

Social Work Archives and the ‘Classic’ Postwar British Welfare State: Between social democracy and social history, 1945-76

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Abstract

This paper explores how I have used the collections held at the University of Warwick Modern Records Centre (MRC) to understand how the welfare state works from the inside; or within. Histories of the ‘classic’ postwar British welfare state are mostly either from above or below. This informs the approach and types of sources used. From above, histories of social security, health services and welfare provision are told through legislation, policy documents and government departmental archives. From below, histories of gendered, classed, or racial marginalisation are reconstructed through oral interviews, community and activist archives, and careful reading of official sources against the grain. Using different organisational, professional and individual collections relating to social work held at Warwick, this paper explores how officials did a range of health, welfare and social work whilst being squeezed from above and pressed from below. Ultimately, the view from within revealed by these sources exposes the emergent, contested, and complex relational dynamics of mundane policy and practice which shaped the ‘classic’ postwar British welfare state from 1945 to 1976.

Keywords: social work; archives; ‘problem families’; National Health Service; forced adoption; welfare state; Britain; history from within

This paper explores how I have used the collections held at the University of Warwick Modern Records Centre (MRC) to understand how the welfare state works from the inside; or from within. The collections have enduring significance across a range of research projects reconstructing the welfare state in postwar Britain. Three are examined here, focusing mainly on North West England which, for practical and jurisdictional reasons, has provided a consistent case study across each research project. The first is my doctoral thesis on so-called ‘problem families’ where disciplinary and organisational turf wars within the social work profession shaped the landscape of child welfare from the 1940s to the 1970s. The second is as a researcher on the Governance of Health project examining the relative positions of money, medicine and management in the National Health Service (NHS) using a case study of Liverpool and Merseyside. The third is through my contribution as an expert witness to the Joint Committee on Human Rights inquiry the right to family life: adoption of children of unmarried women, 1949-76. Whilst each of these discrete projects drew on similar materials held by MRC for different purposes, they were able to understand the internal dynamics of the ‘classic’ welfare state between those of social history from below and social democracy from above.

Histories of the ‘classic’ postwar British welfare state are mostly either from above or below, informed by certain approaches, historiographical outlooks, and types of sources. From above, histories of social security, health services and welfare provision are told through legislation, policy documents and government departmental archives. These tell of intrigue between politicians and civil servants, running battles between spending departments and the Treasury, and of incremental teleological growth in service provision from the Poor Law to the ‘classic’ social democratic welfare state created in 1945. These seeming achievements were undone by oil shocks, labour unrest, economic failure with the collapse of political consensus in 1976, and social democracy receiving its death knell through the neoliberal retrenchment of Thatcher from 1979. Such facets are common to standard historical narratives (**Laybourn, 1995; Gladstone, 1999; Glennerster, 2007; Fraser, 2017; Timmins, 2017**). Encapsulating this view is the late Rodney Lowe, whose body of work in history and social policy journals, edited collections on politics and policy, and landmark textbook on the welfare state neatly lead the reader through these debates and their concomitant elite sources (**Lowe 1989, 1990, 1994 & 2004, Davidson & Lowe, 1981, Land et al., 1992**). Being rooted in official sources means that bureaucratic and ideological debates are often reproduced uncritically, and their view of welfare being shaped by the exigencies of the state and government.

From below, histories of gendered, classed, or racial marginalisation by the welfare state are reconstructed through oral interviews, community and

activist archives, and careful reading of official sources against the grain. These are indebted to E. P. Thompson, whose *Making of the English Working Class* ‘helped to create’ social history as ‘history from below’, shaping the discipline for future generations of scholars with its locus firmly in Warwick (Trimberger, 1984; Steedman, 2020). The historiographical challenge of decentring health and welfare histories from above, through the lens of professionals, institutions and politicians to ordinary people was made by Roy Porter more than 30 years ago (Porter, 1985). Whilst this challenge has been met by Steven King and his assiduous reading of records against the grain for the nineteenth century, the position is more ambiguous for the twentieth (King, 2019; Carter & King, 2021; King et al., 2022). There is an abundant historiography using postcolonial approaches to centre race in revisiting histories of welfare (Lewis, 2000; Cox, 2002; Bailkin, 2012, Belchem, 2014). The work of Roberta Bivins is particularly instructive here, continuing the tradition of pathbreaking social history at Warwick (Bivins, 2015). Similarly, Gareth Millward, an honorary keeper of the Warwick tradition, has written extensively in this vein on the mediation of policies and their impacts upon people living with disabilities (Millward, 2014a&b). Rooted in the rival locus of social history in Lancaster University (Taylor, 2018; Perkin, 2002), the oral histories of working-class women from Lancashire undertaken by Elizabeth Roberts and Lucinda McCray Beier, reposition welfare in relation to class, gender and place, exemplifying approaches and sources from below (Roberts, 1995 & 2000; Beier, 2001, 2003 & 2004). My own work whilst at Lancaster has offered reflections on how lived experienced of child abuse and harm undermine existing views of idealised childhood in the ‘classic’ welfare state (Lambert, nd). Although compelling, the view from below often remains disconnected from an understanding of the mechanics of the welfare state, its byzantine complexity, fragmented nature, and what unpublished official sources can reveal about contingent and emergent thinking by competing sources of authority within the state.

Approaching the welfare state from within is not a means to transcend or synthesise approaches from above or below. History from within is about grasping the extant pressures which determined what welfare was, how it was provided, to who (or not), where and when. As Virginia Noble argues in her investigation inside the welfare state:

While legislation enacted in the 1940s set out the framework for post-war welfare provision, crucial terms and conditions of participation in the welfare state were often determined elsewhere, in decisions made by bureaucrats and in the interactions between those claiming benefit and those dispensing them (Noble, 2009: 1).

Welfare was not simply legislated, implemented or trickled down from above through state structures and social democratic benevolence. Welfare was the cumulative forms of these actions which entailed individual forms of social, health and welfare *work*. This work being organised and delivered through, or by, the state. It was squeezed from the financial and political demands above and pressed from below in terms of population need.

Social work is crucial to understanding this mediation of welfare. Their discretionary decisions – informed by professional norms – became policy by default through their encounters with state-defined client groups in homes, streets and communities (**Lipsky, 1980; Cree, 1995; Crossley, 2016**). The ‘lady from the welfare’ provided an abiding, ubiquitous view of officialdom from below in the postwar period. Regardless of her role, responsibilities and relationship to structures above, she was – to all intents and purposes – *the welfare state* as far as clients receiving interventions were concerned (**Thompson, 2009: ii-iii & 177-78**). Reconsidering such encounters from within allows the determinants of this social work *as work* to be contextualised; understanding their own organising logics. The value of the collections held at the MRC to peer inside the ‘classic’ welfare state have already been recognised. Tom Bray’s thesis, based primarily on the British Association of Social Work (BASW) materials held at the MRC, explored social work’s position ‘in the gaps and on the margins’ in post-war Britain. He positions social workers as people and social work as a profession occupying a crucial space between the ‘shifting structures of society and the hopes and fears of the individuals who inhabited’ them (**Bray, 2016: 358**).

Such a view has been repeated by others (**Broad, 2020**), and is immediately recognisable in my own experiences of using the BASW and other collections at the MRC. Whether ‘problem families’, NHS bureaucracy in Liverpool or forced adoption, the synergies across collections provide a means to reposition the ‘classic’ welfare state between social democracy from above and social history from below. Moreover, many of these connections emerged not through key catalogue search terms but in conversations with archivists and staff familiar with the collections whilst leafing through material in the reading room. Their expertise and experience with collections is invaluable, if intangible, and an important part of the value of archival research beyond the significance of documents and materials.

‘Problem Families’

From above, the principal social work collections offer a straightforward narrative of professionalisation in the ‘classic’ welfare state. This culminates in the 1968 Seebohm report and subsequent the 1970 Local

Authority Social Services Act, creating generic social work practice and a common, uniform identity under the BASW umbrella the same year from dozens of smaller specialist representative social work bodies (**Seebohm, 1968**). This narrative has been written and overwritten by contemporaries and historians alike, offering a neat, teleological chronology (**Hall, 1976; Cooper, 1983; Burt, 2020; Jones, 2022;**). This overwritten view has become ingrained with the loss of professional recognition, shared identity and deterioration of working conditions associated with the neoliberal rollback of postwar social democracy (**Payne, 2005; Pierson, 2011; Bamford, 2015; Rogowski, S, 2020**). Extensive records from predecessor specialist social work organisations which folded to become BASW, along with its own extensive files documenting its foundation and constitution, membership, finances, lobbying, and evidence to government inquiries, render such a straightforward narrative easily written and very seductive in light of existing historiography. The BASW collection contains far more than this self-evident view from above through formal corporate records. The collection is living, expanding from its original deposit with subsequent ones covering both current and rediscovered historical materials (**Stacey & Collis, 1987; Collis, 1998**). These, along with a careful reading of institutional sources, offer different views inside the welfare state through the lens of social work.

The crucible for distilling these differing views can be found in debates about the ‘problem family’. Such families presented multiple problems to the functionally compartmentalised health, welfare and social services of the ‘classic’ welfare state, disproportionately consuming the time, energy resources of its workers. The debates epitomise the overwritten narrative of professionalisation as each branch advanced reasons why *their* professional training, organisational remit and functional purpose meant *they* were best placed to prevent or rehabilitate such ‘problem families’ in contrast to their rivals who made exactly the same claims for exactly the same reasons. Such justifications were used to appoint additional staff, obtain resources, and expand the purview of their specialised branch of social work. Whilst social and economic factors were recognised, the emphasis remained firmly on how the behaviour of such ‘problem families’ could be normalised through social work practice.

These debates and their sources have informed the key contours of the historiography. Pat Starkey has drawn upon the archive of the principal voluntary social work organisation for ‘problem families’ – Family Service Units (FSU) – to understand debates between the statutory and voluntary sector over flexibility and intensive casework (**Starkey, 1998, 2000, 2001 & 2002**). The records of the Eugenics Society have been reconstructed by John Macnicol to consider how elites and commentators pathologized the behaviour of working-class families to justify social work practices

(**Macnicol, 1987 & 1999**). John Welshman used public health periodicals and published papers to examine synergies between competing professional empires and the incremental growth of the ‘classic’ welfare state (**Welshman, 1996, 1999 & 2013**). Becky Taylor and Ben Rogaly have reconstructed the interactions between families and officials using the records of Norwich’s ‘problem family’ committee (**Taylor & Rogaly, 2007**). Similarly, Selina Todd has criticised the common narrative of pathology and paternalism by using the organisational records of FSU and the Liverpool-based Personal Service Society (PSS) to consider differences between the rhetoric of senior officials and the empathetic realities of street-level junior workers encountering the difficult living conditions of their client families (**Todd, 2014**). Such debates are inextricable from what officials were actually managing: poverty. Or, more accurately, poverty which was enduring and persistent, and primarily impacted women and their children in a context of rising affluence and social expectations.

The point of departure for my research has been privileged access to over 2,000 social work case files of ‘problem families’ referred to a rehabilitation centre near Manchester called Brentwood from the 1940s to 1970s. Whilst these records have also been used to a lesser extent by John Welshman (**2008 & 2015**), my purpose was to consider social work as work by situating encounters between ‘problem families’ and the welfare state in their policy context. Methodologically, I have relied upon layered record linkage. Firstly, by using social work case files to reconstruct encounters between families and officials both individually and collectively. Secondly, I have placed these encounters in their local political, social, organisational, and cultural contexts to consider how and why certain families were labelled a ‘problem’ and subject to intensive surveillance whilst others were not. Thirdly, I have considered the governmental structures which shaped local contexts, examining the civil service, mixed economy of voluntary and statutory service provision, and the political ebbs and flows within government which continued to pathologise family poverty as cultural deficiency in the working class (**Lambert, 2017**). My approach has formed the basis of studies of child protection guidance and substandard housing allocation at a national level (**Lambert, 2019 & 2023a**), along with local examples of ‘problem family’ policies and practice in Sheffield and Burnley (**Lambert, 2016 & 2023b**).

The social work collections held at the MRC have been invaluable at each stage of the approach I have used to understand ‘problem families’. Whilst others have meticulously used periodicals such as the *Eugenics Review*, *Social Work* or the *Medical Officer* – the principal organ of public health leadership – to understand professional horizons and views towards ‘problem families’, including some social workers, those of child care and children’s officers have remained muted despite their significance. Unified

services for children were only established in Britain in 1948, and their rise within social work circles was meteoric until their subsumation within generic social service departments from 1970 (Parker, 2015: 69-84). Associated with a 'radical' professional understanding of the 'best interests' of the child, an *esprit du corps* based on university training conferring esteem, and backing from the responsible government department – the Home Office – children's departments in local authorities epitomised the social democratic ideals of the 'classic' welfare state (Brill, 1991; Holman, 1996a & 1998). There are separate collections at the MRC for the Association of Child Care Officers (ACCO), representing street-level junior social workers (MSS.378/ACCO/C/14/1/26)ⁱ, and the Association of Children's Officers (ACO), for senior directors of individual local authority children's departments. *Accord*, the mouthpiece of ACCO, is not yet digitised and has very limited availability compared with other professional social work or public health periodicals, yet offers similar insights to other periodicals in understanding the 'problem family' and contemporary debates (MSS.378/ACCO/C/14/3). Similarly, the *Bulletin* of ACO shows how such families were conceptualised in organisational terms, determining departmental policies and practices which structured social work encounters (MSS.378/ACO/CO/4 ACO).

The ACO collection also contains the annual reports of dozens of local authority children's departments; these are invaluable when researching the dynamics and imperatives of the 'classic' welfare state 'from within'. More practically, they are conveniently accessible in one place at the MRC (MSS.378/ACO/CO/9/1/1), rather than traipsing across different local archives or accessing piecemeal copies held as part of the Home Office legacy records at the National Archives (TNA: BN 29/89 to 97).ⁱⁱ As with published periodicals, annual reports of Medical Officers of Health (MOsH) are more comprehensive and accessible, being digitised by the Wellcome Library, making granular excavations of standardised statistics far easier (Mold, 2018: 3). The children's department annual reports offer details of different definitions, numbers and resources deployed around 'problem families', and how prevention and rehabilitation existed in relation to other priorities. These contexts are typically absent within the professional literature and discourse but absolutely fundamental in understanding how children's services *actually worked*.ⁱⁱⁱ Given the volume of referrals to Brentwood which originated from the North West of England, the region provided a useful, if artificial (Walton, 2007: 293), bounded case study for my thesis, enabling a range of comparisons. The MRC collections contain papers from the North West branches of both ACO and ACCO (MSS.378/ACCO/C6/3/1 to 16 ACCO; MSS.378/ACO/CO/1/2:2 ACO), and include copies of commissioned research into divergent uses of statutory powers in the region undertaken by Liverpool and Manchester Universities

(Jehu, 1964; Heywood & Allen, 1971). These helpfully complement similar collections for regional meetings of MOsH, whose value has already been recognised (MUA: GB 133 NWH/1/5 to 9; Engineer, 2001)^{iv}, allowing me to grasp the significance of geography to debates. Complementing these were formal committee minutes, reports and records from each of the constituent local authorities; these were assiduously gathered through visits to archives and libraries across the North West of England. Although often fragmentary and incomplete, these materials provide important perspectives on mundane encounters between ‘problem families’ and the welfare state, and the everyday forms of work they represent.

A clear example of the value of the MRC collections to my methodological and analytical approach can be seen in the case of Blackburn. The authority referred few ‘problem families’ to Brentwood making reconstruction of individual encounters difficult (Lambert, 2017: 160-1), although both the quality and quantity of children’s committee materials and Home Office inspection records are excellent (LN: CBBN/1/22/71 to 92; TNA: BN 29/92, BN 29/287, BN 29/288 & BN 29/2780).^v In a series within the ACCO records concerning relations with local authorities are papers documenting a dispute between the North West ACCO and the town’s MOH over the reclassification of health visitors as medico-social workers (MSS.378/C/13/1/1 to 14 ACCO). These could easily be positioned into the recognisable narratives of professional identity by delineating the medical from the social domains within the welfare state, and the nascent development of BASW through appeals to associations, reference to national reports and correspondence with influential academic figures. However, read closely, they capture the jurisdictional disputes at the heart of ‘problem family’ policies and practices. As mentioned earlier, in the national narrative both children’s and public health departments contested their primacy in working with ‘problem families’ for the purposes of *expanding* staff and resources. In Blackburn these occurred in a context of scarcity underwritten by longstanding recruitment and retention issues. These are recognisable in the MOH’s annual reports over a number of years,^{vi} and lurked beneath the surface of national comparative studies (Packman, 1968: 112). Improving the terms and conditions of health visitors was about *maintaining* staff and resources in absolute terms, but also relative to children’s departments as ascendant rivals. Although children’s departments likewise struggled to recruit and retain staff (Boaden, 1971: 71-86; Davies et al., 1974: 77-104). Within the file correspondence, health visitors were positioned as able to identify and intervene in ‘problem families’ from the cradle to the grave, rather than on children ‘deprived of a normal home life’. This played on professional self-identity as Blackburn’s MOH complained that children’s services were aloof, existing in splendid isolation, incapable of the

required cooperation and coordination within the welfare state to work with such pathological and disproportionately costly families.^{vii} Despite the lack of case files to move closer from history from within to below, the file and correspondence – unavailable outside the MRC in either local or national collections – demonstrate otherwise remote state logics which organised work and, in turn, the very experience of welfare for many in Blackburn.

Situating these individual and local dynamics in the national context is enabled by the personal papers of key protagonists, also held by the MRC. Marjorie Allen, better known as Lady Allen of Hurtwood (**Allen & Nicholson, 1975**), exerted considerable influence on the politics of child care towards the end of the Second World War. In the social work imagination, the birth of children's services is more closely associated with Dame Myra Curtis's report, the tragic case of Dennis O'Neill and the Monckton inquiry into his death, and the atmosphere of reform associated with the welfare state (**Parker, 1983 & 2011, Holman, 1996b, Ball, 1998, James, 1998, Cretney, 1998**). Yet Gordon Lynch has shown this process to be far more incremental, relying on separate processes catalysed by publicity and moral panic in the establishment press, where Lady Allen was vocal and served as a lightning conductor for grievances (**Lynch, 2020**). Her papers held at the MRC were crucial for Lynch's argument, and were equally important in enabling me to understanding the policy transition from a focus on children 'deprived of a normal home life' to neglect, homelessness, and family failure in the space of a few years at a formative juncture of the welfare state.

If Lady Allen catalysed the child welfare state through her criticism of their predecessors and their limitations, then Dame Eileen Younghusband (**Jones, 1984**) was a pivotal figure in its realisation. She wrote two reports on the condition of the social work profession funded by Carnegie from 1947-51 (**Younghusband, 1947 & 1951**), followed by a similar review of postwar developments for the Ministry of Health in 1959 (**Ibid: 1959**) At the close of the 'classic' welfare state, she was well-positioned to write an authoritative two-volume history of the profession, although a shorter, more accessible narrative was published posthumously after her tragic death in 1981 (**Younghusband, 1978, 1981**). Younghusband is also idealised in the professional discourse as a consistent champion of generic social work and professional unification. Such idealism caused problems in her lifetime. Following her Carnegie reports, Younghusband was financed by them to establish and run a generic social work course alongside – and in competition with – specialist ones at the London School of Economics from 1954-57. The ensuing acrimonious 'LSE affair' with Richard Titmuss as Head of the Department of Social Administration led to her departure from the university and for the suspension of generic social work

aspirations for a decade (**Donnison, 1975**). Ann Oakley, Titmuss's daughter, has used Younghusband's papers held at the MRC to challenge this received wisdom by foregrounding gender, power and institutional knowledge against an existing narrative focused on the clash of evidently strong personalities (**Oakley, 2014 & 2015**). My use of her papers to explore the welfare state within has two dimensions. Firstly, and similarly to the ACO collection, her diligent hoarding of contemporary grey literature enabled ready access to dozens of otherwise hard-to-obtain local reports, surveys, pamphlets and other ephemera of everyday activity. Secondly, her correspondence – both personal^{viii} and professional^{ix} – provides a window into the processes of decision-making, professional disputes, and the politics of social work expansion seen through the lens of the 'problem family'. Although still guarded, it is more insightful than the staid, constrained prose and government logics of her report and its separate legacy papers held in the National Archives.^x Although I only used a fraction of the enormous collection, her papers expose the contingent and contested growth of social work within the welfare state, rather than one of triumphant teleology. Read closely and contextually, they expose broader themes of gender, class and power which determined how 'problem families' were realised by social workers as the footsoldiers of the 'classic' post-war social democratic welfare state.

A final significant set of materials within the MRC collections I used to understand social work as work in delineating 'problem families' from others within the 'classic' welfare state relating to key protagonists offering their recollections. As noted earlier, FSU were an important voluntary organisation, exerting disproportionate influence on discussions about, and social work with, 'problem families'. The MRC holds a small collection in comparison to the much larger one Starkey gathered and used for her research into them, previously held at the University of Liverpool Special Collections and Archives and currently with Family Action, the provider with which FSU merged in 2006 now responsible for their legacy records. Within the MRC's FSU collection are a series of reflections by former unit members written from 2007-10 (**748/9/1-49**). These include many experiences of the 'classic' welfare state including one which felt particularly apt, cutting to the heart of the contradiction at its heart. Whilst the aim of the 'classic' welfare state was to purportedly build a 'New Jerusalem' both materially and socially, during the same period social values and attitudes to the family were remarkably conservative, even when viewed against the interwar period, and created a cloud of gender normativity which permeated every facet of policy and practice (**McIntosh, 1979; Peplar, 2002, Thane, 2003**). Colin Groves, who worked in both Manchester and East London FSUs before being employed as a senior social worker in local authorities then at the Department of Health

and Social Security (DHSS) Social Services Inspectorate (SSI), reflected honestly that 'I blench at the idea that I should have been expounding on working with marital problems at that age and stage of my life (and goodness me! I've got 2 divorces on my CV in the meantime)' (**748/9/17: 3**). This is in stark contrast with how FSU presented the impact of their intensive casework at the time, and the expectations of family functioning, success, and failure (**Starkey, 2007**). Such a remark also hints at common elements of class judgment and coercive practice noted of social workers by contemporary ethnographers (**Handler, 1973, Satyamurti, 1981**), despite Todd's distinction between senior and junior social workers. Although Groves shows how such a neat distinction collapses within individual careers over time. The reflections offer an invaluable insight, with the benefit of hindsight and control over inclusions and omissions of their narrated self, by social workers on social work as lived, breathed, and enacted.^{xi}

An additional source of reflections on the state of social work practice come from interviews of the great and the good of the 'classic' welfare state by Alan Cohen. Cohen was a social worker himself, coming from a background of hardship, his parents tracing their lineage to Jewish refugees from the pogroms. However, he experienced considerable social mobility, securing a position in Lancaster University as a lecturer in 1974, although in social administration rather than social history. He took early retirement in 1985 due to funding cuts to prevent junior colleagues having to take redundancy (**McClintock, 2011; TNA: UGC 6/79**), returning to social work roles in Lancaster until 1996 (**Marsh & Cook, nd**). This did not prevent him from researching a history of the FSU during its formative years in his retirement (**Cohen, 1998**). However, Cohen's main contribution can be found in the MRC's collection of his interviews with 26 social work pioneers conducted between 1980-81. These have been transcribed and made available online as 'Social workers speak out' along with the original recordings.^{xii} They include Geraldine Aves, a formidable and transformative senior figure in the DHSS who shaped welfare policies and practice (**Aves, 1983; Willmott, 1992**), Margaret Simey, a prominent social work and social science figure in Liverpool (**Simey, 1996**), Elizabeth E. Irvine, one of the key figures in 'problem family' and professionalisation debates (**Smith, 1998**), and Eileen Younghusband among other luminaries. Whilst some of the interviews reinforce the teleological narrative or its components, especially as they are between people who broadly share the same values and outlook, and held senior professional or academic roles, they capture much of what written records cannot about experiencing and undertaking social work as work. Dozens of researchers have made use of their depth and richness in research, and they provide

personal stories of seemingly impersonal state structures and forces at the heart of the 'classic' welfare state.

Understanding social work as work, created and organised by the state for specific purposes is at the heart of understanding the 'problem family' and poverty in the 'classic' post-war welfare state. State structures were not designed to meet an inability to fulfil material needs; they were designed to meet specific, defined welfare needs. This specificity confounded professional horizons, with 'problem families' being those pathologically unable to respond to social work interventions whilst also legitimating the expansion of those same professional's numbers, training and funding. Crucially, Bray reminds us that narratives of social work identity, responsibility *and professionalisation* should not be confined solely to the parochial debates of the British welfare state and social democracy, with clear international dimensions (Bray, 2020). However, when seen from within, a closer analysis of social work helps to understand the dissonance between welfare histories written from above using elite policy sources, and those from below, which emphasise more harmful or varied experiences. They speak to the state, and a need to understand its dynamics, rather than welfare alone.

Governing Health

Narratives of professionalisation in social work are interwoven with others in the welfare state. Creating distance from the 'medical' by articulating and justifying definitions of the 'social' in post-war policy and practice was central to legitimising the work and purpose of social work. These had long been blurred because significant volumes of social work activity were based in – or subsidised from in the case of voluntary organisations – local authority public health and welfare departments prior to 1970. The 1959 Younghusband and 1968 Seebohm reports formed part of this discourse of differentiation, contributing to a distinct 'social' domain in the welfare state, one separate from the 'medical', through local authority social service departments, the foundation of generic social work practice, and concomitant recognised academic knowledge and singular professional representation. These were, after all, the hallmarks of professionalisation and fed into the straightforward, recognisable, and overwritten narrative of social work in the 'classic' welfare state.

It was with the 'medical' domain that I became involved in exploring through my role on the Wellcome Trust funded project 'The Governance of Health: Medical, Economic and Managerial Expertise in Britain since 1948'. The purpose of the project was to understand the evolving and interrelated authority of different forms of expertise in the NHS, and what the consequences of these changes over time meant to how services were organised and delivered. It concerned how health policy was governed.

Each of the three strands from the title – medicine (**Sheard, 2018**), health economics (and money) (**Mackillop & Sheard, 2018, 2019**), and management (**Begley & Sheard, 2019, 2021; Begley 2019, 20223**) – had an assigned researcher, with my strand being to work across the three others through development of a case study of one place over time, to see any discrepancies between national and local levels. Liverpool, or Merseyside (to make it a ‘fourth M’ strand) provided the case study, mainly through convenience as the project was based at the University of Liverpool.

My previous research on ‘problem families’ became useful in terms of both geography – with Liverpool and Merseyside being part of the larger North West of England – and welfare state complexity. A key dynamic to the governance of health services in Liverpool is the proliferation of small, specialist hospitals or units. This has, in turn and over time, impacted the wider organisation of hospital services. From 1991 an internal market was introduced into the NHS which, as part of a national policy agenda to introduce competition within the public sector, divided the purchasers of care from providers.^{xiii} The introduction of this internal market in Liverpool from 1991-96 led to the establishment of five small hospital trusts based around narrow medical specialties: the Walton Centre for Neurology and Neurosurgery, Liverpool Obstetric and Gynaecology Services, the Royal Liverpool Children’s Hospital, the Clatterbridge Centre of Oncology and the Cardiothoracic Centre Liverpool. This configuration was, and is, in contrast to most large cities – apart from London – where specialisms are subsumed within larger acute hospital services. There are myriad monetary, medical, and managerial reasons for the Merseyside model (**Lambert, et al., 2020**). Understanding how and why otherwise narrow specialisms obtained such influence, and relating this to patient care formed an important part of the longitudinal analysis.

Here, the collections of the MRC once again proved invaluable. The Cardiothoracic Centre Liverpool, later the Liverpool Heart and Chest Hospital (LHCH), had its origins in the nationalisation of institutions in 1948, and the organisation of sanatoria and tuberculosis (TB) services. Primarily a disease of poverty, the ‘white plague’ of TB has an abundant historiography exploring how and why it declined during the twentieth century in Britain.^{xiv} Many emphasise social factors such as housing, nutrition, work and family dynamics over medical developments, particularly thoracic surgery which was conventionally seen as ineffective (**Bryder, 1988; Smith, 1988**). Others emphasise clinical knowledge, particularly chemotherapy and the introduction of streptomycin, along with the value of surgery – especially pneumothorax, the artificial collapse of the lung – to treatment (**Hardy, 2003; Leeming-Latham, 2015**). As with the welfare state, such narratives rely heavily on national sources and existing frames of administrative reference. Materials from the National

Association for the Prevention of Consumption and other forms of Tuberculosis (founded in 1899, subsequently the Chest and Heart Association from 1970) and the Society of Superintendents of Tuberculosis Institutions (founded 1920, becoming the British Thoracic Society in 1977) – both held by the Wellcome Library – loom large, along with papers from the Ministry of Health.

Foregrounding Liverpool, and using it as a point of departure to explore developments from within, challenged these historiographical currents in three ways. Firstly, a local study exposed the blurred responsibilities for TB between the different branches of the ‘classic’ welfare state era NHS: hospitals (further subdivided between service and teaching ones); public health and community services; and primary care, largely general practice. TB was a disease of poverty which, like ‘problem families’ cut across organisational jurisdictions. Writing in the 1930s, social statistician David Caradog Jones wrote that TB ‘is a disease which presents a local health authority with a difficult problem’ in Liverpool and – in health policy terms – this had only worsened by the 1950s despite medical developments (**Caradog Jones, 1934: 41**). Secondly, Liverpool experienced many of the social, economic, housing and health issues which sustained high incidence of TB after 1945 despite therapeutic developments.^{xv} Given that it served as an indicator of poverty by welfare state officials, TB was certainly prevalent in many of the ‘problem family’ case files used for my PhD for those coming from, or living in, the city and the wider Merseyside region. The city’s descent from the magic mountain of recovery was not precipitous.

The third reason for foregrounding Liverpool concerns questions of geography and the meaning of region within the NHS.^{xvi} Prior to the NHS, campaigners tried and failed to secure a unified national service for TB given low notification rates from public health and poor after care, limited support from General Practitioners (GPs) within the insurance model, and the marginalisation of hospital services through sanatoria. The position was different in Wales where the King Edward VII Welsh National Memorial Association (WNMA) enabled some unification, although tensions and fragmentation remained (**Bryder, 1986**). Owing to political pressure rather than Nye Bevan’s intervention, Wales became a single hospital region in the NHS (**Webster, 2006**), although patients from across North Wales flowed continually into Liverpool when requiring specialist care. Founding specialist chest services in Liverpool was Welshman Hugh Morrison Davies, an influential thoracic surgeon, who was a leading clinician in the WNMA and a national figure in the British Thoracic and Tuberculosis Association (**BMJ, 1965; Snell, 1978: 82; Webb, 1998; Rivett, 2000**), appointed as the director of the wartime Emergency Medical Service (EMS) special chest unit for the Liverpool region in 1939 (**TNA: MH**

76/113; Timmermann, 2014). As the incidence of TB declined, existing services were repurposed in line with the clinical conquest of organ geography, leading thoracic surgeons to become *cardiothoracic* surgeons, attending to the heart as much as the chest (Fleming, 1997; Richardson, 2001; Lawrence, 2020). This meant Liverpool's cardiothoracic regional services increasingly served North Wales, swelling their patient catchment relative to the smaller and constricted organisational geography of the Liverpool region in the NHS (TNA: BD 18/83). Exploring Liverpool's exceptionalism from within through one specialist service, the LHCH, and its changing clinical and organisation responses to TB exposed wider governance issues in the NHS over time.

Whilst a '[s]uperficial examination suggests that the NHS marked a fundamental turning-point in the treatment of tuberculosis' (Webster, 1988: 322), a closer one shows continuity rather than change. A myriad of fragmented services continued to concern themselves with the social and medical aspects of TB. With nationalisation demand for treatment was confronted with limited surgical and chemotherapeutic capacity for over a decade in the NHS owing to the prevailing atmosphere of austerity. Here, the records of the MRC allow us to understand the relationship between the shifting social and organisational structures of the welfare state, and the lives of those impacted, through the papers of the Association of Tuberculosis Care Workers (ATCW) – the Medico Social Section of the National Association for the Prevention of Tuberculosis (NAPT) from 1948 – within the larger BASW archive. Rather than forming part of the overwritten narrative of teleological professionalisation, the narrative for the ATCW is about survival and transition given their declining need. Given the discrepancy between demand and supply of TB services, TB care workers were important gatekeepers and mediators within the 'classic' welfare state, providing support around priority rehousing, work, family and kinship caring arrangements, and maintaining contact outside of institutional settings (Rodgers & Dixon, 1960: 41-44; Rodgers & Stevenson, 1973: 217-18). As with other forms of social work, the place of TB care workers within the patchwork of services influenced the extent or limit of their role, and Liverpool was no exception. An early report was careful to give each branch of the tripartite NHS a place, whilst leaving sufficient ambiguity to prevent professional dissent or disagreements (LRO: Uncatalogued 14/19 1952-58).^{xvii} This did not prevent disputes, particularly within hospitals and competing demands to use patients as clinical material from teaching hospital managers in contrast with service exigencies to treat them (TNA: BD 18/903). Reductions in sanatoria and TB beds through reclassification for narrower surgical purposes increasingly pushed scarce TB care workers away from institutional links and into communities and homes (TNA: MH 133/448). The consequences

of this can be seen in discretionary handling of cases found in ‘problem family’ case files from my thesis, pointing to the endurance of TB and the magic mountain it represents under the NHS.

Mirroring these social and medical bordering processes were disputes with other branches of social work. Given the stigma associated with TB, the frequency with which professionals working with tuberculous patients contracted the disease, and the decline of specific services, TB care workers experienced significant recruitment and retention problems throughout the early NHS until their own association was subsumed fully within NAPT. Almoners, as more prestigious, highly paid and qualified medico-social workers, proved a rival source of status to TB care workers, and also an alternative career trajectory (**Golsing, 2018**). This was evident in Liverpool and the wider region, where greater prospects for almoners diminished opportunities for TB care workers (**Fell et al., 1954**). These tensions and their consequences for practice in different areas are readily discussed in the professional periodical, the *Bulletins* of the NAPT, later *Chest and Heart* (**MSS.378/TC/Y/1**). Although the ATCW collection is comparably small and piecemeal, reflecting the diminished position of their specialist branch of social work, the MRC has complementary collections which enable an understanding of their social work as work. Materials from the Trades Union Congress (TUC) collections covering social questions include papers on tuberculosis, its significance for certain occupation group, and materials relating to the NAPT (**MSS.292/841.1/3-4; MSS.292/841.11/6; MSS.292/841.18/1; MSS.292/841.18/2**). Whilst these often consider narrow sectional concerns, they illuminate the significance of TB care workers at the intersection between medical and social, and in contest with other branches of specialist social work as new surgical, chemotherapeutic, and social developments render their role redundant. Once again, understanding how the ‘classic’ welfare state organised different forms of social work becomes crucial to grasping dynamics from within which mediate relations with the centres of power and government above, and with patients and the wider population below.

Forced Adoption

The final set of social work materials I have used relates to my research on the historic forced adoption of children of unmarried mothers during the existence of the ‘classic’ welfare state. Like the preceding two uses of the MRC, this exploration began with seeing the issue of coercive adoption emerge in ‘problem family’ case files. However, the purpose for identifying, gathering and linking materials to understand internal welfare state dynamics was more defined. It formed part of my evidence submission the Joint Committee on Human Rights (JCHR) inquiry into The

Right to Family Life: Adoption of Children of Unmarried Women, 1949-1976. The inquiry was not a statutory independent one with powers to commission research, sequester evidence and compel witness testimonies, but one which emanated from a Parliamentary Committee straddling the House of Lords and House of Commons. They issued a call for evidence focusing on the rights of families, experiences of adoption from birth mothers and adoptees, social attitudes towards unmarried motherhood, welfare state services for single mothers, the legal issues of consent, and the lasting consequences of historical adoption in the present.^{xviii} Lived experience was foregrounded through dozens of testimonies, which were centred in how the final report was structured and recommendations articulated (**Joint Committee on Human Rights, 2022**). This built on preceding media coverage of the emotive stories of birth mothers, their children as adoptees – now adults – and their familiar narratives of coercion by a range of officials – including social workers – in the ‘classic’ welfare state (**BBC, 2021**). Despite the limitations of such inquiries using the authority of the state to explore their own failings and injustices, part of the inquiry was about rewriting the public record by speaking truth to power above from those below (**Lambert, nd**). Once again, understanding the purpose and organisation of social work was central to disentangling responsibility for historic forced adoptions.

The academic literature and other submissions to the inquiry point to this gap in understanding how and why forced adoption occurred. There is a considerable body of work on mother and baby homes. These were the principal locations where unmarried mothers were sent to have their children away from their homes and communities in order to create a façade for themselves to pass off the pregnancy without public knowledge and hide the stigma and shame, whilst allowing adoptive families to bring home a new baby as if it were their own. However, the limits of the literature are the same as those of the wider historiography of the ‘classic’ welfare state: dependence upon sources from statutory authorities, voluntary organisations, and religious bodies (**Clark, 2008; Greenlees, 2014, 2015; Penberthy, 2020**). Legal scholarship remained disconnected from the wider contours of the ‘classic’ welfare state which enabled and enacted adoption as a coercive child welfare measure (**Probert, 2014**).^{xix} Pat Thane, co- author of the leading study of unmarried motherhood in twentieth century which used the archives of Gingerbread, a campaigning interest group for single mothers dating to 1919, did not submit evidence (**Thane 2011; Thane & Evans, 2012**). Jenny Keating’s thorough exploration of the interplay of politics and policy in the creation and growth of adoption finished at the cusp of the ‘classic’ welfare state in 1945 (**Keating, 2009**). The only work with privileged access to otherwise closed adoption case files to understand the dynamics at play was Jatinder Sandu’s doctoral

thesis. She, along with me and Professor Gordon Harold – who also submitted lengthy written evidence – provided oral testimony at the JCHR inquiry’s first hearing to provide expert evidence.^{xx} Whilst thorough and covering nearly a century of change, the local focus of Sandu’s thesis meant it remained disconnected from national debates and bureaucratic administration within the welfare state apparatus (**Sandu, 2012**). Virginia Noble’s work looking inside the welfare state explored how unmarried mothers were marginalised and punished by the discretionary decision-making of officials across different services but did not discuss adoption (**Noble, 2004**). This reflected the functional separation of her sources, primarily those of the National Assistance Board, in relation to the needs of unmarried mothers. In short, there was a large body of expertise about unmarried motherhood, adoption, and the welfare state for the inquiry to draw upon, but no single convenient narrative of policy dynamics.

Using a handful of case files from my doctoral thesis where unmarried mothers were subject to coercive intervention by the state, my evidence submission focused on the policy dynamics of unmarried motherhood within the ‘classic’ welfare state.^{xxi} Perhaps naively, and taking for granted the evident extent of state involvement through the governmental apparatus and surviving archival sources, I emphasised how force permeated encounters between different professionals and unmarried mothers to render adoption as the only meaningful option. The JCHR published their report in July 2022, recommending that the UK Government should formally apologise for their role in the historic forced adoption of children of unmarried mothers. Significantly later than promised, the Government responded in March 2023 to acknowledge the harms and lack of choice experienced by mothers, as well as the longer-term consequences of these, but fell short of an apology. They stated that ‘the state did not actively support these practices’ and they ‘were carried out locally, in a range of different settings, at a time when the state’s protections were more limited and guidance and procedures localised’. Their response to the report placed some responsibility on local authorities, voluntary organisations and religious bodies, although different social values were seen as mostly to blame (**Joint Committee on Human Rights, 2023: 10**). This was a deeply disingenuous response, and I wrote to the Movement for an Adoption Apology (MAA) – representing birth mothers campaigning for an apology for historic forced adoption – to say I found it ‘ahistorical, unfounded, and against a significant weight of academic opinion’.^{xxii} Subsequent apologies by the Scottish and Welsh Governments on 22 March and 25 April 2023 did little for the Government’s position. Indeed, Nicola Sturgeon’s speech on the subject, a parting shot before her departure as First Minister, addressed this directly:

Now, there's a line of argument which says that because the government of the time did not support these practices, there's nothing to apologise for... But these are not reasons to stay silent. Ultimately, it is the state that is morally responsible for setting standards and protecting people (Scottish Government, 2023).

My subsequent briefing using central government archives across each of the functionally separate government departments concerned with unmarried mothers scratched the surface of the extent of state knowledge, complicity, and responsibility (Lambert, 2023c).

Missing from both the inquiry and subsequent abnegation of rightful responsibility by the UK Government was a closer understanding of forced adoption as a process of work in moral welfare work within the 'classic' welfare state's jurisdiction. No social workers or officials responsible for adoption from the period submitted evidence to the JCHR inquiry, despite harmful, judgmental, and cruel behaviour being common elements of witness testimonies. The only recent public record of this was an interview with a Scottish nurse who worked with unmarried mothers in the early 1970s, attesting to such attitudes and actions being widespread (BBC, 2022). Here, the records of the MRC once again prove invaluable in shrinking this distance between above and below in the welfare state by understanding how pressures from within meant moral welfare officials systematically inflicted harm as a process of public policy, rather than as a series of private family tragedies of shame.

The archives of the Moral Welfare Workers Association (MWWA) within the larger BASW collection provides insights into their activities as a form of state-funded, directed and supported work. According to Eileen Younghusband, 'moral welfare combined social work with distinctively Christian help', although 'the service was separate from the main stream of child care and family welfare' (Younghusband, 1978: Vol 2, 288). Moral welfare encompassed more than just working with unmarried mothers and illegitimate children, it concerned a range of personal, matrimonial and family issues which had become demarcated as issues of faith and mortality by the Church (Jones, 2015; Ramsay, 2016). Moral welfare workers were typically highly trained and professionalised fieldworkers who identified and referred unmarried mothers for adoption and acted as secretaries to Moral Welfare Association (MWA) committees, in contrast to untrained, low paid and isolated matrons who ran mother and baby homes (Hall & Howes, 1965: 102-23; TNA: BN 29/2663). Given how deep sectarian divisions were in every aspect of welfare, the MWWA umbrella created a common identity for Protestants and Catholics undertaking identical social work. This did not mean that such work was not sanctioned, or remained outside, the purview of Government and was the

preserve of voluntary or religious organisations; the reverse was true. The MWWA archive provides abundant documentation on how the rapid expansion of their activity with unmarried mothers, and adoption, was a direct consequence of the demands of the 'classic' welfare state. Circular 2866/43 issued by the Ministry of Health in November 1943 was noted in their own history as a 'milestone' because it encouraged local authority subsidies of their activities, proliferating the numbers of workers and homes. This should not be seen as a lack of intervention by central government because proportions of funding were provided by them to encourage implementation, and the Ministry judiciously delineated the extent and limits of local authorities (**MSS.378/MWWA/M/1/1/1: 2; TNA: MH 55/1653**). Some were provided or subsidised entirely by local authorities with the expressed approval of the Ministry (**TNA: MH 55/1510**). This funding was often supplemented further through sponsoring individual cases of unmarried mothers where they, or their families, struggled to meet the costs; although sometimes this was routinised for authorities sending large numbers, with costs recovered directly (**Lambert, 2023d**). In short, the role of the state to the activity of moral welfare, and in turn forced adoption, is evident through its impact on the organisation of their work by the exigencies of the 'classic' welfare state.

The MWWA archive is far from confined to links from above. Their *Bulletin* is crammed with insights into the worldview of moral welfare and their pathological depiction of unmarried mothers through research, exchanges and reports. Such use is similar to other collections in terms of understanding formations of professional identity (**MSS.378/MWWA/M/11/2/1 to 63**). These can be read alongside *Child Adoption*, the mouthpiece of the Standing Conference of Societies Registered for Adoption (SCSRA). The MWWA had significant overlap with the SCSRA given their work, although functional specialisation between unmarried mothers before and after birth, adoption, and casework with adoptive parents provided some differentiation (**LSEPSA: BAAF/111**).^{xxiii} There is also material relating to their evidence submissions to both the 1959 Younghusband and 1968 Seebohm reports which provide greater discussion and points of dissent between members than the final formal versions (**MSS.378/MWWA/M/9/1/1; MSS.378/MWWA/M/9/2/1**). Easy access to printed annual reports otherwise dispersed and confined to local archives again allows a picture of national practice to be painted far more readily (**MSS.378/MWWA/M/12/1/1 to 13**), in a manner similar to other social work collections discussed earlier. What these granular sources begin to reveal is how normalised power and paternalism were for moral welfare workers in their understanding of their work, infused with social work professionalism and religious mission. This work was underscored by

state organisation as part of a 'mixed economy' of provision between statutory, voluntary, and religious entities within the 'classic' welfare state (Stewart, 2019).

Understanding the purpose of moral welfare work as state-sanctioned faith-based social work, its organisation, financing, and implementation connects private tragedies together to reconstruct what they are in terms of the historic forced adoption of children of unmarried mothers: a public scandal. Looking within provides a means to connect below and above together. From below, the common view of harm, abuse, judgment and coercion drawn from lived experience. From above, the extent of state knowledge, control and direction of a fragmented, diffuse and complex state assemblage delivering a range of welfare functions. This confluence of sources can readily be seen in the case files I used for my doctoral thesis. Properly contextualised, they show how and why moral welfare work was organised for unmarried mothers, and the centrality of adoption to family practices, religious beliefs, and social values around illegitimacy. Without the records of the MRC to understand this as a form of organised work with a clear set of purposes, reconstructing responsibility and accountability for this historic injustice within the 'classic' welfare state would be far more difficult.

Conclusion

The BASW archive held at the MRC enables a view of the welfare state otherwise unreachable from available sources. I have used it to reconstruct an understanding of the 'classic' welfare state which existed from 1945 to 1974/76 from within. It is not a history from above, of social democracy, political consensus and government intrigue which are the mainstay of histories of social work and social policy. Nor is it a history from below, of social history, community and ordinary people's experiences of the welfare state in postwar society. Looking from within allows the two to be brought together in the same frame of reference, rather than relying on the terms of sources to dictate their scope. Looking within explores what welfare does or does not do, who it is and is not for, and how it was understood and realised by different people involved from top to bottom. Across my research exploring 'problem families' and the complexities of professional competition, the governance of health services through the lens of a single specialism, and the historical forced adoption of children of unmarried mothers, the records of the MRC are invaluable in providing an inside perspective at crucial points of mediation and contingency, but also reflecting social work as everyday, routine work. Ultimately, the view from within revealed by these sources exposes the emergent, contested, and complex relational dynamics of mundane policy

and practice which shaped the 'classic' postwar British welfare state from 1945 to 1976.

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Endnotes

- ⁱ Unless otherwise noted, all numeric citations refer to items within the Modern Records Centre (MRC) collections, at Warwick.
- ⁱⁱ Numeric citations tagged TNA are from The National Archives, Kew.
- ⁱⁱⁱ See also: J. A. G. Griffiths, *Central departments and local authorities* (London: Allen and Unwin, 1966), pp. 359-431.
- ^{iv} Numeric citations tagged MUA are from the Manchester University Archives, Manchester, UK.
- ^v Numeric citations tagged LA are from the Lancashire Archives, Preston.
- ^{vi} Annual report of the MOH for Blackburn, 1960, p. 7; Annual report of the MOH for Blackburn, 1966, p. 10.
- ^{vii} Annual report of the MOH for Blackburn, 1964, p. 14.
- ^{viii} MSS.463/EY/P1-P3766 covers her personal correspondence from 1905 to 1981 and MSS.463/EY/J1-JJ64 her diaries from 1917-80.
- ^{ix} Professional correspondence is filed by subject. I was most interested in her material and exchanges relating to child care and the family for my work on 'problem families'. MSS.463/EY/A1-A27 covering 1908-78.
- ^x TNA: MH 130/11 to MH 130/301 contain papers from the background to the report to discussions over its potential implementation from 1955-62.
- ^{xi} A notable exception to using oral history of social work is D. Burnham, *The social worker speaks: a history of social workers through the twentieth century* (Farnham: Ashgate, 2012).
- ^{xii} 'Social workers speak out', Warwick University Modern Records Centre. Available at: https://warwick.ac.uk/services/library/mrc/archives_online/speakingarchives/socialwork/ [Accessed: 22 January 2024].
- ^{xiii} See M. Isom and M. Kandiah (eds.) *The origins and establishment of the internal market in the NHS: witness seminar* (London: Institute for Contemporary British History, 2003); E. Mackillop, S. Sheard, P. Begley and M. Lambert (eds.) *The NHS internal market: a witness seminar transcript* (Liverpool: University of Liverpool Department of Public Health and Policy, 2018).
- ^{xiv} For a guide to trends on tuberculosis in the history of medicine see: L. Bryder, F. Condrau and M. Worboys, 'Tuberculosis and its histories: then and now', in F. Condrau and M. Worboys (eds.) *Tuberculosis then and now: perspectives on the history of an infectious disease* (Montreal: McGill-Queen's University Press, 2010), pp. 3-23.
- ^{xv} See for example: *The annual report of the Medical Officer of Health for Liverpool, 1956* (Liverpool: Liverpool Public Health Department, 1957), pp. 74-87.
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- ^{xix} See also: 'Written evidence from Professor Rebecca Probert, University of Essex', Joint Committee on Human Rights, ACU0065. Available: <https://committees.parliament.uk/writtenevidence/40765/pdf/> [Accessed: 22 January 2024].
- ^{xx} See: G. Harold, 'Written evidence from members of the Andrew and Virginia Rudd Research and Professional Practice Programme, University of Cambridge', Joint Committee on Human Rights, ACU0071. Available at: <https://committees.parliament.uk/writtenevidence/40940/pdf/> [Accessed: 22 January 2024].
- ^{xxi} M. Lambert, 'Written evidence from Dr Michael Lambert', Joint Committee on Human Rights, ACU0024. Available: <https://committees.parliament.uk/writtenevidence/40260/pdf/> [Accessed: 22 January 2024].
- ^{xxii} M. Lambert to Movement for an Adoption Apology, 6 March 2023. Available from: <https://movementforanadoptionapology.org/letter-from-dr-michael-lambert/> [Accessed: 22 January 2024].
- ^{xxiii} Item from the London School of Economics and Political Science Archives.