

The Commonwealth Fund, Child Guidance, and Psychiatric Social Work in Britain, 1918-1939

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My first visit to the Rockefeller Archive Center in September 2002 to work on the archives of the Commonwealth Fund resulted from previous research on the apparently parochial and un-related subject of Scottish child welfare in the post-Second World War era.

During and immediately after World War II considerable concern was being expressed in Great Britain about the future psychological development of the nation's children. Explicit links were drawn between what was seen as emotional and psychological deprivation and the emergence of totalitarian regimes such as Nazi Germany, Fascist Italy and, increasingly as the Cold War took hold, the Soviet Union. There was, therefore, a perceived relationship between mentally "healthy" children and political and social stability alongside a related emphasis on children's rights, rights which were to be placed in the broader framework of the post-war "welfare state" and the associated concept of social citizenship. It was in this context that I was working on an official Scottish committee – the Clyde Committee – which in 1946 was given the task of investigating the condition of homeless children and coming up with suggestions as to better provision for them. The Committee's findings, along with those of its English equivalent, the Curtis Committee, were crucial in determining the shape of one important constituent of the "welfare state," the 1948 Children Act.

The most intellectually distinguished witness to the Clyde Committee was the Scottish psychiatrist Dr. D.R. MacCalman. MacCalman was called to give testimony not only as a prominent psychiatrist but also because of his key role in the emergence

of child guidance in both his native Scotland and in Great Britain generally. The child guidance movement had its origins in post-First World War America and sought to address child mental health problems and child development through, in particular, work in specialized clinics. MacCalman had also been a keen advocate of the professionalization of psychiatric social work, an occupation which had also come to the fore in the US after 1918 and whose development, in both Britain and America, was intimately bound up with child guidance. MacCalman made an early and formative visit to the United States in the late 1920s. Here he worked under the influential psychiatrist Adolf Meyer in Baltimore and under the expatriate Scot Charles Mcfie Campbell in Boston. Meyer - the single most important influence on a whole generation of British psychiatrists - in particular was interested in child mental welfare and in the use of support staff such as psychiatric social workers, and this clearly shaped MacCalman's preoccupations and approach to children and child guidance. There were already, therefore, discernible transatlantic links and influences in the shaping of child guidance and psychiatric social work in Scotland and Britain in the inter-war period.

While examining the existing secondary literature I discovered that the Commonwealth Fund was acknowledged to have been instrumental in funding and advancing both the child guidance movement in Britain (as indeed it was in the United States itself); and, in parallel, the first, and until the Second World War the only, professional course in psychiatric social work – the Diploma in Mental Health - based at the London School of Economics (LSE). That these also were linked was specifically acknowledged by the Fund's Director, Barry Smith, when he wrote to the School in 1928 that "the training of psychiatric social workers is an essential and fundamental part of (Britain's) child guidance program." Closer investigation of the

existing historical writing, however, revealed that, beyond the acknowledgement that such funding had taken place, little was said of what this might actually have meant and how, more generally, the Commonwealth Fund viewed its British operations in these areas. While a number of American scholars have worked on the dynamics of the relationship between philanthropy and public policy formation, this has been largely neglected in British historical writing.

Finally, I was also led to the work of Daniel Rodgers who, in *Atlantic Crossings: Social Politics in a Progressive Age* (1998) points to the movement of “politics and ideas throughout the North Atlantic” in what he terms the sphere of “social politics” (p.3). In short, I discovered gaps in our understanding of how child guidance and psychiatric social work developed in Great Britain not only in terms of funding and what this actually involved, but also of the transnational cross-current of ideas in the realms of social welfare which appear to characterize the late 19th and early 20th centuries. This might further be seen as reflecting the neglect in welfare history of what in Britain are called the “personal social services.” If such gaps existed for Great Britain in general, they were particularly pronounced in the case of Scotland: most writing on “British” history in the field of social policy tends to focus on England while historians of Scotland have been slow to examine that country’s often distinctive patterns of welfare and social service provision.

Preliminary analysis of the material I examined in the Archive Center has already thrown light on a number of hitherto neglected aspects of the relationship between the Commonwealth Fund and the development of child guidance and psychiatric social work throughout Great Britain, of which the following three particularly stand out. First, the Commonwealth Fund on occasions found the financing of its British operations in these fields – in the first instance the London-

based Child Guidance Council and Child Guidance Clinic and the LSE course in Mental Health – immensely frustrating. On the Commonwealth Fund side the key players were its Director, Barry Smith, and his assistant, Mildred Scoville. Significantly, I would argue, both were trained social workers and had strong views about both the organization and content of their British program. So, for example, Smith wrote to the Child Guidance Council in 1930 arguing that the LSE course should seek recognition from the Royal Medical Psychological Society and that should this not be forthcoming then the Fund would have to seriously consider whether to continue its financial support. In the same year Smith emphasised that he did not seek to dictate but, nonetheless, that he wanted his voice heard. As he put it, perhaps rather disingenuously, in another letter to the Child Guidance Council: “You know, I feel certain, the interest Miss Scoville and I take in the English mental hygiene work and that the suggestions which we make are only made in the interests of its success.” It is notable here that Smith was prepared to use the threat of a withdrawal of funding, a tactic he was often to employ throughout the 1920s and 1930s without actually, at any point, putting it into force.

If Smith, Scoville and the Commonwealth Fund were concerned about the content of what they were supporting financially, they were also aware that the British recipients were frequently engaged in a complex game whereby they sought to extract as much as possible from American philanthropy while remaining non-committal about their own input. This was most obviously so in the case of the London School of Economics and in particular its director, William Beveridge. Soon to be famous for his wartime report, which laid one of the foundations of the post-1945 British ‘welfare state,’ Beveridge was quick to see the opportunities afforded by U.S. foundations and during his time in office at the LSE successfully gained monetary

support not only from the Commonwealth Fund but also from, most notably, the Laura Spelman Rockefeller Memorial. Judging by the material in the Commonwealth Fund records, Beveridge was also a skilful, possibly devious, negotiator over the financing and control of the Mental Health course. As one official of the Child Guidance Clinic wrote to Mildred Scoville in 1931: “The School of Economics course is a worry. Beveridge is out to get full control.” The immediate response from the Fund was that Barry Smith went to England to sort things out and wrote to Beveridge that “unless things straighten out satisfactorily” the Mental Health Course, along with the Child Guidance Council, would no longer be funded.

Despite an ongoing strained relationship, this threat, and that to move the course to another college, was never actually carried out, although various tense exchanges continued right up until the outbreak of World War II. Given its commitment to what it described as “mental hygiene work in England” the Fund had, to some extent, painted itself into a corner. On more than one occasion Smith and Scoville went so far as to question the LSE’s honesty in its dealings about the Mental Health course – Scoville told Smith in 1931 that she had no doubt that the School had “deliberately ‘wangled’ the budget for their own purposes” – it would seem that overall Beveridge and the LSE came out winners in financial matters. Despite the Fund’s clearly signalled intention by the late 1930s to eventually withdraw support from the Mental Health course – it should here be noted that it did not fund *any* projects on a permanent basis – we still find Beveridge’s successor, the social scientist Alexander Carr-Saunders, seeking a further extension of financial support in February 1939. In short, the relationship between the Commonwealth Fund and those supported in Great Britain was complex and negotiated, in the realms of both ideas and material resources.

The second broad point which emerges from this preliminary analysis concerns the way in which British social workers chosen to specialize in psychiatric social work were exposed to American ideas and practices. Candidates, already with some social work experience and invariably women (social work then, as now, was a highly gendered occupation) were carefully selected and then, with Commonwealth Fund approval and financial support, brought to the U.S. Here an intensive and extensive program was followed. To take but one example, in 1928 Miss Olive Crosse was put forward by the Charity Organisation Society as its top candidate for a year's training in psychiatric social work. Crosse, who had already studied at the LSE and Bedford College, London, was duly awarded a one-year scholarship by the Commonwealth Fund to study at the New York School of Social Work, but she did not spend time solely in New York. As part of her program, she travelled extensively from May 1929, visiting cities such as Boston, Cleveland, Chicago, Philadelphia, and Detroit. Among the more than twenty clinics, hospitals and other institutions she observed in action were the Boston Psychopathic Hospital and the Institute for Juvenile Research in Chicago. A sense of what such visits involved can be gained from a letter from the Director of the Cleveland Child Guidance Clinic to Barry Smith: "We shall not only try to give them (ie. Miss Crosse and an English colleague) an opportunity to get an idea of what we are trying to do in Cleveland in child guidance clinic work," he wrote, "but will be only too glad to make any and all appointments for them to get a good grasp of what the social situation in Cleveland is." Because of the training received by Olive Crosse and those like her, the first cohort of truly professional psychiatric social workers in Britain were, as Mildred Scoville observed a few years later, trained in the United States.

Such trips were not just confined to those at the beginning of their careers in psychiatric social work. Sibyl Clement Brown, Tutor for the LSE Mental Health Course, paid an observational visit to the U.S. in 1935, again financed by the Commonwealth Fund. She, like Crosse, visited a number of cities and institutions with the aim, as Scoville put it to her in a letter immediately prior to her trip, of seeing at first hand “the schools of social work providing psychiatric social work training...the field work centers being used for such training, and...social work developments in the mental hospital field.” On her return to London Brown produced an interesting memorandum on her trip which noted, *inter alia*, that despite certain problems, psychiatric social work and child guidance now had a firm foundation in U.S. social welfare provision, comments which she was careful to put in the broader context of the New Deal. For present purposes, however, what should be noted is, first, the role of American psychiatric social work and child guidance in furthering British psychiatric social work and child guidance; and, second, that this very process in itself contributed to the professionalization of psychiatric social work in Great Britain and that this was fairly explicitly part of the Commonwealth Fund’s strategy for its mental health program in that country. Although prominent individuals in the field such as Sybil Clement Brown were later to deny any wholesale adoption of American practices and techniques, further investigation is needed to ascertain exactly how profound such influences were.

My third and final general point relates to the impact of the Commonwealth Fund’s activities in spreading child guidance and psychiatric social work beyond London. Scotland, my original starting point, provides an interesting case study. We have already noted that Dr D.R. MacCalman, an important figure in the development of child guidance and psychiatric social work, had himself visited the United States

for part of his psychiatric training. On his return he worked for the first child guidance clinic in Scotland, the Notre Dame Clinic in Glasgow, and set up the Scottish Child Guidance Council before becoming, in 1935, General Secretary of the London-based Child Guidance Council. This post was, like all the rest of the Council's activities, paid for by the Commonwealth Fund, which in turn had played a prominent part in MacCalman's appointment. In 1938 he was to leave London to take up an academic post at Aberdeen University where he nonetheless continued to promote both child guidance and psychiatric social work practically as well as in medical training. As MacCalman himself was to comment, Scotland posed particular problems in this respect and it thus makes a useful case-study of how these intimately linked fields developed. Essentially, while child guidance was in principle developing in Scotland it did so in a rather different way from the rest of Great Britain because here it was dominated by educational psychology rather than psychiatry and psychiatric social work. This was not, for individuals like MacCalman and organizations like the Child Guidance Council, and behind them the Commonwealth Fund, the right path to follow.

Changing this was nonetheless perceived as potentially problematic. In 1934, for instance, a leading English psychiatric social worker wrote to Mildred Scoville that the Council had "been feeling for some time that contacts with various psychological Clinics in Scotland ought to be pulled together but it has not been easy to approach, as they are so suspicious of interference from London" and that here MacCalman was a potentially useful link, as indeed he was to turn out to be. One way in which this operated was the "loan" system whereby, with Commonwealth Fund approval, the Child Guidance Council would send a psychiatric social worker to a new or developing clinic. The idea was that the clinical and practical value of such

specially trained individuals would soon become apparent and that this would thus spread the profession throughout the country. In the particular case of Scotland it was clearly hoped that this would counterbalance, and eventually overtake, the influence exerted by educational psychology. At the establishment of the Notre Dame Clinic in Glasgow in 1931 the team included a social worker loaned for one year by the Child Guidance Council in London. MacCalman himself used the scheme on his return to Scotland in the late 1930s. Mildred Scoville noted, in approving this particular loan, that the social worker sent would help with the services MacCalman “is developing in Aberdeen. It is apparent that there is a real need for the demonstration of psychiatric social work in that center, and I feel we can accept Dr. MacCalman’s judgement that a permanent appointment will follow a sound demonstration.”

The Commonwealth Fund also agreed, as early as 1929, to the creation of a specifically Scottish scholarship for someone to attend the LSE course with the clear aim of furthering the development of psychiatric social work in Scotland itself. While this did not, in fact, get off to a particularly auspicious start, by the beginning of the Second World War the situation had been institutionalized in that a Scottish Selection Sub-Committee had been formed to provide potential candidates for the LSE course (MacCalman, unsurprisingly, chaired this body) who were then interviewed in Edinburgh by Course Tutor Sybil Clement Brown. Leaving aside the significance of all this for Scotland, what is apparent here, as it is throughout the records which I examined, is the willingness of Commonwealth Fund officials such as Mildred Scoville to engage herself with the detail of how their operations in Britain were unfolding.

In this brief space it has only been possible to give a flavor of some of the material analyzed although, as will no doubt be evident, further analysis,

interpretation and archival research are required. Since my first visit I have in fact been able to examine held, for instance, at the London School of Economics and the University of Warwick; and in early 2004 was able to once again visit the Rockefeller Archive Center to continue working on the Commonwealth Fund material. This work has confirmed my initial broad conclusions. Papers have been presented on British child guidance in Oslo, and at the University of Strathclyde and the University of Warwick. A published version, which builds on the points made here and is entitled “US Influences on the Development of Child Guidance and Psychiatric Social Work in Scotland and Great Britain during the Interwar Period,” can be found in (ed) Astri Andresen, Kari Tove Elvbakken, and William Hubbard, *Public Health and Preventive Medicine, 1800-2000: Knowledge, Co-operation, and Conflict*, (Bergen, Stein Rokkan Centre for Social Studies, 2004). Given the nature of the project I would also, of course, welcome comments and suggestions from American scholars working in the field.