As discussed in Chapter 5, the 1960s and 1970s was the period of the establishment of personal social services in Britain. This is mainly because the new united personal social services department was set up in every local government and it was the moment that personal social services were officially formed as one of the unitary social service areas. Along with the significant expansion of responsibilities of the local authority and social care rights by a range of legislation in 1960s, this administrative change led to the high rate of consecutive increase in the expenditure of personal social services in the 1970s as discussed in the previous chapter.

This development might be seen far more dramatically if compared to the situation of economic crisis starting from the 1960s. In other words, the most significant expansion of personal social services happened during the worst economic circumstances in British modern history. This is one of the reasons why the establishment and expansion of personal social services is difficult to understand solely by the consideration of the environmental factors. Also this is the reason why the relationship between political ideology and development is attempted to be discovered in this study.

As discussed in Chapter 5, the key policy documents – White Papers and Green Papers – in personal social services are the subjects for the analysis to see the ideological influence on the
development in the 1960s and 70s. First of all, in what context the documents were produced and what implication they have in the development are discussed. Then they are analysed within each element of the analytical framework established in Chapter 1. In each section, a review of the contemporary academic opinion of personal social services (or welfare services⁴) comes first. Then the approach of the government is identified through the analysis of the documents. The discussion to examine the relationship of the political ideology in the Government with this follows the analysis.

The policy documents and the development of personal social services

Since World War Two, the development of personal social services has tended to focus on a certain group which has been identified at different times as having special needs – such as children, the elderly, and mentally disabled (Holgate & Keidan, 1975). The group drawing attention in the early 1960s was children, in terms of juvenile delinquent in particular. The Ingleby Committee (1960) was appointed by the Conservative Government in 1956 and published their report in 1960. It was the first formal study of the comprehensive social services for families and the preventive social work with families was legitimated in the 1963 Children and Young Person Act (Cooper, 1983). The Labour Party in opposition appointed the Longford Committee with the same theme and their report Crime – a challenge to us all was published in 1964 suggesting the abandoning of the concept of criminal responsibility for young people under sixteen and treating their criminality on welfare lines (Holgate & Keidan, 1975).

The White Paper, The Child, the Family and the Young Offender (Home Office, 1965) was published in 1964 after the Labour Party came to power. It was the combination of Ingleby and Longford thinking with a new set of the recommendations to address both young offenders and children in need of protection (Bilton, 1979; Cooper, 1983). However, its radical proposal to

⁴ Before the term ‘personal social services’ was used in the Seebohm report (1968), ‘welfare services’ was the term widely used to refer to it.
abolish juvenile courts in favour of family councils run by the local authority children’s departments triggered heavy criticism (Holgate & Keidan, 1975). This resulted in a modified successor, Children in Trouble (Home Office, 1968). As the Government accepted that young offenders should be treated on a professional and informal basis by social workers before legal procedures (Heywood, 1973), this proposal of the White Paper was reflected in the 1969 Children and Young Persons Act.

Meanwhile, personal social services for the mentally disabled and people with mental health problem were also reviewed in the early 1970s. Two White Papers published in early 1970s: Better Services for the Mentally Handicapped (DHSS, 1971) and Better Services for the Mentally Ill (DHSS, 1975). However, the comprehensive review of the whole of personal social services was carried out later in the 1970s. This was revealed in both the Green Paper, Priorities for Health and Personal Social Services in England (DHSS, 1976) and the White Paper, Priorities in the Health and Social Services: The Way Forward (DHSS, 1977).

The White Papers and the Green Paper are analysed to reveal the influence of the political ideology of the ‘Old Labour’ Government in the 1960s and 1970s as they are directly written by the Government department responsible for the implementation (or discussion) of a new set of policies. Even though one of the White Papers, Better Services for the Mentally Handicapped (DHSS, 1971) was not published by the Labour Government, it is included in the analysis because, as it is stated in the Foreword, ‘much of the groundwork for this Paper was done under the previous (Labour) Government’ (DHSS, 1971, p. ii). Also, more importantly, this is because it is placed in the context of the series of reforms throughout the 1960s and 1970s, as discussed. However, the difference in the background of the document with other Papers is carefully considered in the analysis.

The reports of the committees such as the Ingleby report or the Longford report are not included in the analysis although they made a profound contribution to the development of personal social services. It is true that many recommendations of the reports have been legitimated but they are inappropriate for the purpose of the study, which is to look at the influence of political ideology within government policy process. Unlike White and Green Papers, they are written by independent committees not by the government. However, they are reviewed as a one of the
The divided and ineffective structure in service provision

One of the most dominant problems of personal social services among the contemporary relevant literatures in the 1960s and 70s was the complexity of the structure in the service provision (A. Forder, 1975; A. Forder & Kay, 1973; Griffith, 1966; P. Hall, 1976; José Harris, 1970; Holgate & Keidan, 1975; Titmuss, 1967; Townsend & Wedderburn, 1970; Wistrich, 1970). It was indicated that the responsibilities in personal social services areas had been divided not only in the central government but also in the local authorities. Within central government departments, by the early 1970s, the Ministry of Health was responsible for health and welfare services in local authorities while the Home Office had a similar responsibility for local authority children’s departments and the probation services. The Department of Education, in addition, was concerned with health and welfare in schools. In local government, before the new unified social services
service department was set up, the function of personal social services had been divided mainly into the children’s and welfare departments, whilst related with the health, education, and housing departments. The poor coordination and even rivalries between these departments at both central and local level appeared to be a major concern in personal social services.

This division of services and the lack of coordination between them were recognised as the core barriers to make social services meet growing social needs appropriately. As the social service functions were divided not by client groups who needed the services but by professional groups or administrative departments, it was seen to be impossible to adopt the comprehensive approach for individuals or families who usually had multiple and interdependent needs (A. Forder, 1975; Griffith, 1966; P. Hall, 1976; José Harris, 1970; Holgate & Keidan, 1975; Townsend & Wedderburn, 1970; Wistrich, 1970). Furthermore, Titmuss (1967) argued that as social work skills were fragmented into too many small department by the statutory functions, this not only led to the ineffective use of trained staff but also the lack of adequate professional career opportunities.

Many explained this complex and fragmented structure was the result of the fragmented development of personal social services. Different legislation for different functions had been enacted and new institutions for their implementation were set up at each time (A. Forder, 1975; P. Hall, 1976; José Harris, 1970). However, Forder (1975) argued that there had been the separated interest of each professionals behind this such as medial social worker, probation officers, and welfare officers in children’s departments because these professionals could have enjoyed more autonomy and influence in their service area by the segmentation of the services. Also it was true when the integration of personal social services was considered, there was considerable opposition insisting this could damage professional development. This is discussed further in the strategy section below.

The growing social needs

Another great concern of many commentators in the 1960s and 70s was the rapid growth of social needs due to demographic change toward an aging society (Eyden, 1973; P. Hall, 1976; R. A. Parker, 1970; Seebohm Committee, 1968; Speed, 1974; Titmuss, 1963); the increase in the number of mother who were working (Holgate & Keidan, 1975; R. A. Parker, 1970; Titmuss,
Demographic change was recognised as one of the most fundamental matters as it was argued to disturb the balance between the dependent and the independent in the population. This meant there would be more and more needs for care with less and less resources. Parker (1970), for instance, demonstrated that the number of elderly over 75 would grow twice (35 per cent) as fast as the whole population (17 per cent) in the next two decades while the Seebohm Committee (1968) recognised that the elderly over 65 already represented approximately one in eight of the population and about a third of them are 75 or more.

More working mothers with young children necessitated an increase in the demand for childcare as well as a decrease in supply of informal carers. Holgate & Keidan (1975) pointed out there were nearly 5 million married women who were working and 1 million of them had children under five. Also they pointed to the rise in number of more vulnerable household such as lone parent family which reached one in ten of all family and single households, particularly among the elderly, which had more than doubled in the past two decades. In addition, the growing conviction rate in young people which had increased more than doubled that of two decades before still attracted great attention in the personal social services following the 1950s (Ingleby Committee, 1960).

The shortage of resources

The more the increase in social care needs became apparent, the more the shortage of resources was seen acute in the contemporary literatures in 1960s and 70s (Eyden, 1973; Griffith, 1966; Holgate & Keidan, 1975; Marshall, 1965; R. A. Parker, 1970; Political and Economic Planning, 1961; Seebohm Committee, 1968; Titmuss, 1967; Townsend & Wedderburn, 1970). Various evidence showing how the provision of services fell short of the required level were presented by studies into services for children, elderly, and other domiciliary services. For example, Parkman and Power, who were asked to investigate the level of children’s needs and service provision by Seebohm Committee (1968), concluded that at least one child in ten would need special help whereas at most one child in twenty-two is receiving such help. Townsend & Wedderburn (1970) found in their survey of elderly 65 or over that, while many old people depended on
services from local authority such as home help and meals on wheels, the numbers of people who actually needed those services were twice to five times as many as those of people who were receiving them.

The shortage of resources was not limited to service provision. The lack of staff was also seen as serious. Griffith (1966) pointed out that 12 per cent of posts for childcare officers were vacant in 1964 and they were suffering because of the lower status compared to other chief officers and the small proportion of the expenditure. Parker (1970), furthermore, indicated the shortage of staff in the field of residential care who were usually filled by older single women before they started to decline by the growth of other employment opportunities for them.

The challenges recognised in the policy documents

The appreciation of the different challenges personal social services face in the contemporary society tends to have different ideological implications. This is because the general direction of the policy highly depends on what the challenges personal social services need to tackle are defined. It would be difficult to divide a number of studies discussed above into different ideological positions because most of them appreciate all of the three aspects of the challenges discussed above in their studies. This means there was the general consensus among the commentators that more personal social services should be provided to meet the growing social needs and more cooperation between different services was required.

However, what challenges were emphasized more than others may still have different implications. For example, the commentators who focus more on the significant shortage of resources might be closer to the interventionist stand than others as this is usually associated with the argument in favour of the extension of expenditure in personal social services. On the other hand, the structural problem of service delivery more likely to be used for the argument on the side of the more effective use of the existing resources rather than the expansion of them. Yet this should not be a simple judgement as the argument for structural reform which appeared in this period had much wider appeal than the claim for the effective use of existing resources. Nevertheless, it is also true this categorisation could be a good reference to look at the ideological implications in certain policy documents.
In this context, it is interesting that the shortage of service provision appears far more dominant among the other challenges in Green Papers and White Papers particularly in the 1970s. Such comments are found in every service area, for example, ‘only a small start has been made towards providing in sufficient quantity training centres for mentally handicapped’ (para. 55), ‘lack of places (in junior training centres)’ (para. 59), ‘more places (in adult training centres) are still needed’ (para. 64), ‘the increases (in places for young people who leave junior training centre) is still barely sufficient’ (para. 65), ‘no arrangements of this sort [residential accommodation]’ (para. 68), ‘facilities for residential care outside hospital are still nil or minimal’ (para. 72), and ‘Shortage of staff, particularly trained staff’ (para. 75) in Better Services for the Mentally Handicapped (DHSS, 1971).

This continued in the other two documents such as ‘Staffing levels are often less than adequate’ (para. 4), ‘the non-hospital community resources are still minimal …’ (para. 2.8), ‘lack of facilities (for alcoholics) would be even more serious’ (para. 8.12), and ‘mental hospital are still considerably overcrowded’ (para. 11.1) in Better Services for the Mentally Ill (DHSS, 1975); and ‘(that) services (for elderly) at present fall short of them suggests a serious need for improvement’ (para. 5.9), ‘Inadequate domiciliary services causes misuse of hospital beds and unnecessary demand for residential places.’ (para. 5.10), ‘The most serious deficiencies in existing services for the mentally ill are in the local authority social services’ (para. 8.11), ‘Local authority (day care for pre-school children) facilities are concentrated on those who have priority need, and they have long waiting list’ (para. 9.16), and ‘there is substantial unmet need for residential care (for young offenders). … there are serious shortages of specialised accommodation’ (para. 9.19) in Priorities for Health and Personal Social Services in England (DHSS, 1976)

This might be seen as more striking if it is considered that this dominant appreciation of the shortage of resources appeared when the Britain was suffering from one of the worst crisis in her history as discussed in the introduction. Moreover, this situation is clearly stated in the White and Green Papers from 1975 and the severe constraint in personal social services by this circumstance was also apparently recognised: ‘In present economic circumstances there is clearly little or no scope for substantial additional expenditure on health and personal social
services, at least for the next few years.’ (DHSS, 1975 para. 8), ‘services have also been severely affected … by restraints on the financial resources available’ (DHSS, 1975 para 11.3), ‘the growth of public expenditure must be severely restrained’ (DHSS, 1976 Foreword), ‘for some years at any rate public expenditure will need to be constrained in the national economic interest.’ (DHSS, 1976 para. 1.10), and ‘the recent rapid growth in overall staff numbers cannot continue.’ (DHSS, 1976 para. 2.1).

However, it also appears clearly that the constraint was inevitable out of the choice of the Government even though they did not want it. They even showed their intention of further expansion of personal social services as long as economic circumstance would allow. More needs of families and communities by economic pressure were also appreciated: ‘If the economic situation improved and there were – say – a rate of annual growth in real terms resources after 1980 about double the rate that there will be for the rest of this decade, there would be scope for progress in most of the priority areas’ (DHSS, 1976 para. 11.9), ‘we cannot hope to make significant and rapid changes in the desired directions without a more rapid growth of resources.’ (DHSS, 1977, p. vii), and ‘economic circumstances add to the pressures on families and communities for whom the health and social services must provide support and help’ (DHSS, 1977 para. 1.15). In addition, the growing social needs were also recognised, particularly by demographic change (DHSS, 1976, p. 38, para. 1.6, 1.7, 9.2 and 11.4; 1977)

Surprisingly, the structural problem of service provision was hardly mentioned in the White and Green Papers in the 1960s and 70s in contrast to its dominance in the contemporary literature. However, it must be taken into account that this was not because the Government did not recognise this issue seriously but because there was a certain context relating to the publication of White and Green Papers. As mentioned in the introduction, there was no White or Green Paper for the most significant reform in the structure of personal social services in the 1960s and 70s: the establishment of the unified social service department. Moreover two White Papers (Home Office, 1965, 1968) published before the reform was about the services for children which was the area already having their own ‘unified’ organisation, ‘children’s department’ by the 1948 Children Act and the rest of White and Green Papers were published after the reform. The terms of reference for the Seebohm Committee (1968) actually came from the words in the
Organisational issues are of crucial importance when considering the effects of divided responsibility upon policy, use of resources, public accessibility, accountability and co-ordination. The more fragmented the responsibility for the provision of personal social services the more pronounced these problems become. At the policy level difficulty arises over the co-ordination of the work of different but interdependent departments. The setting of priorities and the planning of future developments tends to take place without sufficient regard to the implementations for other departments concerned with similar problems and providing partially alternative or supporting services. … (Seebohm Committee, 1968 para. 98)

**The objectives of personal social services**

The statement of objective in any policy area might be one of the most straightforward components showing the ideological stance. This is also true even in personal social services. The most ideologically apparent approach appeared in so called ‘radical social work’ in the 1970s (Cannan, 1975; Case Con, 1970; Leonard, 1975). Services in the welfare state were accused of being a means to help provide a more efficient workforce and military and to use the withdrawal of benefits as a threat under certain condition, such as strike, for social control (Case Con, 1970). So the radical social workers argued that the real aim of social work should be the change in the economic base of their client (Statham, 1978).

The other end of ideological position in the 1970s is found in the approach seeing personal social service as the measure to lift casualties of modern society up to ‘normal life’. In other words, the objective of personal social service is to help individuals having difficulties under certain conditions or the families with them, such as children in trouble, frail elderly, disabled people to live as ‘normal’ as possible (Eyden, 1973; Marshall, 1965; R. A. Parker, 1970; Seebohm...
Committee, 1968). As it assumed a certain ‘norm’ of society and aimed to keep it, the objective in this approach might be summarised in one phrase, ‘social control’ as the radicals criticized. However, there is a different context as this is more passive form of social control which is mainly about preventing society from unacceptable disaster rather than an active form of it which is like a means of threat or prevention from radical social change like the critics accused.

There could be a spectrum within this perspective. A position emphasising solely the rescue of social casualties in industrial society might be placed closer to the end of the opposition to the radicalism. On the other hand, the commentators who argued for a more active role for personal social services, for a more preventive and promotional approach to improve individuals or family’s quality of life (R. A. Parker, 1970; Political and Economic Planning, 1961) could be placed closer to the middle. And the argument that the role of personal social services as one of the means of income distribution (Marshall, 1970) might be positioned nearer to the left.

The objective of personal social service policy in White and Green Papers in the 1960s and 70s are found to be closer to ‘social control’. There was the prime emphasis on personal social services being mainly to help people keep a normal life in their community as long as possible in every area. For example, services for young offenders was to ‘make him into a law-abiding and useful citizen’ (Home Office, 1965 para. 43) and ‘protect society from juvenile delinquency’ (Home Office, 1968 para. 7). The aim of services for mentally or physically disabled people and their family was to help them to maintain a normal social life or as nearly normal a life as possible (DHSS, 1971 para. 40; 1976, pp. 45, 54 para. 8.2). Likewise, services for the elderly were to maintain independent lives in their own homes or their community for as long as possible (DHSS, 1976, p. 38 para. 1.2 and 5.3). In children’s services, it was ‘to help families provide a satisfactory home for the child, and to enable children to stay with their families except where it is against the children’s interests.’ (DHSS, 1976 para. 9.11)

The philosophy under the policy approach

The philosophical ground under discussion in the 1960s and 70s on personal social services had been influenced from three different theories. The first one was the psycho-analytic approach,
which came from Freudian psychology and developed from the early twenty century (Bailey & Brake, 1975; A. Forder & Kay, 1973; Heywood, 1973). This primarily focused on the individualistic aspect of the problem addressed by personal social services. Conversely, there was the increasing interest in the contribution of sociology explaining the wider environmental influence on the issues (A. Forder & Kay, 1973; P. Hall, 1976; Heywood, 1973). Finally, although it mostly appeared out of formal social work education and academic circles, there was considerable discussion about the radical social work influenced by Marxism and it affected the various movements in the claimants’ unions, the tenants’ association, the Mental Patients Union, the Women’s Liberation Movement and the Gay Liberation Front (Bailey & Brake, 1975; Statham, 1978).

On the one hand, when the needs for social care are understood to be driven by individual failure in the psycho-analytic perspective and quasi-medical model of intervention, such as casework, is preferred to any other forms of services (Bailey & Brake, 1975; Heywood, 1973). Clients are usually defined as a malfunctioning personality in this approach (Cannan, 1975). For example, Philp (1963) claimed in his study on 129 ‘problem families’ that ‘emotional immaturity’ was found in the most of his cases as a condition of their problems. Emotional immaturity is, he explained, a result of unsatisfactory childhood experiences. He did not deny general social services but argued that these services could achieve little because they dealt only with the ‘symptom’ of problem so the services should be supplemented by casework to tackle underlying difficulties.

On the other hand, in radical social work (Case Con, 1970), the problems of clients are claimed to be rooted in capitalist society, which is based on private ownership and the interests of a minority ruling class instead of the vast majority working class, and the fundamental causes of social problems would endure unless a workers’ state came. Traditional social work based on the psycho-analytic theories and practice was criticised as a model of individual and family pathology which ignored the socio-economic environment (Cannan, 1975; Leonard, 1975). More importantly, original social work values such as self-determination and the dignity of client were understood to be unable to be achieved in the capitalist system (Leonard, 1975). Therefore it is argued that the role of social workers was to encourage the client’s recognition of the oppressive
economic and political structure, and help to increase their control over the structure (Bailey & Brake, 1975; Leonard, 1975).

Even though many did not agree with these radicals’ claims, there was the general acceptance that the failures of the socio-economic structure – at least the wider environment – were behind the social problems identified by the contemporary commentators (Heywood, 1973; Hunt, 1974; Ingleby Committee, 1960; Seebohm Committee, 1968; Statham, 1978; Titmuss, 1963). Titmuss (1963). For instance, they explained growing social needs with the increase in uncertainty of industrialising society by unemployment, technological advance, and cultural change. The Ingleby Committee (1960) even argued that it is rather surprising to see so few young people got into real trouble and so few families broke down under the growing insecurity in society. Similar approaches were generally found in White and Green Papers in the 1960s and 70s, even on mental health issues which is the area most likely to be influenced by quasi-medical model in personal social services:

A child’s behaviour is influenced by genetic, emotional and intellectual factors, his maturity, and his family, school, neighbourhood and wider social setting. (Home Office, 1968 para. 6)

Action by society to deal with children in trouble should take account of each child’s family and wider social background… (Home Office, 1968 para. 49)

A child’s capacity to learn and develop may be restricted through social deprivation. (DHSS, 1971 para. 11)

There is growing recognition of the relationship between behaviour and environment; and indeed there are probably few aspects of public and private activity that have not been held to have some effect whether direct or indirect on our psychological well-being. (DHSS, 1975 para. 1.1)

Changes in the nature of the problems for which individuals consider they need psychiatric help imperceptibly change society’s general concept of what is mental illness and what is not; how far behaviour can be regarded as eccentricity and a reflection of individual personality; how far behaviour calls for punishment and how far for treatment. But we
should beware of overemphasising this, particularly in the context of current psychiatric practice in this country (DHSS, 1975 para. 1.2).

There is no hard evidence to confirm that the incidence of mental illness is increasing but undoubtedly there are features of modern industrial society which many people feel make them more vulnerable to mental stress: high rise flats for families with young children; production line work with no job satisfaction; the break-up of the large family unit; overcrowded living conditions; the pressures of advertising with its suggestions of ‘norms’ of happiness, friendship and sexual satisfaction and the consequent feelings of inadequacy among those who have not achieved them. (DHSS, 1975 para. 1.5)

Reference has been made already to the wide range of social and environmental conditions which may increase vulnerability to mental illness. The precise weight to be attached to them can rarely be established: poverty, unemployment, lack of job satisfaction and poor working conditions, bad housing, are themselves often a cause of marital stress and breakdown in family life (DHSS, 1975 para. 1.17).

Family factors play a key role; sometimes these are themselves the result of poor environmental conditions but this is not always so. Further research is required into which family factors are most significant and how best to deal with them. Recent studies have already identified some: these include severe social disadvantage, family discord, poor child rearing practices, parental mental disturbance, parental criminality, one-parent families, large family size, unwanted pregnancy, and placement of the child in residential institutions (DHSS, 1975 para. 7.4).

The actors and providers of services

It was true that there had been an argument since the 1960s, often in one phrase, ‘mixed economy of welfare’ saying social services such as health, education, and other services should be provided not only by the public but also by the private sector. However, there was the general assumption that the public sector (usually local government) had the prime responsibility to fulfil their duty to provide an adequate level of social care imposed by a range of legislation enacted from the late 1940s to the 1960s among most of the literature in the 1960s and 70s on personal
social services. The (local) Government was widely regarded as the public body have the duty as well as the accountability to their electorate about their social needs (Eyden, 1973; A. Forder, 1975; Ingleby Committee, 1960; Marshall, 1970; Seebohm Committee, 1968) apart from radicals condemnation on state representing the interests of the ruling class (Cannan, 1975; Case Con, 1970).

There were also the suggestions that role of local government (or statutory body) should not be limited in only provision of services. The Seebohm Committee (1968 para. 478) claimed that local government (the social service department) need to see themselves as part of a network within the community. In other words, they should have more inactive role such as mobilisation of community resources including provision of support and opportunity to voluntary sector, and management of coordination between various organisations, also including volunteers. Even Titmuss (1967) proposed cooperative ‘enabler’ as a new role required for social service professionals.

This reflected a wide range of appreciation of the role of the voluntary sector already seen to make a great contribution to personal social services rather than the private sector (Griffith, 1966; Holgate & Keidan, 1975; Ingleby Committee, 1960; R. A. Parker, 1970; Seebohm Committee, 1968; Wistrich, 1970). Parker (1970) indicated that some care services had developed from various forms of voluntary effort. Others (Holgate & Keidan, 1975; Seebohm Committee, 1968) demonstrated the pioneering role of volunteer organisations to develop services in new areas which statutory bodies often ignored or avoided. Their role was also valued as they shared the demands, in rapid growth local authorities alone would find it difficult to cope (Seebohm Committee, 1968). Moreover, they were regarded as a key to realise other values in social services such as more practical democracy in their participation (Holgate & Keidan, 1975; Seebohm Committee, 1968; Wistrich, 1970) and wider choice by the variety of services provided (Seebohm Committee, 1968).

However, their participation was not always considered positively. While the Seebohm Committee (1968) valued the wider role of voluntary organisation, they clarified that they could not replace the professional statutory sector (para. 499) and also warned that their growing involvement should not result in a lower standard of services (para. 305) or a loss of the critical
and pioneering role of the voluntary sector (para. 495). Furthermore, there was concern that this should not be the excuse for the cheaper option or the neglect of the local authority’s responsibility (Holgate & Keidan, 1975; Seebohm Committee, 1968). In other words, the role of voluntary sector was accepted only as a supplementary to the statutory. The role of for-profit sectors was little recognised. They were hardly mentioned in most of the literature, even if mentioned, the role was considered unusual (Holgate & Keidan, 1975).

In White and Green Papers, as a Government’s policy document, the prime role of the state is basically assumed as a service provider. However, there was also wide range of appreciation of the role of the voluntary sector in terms of their contribution to the contemporary services (DHSS, 1975 para. 1.20; 1976 para. 6.2; Home Office, 1965 para. 44; 1968 para. 8, 40, 278, and 279). They were praised sometimes because of their freely-motivated spirit (DHSS, 1971 para. 277; 1975 para. 3.29) or their constructive criticism (DHSS, 1971 para. 282) but more often because of their pioneering role in service development statutory bodies find difficult to fulfil (DHSS, 1971 para. 281; 1975 para. 3.32, 3.36, and 3.37) while for-profit sectors were hardly mentioned. Therefore suggestions for a more active role of local government such as mobilising and encouraging more involvement of voluntary services were often found:

The Government attaches great importance to the further development of partnership between public and voluntary bodies in meeting these needs, and the public system will therefore include both local authority and voluntary homes (Home Office, 1968 para. 31).

...also local authorities’ social service departments may need to give a lead in identifying needs and suggesting to volunteers how their particular interests and skills can be most effective (DHSS, 1971 para. 306).

It is the concern of the social services department to see that all services are mobilised in helping the mentally ill and in supporting their families (DHSS, 1975 para. 3.15).

As well as involving voluntary organisations in the planning of their services, local and health authorities have statutory powers to give them direct support both financially and by making facilities available, and the Government hopes that this means of encouraging voluntary effort will be used as fully as resources permit (DHSS, 1975 para. 3.39).
Health and local authorities should give every support to voluntary bodies in their work of harnessing community effort (DHSS, 1976 para. 1.23).

However, there was some concern about over-use of them which could make them lose their voluntary spirit (DHSS, 1971 para. 306) and the recommendation that their role should be limited as complementary because they were not professionally trained and should not be means of filling deficiencies in the statutory services (DHSS, 1975 para. 3.31). Yet local government encouraged the more inactive use of voluntary organisations and these seem to be regarded as the additional resources they needed to use under financial constraint:

Leaving aside the special problems of cruelty and neglect, the situation seems to demand such strategies as:

- using ancillary and voluntary workers to economise on scarce professional resources;
- making maximum use of community resources such as foster parents, child minders and the often forgotten aunts and grandmothers…;
- making maximum use of voluntary and community organisations, …
- developing new resources such as day centres and intermediate treatment centres which can make full use of staff who are not attracted to professional training in the caring professions;
- exploring the use of the media to supplement professional work, for example by providing advice to mothers, finding foster parents or helping to raise standards of child minding.

(DHSS, 1976 para. 9.30)

… support for voluntary effort and encouragement of self-help schemes may represent better value for money than directly provided services and may also provide the means of continuing preventive work. By their diversity and the ingenuity they bring to the task, voluntary organisations can be an important adjunct to the authority’s own direct services in getting help to people in need (DHSS, 1976 para. 10.4).

Voluntary effort provides a much needed addition to total resources (DHSS, 1977 para. 2.11).

The citizenship in personal social services
Citizenship in personal social services was not a popular issue among academics in the 1960s and 70s. This might be because the full responsibility of the state for the determination of social services after the Beverage Report was still widely assumed at that time. Even when the citizenship issues were discussed, it is rather about how to protect citizen’s right against the growing dominant power of statutory authority in social care (Brooke, 1970; Statham, 1978; Wistrich, 1970) and the advocacy of client’s interest or participation of them for the more responsive decision-making to fulfil their needs (or rights) (A. Forder & Kay, 1973; Seebohm Committee, 1968)

Besides, a more sophisticated discussion on citizenship on social care appeared in the Ingleby (1960) and Seebohm Reports (1968). There was the debate on the caring responsibility of parents for their children and of family for the elderly. In fact, they never denied the primary responsibility for caring for their own family member: ‘The primary responsibility for bringing up children is parental …’ (Ingleby Committee, 1960 para. 8) and ‘The care which a family gives to its older members is of prime importance and nothing is quite an adequate substitute.’ (Seebohm Committee, 1968 para. 294). However, they made it clear that the duty to assist the family in order for them to fulfil the responsibility was on the state: ‘the State’s principal duty is to assist the family in carrying out its proper functions’ (Ingleby Committee, 1960 para. 12), and ‘… the social services and the social service department in particular, should make every effort to support and assist the family which is caring for an older member.’ (Seebohm Committee, 1968 para. 294).

In White and Green Papers on personal social services in 1960s and 70s, there was the general acceptance of the basic duty of the statutory authority to provide services to meet citizen’s rights. Further, in terms of the family duty, there was more sympathy for how difficult it is for the family to carry out their caring responsibility by themselves. Therefore the duty of the state to support appeared as the primary concern of the government:

The basic duty of local authorities towards children in their care will remain that of providing the care, protection, guidance or treatment which they consider appropriate in the interests of each child (Home Office, 1968 para. 30).
A family with a handicapped member has the same needs for general social services as all other families. The family and the handicapped child or adult also need special additional help (DHSS, 1971 para. 40).

Some families may be able—and indeed wish— to undertake the demanding task of care. But in these cases it is essential that they receive support and advice from professional staff and that services should be organised to give them effective relief: to enable them to go on holiday and to cope with more urgent domestic crises which may make continued care impractical from time to time, or simply to allow them some respite from the sheer physical and emotional strain (DHSS, 1975 para. 1.28).

Furthermore, there were more attempts to guarantee more protection of client’s rights such as the encouragement of discussion between professionals and clients (or his/her family), and the emphasis on more participation in decision-making:

The individual and his family … should be encouraged wherever possible to discuss with the professional staff involved the various needs and the way in which these might be met (DHSS, 1975 para. 1.32).

While the choice of treatment is a matter for professional judgment, the patient and his family have to find the choice acceptable. (DHSS, 1975 para. 2.7)

The statutory services, no matter how comprehensively they are planned, cannot by themselves provide a complete answer to the needs of mentally ill people. The general aim of enabling the mentally ill to participate as fully as possible in the life of the community will only be achieved if other members of the community recognise and support it (DHSS, 1975 para. 2.24).

Relatives of this important group of mentally ill people have now formed their own organisation which is seeking to identify the particular difficulties experienced and ways of helping the families to manage, and to bring these to the notice of statutory authorities. This development is very much welcomed by the Government. A great deal can be learnt from the experiences of families about ways in which services can be make more responsive to individual needs, and their voice needs to be listened to when policies and priorities are being determined. (DHSS, 1975 para. 3.40)
However, interestingly, different kinds of comments were found the White Paper in the late 1970s when the economic crisis had deepened:

One of the main aims of the new initiative on prevention is to encourage individual members of the public to accept greater responsibility for their own health (DHSS, 1977 para. 2.1)

**Strategic directions of the policy**

*Coordination versus integration*

As far as the strategy in personal social services policy is concerned, the most significant strategic choice of the Government was the setting of a free-standing unified social service department in the local authority. However, there is no White or Green Paper for this change yet we can consider the Seebohm Report (1968) which recommended the unified department instead. It was true that there were some differences between the 1970 Local Authority Social Service Act and the Report, for example, the takeover of welfare functions of education and housing department in local authority was excluded. However, as the core idea of the proposal, the unified social service department was accepted, we can find ideological implications in the choice through the text in the Seebohm Report including their argument for the proposal.

Since the structural complexity and inefficiency were widely recognised in the 1960s and 70s as we saw above in the challenge section, there were a range of discussions on how to improve the coordination or integration of various service provisions (M. J. Brown, 1974; A. Forder, 1975; Ingleby Committee, 1960; Marshall, 1965, 1970; Titmuss, 1967; Wistrich, 1970). One of the alternatives was coordination through a joint committee with representatives from various different social service committees or a new appointment of a designated officer who was responsible for the cooperation between them. Marshall (1965), for instance, claimed that complete administrative integration would hardly be possible because the responsibility of services for various clients such as abused children, homeless, lone parents, and disabled people were profoundly different on account of the special knowledge they called for. Therefore he suggested that social workers should work as a team with a designated leader while remaining in different organisations. The other alternative was the integration of all relevant services into the
new unified social service department. Titmuss (1967) suggested the establishment of departments of social services at the local level embracing all the functions of existing children’s departments and welfare departments, and mental health services from health department.

The argument for the coordination with the separated departments tended to be based on the specialist claim which was closed to psycho-analytic approach which was concerned that the administrative integration of social services might damage specialists’ skill and knowledge, well developed in the separated organisations divided by specified area (M. J. Brown, 1974). Underlying problems relating to personality and relation issues, which specialist treatment such as casework was required to address, was regarded more important than general human needs relating to the social and economic circumstance. On the other hand, in the recommendation of the unified social service department, this specialist social service was not considered as the appropriate direction of personal social services and more comprehensive human need was prioritised. This strategic difference in the recommendation of the Seebohm proposal was apparent in the text:

Although significant progress has been made in the past as a result of introducing separate administrative arrangements for assisting particular groups in need, we do not regard this necessarily as a permanent blueprint for future development. In different periods of development other approaches may be more appropriate. At this point in time we consider that most progress in providing good personal services will come through greater integration. (Seebohm Committee, 1968 para. 166)

There was considerable agreement that the barriers between different kinds of training and specialisation should be lowered. … (Seebohm Committee, 1968 para. 510)

… we consider that a family or individual in need of social care should, as far as is possible, be served by a single social worker. In support of this proposition it can be argued that the basic aim of a social service department is to attempt to meet all the social needs of the family or individual together and as a whole. The new department, by escaping from the rigid classifications implied in the present symptom-centred approach, will provide a more effective “family” service. … (Seebohm Committee, 1968 para. 516)

*The unified department as a panacea*
The proposal of the unified social service department was not only about comprehensive social services to tackle the structural problem of service provision. This was also regarded as a solution for the shortage of resources in social services against a growing social need. The Seebohm Committee (1968 para. 147-150) clearly expected that the unified department would lead to an increase in recruitment and training (as in-service training became more feasible), the better deployment of them, better career structure, a bigger budget due to the comprehensive responsibility as a major committee and the revelation of more needs by better accessibility hitherto unrecognised or unmet. In other words, the establishment of the unified department was deliberately expected not only to use the existing resources use effectively but also to attract more resources.

This expectation of the committee was widely agreed by other commentators. The new integrated social service was expected to secure a bigger budget by creating a new balance of power among other big spending local government departments, having more influence on policy decision, and attracting more public demand through raising public awareness, reducing stigmatisation of users, and detecting more needs effectively (M. J. Brown, 1974; Cypher, 1979; Kahan, 1974; R. A. Parker, 1970; Wistrich, 1970). Furthermore the new department was presumed to attract a more high quality workforces by widening career opportunities with a better career structure as well as making social work recognised as a professional discipline with a higher status and authority (José Harris, 1970; Wistrich, 1970).

The expansion and rational planning of personal social services

With the recognition of rapidly growing social needs and the deficiency of resources in personal social services, not surprisingly, one of the major stresses in the policy of the White and Green Papers was the expansion of social service provision. Even in first two White Papers on policy for juvenile delinquency, the welfare of children was the top priority (Home Office, 1965 para 42; 1968 para. 14). A range of emphasis and commitments for expansion of social services were found as follows:

In order to achieve this aim, it is necessary to develop further our facilities for observation and assessment, and to increase the variety of facilities for continuing treatment, both residential and non-residential. … (Home Office, 1968 para. 20)
The family will also need practical assistance of many kinds. This may include home help, domiciliary nursing, laundry service for the incontinent, sitters-in, play centre, day nursery, nursery school, youth club, and temporary residential care for the handicapped person during emergencies or holidays. … (DHSS, 1971 para. 143)

What is needed is faster progress to overcome the present deficiencies. This will require money and more trained staff. (DHSS, 1971 para. 198)

The services in which the greatest expansion is needed are adult training centres or sheltered workshops, residential homes for children and residential homes for adults. (DHSS, 1971 para. 201)

In the four years 1971-72 to 1974-75, these resources and local authorities present plans should allow building starts for nearly 10,000 new places in adult training centres, 750 new places in homes for children and 3,500 new places in homes for adults. New buildings would increase revenue costs during this period by an average of something under £2 million each year over the previous year at 1970 prices. This is slightly higher than the present annual increase which is likely in 1971-72 to exceed £1.5 million for the first time. The annual increase would rise progressively during the four-year period (DHSS, 1971 para. 207).

… the Government’s broad policy objectives … is an expansion of local authority personal social services to provide residential, domiciliary, day care and social work support (DHSS, 1975 para. 2.22).

Even after the economic constraint was seriously recognised in the late 1970s, the commitments to the expansion, while limited, did not stop in the later Papers (DHSS, 1976, 1977). Rather, it was placed as the major strategy. This includes the increase in general expenditure (DHSS, 1976, p. 54 para. 4, 5, 1.12, 1.15, 1.18, 5.12, 10.8, and 10.9), the expansion of a number of facilities (DHSS, 1976, pp. 38, 62 para. 6.8, 6.9, 6.10, 7.10, 7.13, 8.12, 8.13, 9.26, and 9.27; 1977 para. 1.15), the further development of various services (DHSS, 1976, p. 45 para. 5.11, 5.13, 6.11, 6.12, and 7.2; 1977 para. 1.14, 2.18), the improvement of quality of existing services (DHSS, 1976 para. 7.14, 7.15, and 8.16), and the more training and recruitment of social service staff (DHSS, 1976 para. 10.5)
At the same time, the more economic use of resources was encouraged, particularly, among staff and the provision of services, such as the development of more economical methods of service provision (DHSS, 1976 para. 14, 1.20, and 8.14), better management (DHSS, 1976 para. 1.21, and 2.2; 1977 para. 1.5), training focusing on efficiency of resource use (DHSS, 1976 para. 2.5). However, the key was the rational planning. In fact, the purpose of the publication of the later two Papers (DHSS, 1976, 1977) was ‘to provide the detailed information that will enable the right choices to be made and effective planning to be achieved’ (DHSS, 1976 Foreword) while the expenditure was severely limited. Also good planning was stated as a ‘key’ in social service policy (DHSS, 1977, p. 21)

Conclusion

In the analysis of the texts in White and Green Papers in 1960s and 70s, the clear ideological implications of the government in personal social services policy toward expansion of social care rights and service provision was found. The Government explicitly recognised that the deficiency of resources in social services was one of the main challenges they had to tackle and there was a clear duty of the state to support families with difficulties in order to carry on their life as normally as possible. Under this recognition, there was fundamental understanding that people faced their unbearable difficulties because of the environmental factors in society rather than individual fault. Therefore the Government accepted their primary role to provide appropriate services to meet social needs while appreciating the role of the voluntary sector but limited to being supplementary. The establishment of the new unified social service department was one of the results of this general understanding. Therefore there was the intention not only to provide more effective services but also to strengthen the status of the social service among other public service areas so as to attract more resources and employees. Moreover, the expansion of service provision was still a major direction of policy until the late 1970s even though there was the economic restraint. Rational planning was considered as a major solution for the limitation rather than any other measures implying reduction of services. This is summarised in Figure 10
Therefore, although it was true that the most significant event in the 1960s and 70s, the establishment of the new social service department, happened without explicit intension to invest in more resources for it (José Harris, 1970), it is hard to say that the following expansion of
social services took place against the government’s will. Rather, this clear ideological implication within the policy consideration reflected in the White and Green Papers provides a more satisfactory explanation to the expansion of social service primarily in the public sector during one of the most significant economic crises in Britain than any other structuralist argument. This also appears to be a useful tool to understand the greater constraint on personal social services against growing social needs due to the enduring economic difficulties in the Thatcher years described in the next Chapter.