

## Then and Now: Concluding Remarks

In the 1960s, health and social care authorities generally ignored research indicating that accurate psychiatric diagnosis and proper treatment, in hospital and in the community, could improve the well-being of older people and reduce the need for long-term institutional care. The research findings contradicted time-honoured teaching and widespread assumptions about decline rather than recovery in old age. Most of the medical profession lacked interest, the public rarely demanded improvements, and the government, which had other priorities and feared an insurmountable ‘burden’ of more older people living longer, did not allocate resources to meet needs. These factors contributed to poor-quality care and overcrowding in the psychiatric hospital back wards. The AEGIS (Aid for the Elderly in Government Institutions) campaign, led by Barbara Robb, brought the situation to the fore.

These concluding remarks draw together aspects of the AEGIS campaign and Barbara’s work. They also touch on the significant role of women in the campaign, the last years of Barbara’s life, and AEGIS’s legacy for twenty-first century health and social care policy and practice.

### THE AEGIS CAMPAIGN

The AEGIS campaign developed in response to Barbara’s and Strabolgi’s anguish about the care Amy Gibbs received in Friern Hospital and dissatisfaction with official responses to their complaints. The Ministry could

have dealt with many of their criticisms about standards of care early on, when it received the ‘Diary of a Nobody’ or after Barbara’s meeting with Tooth, but a bureaucratic, defensive and self-justifying culture militated against this. The NHS administrative hierarchy was secretive, hostile to criticism, and sometimes deceitful, exemplified by the Friern Hospital Management Committee disregarding independent research about the adequacy of hospital staffing, the Regional Hospital Board (RHB) ignoring the Blofeld Report, and Kenneth Robinson announcing that *Findings and Recommendations* concluded ‘very favourably’ about standards of care provided.

During the AEGIS campaign, patterns emerged of disrespectful ill-treatment towards older, chronically mentally ill and ‘subnormal’ people in long-stay hospital wards. Practices that patients, visitors and new staff perceived as cruel included slapping, teasing, rough handling, undignified bathing, lack of privacy and deprivation of personal possessions. Overcrowding and understaffing were associated with time saving, sometimes harsh, methods, which nurses perceived as legitimate. Unkind practices were also founded on out-of-date knowledge, and negative attitudes towards patients. Staff rarely intended harm.

Patterns also emerged about the author-witnesses and other whistle-blowers. Most were new to the hospital, idealistic about the well-being of their patients, and lacked formal health service-related professional qualifications. Some who were new to nursing in middle age probably worked below their potential in terms of their personal and intellectual ability. The authorities did not address the issues that they raised and harassment by colleagues led some to resign.

Similar to the attitudes within the NHS, the *Sans Everything* committees of inquiry were hostile towards the author-witnesses, discrediting their evidence as false, unreliable or exaggerated. They based their perceptions on the witnesses’ status and presumed character, rather than impartially evaluating the material presented to them. They grounded their decisions on standards set by the senior staff who they were judging, rather than on independent sources about clinical practice. Some ignored, or were unaware of, recent recommendations about NHS complaint management, and they lacked professional experience of investigating statutory bodies who neglected their responsibilities to the detriment of the public. Overall, their evaluation of the evidence was flawed. Their conclusions revealed their stereotypical assumptions about nurses, older people, mental illness and the excellence of the NHS. The Council on

Tribunals and the events at Ely, Whittingham, Farleigh and South Ockendon highlighted many shortcomings of the *Sans Everything* inquiries, casting doubt on the conclusions drawn from them.

In the complex field of health service policy development, AEGIS was only part of the process, albeit a significant one. AEGIS contributed by identifying issues and suggesting answers, stirring up public and professional support, pressurising the government and persisting until it took action. Helped by the media and idealistic social-rights investigative journalists and editors, Barbara's frankness jolted the conscience of people who already knew about inadequacies on the back wards but had failed to take action and those to whom the revelations were new. Robinson and Hackett regarded the press as primarily aiming to improve the circulation of their newspapers, and Barbara as wanting to sell copies of *Sans Everything*. They disregarded the sincerity of AEGIS and its supporters, and ignored the sense of justice that motivated them. It is a credit to the media that they sustained their interest. This helped overcome the normal human tendency to disengage with unappealing and distressing subjects and helped maintain public, professional and political awareness at levels that could produce constructive debate about policy change.

Through its psychiatric advisors, Barton, Whitehead and Enoch, AEGIS fed into the process of developing proactive, non-custodial, comprehensive psychogeriatric services and the Royal College of Psychiatrists' Group for the Psychiatry of Old Age (GPOA). Psychogeriatricians introduced best clinical practice and continued to lobby NHS authorities to resource proactive and effective community and hospital mental health services for older people. AEGIS also advocated for improvements in long-stay NHS hospitals more broadly, and thus contributed to establishing the Hospital Advisory Service, a NHS ombudsman and more effective complaints procedures. These encouraged the NHS to improve services, and promoted strategies to deal with criticism, including transparent and balanced investigations that could result in corrective action if necessary. AEGIS helped develop guidance to manage violence in hospitals and stimulated nurses to examine their practices and terms of employment. It also helped inspire voluntary organisations, such as the National Association for Mental Health (NAMH), to adopt less apologetic and more assertive campaigning roles.

In contrast to the dissonant relationship between Barbara and Robinson, Barbara and Crossman saw eye-to-eye about the need to make improvements. Crossman, assisted particularly by Abel-Smith,

Baker and Howe, contributed to AEGIS achieving its objectives. Following up on Crossman's plans, Keith Joseph (1972, p. v) acknowledged that NHS acute physical illness hospitals previously had 'legitimate priority', but stated that the Department of Health and Social Security (DHSS) now intended to improve health services for people with chronic disorders. How far and how fast these proposals materialised, to provide effective services which met needs, merits further study.

AEGIS operated relentlessly from 1965 until 1974, and then modestly until Barbara's death two years later. AEGIS existed only because of Barbara, but she did not function in isolation. She did not try to create a large organisation, and there is no evidence that she or AEGIS trained a successor to take over her role. AEGIS remained small, elite and financially and organisationally independent. Independence ensured that Barbara could be forthright and publicly outspoken, more than academics, nurses, doctors, lawyers and politicians who might jeopardise their reputation and future livelihood by doing so. When Barbara Castle invited Barbara Robb to join the Central Health Services Council, an advisory body to the DHSS, Barbara Robb and the AEGIS advisors agreed that: 'AEGIS functions best as a totally independent body, and has the best hope of being of service to the Secretaries of State and to the public by continuing in that capacity.'<sup>1</sup>

### REFLECTIONS ON BARBARA

Jung, White, Robinson and Crossman could not quite fathom Barbara out. Jung wrote 'She decidedly leaves you guessing'; White did not know quite how to 'deal with' her;<sup>2</sup> and Robinson and Crossman both described her as 'strange'.<sup>3</sup> Journalist Anne Robinson said that politicians 'really didn't know the beast they were battling with. They totally underestimated her'.<sup>4</sup> To a degree, she was the 'misunderstood genius' of Jung's 'intuitive introvert' personality type (Jung (1923) 1971, pp. 401-402). She was able to engage with people in all social classes and to treat them as partners in her campaign. Her psychotherapy skills helped them express their concerns and ideas, to which she paid the utmost attention.<sup>5</sup> People who worked with Barbara, such as the author-witnesses, were intensely loyal to her. Barbara also had her faith, which was central to her life and work,<sup>6</sup> and Brian (Fig. 8.1) supported her emotionally and helped practically with cooking and domestic tasks, enabling her to lead AEGIS (Allen 1967).