

# REVEALING AND CONCEALING PERSONAL AND SOCIAL PROBLEMS. FAMILY COPIING STRATEGIES AND A NEW ENGAGEMENT WITH OFFICIALS AND WELFARE AGENCIES

c. 1900–12\*

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*Researchers from many disciplines have identified new forms of health and welfare services emerging in the late 19th and early 20th centuries. Attention has focused on the growth of direct provision by the local and national state, and new relationships between the statutory and voluntary sectors. The literature describes an important transition from the general workhouse to more specialist institutions, and the rise of community care. It also suggests that the increasing number of women employed by statutory and voluntary sector organizations forged new relationships with clients, but to date this research has been limited by a lack of sources and an emphasis on controlling practices. This new research on the work of female sanitary inspectors parallels this interpretation in the sense it was often intrusive, and certainly created new routes into institutional care. However, it also supports the idea that the inspectors were welcomed by some sections of the community and thereby made a distinctive contribution to the evolution of health and welfare services.*

The interaction between the family and providers of health and welfare services has always been a concern for policy makers and has been a major focus for historical study. This paper is concerned with the years 1901–12, a period marked by a number of important changes in the scale and scope of welfare provision by the local and national state. There was also a related reconfiguration of voluntary sector activities. At this time the operation of the Poor Law came under critical scrutiny, and was the subject of a Royal Commission whose Majority and Minority Reports published in 1909 highlighted significant tension over the future direction of welfare policy and competing visions for future models of service provision (Harris 2004: 57–58).

This is a familiar narrative that needs to be read alongside Crowther's detailed work on the development of Poor Law services and their changing clientele in the decades before the appointment of the Royal Commission in 1905 (Crowther 1981). There also needs to be recognition that Poor Law provision continued to evolve until 1929, when the Local Government Act transferred many duties from Boards of Guardians to local councils. The break-up of the Poor Law was a process rather than an event, and the

Edwardian period was an important one where old and ostensibly new forms of welfare provision co-existed. Asa Briggs has identified this as the period of the 'social services state' that predated the classic welfare state (Harris 2004: 15 and 165). Crucially, more services were offered by the statutory and voluntary sectors, but as yet there was no universal entitlement and provision was not entirely free of the stigma of pauperism or the power-relations implicit in much charity work.

In the historiography tracing the development of the British welfare state, the Liberal welfare reforms 1906–14 have received much-attention (Harris 2004: 150–65). Harris lists a number of initiatives including schemes to provide free school meals (1906), medical inspection (1907), old age pensions (1908), and, in 1911, national unemployment and health insurance. All these reforms had significant implications for working-class families, especially the poorest. Such families were drawn into new relationships with the local and national state, often represented and personified by new groups of officials and clerks who acted as gatekeepers to services and policed welfare entitlements.

The programme of Liberal welfare reform undoubtedly benefited the poor working-class families at risk of the absolute and relative poverty that had been investigated by contemporary social commentators like Charles Booth and Seebohm Rowntree (Harris 2004: 57). There is evidence that targeted welfare programmes improved access to goods and services, yet the aims of the schemes and terms on which they were offered have often been viewed critically. Historians have identified genuine humanitarian concerns as one motivation behind the different pieces of legislation, but have tended to emphasize a preoccupation with national efficiency, complex political alliances and a desire for professional power when explaining how, when and why the reform programmes were actually implemented. These points are particularly well illustrated by reference to the campaign for and implementation of the 1913 Mental Deficiency Act (Thomson 1998).

Children were a particular focus of many of the Liberal welfare reforms and historians have carefully unpicked the apparently contradictory motivations of care and control that informed many of the policy initiatives (Hendrick 1994). Work on the school medical service shows not only the inherent weaknesses in the system but the way schemes to feed and medically inspect poor children at school placed strong pressures on families to conform to new social norms that were enforced by an increasingly sophisticated surveillance apparatus (Harris 1995). This operated in the school, but also critically extended to the working-class home, already under scrutiny as a potential source of public health problems.

The inspection of working-class homes, and especially supervision of infant and child care, was a task that was largely delegated to new groups of professional women employed by local authorities as sanitary inspectors (Brimblecombe 2003) and health visitors (Kelly and Symonds 2003). Very little research has been done on female sanitary inspectors, although they are acknowledged as one of the origins of the better-known health visiting profession (Kelly and Symonds 2003: 28). Ellen Ross views pioneering turn-of-the-last-century health visitors as an unwelcome but largely ineffectual intrusion into the lives of the poorest sections of the community aimed at improving 'mothercraft' without engaging with the real concerns of the slum dwellers (Ross 1993: 204–09). This conclusion, however, draws exclusively on research from London and cannot straightforwardly be extrapolated to the rest of the country.

In a number of publications Jane Lewis has explored the interaction between providers and clients of early 20th-century services aimed at improving infant welfare across the whole country. She suggests that poor women generally welcomed the development of schemes to provide goods and services, often co-located in local authority clinics, and voluntarily attended in large numbers seeking advice and assistance in a way that has some parallels with the operation of modern well-baby clinics. Lewis does, however, believe that visits to the home, seen as an integral part of the programme by clinic providers, were often resented and even resisted. This was because Lewis argues the mothers found the official visitors brought unwelcome scrutiny, offered impractical and unrealistic advice, and undermined their domestic authority (Lewis 1986: 109–15).

This article takes a slightly different approach to examining the vitally important interaction between visitor and client. Here it is suggested that infrastructure projects like local authority clinics took time to develop and were, in most places, established at a slightly later date than the introduction of home visiting. To follow Lewis it is possible to conclude that the clinic services that clients reportedly welcomed must have developed, at least in part, from the visits that were apparently resented. This opens the possibility that the visit was either more acceptable than many commentators have assumed, or more likely the nature and purpose of the visit underwent some kind of modification over time. This point would become especially relevant if it could be demonstrated that practitioners were able to learn from the experience of visiting working-class homes and change their approach to first acknowledge the different needs of their far from homogenous clients and then attempt to respond to them. For the modern practitioner this would represent reflexive practice in action, but the potential for this has not been fully explored historically, and certainly not for the period when visiting schemes were being established.

In the era before the clinic it seems important to examine the nature and purpose of the visit, and client responses to it in more detail. The literature seems to assume that all visitors were officious and all clients had problems that they aimed to conceal. The case study that follows features personnel who could certainly be characterized as officious, and even have worse motivations ascribed to their activities. This created tension when they encountered reluctant clients who aimed to conceal their domestic problems, but other people seem to have positively welcomed interventions by the officials. This was arguably because they recognized the visitors as sources of potentially useful advice, material aid and mediation in neighbourhood disputes and landlord-tenant relations.

The case study that follows draws on the work of the female sanitary inspectors [FSIs] in Bradford. Bradford was chosen for three reasons. First, the appointment of women public health officers as sanitary inspectors rather than health visitors gave them more powers, so the potential for forceful and unwelcome intrusion provoking resistance, and/or an active response to the domestic and community problems disclosed to them was maximized. Secondly, the records created by the Bradford FSIs (BLS: B614 FEM, hereafter FSI reports) represent an unusual, if not unique, resource. In many places records relating to the work of health visitors and sanitary inspectors have been lost or destroyed and the printed summaries of their work that have been preserved offer only limited insights into the visit itself. This is because they usually form part of reports that were written by public health doctors, usually the local Medical Officers of Health, who

were one step removed from this work and more concerned with evaluating its outcomes than discussing the detail of routine encounters between visitor and client.

The third and most important reason for selecting Bradford is, however, the unique context that the city provided for Edwardian schemes of health and welfare work. Bradford is widely acknowledged to have been a pioneer of the kind of services that the Liberal welfare reforms developed nationally and remained a leading actor in the creation of municipal health services in the inter-war period. Key projects, and the individuals and organizations behind them, are celebrated in local histories (Educational Services Committee 1970) and form an important strand of analysis in both national studies of the specialist services created and a wider social and political history of Britain (Laybourn 1981; Steedman 1990: 35–41). Local political figures involved in radical and socialist politics like Margaret McMillan (Maisbridge 1932: 21–52; Bradburn 1989: 48–59; Steedman, 1990) and Fred Jowett (Brockway 1946) are a focus of attention, and so are professionals like Dr James Kerr (Harris 1995: 21) who did so much to establish school medical inspection in the city and then on a national basis.

This article cannot provide more than a brief survey of some of the schemes that were developed, but they must be understood as providing the context for the work of the FSIs in Bradford at this time. Four factors seem especially important; first, the rise of the Independent Labour Party in Bradford and tension within socialist and radical politics in the city meant that the future of municipal services was genuinely under debate even as they were evolving (Laybourn 1981); secondly, the pioneering development of municipal services meant that FSIs could refer people to actual services instead of just offering hygiene and health advice (Bradford Council of Social Service 1923); thirdly, the parallel and later integrated development of Poor Law medical services in the city from the 1890s also provided a resource for the sick poor if they could be persuaded to access it (Firth 2001: 25–28); and efforts to reform and restructure the voluntary sector in Bradford to respond to these and other developments have also been highlighted as having major historical significance (Laybourn 1994). The result was an increasingly co-ordinated and responsive approach to the health and social problems that the FSIs were likely to encounter in their work. This helped the FSIs to offer practical assistance rather than ineffectual advice, but we would go further than this and present the interactions between FSIs and the people they visited as another vital way in which the civic leaders of Bradford learnt about the real rather than assumed problems of the poor and thus this work made an independent contribution to the wider reform programme in the city and beyond.

### *The Bradford Female Sanitary Inspectors*

The first duty of the female sanitary inspector, Miss C. F. Stephens, was to visit dwelling places and check for overcrowding. This involved interviewing the occupants, ascertaining the usual number of inhabitants, and in cases of concern physically measuring the dimensions of rooms to make sure they provided the minimum number of cubic feet of air per person. Miss Stephens followed a policy of persuasion, only reporting occupiers who ‘expressed a resolute opposition to abate the nuisance’ to the Medical Officer of Health (FSI report 29 Sept 1901: 1). As a sanitary inspector Miss Stephens was also

interested in the state of repair and cleanliness of properties. She assessed structural defects while investigating unpleasant odours, the state of walls, floors, surfaces and bedding, and arrangements for disposing of waste.

The reports of the female sanitary inspectors in Bradford concentrated on describing what it was stressed were the small number of serious problems encountered and while Miss Stephens' accounts of vile smells, foul liquids, floors littered with human and animal excreta, and bedding and children crawling with bugs are not without signs of prejudice these are issues that would still concern a modern environmental health officer. In 1902 the female inspector found

... a particularly unsavoury case, owing to the vermin infesting the children's heads, in addition to the filth of the whole place. The kitchen ... was occupied for all purposes by two old and invalid sisters, the dissipated son of one of them and his feeble-minded wife and three children. There was one bed, those who could not find a place at night on this filthy and uncomfortable couch 'slept anywhere'; the feeble-minded wife has made no attempt to inculcate habits of elementary decency in the children; the husband drinks and ill uses her; and food appears to be an infrequent item in the daily programme ... The one bedroom of the cottage was allotted to the brother of the occupier and in this I found four dogs and several birds; the atmosphere of the whole house was pestilential. (FSI report 26 Mar 1902: 5)

This case was reported to the NSPCC and one of the elderly sisters was persuaded to enter the workhouse, although the female sanitary inspector maintained her focus on unfit dwellings as much as institutional care at this time. Miss Stephens' criticism of dark and damp cellar dwellings and the practice of sub-letting even single rooms to multiple families, was also expressed in language more judgemental than a modern practitioner would use, but housing and environmental health officers of today similarly target unfit premises and houses in multiple occupation because of the hazards they present to the health and safety of their residents. Miss Stephens shared these concerns, noting 'the dampness of many houses and especially of cellar-dwellings and the absence of an effective system of sub-soil drainage are very serious in view of the large proportion of cases of rheumatism of a more or less disabling character' (FSI report 31 Dec 1901: 2).

Early FSI reports strongly suggest that the women involved started with well-defined priorities and a clear idea that the major problem confronting them was the ignorance for the poor and the best remedy for this was education by experts. The school was identified as one strategic location for this educational work, but more important was the task of taking health and hygiene messages directly into the poorest homes in the city. This became the primary responsibility of the female sanitary inspector, but the period covered by her reports, 1901-12, was one of rapid change in policy and practice. The work of the FSIs expanded and new staff were appointed for general and special duties. Instead of a narrow concern with 'mothercraft' instruction, the female sanitary inspectors took on a variety of responsibilities in connection with housing, health, infant welfare, the supervision of midwives and the inspection of factories and workshops.

A concern with property matters, and especially landlord-tenant relations, while house-to-house visiting brought Miss Stephens and her colleagues into contact with quite a wide section of the population, certainly not just poor women suspected of being poor mothers and inadequate housekeepers. This was, however, a definite issue as 'instruction in feeding and clothing infants forms one of the most important parts of our

duties, and it is extraordinary what ignorance prevails in these matters' (FSI report 29 Mar 1905: 5–6). These meetings helped to build up a detailed picture of life in the city and public health problems started to be contextualized by a realistic assessment of prevailing living and working conditions and a careful acknowledgement of the pressures imposed by poverty on family life. This, however, took some time to achieve and is not really noticeable in the work of the female inspectors until they became more involved in employment matters. The following comment, recorded in 1905, marked something of a change of attitude on the part of female inspectors:

The cases of overcrowding from last quarter which are still unabated remain so on account of poverty. The people being clean and respectable, but owing to lack of employment are unable just at present to pay higher rents. (FSI report 24 June 1905: 4)

Their work, however, continued to be influenced by a variety of preconceptions, including a belief in the merits of a male breadwinner. The FSIs were always concerned about mothers having to leave their children to work to supplement their husband's wages, and reserved harsh comments for men who were not making any contribution to the family income. The assumption appears to have been that such men were unwilling rather than unable to find work with the FSIs, recording one such case in the following terms: 'a half-clothed unkempt man opened the door ... the man was shiftless and lazy; the wife was out earning the livelihood' (FSI report 24 June 1905: 5).

Early interventions by the female sanitary inspectors can be viewed as particularly unsympathetic, and tend to confirm the serious criticism commentators like Ellen Ross reserve for such personnel (Ross 1993: 204–09). The female inspectors quickly made several poor families, who were sub-letting, homeless by enforcing notices against overcrowding. In a case where a tenant had sub-let to another family and their lodger Miss Stephens reported 'I insisted on the lodger being sent away at once and told the tenant he was responsible for the order being carried out' (FSI report 31 Mar 1903: 2).

They also undermined family coping strategies by removing the pigs and chickens that polluted the slum neighbourhoods but supplemented family incomes and diet. In one house 'a hen and four chickens were found running about an attic', but this was only a temporary arrangement. Neighbours had complained about 'fowls being kept in the yard', but 'it was desired to bring the chickens up to a saleable size'. The inspector was not impressed and 'they were sold off at once when found', although 'these people had at least done something to prevent a nuisance by carefully sanding the floor' (FSI report 30 June 1904: 4). Sadly 'this precaution' had not been taken in another house where 'the woman admitted that any fowls bought during the week were kept there until Thursdays when she took them to the Rabbi to be killed' (FSI report 30 June 1904: 4). Attitudes to the keeping of animals and birds showed deep suspicion of the cultural and religious practices of minority communities as well as the indigenous poor. The female sanitary inspectors simply refused to understand why in several overcrowded homes 'a good bedroom was devoted to the breeding of canaries'. It was also noted that 'this is by no means a solitary instance of the health of a family being sacrificed to a fondness for animals or birds' (FSI report 26 Mar 1902: 6). Further concern and hostility was directed towards multi-generational living and inter- and extra-familial childcare arrangements.

In some cases the female sanitary inspectors came close to despair. From 1905 renewed attention was given to instructing mothers in infant feeding, but although

they had reached the mother of one vulnerable newborn baby and encouraged her to breastfeed, 'two months later it lost its life through the carelessness of a neighbour in whose care it had been left', whilst the mother went to work. It was eventually established that 'the woman who took charge of it actually fed it on currant cake' (FSI report 30 Dec 1906: 7). Infant feeding and child care remained a difficult area for the inspectors, who bemoaned their lack of power to effect change. Enforcement was easier in cases of straightforward overcrowding, despite the suffering this caused to individuals and families.

A frequent cause of severe overcrowding was the 'temporary accommodation of relations or friends whose home had been broken up; unfortunately these conditions being once established often acquire a tendency towards permanency unless firmly checked' (FSI report 26 Mar 1902: 6). An amazing lack of sensitivity was also evident in the forcible removal of the sick, disabled, the old and the dying to the workhouse. FSI reports document that people were free to resist the invitation to enter the workhouse, but also note a variety of strategies employed to persuade them to do so. These operated alongside a local policy to restrict outdoor relief, a practice which led Miss G. Harlock, investigating the situation in Bradford on behalf of Sidney and Beatrice Webb, to conclude that 'over half [of cases investigated] experienced physical and mental suffering as a result, while others threw their families into serious financial straits' (Crowther 1981: 243). The FSI reports note the poverty and suffering, but do not mention the restriction of outdoor relief as a complicating factor. Indeed, the actions of the female sanitary inspectors seem to have made some dire situations worse, possibly with the deliberate aim of making an application to the workhouse inescapable. Certainly, when the female sanitary inspectors found one family with verminous bedding, this was deliberately destroyed, although the household had no means of replacing it (FSI report 31 Dec 1901: 2-3). In another case where a family were found sleeping on a threadbare carpet with only their day clothes for covering, the man was imprisoned for neglect, his wife was admitted to the workhouse and the children were adopted by the Guardians. Miss Stephens commented:

This is one of those sad cases which make one feel that very earnest and serious consideration should be given to the question whether the state might not be protected from the increase of the population through a stock inheriting viciousness from one parent and imbecility from the other. (FSI report 31 Mar 1904: 6)

This overtly eugenic language is quite rare in the FSI reports, though it provides a revealing insight into the attitudes of the Bradford FSIs. What comes across more strongly in the records is a firm belief that much of the suffering of the poor could be traced back to personal defects, and poor parenting. Miss E. H. Jones, who worked as Miss Stephen's assistant before taking over her role, made a not un-typical comment in 1905 in response to one distressing case, 'drink was here the cause of neglect, as it so often is in the worst instances' (FSI report 29 Mar 1905: 5). The inspectors, however, drew a clear distinction between 'cases of criminal neglect on the part of parents who are wholly unfitted to have charge of helpless little children' (FSI report 31 Mar 1908: 7), and the type of irresponsible behaviour they hoped to combat through systematic visiting and targeted advice. A persistent concern was 'ignorant or careless women [who] take their little ones with them shopping, or to the public house ... frequently

the mother being quite unaware of the harm that is being done' (FSI report 31 Dec 1907: 7).

Women who were merely ill-informed and unaware were offered instruction in their own homes. Where no improvements were made, or the child/ren seemed in imminent danger, the female inspectors referred cases to the NSPCC, who were acknowledged to have more powers in this field, in the hope of securing their removal from home. In this sense institutional care was genuinely viewed as a beneficial 'place of safety'. Institutional care, on a short- or long-term basis, was also a favoured option for other vulnerable groups. Miss Stephens was particularly keen to encourage people to use the workhouse infirmary and persistently advocated the admission of sick people, especially where tuberculosis was suspected. In 1902, she reported,

This case [of a sick girl] was first brought to my notice by Inspector [Mr] Wilkinson, and necessitated four visits before I was able to induce the parents to permit her removal to the workhouse infirmary. (FSI report 30 June 1902: 2)

In another example, a 'bad case of overcrowding was aggravated by the constant presence of an invalid man, who was suffering from a bad form of skin disease'. A visiting FSI thought this was a 'most unsuitable case for nursing in a cottage home' and 'after much persuasion he was willing to be removed to the workhouse hospital'. Interestingly, it was reported that 'he admits to being very much better off' in institutional care (FSI report 24 June 1905: 8).

The female sanitary inspectors thought many other people, including the sick, disabled and frail elderly, struggling to support themselves in the community would be better off in institutions as well. This was presented as being either for their own good or for the protection of others, but many individuals and families simply refused to countenance the workhouse under any circumstances. The elderly were particularly reluctant to do so. One 'old man of 72 years living alone' had been crippled by a railway accident and could not look after himself. Miss Stephens could not 'determine whether house or occupant was the filthier', but 'was unable to persuade him that it would be better to surrender the pension to the Guardians and ask to be taken into the workhouse' (FSI report 30 June 1903: 3).

In other cases it was the family rather than the vulnerable older person who refused admission, although in at least one case Miss Stephens thought that 'the workhouse infirmary would have been a more suitable place for the old invalid, but the family refused to allow him to go there' (FSI report 31 Dec 1903: 1-2). Even friends and neighbours made considerable effort to keep elderly people out of the workhouse. A female sanitary inspector found a 'poor old woman in a shocking condition'. She had no income at all and was 'past looking after the house', but 'refuses to go to the workhouse' and was supported by friends who 'paid the rent, and gave her food' (FSI report 24 June 1905: 5). In another similar case, the FSI was disappointed that 'persuasion and threats alike' failed to make the elderly woman enter the workhouse. She was adamant that 'as she paid her rent she could do as she liked and no one had a right to interfere'. The inspector, Miss Jones, did not accept this, and the case was dealt with by taking the woman to court. Eventually a cleansing notice was sent, and an admittance order (under section 102 of the Public Health Act) was secured. The nuisance remained unabated and, when the woman failed to pay the fine, 'the police finally distrained for the above, and the old woman was removed to the workhouse' (FSI report 29 Sept 1905: 5).



Over time, efforts to secure consent to institutional care appear to have become more perfunctory and it appears that the admission decision was increasingly made by the female sanitary inspectors themselves, though not entirely without sympathy for the people involved. In 1904,

A pitiful and tragic case was that of an old man past 80 years of age, who had always been hard-working and industrious and very independent in character, but had refused to recognize that the infirmities of age and dislike of being helped prevented his doing his duty by his house and person. These were found to be in a most deplorable state of neglect and dirt, and the old man was removed to the workhouse. (FSI report 30 Sept 1904: 4)

The descriptions above do paint a bleak picture of the activities of the first female sanitary inspectors in Bradford, but what is interesting is the response the practitioners and the wider community made to these early and problematic encounters. The ability of client groups to learn what was expected of them and enter into the spirit of ‘playing the game’ with ‘helping professions’, thereby manipulating services and improving access to welfare benefits, is a consistent strand in the literature and the basis for right of centre critiques of state welfare grounded in fears that support for clients breeds dependency and deviance. No doubt there was an element of coming to terms with the work of the new visitors and their expectations, a point well recognized by the practitioners themselves who drew attention to the impact they had made in parts of the town.

It is very satisfactory to find that the inspection of dwelling-houses is having a considerable effect; the houses appear, too, to be better cared for structurally; in place of an average of nine structural defects per week to report, I now find an average of only four. (FSI report 29 Sept 1902: 3)

What is less widely acknowledged in the literature is that practitioners also learnt from these encounters and modified their practice in response.

The female sanitary inspectors could in theory investigate any complaint of nuisance, but in practice tended to confine their own systematic visiting to the slum districts that the Medical Officer of Health had singled out for attention. Thus most of the population of Bradford had only indirect contact with their work, through official and press reports, until additional duties connected with midwives, workshops and infants took them to different parts of the city. The expanded role allowed the inspectors to meet new people and, while it was occasionally noted with concern that a public health problem had been found in a respectable neighbourhood, practitioners and clients aspiring to ‘respectability’ could work together to differentiate the working poor from the ‘underclass’ (Welshman 2005).

Clients who welcomed official visitors to their home had their thrift, sobriety, work habits, and domestic management praised. They could also expect fewer visits from the inspectors than other families where regular surveillance was initiated to overcome the difficulties the visitors encountered in gaining access to the property and the poor conditions that were often revealed when entry was finally effected. One case, resulting in a summons, had involved fifteen inspections in just six months, the inspector noting that ‘the circumstances were made more revolting by the brutality of the occupier to his two lone sisters ... they live on scraps of food which they pick up’, but remedying the situation had been difficult because while ‘every effort has been made to persuade them

to leave this heartless brother, who constantly threatens them ... they share the prevailing dread of the workhouse' (FSI report 30 Dec 1904: 4).

The female sanitary inspectors worked within the shadow of the workhouse, but some of their contacts welcomed both the resource and threat that it represented. The workhouse became just one tool for managing a range of challenging behaviours and community flash points. The inspectors benefited from anonymous reports of nuisances like overcrowding (FSI report 31 Mar 1903: 3), and a notable feature of the work of the female sanitary inspectors became efforts to respond to complaints made by neighbours. In a discussion of faulty water closets, Miss Stephens noted 'the tenants drew my attention to the condition of the furthest one' (FSI report 31 Dec 1901: 3).

Success with minor nuisances, like a faulty privy, led to requests to resolve complex domestic and neighbourhood disputes. Reports from a neighbour that 'quarrelling in this household at night time was a nuisance to the whole neighbourhood' summoned Miss Stephens to one overcrowded home 'in a street which is not one that suggests any necessity for inspection' (FSI report 31 Mar 1904: 4). In modern parlance, anti-social behaviour was a serious concern for residents and there were attempts to use the FSIs to combat this. Female inspectors found themselves investigating cases of alcoholism, domestic abuse, child neglect, and insanity, at the behest of concerned and angry neighbours (FSI report 30 Dec 1906: 5-6). Practitioners and residents alike expressed frustration with their limited powers (FSI report 29 Sept 1902: 2), although individual inspectors worried that expectations about what they could and should do were increasingly unrealistic, as one local paper asked 'where were the lady inspectors?' in critical coverage of a brutal local murder (FSI report 30 Sept 1908: 7).

Cases of personal suffering and dangerous threats to the public health continued to be a regular feature in the FSI reports, but it is also important to look at their more routine work. Here it seems that the inspectors quickly learnt from their experiences and attempted to make their hygiene and health messages more relevant to their target audience. There was certainly more effort to take personal and family circumstances into account. Thus, when observing the still prevalent use of dangerous infant feeding bottles, the FSI report noted 'the bottles with tubes are less expensive, and ... the saving of a few coppers is a serious matter to these poor women' (FSI report 24 June 1905: 6). One important result of this was that the critique of poor and ignorant slum dwellers was reformulated to incorporate attacks on slum landlords (FSI report 26 Mar 1902: 6); poor local employment practices leaving residents under-employed, unemployed or doing heavy work for low wages, and inadequate health and welfare services. The FSI reports became a self-conscious attempt to educate what in the 21st century would be described as service providers and the general public as well as service users. Thus in 1905 it was argued that 'in some parts of the city there seems to be little encouragement to cleanliness, when houses are without sinks' (FSI report 29 Mar 1905: 3-4). This is first really noticeable in a wide-ranging discussion that drew attention to the extreme weather conditions experienced in Bradford in the first quarter of 1902 (FSI report 26 Mar 1902: 3). Miss Stephens reported 'a large number of very distressing cases came under my notice'. Her response was to 'draft them on to one or other of the charitable agencies' (FSI report 26 Mar 1902: 3) but she also provided a critical assessment of housing conditions in a way that seemed designed to shape the agenda for future public

health work. On the one hand, problems encountered led to a new campaign against landlords whose properties were in a state of disrepair:

In the bitter cold ... the unnecessary suffering caused by defective houses and ill-fitting doors and windows was brought home to one in a very practical manner. In a few cases the structural defects have included inch wide gaps in walls, permitting a view of the bedroom of the adjoining house. (FSI report 26 Mar 1902: 3)

But it was also acknowledged that there was another side to the picture as ‘there are districts where the rights of the landlords are treated with no respect whatever’ and there was particular concern that ‘Slater’s Yard and Granby Street have recently become the happy hunting grounds of the mischievous and ill-conditioned spirits of the neighbourhood. In the former an unbroken window is the exception ...’ (FSI report 26 Mar 1902: 4).

The 1902 FSI report also started to draw more explicit connections between living and working conditions in Bradford. In Bradford, most of the poor were dependent on more than one wage and this tended to exacerbate overcrowding issues, becoming a particular problem where the sickness of some family members explained the essential presence of working children despite the threat to health. In one case of severe overcrowding, the dangers to health were exacerbated by the fact that the father was suffering from tuberculosis, which Miss Stephens blamed on the overcrowding ‘in the absence of any other predisposing factor’ (FSI report 26 Mar 1902: 4). In other cases, attempts to supplement family income by taking in lodgers created similar problems, with Miss Stephens finding,

The parents, and another lad of 11, shared the same bed with a boy of 13, who lay dying of consumption (who in fact did die within a few days of my first visit) whilst the one bedroom was given up to lodgers. (FSI report 30 June 1902: 1)

Lodgers were especially problematic where patterns of shift work encouraged the multiple use of beds. In one two-roomed house the bedroom had two beds, one for the female tenant and another that was ‘occupied by two female lodgers by night and the tenant’s son by day’ (FSI report 31 Dec 1902: 3–4). In another two-roomed house Miss Stephens found a ‘curious arrangement’ that allowed the property to be shared by two married couples and three children:

The two men (being night woolcombers) occupied the bed downstairs by day, and the women and children took possession of it by night. One of the men slept out on Saturdays and Sundays, and then an old flock mattress huddled at the foot of the stair came into use — on the bedroom floor I was told, but the lack of evidence of disturbance of the thick layer of dust and smuts on the bedroom floor led me to discredit that tale. (FSI report 31 Dec 1902: 6)

Living and working arrangements had direct and often negative relationships. Miss Stephens noted that in one home ‘the conversion of one attic into a workroom caused over-crowding in all the other rooms’ (FSI report 30 Sept 1904: 6), but over time this appreciation of the direct connections between poor living and working conditions empowered the female inspectors to condemn both; further noting the efforts most citizens made to live ‘decently’ in very challenging circumstances. The work of the female inspectors extended to the start of efforts to improve opportunities for self help

and community action, accompanied by initiatives to co-ordinate and improve the health and welfare services available. The prescriptive educational work with families was modified to provide information, advice and support to families, who were then able to cope better in the face of significant adversity.

A pleasing result of the house-wifery instruction, given in the council schools, was noticed in one cottage where a child of 12 was the housekeeper. The mother had recently died, and on entering the house it was observed that the father was enjoying a very appetising dinner, and on inquiry being made as to who looked after the house, the man proudly informed me that the little girl did, and that she learnt cooking at school. (FSI report 30 June 1907: 10)

Crisis situations started to attract an emergency response aimed at supplying food, clothing and shelter. 'Many cases of distress and neglect have been reported to the various agencies which have power to deal with them; and I have great pleasure in drawing attention to the cordial manner in which the officials of the School Board, the Charity Organization Society, the NSPCC and other agencies co-operate with me when necessary' (FSI report 31 Mar 1903: 1-2). The female inspectors also gave personal assistance in cases of extreme hardship, although not always with the results they intended. In one overcrowded home Miss Jones found 'a child of two years of age, very ill with pneumonia ... lying on a dirty couch in the living room; finding there was no food in the house and that the doctor had ordered milk and soda water I gave the mother some pence to procure milk'. But on revisiting the house later in the day to check on the child's condition 'what was my consternation to find her devouring fried fish instead of the milk' (FSI report 30 Sept 1903: 1-2).

### *Discussion*

Evidence from the work of the Bradford female sanitary inspectors confirms the problematic nature of early encounters between a new group of officials and their clients. These women sought to intervene in the lives of the poor, the elderly, the sick, the insane and the mentally defective, without fully acknowledging the need to secure consent as well as compliance. Forced removals to public institutions were the darkest manifestation of this approach, though there were many other areas of concern. This conclusion parallels much of the current literature, but this preliminary study suggests a more positive interpretation is possible if the role of the female sanitary inspector is examined in its widest sense. While not seeking to detract from the many disturbing facets of their work, it is possible to underline the very serious social problems they encountered and sought to remedy, sometimes by overtly controlling practices, but often by working alongside the people of Bradford.

Positively, the female sanitary inspectors revealed new problems, and offered quantitative and qualitative assessments of prevailing living and working conditions as a first step towards their amelioration. This was welcomed by some sections of the community who used the inspectors to articulate new demands for better local services and environmental improvements. Some residents also expected the female sanitary inspectors to intervene in neighbourhood disputes and address what we would now term antisocial behaviour. The inspectors were also encouraged to physically remove

public health nuisances and the most deviant and disruptive human elements from the community.

This analysis suggests that female inspectors deserve a good deal more scholarly attention; an approach that needs to embrace their role in the workplace as well as the home, and address national issues as well as local case studies. A regional perspective, leading to a national overview, has usefully been adopted in Poor Law studies (King 2000) and offers a potential model for further research. The research agenda also needs to encompass the work of the FSIs with many different client groups, as these were less homogenous than the current literature preoccupation with mothers and infants might suggest (Ross 1993; Marks 1996). Work with the frail and elderly is an important missing dimension to existing work on women public health officers, although sanitary inspectors and health visitors had and retain considerable responsibilities in this field. The fragmentation of Poor Law services and the rise of new forms of statutory and voluntary sector provision for older people (Crowther 1981; Means and Smith 1985; Pelling and Smith 1991), alongside traditional support offered by family and friends, deserve more attention in this regard. The women public health officers also provided a key link between concerns about housing, health and the behaviour of tenants that remains neglected, despite interesting work on Octavia Hill and her voluntary sector initiatives (Wohl 1977: 179–200). The contribution public health officials, especially women, could and did make in the field of occupational health also needs further exploration.

The projects above all start with an intention to discover more about the work, and underpinning aspirations and motivations, of the officials themselves. This will require detailed examination of contemporary records by and about the women officers, although the problem of missing paperwork has already been identified. To overcome this difficulty, and get closer to the voice of the clients, techniques developed by historians interested in the social history of madness and other institutional populations can be deployed to good effect. Here records once used to demonstrate the power of doctors and administrators now reveal carefully negotiated encounters between authority figures, inmates and their families. This has allowed contemporary interest in patient-led narratives to be projected back into the past to eras for which oral history testimony is no longer available (Reaume 2000).

With Thomson noting that concern with the client response to social work and related interventions really dates from the 1940s, earlier encounters seem in urgent need of attention (Thomson 2006: 253). The records created by the female sanitary inspectors provide an unqualified 'official' view of their findings, but they can offer revealing insights if appropriately contextualized by reference to oral history testimony (Roberts 1984) and more sympathetic work originating in local studies (Chinn 1988). There is certainly an opportunity to bring together important strands of historiography that have looked at the lives of working women, and through them the working-class family, and also been concerned with the rise of essentially female professions within the embryonic welfare state.

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