals that would have implications for the use of scarce medical staff, and indeed two of the references seem concerned simply to differentiate the roles of doctors and social workers.

the potential benefits of job-analysis

The possibilities therefore for redeployment are handicapped, first by our lack of knowledge about what workers with different levels and types of skills do and achieve, and second by the resistance to transferring responsibilities out of one's own jurisdiction, if it involves professional rivalries. Yet the actual responsibilities of professionally qualified social workers include much that might be allocated to others. There appear to be strong grounds for a reorganisation of the types of work carried out and for more emphasis, and increased recognition and status, to be given to the roles of welfare assistant, information officer, administrative assistant, home help and home help organiser and so on.

A recent survey of thirteen local authority areas of the services for the elderly concluded that in most areas "the home help service and housing programmes could be at least doubled without resulting in overprovision." (A. I. Harris, *Social welfare for the elderly*, Government Social Survey, vol 1, p 65, HMSO 1968). This conclusion did not allow for any increase in the time home helps provided the elderly, nor for the vast expansion of home help numbers if my suggestion is accepted. A lot could be done to enable social workers to meet the community's needs by job-analysis. Faced with a demand for a 25 per cent increase in its nursing staff, some eight or nine times the generally allowed national increase, one local authority analysed the work of the nursing staff. By stepping up the number of home-helps, they were able to meet the demand which had in fact genuinely increased: the excess demand for nursing staff was due to nurses lighting fires, doing shopping and much

of the work that is usually done by home helps. The displacement of low-skill tasks to lower-paid workers may usually be made acceptable to the higher-trained, provided that other differentials are maintained and the work displaced is of lower status. Dirty work is conventionally low status (although, as occupational sociologists point out, dirty work is all right provided it is accompanied by high status and high pay, the surgeon providing a particularly good example).

early and easy contact

The detailed study of substitutability and interchange in the social service occupations and professions should be combined with the problem of how the customer is enabled to reach services that have a tendency to withdraw into the confines of bureaucratic organisation. Here the roles of the general practitioner, the health visitor, the supplementary benefits officer and the police in the community, the nurse in the hospital and the teacher in the school are of vital importance. These are the people already best placed to inform people of their rights and to recognise unmet needs. The health visitor is a particularly good example of a relatively low status—though highly-trained—worker who can play a tremendous role in alerting consumers of the services available. Unfortunately the current trend seems to move away from these people in either direction—towards “grass roots” organisations on the one hand, and towards large co-ordinated social units on the other. Here too “lower-grade” workers like home helps or voluntary visitors can achieve a great deal. Over one-quarter of a million people live in institutions and they become all too easily isolated from the rest of the community. Untrained workers can help many of these residents, especially ensuring that they do not become isolated from the benefits and services available to the rest of the community. An extension of workers such as home-helps and welfare assistants could enable many people to stay in their own homes in their own community (see E. Shanas et al, *op cit*, Peter Townsend, *The last refuge*, and Jeremy Tunstall, *Old and alone*, Routledge and Kegan Paul, 1966).

the nurse-social worker in the hospital and the community

A more radical suggestion may be made for the employment of nurse-social workers who could not only improve the quality of services available to the patient and his family while he is in hospital but could do much to break down the gap between hospital and community that makes a mockery of many of the pretensions of community care programmes. Often hospital nurses unequipped with social work knowledge have to deal with social work problems. The comfort of the ill and the dying, the giving of information to the patient and his family, particularly the diagnosis of an illness with little hope of recovery or which will mean great adjustments both for the patient and his family—these are all tasks that many nurses

have to undertake. Yet they receive very little, if any, training that equips them for this work, which is very demanding and imposes a considerable strain on many. Once again this raises the important question of what happens to the people who need social work help but do not receive it, or at least not from the appointed worker, whether trained or not. Careful analysis of the work actually done by medical social workers might enable much of value to be incorporated in the training of nurses. Ward sisters complain about the appointment of part-time medical social workers who handle "their" problems on Mondays but have to leave the sister or a junior nurse to manage these same problems for the rest of the week. (Some social workers sometimes talk of the ignorance of nurses without any awareness of the extent to which their own type of work is being carried out by this generally lower-paid and lower-status occupation). Much could be achieved by providing nurses with some of the knowledge necessary to handle these problems with greater ease and effectiveness.

Already a three-month period in community or home nursing is included in the basic training of some twelve groups of pupil nurses and five of student nurses. This does not of course equip a nurse for social work but the knowledge of patients as people with families living in their homes, and the better appreciation of their problems this provides, makes them more aware of both the need for, and scope of, medical social work. There will probably be two benefits for the patient. First, the nurse will be more sensitive to the needs of patients and their families and better able to understand their anxieties and problems. Secondly, the nurse should be better able to realise that a patient has particular problems and would be more willing to refer patients to medical social workers.

In providing support for the psychiatric patient with his family at home and at work there is already strong support from the Mental Nurses Committee of the General Nursing Council for the nurse to take a more active part. Any demarcation dispute with the psychiatric social worker and the mental welfare officer seems unlikely because there are, and will continue to be, insufficient numbers of either worker. There is the additional advantage that the nurse may have known a patient as a member of the psychiatric ward family for six months, a year or longer and can offer help to avert the need for readmission because of the relationship created. Out-patient nursing has in fact been provided in Croydon by Warlingham Park Hospital since 1954. Qualified mental nurses have been seconded to provide after-care for patients in the community who can therefore be discharged earlier, to look after patients who may have relapsed and new patients not believed to need in-patient care (A. R. May and S. Moore, "The mental nurse in the community," *The Lancet*, 26 January 1963). These nurses have not only worked in closer contact with the community services including social workers but they have themselves undertaken what might be described as basic social work in providing support

for the patients, relieving the anxieties of relative by timely explanations and putting them in touch with the social services when necessary.

In hospitals and homes for the mentally subnormal there is an even stronger case for nurses playing the role of nurse-social worker. Relatively little physical nursing has to be done but much help needs to be provided for the family of the patient, and in many cases a trained worker can do much to help the patient's progress. The significance of the part that could be played by nurses with some quite basic training is revealed by a recent study of thirty-four institutions for the mentally subnormal. Over half the patients were in institutions without social workers and none of the twenty-two employed had a full professional qualification and nine had neither training of any type nor any previous experience. This indicates, incidentally, the low status given such jobs by trained social workers. (Pauline Morris, *Caring for the subnormal: a sociological study of institutions for the mentally subnormal*, PhD thesis, University of Essex, Routledge and Kegan Paul, forthcoming). Surprisingly a textbook on social work with the mentally subnormal pays no attention to the nurses beyond an occasional reference to "skilled nursing" although there are a number of references to doctors. The author does not point out the very small amount of medical care received by the mentally subnormal. (F. Joan Todd, *Social work with the mentally subnormal*. Routledge and Kegan Paul). It seems likely that the greater involvement of the nurses with the patients and their families would do much to develop the understanding of the nurses and improve their own view of their role and the importance of their work. It would also help to promote links with the community outside the institution and help to break down the barrier that seems to be so much greater for many of these institutions. This sharing of social work knowledge could also be of value for the teaching profession.

the medical social worker in the community

The introduction of the nurse-social worker would enable a greater provision of medical social workers for general practice, particularly Health Centres. Since "perhaps 90 per cent of all illness" that comes to the notice of the medical profession is dealt with "entirely within the ambit of general practice" (Royal Commission on medical education, para 325, HMSO 1968), both preventive and curative work of great value could presumably be provided by social workers at this point. The interim report of the Caversham project in Camden suggests the great value of the role that may be played by a social worker based in a group practice.

While increasing success seems to be achieved by medical social work units outside hospitals, many social workers in the hospitals still encounter considerable difficulties in reaching the patients when they are needed, essentially because of a lack of an efficient referral system as well as a shortage of workers full time in many hospitals,

or their employment on work not needing a fully trained social worker.

It seems unlikely that medical social workers in hospitals can overcome the barriers fairly then very quickly, even where they are relatively highly concentrated. And there is still the problem that many hospitals or hospital units have only a part time social worker and some have none at all, as the mental subnormality institutions described above. In 1966 about one-third of qualified and practising medical social workers were concentrated in about one-tenth of the hospitals employing any medical social workers at all. (My analysis of Institute of Medical Social Workers' List of Members, January 1967). It appears then that every encouragement should be given by the government for local authorities to employ medical social workers on a much greater scale and appoint them, where possible and appropriate, to general practices. Although others may be opposed, the results of research so far suggests that this may do much to promote the quality of care for the patient and will improve access and provide early contact for those in need of social workers' help.

social work training

Many of Sebohm's recommendations about training should be implemented as soon as possible, and their basic emphasis is repeated in the Gulbenkian committee's report on *Community work and social change*. It is important that social workers should in their training learn more about group and community work and more about the dynamics of society and social change. But too much stress must not again be placed on teaching new techniques, skills and methods of manipulation of the client—whether it be individual, family, group or community.

Social workers need to know more about the intricacies of the rent acts and of rent rebate schemes and much more about the lives of those they have to serve. In their training at present their contact outside the worker-client setting with what one might describe as the population at risk of being clients is very limited. Essentially they need to be able to develop during training a view of their role as servants of the community with responsibilities that are more socially-oriented.

the teaching of "human relations"

At the same time the experience of social workers should be spread as widely as possible throughout the community. Knowing more about the way people react to crises, illness, disability or handicap, to material or emotional problems will help all servants of the public in front-line organisations to cope with their own impulses and reactions and will lessen the strain and tension under which the majority of them have to work. This knowledge should not be jealously guarded and kept

locked up with the professionally qualified worker in a room all too often guarded by a completely untrained receptionist.

This is not to say that we should all become social workers, but it is to argue that social workers' knowledge is not just commonsense. An understanding of human behaviour in health, illness and crisis is valuable for these staff workers. The Royal Commission on Medical Education argued for doctors, "all students should be taught to recognise the effects of their own behaviour upon others" and they should have some knowledge of "the social and cultural factors which influence patients' response." (paras 254 and 257). This seems equally true for all workers in the social services.

Eugene Heimler has done much to pioneer courses providing such training. The help that Heimler was able to give National Assistance recipients in Hendon who had been out of work for at least two years *and* were thought by officers to have serious emotional problems shows what can be achieved by a social caseworker (E. Heimler, *Mental illness and social work*, chap 7, Penguin, 1967). But the particular significance of the Hendon experiment is that it took social work knowledge out into the community. With Heimler's help the National Assistance Board began in 1958 to provide a part time training course for their executive officers related to the practical day-to-day work of officers. "One of its important aims was not only to impart knowledge about human relations and family behaviour, but also to allow the members to see their own prejudices and reactions to their clients in a new light." (*ibid*, p 144). These courses have had great success. The reactions of the officers "as expressed on paper read, in fact, so much like testimonials for a patent medicine that the scepticism which fills the heart of all administrators was overflowing." (K. R. Stowe, "Staff training in the National Assistance Board: problems and policies," *Public Administration*, Winter 1961). By 1964 some seventeen universities were providing "Human Relations" courses and similar part time training programmes have been introduced for employment exchange officials and certain local authority staff.

training for the doorkeepers

The Seebohm report does not make any reference to this work. It does, however, briefly acknowledge the need for some training at all levels in the social service departments. "It would be a great mistake to concentrate on the training of field social workers and senior administrative officers and to forget . . . that the whole organisation will depend among other things on an efficient and sympathetic telephone service" (para 529). The rest of the chapter on training however, makes scant reference to such problems. The training of the receptionists or telephonists gains added importance if departments are to be co-ordinated. As shown earlier,

these workers can do much to determine not only the initial attitude of an incoming client to a department but also the way in which the client is eventually treated. It is vital that these workers should have a good knowledge of the services available at their office which can save the customer considerable time, for example waiting in vain for an interview higher up or having to repeat one's story unnecessarily. This is of immense significance to a woman with three boisterous and fidgety young children with her or who has left them with a neighbour and is anxious about exhausting her good-will. Such workers should also have some basic knowledge of human relations that will enable them to put visitors at their ease and to cope with particularly anxious, excitable or even aggressive visitors.

These courses could well be extended to many others working in organisations involving contact with the public such as the police, employment exchange officers and of course the nurses whose possible new role I described above.

the emphasis on "social" work

In the courses for all levels of workers, additional emphasis must be placed on the social aspect of the social workers' job which has been so much neglected. The responsibility of the servant to his customer and the community needs to be clearly established and the conflicts that will often ensue be admitted and discussed. Social workers of course are not the only public servants who have tended to forget their responsibility to the individual, the family and the community in their concern to avoid offending their employer or the apparently much dreaded "tax-payer," but they are among the highest-trained and best-paid to do so. It is all the more sad in their case because of the stress in their ideology on meeting the individual needs of their clients.

THE ROLE OF A SOCIAL WORKER

Earlier I put forward a tentative definition of the role of the social worker. If his work is going to meet these requirements, then it is important that he should be able to act as a social investigator, and as a mediator and interpreter.

the social worker as social investigator

In 1920 Clement Attlee described "social investigation" as "a particular form of social work" (*The social worker*, Bell, London). "It is not possible," he said, "for the ordinary rank and file of social workers to hope to rival skilled investigators, but each one can take his part by cultivating habits of careful observation and analysis of the pieces of social machinery that come under his notice." (p 230). No-one can foresee all the effects, direct and indirect, of any change in policy and therefore

it is vital to compare achievement with intention and watch for any side-effects. This sort of role is currently being performed, magnificently and, one is often told, quite "unprofessionally" by such indiscreet amateurs in Citizens' Advice Bureaux as Audrey Harvey who, except in Attlee's sense, is not perhaps a social worker. It is interesting, and important, to note that Attlee cites the operation of minimum wage legislation as an example of where social workers might keep a watchful eye. In fact social workers were instrumental in helping Tawney's study of minimum work-rates; but how many social workers today are aware that nearly one in five of the establishments inspected by the nation's 140 wage inspectors are paying below the statutory wage to at least some of their employees? (See the summary of statistics published annually in the *Employment and Productivity Gazette*). Also social workers need to be reminded that it was while he was working as a social worker at Toynbee Hall that Beveridge produced his seminal and influential work on unemployment which remains unrivalled today. This work investigated causes and suggested preventives and did not deal only with symptoms and palliatives, immediate and temporary.

This role of social investigation and reporting back of the faults should be a vital part of social work today. To quote Attlee once again, "The demand of the social reformer today is for a new attitude to social problems rather than for specific reforms in any particular department of life." (p 13). This, of course, immediately brings into question again the "objective" or "politically neutral" role of the social worker and the injection of his own values into his work.

The major way in which this role can be extended is by providing organisations like the Citizens' Advice Bureaux with more resources and better trained staff. They have however to make themselves better known to the public and more accessible, with longer opening hours and often better-placed and more attractive offices. There seem to be strong grounds for experimenting with the community shops that appear to have been one of the more successful parts of the American action programmes. The argument for an independent "consumer shop" is made strongly by Lucy Syson and Rosalind Brooke ("The voice of the consumer," *More power to the people*, eds. B. Lapping and G. Radice, Longmans, 1968).

The supportive and feedback role of the social worker can be developed in many other ways. Home-helps are particularly well-placed to inform those they visit of the other services available. They should also be encouraged to report when they come across those who have needs that cannot be met by the services known to them. Only in ways such as these can the services adjust of their own accord to meet unmet needs; rather than give away unwillingly, after outside pressure. Small-scale research on certain groups is also valuable in disclosing where needs are not met. A recent small, and relatively inexpensive, study

revealed the extent of poverty and the extent of ignorance about rights and services amongst residents in a small area of Liverpool. At the same time it provided valuable education to the participants. Interviewing 208 families, analysis of the data and publication involved some seventy members of the group and provided a quick but valuable knowledge of the intricacies of social service provision. "By the third night of the project, group members who had been slightly bemused by the mass of benefits available, were conversing knowledgeably on topics ranging from rate rebates to free spectacles." (Peter Moss, *Welfare rights project* 1968, p 3, Merseyside Child Poverty Action Group, February 1969).

the social worker as mediator and interpreter

As the organisation of the social services and society in general becomes more complex and intricate, many people need help in finding out their rights or just the alternatives open to them in many complicated situations. Where the social worker is easily identifiable and approachable, he can play a very important role in interpreting bureaucratic regulations or mediating between a family and some organisation. In some towns at least people will approach the NSPCC officer—"the cruelty man"—for advice on many different issues completely unrelated to his job—to solve matrimonial disputes, to explain the details of a hire-purchase agreement or to persuade a firm to set payments at a lower level, to intervene with a local social worker or to settle arguments with the income tax-authorities. (Rodgers and Dixon, *Portrait of Social Work*, p 151, Oxford University Press, 1960, and observed by me on Tyneside and in parts of London). And of course such difficulties are often raised with the social worker who is visiting a family.

Once again this involves putting emphasis on the social worker's knowledge of the various systems and stresses his willingness to try to find out about such issues when asked rather than to refer the questioner onwards. This too is to emphasise the responsibility of the worker to the community rather than to his employing organisation: it involves a view of social work as a detached counter-profession. This is in part to put forward an argument for more group and community workers, but it is *not only* these workers that can act as a mediator between the individual and the local community and the local or central bureaucracy. Indeed one hopes that one of the strengths of greater professionalism among all types of social workers will be their greater willingness to stand up on behalf of those they are expected to serve.

the danger of disfranchisement

Despite this basically optimistic view of the role that the social worker can play, it must be admitted that the greater opportunities for promoting welfare mean greater power. Indeed the ever-growing numbers of social workers and government

officials that are in contact with the families, mainly of the working-class, exercise a great amount, an increasing amount, of power. As yet the citizen has very little defence against them. Our ombudsman—the Parliamentary Commissioner—cannot intervene in local government decisions nor in the many discretionary decisions of public officials. There is the danger that certain sections of the community may be disfranchised in the sense that their “social control” is entrusted to the appropriate agency, its administrators and its field workers.

If one unified social service department is introduced, then the problem of offering families some protection seems even more urgent. It is unrealistic to argue that families do not need such defence: social workers are as fallible as the rest of us and there is always bound to be a variation in quality. One must accept that some families' road to hell has been paved with the good intentions of social workers. To an extent some right of appeal already exists in bodies such as the Mental Health Review Tribunals but they are really best suited for either-or situations: should this man be committed to, or remain in a mental hospital or not? They are likely to be of less use in controlling the everyday discretionary actions of social workers. One of the critical facts to realise is that a client expects to remain in touch with a particular social worker. He is well aware that it will be the same caseworker who will continue to take decisions that may affect him vitally. As Joel Handler has argued, the client “is beginning to think that in the ‘long run’ it would be ‘better’ for her family if she agreed with the caseworker.” (Joel F. Handler, “Controlling official behaviour in welfare administration,” in Jacobus Ten Broek (ed), *The law of the poor*, Chandler, San Francisco, 1966). In fact it is the power of the worker that may largely nullify in this respect any programme of rights. “Before rights can be made effective . . . there has to be knowledge, ability or resources, and clear, practical advantages for using these rights.” (*ibid*, p 171, emphasis in the original).

This situation is of course one common to the service professions and no clear solution to it has yet been developed. This however does seem to be a major area in which professional development, which would raise the standards expected of a worker and would perhaps lay down an ethical code, might benefit the client. This will not be solved easily: how in fact can one define “malpractice” in social work? But much could be done to indicate the responsibilities of workers in taking discretionary action. (See Kathleen Bell, *Tribunals in the social services*, Routledge and Kegan Paul, 1969).

Clearly some more formal protection will have to be provided: at the moment much of the burden of this work is accepted by local councillors or local MPs, but success depends very much on the time, energy, resources and personal charm or “pull” of the individual. Another ombudsman for such matters, or a committee

to replace the existing Parliamentary Commissioner which would have powers to investigate, if necessary, any action of a public employee seems essential. The opportunity for making complaints should also be made much easier and not be dependent upon first convincing one's MP that there are grounds for complaint.

a more equal geographical distribution

None of these developments, changes in emphasis, reforms or attempts to promote access or maintain quality will be of much significance if we cannot ensure a much more equal distribution of resources—social workers and services—across the whole country. The type and extent of help families and individuals living in different parts of the country receive should not be affected by the accidents of residence and historical development or by the poverty in resources, imagination, administrative skill, political infighting or simple humanity of their local authority. To take a particularly graphic example, Rotherham spends £483 per thousand of its population on home helps while Tynemouth, of roughly similar size, spends less than £17 (Jean Packman, *Child care: needs and numbers*, Allen and Unwin).

The responsibility for a geographically even provision rests with the central government for it is part of the very essence of a democracy that the services it can provide should exist in reality for all citizens. The social work professional associations can do much to help by encouraging their members to recognise this need for an even service and by working with local and central government to devise effective schemes that will help to spread our scarce supply of social workers across the country, as in fact the medical profession has very greatly succeeded in improving the distribution of doctors in general practice.

agitation and responsibility

“Every social worker is almost certain to be also an agitator. If he or she learns social facts and believes that they are due to certain causes which are beyond the power of an individual to remove, it is impossible to rest contented with the limited amount of good that can be done by following old methods and agitation to get people to see a new point of view.” These words were written in 1920 in a book entitled *The Social Worker* by Clement Attlee, then a lecturer in social administration at the London School of Economics. This emphasis on the responsibilities of the social worker for social reform were of course written before psychoanalysis had so much to neutralise the profession's social conscience.

An increasing stress on the need for social reform and social action is appearing in much social work today, although often in the face of vigorous opposition. As Attlee went on to say, “The word ‘agitator’ is distrustful to many; it calls up a

picture of a person who is rather unbalanced, honest perhaps, but wrongheaded, possibly dishonest, troubling the waters with a view to fishing in them for his own benefit. This is mainly the point of view of the person who is on the whole contented with things as they are . . .”

A persistent and searching attitude will involve the social worker constantly in the whole debate about what sort of society we want. What do we mean by democracy and participation? What are rights and needs—how are they published and provided or recognised and met? How do we open up, rather than close, channels of communication not just between agencies under the cure-all term of “co-ordination” but between citizens, consumers and providers, between and among the professions, between the rich and the poor? Social workers cannot opt out of this continuing debate. By ignoring such questions, they will only help to preserve existing divisions within society and may well promote new ones. These are the issues which in the end must dominate the discussion over policy. Basically, I am arguing that social workers in our social services today must accept a greater responsibility for the significance of their actions in a society characterised by persistent or even increasing inequality for many groups. No social worker can be neutral in his or her daily actions: if he believes he can be, then he is simply acquiescing, as Attlee said, in “things as they are.”

A government, especially a Labour one, should be prepared to accept a responsibility to support and encourage social work of the types I have suggested. The government and the social work professions must recognise that the skills of social workers should be attuned to the needs of the citizens, and not, as seems to have happened so often, the citizens’ needs be redefined to fit the social workers’ own special concerns, or departments’ own convenient administrative pigeonholes. The immediate and persistent objectives of policy must be to make the knowledge and skills of a more socially-oriented social work profession more available to the community, both by increasing the accessibility of social workers and by sharing some of their work and knowledge with others in the community. Redeployment of scarce resources, support and substitution with other workers and a better distribution of these services throughout society are essential if social work is to play a significant role in modern, industrialised society.

The social worker’s responsibility is heavy. He has to act as interpreter and mediator for the citizen, as the reporter of social needs, the worker on the spot who is able to alert administrators and policy makers to the appearance of new problems and the resurgence of old ones. If he is not prepared to accept this role, then the poor, the weak, the helpless and their families and children must bear the costs, once more, silently and invisibly.

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