‘The corruption of care’

The Ely Hospital Inquiry 1969


Introduction

There is no doubt that the occasional scandal does an enormous amount for a social service. (Sir Keith Joseph, House of Commons 12 July 1971)

The newspaper story that broke with The Times letter quoted at the end of Chapter Two contained many of the ingredients from which scandals are constructed. One of the signatories, Barbara Robb, was a claims-maker of the first rank. Founder of AEGIS (Aid for Elderly in Government Institutions), Mrs Robb was the mobilising spirit behind the attention that was now drawn to conditions in some of Britain’s oldest and least-well-resourced institutions. Life within the hospitals in which geriatric medicine was practised continued to reflect their Poor Law heritage. The daily routine relied upon a series of practices that Goffman (1961) identified as characteristic of ‘total’ institutions. The enclosed nature of the world that emerged in the wake of The Times letter can be gauged from the following, taken from one of the early Inquiry Reports, which was to follow the AEGIS agitation that was now set in train. A psychiatric social worker had complained about the reception afforded to her father, referred to as Mr Tasburg, on admission to Friern Hospital. In response, the Report (Report of the Committee of Inquiry into Allegations of Ill-Treatment of Patients and other Irregularities at Ely Hospital, Cardiff, [Ely Report] 1969, p 25) records the account of the charge nurse responsible:

It was his practice as a Charge Nurse to request relatives to take home articles that the hospital would supply: and he had naturally been reluctant to allow Mr Tasburg to keep a razor as he might still have suicidal tendencies … the patient’s money (except loose change) had been handed in to the Admissions Office together with other articles, as
was the prescribed procedure with which the Committee find no fault; and that Mr Tasburg had wrapped the loose change in a handkerchief and put it under his pillow. Such an action was to be deprecated because of the risk of petty theft, but it was difficult to prevent; and the Committee think that on balance it was (and is) better to placate disturbed patients by allowing them to retain small sums or minor valuables rather than to upset them by requiring nightly or total surrender. (emphasis added)

The group of signatories who had been assembled for The Times letter, including members of the House of Lords and senior academics, ensured that its contents could not go unnoticed, while the status of the newspaper itself added weight to the charges that were made. A group of people determined to bring a scandal to public notice had found a vehicle through which the wider public might be contacted. The result was immediate and highly successful. Several hundred letters were received in response to the invitation to be supplied with detailed information of ill-treatment and malpractice in health service hospitals caring for older people.

**Sans everything**

In June 1967, these responses were gathered together and published in a book edited by Barbara Robb entitled *Sans everything: A case to answer*. As Korman and Glennerster (1990, p 15) suggest, “the book suggested that callous indifference to patients, exploitation, rough handling, removal of glasses, hearing aids, dentures and other indignities, were portrayed as customary procedures”. While the territory set out in *Sans everything* was to become heavily disputed, the immediate impact was considerable. By now, Kenneth Robinson had been appointed Minister of Health in the Labour government. He responded by asking the Hospital Boards responsible for six hospitals identified by the authors of *Sans everything*, to set up independent Committees of Inquiry. Jones and Fowles (1984, p 108), who provide a generally unsympathetic account of the book, conclude that “the whole affair was a very skilful exercise in public relations; and despite the flamboyance, the distortions and the inaccuracies, it worked”.

The results were published together in the following year. A general introduction set the scene for the assembled reports. The views contained in *Sans everything* had given “rise to much public concern, and were of a nature which clearly called for investigation”. The
terms of reference provided to the Inquiries were "to investigate the allegations made ... and also to enquire into the present state of affairs at these hospitals".

In establishing the different Inquiries, a number of key patterns of institutional response to scandals in mental health institutions were laid down. As the Report makes clear:

the Chairmen of these Committees were Queen's Counsel whose names had been suggested by the Lord Chancellor at the request of the Minister of Health; the other members of each Committee were a doctor, a nurse and one or more persons not professionally qualified in medicine or nursing but experienced in the administration of hospitals or other public concerns.

This structure — an independent lawyer as chairman, a medical and/or nursing representative and an administrator — was to become the usual mode of Inquiry in such cases. It combined insider knowledge with independence from the particular circumstances under consideration. Importantly, in working through the Lord Chancellor's Department, it established a quasi-judicial framework for Inquiries that was to be highly influential.

The legacy of the court room proved significant in a number of different ways. It had an impact upon the formality with which Inquiries went about their business. In some, for example, Inquiry members would process in and out at the start and conclusion of each day's hearing, just as in a Court of law, as illustrated in the case of the Colwell Inquiry in Chapter Five. The conduct of Inquiries, too, rapidly drew upon this heritage, calling witnesses, appointing barristers and so on, as later chapters of this book will demonstrate. From the outset, such origins influenced the atmosphere of Inquiry hearings. Even where more informal approaches were attempted, the impact upon potential contributors was that of appearing in a forum where their conduct was under examination and their veracity under question. Finally, it produced a profound impact upon the task that that Inquiries regarded themselves as embarked upon. From the conflicting and competing accounts provided by witnesses, sometimes of events that had taken place a considerable time beforehand, the Inquiry's task was to establish the 'truth' and to reach judgements on individuals and organisations. The construction of that account appeared, at least to those who embarked upon the earliest mental health Inquiries, a
relatively straightforward affair. The ‘truth’ really did exist. The task of the Inquiry was to establish it.

In all this, the decision to provide the Lord Chancellor’s Department with the right of nominating Inquiry chairs retained a very powerful tool in the hands of the government in general and the legal establishment, in particular. The choice of such individuals, as the seminal Inquiries of Ely and Colwell demonstrate, was to have considerable impact.

For the most part, this book is concerned with the attempt to fashion an understanding of those conditions in which scandal takes a grip of the public imagination and impacts upon the policy-making process. In moving towards such an appreciation, it is important to explore, also, those conditions in which scandal fails to take root, or where its potential effect is diffused and fended away by those upon whom it might have been influential. The detailed discussion of this aspect of scandal is to be found in Chapter Six of this text. Here, it is important to note that the basic decisions made at the outset of the Sans everything Inquiries had already sown the seeds of the stunted growth and limited immediate effect that was to follow their publication.

Thus it was that the individual Sans everything Reports varied enormously in length, from the relatively extended treatments in the case of Friern and Bodmin, to the page and a half that deals with the allegations at Springfield Hospital in Manchester and the three pages in which allegations at two further hospitals in Leeds and Kirkburton were set out, evaluated and assessed as to their future significance. Those responsible for Sans everything had agreed to identify the actual institutions that appear disguised in the book, but had declined to release the names of individuals, leaving it to Inquiry team members to make their own assessments. The main difference between the very short and longer reports lies in the success, or otherwise, that Committees were able to achieve in dealing with this position and hearing from relevant witnesses. A single thread, however, links the different Reports together, making their communality more significant than the differences between them. Unanimously, the Reports concluded that the complaints raised in Sans everything should be dismissed, most often in a cloud of congratulations to the “vital, healthy and progressive atmosphere” (p 54) at the institutions under investigation.

Martin (1984, p 4) notes that the diaries of Richard Crossman, later to be Secretary of State at the Department of Health and Social Security, suggest that Kenneth Robinson had set up Committees of Inquiry to investigate six hospitals in ‘retaliation’ against the allegations made.
Even if this represents some post hoc rationalisation it does seem clear that, in some cases at least, Inquiry teams were quickly on the offensive, positively attacking the accusations that had led to their establishment. In the case of Bodmin, for example, the Committee heard from Nurse Craythorne who had made the original *Sans everything* criticisms. Having taken the reader, paragraph by paragraph, through her complaints, and dismissed each one, the Report concludes with a Summary of Findings:

As the result of exhaustive examination of the allegations we have no hesitation in saying that in our unanimous opinion there is no substance whatever in the allegations of cruelty by staff to patients as alleged in the article. We found no evidence to support any such allegations. To adapt the words of the sub-title of the book we find ‘there is no case to answer’.

It is not possible, given the space available here, to provide a full account of each of the *Sans everything* Reports. For our purposes, we must concentrate on events at Friern Hospital, the subject of the longest Report in the collection and notable because the *Sans everything* chapters setting out allegations about that institution had been written by Barbara Robb herself. The Report spares no effort in attempting to discredit her. Its main first paragraph suggests that some sinister purpose had motivated the decision not to identify institutions by name in the original allegations: “Mrs Barbara Robb *has admitted* to the Minister that the allegations starting on these pages in the book relate to Friern” (p 21; emphasis added). Dealing with the decision not to identify individuals, the Report was equally judgemental: “Fortunately the Committee were able in the course of their enquiry to dispel some of the aura of anonymity with which Mrs Robb sought to cloak her charges” (p 27).

The bulk – but by no means all – of the allegations at Friern related to an elderly individual whom Mrs Robb had befriended. The Report sets the context for these allegations by casting doubt upon her motivation in doing so: “The Committee accept that for some obscure reason, Mrs Robb had a genuine desire to assist the anonymous patient who was virtually a stranger to her and that she is possessed of an almost fanatical zeal to further the interests of geriatric patients in mental hospitals” (p 27).

The effect of this ‘fanatical zeal’ had been to lead the complainant into a series of misjudgements. Complaints that patients were under-
stimulated were the product of unrealistic expectations: “many of these older patients desire nothing more than just to sit or loaf around owing to their mental condition. They may appear bored and dejected: in fact they are often incapable of animation”. Complaints that patients were left without basic equipment, such as spectacles or hearing aids, were both denied and dismissed: “Neither spectacles nor hearing aids, if totally absent as Mrs Robb implies but the Committee do not accept, would have been of much use to most of them” (p 30).

Underpinning all the Sans everything complaints, the Report suggests, was a basic failure, “to appreciate the mental condition of many senile patients, whether at Friern or elsewhere, who are frequently schizophrenic, deluded or what doctors would not inaptly describe as ‘vegetables’” (p 37).

As a result, the Committee concluded their investigation of Mrs Robb’s complaint by turning the charge of scandal back on those who had originally made it (p 41):

In conclusions the Committee would say that in the light of the evidence available and their own investigations and Inquiries they are satisfied that none of the allegations of cruelty towards or ill-treatment ... in particular or ... in general is justified; that the charges of laziness and dishonesty ... are false and scandalous.

A series of common themes run through these Reports, in their universal conclusion that all was well in Britain’s mental institutions. The social construction of scandal does not depend simply upon those who wish to bring matters to public attention in a way that attributes wider significance to particular events. Rather, a set of counter-claims is often mounted by those whose actions come under scrutiny, or from those responsible for examination of that conduct. In the case of the Sans everything Inquiries a series of such counter-claims were deployed in order to diminish or demolish the charges of scandal that the original claims-makers had advanced. These may be summarised as follows.

**Attacking individual complainants**

A standard tactic, in attempting to discredit allegations of scandal, is to cast doubt upon the credentials of those making them. The Friern Inquiry’s assault upon the good faith of Barbara Robb was not its only effort in this direction. In dealing with the complaints concerning the
Mr Tasburg with whom this chapter began, the Inquiry concluded: “the allegations by Miss Tasburg are based on a gross distortion of many of the facts, a suppression of other facts, and a remarkable inability in a psychiatric worker to perceive or accept the truth. They dismiss her complaints” (p 26).

Even when Committees were less inclined to attribute culpability, it was possible to dismiss individual complaints by casting doubts on competence or insight. At Cowley Road in Oxford, complainants who criticised standards of professional practice might have been well-meaning but, the Committee concluded, such witnesses were “not accustomed to use vulgar language [while] for some of the auxiliary staff it may have been normal speech” (p 16). The Bodmin Inquiry summarised its assessment of the central witness in that case in this way:

Nurse Craythorne proved a most unreliable witness, whose judgement was manifestly unsound ... [she] is a rather solitary person with a somewhat simple mind.... Her sentimental approach no doubt conflicted with the objective attitudes which perforce have to be adopted by doctors and nurses who deal with very grave matters of life and death. (p 78; emphasis added)

‘Doctor knows best’

The first, and most obvious, rejection of complaints rests — as in the case of those brought by Nurse Craythorne — upon the basis that, while others might lack the knowledge to understand the reasons why, decisions made by medical personnel were ipso facto the correct ones. Mrs Robb’s questioning of electro-convulsive therapy applied to her elderly friend was dismissed in the same way: “the doctors and nurses were the best judges of the appropriate treatment” (p 34). The circularity of such arguments represents, as well as anything else, the triumph of medicalisation, as traced in the previous chapter.

Problematic quality of staff

Even doctors cannot be everywhere, and a number of Reports — echoing the complaints of their Victorian predecessors — make reference to the difficulties that medical staff faced in the quality of individuals employed at ward level. At Cowley Road Hospital in Oxford, where doctors had a record of considerable achievement in new and successful
treatments, the Report concluded that such offences as might have been committed were the product of “unsuitable people who have necessarily been employed in order to meet the demands for staff” and, as the clinical director commented, “if you are employing people of low intellect, of lower ability to adjust to stress and strain, they are more likely to be exasperated” (p 16).

In other places, the same complaints were accompanied with a specific race dimension. The Banstead Report, for example, suggested that, in relation to nursing staff, “The only criticisms appeared to stem from shortage of staff and difficulties arising from the employment in the wards of foreigners who could scarcely speak English” (p 3).

‘Bad apples’

In only one of the *Sans everything* Reports are allegations and incidents of ill-treatment found to be authentic and these are dealt with in the shortest of all the documents, that relating to the Springfield Hospital in Manchester. Even here, however, the Committee concluded that the cause for disquiet was largely at an end. A slightly off-colour apple, in the shape of “a Chief Male Nurse who was in poor health and clearly found it difficult to exercise the supervision and discipline which is necessary in a hospital of this kind” had been removed by retirement. As a result, the Report concluded, “the danger of such incidents has considerably lessened [and] … there remains little need for anxiety so far as the future treatment of patients in this hospital is concerned” (p 83). This tendency, to portray specific instances of neglect and abuse as “aberrations rather than the tip of the iceberg” (Hopton and Glenister, 1996, p 112), was to remain an explanatory thread in many of the mental health scandals that were to follow over the next 15 years.

‘The patient’s to blame’

A further contender in this catalogue of ways in which allegations of apparently scandalous treatment might be countered and rejected is the notion that patients brought ill-treatment on themselves, through their own behaviour. Staff might be a little rough and ready, but they needed to be ready for the roughness of the tasks in which they were engaged. For example, the South Okendon Report of 1974 records the views of the consultant in charge of one of the wards as: “about a dozen [patients] were regularly violent and the incidence of violence seemed to me to be really extreme, it occurred every day. Very often
it was against staff” (para 62). At St Augustine’s Hospital in Kent, the Inquiry of 1976 reported that, “Quite often the ward charge nurse would make derogatory comments about patients either during the changeover or to their face, eg ‘you dunno, I’m sure you’re being deliberately awkward’”. Whether under the provocation of deliberate awkwardness or extreme violence, the argument emerged that staff reaction – or retaliation – was explicable or even (as in the case of Farleigh Hospital discussed in Chapter Six), acceptable.

**Policy context**

As well as pointing the finger at individuals, a number of reports explore the general policy context within which work was undertaken at particular hospitals. Some concentrate upon the Poor Law legacy of buildings and resources. The Cowley Road Report makes a point of reminding readers that it had been opened in 1865 as “a workhouse of a size sufficient to hold 330 persons, men, women and children, properly classified” (p 11). At the time of NHS investment on 5 July 1948, less than 20 years before the complaints had been made, “we have been told that at that time the buildings and the hospital services were in a deplorable condition” (p 11). Since then, considerable investment had improved the position, but the effect of the legacy lingered on in some parts of the building and the attitudes and approaches that went with it. The Report at Banstead was more resigned: “We have examined the situation in the wards today and found that they are being managed and the patients are being treated as well as the conditions set by Banstead’s heritage will allow” (p 5).

The same Report contained an early suggestion of the impact of the policy of running down hospitals in favour of community care, one Banstead doctor telling the Inquiry that “there was then very little stimulus or constructive planning for the future and [he] felt that an impression that the policy was to ‘run down’ the hospital with a view to closure in about ten years was necessarily detrimental to the interests and welfare of staff and patients alike” (pp 3-4).

**Standards of judgement**

There is an inevitable danger of anachronism in applying contemporary standards to the judgements reached at previous times that would not have been recognised by those concerned, as the last chapter of this book suggested. It is perhaps sufficient, therefore, to suggest that the conclusions reached by most of the *Suns everything* Reports, at least
when dealing with those complained against, rather than complaining, tended towards the charitable. Cowley Road may stand as an example of this more general trait when it concluded that, if incidents had taken place, then these must have been "rare occasions when an auxiliary nurse, and sometimes a pupil nurse or male orderly, has spoken crossly, rudely or improperly to a recalcitrant or annoying patient". That these rare events had not been addressed was itself a tribute to the finer feelings of senior staff. Acknowledging that the complaints of one witness, which had been recorded in *Sans everything*, had not been acted upon, the Report concluded that matron, to whom they had been put, "took no action upon the complaints put forward ... principally because she did not believe them and also because, being a kindly and gentle person, she did not wish needlessly to upset her staff by seeming to entertain unjust reflections upon their professional competence" (p. 16). Happily for those concerned, the Cowley Road Inquiry concluded that "we found no evidence of anything which called for disciplinary action against anyone", a sentiment shared by each of the six other Committees.

In a text that traces the disputed ground over which charges of scandal are traded there can be little doubt but that the *Sans everything* Inquiry Reports were a bitter source of disappointment to those who had made them. Certainly, the Reports allowed ministers and other politicians to treat the complainants as misguided at best and as wilful trouble makers at worst. The Minister of Health, Kenneth Robinson, described the original complaints as "totally unfounded or grossly exaggerated", while Dr Shirley Summerskill asked if he would take steps to prevent the publication of another similar book or the publication of exaggerated stories of this kind ... giving a distorted impression to the public of conditions in hospitals?" (House of Commons Debates, 9 July 1968, cols 214-16).

Almost as these words were spoken, however, and just as it seemed that counter-claims-makers had won the day, the hearings were already underway in relation to a new and major Inquiry, which was to generate a very different response. It is to Ely Hospital in the Welsh capital city Cardiff, a place where, as the eventual Report was to suggest, "officials are doing everything to prevent a scandal" (Ely Report, para 172), that this chapter now turns.

Ely

Ely Hospital, at the time of the Inquiry in 1968-69, housed more than 660 patients in buildings largely left over from the Victorian era. Medical
care of these vulnerable individuals was the responsibility of one part-time and two full-time doctors. Founded in 1862 as a Poor Law Industrial School for Orphaned Children, it was adopted as a workhouse in 1903, before being incorporated within the NHS on vesting day, 5 July 1948. The state of the buildings presented a challenge from the outset. In February 1966, three years before the Inquiry took place, Ely’s bid for priority within a remedial capital works programme was assessed by the principal assistant medical officer of the Welsh Hospital Board in this way, “Although Ely is bad, North Wales, Denbigh and Neath could all be stated to be worse” (PRO: BD 18/2588).

Even at this distance in time, it remains moving and shocking to read the records of patients such as John Sisch, admitted as a 19-year-old before the outbreak of the First World War, when Franz Joseph was Emperor of Austro Hungary, before the assassination of Archduke Franz Ferdinand, before Lloyd George was Prime Minister, and still at Ely more than half a century later. Or Bertha Battiscombe, born when Gladstone was Prime Minister and Queen Victoria was on the throne. She was also still a patient at Ely when Harold Wilson’s government conducted its Inquiry. John Sisch, his record said, was admitted as a diagnosed ‘inbecile’, while Bertha Battiscombe was an ‘idiot’. It might be tempting, at first glance, to discount such attributions as the product of an entirely bygone age, the period of the Idiots Act 1888 and the 1904 Inquiry into the Care of the Feeble Minded. Such comfortable conclusions are exploded, however, when the records reveal exactly the same diagnoses recorded for individuals admitted to Ely in the 1960s.

**Generating scandal**

Events at Ely Hospital came to public attention in the summer of 1967 when a nursing assistant at the hospital made a series of specific allegations concerning the treatment of patients in the hospital and the pilfering of property by staff members. The man, known in the Report as XY, passed information to the Ministry of Health in July. Not only patients spring out of the Public Record Office papers, but also those most closely associated with the Inquiry do too. We know from the papers that XY was a Mr Pantelides, upon whose account the Inquiry were, somewhat reluctantly at first, to place great weight. Within a month of his complaints being published in the newspapers, he had resigned his employment, as from 24 September 1967. When no action followed the complaint made by Mr Pantelides to the Ministry, he forwarded a copy of his dossier to the *News of the World*, a
newspaper specialising in sensation, but one that also had a long-standing interest in covering certain social problems. It had already, for example, been the source of one set of allegations covered in the *Sans everything* Inquiries. It published Mr Pantelides’ allegations on 20 August 1967, although without disclosing the identity of the hospital or the staff concerned. Doig (1988, p 328) concludes that “scandals are not welcomed by politicians…. Only rarely do scandals happen under their control or with their connivance. Their political routine and their authority is undermined, and the temptation is to ensure the quickest possible resolution of the scandal”. Certainly, in the case of Ely, the scandal that the *News of the World* publication produced led directly and swiftly to the establishment of a Committee of Inquiry.

In terms of this book’s concern to explore the genesis of scandal, these earliest elements in the Ely story are significant. When the Inquiry Report was presented to the Ministry, nearly three years later, it emerged that members of its Nursing Division had visited Ely three or four years earlier and had reported “scandalous conditions, bad nursing, the basis of the *News of the World* revelations” (Crossman, 1977, p 593). The difference was that this Report, and others like it, had simply been filed at Whitehall. It is one of the particular features of the institutional episodes considered in this book, that the conditions of scandal had almost always been present over a long period. It is the revelation of those conditions that distinguishes those events that transformed the potential for scandal into its reality. Discovery may be the first prerequisite of scandal but, as Ely demonstrates, the necessity of drawing attention to that discovery follows closely behind. Conditions at Ely had already been discovered by far more powerful individuals than Mr Pantelides, exercising prerogatives of inspection that were quite outside his own remit. What he possessed, as much as they lacked, was the determination to bring these discoveries to the attention of others. In the terms adopted in Chapter One, he was clearly a first-rank claims-maker, upon whom the earliest steps in the construction of scandal depended.

Once the Ely allegations became a matter of public concern, the minister responsible, following the pattern of the *Sans everything* Reports, instructed the relevant Hospital Board to set up an Inquiry. The membership also closely followed the earlier approach, although including representatives of both nursing and medical professions. In addition to its chairman, it was made up of a retired nursing officer, a member of another Regional Hospital Board and a psychiatrist who was at the time Professor of Mental Health at the University of Bristol. It was, however, in its chairman, Geoffrey Howe, QC, that the Ely
Inquiry departed most radically from the earlier examples. The minister responsible for setting the Inquiry in motion, Richard Crossman – the Secretary of State at the combined Ministry of Health and Social Security – described the choice in his famous diaries (1977, p 426) in this way:

[Howe] was not a young Tory seeking to make party capital but interested in the Committee and what the inquiry would do, good or bad, to his career. He told me he had taken a great risk because undoubtedly he would make himself unpopular in legal circles which determine what kind of inquiries and jobs of this kind QCs get.

The risk that Howe was to take lay in his determination to broaden the base of the Inquiry beyond the events at the hospital itself. According to Crossman (1977, p 426):

the Lord Chancellor’s office had more than once emphasized how important it was for QCs to keep this kind of inquiry narrow, but he [Howe] had felt strongly about this episode and so had two members of his Committee. They had all believed that they really ought to widen their responsibilities and carry the Inquiry outside Ely up to the Hospital Management Committee, up to the Regional Hospital Board, really up to the Ministry, so that the report was not only a Report on Ely but one which illustrated a defect in the structure of the Health Service.

Thus, from the outset, the forces were ranged both in favour of making claims that the particular events at Ely represented a scandal and also, crucially, of identifying the specifics that had taken place at this hospital as emblematic of more general scandals within the whole system. There are, as Chapter One suggested, some factors in the generation of scandal that are a matter of chance and accidental circumstance. The decision of Mr Pantedides to send his allegations to the News of the World set a tone of public revelation that may have been intentional. Less deliberate, however, was the timing of the allegations, which, arriving in the month of August, found themselves without competition for the front pages. Once within the public domain in this way, the momentum of events created its own claims. The creation of scandal is, most often, a dynamic process in which time as well as place and person plays a critical part in convincing an audience that events have been discovered.
that demand a particular response. Once the fuse of the Ely scandal had been lit, the momentum of revelation and response led very rapidly to the establishment of an Inquiry.

Public Record Office papers

In addition to the text of the Report, and the academic literature that it has since generated, it is now possible to provide some additional insights into the Ely Hospital Inquiry, through the placing in the public domain of the papers held about it at the Public Record Office at Kew. Under the 30 years rule, the bulk – but not quite all – of the information held in the relation to the Inquiry is now available for public inspection.

An investigation of these documents assists the purposes of this book in a number of important ways. In the first place, it allows us to decode some of the more hidden details of the Ely events or, as Schlesinger et al (1991, p 398) put it, the papers allow us to see into "the conflictual processes that lie behind the moment of definition". The published Report itself was particularly secretive. To an extent that none of its successors were to follow, it disguised the names of individuals and, to a lesser extent, the nature of events that it described. While much of this information would have been available locally, and some might still be obtainable by a determined inquirer from other sources, the Public Record Office papers add to our knowledge about events at Ely in a fuller and more coordinated way than before. Second, it provides us with new insights into the practical actions of public bodies and policy makers. Scandals are always interesting to social policy students and historians because they provide a moment at which the curtain is lifted upon the apparently smooth and uncontroversial round of social welfare policy making and implementation. Behind the scenes, the engine room of policy production emerges as rather dirtier and less tranquil than might have been anticipated. Now Ely has already provided something of a case study in this respect, because the Secretary of State at the time, Richard Crossman, published his diary account of these and other events. What the Public Record Office papers provide is a further set of instances and insights into the way in which social welfare organisations respond to this sudden eruption into the public view of their hitherto private concerns and the invasion of that private territory by a powerful set of inquiring outsiders.

46
The allegations

The allegations made by Mr Pantelides were summarised on the first page of the Ely Hospital Report:

a) cruel treatment of four particular patients by six named members of staff;

b) generally inhumane and threatening behaviour towards patients by one of the staff members already referred to;

c) pilfering of food, clothing and other items belonging to the hospital or the patients;

d) indifference on the part of the Chief Male Nurse to complaints that were made to him;

e) lack of care by the physician superintendent and one other member of the medical staff.

As well as investigating past events, the terms of reference provided to the Inquiry included “to examine the situation in the wards of the hospital at the present time”. According to Martin (1984, p 6), the main differences between Ely and the Sainsbury Inquiries in this regard was that “the allegations were wide-ranging but specific and the principal informant had worked in the hospital for about nine months before bringing the allegations to the notice of the press”. The complaints to be investigated also moved beyond accusations of individual cruelty to include direct allegations of managerial complicity. In pursuit of its objectives, the Committee spent 15 days hearing evidence. It made extensive visits to the hospital, advertising itself in local papers and on radio and receiving a considerable public response. It invited parents and others who had written to give evidence. It attempted to persuade - not always successfully - staff and former staff to do the same. The final transcript of evidence ran to more than a thousand pages.

The ingredients of scandal: heroes, victims and villains

A number of key ingredients are to be found in those social welfare scandals that succeed in becoming lodged in the public and professional memory as the embodiment of a particular moment in policy and practice. Essentially, these ingredients revolve around the extent to which the raw material provided in any instance allows both the banalities and the complexities of social welfare activity to become
dramatised and simplified into a struggle between elemental forces such as good and evil. Ely provides a series of such essentials that now need to be disentangled in order to cast some light upon the impact that the Inquiry Report was eventually to produce.

In the first instance, the setting of the scandal is itself significant. Ely was a hospital, a place dedicated to the care and betterment of vulnerable individuals. The relatively minor acts of cruelty and dishonesty that were alleged at Ely were transformed by their setting: harm in a place of healing, corruption among those whose calling spoke of incorruptibility. It was the stage, as much as the events that took place upon it, that set the scandalised tone of the News of the World reporting. Nor is this dramatic metaphor accidental. As in so much drama, audience involvement depends not just upon the intrinsic attractions of the plot but also on the lessons for their own lives that can be drawn from the unfolding events. Hospital scandals draw their saliency from the notion that lurks in the minds of onlookers that *this could be them*. The portrayal of older, mentally frail individuals, left at the mercy of indifferent or callous keepers, struck just such a chord. Many families have older members being cared for in state institutions. We all grow old ourselves. Such social welfare scandals draw their force from this connection with these deep-rooted fears within our own lives.

Second, and continuing the dramatic metaphor, scandals that penetrate the public consciousness depend on the characteristics of particular actors within the events reported by them. Put simply, scandals depend upon heroes and villains. Ely’s hero came in what appears, at first sight, to be the unlikely shape of Mr Pantelides, the nursing assistant whose complaints led to the *News of the World* story. He, we are told, was born in Cyprus in either 1915 (he said) or 1918 (his passport said) and educated at the American Academy at Larnaca until 1933. He worked in a variety of responsible occupations and locations between then and arriving in Cardiff in October 1965. He was able to obtain employment as a nursing assistant in Ely in September 1966. The way in which the Committee formulated its conclusions were bound by the conventions and ways of thinking that prevailed at the time — nearly 40 years away from today’s experience. Yet, as in the case of the *Sans everything* Reports, the attitude of the Committee towards XY had that faint whiff of racism about it. Thus, the Committee thought it necessary to note that, “he is obviously not British-born — although his command of English is very good, surpassing that of many less well-educated Britons” (Ely Report, p 24). He possessed, however, that well-known native dislike for hard work — “he did not seem to have a natural enthusiasm for hard physical work” (p 24). In
an uncanny echo of the complaints brought against staff at the Kent asylum discussed in Chapter Two, the Committee rejected his complaint that charge nurse ‘A’ had deliberately forced him and a group of patients to remain in an outdoor ‘Airing Court’ on a February day on the grounds that XY was “comparatively unaccustomed to the Welsh climate” (p 119). And although clearly of the view that the post of nursing assistant was not commensurate with the individual’s abilities, the Report could not suppress a side-swipe at XY’s contention that “he came to the United Kingdom because, as he put it, he wanted to practise his ‘profession’ as a Health Inspector” (p 23).

Despite these prejudices, and no doubt to its credit, the Committee came to form a favourable view of this witness. In the words of the Report, “What then of his credibility? Initially sceptical about this, we were more and more impressed by the number of points on which other, independent evidence finally came to confirm what XY had told us ... he seldom, if ever, identified smoke without fire. He struck us as substantially accurate in his direct evidence about what he had actually seen” (pp 26–8). XY’s ‘heroic’ standing was thus created out of his ‘outsider’ status. The unlikelihood, in the minds of the Committee, of his providing promising material, rebounded to his advantage as a claims-maker when his essential allegations proved to be correct. And in being so, XY stands at the head of a long line of outsiders upon whom the discovery of institutional scandals depend. Despite the carefully worked-out complaints procedures that hospitals possessed, the scandals that were to become endemic in the mental health sector were uniformly to be brought to public attention by individuals who were, in one way or another, marginal and outside the mainstream of the organisations against which they complained.

XY, however, did not only possess credibility. He also possessed the essential heroic ingredient of integrity. As the Report makes clear, he had received no money from the News of the World and harm, rather than any advantage to his personal prospects, seemed to be the likely outcome of his actions.

If scandals require heroes, then villains are also an essential part of any presentation of events that secure a place in public consciousness. Ely’s villains were real, even if the Report shared the charity towards them that had been established in the Sims everything Inquiries. Nothing in the main text of the Report captures quite the strength of Mr Pantelides’ accusations against assistant chief male nurse, John Edwards. As these appear in the Public Record Office papers these read (PRO D9):
In Ward 23 there is a charge nurse named John Edwards who everyone considers to be a sadist. He has an assistant named Kay who falls into the same category. A young patient named Kevin is constantly going into the kitchen which is out of bounds. He is regularly beaten by the two nurses. On one occasion Edwards took him to his office and beat him. I heard the screams.

Edwards takes a thick stick on his rounds and threatens patients with it if they are not quick enough. About four weeks ago he had a number of patients in the yard and told them he was going to give them a bath. He ordered them to strip and started hosing them down with cold water. One patient was screaming.

Edwards caught sight of another nurse watching him from a balcony and he handed the hose to Angus. Angus is a mentally retarded but powerful man. He is allowed to beat other patients on the slightest excuse and without any remonstration from the staff. When they sit in a line waiting for a shave, Angus will walk along the line, slapping them.

The Report's interpretation of these events was generous. Commenting on the treatment of Kevin (or 'Masefield' as he appears in the text) the Inquiry team concluded: "We regard this conduct as symptomatic not of malice towards the patient but rather of old fashioned and unsophisticated nursing techniques" (Ely Report, p 113). When nursing staff, having unsuccessfully worked their way through a bowlful of ill-assorted false teeth, completed their search for a pair to fit the patient 'Dryden' by removing a set from the mouth of a sleeping patient and rinsing them under a tap, while comforting his wife with the consoling explanation that "most of the dentures in the communal bowl 'belonged to dead patients'" (p 53), the Committee concluded that the incident had demonstrated "some lack of sympathy and insensitivity towards the family of the patient Dryden" (p 57). Confronted with evidence that Angus (or 'Jonson' as the Report calls him) shared the same "old fashioned and unsophisticated" approach to keeping order displayed by some of the nursing staff, the physician superintendent told the Inquiry that this came to him as "a big surprise" (p 116).

Counterpoised against the treatment of patients, the Inquiry Report sets out the difficulties that had been experienced by the authorities
in recruiting staff – the deputy medical officer whose training had been obtained at the French University of Beirut, via a spell in the Polish Airforce Medical Corps and who had failed to obtain a certificate in psychiatric medicine, “despite a number of attempts to do so”; the junior hospital medical officer, had come into mental illness and subnormality medicine following a career spent largely at the nearby Caerphilly District Miners’ Hospital. As the Report noted, “He makes no claim to specialist knowledge or experience of mental illness or mental subnormality, has attended no specialist conferences or other comparable hospitals, training centres or institutions and reads no specialist literature” (p 373); the nurse recruited from the Airforce on the strength of a telephone reference that failed to include any questions relating to health and who turned out to have a pronounced propensity to return to the wards late in the afternoon, worse for drink, keen to borrow money from patients and who was himself admitted to another Cardiff psychiatric hospital on three separate occasions during the period of his employment at Ely.

The Public Record Office papers provide fresh insights into these staffing difficulties. The press release put out by the Hospital Management Committee to coincide with the publication of the Report itself pointed out that attempts to appoint a senior occupational therapist had failed because not a single application could be obtained for the post, and this despite “continual efforts having been made to recruit additional staff” – not merely by traditional advertising methods but also by direct contact with members of organisations such as St John’s Ambulance Brigade and Civil Defence Corps” (PRO BD 18/2558). In what appears to be an unbroken line from the earliest days of lunatic asylums, the problem of staff recruitment clearly lay behind many of Ely’s difficulties.

In tracing its account of daily life at Ely, and parading its cast of characters before the Report’s audience, of course, the Committee were welding together the ‘master-narrative’, which Bogen and Lynch (1989) identify as the core task of any official Inquiry. It saw it as its business to make judgements on individuals, both those making allegations, and those denying them, and to dispose of particular incidents according to its assessment of witness ‘credibility’ and the standards of care that it identified as acceptable. In doing so it concentrated, as Crossman had suggested, upon the defects that it identified at managerial and systemic levels.

Management failures included complicity with theft of food and clothing, as well as an almost total neglect of the training needs of hospital staff. The Hospital Management Committee was responsible
for “an ineffective system of administration; the effective isolation of Ely from the mainstream of progress and the absence of any well-informed stimulation towards an improvement of standards” (Ely Report). The Regional Hospital Board, whose meetings were taken up with a disproportionate devotion to gardening issues, was criticised for failing to take “any responsibility for the inspection or supervision of standards at Ely”.

From these management failures, a series of difficulties had resulted which amounted, in Martin’s (1984, p 87) phrase, to a “corruption of care”. The hospital emerged as an institution cut off from the mainstream. No doctor had specialist qualifications. No doctor and only a single senior nurse had ever visited another hospital dealing in the same area of specialism. No single training event had been attended since the 1950s when a different charge nurse had taken part in a course on the role of nursing in the event of an atomic war!

Within the hospital, life had already begun to be influenced by the onset of community care. The more able patients were being prepared for discharge and the more forward-looking and progressive staff were often to be found in those hospital wards where the new plans were being put into practice. In the ‘back wards’, where the oldest and least able patients were gathered together, medical staff appeared almost never to venture. Instead, regimes in these areas had become individual fiefdoms of particular members of the nursing staff where, in the privacy of their own enclosed worlds, different standards of conduct became the norm, powerfully resistant to criticism, suppressing it where it emerged and victimising those who made complaints. Among senior staff a culture of ‘cover-up’ protected those involved. The highly perceptive Mr Pantelides described the situation to the Inquiry in this way (Ely Report, p 272):

The senior staff were very closely knitted together. One was saving the other from anything that might arise against one of them, and nobody had a chance of complaining.... There is not leadership in this hospital. I would not say that the top does not care, but I think that through the years they have committed themselves in one way or another to something irresponsible ... and therefore they do not dare impose their ideas or use their authority for the better management of the hospital.
Responding to the Report

One of the subterranean currents of policy making that the Ely papers allow us to consider emerges in relation to the advance access that some organisations, and some individuals, were allowed to gain to the contents of the Report. The Welsh Hospital Board was in possession of a draft at least six months before publication. By 4 November 1968, the chairman, vice-chairman and group secretary of the Hospital Management Committee were also provided with full copies, while all other members were allowed access to the Conclusions and Recommendations section. An ad hoc Committee of the Board decided, at an early November meeting, to contact Geoffrey Howe ‘for further elaboration’ and for ‘rewording’ of those sections to which it took exception.

Rehearsing intensively for the media questioning that was bound to follow, officers of the Welsh Hospital Board prepared a set of probable questions, and model answers, for its members. These emphasised both the problems that the Board had faced, and the actions it had taken. A round of meetings struggled to find the right form of words to deal with one of the most difficult issues – the retention on night duty, right through the Inquiry process, of a charge nurse against whom the Report strongly urged that disciplinary action should be taken. In the end, the prepared line suggested that the Board’s actions be defended on the grounds that to have moved the individual concerned in advance of the publication of the Report would have been “unjust” and “would have led to questions which, before the publication of the Report, could not have been answered”, while conceding that “probably, with hindsight, we would have taken some different course of action” (Ely Report).

It is clear from this extended period of negotiation that the organisations criticised in the Report did not, as it sometimes seems from the outside, simply acquiesce in its conclusions. Nor were their objections confined to ‘behind-the-scenes’ bargaining. On publication of the Report, the Hospital Management Committee (HMC), for example, both rejected a number of criticisms and challenged the Inquiry’s methods. “We question”, it said, “the fairness of quoting snippets from the transcript to make a point on an unrelated matter”. Nor did it “accept the recommendation that their present organisation and administration needs to be critically reviewed and overhauled” (Ely Report). When the day for publication came, the HMC was able to use its privileged access to an advance copy, to be able to employ one of the standard tactics of counter-claims-makers. The criticisms
levelled by the Inquiry were, it said, already out of date: “The Report makes 50 specific recommendations and we have already implemented 26 of them and 20 others are currently being pursued” (PRO 18/2558).

Protection for some ...

In comparison with Inquiries that were to follow, the Ely Report was noticeably benevolent in its treatment of those figures against whom it laid any blame. Yet, in the aftermath, the consequences were rather differently negotiated. In relation to nursing staff, an ad hoc Committee of the Welsh Hospital Board met on 4 December 1968, “to consider and if thought fit to take action upon the Report of the Committee of Inquiry upon allegations made by Mr Pantelides” (PRO 18/2558).

It decided that five nurses were to be told that “their continued employment at the hospital be conditional upon their pursuing a course of study at some suitable hospital to be nominated by the HMC”. Disciplinary proceedings were to be instituted against a sixth. In the case of the physician superintendent, by contrast, discussions were to be opened, “to review and redefine his functions”.

It was not until a meeting of 21 March 1969 that this gentleman-like approach was amended. An unsigned note in file 18/2561 suggests that:

the chairman, Mr Hewell and I met the Minister and his colleagues at the Welsh Board of Health. During the course of the meeting ... the future of medical staffing at Ely was made quite clear by the Minister. He stresses that Dr Jenkins [Dr Cyril Wynn Jenkins, the physician superintendent] would have to leave Ely. It was made clear that Dr Jenkins would have to agree to this pending any disciplinary proceedings and that such action would not take place prior to the publication of the report.

The central message of this note should not be overlooked. It was ministers rather than officials who insisted that the physician superintendent could not survive publication of the Report. Those inside the system clearly took a different view, right up until the moment of publication. Protracted negotiations followed, complicated by the fact that Dr Jenkins was not among those privileged to have sight of an advance copy. With only days to go before publication, a meeting took place between the superintendent and the writer of the
note, at which Dr Jenkins agreed to take two weeks’ annual leave and "I suggested to him that at the termination of his annual leave he have himself medically examined in view of his past history: this he agreed to do". So it was that, in the run-up to publication, Dr Jenkins came to be on leave. On the eve of the publication of the Report he was admitted to a different Cardiff hospital, diagnosed as suffering from the recurrence of an earlier coronary ailment. There he remained during the next two weeks, unavailable for any public contact or comment. On 31 July, the Liverpool Daily Post recorded that the former physician superintendent had been allowed to retire on medical grounds.

... negligence for others

For Mr Pantelides, the position was far worse. The Public Record Office papers contain a series of exchanges in which the issue of future employment for him was discussed. He is recorded as having left Ely Hospital, "having apparently found the atmosphere uncomfortable" (PRO MH 159 314). It seems clear, today, that he left as a result of an assault by other staff members, in which he was thrown down a flight of stairs and injured. He then turned to the Welsh Hospital Board for assistance in finding another job. Little help was forthcoming, despite regular pressure from the Ministry in London, during which the Secretary of the Board was reminded that, "unlike the authors of the allegations in Sans everything, Mr Pantelides readily agreed to cooperate in the investigation". The nub of civil servants’ concern was summed up in an internal memorandum that made it clear that "we have urged staff at the hospitals who see things are wrong to make complaints without sheltering behind anonymity: Mr Pantelides did so. He deserves well of the hospital service". Instead, quite the opposite appeared to be taking place. The danger was directly identified: "it is likely to become a public scandal if the apparent outcome of his complaint is long unemployment".

Despite these warnings, nothing was done. Mr Pantelides exhausted his entitlement to National Insurance benefits and disappeared from the records as someone who, in the assessment of the Department for Employment and Productivity, "has not proved a very easy person to place".
The aftermath of Ely

The local struggles over the content of the Ely Report were mirrored in a parallel struggle over its publication that was waged in London. The Committee had submitted its Report to the Ministry in September 1968. Officials were determined that only a summary of its findings should be made public, and engaged in a correspondence of increasing acrimony with the Inquiry chairman over his equal determination that the fullest possible text should be publicly released. An issue of timing resulted in the actual date of publication becoming, itself, surrounded by a sense of crisis. On 1 April 1969 responsibility for health services in Wales was to be transferred to the Secretary of State for Wales. As this became apparent, so the pressure to publish the Ely Report became acute. The Crossman diaries (1997) record the minister’s reaction on Monday 10 March, when being:

suddenly told that I had to agree [to publication of a shortened version of the Report] before March 31st, the date on which I hand over the control of Health in Wales to the Secretary of State for Wales. I was furious because it was outrageous to bring it to my notice on Monday night, giving me two days to agree with it when I could have seen it any time in the last three months.

On the following day, Crossman summoned the chief medical officer and the under-secretary at the Department, to inform them that he was not prepared to come to a decision without reading the whole Report. He did so in bed on the following evening, summoning officials to a round-table meeting on the Wednesday morning. The diaries describe a “long, long argument about which version should be published”. The official record shows only the Secretary of State informing others that “He favoured the full report as did the Prime Minister when he outlined the position to him”. As the diaries concede, this last point “produced real movement”, and the decision was made. Crossman (1977, p 408) summed up the position in this way:

The report had been 83,000 words long and straight away the Ministry had said that there must be a confidential report in full for the Department and a shortened version for publication. ‘Not on your life’, Geoffrey Howe had said, ‘I must get out the essential facts’. For three months the Department and Howe had fought about the character of the report … in my view of the situation there was no alternative to publishing the full, unabridged, 83,000 words. If I published anything less Geoffrey Howe would be entitled to go on television and talk about suppression.
Yet the sense of drama, and of scandal, that surrounded Ely was still not over. The importance of claims-makers in this field was re-emphasised when Crossman took time, over the weekend of 22–23 March, to telephone the editor of the *News of the World*, briefing him about developments and offering “to give him an exclusive article”. Then, at the Cabinet Social Services Committee on Monday 24 March, he agreed that “I would announce this and take upon myself the responsibility of the scandal”, sparing the embarrassment of George Thomas, the Secretary of State for Wales, in whose constituency the hospital was situated and who was about to take responsibility for the health service in Wales. He, Crossman (1997) noted, “has been tricky and jumpy but I have managed to carry him along”. From the Cabinet Committee, discussion moved to the Cabinet itself on the following day. Here, Crossman says, members “were pretty aghast. They thought, ‘My God, another bloody scandal’”. The Prime Minister’s mind was preoccupied with a rather different scandal – the scandal, as he saw it, that the Report’s findings were to be announced on a Thursday when three-by-elections were due to take place, a fact that had been overlooked both by Crossman and by the Leader of the Commons. Crossman concluded (1977, p 409):

the whole thing had to be published. The report completely substantiated the *News of the World* story and I might as well make the best of it by outright publication. But I was also clear in my own mind that I could only publish and survive politically if in the course of my Statement I announced necessary changes on policy including the adoption by the Ministry and the RHBs [Regional Hospital Boards] of a system of inspectors, central and regional, such as there are in almost every other Ministry, and such as the Health Service has never yet permitted itself.

**The policy impact of scandal**

One of the key concerns of this text is to assess the impact that Public Inquiries in social welfare scandals might produce upon future policy formation. The landmark nature of the Ely Report can be established at a number of different levels.

**Locally**, its publication was accompanied by what staff at the hospital felt was grossly unfair treatment in the tabloid press. The faults of the few were laid at the doorstep of the many. For a while staff were actually ostracised in public places. In order to mark the Welsh Office’s
assumption of health service responsibility, George Thomas, in whose Cardiff West constituency the hospital stood, visited Ely. The visit was described in a contemporary official report as “of great significance because the morale of staff was very low, particularly as they were the subject of largely unjustified hostility from the public” (PRO BD/18/2558). A newspaper report of the visit shows Mr Thomas being accosted by ward sister Gwen Martin, of whom the Inquiry had said that 11 years in charge of a children’s ward had “got on top of her”. Sister Martin objected to the criticism and asked Mr Thomas to reopen the Inquiry. More than three months later, the local branch of the National Association of Local Government Officers (NALGO) was still being reported in the Medical News as claiming, “The staff at Ely Hospital were denied British Justice. The inquiry was based on a procedure which was most unfortunately wholly unjust”. Tumber (1993, p 51) suggests that in the aftermath of institutional scandal “the problems (of image) may haunt for some time and this effect is particularly acute for those in direct contact with the public”. This was quite certainly so in the case of Ely. Personal communication during the writing of this book shows that, for those who were directly involved at the time, such feelings, when recalled, remain potent, more than 30 years later. At the time, however, other changes were also in place by the time the Report itself was published. The Hospital Management Committee was replaced and reorganised. There was an increase in nursing staff and in revenue funding. Medical staff were moved. The reinstatement of victimised nurses was referred to the Hospital Board.

Regionally, a rapid report for the Welsh Hospital Board showed that the conditions and conventions prevailing at Ely were far more widespread than might have been suggested. The effect was to produce a twin set of changes that were symbolic of wider alterations that were to follow Ely on a national scale. On the one hand, revised priorities led to a substantial increase in funds to the long-stay sector while, on the other, as Martin (1984, p 68) suggests, “It also led the Board to formulate new policies for the mentally handicapped, and the publication in 1971 of Charter for the Mentally Handicapped Patient, emphasising the concept of normalisation, and making it the aim of policy”.

Taken together, the effect was to provide a further impetus upon the road to community care. Outside Wales, too, the impact of events at Ely was felt in the same way. Korman and Glennerster (1990, p 50), in their study of the closure of Darenth Park Hospital – the first actual closure to take place within the mental health sector in the community
care era – conclude that earlier plans to upgrade the hospital were shelved as a direct result of Ely: “It is quite clear from the Region’s records that had it not been for the Ely scandal, its plans for ‘upgrading’ Darenth Park would simply have gone ahead. Ely had both an impact on national priorities and on the perceptions of officers”.

Nationally, at least two other major changes can be traced to the Ely scandal. First, the effect was to alter fundamentally the place which long-stay mental institutions occupied in official policy making. As Martin (1984, p 120) puts it, “The catalyst which impelled policy changes was provided by the publication of the Ely Hospital Inquiry report…. Nothing would ever be quite the same again”. The Post Ely Working Party, which was now convened at the Ministry, chaired by Crossman himself, and attended by very senior officials and non-civil servants, including Geoffrey Howe and Brian Abel-Smith (one of the signatories of the original Times letter), was to lead to the 1971 White Paper, Better services for the mentally handicapped (DHSS, 1971). Martin concludes (1984, p 127) that Ely had set in train the “first systematic study of the problem since the Wood Committee of 1929”. Webster (1998, p 119) agrees, identifying the Ely Report as the catalyst, which meant that “action on behalf of long-stay patients was no longer avoidable”.

The second major change that Ely brought in its wake was the establishment of what Richard Crossman, in his Statement to Parliament on the Ely Report, called “a new system of regular visiting and inspection”. The Hospital Advisory Service, as it was to be known, was more contentious than might appear at first sight because of the implications it raised for the clinical autonomy of those in charge of institutions, an issue that was soon to loom large and directly in a number of subsequent Inquiries, such as those at South Ockendon and Normansfield. Despite reservations, however, the force of revelations at Ely was so great that, as Martin (1984, p 147) concludes, “the impact of the Ely Report was such that the idea of such an (inspectorial) service could not be resisted”.

Note
1 Personal communication from Charles Webster, historian of the NHS, Bangor, March 2000.
FOUR

‘Household happiness, gracious children’

Children, welfare and public policy,
1840-1970

Introduction

According to the Swedish feminist and political radical Ellen Key, the 20th century was to be the ‘century of the child’ (Key, 1900). It is unarguable that in the last 100 years there have been significant improvements in the material realities of children’s lives. This is at least true for children in Sweden and Britain who have substantially benefited from the ‘Golden Age’ of European state welfarism. Key’s vision encompassed more than material advancement, however. There was hope too for political progress. Now, the ‘century of the child’ is over and there is reason to doubt how far the ‘cultural facts’ (La Fontaine, 1979) of childhood have been transformed and how much progress along the road from ‘marginality to citizenship’ (Wintersberger, 1996) children have achieved.

The questionable success of children in achieving civil status in their own right, as well as being a theme of this and later chapters, is one of a number of factors that make the study of public policy affecting children particularly problematic. Because children have not been significant political actors, they have been unable to define a discrete policy ‘space’ of their own. Consequently, the responsibility for public policy affecting children, today as much as in the past, tends to be distributed across a range of administrative structures, departments and levels of local and central government. The fragmentary nature of public policy and the consequent discontinuities in professional practice are further recurring themes of this and succeeding chapters.

Other European countries have sought to ensure more effective coordination and development of policy that bears on children either by the appointment of ombudsmen or even through the establishment of whole ministries (as in Norway). In the UK, until the appointment
of the Children's commissioner for Wales early in 2001, the lack of any kind of sustained political presence for children, and the absence either of direct representation or of centrally placed advocates, has ensured that policy has often developed in a reactive way, frequently in response to a crisis or other 'special impetus', without which legislative programmes for children 'struggle', especially if there is "the least hint of parliamentary controversy or of serious financial implications" (Hughes, 1998, p 151; see also Drewry, 1988). As this chapter illustrates, the progress of legislation aiming to promote the welfare of children has very often turned on scandals, Public Inquiries and official reports, which, in turn, makes thematic analysis a more discontinuous process than one might anticipate.

But perhaps the most difficult obstacle to providing an administrative history of policy affecting children has been the relative invisibility of children against the background of policy directed more broadly at the family. A subject in its own right (see Elliot, 1986; Van Every, 1992; Fox Harding, 1991, 1996), the family as a legitimate focus of interest by the State, especially the 'liberal dilemma' (Daniel and Ivatts, 1998) of how far public interest might intrude on the private sphere of domestic life, is another theme that will run through this chapter and the Inquiries for which it provides the context.

Notwithstanding the difficulties, this chapter seeks to gather the threads of an administrative history of public policy affecting children. It proceeds from a social constructionist point of view and recognises that the history of public policy is both a cause and an effect of wider shifts in the general understanding of what it means to be a child. In broad terms, the history of childhood has been described as a gradual process whereby the "distance in behaviour and whole psychological structure between children and adults increases in the course of the civilising process" (Elias, 1939). This optimistic, evolutionary paradigm, developed in quite different ways by Aries (1960), de Mause (1976), Shorter (1976) and Stone (1977) and subsequently criticised, not least on historical grounds, by Pollock (1983) and MacFarlane (1986), still constitutes something of an orthodoxy (see, for example, Hayden et al, 1999). However, more recent writers on the sociology of childhood (especially, James and Prout, 1990; Quartrup, 1994) have sought to develop a more sophisticated paradigm for understanding both the historical and contemporary structural significance of childhood. For the purposes of this analysis, it must be sufficient to declare an appreciation of the plastic nature of childhood and to focus more narrowly on the nature of the child as an object of public policy (see also Buder, 1996).