THE SOCIAL SERVICES PROGRAM
IN
THE LONDON BOROUGH OF HAMMERSMITH

THESIS
Submitted to fulfill the requirements
of the Honors Program

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the Borough Social Services program. Readers are asked to be reminded of the writer's influencing personal attitudes and obvious lack of experience in composing such a study. But gratitude is certainly due to all those who made the experience one so valuable.

ORGANIZATIONAL STRUCTURE

The organizational structure of borough welfare begins with the Director of Social Services who oversees all services within the borough. Essentially the services are divided into two separate areas, a Services Division and a Social Work Division. An assistant director heads each area, the Services Division concentrating more in providing care, aid and health services while the Social Work Division deals more with individual people, problems and various other social work activities. As can be illustrated by the accompanying chart, an easy flow of communication exists between areas and positions allowing for co-operative efforts. In April of 1973, the Hammersmith Social Services will undergo a split, separating Health out of the Social Services, allowing less overlap with increased efficiency, specialization and amount of clerical staff. Essentially the separation would return administration jobs to the administration and allow Social Work professionals more time for service.

The role of the Administration in English Social Services is to facilitate the work of the staff; it enforces the rules, runs services in its own right and directs support in clinical work. It oversees the actual field workers, remaining as advisors and planners in developing a team work
approach. The administration oversees all functions, positioning a staff member in every area of public welfare. With the many new changes though, much of the Services department is in a state of flux.

The Central Registry

Before any type of referral of persons or cases can be made to appropriate services, the information must first go through the borough office of the Central Registry. This office compiles figures on borough household numbers, recipients of aid, persons in institutions, etc., and information about all persons in the borough. It is in this office that social workers can locate placements for clients. The registry itself is divided into two areas: Adults and Children. Each area has its separate staff handling a particular program. The Adult area is concerned mainly with persons in the (relatively few) private voluntary homes in the borough as well as the distribution of financial responsibilities of those persons in residence. The Children’s area maintains figures on children in placements, handles school reports, releases, placements in centers, and information on children in day nurseries and day care centers. Dealt with separately in the Registry are the Blind, Partially Blind, and Disabled Persons programs, the mental health program and an accounts area regulating such programs as sheltered housing. The Registry tries to maintain as adequately as possible records of clients involved in all areas of the Social Services. In the children’s area, a card is filed on everyone who “walks in.” A new system now being introduced devised to concise information on each client, will be profitable for processing, counting and channeling
purposes, and should make the Registry somewhat more organized. Even with the introduction of the new cards for recording and filing needed information, the Registry process seems to be extremely tedious in a suprisingly small and inadequate office. Hopefully the new techniques being introduced will help to alleviate some of these difficulties.

Voluntary Services

Much of the English Social Services is handled in large part by the interested population involved in the Voluntary Services. Funded by the government and through collections and donations, recruiting for the voluntary services comes mainly from the schools. Student volunteers, of which there can be given no exact amount, work on holidays and vacations in all types of settings. There are approximately 30 to 40 unattached volunteers, 21 years of age or older, who handle odd jobs in the evenings and during free times. Recruits for the voluntary programs are from church groups and youth councils, as well as from various persons with "good will."

There are hundreds of voluntary programs ranging from Good Neighbor Services to those programs operating out of the Social Services voluntary recruitment center. Among the services offered are included visiting, mostly of the elderly, and assorted odd jobs often handled by students such as gardening, escorting and household jobs. To promote projects, commodities such as paint for decorating can often be made available at cheaper prices. The Service distributes parcels to persons in need and co-ordinates for outings, parties and holiday trips. Through the program the community can know where and how they may receive or offer help on a short term, day to day basis. Interestingly enough, funds are available
to use for various activities, but the places for allocating them are often lacking.

Volunteers for the programs represent many different backgrounds and orientations. They eventually enroll in an affiliated or helpful course in their area of interest, but as such there is no real recruitment and training program, although a need has been demonstrated. Usually the volunteer is interviewed as to what he may want to do and in turn, informed about available educational courses and media along his interests. Usually the volunteers themselves tend to come from better backgrounds, but it is felt that backgrounds more on the level of those requesting aid would be better. Possibly this may explain why the Hammersmith borough is not an area of volunteers - the backgrounds on the average are low. More girls volunteer to aid than boys, and a problem now facing Hammersmith is what to do with odd volunteers who have no real areas in which to offer service, or possibly seem only to volunteer for psychological reasons.

Community and Home Help Services

Two other areas of concern outside of the welfare office in Hammersmith are the Community and Home Help Services. The Community Services is a supportive section with a staff of fifteen including two legal supervisors and one superintendent, and a manual staff of 120 persons. Some of the activities Community Services includes are: Holidays for different groups (elderly, children, handicapped, blind), outings and entertainment, recuperative holidays, transportation to and from meetings, entertainment events, etc., sending greeting cards, providing special aids and equipment, provisions for televisions and telephones, and even a hairdressing service
(which was not as successful as planned), and finally, the Meals on Wheels, providing 1,500 meals a day with about 70 to 80 meals on Saturdays and Sundays.

In all of these activities, the individual seems to be given special attention; care is taken to provide hot meals and to ensure that all people in the borough wanting and needing assistance are accommodated. All activities are co-ordinated from one office to reduce any overlap or negligence, and in the final analysis, the services can, because of the well controlled funds, be more extensive and varied. As always, there is never enough time and money to cover every need, but as operated now, the Community Services seem to be an efficient and valuable aid to the Hammersmith borough.

The Home Help Services receives referrals from sw's and various other organizations. The home helpers usually begin by visiting the person who needs help and assessing the problem. Ninety five per cent of the cases are aged and infirm, many are handicapped and most are relatively short term. The service functions also as a babysitting service, such as in maternity cases when a woman volunteer may live in with a family and help care for the children. Training for home help is not extensive; no formal training is offered. The staff of 260 volunteers usually donate approximately two hours of their time twice a week to the more than 2,000 clients a week. The clients are usually assessed, according to the situation, at about $1.50 an hour. The only problem the service finds is in the people's expectation that the Welfare State is to do everything in providing individual needs.
Staff Section

The Staff Section is an area in administration which assumes control of conditions of service, control of service in the amount of hours, leaves, vacations, vouchers, etc., as well as various reports to council. Along with this is the Planning and Maintenance Section. Here the Residential and Day Care side of the Social Services is developed. The Planning Section co-ordinates the developments of homes, hospitals and centers, presently operating under the basic guidelines of a ten year program begun in 1965 and accordingly revised every three years.

Some of the facilities provided in the borough include: 9 Old People's Homes (24 to 60 place buildings) and proposals for 4 new ones within three years replacing 3 of the older ones, 13 Children's Homes, 8 Day Nurseries, a Hostil for recovering mentally ill patients, and Day Care Centres mostly operating in converted buildings for all ages and of all types. Homeless families are cared for by the Housing Department but the Planning Section retains supervision of two receptive centers for referrals. It also handles contracts and negotiations. The Maintenance Section of planning is primarily concerned with repairs, precautions and rebuilding programs in the borough facilities. The Planning and Maintenance Section, along with constantly new and improving techniques, seems to always be lagging since it not only needs to weather funds and time but old ideals and theories of what is best for the population.

Finance Section

Another area of concern of the Social Services is the financing section. (Hammersmith's population of 185,000 has
been decreasing, and at present 21 of the 32 boroughs are larger. The youth population figure ranks about average and of the 32 boroughs, Hammersmith has about 1% of the total and ranks seventh for the amount of children in care. Hammersmith has a higher than average population in the over 65 age bracket and ranks about seventh in the amount of funds allocated for the elderly. The Social Services expenditure totals about three hundred million pounds (750 million dollars) a year. The interest rate is about 7%. Of the money the Social Services Department takes in, only about 26 cents on the dollar remains in Hammersmith; the rest goes to the Greater London Council for police protection and other services. Thirty per cent of the Council total expenditure is for the Social Services, and of this housing is the biggest capital expenditure. Nearly one third of the Welfare State's governmental funds go toward the Social Services.

Division and Education in the Social Services

Social Work in England is divided into four areas. From Penelope Hall's Social Services of England and Wales, edited by Anthony Forder, the four areas Ms. Hall cites include:
1) casework - including probation officers, medical sw's and child care officers, 2) group workers - in therapy with children and young people, 3) community work - in community development trying to create satisfying relationships, and in community organization trying to make efficient use of community resources, 4) residential care - from old age to drug addiction, in community homes and through other facilities.

In the development of education and training to cover these four areas of social work the Seebohm Report on Local Authority and Allied Personal Social Services enacted in July,
1968, discusses training. Along with the Social Services Act of 1970, three National Councils for training in the United Kingdom combined to form the Central Council for Education and Training in Social Work. According to the 1971 *Yearbook of Social Policy in Great Britain*, the three councils to combine were the Central Training Council in Child Care, the Council for Training in Social Work, and Advisory Council for Probation and After Care, plus various other examination boards and training councils. The Central Council was introduced to Parliament December 18, 1970, and effected on October 1, 1971. Under the new program a director of Social Work training was appointed and from this competition between councils was destroyed and training for social workers was developed for all areas of social work under one level of general education. With the new program problems did occur in the shortage of training facilities and the confusion in changing training from the 'specialist' to generic' role, as well as securing a 'generic' teacher. Also, stress was placed upon advanced course and research work essential in keeping up to date on new theories and practices.

A point of interest somewhat peculiar to the Welfare State is the strategy of aid employed. *Assistance* is given to those in need according to the means test. *Insurance* is provided for those who contributed to the program or on whose behalf contributions were made. Finally there is a category of *universal benefits* given to all those who fall into clearly defined categories aided, for example, children's allowances and old age pensions. The *universal benefits* seem to distribute the Social Services funds to a proportionately much larger segment of the British population.
SOCIAL SERVICES IN THE BOROUGH OF HAMMERSMITH

The Social Services of each borough, in co-operation with the Greater London Council, administers to the entire population within its boundaries. In order to reduce itself to more local interest and authority, the borough is divided usually into three teams or as in Hammersmith, four, with a principal Social Worker in charge of each area team. (The team offices are more centrally located.) Within each area team are three senior sw's relatively competent in one of some particular area of social work such as child care and family casework, or the elderly and the handicapped, or mental illness and the handicapped, etc. Each senior sw directs a group of sw's within the area team, but can advise other members of the team in his particular area of competence.

I became involved in one such Area Team #3, located in Hammersmith Social Services building, Cobbs Hall. It administers to an area of about one mile and a half square. The area team leader is Mr. Richard Jeffries. The office has three senior advisors with seven sw's in each of the three groups within the area team; it is loosely divided into Child, Welfare and Mental Health. The team administer to the entire borough area and handles any and every type of problem. Each group of senior and seven sw's is on duty at certain scheduled times during the week. Two members of this group remain on office duty and ideally, the group on duty handles all incoming cases, either new clients assigned to the available or able to, or those when the client's own cw is absent. The team members are helpful in providing each other with information about resources for their clients. Contact is also maintained with other area teams in obtaining resources as well as in handling
misplaced clients. Most area teams are self contained and have access to all borough and agencies' functions, and maintain contact with the GLC.

Each borough Social Services Area Team operates to handle all casework activity from one local service building. "Clients" may either contact the agency or upon referral, are contacted by the agency. Once on intake, the worker gives the client any necessary attention which may suggest referral to a member of other agencies such as "Meals on Wheels," Day care Centers or rehabilitative services, or he may be able to provide casework services within the agency facilities.

Under England's Social Services system, all clients coming to the center are hopefully treated as equally and as adequately as possible. Rather than many separate agencies operating independently of each other as in the US system, England uses each Social Services center as the directing agency for the area. The client normally goes through the agency to secure whatever services are needed. One cw is involved in handling all aspects of the problem of an individual client and his family. Since basically all of a client's problems are interrelated, it is feasible to assign a cw to a client so that overlapping interests are avoided and efficiency promoted.

Judging from a list of client summaries, it becomes evident that the agency typically handles any and every type of problem. A list is kept of all persons entering the agency and requesting any type of aid. The summary includes 1) date of interview and type of referral 2) name and address of client 3) problem and related information including some background, related and all family problems, and possibly some suggestions
for casework direction. Often too, the urgency of the case is stated. And finally 4) the worker assigned to the case is designated (after making certain no other cw has already been assigned.) The problems range from housing to alcoholism, spanning all ages and cultures. Once a case has been accepted, the assigned cw will begin to process it accordingly.

Referrals for September, 1972

Children and Family Problems 38
Mentally Disordered 20
Physically Handicapped 16
Elderly 32
Total 106

As a beginning and observing Social Worker, I spent some hours in the Social Services office observing the cw's and their activities. Many observations are incidental and are intended merely to give a general idea of the types of activity occurring within the agency. But I owe the direction of these observations to one agency Social Worker in particular. A recent graduate from a school of social work in the states, she is an American who had begun and was now in her second year of work experience with the Hammersmith agency. For myself, it seemed she was able to relate extremely well and objectively, and was of invaluable aid in providing opportunity and resource for varied experiences and evaluations. I sincerely appreciated her guidance and encouragement in providing such an opportunity for learning. No breadth of gratitude can be enough. I was amazed with the entire agency's attitude concerning my welfare. All were extremely helpful and patient and interested, and personality description many people fail to notice in the parti-
cular culture. The English certainly seem to consider the importance of the individual.

A day on duty for any cw team is usually busy and hurried, especially for the particular cw on office duty. He needs to be prepared to handle all incoming calls and clients, and hopefully begin any processing. My first team duty day was typically busy. The cw on duty, Pat, (under whose guidance I was working), was interviewing a client seeking employment. He had been looking for a job, but becoming frustrated with failure, came to the agency for assistance. A prospective employer related to him that before he should begin seeking employment he should begin getting some rest and "clean up" a little. The client presently had no residence. Pat seemed to feel that if the client could possibly re-establish residence in his former hotel, he could more aptly begin to handle his problems. Attempting to re-establish his residence, Pat found difficulty in communicating by telephone with a Spanish proprietor. She instead spoke with the proprietor's husband, who was subsequently cut off in the middle of the conversation. Eventually the husband called back and Pat was able to make arrangements for the client to stay in the hotel and have Welfare send a voucher for rent. During all the excitement, the client had fallen asleep in the waiting room.

Meanwhile, another cw in the group had answered a call from a woman who was interested in foster parent care. Since the cw handling intake was not immediately available, the client was asked to wait, in the end an impatient 45 minutes, until finally the cw who answered the call was able to see the woman. The cw had previously been working on a case for a client being released from a psychiatric hospital. Returning from the client
in the waiting room, the cw presented her as a recently divorced French woman with a 6 month old child currently living with relatives. The woman was asking the agency possibly to suggest some type of "live in" foster parents to assume parental care for her child so that she could work but still have the child with her in the evenings. This proved to be a difficult arrangement. Essentially what the cw felt the woman needed were grandparents. Foster parents are not usually oriented toward that particular type of role. The cw debated whether to handle the case and discussed it freely with the other cw's, weighing possibilities of solutions, gathering opinions and thinking. The interaction was one of joint effort on the part of the whole group, all offering suggestions, if she should decide to handle the case. After calling a few places to obtain some material resource, the cw asked the woman to return to the agency the following week so that both could have time to think and work on the problem. She had decided to take the case and see if anything possible could be done.

The only other cw in the office on duty was arranging some files. She appeared to be efficient, helpful and well experienced. She offered frank and prompt opinions and seemed to be helpful in other cw's decisions.

The office of Social Services itself is one of a fairly comfortable and easy atmosphere. The room is large and each team's desks are arranged to promote frequent interaction. People travel in and out of the office daily and most communication between workers as well as clients and other persons remains fairly public. Each particular case is interesting and the worker seems interested in it. It seems that if necessary, any encouraging group opinion and advice is
easily accessible. In all, the cw's felt the day was somewhat quiet.

I spent another morning in the Social Services office as part of another group within Area Team #3. Activity was much the same as in previous observations. On a home visit the day before, a cw had noticed that one of her client's floor was in very bad shape and a section of it had fallen through. Worried, the cw contacted a repair man and supposedly something would be done. A referendum was circulated concerning the immigration of Ugandan Asians "despite the area being a red area." Notification was sent to Health Services to request health visitors to visit immigrant families and explain the National Health Service, and to also bring in the attention of any other agencies if needed.

Some of the calls taken that morning included: interested persons calling to request aid for a "needy" neighbor with a noisy dog, clients calling to report a change of address, and agencies and homes would call concerning clients either making arrangements for going home or needing further treatment. And through communication with other cw's, it was discovered that one client had succeeded adequately in taking advantage of welfare funds and services. Her cw entered on her file soon afterwards, "No more money."

A Home Visit

From the activities channeled through the office, it seems that little time is allowed the cw's for visiting clients. Some of the clients come to the agency but a large part of the communication is conducted over the telephone. Intake is usually busy, but the telephone seems to take precedence, often de-emphasizing the value of personal
contact with clients. The cw's are always kept busy with recording, filing and numerous details.

One of the first home visits I made with Pat, the cw, was to call on a ninety year old woman. She lived on the third floor of an apartment building with a steep dangerous stairway, and her sight was very poor. Moving at her age to a new residence seemed out of the question. The woman herself was amazing. She went out every day to visit a sick friend and returned each time to face the stairs slowly and painfully.

She did not look her age at all. She remained very alert and active, constantly reading and keeping informed about everyday activities. When she was younger, she had been involved in Social Services work, so many of her interests still centered around service activities. Her difficulty with her eyes seemed to bother her very much. She was presently trying to find someone to treat her and had just received a letter from a hospital which said they would examine her in two weeks. She was happy and hopeful that she would be accepted for treatment. Pat expressed her concern and happiness for her and related later how she was always amazed at her client's ability. But there seemed to be little that could be done for her eyes. Pat tried to offer her emotional support and to help her accept the small possibility that anything could be done. The client was accepting but still hopeful. Pat suggested she try to get involved in some community activities but due to her living arrangements, the woman was hesitant in attempting to go out often. Her flat was exceptionally clean and "homey" and she seemed secure and happy. Pat's function for her was ostensibly supportive,
and the client seemed to appreciate the sincere effort and concern.

The other three area teams operate in much the same way as the one followed more in depth above. Area Team #4 is located in a community building and arranged somewhat similar to Area Team #3. The team itself, though, was experiencing some difficulties. Morale was low, especially with all the new changes developing in the Social Services department. Quite a few of the cw's were on sick leave and all workers had heavy loads due to recent losses in staff. Part-time helpers were recruited to handle some of the cw's loads. Although with the new changes, many of the systems for filing and recording were also awkward and inefficient, the projection for the Social Services for the next ten years as a whole seemed very promising.

Team Conferences

Each of the Social Services area teams meet about once a week for a Team Conference. Relaxed participation is encouraged. The first topic on the agenda was in planning a team for ten health visitors in the area to clear up some important matters. Much caution was taken to ensure that the tea provide a comfortable yet conducive atmosphere for communication.

The area team leader led most of the discussion and presented pertinent information. An announcement was made that a member of the staff was leaving for a better position and that a replacement was being arranged. An announcement was also made that the magistrate of the juvenile court was meeting and hopefully it would be a chance for workers to
meet with the magistrates informally to discuss recent cases, policies, general opinions, etc. A representative from the area team was selected to participate in what hopefully would prove to be worthwhile and interesting.

Organizational meetings to set up policies and structure for the ten year Social Services plan 1972-73 were in process, and all interested persons were encouraged to attend. This unfortunately seemed to be a "hurry up" job since the ten year program would be going into effect in January of 1973, only three months away.

The borough was setting up a "Nearly New" shop and all cw's were encouraged to support it. The funds obtained would be used to develop a hostel for the mentally ill.

A guest from the services for the handicapped was present at the area team meeting and she was attempting to establish a liaison for out-going patients between the hospital and the area team. With this approach, many cases could be considered for aid, or given information about people and centers available, and services open to them. She had elected to come to Cobbs Hall once a week to act as a resource person for the cw's.

A final visitor to the team meeting, a principal architect, presented plans to the cw's for a proposed redevelopment area in Hammersmith. Apparently a similar plan for redevelopment had fallen through. The original neighborhood project proposed housing for 800 persons while the second eventually would provide housing and facilities for 1,200 persons. Some of the proposed statistics for the project are shown below:

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<td>Bedrooms</td>
<td>1,865</td>
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<td>Beds</td>
<td>2,489</td>
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<tr>
<td>Bed spaces per House</td>
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30% of the housing would be one bedroom, 40% two bedroom and 30% three bedroom.

The houses in London are not like homes in the states, but rather more like apartments, usually self-accommodating and on one level. In some cases there may be a community kitchen but usually the homes are private. The average level of the buildings of the proposed project would be 2-3 story which is normal for British housing, with a 9-11 story building in one section. The plans showed proposals for two recreational areas, one for older and one for younger children, but unfortunately the proposals included no plans for some type of community room or even a launderette for its rather large population. A launderette and other shops were located across the street but the street was busy and could be very dangerous for crossing especially for smaller children.

Typically for a Social Work meeting, these problems were considered and weighed. People's interests need to be considered outside of housing accommodations. Opportunities and facilities for leisure time activities need to be considered other than the necessary conveniences of normal living. Money always seems to be the determining factor, but just as much money may need to be expended for correcting the social ills created by crowded and poor living conditions. At this particular meeting, the architect seemed confused by the SW's questioning, but he was understanding of their concerns, and would convey them for consideration.

Borough Luncheon

Once a month the Social Workers in Hammersmith plan a luncheon where a speaker presents a topic of concern. For
the month of November the topic was on "Alcoholism and Drink Related Problems." About 30 interested persons attended. It was discovered later that only about 3 sw's were present. The leader, a woman who had done much work with alcoholics, discussed the how's and why's of alcoholism and what can be done.

The problem in England as in the US is much larger than that of Italy and France where a family may consume about one and a half pints of wine a day. In Norway where 33% of the population does not drink, the figures of alcoholism are considerably higher. Studies have found that the percentage of drinkers is related to the type of religious sentiment.

Alcoholism, the speaker stressed, is a very real problem. Many organizations work with the alcoholic such as the Organization of Wives, AA, and Alanon. Other resources available are psychiatric counseling, medical sw's and some special hospital facilities. Essentially, alcoholism in England is treated as an illness. The problems the alcoholic creates for himself needs to be considered. The statistics range much the same as those in the states, but the British system has a separate problem in dealing with the alcoholics living off of the Welfare State. Most of these people are given cheap hot meals on the streets for subsistence, hoping some day to eventually reach them, but the alcoholic who lives off free Welfare meals from day to day is a very real problem with which a Welfare State finds difficult to deal.

CHILD CARE SERVICES IN HAMMERSMITH

In 1945 the Curtis Commission assigned to study Child Care facilities reported on the problems of children from
deprived homes in public care. It proposed a common basis for children in care and in 1948, enacted the Children's Act to help assign care for the children and define the type of care extended. It also started the local authority children's organization. There had been problems in split responsibility with little standards of care when it is "in the child's best interest." The local authority can then arrange for discharge when it is "in the best interest" of the child or when he is 18 years of age. For the month of November, the number in care was 821, 8 less than the previous month. Very few children in care have no parent guardian. Many are cases involving desertion or one parent families, and about one third of the care orders are the result of an offense. Others are an obvious need for care and/or control.

Placements for children in care are up to 20,000 each year. The placement can not be with the natural parents. Adoptions are the largest area, often adoption by the real mother and a step father. Most adoptions (15,000) are of children not related to the applicants and are arranged mainly on a private level. From a study by the Hurst Committee it was shown that private adoptions often result in bad arrangements. A network of "adoption exchanges" had been instituted to help find homes, especially homes for hard to place children. There are always more adoptions than children available so the agencies tend to concentrate on the hard to place child.

Foster Home care is the second largest area of placement, 83,000 children, and either is handled by the Council Foster Homes or voluntary organizations. The Hammersmith borough is low both in adoptions and foster home care. Recruiting is crude and tends to be more in the nature of advertising. As
shown by family accommodations, there is also little housing room available.

Residential care placements are either in the Children's Homes, Hospitals or Nurseries. Presently there had been extensive investigation of building needs, staffing and problems of limited accommodations within these placements. Often 20 to 30 children may be placed in old converted Victorian homes, both poorly equipped and located. Hammersmith has 531 total children in placement: 126 in the Children's Homes, 180 in voluntary care homes, and 135 in private homes. There is no reception (short term) home in Hammersmith. There are about five large children's homes accommodating from 18 to 34 children and approximately eight smaller homes for 7 to 8 children. The ages range from 0 to 17 years; two are girls' homes and two are boys' homes.

Developing a home for children in care presents technical difficulties. Permission must be granted after certain regulations have been met. Most of the homes are located outside of the borough. There is no capital for the homes and each establishment seems to have to bear all of its own costs. Conflicts occur, too, within the homes with parental roles becoming professional roles, creating confusion for the children. Attempts are made to place the children in foster homes, but relatively few are available.

Preventive work is supposed to be one of the main interests and functions of the Social Services. In 1963, the London Local Authority was delegated power for administering preventive casework. As an outgrowth of the Curtis Commission, money and time was provided for families breaking up due to income. The legislature, for example, was able to make payment to a neighbor
to care for a child and give the mother a short respite or so on a Holiday. Payments could also be made to prevent eviction. A wide leeway allows the councils to co-ordinate with voluntary organizations in getting copies of non-attendance at school, as well as police reports and intentions to quit school. This information can enable a team to see potential troubles. A total of $1,345 per quarter was made in payments for preventive work: payments for fares, rent, gas and electric bills, provisions for household facilities, counseling services, and some direct payments to relatives for care.

The main difficulty is in that the preventive programs need co-ordination. Information is fed into the Social Services, but little research is done in the borough. Hopefully some money will be steered into working on some of these problems.

Once a child is in care, under the 1958 Children's Act and the 1969 Social Services Act, visiting and supervision is provided, especially for those in private care. Reports must be made on all persons with children in care, and legal action can be taken if the living situation is found unsuitable. Of the 45 private foster homes though, most all of them are up to Council standards, but many are still unsatisfactory.

Social Welfare in School Health

The oldest local authority in the Social Welfare services in School Health. In 1904, a need for medical services for children was demonstrated even though school medical staff had been adequate. Relief agencies with comprehensive medical sections of treatment were than started. The Education Act - Food for Children (FCC) was passed in 1906 and in 1907, school treatment centers were established. By 1911, the FCC was sending in officers for controlling attendance in clinics and
hospitals, and more treatment centers continued to be built up to 1917. By 1930 the staff of school health programs was separated into independently operating areas: education organizers and health organizers.

Under the health programs, treatment is provided for individuals and families. Usually each center has an 8 member staff employed by the Education Authority and having some social service orientation. Under Welfare, the government assumes the cost for services, but originally all the expenses are paid by the client. The workers within the center act as liaisons to the hospitals; recording attendance and progress in treatment plans, and handling much of the paperwork while volunteers usually conduct the home visits.

By 1948, the Health services had undergone much change. Help was provided in 1957 from health funds for the neglect and ill treatment of children. In 1965 the London government reorganized into boroughs and many of the services filtered down to the local level's jurisdiction. In 1971, the split between Health and Social Services went into effect and the School Workers remained with Health, while all other child care was organized under the Social Services.

The Health Services operate through five Special Investigation clinics in the borough. The clinics deal with children with minor behavior or health problems. A team of medical staff and social workers work with the child and the family in and out of the clinic setting.

School Health is also concerned with five special schools in Hammersmith supervised by the Education for Sub Normal Council (ESN): Partially sighted, Handicapped, Hearing Unit, Delicate (undernourished, maladjusted, phobic, asthma, etc. -
short term stay.) Even though these schools exist, work is encouraged toward keeping the children in ordinary schools where it is believed normal adjustment occurs. In this setting the sw helps the child adjust to the new environment. Usually a child is known to the sw by previous difficulties or on a referral, or the school may request sw assistance. The sw functions as a link between the home and school, knowing about the handicapped child, his siblings and his situation, for example. But again with changes, social work services in the special schools have slowly been diminishing.

The schools have relatively few counselors because most counseling is given by the various clinics. In a diagnosis of "School Phobia" for instance, the child would be referred to the Child Guidance Clinic. Hammersmith also has a clinic for the Deaf handicapped children attend the hospitals for any guidance and counseling.

Adoptions

In 1926, Adoptions in England were made legal, but if she wanted, a mother could reclaim her child. The 1958 Adoption Act is now in effect in London with 21,000 adoptions per year. But with the use of birth control, abortion laws and lessening pressures from the community to give up natural children, the adoption roles are slowly shrinking.

Usually a child for adoption is placed in a foster home for up to six weeks so that decisions and provisions can be made about and for him. He undergoes a full medical exam and then proceedings begin for adoption. A minimum of ten hours of interviewing is needed before a case can go up before the committee. Under the Hyden Report, the "welfare of the child is paramount" in placement. There is an effort to avoid relative
confusion in adoption such as grandparents becoming parents etc., and also, an effort to avoid third party placements. Older children are hard to place, but the cry seems to be for more adoptive children. There are just not enough to go around.

Children's Homes

The Froxmore Children's Home in Hammersmith has two separate houses each able to accommodate 25 children. It has a staff of about 10 and functions on a short term basis offering little chance for contact with the child.

The home itself seems fairly adequate. Most of the English sw's seemed to resent the institutionalized atmosphere; brick walls in the halls and small rooms all similar. The children were allowed and encouraged to decorate their rooms which they shared with one or two other roommates. They did some work in the house but most of the housekeeping was done by staff members. The older children were allowed to care for their own rooms.

Most of the children attended school but it was difficult for them since they usually only stayed on a short term basis, a few days to a year. During vacations the home usually planned outings or there were some facilities on the small surrounding grounds for recreation. The staff lived in with the children and experienced little privacy and tended to suffer extensive turnover. The children were wild and difficult to work with, and the job itself was extremely demanding. The staff in residence at the time seemed very competent and dedicated. The home itself was very clean but crowded.

On our visit, the staff members presented us with a recent case history of a young girl who had been causing many problems.
Apparently her background had been terribly confusing and frustrating for her. At first she seemed to fit in fairly well at the home but later tended to begin picking on the smaller children. She was 16 years old and quite large for her age. The most disturbing incident occurred when her roommate was changed so that girls closer in age could be together. This girl was extremely color conscious and claimed they gave her the new roommate to "put the blacks together." She attacked one of the staff and had to be severely disciplined. During her stay she become friendly with one of the staff who felt she needed understanding. The girl expressed that so many things around her in the home that reminded her of the past really upset and frustrated her. The last information the home had received was that the girl was still waiting to get into another home. No facilities were yet available to accommodate her.

Adventure Playground

With the crowded living conditions in London and park locations relatively far from housing districts the children often have no place to play. Adventure playgrounds are being created to offer supervised play in many of the areas where children are in care, including children with delinquency problems. The play areas that are already in use have proved to be very successful. Mothers from the neighborhoods pro-
in care. Some of the children on the playgrounds are seriously disturbed, and have often been able to develop warm relationships with the staff members. Problems are created for the neighborhoods, but the residents must look to the future and welfare of their children and "get used to noisy children as they do to highways." Besides, even in some areas it was thought that supervised "destructive play" was better than none at all. In one neighborhood in particular, the facilities were almost nil, but adults in the community were interested and able to offer a fantastic program.

Day Nurseries

For working parents, most of the boroughs have set up day nurseries to accommodate the preschool child from age 8 months to 5 years. They usually come from deprived homes and may stay the entire day while their mothers work. They are served breakfast and lunch at the nursery. Fantastic facilities are available and general play is encouraged with no teaching or formal education as such offered. About 30 children attend one particular nursery where staff averages ideally about one per every 8 children. A nursery nurse with two years of training is usually on the job three days a week to work with the children. The building is very good and the children are encouraged to investigate and learn about the world and themselves.

Play Groups

Along with day nurseries, some community homes conduct playgrounds for 3 to 5 year old children approximately two hours a day. The afternoon playground runs from 2 until 4 PM while the mothers can have an opportunity to shop and the children can have a chance to associate with their peers in a somewhat
permissive yet supervised atmosphere. There is usually one group leader and an assistant for approximately 17 children, about 14 of which are regular attenders. Anyone in the neighborhood could bring their child to the playgroup but eventually it had to be narrowed to include only those regular attenders so that the leader could operate on some type of program.

The "teacher" of the playgroup had the room set for various activities each day such as painting, building blocks, clay modeling, drawing or any number of games from which the children could move in groups of two's and three's as they liked. If she felt they tended to stay in one area too long, they would be encouraged to try something different and give others a chance. Sometimes there would be a "making" activity for the whole group where the children could learn to make something and take it home. All pictures and paintings they made they could take home with them. Actually the group leader has no real structure. The children do what they like for the first hour of their stay and during the second hour, the leader will often have games to play or songs, or she may read them a story. This activity then usually lasts until the child's mother comes to take him home.

Normally the children are served no food, but if one child has a birthday then everyone celebrates with cake and punch. The group needs very little discipline. The leader does very little for the children, but rather encourages them to do things for themselves. If they complain to the leader about what another child has done to them, her response is to "hit him back!" The children do have their bad days, but with the size of the group and a little effort the leader can get to know the individual problems and personalities, and act accordingly.
One new boy to the group at the time was experiencing difficulty in his naivete of the group's activities and functions. The leader expressed that he would be needing quite a few "no's" until he could understand and learn how the play group did operate.

On a separate day I attended a morning playgroup which operated much the same way as the afternoon group. The children ranged from 3 to 5 years, and at most 22 children attended, but not all at once. The group was informal with 2 or 3 assisting mothers. The mothers are required to attend at least once every three weeks in an effort to give them an opportunity to be with their children. Often it is the only chance they may have to really be with their children on a relatively free exchange basis.

The group had free play such as in painting and drawing but structured activities were usually planned for most of the two and one half hours each day. This particular day they had been cooking. They usually made things during the first part of their stay, and then the rest of the time was occupied with learning games, songs, etc. The group leader operated upon the principle of letting the children see and do, but felt the need for direction in these types of activities. Both playgroups had the use of a small garden outside of the nursery for free play and the group leader usually was present for supervision or to answer any of the children's questions or to just talk with them. They were encouraged to explore and some had even planted flowers and were awaiting patiently every day for them to grow.

Being concerned about some of the difficulties of inner city life providing educational facilities as well as play
Youth Group Meeting

Of all the activities I observed, I think the one that interested me the most was a youth group center located in a Methodist Church at the southern end of the borough. Doubling as a recreation center for 9 to 14 year olds, youth activities are planned for each night, such as games and discussion groups, and on Friday evenings a discoteque. Since refreshments are served during the evening activities, the children are asked to pay about five cents to participate in the program.

The director of the center was a young man, a former teacher and interestingly, a former drummer for a nationally known rock group. He just "happened into the job," and became extremely interested and involved in it. He usually supervised activities, and often came in to participate in them himself. He seemed to be quite personable and well liked by the children.

The activities had no real structure but were a chance for the children to play and talk with other children and other participating adults. On free nights no real direction was provided. Activities included ping pong, checkers, various table games, dancing, all different types of ball games and general running about. In a separate room, clothes and make up were provided for "dress up." This proved to be one of the most popular areas for the children tended to dress up about every five minutes. They would try a costume and a new personality, parade around showing their friends and then change to something new. It was a chance for the children to express themselves and experience great fun being imaginative and creative. With encouragement from volunteers, it
was evident that the children were acting out, trying to be the kind of people they wanted to be when they grew up.

About four or five volunteers were present to help the children, offering suggestions, supervising, encouraging interests, and in general promoting activity. Some boys did come to the center uninvited and without paying, but left quietly when asked. It seemed that no real troublemakers were present, or else while they they caused no trouble, because on the whole the morale seemed extremely high.

The minister of the church proved to be a difficult person to locate at the center. Not in any way typical, he was young, possibly in his late twenties, long haired and dressed in jeans. He participated in the games laughing and joking with the children, and it seemed he was liked and well respected. It seemed that religion played a relatively informal role.

"Recreation time was not preaching time." After the younger children had left, the center some of the older boys began building a platform stage and the director was suggesting that the minister offer his services. The minister said "no" that he wanted "no part of that language, and skill." It seemed there was no hangup about religion. The minister seemed interesting and unassuming.

Juvenile Court

Under the Juvenile Act of 1969, sections of which are implemented at different times so that not all are in force now, the court can make a supervision order, equivalent to a probation order, which goes to the Social Services team. Juvenile Court meets one day a week in Hammersmith and the sw attends with his new client. Records are kept in the Social Services on all court appearances.
Since the breakdown of the Greater London Council, each borough retains its own files and supplies court information if and when needed. Approximately 1000 children appear a year in the Hammersmith Juvenile Court. More may be brought to notice by the police but no court action is effected. All the information, though, is available to the sw's. When given information by the police, the sw provides support at the juvenile's initial hearing where the magistrate may either deal with the child, make referrals and/or delay court appearance for three weeks to allow for exploration into other possible resources of correction. To expedite processing, the sw gives background information on the child with his consent, so that the court can take more immediate action.

Sentencing in the courts are based on "findings of guilt" and are administered in one of five presentations: 1) In case of no "finding of guilt," an absolute discharge. 2) Conditional discharge where there is no sentence, but the child is placed for 1 to 3 years on "good behavior" not to commit anymore offenses. 3) An imposition of fines in which the child under 14 years is not held responsible but rather his parents assume payment. 4) Supervision order, which can last 1, 2 or 3 years, made to the local authority or probation service and which replaces the probation order. 5) And finally, committal into care up to 18 years, sometimes 19. The child is in the care of the local authority which will make the decision of how to deal with him.

There are three ways of remanding a child. If he is summoned and his case is adjourned, no bail can be imposed, but if he is charged and the court adjourns, then he can be bailed. Secondly, the child can be taken into custody and
placed in the care of the local authority for three weeks. And finally, he can be given an interim order for four weeks and placed under care and protection, which is sometimes adjusted to three weeks in care. The courts do emphasize the need to promote more preventive action as in supervision by the Social Services for the juvenile rather than placing a child on probation.

In order to remove a child, a maximum of 28 days must be given. Plans can then be made for placement even without court action. It must be established that the child is in need of care and the court must give its authorization. In reports to the court, the child's background and reasons for appearance are presented but not read until a "finding of guilt."

Children under ten years of age are usually neither brought into court nor found guilty. At ten years, a child can be tried and if proven that he knew of his guilt and understood his situation, he can be proven guilty and placed under supervision. Usually from 13 to 17 years of age are when a juvenile appears in Juvenile Court. Supervision in a case can be imposed for any length of time. The courts usually accept a child as an adult at age 18, so that only if a crime committed as a juvenile is considered serious enough is it retained for the juvenile's record once he is 18 years old.

The Social Services seem to emphasize their role in supervision over any type of formal probation. The services and guidance offered are considered much more beneficial and the child is not labeled as an outcast, but is rather relieved of the responsibility for his crime up to 14 years and instead given more freedom to develop new potentials.
Day in Juvenile Court

Hammersmith's Juvenile Court is housed in court buildings in central London. All juvenile cases requiring court action appear before this court. Morning session opened around ten o'clock and adjourned around twelve o'clock PM, and then reconvened in the afternoon for approximately three hours.

I was given a list of proposed cases for the day, but soon discovered that time limited the number of cases able to actually appear. The judge, a woman, presided with another woman and a man over the court. In attendance were a clerk, the woman who presented the case to the court, the defendant and his parents, the plaintiffs, the sw, other court personnel and various authorized observers. All the information and proceedings were held in confidence and the general atmosphere of the courtroom was informal.

In the proceedings, the persons submitting information about the child's offense, after being sworn in, presented their material before the child and his or her parents. The parents and child were questioned about the situation and the child was allowed to speak for himself if so desired. The judge provided counsel and direction depending upon the type of case. Any attending resource persons were consulted if necessary and usually during the case presentation many angles of action are explored. When the need was felt, the child was admonished by the judge in particular or given a sentencing, again depending solely upon the circumstances involved.

The first case before the court was that of a 14 year old girl who had for the last year been excessively truant from school. She was present in the courtroom with her father. The report, given by a Health Worker, stated that the girl had
been warned repeatedly and only until recently, in the last two weeks, had she been attending school regularly. The Health Worker felt that her situation was too unpredictable and she was in need of supervision.

Apparently the girl's mother had recently suffered from a stroke and was in need of constant care. The girl's father worked many overtime hours and was keeping his daughter home from school to care for her mother. Unfortunately, for the father to reduce the amount of overtime hours would cause a severe decrease in salary which the family could not afford. He was aware of the consequences but felt incapable of doing anything about it. The little girl found that once she had been back, she really liked school, but unfortunately her father still was keeping her home. It was noted that one of the weeks that she had missed school was because of tonsilitis.

For the last three weeks the mother had been going to a Day Center in the borough where she was able to get the daily care and attention she needed. She attended Tuesday through Friday and on Mondays, her husband was home from work to care for her. Once this had been arranged, the little girl was able to attend school, was interested and seemed to be trying. The judge posed the question though, of what would happen if her mother was sick and could not go to the Day Center, who would be able to care for her? hoping that arrangements could be made, the girl was placed under supervision pending her conduct for the next few weeks.

The second case involved a boy's plans to be released from the Stamford House, a remand home in the borough. He was placed in care for stealing 20 pounds (about fifty dollars) from a gas meter. His mother had been in and out of hospitals
and felt that if she had been home the boy would not have stolen. The boy's father was in some type of engineering and worked quite a few hours overtime. The boy did not like school, was often truant and had few friends. He did like drama and swimming. The court asked for a two week delay to obtain more reports before reaching a decision, and requested that the boy in the meantime see a doctor at the Stamford House.

Case number three was for a juvenile from Turkey, 15 years old, who had, along with two other juveniles, stolen a considerable amount of money. He had been placed in Stamford House. He appeared with his mother, brother and sw, and expressed that he was not comfortable in the remand home where he was teased by the other boys and become lazy. He had a brother who had previously been in trouble but was doing well, and both his brother and his mother said they were anxious to have the boy home and were very interested in helping him. The court decided that since he was under a supervision order until February of the next year, the boy could go home on condition he appear again in three weeks for evaluation.

The fourth appearance was a boy from Trinidad placed in another remand home, Langley House, for attempted burglary. Most of his problem was attributed to both his and his family's inability to adapt sufficiently to a new environment. Since his placement, they had been able to adjust and felt reasonably capable to assume proper care for him. The court released him and gave him a two year supervision order since he had previously been subject to release from the remand home pending good behavior.

The final case was of two boys, aged 13 and 14, who were
charged with being in an enclosed (private) yard for unlawful purposes and possessing a case opener possibly used in entering. The police were requesting an order to conduct more search on a suspicion of theft. It was discovered that the case was not in the court's jurisdiction, and instead, the children should be subject to appearance in the appropriate court the next day. As for night provisions, the boys were to stay in the remand home as the court felt in view of the situation there was a need for some type of supervision.

Stamford House - Remand Home for Boys

Located on the outskirts of the Hammersmith borough, Stamford House is a remand home for boys, providing observation and assessment facilities as requested by any of the Directors of Social Services for the 12 Inner London Boroughs.

The home was rebuilt and completed in December of 1967 and provides places for 120 boys and a "secure unit" for 10 boys. It also includes a well-equipped school, staff living quarters, sick bay, offices, interview rooms, swimming bath, gymnasium and central kitchens.

The function of the house is to provide observation and assessment facilities a) on interim Care Orders. (A Care Order is when complete charge is given to the SW while he is gathering information and deciding where the child is to go for care.) b) for boys held as a temporary measure, in its capacity as a "place of safety." c) for boys who have been made subjects of full Care Orders. Once a resident of the home, a team of specialists in conjunction with the appropriate Local Authority field worker combine to diagnose the needs of the boy, decide on the most appropriate treatment program and endeavor to create in him a purposeful attitude to training. They also
provide the receiving establishment with full reports.

Out of the 2,200 who pass through each year, about 400 to 450 boys are assessed as needing a period of training or time for readjustment away from their homes.

All the boys are placed in one of the four houses, or in the closed provision block under the supervision of the Senior Housemaster. During his stay, the boy lives, sleeps and has his meals in his house. During the day he takes part in a full program of classroom and practical activities, and may be called away at times from group activities for individual testing and interviewing. A small group of boys aged 15 and over constitute a "work party" and do chores in the houses and about the building.

In the evenings and on weekends it is the duty of the Senior Housemaster and his team to provide and supervise the necessary physical and recreational activities. Some evening classes are arranged centrally. This routine continues, with modifications, if a boy is subsequently made subject of a full Care Order and returned to Stamford House to await assessment and a vacancy.

Apart from the closed provision Stamford House is not a secure establishment, and because the staff must come to know the boys to be able to write reports on them, the atmosphere in the houses is reasonably permissive. This inevitably means that the job is most demanding, and for staff new to the work, to begin with at least, also confusing. The experience of most newcomers is that only after some weeks does the policy and routine come to life and they are able to recognize the purpose and rationale of it all.
The staffing structure includes:

Superintendent
Deputy Superintendent
Assistant Superintendent
5 Senior Housemasters
Training Officer
10 Housemasters
41 (Assistant Housemasters) Residential Child Care Officers (including night and reception officers)
6 Housemothers (part-time)

There is in addition a full supporting clerical, domestic and maintenance staff. Specialist help and advice are provided by part-time psychiatrist, a visiting medical officer, educational psychologists, psychiatric social workers, and a resident nursing staff. A medical officer is on duty at all times to conduct entry examinations, before court appearance examinations and exit exams. Unfortunately though much of the staff is young and completing in-service training for graduate level degrees causing a high turnover. This especially creates problems in counseling program continuity.

The education content is arranged by the "Head of Education" and a staff of experienced teachers and instructors (recruited by the Inner London Education Authority), all of whom form part of a diagnostic team. The building contains classrooms which are conventional and are only used for small groups as most of the education is short term, such as pottery making, shop, woodwork and decorating. There is little time and atmosphere for a normal type of school. A certain pride of the school is visible where some of the work is displayed on the walls.

Boys are accepted from the age of ten to eighteen years, although a vast majority are between twelve and sixteen. Boys under the age of twelve normally go to a Reception Center, so only the more difficult, or if they have a brother at
Stamford House, find their way there.

Pressure for places has been severe for some years and the home is usually full. Only a minority of boys admitted are first offenders. Some have a long history of running away from home or excessive truancy from school. About 25% have already experienced long periods of institutionalization either in Nurseries, Reception Centers, Children's Homes or Community Schools.

The Children's Act of 1969 has the most effect on the policies and standards employed in the Stamford House. A boy usually comes to the Home from the Courts to await assessment for approximately two weeks before his reappearance in court. If in his reappearance, there is a finding of guilt, he is placed under Care Order and returned to the Home for another week where more reports are gathered and a referral is decided upon. If he is placed under supervision, he will return home but remain under supervision for a length of time.

If the child is found "guilty" and returned to the home, the entire staff discusses his future care; the Social Worker, the Psychiatric sv, the Housemaster, psychologist and psychiatrist all present reports along with the social history. The child is given tests (psychiatric and psychological) and interviews. All this information is presented to the psychiatrist along with a report of conduct. From this a list is drawn up of "utopian" ideals for the child: his needs, recommendations, possibilities and wants all considered in deciding upon a suitable "Community School" placement.

For psychological and social reasons, the term "Community School" is used rather than Remand Home. Operated by a specially qualified staff, the school curriculum is as normal as possible.
To promote a more normal setting, other children may attend the school. Instead of being placed out and away from society, the trend is to work with the child in the environment to which he must eventually return.

In the area of preventive work, new power from the legislature has been given to the local authority, the Juvenile Bureau. The chief officer can present a child with three pre-warnings before his conduct is considered an offense during which time he can be given special interest; a sw is tuned in and programs can be suggested.

The home seemed very much up to date. It had relatively new facilities and methods of helping the juvenile delinquent to gain his own self respect as a person. The atmosphere is light, accepting, unstructured and conducive to change. Security is limited to one main gate, a few locked areas, and locked cells at night in the "closed provision." But other than these, the boys are free to move as time and program allow. One real apparent drawback is the little chance existing for an individual, one to one relationship, between boy and worker. With the constant turnover in staff and boys in care, little can be done. But from what can be observed at the Home, precautions have been taken so that a boy may go through his remand period as easily as possible.

ELDERLY SERVICES IN THE HAMMERSMITH BOROUGH

Since the Hammersmith Borough contains a proportionately large amount of elderly, the elderly tend to dominate the clientele in the Social Services. Reflecting on figures for September 1972, 32 elderly referrals were made to area team #3, this amount exceeded only by the number of children referred.
Four homes located within the borough and two outside combine to accommodate the elderly, while Residential Care and Day Care Centers provide daily programs. Some of the homes are purpose built so as to allow for wheelchairs and other special equipment, while other homes are converted houses. In all, the places for residents total 470 with a waiting list of approximately 8 to 900 persons.

Compared to other boroughs, the elderly in Hammersmith are well attended, but there is always the need for more places. The facilities are fairly adequate, but the usual complications of purpose built versus converted "homey" homes still exist.

Day Care Center

After general transportation problems have been solved, elderly members of the community may attend the Day Care Center about once a week. Activities such as crafts and games are offered and a dinner is provided by the Meals on Wheels. Often the projects that are made can be sold by the individual artists, which provides them with a little incentive and compensation. The project sessions, though, are not work sessions as such, but rather social gatherings for the people to meet and talk with their friends. All the people seemed to enjoy the Center very much.

Elderly Handicapped

On the first Saturday of every month, a group of elderly handicapped people meet in one of the borough centers. The program, which is predominantly social, includes games, a tea and entertainment. Most of the people come to the center to talk and be with their friends just for the afternoon; they enjoy it so much because all of the people attending are "such
nice people." Some had been attending for five years now.

Volunteers were on hand to aid in transportation which was by van, and of course, in conversation. On the particular day I visited, entertainment was provided by a folk group which everyone seemed to enjoy, especially for the chance to participate. The center also sponsored a raffle which fostered a little excitement. In all the group seemed happy and well adjusted, and terribly appreciative of what the center was trying to do for them— to give them a chance to function a little more normally.

Sirenian Home

Operated mostly by students and volunteers, the Sirenian Home provides temporary and permanent housing for old homeless men in the borough. Usually these are men who have difficulties in caring for themselves, have no jobs and essentially no families or people to care for them. They may stay as long and as periodically as they like, and have no obligations.

The house can accommodate 15 men with dispositions ranging from alcoholics to addicts to handicapped to old age. They maintain the house cleaning, cooking and minor chores with the aid of 5 or 6 student volunteers. There is no real service provided other than a place to live and to some degree, the help given each other.

The SW's contact with the Sirenian home is rather basis: checking facilities, functions, problems, and sometimes providing contacts for the residents if necessary. The social work services as such needed and provided are relatively few so that the department had considered dropping any further contact. But as I observed, the interest the Social Services department provided the home seems to be important. Problems
arise in trying to maintain a home where so many of the members themselves have problems. With a constant overturn of staff, more complications arise so that a steady contact could prove to be very beneficial.

One client in particular seemed to be experiencing some problems in trying to locate a suitable job. He was undergoing operations for some unusual sickness that he had contacted on a previous job. Since then he had been in and out of hospitals and now he was living at the home and seeking employment. Unfortunately he was seeking a similar job to the one the doctors felt had caused his original problems and could quite possibly continue to cause difficulties. He had been doing some work around the home, but it only occupied a small portion of his time. The caseworker was able to offer him a much less demanding job with a good salary and he knew that this particular job would be best for him. He was asking advice but yet wanting approval for something he knew was harmful. He was to see the doctor again before making a decision, and planned to discuss the matter with caseworker at a later time.

The home seemed to be comfortable and fairly adequate. The men are given a chance to exist on their own but offered aid whenever necessary. They respond well and interestingly.

GENERAL BOROUGH SERVICES
Open Door - Mental Health

In one of the borough centers, the Mental Health club meets socially for a few hours once a month. The ages of those in attendance range from 20 to 80 years. They come together to play games, discuss and enjoy themselves. They plan activities and conduct different programs under the supervision of
some of the staff and are given a chance to act out some of their problems and situations.

The most fascinating point about the group was my inability to distinguish the members from the staff and volunteers. Even the volunteers themselves were uncertain as to who were the members, but few seemed concerned and managed to function very well together.

Something new had been added to the program and was introduced by a staff member. The topic, the effect violence on television had upon the public, was introduced for discussion. Recent psychological evidence seemed to show that persons viewing violence on television and then playing various games showed less violent tendencies. Criminals and delinquents, a study had shown, had seen less "violence on TV" than the usual audience and the study was questioning if the findings were causes or results. Within the mental health group, the members seemed to argue both sides of the issue. The staff and volunteers seemed to be more vocally competent. Some members who spoke had very little of relevance to contribute, but the group seemed to be kind and accepting of each other. Some of the contributions, too, were very interesting and worthwhile, and often atypical reactions. The discussion itself went well and the members seemed to enjoy and benefit from it. The group seemed enthusiastic to continue the discussions in future meetings, but all had difficulties in offering other topics, which I felt could be attributed to feelings of insecurity and inadequacy on the part of some of the members.

The group seemed to function very well. The members were given a chance to express themselves which aided the
others as well as themselves. The main aim of the local association for Mental Health is to rehabilitate psychiatric patients within the community so that they may become part of the society. The chances for rehabilitation are extremely high.

The Mental Health service offers a variety of activities covering the day, evening and weekend needs. Besides the local groups, some of the programs under the Queen Elizabeth Foundation include: a medical rehabilitation (away from the hospital environment,) a residential Vocational Training for open industry at Queen Elizabeth's Training College for the Disabled, a residential sheltered workshop employment where the more severely disabled can achieve independence by earning a normal industrial wage, and a holiday and convalescent home where those too disabled to go elsewhere may spend a fortnight's (two weeks) holiday in a specially adapted house on the seafront. The programs offered seemed to be variable and highly functional.

Meals on Wheels

One of the more prominent social work activities of the borough centered around the provision of hot meals to those unable, due to physical handicap, sickness and age, to cook for themselves. The London Council has devised an elaborate system to provide these persons with at least one hot meal during the day and on weekends if necessary. The service provides 1,500 meals a day and 70 to 80 meals on weekends for the Hammersmith area.

Allowing for special, the meals are prepared in the morning and put into heating units where they stay relatively warm until they are delivered. Of the approximately 25 vans
used, each employee who is a volunteer from the borough has her own van to care for and in which to make deliveries, the amount of deliveries depending upon the individual route. Each recipient is allotted approximately a four minute delivery time, allowing just enough time for the driver and an assistant to check up on the residents and talk with them. The deliveries usually start about 11:30 and are completed about 1:30, after which the vans are cleaned and prepared for the next day's activities.

Acting as an assistant on one of the routes, I was given an opportunity to participate in the program. Delivering 72 meals in one section of the borough, the time allotted seemed so efficiently utilized in that each recipient seemed to be personalized and given brief but invaluable attention. Every recipient seemed so appreciative of the service, most of them ready and waiting for the meal. They were aware of the time element and responded graciously often revealing some of their discomfort in feelings of dependency, but never apologetic. Each person seemed to accept the worker and the service as though humanity was contributing its share to their unfortunate situation. Only one report was given on a person who had been receiving a meal but was not in any real need of it.

The most important aspect of the whole program was the consistent contact maintained between the recipient and someone "on the outside." Many of the residents were old and infirmed and given little or no chance to be part of the community. Often the Meals on Wheels worker was the only visitor some of them had during the day. What service, comfort, interest and care she could offer proved to be a valuable aspect of the social services. If any difficulties occurred, the worker
could report or offer aid or information. The worker in her brief encounter could serve as a valuable contact for the recipient; a familiar face to offer security and reassurance if and whenever needed.

Bishop Creighton House

One particular "settlement house" in the borough served as an extremely valuable asset to the community and extended much beyond intitial concerns. One of the oldest social work agencies in the borough now in its 64th year, the Bishop Creighton House seeks co-operation, locates resources and points to unmet needs within the borough. Serving the southern section of the borough, it acts as a medium of communication and information, conducting various groups and activities for all ages and areas of interest.

Social work services in England cover any number of areas and concerns, relating to the people and their problems. To consider an individual and his problem as of utmost importance in the aim of the Social Services in most any country, What can be offered needs to be amplified and distributed.

With the combining of the social work services under the Social Services heading, the British "client" can receive a much more extended service both for his own problem and those of his family. Essentially he and his family are referred to or approached by the agency as one problem case, where research is done into what facilities from the community can be made available. With the combining of services, the social worker approaches with all his skills or references, the client as a problem area.

What seems to occur with this total "family problem-centered"
approach is the sw has too little time to specialize. With his particular "family" client, his concerns will be divided into many areas. Rather than concentrating on one single problem, he will need to be involved in all relating concerns of each of the members of his "client" family. What seems to result is that he spends much of his time arranging details, contacting employees, completing forms, consulting resources for the family, which are certainly a necessary function, but these types of activities leave the worker with little time for child guidance or marital counseling. With limited staff, no one else can be made available to perform these functions. In essence, the worker comes to know the family and all of its problems, handling all the details and decreasing any overlap of services, but increasing his own load in "detail" work. He is a sw dealing with many and varied family problems rather than a child welfare worker concerning himself primarily with the child as an individual, dealing with his problems, his counseling and his general interests as part of the family.

What I seemed to be able to summarize from the discussions with my caseworker in London was that the Social Services had combined to assume a more encompassing and versatile but less individualizing and specifically oriented role. Rather than child worker, psychiatric workers etc., sw's with general training operate in all settings. The sw in this particular borough, and it seemed many others, felt the need for a more specific service. Due to the institution of a general approach much of the sw's time would be lost in general lay service which instead should be much more valuably utilized in more specific professional services.

From observation of the various facilities in England,
providing a theoretical and methodological comparison to welfare services in the US proves to be a very difficult task. Operated under a Socialist system, the type and extent of services England can offer tends to be somewhat different.

The American system seems to be limited administratively with regulations and eligibility forms. In England, everyone is eligible. Any number of services may be offered in a community and eventually every person in the community is approached with options of service. Social centers are operated and accepted as part of the community with programs often inseparable from the surrounding community programs. Community action programs and neighborhood planning committees as well as mothers groups and recreation programs are a natural part of community development, including all members in planning and development of the service. The Social Services focuses on the Community as a whole and is equipped to deal with all of its members.

The American services lack funds and the support to initiate and develop many extensive programs, and often never approach a large majority of people.

How does one deal with individuals in a system such as ours? England has a social work approach to help all persons in need regardless of historical development. The difficulty lies in a social work program operating in a non-socialist system. How does one approach those in need? Who is the authority to say what persons qualify for help and those who do not? Who are the persons in need? Those appreciably below the average or below a $3,000 yearly income?

As for a basic comparison of services between those of the US and those of England, it seems that both countries offer essentially the same type of services. Each of the
agencies and programs I visited seemed to have a comparable facility in the US. Recreation programs, Meals on Wheels, Day Care Centers, are all offered in American cities for community members. The difference between the facilities in England from those in the US is in the extent of participation. All persons in England are included in the services. Due to budgeting and funds, the US's services are limited to those it can afford.

Social often in treatment tends to overlook preventive work and instead provide only a "catching up" type of service. The workers are limited in what they can offer due to lack of money and facilities and in the general attitude toward social work. The British, as in many other cultures, often resent being helped. If only those people could be helped who want to be, then support for setting up facilities such as clinics and centers to provide any preventive measures will be somewhat improved. Establishing social work centers and programs is a slow process involving the time to accept the idea of the state and man's responsibility to man.

England's Social Services has attempted to organize their programs so that the service given to the people can be improved and increased. But it seems that with the changes, many of the workers are experiencing frustrations with overwhelming and complicated caseloads requiring them to spend too much time in the office and too little time in the field. Combining the services has reduced confusion and overlap, but increased basic administration and organizational work.
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